

Communication Strategies Following a Brain Injury

By Roberta Brooks, M.A. CCC/SLP, CBIS for Social Communication Group, Drucker Brain Injury Center, MossRehab Hospital, Philadelphia, PA

Communication is everywhere. It is all around us and it is within us. It is impossible to avoid communicating with other people. Our body language and facial expressions can either invite or dissuade communication with those around us.

Because there are so many different aspects to communication, there are many ways in which communication problems can occur as a result of brain injury. The good news is there are tools available to improve communication skills after an injury. Communication is traditionally defined as:

“an exchange of information between (at least) two people using a common code, which may involve words, gestures, behaviors....”

(Silverman and Miller, 2006, p5.)



► **Take turns in conversation:** Because word-finding problems may result in increased pause time between words, communication partners may attempt to help the conversation along by finishing the sentence for the person with brain injury. Conversely, this person may be fearful of forgetting a point he or she wants to make and will interrupt another speaker to make that point. It is important for individuals with brain injury to develop diplomatic ways of letting a listener know he or she needs additional time to talk and/or give the listener permission to help in the word finding processes. It is also important for those with a brain injury to learn to make judgments about when it may be necessary to forego interrupting or how to acknowledge the need to interrupt another speaker.

COMMUNICATING WITH OTHERS

Communicating with other people serves two purposes. The first is to share ideas and information. The second is to develop and maintain relationships. There are certain rules in the use of language that are applied for exchanging information. These rules include speaking concisely, taking turns in conversation and providing new information, that is, not repeating information that is already known to your listener. (Grice 1975). A brain injury can sometimes make it difficult to use these rules.

LANGUAGE FOR EXCHANGING INFORMATION

► **Speak concisely:** Word finding problems and the possibility of “losing the train of thought” can result in an individual needing to pause in order to find a particular word or describe the target word. Losing the train of thought may bring an unexpected topic shift that results in the listener becoming confused or uncertain as to the point the speaker is making.

► **Provide new information:** Memory problems may result in repeating information that has already been given or leaving out important information that needs to be given.

LANGUAGE FOR BUILDING RELATIONSHIPS

► **Start a conversation and keep a conversation going:** In addition to the issue of interrupting others, people with brain injury may have difficulty starting a conversation or keeping a conversation going. Decreased memory and decreased initiation can result in difficulty keeping a conversation going. Research has shown that people with traumatic brain injury tend to use fewer words and shorter sentences. (Coehlo, C.A. 2002). A person with TBI also tends to rely more on the communication partner to control the conversation and be less likely to ask questions that move the conversation

forward. (Coehlo, C.A.; Youse, K.M.; Lee, K.E. 2002). In addition to initiation and memory problems, disinhibition and distractibility may result in abrupt topic changes or a communication partner hastening to end a conversation. (Ylvisaker, M.; Szekeres, S.; Feeney, T. 2001).

► **Speech and Emotion:** A brain injury can impact the emotion involved in speaking in several different ways. A person's speech may be less clear after an injury. Words may not be formed as well or volume may be reduced. Speech may also have less inflection (e.g., variety of pitch or melody line when talking). This may cause an individual to be self-conscious

about speaking. Also, if there is less inflection in the voice, an unfamiliar listener may misinterpret the lack of inflection as meaning disinterest. There are also instances where the injury can result in the person having decreased ability to accurately interpret the facial expression or tone of voice of the communication partner.

Table 1 lists strategies that may be employed by both the person with a brain injury and the communication partner to work together to achieve successful communication interactions.

Cognitive-Communication Strategy List

PROBLEM	STRATEGIES FOR SPEAKER	STRATEGIES FOR COMMUNICATION PARTNER
Reduced Initiation	<ol style="list-style-type: none"> 1. Decide before your meeting or appointment what you want to talk about. 2. Encourage the other person to talk about him/herself. 	<ol style="list-style-type: none"> 1. Conversations can be started by the other person. 2. Call attention to areas of interest.
Disinhibition	<ol style="list-style-type: none"> 1. Ask yourself before you speak: Do I want this information to be public? 2. Ask yourself before you speak: Will this information hurt or embarrass me or anyone else? 	Encourage the person with the brain injury to preview the message in his or her mind before speaking and think about the impact on self or others.
Word Retrieval	<ol style="list-style-type: none"> 1. Focus on the idea, not the words. 2. Try to create an image in your mind and describe it. 	<ol style="list-style-type: none"> 1. Encourage the person with brain injury to focus on the idea not the words. 2. Give the person time to talk.
Losing Train of Thought	<ol style="list-style-type: none"> 1. Mentally review what you have said and/or restate the last thing you said. 2. Ask your listener to restate the last thing you said. 	<ol style="list-style-type: none"> 1. Give the person time to mentally review what was said. 2. Ask if you should restate the last thing said.
Tangential (or unrelated) Communication	<ol style="list-style-type: none"> 1. Accept feedback when someone says they are having trouble following the conversation. 2. Announce topic shifts. 	<ol style="list-style-type: none"> 1. Let the person know you are having difficulty following the conversation. 2. Request clarification on the topic or the basis for the change.
Decreased Memory	If you tend to repeat yourself, let your listener know: "Stop me if I have told you this." Always asks others: "How are you?"	Consider cueing the person, for example: "Do you want to know how my interview went?"
Decreased Ability to Read Non-Verbal Aspects of Communication	Let people who are close to you know you need them to tell you how they are feeling.	Tell the person how you are feeling.
Decreased Ability to Vary Tone of Voice	Let people know what you are feeling.	Ask the person how he/she is feeling.
Distractibility/ Slowed Processing	<ol style="list-style-type: none"> 1. Speaking slowly encourages others to do the same. 2. Hold important conversations in quiet rooms. 	<ol style="list-style-type: none"> 1. Call the person by name and give him/her time to look at you before you start to speak. 2. Speak at a slightly reduced rate of speech.

(Continued on pg. 5)

COMMUNICATING WITH YOURSELF

► **Personal Journals and Planners:** Writing down your thoughts and ideas can support memory and increase awareness of both personal strengths and barriers. For many, the use of a daily planner is critical in managing a daily routine. In addition, others report the use of a daily journal is also helpful in allowing them to reflect on the interactions and accomplishments of the day. For many people, the act of writing things down increases the likelihood the event will be remembered. The written record guarantees recall.

Indeed, many people who have not sustained a traumatic brain injury incorporate a daily journal into their routine. Sometimes a brain injury may negatively affect writing and spelling or the physical ability to write. Digital tape recorders, speech to text software or text software that offer possible word selections

after the first several letters of a word have been entered on the keyboard, (e.g., word prediction software) can be used to create a verbal journal or an electronic journal. Fraas and Balz (2008) explored the use of electronic journal writing with supportive software for organizing ideas among six individuals with acquired brain injury. Following the conclusion of the 10-week study, five of six participants indicated they would like to join an online writing group again.

A structured journal can certainly be undertaken without the use of a computer. It is important to determine whether it is better to write in the journal at the end of the day or to make a note in the journal the following morning. This decision is based on individual differences in memory skills and fatigue level at the end of a day. Sample texts for a structured journal page are shown below:

Routine for using my journal to help my memory and concentration – MORNING:

1. Each morning after breakfast, sit down with your journal and write a brief summary of what you would like to remember about YESTERDAY. It is a good mental exercise to reflect on the previous day and write about it in your journal. It may be something you did, someone you spoke to or someone you called. It may be something you were pleased about. Write those things here.

Yesterday was (Day) _____ (Date) _____

2. Today is (Day) _____ (Date) _____
One thing I plan to do is:

Routine for using my journal to help my memory and concentration – EVENING:

1. Each evening, sit down with your journal and write down two or three things you would like to remember about the day. It is a good mental exercise to reflect on the day and write about it. It may be something you did, someone you spoke to or someone you called. It may be something you were pleased about. Write those things here.

Today is (Day) _____ (Date) _____

2. At the bottom of the page, write down one thing you plan to do TOMORROW.

► **Personal Logs:** The use of a personal log can be helpful in tracking progress toward an individual goal, such as increasing sustained attention for reading or improving the ability to start a conversation. Below are two examples of a personal log.

TOPIC	PERSON SPOKEN TO	COMMENT
The Weather		
Sports ("Did you see last night's Eagle's game?")		
Movies or TV ("Have you seen any good movies?")		
Current events		
Hobbies		
Past knowledge of the person (For example "How was your vacation?")		
Compliments		
Commenting on something in the area where you are		
Work (For example "How is work going?")		
Relationships		

Before starting the conversation: *Think to yourself:*

- ☐ Is this a good time to start a conversation?
- ☐ Repeating a person's name when you meet them, may help you remember the name.
- ☐ Think about looking at the person you are talking to.
- ☐ Think about the impression you want to make: (friendly, serious, interested in others)

Week of	What I Read	Amount of Time I read/# of pages	Fatigue Level at End (1-5)
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

The purpose of this log is to keep track of how long you read each day before you become tired or can no longer concentrate on what you are reading. Try to read a little each day.

1 = NOT TIRED 5 = EXHAUSTED

Pay attention to how long you read before you feel yourself becoming tired. Stop reading when you feel tired and rate the level of your fatigue.

References:

Coehlo, C.A. (December 2002). Story narratives of adults with closed head injury and non-brain injured adults. *Journal of Speech and Hearing Research*. Vol. 45: 1232-1248.

Coehlo, C.A.; Youse, K.M.; Lee, K. E. (2002). Conversational Discourse in closed-head injured and non-brain-injured adults. *Issue of Cognition. Aphasiology*. 16, (4/5/6): 659-672.

Fraas, M.; Balz, M.A. (2008). Expressive Electronic Journal Writing: Freedom of Communication for Survivors of Acquired Brain Injury. *Journal of Psycholinguistic Research*. 37:115-124.

Grice, H.P. (1975). Logic and Conversation in (eds) Cole, P. and Morgan, J. *Studies in Syntax and Semantics III: Speech Acts*. New York Academic Press. 183-198.

Silverman, F.; Miller, L. (2006). *Introduction to Communication Sciences and Disorders*, Thinking Publications University.

Ylvisaker, M.; Szekeres, S; Feeney, T. (2001). *Communication Disorders Associated with Traumatic Brain Injury in Chapey R. (Ed.) Language Intervention Strategies in Aphasia.- 4th Edition*. Lippincott, Williams and Wilkins. 745 – 808.