

SUPPORTING COMMUNICATION AFTER A BRAIN INJURY - PRIMARY



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?



- 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

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Strategies to support communication skills:

- When giving instructions or information, ensure that attention is fully engaged and provide visual prompts where relevant
- Adjust speed of speech to allow time for processing
- Do not repeat language immediately – you will be adding to the language load rather than reinforcing a message
- Present verbal information in bite-sized chunks and check understanding after each. Reduce overload of information.
- Reduce distractions where possible
- Provide a variety of learning activities, some of which will be less demanding on communication
- Pre-teach new / specific vocabulary (or provide a vocab sheet with definitions)
- Learn key words in isolation by shape/ pattern / letters / semantic links
- Prompt word finding by talking through semantic links before prompting with an initial sound (the aim being that a child begins to use semantic links independently to aid word retrieval)
- Simplify and reduce language in written instructions
- Provide extra time for tasks and avoid time-bonded tasks that can increase pressure and/or anxiety

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.

