

# Communicating with people with acquired brain injury (ABI)

A resource prepared by the Intermediary Pilot Program

## Background and Overview

### About ABI

An acquired brain injury (ABI) refers to any damage to the brain that occurs after birth.<sup>i</sup>

A common form of ABI is traumatic brain injury (TBI). TBI is the result of an injury to the brain caused by an external force (such as a car accident or fall).

ABI might also occur as a result of stroke, prolonged drug and alcohol use, brain tumour, or prolonged periods of lack of oxygen to the brain (e.g. from near drowning).

The effects of ABI will depend on the nature of the injury, the areas of the brain involved, and the age of the person who experiences the injury.

ABI is a common cause of disability among people of all ages. People with ABI are also more likely than the general population to experience other chronic health conditions (e.g. mental health issues, physical disabilities).

Every person who has an ABI will experience their symptoms and recovery differently. A person with an ABI might experience a range of changes including:

- cognitive changes (memory, attention, speed of thinking, new learning)
- changes in physical skills (weakness, tremor, poor balance)
- sensory changes (such as vision, touch, smell)
- behaviour changes (mood related changes, irritability, impulsivity)
- communication changes (difficulty following conversation, word finding difficulties, speech and language difficulties).

## Common Issues

People may experience changes to all aspects of their communication following ABI.<sup>ii</sup> Cognitive changes (such as impairments in memory, attention, reasoning and processing speed) often underpin these changes, and might include:

- Needing longer to process spoken information
- Difficulty remembering information, particularly as the length of the information increases
- Difficulty thinking of the right words
- Difficulty extracting the “gist” or most important pieces of information from a story
- Difficulties with abstract and non-literal language (figures of speech, sarcasm, humour)
- Difficulties interpreting non-verbal communication (gesture, facial expression, tone of voice)
- Difficulty initiating, planning and/or organising their responses
- Difficulty maintaining shared topics, or moving from one topic to the next
- Difficulties using an appropriate manner and style of interaction.

Many people with ABI also have physical symptoms that might impact on their communication, such as:

- Increased fatigue
- Reduced speech clarity
- Voice changes (reduced volume, poor voice quality)
- Dysfluent speech

- Visual changes that impact on reading
- Difficulty writing due to limb weakness.

Some people may experience a language disorder called **aphasia** after some types of ABI. Aphasia results from damage to parts of the brain that control the functions of language. Aphasia impacts all forms of communication including the ability to understand and use language.

### Case Example 1: Andrew

Andrew\* is a 36-year-old man with a moderate ABI. He sustained his ABI in a car accident over 10 years ago. He currently lives independently with support. Andrew reports ongoing issues with communication, thinking and physical functioning.

Assessment of Andrew's communication demonstrated that he was able to respond appropriately to short simple questions when provided with a deliberate introduction to the topic of questioning. He experienced more difficulty responding as the length of the information increased. He expressed frustration about "not being able to think of the right words" at times. As he fatigued, his responses became less accurate and his speech was more difficult to understand.

Strategies that assisted Andrew to communicate effectively included making sure new topics were clearly introduced, checking with Andrew what he understood before asking him questions, ensuring questions were kept short and phrased as simply as possible, and monitoring his behaviour carefully for signs of frustration.

### Case Example 2: Deniz

Deniz\* is an 11-year-old girl who acquired a hypoxic brain injury two years ago in a near drowning incident. Deniz experiences a range of cognitive, communication and physical challenges as a result of her injury. These include memory difficulties, dysarthria (reduced speech clarity), behavioural issues, and difficulties with mobility, balance, and fine motor movements. Deniz has returned to school and currently attends on a part time basis (4 shorter days per week). She is supported by an aide in the classroom.

An assessment of Deniz's communication indicated that she had difficulty remembering and manipulating spoken information (e.g. instructions that had more than one part). Her vocabulary was reduced compared to what would be expected of children her age. She was easily distracted and found it difficult to stay on task. Deniz's speech was more difficult to understand over the course of the assessment as she fatigued. She also started to become agitated when she was confused or asked to undertake activities that she found difficult.

Observation and feedback demonstrated that Deniz performed at her best when she understood the structure of activities (concrete reminders such as a visual schedule were useful). Her language comprehension was best with familiar, concrete language presented in short simple sentences. Although familiar listeners generally understood Deniz's speech, visual supports were also useful to help Deniz communicate her message to less familiar listeners. Both Deniz's mother and school staff reported that Deniz's fatigue increases over the course of the day and suggested that scheduling takes this into account.

*\*names have been changed*

## Strategies

The information below outlines general strategies that can be adopted by representatives of the court to enhance communication with people diagnosed with ABI.<sup>iii</sup><sup>iv</sup> These include:

- Make sure the environment is quiet and free of distractions.
- Make sure you have the person's attention before speaking (e.g. say their name, make sure they are looking at you).
- Keep questions and instructions short and direct.
- Ask only one question at a time.
- Say what you mean. Avoid figures of speech.
- Ensure questions are phrased simply (avoid hypothetical, tag, negative questions).
- Allow extra time for processing. It may be helpful to speak at a slightly reduced rate of speech.
- Make it clear when you are changing topics. Visual topic indicators can also assist.
- Be patient. Give the person time to talk.
- Watch out for signs of fatigue. Consider fatigue when scheduling the length and timing of hearings or other appointments.
- If word finding is difficult, encourage the person with the ABI to focus on the idea, not the words.
- If the person is having difficulty following the conversation, ask them if they need you to restate the last thing you said.
- If necessary, let the person know that you are having difficulty following what they are saying.

## References

<sup>i</sup> Australian Institute of Health and Welfare. (2007). *Disability in Australia: Acquired brain injury*. Available from: <https://www.aihw.gov.au/getmedia/1f719b27-6b93-434a-b0e6-997b4ead061a/bulletin55.pdf.aspx?inline=true>

<sup>ii</sup> MacDonald, S. (2017). Introducing the model of cognitive-communication competence: A model to guide evidence-based communication interventions after brain injury. *Brain Injury*, 31(13-14), 1760-1780.

<sup>iii</sup> Acquired Brain Injury Outreach Service (ABIOS). (2017). *Cognitive communication strategies*. Available from: [https://www.health.qld.gov.au/\\_data/assets/pdf\\_file/0029/674174/cog\\_communication\\_strategy\\_pro.pdf](https://www.health.qld.gov.au/_data/assets/pdf_file/0029/674174/cog_communication_strategy_pro.pdf)

<sup>iv</sup> Prosser, C. & Morris, R. (2017). *Coping with communication problems after brain injury*. Nottingham, UK: Headway. Available from: <https://www.headway.org.uk/media/3991/coping-with-communication-problems-e-booklet.pdf>