

FACT SHEET



Cognitive Changes After Brain Injury Communications - Language

QUICK FACTS

- Communication is made up of two parts: speech and language
 - Speech refers to the sounds we make
 - Language refers to our understanding and use of words
- Language difficulties can be frustrating for everyone and patience is needed
- Aphasia is a language difficulty following a brain injury that can range from mild to severe and may include:
 - Difficulty with speaking (expressive language)
 - Difficulty understanding (receptive language)
 - Difficulty with reading and writing

WHAT MIGHT IT LOOK LIKE?

- Individual may have difficulty using and understanding non-verbal communication (facial expressions, tone of voice and body language)
 - They may not be able to read other people's emotions and as a result may not respond appropriately
- Difficulties with receptive language (understanding):
 - Constantly asking for things to be repeated
 - Challenges with the speed, complexity or amount of spoken information
 - Not paying attention during conversations
 - Not understanding what is being said
 - Difficulty remembering instructions
- Difficulties with the expressive language (use of words):
 - Rambling explanations and switching to unrelated topics
 - Difficulty remembering words or using words incorrectly
 - Interrupting others
 - Inappropriate comments and behaviour
 - Little response when a detailed response is needed
 - Poor spelling and difficulty learning new words
 - Saying the same thing over and over, also called perseveration

WHAT ARE THE POSSIBLE CAUSES AND COMPLICATIONS?

Possible causes:

- Usually caused by damage to the left hemisphere of temporal lobe (Broca's area or Wernicke's area)

Possible complications:

- Difficulty with language often results in further cognitive challenges such as:
 - Attention and concentration difficulties
 - Memory problems
 - Literal interpretation
 - Reduced reasoning and problem-solving skills
 - Cognitive fatigue
 - Slowed speed of information processing
 - Impaired social communication skills
 - Reduced insight

Disclaimer: This information is not meant to replace advice from a medical doctor. Consult a health care provider regarding specific medical concerns or treatment.

FACT SHEET CONTINUED.



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WHAT CAN WE DO?

- Use kind words and a gentle tone of voice, be careful not to “talk down” to the person
- When communicating with the individual, ask every so often if they understand what is being said
- Do not speak too fast or say too much all at once
- Listen and allow time for finishing sentences or thinking of words
- Develop a signal (e.g. raise a finger) to let the individual know when they are getting off topic. If signal does not work, prompt them by saying “we were talking about...”
- Limit conversation to one speaker at a time
- Avoid:
 - False reassurances
 - Finishing sentences for the person
 - Speaking too loudly or too slowly
 - Using jargon or lengthy explanation