

ADAPTED COMMUNICATION for Individuals with Brain Injuries

Sheila MacDonald MClSc. SLP(C)

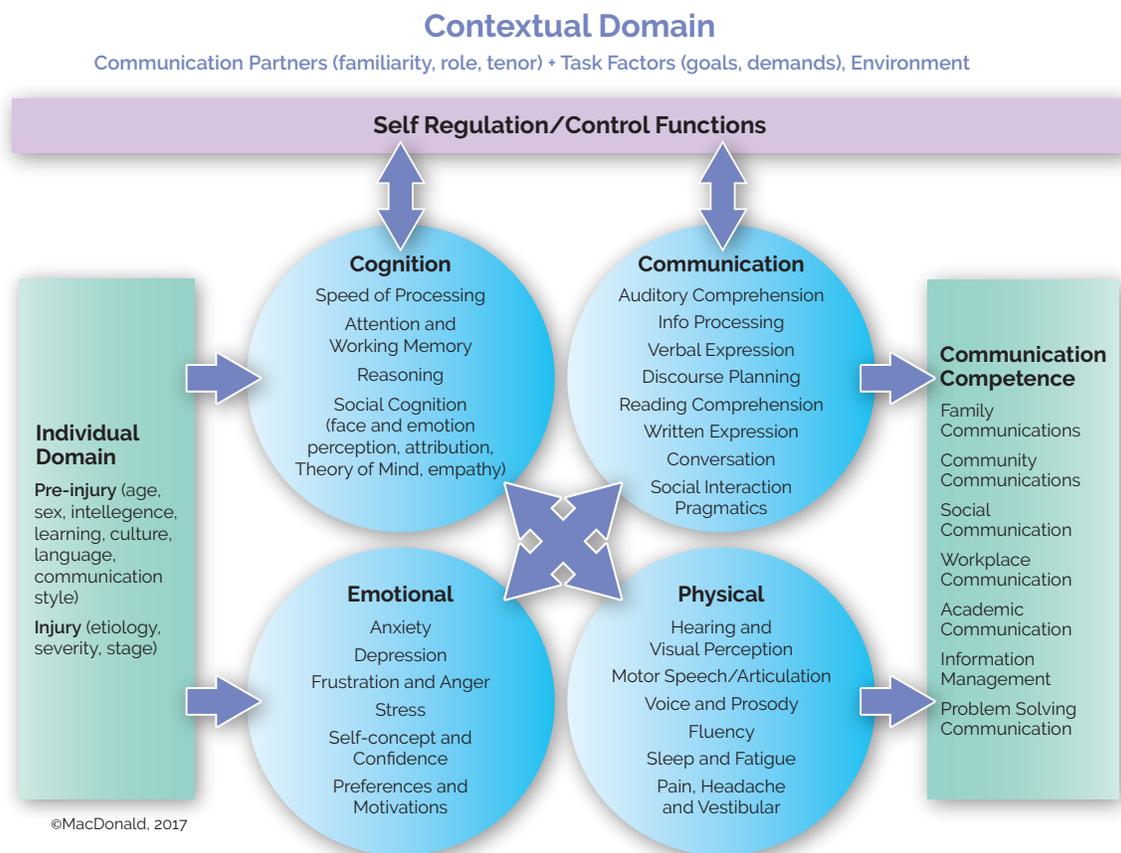
AWARENESS of Communication and Thinking Challenges

- Individuals with brain injuries can experience cognitive (thinking) and communication difficulties that disrupt their success in work, school, social, family, or community.
- These communication difficulties are called cognitive-communication impairments.
- Cognitive-communication impairments are problems with communication (listening, speaking, reading, written expression, and social communication) that arise because of underlying difficulties with cognitive or thinking skills (attention, memory, organization, reasoning, executive functions).
- These difficulties can be very frustrating, debilitating, and socially isolating.
- An acquired brain injury is one that occurred after birth, in childhood or adulthood. Brain injuries can be sustained in a car crash, a sports injury, a fall, a hit, or an illness.
- Expect cognitive-communication difficulties about 75% of the time after significant brain injury.
- Difficulties can also occur after mild brain injury or concussion.
- Cognitive and communication difficulties vary in each individual and may be influenced by multiple factors. See the Model of Cognitive-Communication Competence on the next page (MacDonald, 2017)
- You can help by being aware that cognitive-communication deficits create barriers, by helping the individual to access supports and services, and by learning to adapt your own communication to help them communicate as effectively as possible. (Aware Access Adapt)

ACCESS to Rehabilitation

- Speech-language pathologists (SLP's) are uniquely trained to diagnose and treat communication challenges of all types. SLP's are regulated health professionals who are experts in communication.
- Refer the person to a speech-language pathologist who has expertise in brain injury
- The Cognitive-Communication Checklist for Acquired Brain Injury is an evidence based referral tool that can indicate when to refer someone to an SLP. The CCCABI is available at www.brainandcommunication.ca.
- SLP's can help the individual with brain injury to become involved in the conversation, to understand, to express their views and preferences, to make decisions, and to share who they are.
- Contact the Ontario Association of Speech-Language Pathologists and Audiologists www.osla.ca
- Recognize that the individual with cognitive-communication difficulties might not be able to advocate for him or herself. Provide assistance with calls, emails, initial meetings etc.

Figure 1:
A Model of Cognitive-Communication Competence



Adapted COMMUNICATION

One of the main ways you can assist the person with brain injury is to adapt your own communication.

OVERALL

MacDonald 2018 Adapted from: Kagan et al., 2001; Togher 2013; Ylvisaker et al., 1998

| | |
|---------------------------|---|
| Respect & Competence | Convey Respect. Speak in a natural tone of voice. Acknowledge their competence and help them reveal what they know. Say, "I know you know what you want to say". Convey respect for their concerns, perspectives, knowledge, abilities. |
| Collaboration | Convey a spirit of collaboration using direct statements (subtleties will be lost on those with brain injury). Provide cognitive, communication, and emotional supports. |
| Collaborative Intent | "We're doing this together". |
| Cognitive Support | "What can help to make this easier?" |
| Emotional Support | "I'm with you. It's ok." "I understand you're upset." |
| Positive Question Style | "I'm interested in what you have to say". NOT "Let's see if you can get this right". Avoid "Testing Questions". |
| Collaborative Turn Taking | "I'm interested in sharing a conversation". |
| Calm | Check for fatigue or mood before engaging in challenging discussions or decisions. When upset or irritable, say less, not more. Allow time and quiet. |

INPUT

(Helping the person to listen, understand, read, follow the conversation or interpret written messages)

| | |
|----------------------|--|
| Face | Face the person, get on their level, establish eye contact |
| Focus | Establish & maintain attention, Use the person's name. Redirect attention from other things. Ask if they are "ready?" Reduce distractions and interruptions. |
| Brief | Keep the message brief & basic. Use short sentences with basic vocabulary. |
| Slow | Slow down!! Pause frequently (as if you are dictating a letter). Give them time to process. |
| Repeat | Use "Respectful repetition". Repeat key ideas, key words. |
| Summarize | Summarize and recap. Discuss the "bottom line" the "next steps". |
| Comprehension Checks | Ask questions to check their comprehension. Don't assume. Ask them to restate, not answer yes or no. |
| One | One speaker at a time. One topic at a time. One activity at a time. |
| Topic Warnings | Introduce new tasks or topics. Announce shifts in topic... (i.e. "Now let's talk about ..." _). |
| Visuals | Support communication with visuals, gestures. |
| Key Word Writing | Write key words, messages, options, actions. Print these in block letters rather than in script. Let the person see the paper as you write. |
| Notes | Provide written notes or key ideas, or next steps at the end of the discussion |

OUTPUT

(Helping the person to talk, convey, share, tell stories or explain through talking, writing, or using alternative methods)

| | |
|------------------|--|
| Topic | Initiate topics of interest to the person. |
| Time | Allow them time to respond (count to 10). |
| Words | If they are struggling for a word, give it to them. Double check your interpretation (i.e. "Did you mean ____?") |
| Another Way? | Encourage non-verbal communication. "Tell me another way... Can you show me?... Here, let's use paper and pen, drawing, gestures". |
| Choices | Offer choices (i.e. multiple choice). Write the options so the person can keep track of those listed. |
| So Far | Recap and let them know what you have understood "so far" in the conversation. |
| Redirects | Respectfully redirect them back to the topic. |
| Bottom line | "Ok so tell me the bottom line on this". |
| Request | If they are vague... "I need more info. Tell me Who? Where? When?" |
| Avoid | Avoid ridiculing, teasing, or highlighting unsuccessful communication attempts. |
| Key Word Writing | Especially in big discussions, write key words down for their later reference and organization. |
| Organizers | Help them to organize what they want to say. Use charts or bullet points. |

Advocate

| | |
|------|--|
| CDAC | Communication Disorders Access Canada promotes human rights, accessibility and inclusion for people with communication disabilities. www.cdacanada.com |
| LHIN | Local Health Integration Networks "plan, integrate and fund local health care, improving access and patient experience". www.lhins.on.ca |
| ONF | ONF supports knowledge-sharing about research outcomes and evidence-informed practices in ABI. www.onf.org |
| OSLA | Ontario Association of Speech-Language Pathologists and Audiologists promotes and supports SLP's in their work on behalf of Ontarians with communication disorders. Has a "Find a Practitioner" section on the website to find an SLP in your area. www.osla.on.ca |

References

- Avrimovic P., Kenny B., Power E., McDonald S., Tate R., Hunt L., MacDonald S., Heard R., T. L. (2017). Exploring relationships between cognition and functional verbal reasoning in adults with severe traumatic brain injury at six months post injury. *Brain Injury*, 31(4), 502–516. <http://doi.org/10.1080/02699052.2017.1280854>
- Behn, N., Togher, L., Power, E., & Heard, R. (2012). Evaluating communication training for paid carers of people with traumatic brain injury. *Brain Injury*, 26(December), 13–14. <http://doi.org/10.3109/02699052.2012.722258>
- Kagan, A., Black, S., Duchan, J., Simmons-Mackie, N., & Square, P. (2001). Training volunteers as conversational partners using 'Supported Conversation with Adults with Aphasia' (SCA): A controlled trial. *Journal of Speech, Language and Hearing Research*, 44, 624–638
- MacDonald, S. (2017). Introducing the model of cognitive-communication competence: A model to guide evidence-based communication interventions after brain injury. *Brain Injury*. <http://doi.org/10.1080/02699052.2017.1379613>
- MacDonald, S., & Wiseman-Hakes, C. (2010). Knowledge translation in ABI rehabilitation: A model for consolidating and applying the evidence for cognitive-communication interventions. *Brain Injury*, 24(3), 486–508. <http://doi.org/10.3109/02699050903518118>
- Togher, L., Wiseman-Hakes, C., Douglas, J., Stergiou-Kita, M., Ponsford, J., Teasell, R., ... Turkstra, L. S. (2014). INCOG Recommendations for Management of Cognition Following Traumatic Brain Injury, Part IV: Cognitive Communication. *The Journal of Head Trauma Rehabilitation*, 29(4), 353–68. <http://doi.org/10.1097/HTR.0000000000000071>
- Togher, L. (2013). Improving communication for people with brain injury in the 21st century: The value of collaboration. *Special Issue: State of the Art Review on Mental Health in Traumatic Brain Injury*, 14(1), 130–138. <http://doi.org/10.1017/Brlmp.2013.3>
- Ylvisaker, M.; Feeney, t., & Urbanczyk, B.(1993). A social environmental approach to communication and behavior after traumatic brain injury. *Seminars in Speech and Language*, 14(1), 74–86.
- Ylvisaker, M., Sellars, C., & Edelman, L. (1998). Rehabilitation after traumatic brain injury in preschoolers. In M. Ylvisaker (Ed.), *Traumatic brain injury rehabilitation. Children and adolescents*. (pp. 303–329). Newton, MA: Butterworth-Heinemann.