Pathways To Comfort: Dealing With Pain And Brain Injury
A Companion Guide To The Road To Rehabilitation Series

Step 5: Speech and Language

What is communication?
Communication is the use of listening, speaking, reading, writing and gesturing to either understand an idea or to express a thought. Communication skills are controlled by different sections of the brain.

What is the difference between speech and language?
Speech skills are different from language skills. Speech is the production of sounds that make up words and sentences. Language refers to the use of words and sentences to convey ideas.

How are communication, speech and language affected by brain injury?
Brain injury can affect the areas of the brain responsible foe producing speech, understanding what is said, or using words to formulate sentences and convey ideas.

What are cognitive communication skills?
Cognitive-communication skills require the ability to use language and underlying processes such as attention, memory, self-awareness, organization, problem solving and reasoning to communicate effectively.

Why be concerned about communication disorders?
Cognitive-communication skills are used to learn and function appropriately in social situations. It is often the inability to use appropriate language skills in learning and social environments that interferes with successful interactions. These inappropriate language-based responses sometimes lead to loss of friends or poor interactions at school and in the workplace.

What type of problems might be expected?
A person may have no ability to speak. He/she might also have swallowing problems. The individual may speak well but not stay on topic. He/she may be rude, unable to take suggestions without answering back, or be unable to read, write or use sentences as before. The individual may not understand jokes, puns or sarcasm. For children, vocabulary development and the ability to use language to learn in school may be decreased.

How will I recognize these problems?
You will notice that communication is different than it was before the injury. There may be a lack of concentration, abrupt or immature use of language. It may be harder for the individual to think of the right word or to say what is on his/her mind. More time may be needed to put ideas together and to organize thoughts. After reading something, there may be problems understanding or recalling what was read. Writing may be harder, and it may be more of a challenge to think of the right words or of how to spell them.

Organization of sentences may be harder. Speech could be slurred, or there could be great difficulty speaking. The voice may sound flat or annoying or, in some instances hoarse. There may be trouble with swallowing foods or liquids. Children may begin to demonstrate problems in learning new vocabulary. Teachers may indicate that the child is not participating in class as he/she was before the injury. Teachers may also report a lack of concentration or disruptive talking. They may also be concerned about reading and writing abilities, especially organizational skills.

What do these changes in communication skills mean?
These changes mean that enough brain cells were damaged to affect communication skills, and some of these disabilities may be difficult to change because of the brain injury. It also means that individuals with brain injury and their families should seek help from a speech-language pathologist who can assess specific communication problems and offer rehabilitation and compensation for these problems.

Why should a child with brain injury be monitored through the teen years?
A child is not a little adult. A child grows and develops over time. A child may test well at the time of the injury but may begin to demonstrate problems as he/she reaches a different development stage. No one can anticipate when language or learning problems may emerge. For this reason, it is recommended that a child's language development and learning skills be monitored throughout the teen years.

How can families help?
Remember that communication is a combination of speaking, listening, reading, writing and gesturing. All communication does not have to be spoken. Focus on functional conversation that allows communication to occur in any number of ways. For example, watch a sporting event together and comment naturally about the game. Accept all forms of communication (written, gestured or spoken) that is natural and appropriate. Seek evaluation, treatment and collaboration from a speech-language pathologist. Ask questions and request involvement in the communication rehabilitation process. Be sure that you are involved in communication on a regular basis. Keep conversation simple and direct but at the correct age level of each family member. Talk about familiar subjects and do not try to introduce new information without assistance. Try writing or using pictures if speaking does not seem to work. Enjoy your communication exchanges and successes be they large or small!

What should I do if I suspect there are communication problems?
First, contact the medical professional you trust the most (regardless of the professional discipline). Explain your observations and concerns and ask for a referral for cognitive-communication evaluation by a speech-language pathologist. A speech-language pathologist is a professional who is specially trained to understand, evaluate, treat and collaborate about communication problems that result from brain injury.

For listings of speech-language pathologists in your area contact:

The American Speech-Language and Hearing Association
1801 Rockville Pike
Rockville, MD, 20852
phone 301-895-5700

Contact the Brain Injury Association of Georgia at 888-334-2424 for additional information about brain injury, state local support groups and local professionals who are active in treating people with brain injury.

About the Authors

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