2017 Student prize winning abstracts for the 40th ASSBI conference

The Luria Award for Doctoral Research was awarded to Jessica Trevena-Peters for the following presentation

Efficacy of Activities of Daily Living Retraining During Post-Traumatic Amnesia: A Randomised Controlled Trial

Jessica Trevena-Peters[1,2], Adam McKay[1,2], Gershon Spitz[1,2], Rachel Suda (Bach)[3], Belinda Renison[2] and Jennie Ponsford [1,2]

[1] *Monash Institute of Cognitive and Clinical Neuroscience, School of Psychological Sciences, Monash University, Clayton VIC, Australia*
[2] *Monash Epworth Rehabilitation Research Centre, Richmond VIC, Australia*
[3] *Epworth HealthCare, Richmond VIC, Australia*

Background and aims: Post-traumatic amnesia (PTA) is a transient state after traumatic brain injury characterised by disorientation and anterograde amnesia. Patients in PTA may not receive active non-physical therapy due to risk of agitation and uncertain effectiveness. The study aimed to assess the efficacy of Activities of Daily Living (ADL) retraining during PTA, compared with ADL retraining commencing after emergence from PTA.
Method: Ninety-two participants with severe TBI, admitted to rehabilitation and in PTA for >7 days, able to follow commands, and independent in ADL pre-morbidly, were randomised to receive treatment as usual (TAU) with daily ADL retraining (treatment), or TAU alone (physiotherapy, necessary speech therapy) during PTA. ADL retraining was manualised following errorless and procedural learning principles. Primary outcome was the Functional Independence Measure (FIM) completed at admission, PTA emergence, discharge, and 2-month follow-up. Secondary outcomes included PTA duration, length of rehabilitation inpatient stay (LOS), Agitated Behavior Scale scores, and Community Integration Questionnaire (CIQ) scores at follow-up. Groups did not significantly differ in baseline characteristics.
Results: Random effects regression revealed a significant interaction of group and time ($p < .01$) for FIM total change. The treatment group showed greater improvement in FIM scores from baseline to PTA emergence, and discharge, although not follow-up. Twenty-seven per cent more of the treatment group reliably changed on FIM scores at PTA emergence. Group differences in agitation, PTA duration, LOS and CIQ scores were not significant; however, TAU trended towards longer LOS and PTA duration.
Conclusion: Individuals in PTA can benefit from skill retraining during PTA.

Address for correspondence: Jessica Trevena-Peters. E-mail: jessica.trevena-peters@monash.edu

https://doi.org/10.1017/BrImp.2017.23 Published online by Cambridge University Press

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

Trajectories and Risk Factors Post-Concussive Symptoms Following Paediatric Concussion

Katherine Truss[1], Stephen Hearps[1], Michael Takagi[1,2], Franz E. Babl[1,3,4], Silvia Bressan[1,5], Gavin A. Davis[1], Celia Godfrey[1], Cathriona Clarke[1], Vanessa Rausa[1,2], Kevin Dunne[1,4,6], Gabriella Flaks[1,2] and Vicki Anderson[1,2,4,7]

Background and Aims: Recovery after paediatric concussion is poorly understood. Research on the course and predictors of post-concussive symptoms (PCS) has been limited by the assumption children with concussion are a homogenous group. This study aimed to identify multiple latent classes of children following different PCS trajectories and to identify factors associated with differential symptom courses.

Method: One-hundred-seventy children aged 5–18 years were recruited following presentation to the Royal Children's Hospital (Melbourne) Emergency Department within 48 hours of sustaining a concussion and assessed at four follow-up appointments: 1–4 days, 2 weeks, 1 month and 3 months post injury. PCS were reported by parents at each time point using the Post Concussive Symptom Inventory (PCSI). Injury-related factors were reported by treating doctors. Demographic, pre injury and child and parent mental health factors were reported by parents. Data were analysed using group-based trajectory modelling.

Results: The best fitting model identified five optimal trajectory groups: Low Acute Recovered (25.9%), in which children experienced consistently low PCS from 1–4 days post injury, slow to recover (13.5%) in which elevated symptoms reduced gradually over the 3-month period, high acute recovered (30.0%) in which initially elevated symptoms reduced quickly to baseline levels, moderate persistent PCS (18.2%) in which moderate levels of reported PCS remained unchanged throughout the study period and severe persistent PCS (12.4%) in which reported PCS remained persistently high. Parent and child mental health were significant predictors of severe persistent PCS.

Conclusions: Results indicate while the majority of children recover from PCS within 2 weeks, some experience chronic symptomatology at differing levels of severity. Recognition of multiple recovery trajectories may enable identification of differential risk factors for delayed recovery and chronic symptoms. The study also highlights the importance of mental health factors in concussion recovery.

The ASSBI Travel Award was awarded to Lucette Lanyon for the following presentation

'I know where I belong now': Understanding the Potential of Community Aphasia Groups

Lucette Lanyon[1], Linda Worrall[2] and Miranda Rose[1]

[1]*La Trobe University, Melbourne, Australia*

[2]*The University of Queensland, Brisbane, Australia*

Background and aims: Group work is recognised within the health field as supporting people to live well with chronic illness and disability. Less acknowledged is how people with communication disability, such as aphasia,

https://doi.org/10.1017/BrImp.2017.23 Published online by Cambridge University Press

navigate the multi-person dynamic of groups to achieve positive outcomes. Evidence suggests that many community aphasia groups are short-term and struggle to maintain membership. This represents a significant cost both to health services investing in group programmes, as well as people with aphasia and families who are seeking high-quality community services.

This study aimed to explore individual experiences of pre-entry and admission to groups, integration, engagement and departure from community aphasia group services.

Method: Twenty-two people with aphasia were recruited nationally to participate in semi-structured interviews. Past and current group members were sampled. The study employed an interpretive phenomenological framework to analyse data.

Results: Results of four distinct sets of analysis will be presented: (1) personal and environmental factors which facilitate and impede access to groups; (2) positive and negative process and structural factors influencing the group dynamic, intragroup relationships and member engagement; (3) the experience of severe communication disability and (4) overarching desirable and undesirable consequences of group participation.

Conclusion: Understanding the factors that shape participants' experience is critical to ensuring that people with aphasia are well supported and enabled to participate in what can be a challenging communication and social environment. Our results reveal the complex nature of group interaction for people with aphasia and highlight the need for strong clinician awareness and preparedness when embarking on group programmes.

Address for correspondence: Lucette Lanyon. E-mail: l.lanyon@latrobe.edu.au

https://doi.org/10.1017/BrImp.2017.23 Published online by Cambridge University Press