Outcome Measure	**Discourse Tasks (TBI Bank Protocol)**
Sensitivity to Change	Unknown
Population	Adult
Domain	Language and Communication
Type of Measure	Objective test
ICF-Code/s	b1
Description	The Discourse Tasks are part of the TBI Bank Protocol. There are 4 sections to this task including: (1) Section I: Free Speech Samples (20 mins) This section asks the person to contribute free speech about (a) their brain Injury story and coping; and (b) an important life event. (2) Section II: Picture Descriptions (20 mins) Telling a story with a beginning, middle and end about picture with: (a) a broken window; (b) a refused umbrella; and (c) a cat rescue. (3) Section III: Story Narrative (10 mins) The person is asked to tell the familiar Cinderella story. A book with pictures is given to assist with recall. (4) Section IV: Procedural Discourse (5 mins) The person is asked to give instructions on how to make a peanut butter and jelly (or other simple) sandwich.
Properties	TBI Bank website: http://www.talkbank.org/tbibank/. <u>TBI data available</u> Turkstra, Quinn-Padron, Johnson, Workinger, & Antoniotti (2011) – TBI data on Discourse tasks comparing in-person and telehealth service delivery. <u>Sensitivity in people with TBI:</u> Measures of verbal productivity and efficiency, content accuracy and organization, story grammar, and coherence reviewed by Coelho et al. (2005) were all noted to be sensitive measures of impaired discourse performance after TBI. <u>Interjudge reliability</u>: Coelho et al. (2005) reported interjudge reliability was not a limiting factor in choosing a discourse analysis procedure, except for difficulty in identifying specific cohesive devices. <u>Consistency of findings</u>: The review of 18 studies of monologic discourse in individuals with TBI identified analysis procedures for which consistent findings of impairment have been reported. These included analyses of productivity and efficiency

	of verbal output, content accuracy and organization, story grammar and coherence. (Cohelo et al., 2005). <u>Potential to distinguish impaired from normal discourse</u>: Discriminant function analyses (DFA) were employed to determine the accuracy of selected measures of narrative discourse for classifying participants into their respective groups. The participants consisted of 32 adults with TBI and 43 noninjured adults. The measures that contributed most to the discrimination procedure included story grammar (in story generation and retelling), sentence length (in story generation), and grammatical complexity (in story retelling). The results indicated that the story narrative measures correctly classified 70% of the participants, 64.5% of the TBI group and 74.4% of the noninjured group. (Coelho 2003) <u>Conversational discourse</u>: Measures of conversational discourse appear better able to discriminate TBI and non–brain-injured groups than measures of monologic discourse. May be accounted for by the interactive nature of conversation as well as social factors that appear to make this genre more sensitive to the cognitive communicative impairments of individuals with TBI. (Coelho et al., 2005).
Advantages	• Considered sensitive in assessing subtle types of deficits many individuals with TBI demonstrate (Coelho et al., 2005) • Literature supports the importance of discourse as a nonstandardised, functional, and context-sensitive assessment for individuals with TBI. (Coelho, Ylvisaker & Turkstra, 2005). • Can be tailored to the client's needs • Assesses high level cognitive linguistic skills • A variety of different assessment protocols available, which allows for assessment of a variety of skills and opportunities to use them as generalization measures. • Can be repeated as frequently as required. • Clinically reported to be a simple, non-invasive way to screen, particularly while a patient is in PTA. • Assists clinically in establishing rapport with the client. • Other people can complete the assessment e.g. discussion with family can be recorded. • High level of validity, as it is more reflective of everyday communication in comparison with standardized tests. • Extremely applicable to the assessment of TBI clients, particularly those with cognitive communication difficulties • Applicable for use with communication partners as well. • Easy to administer • Other than TBI protocol, instructions and analysis are extensively reported.
Disadvantages	• Can be considered extremely time consuming • Lack of normative data is a primary limitation to the use of discourse

	analyses, particularly for individuals with TBI. • Not always simple to interpret due to reduced structure, dependent on level of experience. • May not provide enough information if performed in isolation. • Time consuming to transcribe and analyse. • Reduced structure to the task, which can make it difficult for the person with TBI to remain on task. • Can be confusing for clients if they are expecting a more formal assessment • ?Ecological validity of discourse measures outside the data collection settings
Additional Information	
Reviewers	Leanne Togher

References

Coelho, C., Ylvisaker, M., Turkstra, L. (2005). Nonstandardized assessment approaches for individuals with traumatic brain Injuries. *Seminars in Speech and Language, 26* (4), 223-241.

Coelho CA, Youse KM, Le KN, Feinn R. (2003). Narrative and conversational discourse of adults with closed head injuries and non-brain-injured adults: A discriminant analysis. *Aphasiology, 17*, 499–510.

Turkstra, L.S., Quinn-Padron, M., Johnson, J.E, Workinger, M.S., & Antoniotti, N. (2012). In-Person versus telehealth assessment of discourse ability in adults with traumatic brain injury. *Journal of Head Trauma Rehabilitation, 27 (6), 424-432.*