

## Communication Disorders After a Brain Injury

A brain injury can affect a person's ability to communicate by impairing their hearing, speech and cognitive processing.



Communication problems vary depending on an individual's personality, their abilities before the injury, and the severity of the brain injury itself. Regardless of the type of injury, problems can affect both the ability to receive and express thoughts and ideas. Effects may include:

- problems finding the right words
- difficulty understanding others
- slow or slurred speech
- difficulty swallowing

### Receptive skills

Receptive skills involve receiving and understanding language. Signs of receptive issues include:

- poor recognition of vocabulary
- continually asking for things to be repeated
- difficulty with the speed, complexity or amount of spoken information
- not being able to pay attention in conversations
- not understanding what is said
- difficulty remembering instructions.

Remember that hearing loss can also occur after a brain injury and have the same effects. It's important to have a hearing test first before assessing receptive skills.

### Expressive skills

Expressive skills involve forming words and sentences clearly. Signs of expressive issues can be subtle and emerge over time. They include:

- non-stop, rapid talking
- rambling explanations and switching to unrelated topics
- difficulty remembering certain words
- incorrect use of language
- interrupting others
- inappropriate comments and behaviour
- confabulation
- minimal responses when a detailed response is needed
- difficulty with abstract skills e.g. humour, puns, metaphors
- poor spelling and difficulty learning new words
- repeating the same words (perseveration)
- trouble with long sentences.

## Common communication disorders affecting people with brain injury

**Anomia** is a difficulty recalling or recognising the names of people and objects.

In some cases, a person will choose the wrong word, for example "pass me the noon" instead of "pass me the spoon". A speech pathologist can provide techniques to help. For example, if a person has forgotten the word 'telephone', they might say: "you dial it to call people" so that they are understood.

**Dysarthria** is damage or lack of control of the muscles that control speech.

Dysarthria impacts control of the tongue, larynx, vocal cords, and surrounding muscles, making it difficult to form and pronounce words.

A speech pathologist can help with strengthening muscles, increasing movement of mouth and tongue, and breathing exercises. Common techniques focus on slow, clear speech with frequent pauses, as well as starting a topic with a single word first, then checking that the other person has understood.

**Apraxia** is when the brain has difficulty sending movement signals to the muscles responsible for speech.

Apraxia of speech will make it difficult for a person to say the words they want consistently and correctly. 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.

In mild cases therapy may involve saying individual sounds and thinking about how the lips and tongue should be placed or speaking while clapping to improve timing.

In severe cases, alternative systems such as gestures, facial expressions, written communication or pre-printed cards are used.

**Confabulation** is a symptom of memory disorders where a person subconsciously creates made-up stories to fill gaps in their memory.

The made-up stories brought about by confabulation can range from small and insignificant responses to extremely elaborate stories based in actual events or completely separate from reality.

Confabulation is not lying - the person is unaware their responses are inaccurate and will believe they are telling the truth.

### How professionals can help

Speech pathologists and occupational therapists can assess and treat communication problems and provide advice to rehabilitation teams. They can help a person with a brain injury to manage and improve communication by using therapy to restore lost skills, teach compensatory strategies and employ the use of assistive technology such as hearing aids or augmentative communication devices.

### How family and friends can help

Health professionals will involve family to provide consistent support for any strategies taught. Family and friends should expect to be involved in rehabilitation after a traumatic brain injury - it makes a big difference.

### Families might use the following tips:

---

acknowledge the communication problems caused by brain injury and be supportive

---

listen and allow time for finishing sentences or finding the word

---

prompt the person to evaluate their speech and be aware of issues

---

speak clearly and simply

---

work with the person to see which techniques work well

---

### Approaches to avoid include:

---

false reassurance

---

finishing sentences for the person

---

speaking excessively loudly or slowly

---

using jargon or lengthy explanations.

---