An Evaluation and Comparison of Three Manualized Treatment Programs for Social Communication Skills After Traumatic Brain Injury

Conner Blose
Traumatic Brain Injury (TBI)

- The result of a violent blow to the head or jolt to the head or body that damages the brain and may range from mild to severe\(^1\)
- Approximately three million TBI-related emergency department visits, hospitalizations, and deaths occurred in the United States in 2014\(^2\)
- Most common causes of TBI
  - Falls
  - Motor vehicle accidents
  - Violent collisions

Moderate or Severe TBI

- People may experience...³
  - Memory impairment (e.g., short-term)
  - Challenges with executive functions (i.e., planning, organizing, and problem solving)
  - Impulsiveness
  - Social communication impairment
- These changes may significantly change one’s daily life.

Social Impact

• Social communication impairment in particular may restrict an individual’s ability to return to previous social roles and activities.

• Research has shown that people who experience a severe TBI\(^4\)
  – Decrease their time socializing with friends
  – Participate in fewer leisure activities
  – Have difficulty reintegrating into the community

Research Question

• What treatments are available for adults with social communication impairment following a TBI?
Method

• PubMed and Web of Science databases
• Keywords: traumatic brain injury, treatment, intervention, adults, social communication impairment, pragmatic language impairment, social skills, and social competence
• Articles included the adult population and a focus on the treatment of social communication impairment.
• Objective: to evaluate and compare evidence for three of the most prominent social communication interventions
• Group Interactive Structured Treatment (GIST), Cognitive Pragmatic Treatment (CPT), TBI Express
Treatment Programs

• GIST\textsuperscript{5}
  – Cognitive behavioral therapy, group therapy, neuro-rehabilitation

• CPT\textsuperscript{6}
  – Cognitive Pragmatic theory

• TBI Express\textsuperscript{7}
  – Communication partner training


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Results

• GIST - People with TBI often reported improvements in self-report measures but outcomes from an objective measure were not always statistically significant.

• CPT - Individuals improved their pragmatic communication skills and maintained those improvements over a period of three months in one study.

• TBI Express – Joint group showed the most improvement in everyday interactions based on scales from Measure of Participation in Conversation (MPC)
  – Joint > Solo > Control
Discussion

• Overall, it appears that people with moderate to severe TBI are able to benefit from different treatment programs.

• Overlap in behavioral/cognitive components exists between the manualized treatment programs.
  – Repeated trials to practice skills and feedback
  – Role-play scenarios
  – Problem solving
  – Strategy and self-monitoring instruction

• Differences include dosage, homework, and communication partners.
Conclusion

• Drawbacks of manualized treatment programs
  – Strict inclusion criteria
  – Reliable communication partner

• Components of successful social communication treatments
  – Personalized goals
  – Naturalistic contexts that support generalization
  – Communication partner involvement
  – Instruction with supplemental practice
  – Group role-play and peer interaction

References


