

COMMUNICATION PROBLEMS

A brain injury can result in impairment of language, speech and communication abilities.

Communication problems that result from brain injury vary, and depend on many factors which include an individual's personality, pre-injury abilities, and the severity of the brain damage. Typical effects may include slow or slurred speech, difficulty swallowing, drooling or a nasal tone. Communication problems can be a mixture of both receptive and expressive problems.

RECEPTIVE SKILLS

Indicators of receptive difficulties may include lack of understanding or attention, problems with quickly given complex information and requests for repetition. It should be remembered that hearing loss can also occur following a brain injury and lead to the same effects. Ideally a hearing test by an audiologist should occur first before assessing receptive skills.

Behaviors that may indicate problems with receptive language include:

- Poor recognition of vocabulary
- Continually asking for things to be repeated
- Difficulty with the speed, complexity or amount of information said
- Not paying attention in conversations
- Not understanding what is said
- Difficulty remembering instructions given.

Hearing problems can occur after a brain injury, and may be confused with communication disorders. A qualified audiologist can make sure that hearing disorders aren't to blame.

EXPRESSIVE SKILLS

The ability to use verbal or written skills to express oneself may appear unaffected, but often there are subtle problems that emerge over time. Often communication tests during rehabilitation will not detect problems as these formal testing situations will not trigger many of these subtle issues. Some of these can include:

- Non-stop talking, rambling explanations or very rapid speech
- Difficulty remembering particular words
- Incorrect use of language
- Talking about/interrupting about unrelated topics
- Not observing the usual norms and customs in social situations
- Making up stories
- Minimal responses when detail is required in an answer
- Difficulty with abstract skills in understanding humor, puns, sarcasm and metaphors

- Hyperverbal or rapid, non-stop talking
- Poor spelling and difficulty in learning new words
- Saying the same thing over and over (perseveration)
- Trouble with writing long sentences.

Anomia- trouble with finding words

People with a brain injury may talk normally; speech flows evenly and it's easy to understand. But some will have this very odd problem—they'll know the word they want to say but just can't come up with it. Professionals call this "anomia," which means "can't name". Everyone has an occasional anomia; those with a head injury have it frequently. It is particularly annoying if you are dealing with people all day long. You can develop poor self-esteem because you're just not sure of what you're saying anymore.

A variation on this problem is that you say the wrong word. Instead of saying, "pass me the spoon", you might say "pass me the noon." Or, instead of using a similar sounding word, you may use an entirely wrong word. Instead of "pass me the spoon," you may say, "pass me the car."

A speech/language pathologist is a professional who commonly works with this type of problem. This person can teach you techniques to decrease this problem. For example, you can use a technique called "circumlocution." Basically, you "talk around" the word. If you can't come up with the word "telephone," you might say "you dial it, you can put a quarter in it, you can call people." People eventually get what you were trying to say. Another technique that people sometimes use is to go through the alphabet and try to get the first letter of the word. Or you can visualize spelling the word—picture a blackboard and try to "see" someone writing the word on the blackboard. Then read the word off the blackboard.

Dysarthria

Dysarthria results in slow, slurred, and difficult to understand as the areas of the brain that control the muscles of the speech mechanism are damaged. A speech pathologist may help with strengthening muscles, increasing movement of mouth and tongue, breathing exercises and slower rate of speech. In extreme cases alternative means of communicating may be looked at.

A person with dysarthria should concentrate on slow clear speech with frequent pauses. It may be an idea to commence a topic with a single word first, and to check frequently that the other person is understanding you. Conversations should be finished as you become tired as speech will deteriorate quickly with fatigue.

Apraxia of speech

This is a condition in which strength and coordination of the speech muscles are unaffected but the individual experiences difficulty saying words correctly in a consistent way. For example, someone may repeatedly stumble on the word "yesterday" when

asked to repeat it, but then be able to say it in a statement such as, “I tried to say it yesterday.”

The type of treatment depends on the severity of apraxia. In mild cases, therapy may start by saying individual sounds and contrasting them and thinking about how the lips and tongue should be placed. Sometimes the timing of rhythm of speech to tapping or clapping helps to speak more clearly. Contrastive stress drills use the natural rhythm of speech to increase intelligibility. In this exercise, the same sentence is repeated with a different stress patterns, changing the meaning of the sentence. Individuals with mild apraxia learn strategies to use to help them produce the longer words that give them trouble. For the very severe apraxia, alternative and augmentative systems are often employed.

Cognitive problems

In some cases the person may not appear to have communication difficulties until they are in stressful situations such as returning to work or study. These cognitive problems will usually stem from inability to maintain attention, difficulty with abstract language, poor organization of language and a slower rate of processing information.

HOW PROFESSIONALS CAN HELP

Following a brain injury, these cognitive issues can make it harder to learn and apply knowledge to specific situations. A speech pathologist can assess and treat communication problems, and provide advice to rehabilitation teams. They can help the brain injury survivor to cope in given social situations, using compensatory strategies and treatment to help the individual be more competent in social situations. Often the individual can learn to compensate for a disability by learning a new and different skill or by using assistive technology such as a computer, calculator, hearing aid or augmentative communication device.

HOW FAMILIES AND FRIENDS CAN HELP

Families, co-workers, teachers and friends can play an important role in helping a person improve communication skills or learn new compensatory strategies to reduce limitations. This is particularly the case where they work in with the speech therapist to provide consistent support in the strategies being learned by the brain injury survivor. Family should ask questions and expect to be involved in the process of rehabilitation.

Approaches to try when communicating with someone with brain injury

- Acknowledge the injury and be sensitive
- Be realistic and cautious
- Prompt the person to evaluate their own performance
- Respect the person’s unique experience and reactions
- Use open and non-judgmental questions

- Allow people to take extra time to finish their sentence or to find the word
- Ignore the behavior, redirect the conversation or let them know the behavior is not appropriate
- Speak clearly and simply
- Validate the person's opinion while stating that you have a different view
- Simplify terms into everyday language.

Approaches to avoid

- False reassurance
- Confrontation
- Minimizing a person's feelings
- Probing or intrusive questioning
- Finishing sentences for people who lose track of what they were saying
- Reinforcing inappropriate behavior or comments by either laughing or getting upset
- Speaking excessively loudly or slowly
- Arguing with a person or telling them that they are being irrational
- Using technical jargon and lengthy explanations.

General considerations for communication

- Try to avoid too much stimulation
- Find out whether the person could benefit from various techniques or aids
- Avoid making assumptions about what a person wants or how they feel
- Active listening
- Meaningful eye contact and supportive body language
- Reflection of feeling e.g. "This sounds really distressing for you"
- Reflection of content e.g. "It sounds like you want is....."
- Paraphrasing and Summarizing
- Verbal tracking to remind people of previous comments or topics of conversation
- The use of redirection to assist people who are overly talkative or easily distracted.

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