

# COMMUNICATION PROBLEMS AFTER HEAD INJURY

## What is Communication?

Communication is the passing of information between two or more people. Although communication is often in written form, most everyday situations involve people talking to one another: in other words we are using VERBAL SKILLS. Part and parcel of verbal skills are:-

- Our **choice of words** – depending on whom we are speaking to.
- The **'music'** of our voice (intonation).
- How **we put words together** to make sense.
- The **speed** at which we say things.
- The **loudness** of our voice.

In conversation, we may be less aware that we are also using NON-VERBAL SKILLS. For instance, we look at people when they are talking to us; we nod our heads to acknowledge what they are saying; we move our hands when we're demonstrating something, or even sit a certain distance apart from one another. This is evidence that there are certain 'rules' which govern the way we interact.

## Breakdown in Communication Following Head Injury

Immediately after the accident, the head injured person may be unconscious and appear to be unaware of everything around them. However, useful work can be done at this stage to encourage some kind of response. **Talking** to the head injured person, **playing music** that they like and **holding their hand** are all things which may help.

In the early stages of recovery, the person may become very restless, and even aggressive but still little speech (other than abusive language) or understanding may be evident. This phase tends to be short lived and communication then improves as consciousness is regained. This improvement often occurs quite quickly although you may see that the person is experiencing some difficulty in understanding, and / or putting across what they want to say.

The range of difficulties following the head injury is extensive, but it is true to say that even mild impairment tends to result in a breakdown in communication with others. The breakdown may be due to:

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|  | Leading to |  |
| 1. Physical change   | —————→     | speech abnormalities   |
| 2. Damage to the special areas in the brain that deals with speech (talking) and language (the sounds and meanings of words, and the rules that state into which order the words should be put to make correct sentences). | —————→     | difficulties in understanding<br><br>and / or<br><br>difficulties in talking and finding the right words |

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| 3. Intellectual damage   | —————→ | impairment of intellectual skills<br>eg problems with memory,<br>concentration and reasoning |
| 4. Widespread damage to the brain, particularly the frontal lobes, which have much to do with personality and behaviour. | —————→ | impairment of non-verbal skills  |

Often the head injured person will experience two or more types of damage, making their communication difficulties more complex.

For ease of understanding, however, we will describe the problems resulting from each type of damage separately. Suggestions for helping are also given but remember that if someone has severe memory problems, many of these suggestions will not have a chance to work (the advice of a clinical psychologist may help).

### **1. Speech Abnormalities**

Physical damage to the speech organs may result in speech becoming less easy to understand. Features such as slurring, quiet voice or hyper nasality (sounds coming down the nose) are common, together or on their own.

#### Suggestions

- Do not try and pretend to understand if you don't, it will end in both of you being frustrated.
- Ask the head injured person to **repeat** what they have said once more, if they are able. However, do not let them struggle to get the words out but help them by **repeating back** the words you have understood.
- Ask for a '**key**' word to let you know what they will be talking about; this 'tunes' you in.
- Watch their **lips** as this improves your understanding.
- Try to keep all other noise in the room to a **minimum**, it not only makes listening difficult but it also distracts you at a time when you need to concentrate.
- Encourage the head injured person to **mime** what they want to say, or to write if that is possible if they cannot make themselves understood through talking.

Sometimes damage to the speech organs or the nerves controlling them is so severe that it makes the head injured person's speech totally unintelligible. In this instance, it may be that the head injured person would benefit from a 'communication aid'. This usually takes the form of a computerised or mechanical device which prints out what the person is trying to say. However, it is only of use for someone who can find the words for what he wants to tell you and therefore is not suitable for all head injured people.

A local speech therapist will advise you as to whether the head injured person would benefit from a communication aid.

## **2. Understanding Difficulties**

Try to find out from the speech therapist how much the head injured person understands. Often people with a head injury appear to be following more than they actually do.

However, the problems may be very obvious particularly when understanding is severely affected.

### **Suggestions for severe difficulties**

- Speak **slowly and clearly** but remember you are talking to an adult with a handicap, not a small child.
- Try and put over what you are saying in **simple words**.
- Don't give **too much** information at the one time.
- Perhaps accompany your talking with **pantomime gesture** related to the people, objects or actions you are speaking about. (Think how this helps you when you're abroad and not too familiar with the language).

When the comprehension problems are mild, the head injured person can usually cope in every day situations but may have a tendency to interpret things superficially or, in other words, to take words at face value. This means that the person will be unable to understand all but the most obvious jokes or to make sense of many of the phrases that we use all the time, eg. 'back in a tick'.

## **3. Expressive Difficulties**

As with problems in understanding, the range of difficulties may be from very mild to severe.

When the problems are severe, the head injured person may be unable to produce meaningful words and so cannot make their needs and wishes known through speech.

### **Suggestions for severe difficulties**

- Give the person **time** to try to put over what they want to tell you.
- **Suggest** some ideas to them; you may have an inkling of what it is they are trying to say.
- Ask them to **look** or **point** at what is wanted, if this is physically possible.
- Encourage them to use **gesture** if they can.

When the problem is mild, the most common difficulty is often finding the right words.

### **Suggestions for milder difficulties**

- Again give the person **time**.
- **Suggest** a word. It may be wrong and sometimes, if several have been put forward and none are right, the head injured person may become frustrated and angry. In this situation, reassure them that the word may well come back to them later when they're not thinking about it. Try then to move on to another topic.

At times, damage to specific areas of the brain results in someone appearing to be quite wide awake and alert but making little or no attempt to communicate with others. Indeed, the person may seem quite unconcerned about not talking, and this can be frustrating and hurtful for relatives and friends. Unfortunately, in severe cases, this may be a persistent and long term state of affairs.

### Suggestions

- Try not to get discouraged because the head injured person is being uncommunicative. Keep talking to them about matters which interest them.
- Carry on including the person in conversation when one or two people are present.
- Appealing to the head injured person's sense of humour helps; occasionally something funny will make them laugh. This has the advantage of giving you a boost and helping the head injured person to hear and feel what it is like to make sounds again.
- Play music or songs that the person enjoys. Again it may bring about a few sounds from the head injured person.

## **4. Impairment of Intellectual Skills**

The problems are much less easy to 'put your finger on' when someone suffers intellectual damage. The person is still largely able to understand and talk but they sometimes seem just as unable to cope in conversation as someone who has no understanding or is speechless. The reason for this is that memory, concentration, the ability to reason, to think logically and to organise thoughts or activities mentally may all be affected. This group of problems affects how information is either listened to or put forward in conversation.

### Suggestions

Most of the problems mentioned, and some suggestions for helping, are covered in the section 6 'Related Problems' as they are difficulties shared by many head injured people and not specific to those who have intellectual impairment.

## **5. Impairment of Non-verbal Skills**

Generalised damage, particularly when the frontal lobes of the brain are involved, again results in less easily recognisable symptoms. Often it is the person's non-verbal skills that are affected. Here the disturbance in interaction is much more subtle and yet is frequently serious enough to cause a major breakdown in communication.

We may first be aware of a problem when we notice that the person rarely looks at us when we are talking to them. They may give little feedback in terms of nods and shakes of the head to tell us if they agree or disagree with what we're saying. Often too, the head injured person may touch us inappropriately or come uncomfortably close, making us keen to finish the conversation and 'escape'.

### Suggestions

- **Explain** to the head injured person that when they don't look at you, or if they interrupt you when you are talking, makes you feel that they are not interested in what you are saying. (Remember that sometimes this may be true).
- **Remove** their hand gently if they keep touching you, again explaining why you don't like it.
- **Talk** about how you feel if they come too close during the conversation. Often, as with the touching, the head injured person is quite unaware of its affect until it is pointed out to them.

You may need to explain many times, particularly if there is a memory problem. Many people who suffer a head injury, whether the communication difficulty in the above areas is mild or very severe, may also experience and demonstrate one or more of the following related problems.

## **6. Related Problems**

### **Frustration**

It is easy to understand why someone who cannot speak becomes frustrated but perhaps harder to comprehend the frustration levels suffered by the person with a head injury who is able to talk. They often find that their thoughts are happening in slow motion so that they are less able to take part in discussion; it can be very aggravating to feel you have a valid point to make but by the time your brain has got it out, the topic under debate has changed.

### Suggestions

- Try and **include** the person in conversations.
- Give plenty of **time** for them to put over what they want to say.
- Sometimes, people get so frustrated that they forget what the conversation was about! If this happens, give a **gentle reminder**.

### **Overloading**

In conversation, we change the subject frequently. Even if we do dwell on the one topic, different people's points of view mount up to a mass of varying information. All this information can, at times, overwhelm and 'overload' people with a head injury. They have trouble when too many people talk at once or when there is too much to take in. Often the outcome of 'overloading' is a temper outburst.

### Suggestions

- Try and talk in **one on one** situation or in a very small group at first, eg 2 or 3 other people.
- **Don't flit** from topic to topic.
- If they appear to become agitated, suggest they come and help you do **something practical** like making tea.
- Remember a person with a head injury's **tolerance** levels may be much reduced, so if friends come round, arrange beforehand that they only stay for ½ hour – 1 hour. Company little and often is best.

### Inappropriate Response

Sometimes people with a head injury will find themselves laughing or crying inappropriately. Alternatively, they may swear or be abusive, something which friends and relatives find distressing. This is particularly true if this behaviour is very different from the personality you knew before the accident.

#### Suggestions

- Inappropriate laughing and crying usually pass fairly quickly if the behaviour is **ignored** and the person is **distracted** in some way, perhaps by a change of topic or activity.
- Friends can be **pre-warned** that the head injured person may do this unexpectedly so that everyone reacts in the same way.
- Swearing and abusive behaviour are most upsetting, but the outburst is much more likely to be short-lived if everyone else remains **calm** and shows little reaction.
- If the behaviour persists, **explain** clearly and calmly to the person why you don't like the behaviour and how it makes you feel. Generally this is a phase through which many people with a head injury pass, and it does eventually happen less and less.

### Constant Talking

When we are with friends, we take it for granted that there will be pauses in the conversation or a change of speaker. Frequently, a person with a head injury will want to dominate the conversation, never waiting for other people to finish what they are saying. What comes out may be a verbal barrage on one particular topic or, alternatively, a persistent rambling, meaningless outflow of speech. Both are a source of irritation to the listener after a very short time.

#### Suggestions

- **Keep cool** even though your stress levels may rise!
- **Explain** to the person that this constant talking is very tiring.
- If it continues, try and find some **peace** in another room.
- Contact the Head Injury Society for suggestions on methods of coping.

### Taking Things Literally

When we say things such as 'hold on to that for me' or 'I'll be back in two seconds' we don't expect people to take us at our word. However, that is just what a person with a head injury may do. 'Hold on to that' to them means literally 'keep it in your hand' and 'two seconds' means exactly two seconds. Use of phrases like these mean that the head injured person gets very confused and, because things are not as they expect them to be, they may well become distraught or angry.

#### Suggestions

- Try not to use 'catch phrases' as they are very confusing for the person with the head injury.
- Make sure you say what you mean and if a time scale is involved, stick to it or the head injured person may become distressed and agitated.

### **Fantasy**

It is possible that the person with the head injury may invent events and people, and these inventions may be presented so plausibly that it is believed by those who don't know the person well. This is not deliberate lying but rather a feature of memory problems.

### **Suggestions**

- **Don't go along** with things that are made-up.
- If you are not sure what is fact or fiction, try and check with someone who may know the answer.
- If the head injured person has got confused and you can see a grain of truth in what is being said, **gently untangle** the confusion for them and link everything to reality.

### **Memory**

If your memory is poor, it means that you not only forget what you have been told, but that you also forget what you yourself have said. Your conversation then ends up being limited, repetitive and rather muddled. As the person on the receiving end, it can be extremely frustrating to be constantly asked questions to which you have already given the answer fifteen times!

### **Suggestions**

- You may frequently have to **remind** the head injured person of matters which you've already discussed.
- **Writing** things down may help.
- If something is constantly repeated, **calmly explain** that you have heard it before. Try and provide a clear picture of **when** it was, to see if that acts as a memory jogger.

### **Reasoning and Logic**

Discussion is not just confined to times when we are debating a major issue. It also happens when we're talking with someone about the best way to get somewhere or do something. In these situations, we usually think of alternatives, using reason and logic to weigh up the pros and cons of each. The person with a head injury loses these skills so that their line of thinking is along a single track. This then not only affects their conversation but means that the way in which they do things may not be the ideal way to our way of thinking.

### **Suggestions**

- In the early stages, talk with the head injured person about the **alternatives**; the suggestions will mainly come from you.
- Gradually, as their condition improves, encourage them to think of other ideas for themselves.

## **Concentration**

Most people who suffer a head injury find that their concentration is poor. Talking, or paying attention to other people's conversation is very tiring, particularly when people flit from topic to topic.

### **Suggestions**

- Try and **stick to one topic** and make sure the change of subject, when it does eventually happen, is noted by the head injured person.
- Keep groups of friends **small** at any one time.
- Make sure there are not lots of things around causing distractions eg television on in the background.
- Remember, they may get **tired** very quickly as concentrating is hard work.

The above information will give you an understanding of the complexity of communication and the types of difficulties that may be experienced by the head injured person. There are rarely any magic cures for communication problems after a head injury, but there may be things that you can do to help. Get in touch with a speech therapist, who will be able to advise you on specific problems and give suggestions on how best to deal with these. The Brain Injury Waikato office may also provide some useful hints.