



HO 2.1

Workshop outline

Aim:

1. Provide information about communication problems that may result following a TBI.
2. Introduce strategies for dealing with some of these deficits.

Overview:

1. Different forms of communication.
2. Communication problems resulting from TBI.
3. Social communication deficits.
4. Strategies for optimising communications.



Types of communication problems

Dysphasia

An acquired impairment of language processes caused by damage to receptive and expressive language functions:

A. Receptive Language

understanding the spoken and written word

B. Expressive Language

expressing yourself through spoken and written form
(includes word selection, word order and grammar)

Dysarthria

Speech disorder caused by a disturbance of control of the muscles that produce speech sounds.

Often characterised by:

- slurred speech
- drooling
- facial paralysis
- running out of breath when speaking

Dyspraxia

Impairment in the ability to coordinate and sequence muscle movements involved in speech.

Often characterised by:

- searching movements of the lips and tongue when making sounds
- mixing up the order of sounds in words, for example “hopsital” for “hospital”
- Getting “stuck” on words

Non-verbal communication

When patients have severe language and/or speech problem they may have difficulty expressing themselves verbally.

They may use alternate means to communicate including:

- gesture
- picture boards
- computerised technology



Cognitive problems and communication

'Talking without Communicating'

A. Memory problems

- forgetfulness
- difficulty learning new information

B. Information processing problems

- slowness in thinking and responding
- reduced attention span
- easily distracted, can't stay on task
- poor concentration, can't keep track of more than one thing at a time

C. Planning problems

- failure to develop plans of action
- disorganisation, ineffective approach to task
- failure to learn from mistakes

D. Inflexible thought process

- gets stuck on one idea and can't be shifted
- can only see one point of view
- difficulty adopting new ideas
- difficulty grasping complex ideas
- takes a long time to adapt to new situations

E. Initiation

- lethargic and inert
- difficulty starting tasks
- difficulty sustaining appropriate activity (needs prompting to continue)

F. Control problems

- difficulty controlling impulses (overly familiar, sexually inappropriate, tactless)
- low frustration tolerance



Social communication deficits

Problems can include:

- poor eye contact
- inability to take turns
- difficulty initiating conversation
- interrupting others
- talking too much
- getting stuck on a topic (perseveration)
- going off the topic without finishing the idea (tangential)
- not listening to others
- using too much gesture
- lack of facial expression, flat affect
- standing too close
- not taking the hint to finish the conversation



Tips for talking

To help the person's expression

- give the person plenty of time to respond
- encourage all attempts to communicate
- do not interrupt or answer for the person
- give questions or choices to clarify what the person means, for example:
 - “do you mean ... ?”
 - ask what their topic is
 - give a choice of two options (“do you want to watch TV or go outside?”)
- the most important thing is the meaning behind the communication, not how well the person can put a sentence together

To help the person's understanding

- avoid background noise
- speak naturally but clearly
- ensure eye contact
- speak in short, simple sentences
- try rephrasing what you said if the person does not understand
- talk about events, objects and people in the here and now
- clearly identify people and topics
- do not change topic quickly
- be aware that the person will understand better when they are not tired