

The Kevin Walsh Encouragement Award for Honours or Masters Research was awarded to Mikaela Jorgensen for the following presentation

Narrative After Traumatic Brain Injury (TBI): A Comparison of Monologic and Jointly-Produced Narrative

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Difficulties with narrative production have been widely noted in the literature on TBI (Coelho, 2002). While narrative does not often exist as a monologue in everyday interactions, individuals with TBI are often assessed using a monologic task or with an unfamiliar partner, usually a therapist. Socially co-constructed narratives have been targeted in children with TBI (Ylvisaker et al., 1998) but have not yet been studied in adults with TBI. The aim of the project is to study the effects of a familiar partner on the production of narrative after TBI. Ten participants with TBI were matched with ten control participants for sex, age, and education. Participants independently retold a story from a picture sequence and also retold a video segment with a friend. The resulting discourse was analysed for productivity, cohesion, story grammar and informational content (Cherney, 1990) as well as exchange structure in the jointly produced task (Ventola, 1987). In the jointly produced narrative, there was no significant difference in performance and participation between individuals with TBI and control participants. Participants with TBI demonstrated a significant improvement between the monologic and the jointly produced task in story grammar and informational content, but not in productivity and cohesion. Competent participation and production of narrative is possible for individuals with TBI when they engage in meaningful interactions with friends. The natural scaffolding provided by the friends of participants with TBI in the jointly produced narrative facilitated improvements in story grammar and informational content. These findings indicate an avenue for training everyday communication partners in supporting narrative skills after TBI, and for the use of jointly produced narrative as an additional assessment tool to create a holistic view of everyday skills.

The Luria Award for Doctoral Research was awarded to Amanda Lane-Brown for the following presentation

Non-Pharmacological Interventions for Apathy After Acquired Brain Injury

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Apathy is a deficiency in overt behavioural, emotional and cognitive components of goal-directed behaviour. Clinically, the essential feature is decreased goal-directed activity due to a lack of motivation. It is characterised by impaired initiative, activity and lack of concern. Apathy commonly occurs after acquired brain injury (ABI). The impact is widespread, hampering physical rehabilitation, coping skills, vocational outcome, independence, and family burden. This systematic review aimed to identify and assess the efficacy of nonpharmacological treatments for apathy in adults with ABI. Relevant studies were identified by searching six databases.

Studies were reviewed according to the following criteria: human, over 16 years, sustained an ABI (dementia, TBI, cerebrovascular accident or encephalitis), nonpharmacological intervention for apathy, and data reported on efficacy of treatment. The methodological quality of studies was assessed. Searches yielded 1521 articles. Less than 3% of studies met criteria. Randomised controlled trials were rare. The majority of treatments were for individuals with dementia. Few were for individuals with TBI. Studies of interventions after dementia mainly dealt with increasing participation, a behavioural component of apathy. Studies of interventions after TBI mainly dealt with deficits in initiation, a cognitive component of apathy. Behavioural interventions showed some success, although overall results were varied. This review indicated there is some evidence for behavioural interventions for apathy. However, evidence is limited, particularly for individuals with TBI. This is despite the high incidence of apathy reported in the ABI population and the implications for success of rehabilitation and psychosocial outcomes, including work, interpersonal relationships and living skills.

The ASSBI Travelling Award was awarded to Lynnette Kay for the following presentation

Driving Awareness Questionnaire

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Awareness of driving ability or insight is important for safe driving. However, measuring this complex construct is difficult and previously has not been attempted. The purpose of this research was to examine the psychometric properties of the Driving Awareness Questionnaire (DrAQ). Participants ($n = 91$) referred for an occupational therapy driving assessment completed the DrAQ, which consists of 5 questions (e.g., reason for referral). Awareness of driving ability was rated as 'absent' or 'intact', based on the discrepancy (maximum of 2 points/question) between their score and the score given by the occupational therapist. This was compared with a global judgment of awareness made by the occupational therapist and driving instructor who conducted the on-road assessment. Rasch analysis was used to examine the DrAQ. There was strong evidence for construct validity indicating that DrAQ measures a single construct. Item hierarchy was logical and goodness-of-fit statistics revealed a good fit for four items. There were no differences in test results based on gender. Differential analysis yielded strong evidence for interrater reliability. However, items tended to be too easy for the most competent people, affecting precision of measurement for them. A discrepancy score of 4 on DrAQ yielded sensitivity of 84% and specificity of 94% compared with the on-road rating of awareness. The findings indicate that DrAQ has sound psychometric properties and is capable of measuring the theoretical construct of awareness of driving ability. Further items need to be included to adequately assess those with reduced awareness of their driving ability.