

**Session #:** HL10

**Location:** CC/Hall C Lab 1

**Day/Time:** Friday, November 16, 2018, 9:30 AM - 11:30 AM

**Title:** Clinically Feasible Conversation Sampling for Adults who Have Experienced Brain Injury

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After completing this activity, participants will be able to...

- 1) Describe **three different types of conversational tasks** described in the literature for assessing social communication after acquired brain injury (ABI)
- 2) **Collect a short conversation sample** for assessing social communication after acquired brain injury (ABI)
- 3) **Score a short conversation sample** using a pragmatic rating scale for individuals who have experienced ABI

**Abstract:** In this unique hands-on lab, you and a partner will participate in three structured tasks described in the literature for assessing social communication after brain injury, and then rate your own and your partner's performance using one of three simple pragmatic rating scales. You may choose to come with a friend or be assigned a partner upon entering the lab.

**Significance:** One common challenge reported by survivors of acquired brain injury (ABI) is increased difficulty with social communication, encompassing aspects of pragmatics such as non-verbal communication, interpreting social cues, and maintaining coherence and cohesion (Struchen, Pappadis, Sander, Burrows, & Myszka, 2011). These subtle deficits, which are not easily captured on standardized language measures, become apparent in the context of conversation (Sim, Power, & Togher, 2013). However, SLPs in medical settings are often only allotted one hour or less for assessment, including scoring time (Maddy, Howell, & Capilouto, 2015), and relevant domains of communication and swallowing must be assessed

within that limited time frame (Kelly, McDonald, & Frith, 2017). There is a need for valid, reliable social communication assessment tools that can be administered and scored in a time-efficient manner.

**Time-Ordered Agenda:** The content will take approximately 30 minutes to complete, with about 7 minutes at each station. After being matched with a partner, you and your partner will move through all four stations in small groups with other pairs. Your group will start at station 1, 2, or 3. After completing the activity at each station, your group will be instructed which station to go to next by the presenter at that station. Once you have completed stations 1, 2, and 3, you will proceed to station 4. The four stations are listed below.

1. **Station 1: Relationship Closeness Induction Task** (Sedikides et al., 1999)
2. **Station 2: Purposeful Conversation Task** (Togher, McDonald, Tate, Power, & Rietdijk, 2009)
3. **Station 3: Problem-solving Task** (Kilov, Togher, & Grant, 2009)
4. **Station 4: Self-rating, other-rating, and reflection**

#### **Introduction to conversation sampling for adults with social communication deficits following ABI**

The literature on assessment of social communication after ABI increasingly recognizes the need to assess conversation in natural contexts, yet there is little guidance in methods to capture representative conversation samples for this population. One approach is free conversation without topic restriction, which offers clinical feasibility and ecological validity while allowing the clinician to assess features such as topic initiation

and maintenance, but is not standardized and may show variable performance depending on such factors as the relationship between the client and the clinician.

One approach designed to build a relationship within a short period of time is the Relationship Closeness Induction Task (RCIT) (Sedikides et al., 1999; Turkstra, Brehm, & Montgomery, 2006; Byom & Turkstra, 2012; Byom & Turkstra, 2017). After following the RCIT with a stranger for 9 minutes, participants reported feeling closer to each other, more similar to each other, and more likely to be friends in the future compared to participants in a control group (Sedikides et al., 1999). A modified version of the RCIT for adults with brain injury has been used to investigate dynamic systems approaches to analyzing conversational discourse after brain injury (Turkstra, Brehm, & Montgomery, 2006), and the effects of social cognitive demand on Theory of Mind in adults with TBI (Byom & Turkstra, 2012).

A three-part conversation sampling procedure developed for adults with a history of ABI includes a “casual conversation” consisting of unstructured small talk, followed by a more structured “purposeful conversation” in which both partners engage in a goal-directed discussion, and finally a “problem-solving task” in which both partners engage in a joint discussion to determine the name and/or function of an unknown item (Togher, McDonald, Tate, Power, & Rietdijk, 2009; Tu, Togher, & Power, 2011). This approach has the advantage of including different types of conversational discourse with varying levels of structure. This format also encourages participation of the conversation partner as a peer rather than an interviewer, which may enhance participation in conversation for adults with ABI.

#### **How to Proceed Through the Lab:**

- (1) Find a partner
- (2) Determine with your partner which one of you will act as the “SLP” and which one will be the “client”.
- (3) Review the instructions for your role.

- (4) Move from station to station, following the instructions for each station. A description of each station is provided below.

#### **Station 1: Relationship Closeness Induction Task** (Sedikides et al., 1999; Turkstra, Brehm, & Montgomery, 2006; Byom & Turkstra, 2012; Byom & Turkstra, 2017)

This task is designed to promote closeness between conversation partners in a clinical setting. It includes three levels of questions, in order to produce progressively greater mutual self-disclosure. Detailed instructions are available at Station 1.

#### **Station 2: Purposeful Conversation Task** (Togher, McDonald, Tate, Power, & Rietdijk, 2009; Tu, Togher, & Power, 2011)

Each pair will engage in a jointly constructed, goal-directed discourse task based on one of two prompts available at Station 2.

#### **Station 3: Problem-solving Task** (Kilov, Togher, & Grant, 2009)

At Station 3, you will work together with your partner to figure out the name and/or function of an unknown object in this joint problem-solving task. You will start by selecting an item you are not familiar with from a box of uncommon household objects or parts of objects. Then you and your partner will discuss what it could be within a total time limit of 7 minutes. After 3 minutes, you may view one hint, and after an additional 2 minutes, you may view one additional hint.

#### **Station 4: Self-rating, other-rating, and reflection**

At Station 4, please rate your own and your partner’s communication during this exercise using one or more of the following rating scales:

- **The Adapted Kagan Scales** (Togher, Power, Tate, McDonald, & Rietdijk, 2010)
- **The Pragmatics Rating Scale** (MacLennan, 2002)

- **The Communication Performance Scale**  
(Ehrlich & Barry, 1989)

#### References

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