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TITLE

A feasibility study investigating the use of project-based treatment to improve communication skills and quality of life (QOL) in people with ABI

INTRODUCTION/OBJECTIVES

Communication impairments are common following ABI. These impairments have a significant impact on a person's QOL post-injury. Few communication treatments have been able to show improvement post-treatment on communication, and QOL. Project-based treatment is an alternative treatment that could have an impact on both these areas for people who are a long-term post-injury. This treatment is embedded in a context of meaningful activities chosen by people with ABI, whereby, as a group, they work collaboratively to achieve a tangible end product. This paper reports the findings of a quasi-randomised controlled trial that aimed to determine the feasibility of project-based treatment for improving communication skills and QOL for people with ABI.

METHOD

Twenty-one people with ABI (\bar{x} age: 46 years; \bar{x} time post-injury: 12 years), with evidence of a social communication disorder were recruited to participate in the group-based treatment, which comprised 10 sessions over six weeks (20 hours). Participants were recruited in groups, and alternately allocated to either the TREATMENT group (n=12) or WAITLIST control group (n=11). Participants were required to work towards achieving a project that helps others, in a group context that facilitated communicative interaction. Treatment was evaluated by measures of conversation and QOL. Conversations were videotaped of each person with ABI at three time points: pre-treatment, post-treatment, and at follow-up. The conversations were rated blindly on the Measure of Participation of Conversation (MPC), which has two scales (Interaction and Transaction). In addition, participants completed two QOL questionnaires: Quality of Life in Brain Injury Questionnaire (QOLIBRI) and Satisfaction With Life Scale (SWLS). Participants in the WAITLIST group were assessed twice pre-treatment, each separated by six-weeks. Mixed ANOVAs compared the TREATMENT with the WAITLIST group on the measures, and repeated measures ANOVA detected change over time for both groups.

RESULTS:

All people with ABI received the treatment as allocated, with no dropouts. No significant difference between groups was detected at baseline for any measures. Interaction effects revealed a significant difference between the TREATMENT and WAITLIST group post-treatment on the MPC Interaction scale (p=0.04), but not the Transaction scale (p=0.28), SWLS (p=0.147) or QOLIBRI (p=0.438). Change over time comparisons revealed a significant difference for the QOLIBRI (p=0.05), a trend towards significance for the SWLS (p=0.06), but no significant difference for MPC Interaction (p=0.19), or Transaction (p=0.18).

CONCLUSIONS:

The results of the trial demonstrate that project-based treatment is feasible for people with ABI. Modest improvements in both communication skills post-treatment, and in QOL at follow-up were found. Lack of further change may reflect low participant numbers and the responsiveness to change of measures from a relatively short treatment period. Positive feasibility results and evidence of some communicative and QOL benefit suggest that project-based treatment merits further research for this population.