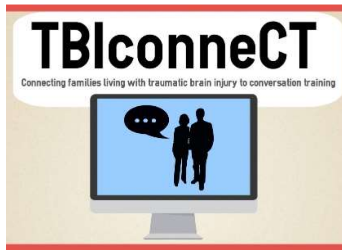


# Questions from speech pathologists about TBIconneCT

## What evidence is there to support the effectiveness of the training program?

The TBIconneCT training program is a **shorter version of the TBI Express program**. TBIconneCT can be done either in-person or over videoconferencing. The original TBI Express program was trialled in a study comparing joint TBI Express training (with a communication partner attending alongside the person with TBI) with solo training (person with TBI attending on their own) and a control group.

At the end of the **TBI Express program**, people who received the joint training reported **communication problems were happening less often** (Togher, McDonald, Tate, Rietdijk, & Power, 2016). Also, speech pathologists who were blinded rated the **conversations of people who received the joint training as better** after the training (Togher, McDonald, Tate, Power, & Rietdijk, 2013).

We completed a **pilot study of the new TBIconneCT training program** with two people, to see if the shorter version done over videoconferencing would help people improve their communication skills. We found that these two people had **better conversations with their communication partner** after the training, and reported **improvements in their communication skills** (Rietdijk, Power, Brunner, & Togher, 2018).

We have now completed a **larger study of the TBIconneCT training.** We will be publishing the results of this study later in 2019. Our first analyses of the data have shown positive outcomes for people who complete the training.

## Who is a suitable participant for TBIconneCT?

The TBIconneCT program is targeted towards **people with traumatic brain injury (TBI) and their regular communication partners.** For the TBIconneCT trial (undertaken between 2015 and 2018), our key eligibility criteria for individuals with TBI were:

- Sustained a *moderate or severe TBI* at least *six months prior*
- Have *significant social communication deficits*
- Adequate *English proficiency* to complete sessions without an interpreter
- Has a *communication partner* willing to attend all program sessions
- Had been *discharged from inpatient* rehabilitation
- No significant *mental health or substance use* issues which would affect participation in the program

We excluded people who had severe aphasia (unable to participate in conversation) or severe dysarthria or dyspraxia (unintelligible in conversation).

Communication partners could be a family member, friend, or paid support worker who interacted with the person with TBI at least once a week.

The results of the TBIconneCT trial relate to participants who met these inclusion criteria. **Clinicians may use their own judgement if deciding to implement the program with people who do not meet these criteria**, keeping in mind that the trial findings may not apply to patients who differ from the study population.

## When is the right time to start TBIconneCT?

At this stage, **we don't have specific data to help decide** when to start TBIconneCT with an individual person. We have had some feedback from families that it would have been useful to complete the training earlier post-injury. However, we have also had feedback that families felt this training would have been "too much" for them in the early stages post-injury.

Timing of using the program as part of your service will vary—some clinicians may incorporate it into care of existing clients, while others may identify clients who could benefit from returning or commencing with this specific 'package' of input.

Some factors that clinicians may consider when deciding about timing of the program are:

- Ability to **maintain attention** to a 1.5 hour training session
- **Insight into social communication deficits** of both the person with TBI and their communication partner. While insight is not a prerequisite (and often develops as the program progresses), it is helpful if the person with TBI and/or communication partner are able to identify some communication goals.
- **Priorities for rehabilitation**. Will participating in this program fit around the family's other rehabilitation goals?

## How long is a TBIconneCT session?

We recommend scheduling **1.5 hours** for a TBIconneCT session. For the TBIconneCT research trial, we allowed 1.5 hours per session and found that this generally provided enough time for covering the session content. Sessions for some participants who were very active contributors to discussions or where there were more complex dynamics between the person with TBI and their communication partner did extend slightly over 1.5 hours.

If participants requested a **shorter session due to fatigue or unavailability**, sessions could be completed in just over one hour—however, content was covered in less detail and often recording or review tasks needed to be deferred to home practice. Clinicians may wish to adapt the delivery schedule for an individual participant (e.g., break modules into two, implement shorter sessions).

## Where should I run a TBIconneCT session?

For the TBIconneCT trial, we generally saw participants **at home, or over a Skype connection while they were at their home.** We occasionally had participants ask to have their session out in the community (e.g., in a local coffee shop). While there are communication benefits to accessing the local community, there are also privacy considerations around discussion of communication issues and playback of conversation recordings in a public setting. We would suggest clinicians work with participants to discuss these privacy issues and identify a setting that is optimal for everyone.

## How do I incorporate telehealth?

For the TBIconneCT trial, half of the study participants (16 of 31) received all 10 training sessions via Skype, and the other half received all 10 training sessions via home visits. For clinical practice, we suggest discussing with patients which delivery mode is likely to better suit their needs. Some of our participants told us that a mix of telehealth and in-person sessions would might have worked well for them.

If using telehealth delivery, we would suggest the following preparation:

- **Check your organisation policies** about use of telehealth and choice of videoconferencing platform.
- **Do a test run** of your chosen videoconferencing platform with the patient, before scheduling your first telehealth session.
- **Check whether you can screen share the module slides** with the participant, while still being visible on camera.
- **Check whether you can screen share a video recording**. This is not always possible over a low quality connection. If it does not work well, you could save the video to a private file sharing website (e.g., Dropbox) and send a link to participants.
- **Discuss with the family a "plan B"** of what you will do if there is a problem connecting to a scheduled telehealth session
- **Discuss with the family a plan for evaluating** how well the telehealth delivery is working after an initial trial period

Here are some tips to help make telehealth sessions run more smoothly:

- **Establishing and maintaining rapport** is particularly key in this context as the usual 'settling in and out' moments inherent in clinic sessions and home visits (e.g., drink of water, commenting on things around you) will not occur. It may be helpful to allow some time for small talk at the start of the session (e.g. commenting on what you can see in the background, asking about the weather in the family's location).
- **Try to make regular eye contact** with the camera to promote a greater sense of connection. It is often more intuitive to look at the video (of yourself and/or the dyad!) and your notes, though this means you are not making direct eye contact with the dyad.
- **Be conscious of using the person's name** if you are asking a question specifically to one person, as it can be more difficult for people to pick up on your eye contact cues.
- **Be sure to check in regarding aspects such as video quality, attention, and fatigue** as visual cues that can be clearer in a face-to-face context may occasionally be missed. If attention and fatigue become an issue, you may wish to discuss rescheduling the session.

## Do I need to do all the modules?

**Clinicians may make their own judgement** regarding adaptation of the TBIconneCT materials for their own patients and contexts. For instance, clients with subtle difficulties may find some of the content less relevant to their specific needs. Other dyads may wish to spend time focusing in on specific modules over others. Clinicians should keep in mind that **the TBIconneCT trial findings relate to participants who completed 80% or more of the modules** (8 or more out of 10 session).

References


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