DINC

Global Coherence in Narratives of Older Adults with Traumatic Brain Injury

SCHOOL OF MEDICINE

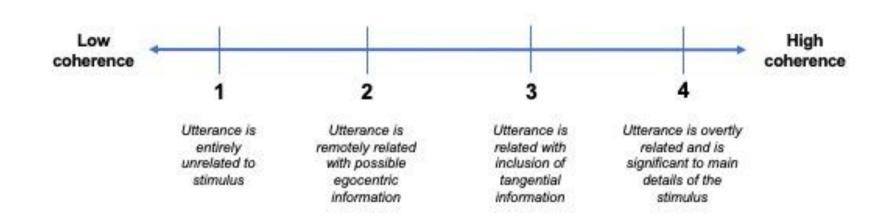
Department of Allied Health Sciences, University of North Carolina-Chapel Hill, Chapel Hill, North Carolina 27599-7010 USA

INTRODUCTION

Adults with traumatic brain injury (TBI) may experience communication deficits at the macrolinguistic and microlinguistic levels of discourse ¹. Global coherence is an element of macrolinguistics defined by the speaker's ability to maintain topic organization and thematic unity ². Maintenance of global coherence has been studied amongst neurotypical adults² and adults with acquired neurogenic disorders ¹, however **little is known about the global** coherence of older adults with TBI¹. This is concerning because older adults are among those most at risk for TBI³. The objective of this study was to quantify the degree of global coherence in the discourse of older adults' with TBI using a 4-point global coherence scale during a narrative story retelling. Based on prior research in younger adults¹ we hypothesized that older adults with TBI would produce narratives that were rated as less coherent than those of older adults with no TBI history.

MATERIALS AND METHODS

We conducted a preliminary retrospective analysis of narrative discourse samples available through TBI TalkBank⁴ (Marshfield and Togher data sets) and Aphasia Bank⁵ (Wright, comparison data set). Participants were English-speaking adults between the ages of 55-89 years who sustained moderate-severe TBI, and six comparison participants with no history of TBI, matched to the TBI group for age and sex. Following TalkBank protocol, participants reviewed a wordless story book of the Cinderella story, then were asked to retell the story in their own words. Each story retelling transcript was rated for global coherence using the 4-point scale developed by Wright and colleagues; higher scores indicated greater coherence ². Raters were blinded to group and each transcript was analyzed by two trained raters. Disagreements between raters were resolved by a third rater and inter-rater reliability was calculated across all transcripts.

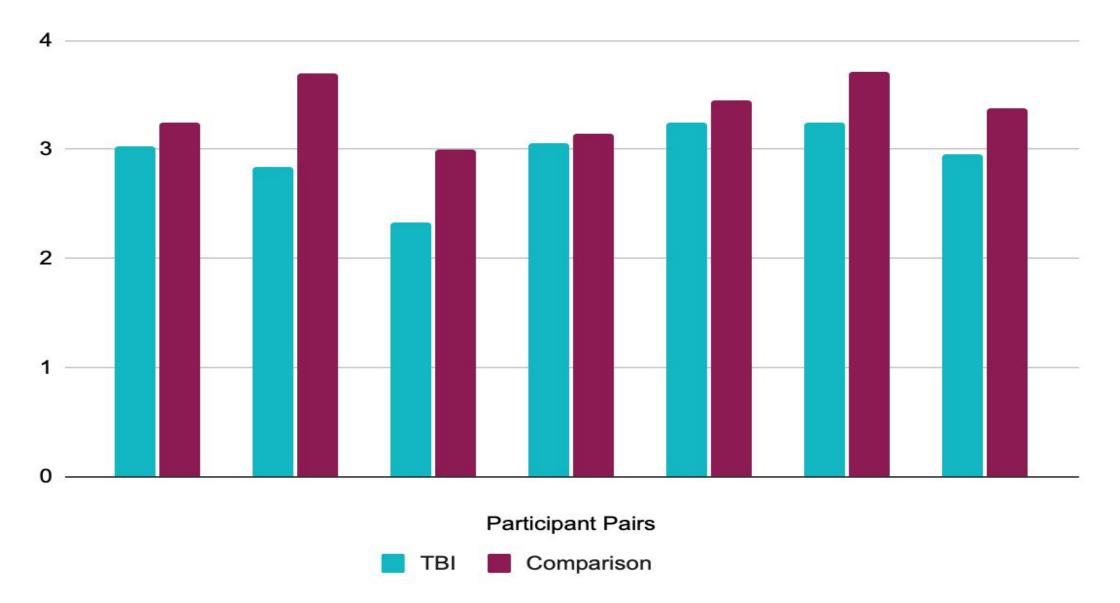


| TBI GROUP | | | | | | COMPARISON GROUP | | | | |
|--------------------|--------|-------|---------------------|--------------------------------|-------------|------------------|-------|------------------|--------------------------------|--|
| Participant | Sex | Age | Total Utterances | Average Coherence Rating | Participant | Sex | Age | Total Utterances | Average Coherence Rating | |
| TBI 1 | Female | 56 | 48 | 3.02 | C1 | Female | 56 | 22 | 3.24 | |
| TBI 2 | Female | 66 | 19 | 2.84 | C2 | Female | 66 | 47 | 3.7 | |
| ТВ 3 | Male | 59 | 12 | 2.33 | C3 | Male | 63 | 44 | 3 | |
| TBI 4 | Male | 61 | 19 | 3.05 | C4 | Male | 64 | 41 | 3.15 | |
| TBI 5 | Male | 57 | 33 | 3.24 | C5 | Male | 57 | 20 | 3.45 | |
| TBI 6 | Male | 68 | 4 | 3.25 | C6 | Male | 69 | 42 | 3.71 | |
| Summary Statistics | | 61.17 | 22.5 | 2.96 | | | 62.50 | 36 | 3.38 | |

Emma Phillips, Jamie Li, & Melissa Yutrzenka, Lindsey Byom

STUDY OBJECTIVE

To quantify the degree of global coherence in the discourse of older adults' with traumatic brain injuries using a 4-point global coherence scale during a narrative story retelling.



RESULTS

Six adults (2 female, 4 males) with TBI and six comparison (2 females, 4 males) participants were included in the analysis. The TBI and comparison groups were similar in age (U = 15.5, p = .75). The groups were also similar in the total number of utterances produced (U = 8.0, p = .13). Analysis of our primary outcome measure, global coherence, indicated an overall inter-rater reliability of 62.11%. On average, and across all six matched pairs, participants with TBI had poorer average coherence ratings, however the group difference did not reach significance (U = 7.5, p = .055).

DISCUSSION

Discourse impairments are a key feature of the TBI sequelae ^{1,7-10}. In this preliminary study, we aimed to gather data regarding global coherence in the narrative discourse of older adults with moderate to severe TBI. Results indicate that while each of our six participants with TBI had poorer average global coherence ratings than their matched, uninjured peers, the groups did not differ significantly. This is likely due, at least in part, to our small sample size and further evaluation with larger sample sizes is needed. Despite extensive training and a structured rating scale of global coherence, scores varied per raters' perceptions. Our relatively low inter-rater reliability raised concerns about clinical application of global coherence rating scales. These findings support further work to investigate clinically feasible measures of discourse performance of adults with TBI, including measures of global coherence.

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