

SUPPORTING COMMUNICATION AFTER A BRAIN INJURY - EARLY YEARS



Which communication difficulties are often diagnosed following an Acquired Brain Injury?



Aphasia: An acquired language disorder that can impact auditory comprehension, verbal expression, reading, writing and interpretation of symbols. (or some of these areas). It does not impact on intelligence.

Apraxia of speech: A processing difficulty (disrupted messages from the brain to muscles of the mouth) impacting on planning and sequencing of muscle movement related to speech production.

Cognitive Communication Disorders: These can be complex and may include difficulties with attention, memory, verbal reasoning, reduced processing speed and literal interpretation of language.

Dyspraxia (DCD): A difficulty planning and sequencing movements (including muscles involved in speech) making the sequencing of sounds in words difficult.

Dysarthria: difficulty with the movement of muscles needed for speech production. This may result in changed pitch, volume, tone, rate of speech and breathe control.

Dysphagia: Impaired swallowing

Social Communication Difficulties (often associated with frontal lobe injuries): May include difficulties recognising everyday social cues, disinhibition, impulsivity, difficulties remaining on topic, inappropriate eye contact, perseveration on a topic



How can this present in school/nursery?



- Word-finding difficulties
- Frequent semantic errors (using related but incorrect words e.g. spoon for fork)
- Slow processing speed (impacting on expressive and receptive language)
- Sequencing difficulties (of sounds to form words / of words / of ideas / of events)
- Difficulties moving the muscles involved in speech-sound production making speech unclear
- Poor breath control (making speech loud or quiet or broken into short utterances)
- Memory difficulties making it difficult to follow or contribute to a conversation or to learn new vocabulary
- Difficulties in understanding (due to processing of sounds / words / sequencing of words)
- Impulsive and disinhibited language (calling out / inappropriate language / verbalising unfiltered thoughts)
- Reduced attention / reduced listening skills

SUPPORTING COMMUNICATION AFTER A BRAIN INJURY - EARLY YEARS



Strategies to support communication skills:

- Ensure that all staff are aware that language development may be affected by their Brain Injury
- Adjust speed of speech to allow time for processing
- Incorporate repetition to over teach vocabulary, social expectation and promote success
- Do not repeat language immediately – you will be adding to the language load rather than reinforcing a message.
- Reduce distractions at times
- Plan activities around pupils' personal interests to promote engagement in shared communication
- Present verbal information in bite-size chunks. Reduce overload of information.
- Break information into chunks and check understanding after each
- Observe behaviours and look for signs of fatigue in both structured activities and during continuous provision. Provide a calm environment for a physical, emotional and cognitive break.
- Engage a variety of senses in learning experiences
- Provide visual prompts to support language comprehension , and incorporate visuals / pictures into the learning environment
- Ensure that the child's next setting is informed of their needs as communication difficulties may become increasingly apparent as the child reaches different ages and stages of development

Masking



Many children don't want to stand out from their peers and will mask their language difficulties. Indications of this may be:

- Copying the actions or language of others
- Using humour to distract from their reduced language skills
- Withdrawal from social situations or reluctance to speak in class
- Off task / avoidance behaviour
- Using stock phrases or repeating the answers given by others
- Finding reasons to leave a communication demanding situation
- School refusal
- Perseveration or returning to familiar topics of conversation

Fatigue



Fatigue (cognitive, physical, emotional) will have a significant effect on receptive and expressive communication.

For more information see additional resources on fatigue on our website.

