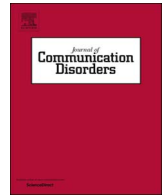


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Pragmatic skills after childhood traumatic brain injury: Parents' perspectives

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ABSTRACT

The purpose of this study was to characterize pragmatic deficits after childhood traumatic brain injury (TBI) within the home environment social contexts where they occur. We used a descriptive qualitative approach to describe parents' experiences in communicating with their child with TBI. Participants were ten mothers of children ages 6–12 years who had sustained a moderate to severe TBI more than one year prior to the study. Mothers' experiences were collected through semi-structured interviews and questionnaires. Interviews were analyzed using a deductive framework to develop social contexts and pragmatic deficit themes for communication in the home.

Overall, mothers primarily described their children with TBI as exhibiting average or near average pragmatic skills at home, but nine observed some pragmatic deficits and/or social behavior problems. There were four in-home social contexts in which pragmatic deficits were observed. Emergent themes also included outside-of-the home social contexts and social behavior problems. There was some overlap of pragmatic deficit and social behavior problem themes among contexts, but many deficits were context specific. This study's pragmatic deficit themes expanded on prior childhood TBI pragmatic investigations by identifying contexts in and outside of the home in which pragmatic deficits may occur after TBI.

Learning Outcomes Readers will be able to describe the day-to-day social contexts that may be impacted by pragmatic deficits after childhood TBI. Readers will be able to compare the pragmatic deficit themes identified as occurring in the home to those occurring outside of the home.

1. Introduction

In the United States, an estimated 500,000 children ages 0–14 years sustain a traumatic brain injury (TBI) annually (Faul, Xu, Wald, & Coronado, 2010). A TBI within this age range is especially alarming because damage to a maturing brain can disrupt a child's cognitive development resulting in long-term deficits (Anderson, Catroppa, Morse, Haritou, & Rosenfeld, 2005; Crowe, Catroppa, Babl, Rosenfeld, & Anderson, 2012). Children with severe TBI often have difficulty regulating and adapting their behavior to meet the needs of their social environment (Catroppa, Anderson, Morse, Haritou, & Rosenfeld, 2008; Fletcher, Ewing-Cobbs, Miner, Levin,

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Eisenberg, 1990; Ganesalingam et al., 2011; Ganesalingham, Sanson, Anderson, & Yeates, 2006; Max et al., 1998; Moran et al., 2015). These social behavior problems can affect their ability to establish relationships and thrive in social environments. Consequently, pediatric TBI (pTBI) can result in poor social outcomes such as ineffective interactions with peers (Gauvin-Lepage & Lefebvre, 2010; Yeates et al., 2013), reduced participation in school, family, and community social activities (Bedell & Dumas, 2004).

Several studies have quantified children's social behavior problems after TBI by having parents rate their children's social behaviors using standard questionnaires. These results suggest that parents rate children with severe TBI as having social behavior problems, including problems communicating, that negatively affect their interactions with others (Catroppa et al., 2008; Fletcher et al., 1990; Ganesalingam et al., 2006; Ganesalingham et al., 2011; Max et al., 1998; Moran et al., 2015). Social behavior problems tend to persist over time for children with TBI (Anderson et al., 2006; Catroppa et al., 2012; Catroppa et al., 2015; Chapman et al., 2010; Fletcher et al., 1990; Schwartz et al., 2003).

A component of social behavior is social communication. Studies examining social communication impairments after childhood TBI have largely focused on pragmatics, the use of language to communicate in social interactions (ASHA, n.d.). Pragmatic skills require a complex interplay of language and cognitive skills (Kasher, 1991), so it's unsurprising that pTBI is often associated with pragmatic deficits. Evidence suggests that pragmatic deficits after pTBI are chronic (Catroppa & Anderson, 2004; Dennis & Barnes, 1990; Ryan et al., 2015), associated with a younger age at injury (Didus, Anderson, & Catroppa, 1999; Ryan et al., 2015), and observed in children with all TBI severities (Dennis & Barnes, 2000); the greater the severity, the more evident the deficits (Crowe, Anderson, Barton, Babl, & Catroppa, 2014).

Children can demonstrate a range of pragmatic deficits after TBI, including difficulty inferring the meaning of figurative and ambiguous language (Dennis & Barnes, 1990), determining when someone is being deceptive (Dennis, Purvis, Barnes, Wilkinson, & Winner, 2001), and deciphering sarcasm (McDonald et al., 2013; Turkstra, et al., 2001). They have also been shown to have trouble using language for different purposes (Catroppa & Anderson, 2004; Dennis & Barnes, 2000; Didus et al., 1999); talking on topic, giving appropriate responses when conversing (Morse et al., 1999); and telling stories that are informative (Biddle, McCabe, & Bliss, 1996), organized (Chapman et al., 1992; Chapman, Levin, Wanek, Weyrauch, & Kufera, 1998), and efficient (Biddle et al., 1996; Chapman et al., 1992; Chapman et al., 1998). Pragmatic research has been limited to assessing children's pragmatics outside of the social interactions in which communication skills are used. Most research has taken place in clinical settings and relied on pictured and/or spoken social scenarios or clinical discourse analysis (Catroppa & Anderson, 2004; Chapman et al., 1992; Chapman et al., 1998; Dennis & Barnes, 2000; Dennis et al., 2001; McDonald et al., 2013; Turkstra, McDonald, & DePompei, 2001). Few studies have described how pragmatic deficits affect children's communication in day-to-day interactions.

Social interactions play an important role in children's pragmatic development. A social interactionist developmental framework suggests that infants build their language, including pragmatics, through routine social interactions with more competent communication partners (Bruner, 1983). Routine social interactions in a familiar environment provide opportunities for children to practice using language while receiving supportive feedback from their communication partner (Tomassello, 1992). Supportive feedback includes maintaining balanced participation and/or being attentive and responsive to the child's communication.

Although a variety of communication partners contribute to a child's language development, this framework was developed primarily from observational studies of parents interacting with infants (Bruner, 1983). Parents are infants' most consistent and influential communication partner. As children mature, they tend to interact less often with parents and more often with peers (Raffaelli & Duckett, 1989). This may not be the case for children with TBI. Parents and other family members may have prolonged involvement in the child's social life as children with TBI often lose friends (Gauvin-Lepage & Lefebvre, 2010) and participate less in social activities (Bedell & Dumas, 2004) post-injury. This may put family members in the situation of being the child's primary social and communication partners, which may become a source of stress to the family and child if social interactions are continuously challenging.

Examining routine interactions between children with TBI and their family is important because the home environment can influence a child's social behavior after TBI (Taylor et al., 2001; Yeates et al., 2004; Yeates et al., 2010). Family dysfunction such as limited communication, problem solving, and support is associated with poor social behavior (Yeates et al., 2004; Yeates et al., 2010). Additionally, the child's social behavior problems can affect family dynamics, which can increase family burden and stress (Taylor et al., 2001). Research has shown links between social behavior problems and pragmatic deficits after childhood TBI (Ryan et al., 2015; Yeates et al., 2004), but these links have been made using standardized assessments which are limited to assessing a child's pragmatics outside of the environments in which they are used.

The purpose of this study was to characterize pragmatic deficits after pTBI within the home environment social contexts where children routinely interact with their parents. Collecting parents' personal experiences can reveal communication contexts in which problems occur, allowing researchers and clinicians to focus intervention on those contexts. This study asked two questions: (1) What home environment social contexts do parents report as difficult for effective communication? (2) What pragmatic deficits do parents report within those social contexts?

2. Method

A descriptive qualitative approach was used to answer the research questions. Qualitative research allows for the use of flexible data collection methods, like interviews, to elicit personal data that cannot be fully captured by quantitative data collection methods like standardized tests (Creswell, 2013). Parents' experiences were collected through semi-structured interviews and questionnaires. Interview data were analyzed using a deductive framework to answer a priori research questions related to the parent's experiences communicating with their child.

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