

Improving lives through interdisciplinary rehabilitation research

Lessons from Refining a Focus Group Protocol with Veterans: Adapted Thinkalouds and Accommodated Focus Groups for Persons with Traumatic Brain Injury



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This material is the result of work supported with resources and the use of facilities at the James A. Haley Veterans' Hospital. The administering institution for this work is the Tampa VA Research and **Education Foundation.**

This work is funded by DOD CDMRP Award Number HT9425-23-1-0621 for Improving Health Care Access and Engagement for Veterans and Service Members with TBI Morbidity (I-HEAL).





Disclosures

Rebecca Campbell-Montalvo, Jennifer A. Bogner, Tracy Kretzmer, Jolie N. Haun, Megan Moore, Risa Nakase-Richardson, faculty for this educational event, have no relevant financial relationship(s) with ineligible companies to disclose.

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Learning Objectives

At the conclusion of this activity, the participant will be able to:

- Recognize some characteristics of adapted think-aloud protocols for persons with TBI
- 2. Recognize some suggested practices for conducting focus groups with people who are cognitively challenged
- 3. Recognize some features of how qualitative data can be mixed to support research method development in studies with participants with TBI



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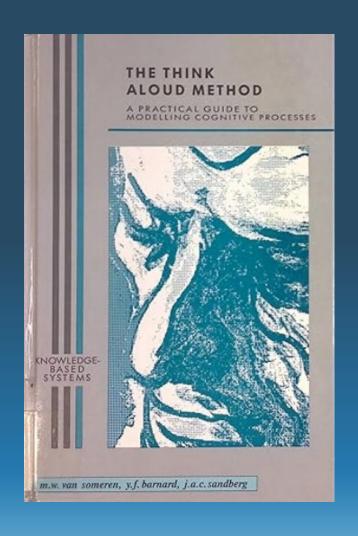
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What is a Thinkaloud?

Asks people to **think aloud** while solving a problem, answering a survey item, considering options, etc.

Uncovers cognitive and other design issues.

- Direct comments and reactions
- Indirect cues and feedback



Original Data in TBI

To learn how they facilitate motor learning, asked 5 rehabilitation physiotherapists to watch videos of them giving treatment and think aloud.

 Showed their strategies and how they made decisions about them.



Kleynen et al. (2017)

Original Data in TBI

To consider acceptability & usability of a systems intervention, 20 physicians with child patients with TBI asked to think aloud while using a clinical decision support tool.

 Analysis of videos showed unclear items and difficulties.



Greenberg and colleagues (2022)

Thinkaloud Use Critique

Data that is **later** organized, and analyzed using codebooks or frameworks.

Participants are **not provided opportunity for input** to ensure interpretation & application accuracy.



Lived Experience in TBI Focus Group Design

Adapted interview methodologies are more recent.

No gold standard of best practices for focus groups with persons with moderate or severe TBI.



Adapting Thinkalouds in TBI for Measure Design

Study: Adapt staff playbook for dementia community living center to TBI in-patient rehab context

 Includes separate focus groups with persons with TBI and caregivers.

We adapted thinkalouds for

- A participant-informed focus group guide for persons with TBI.
- Protocol to maximize focus group participants' ability to contribute & our ability to listen.



STAR-VA Intervention for Managing Challenging **Behaviors in VA Community Living Center** Residents with Dementia

Manual for STAR-VA Behavioral Coordinators and Nurse Champions

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Karlin, B. E., Teri, L., McGee, J. S., Sutherland, E. S., Asghar-Ali, A., Crocker, S. M., Smith, T. L., Curyto, K., Drexler, M., & Karel, M. J. (2017c). STAR-VA Intervention for Managing Challenging Behaviors in VA Community Living Center Residents with Dementia: Manual for STAR-VA Behavioral Coordinators and Nurse Champions. Washington, DC: U.S. Department of Veterans Affairs.

Note that this 2017 version of the STAR-VA manual was updated in 2020 to ensure that links to websites are current. Certain aspects of the training program described herein have changed since 2017. Please

Adapted Thinkalouds

Adapted thinkalouds elicit oration of cognitive processing using adapted design articulating with participants' needs vis-à-vis research goals.

Real time modifications to focus group guide, participants can see changes live via screen sharing.



Fosters dialogue on whether facilitator understood & whether change implemented correctly.

Methods and Analysis

Four virtual mixed qualitative sessions with a Veteran engagement group (4 persons with TBI, 3 caregivers):



One unstructured focus group on study.



Two accommodated, adapted thinkalouds.



One structured focus group pilot.

Individual rapid assessment of guides and jottings/scratch notes (Beebe, 2005; Sanjek, 1990).

Session Outcomes

Session 1: Researchers should provide materials in advance, and allow time for processing.



Sessions 2-3: Participants offered rephrasing of items

- Modify form (e.g., shorter, direct sentences);
- add experience-based content;
- clarify.



Session 4: Refined guide piloted, taking added time for cognitive processing, redirection needs, & requests for repetition.



Example: Selected Initial Items

- 1) Let's talk about changes you might have seen in your self, or others saw in you, after your injury at this time. (Optional Probe: What changes did you experience after your TBI?)
- 2) Let's think about any [or these] changes you might have seen in your self related to your TBI. What short of strategies/feedback/practices/ treatments do you recall receiving or trying at this time during rehab?
- 3) Looking back, what did you need to help you thrive in rehab?
- 4) How do you feel like rehab prepared you for living your life today?
 Please provide a specific example when it comes to these changes you might have seen in your self.

Example 1: Form Change

Initial Item:

Let's think about changes you might have seen in your self or others saw in you after your injury at this time. (Optional Probe: What changes did you experience after your TBI?)

After first thinkaloud (same after second):

What changes did you experience after your TBI?

Example 2: Content Addition & Clarity

Initial item:

n/a

After first thinkaloud:

Did you feel like your voice was being heard in the rehab process?

After second thinkaloud:

Did you feel like your voice was being heard in the rehab process? (they hear you)

What is your overall opinion of the communication you've had with rehab staff? How could it be improved? (what they say to you)

Lessons Learned

Providing items in advance of thinkaloud prepared participants to discuss item structure.

Among persons with cognitive challenges, focus group sizes should likely be smaller (i.e., 4, rather than 6-8).

Benefits:

More accurate design

- Allows researchers to ensure they understand accurately
- Allows participants to articulate change accuracy

Saves costs by avoiding formal analysis.

Questions?





