

Cognitive Communication Disorders Following Brain Injury

It is common for people with a brain injury to experience communication changes, although not everybody does. Changes may be subtle and not always recognised whilst the person is in hospital. This leaflet is designed to help the person and their loved ones to identify any changes to communication and the ways in which to seek support should it be required. Recognising changes is important as these can cause difficulty communicating with others effectively. In turn, this can impact the person's relationships with others, their ability to perform activities of daily living safely and efficiently and their ability to return to work.

What is Cognitive Communication Disorder (CCD)?

Cognitive communication disorder (sometimes referred to as CCD) is an umbrella term used to describe a group of changes to a person's social communication and someone's 'personality' after a brain injury.

What you might notice in your friend or relative:

Difficulty with one or more of the following areas:

- Paying attention to a conversation or topic
- Giving or sustaining eye-contact
- Demonstrating emotion through facial expression / having a 'flat' facial expression
- Staying on topic; they may quickly switch from one topic to another or have difficulty changing topic
- Recalling information or repeating themselves
- Taking turns within a conversation; the person might be overly talkative or very quiet within a conversation
- Monitoring conversations; they might miss out information or go over the same ground within a conversation
- Knowing what behaviour or language is appropriate and what isn't; they may say inappropriate comments or behave rudely or aggressively towards others
- Keeping up with longer or more complex conversations
- Hesitating, repeating information or struggling to put ideas together logically
- Finding it difficult to start a conversation
- Difficulty with understanding emotions in others e.g. recognising facial expressions or tone of voice
- Difficulty seeing something from someone else's point of view

- Not understanding sarcasm or lies
- Understanding jokes and metaphors and taking things literally e.g. 'I'd kill you if you did that!'

What you can do to support the person:

- Decrease background noise and distractions as much as possible when communicating with the person.
- Gain eye-contact with the person and ensure you have their attention prior to starting conversations. Bring them back to the conversation if they become distracted.
- You may wish to slow down but ensure you use an adult language and tone of voice. Give the person plenty of time to process what you have said.
- Write down key instructions and information or encourage them to write it down themselves.
- Try to limit the number of communication partners. If they are in a group situation, allow each person to talk individually and do not interrupt one another or switch the topic quickly or frequently.
- Give the person time, remind them of the topic and what they have said so far if they lose track. Ensure you give them feedback as they may not be aware they have gone off topic.
- If the person acts rudely, please remember that this is a result of their brain injury. Having said this, it is important to give them feedback that what they have said was not appropriate or has caused emotional upset to the other person.
- If the person is over talkative or talks for too long in a conversation, please give them feedback and state that their turn has been too long.

How can a Speech and Language Therapist help?

Following your admission to hospital, you may have already have been seen by a Speech & Language Therapist and / or have been referred on to see one in the community setting. If you have been discharged from Speech & Language Therapy or have not been seen by a Speech & Language Therapist and you are concerned about your communication, you should first talk with your GP. They will be able to refer you to a Speech & Language Therapist if appropriate. If the problem is urgent, call 111 or 999.

Speech & Language Therapists can provide support for communication changes in people with brain injury. They can uncover any issues and help you to manage them.

Contact us

If you have any questions or concerns about Cognitive Communication Disorder, please contact Speech and Language Therapy on 020 8725 3662.

For more information leaflets on conditions, procedures, treatments and services offered at our hospitals, please visit www.stgeorges.nhs.uk

Additional services

Patient Advice and Liaison Service (PALS)

PALS can offer you on-the-spot advice and information when you have comments or concerns about our services or the care you have received. You can visit the PALS office between 9.30am and 4.30pm, Monday to Friday in the main corridor between Grosvenor and Lanesborough wings (near the lift foyer).

Tel: 020 8725 2453 **Email:** pals@stgeorges.nhs.uk

NHS Choices

NHS Choices provides online information and guidance on all aspects of health and healthcare, to help you make decisions about your health.

Web: www.nhs.uk

NHS 111

You can call 111 when you need medical help fast but it's not a 999 emergency. NHS 111 is available 24 hours a day, 365 days a year. Calls are free from landlines and mobile phones.

Tel: 111

AccessAble

You can download accessibility guides for all of our services by searching 'St George's Hospital' on the AccessAble website (www.accessable.co.uk). The guides are designed to ensure everyone – including those with accessibility needs – can access our hospital and community sites with confidence.



Reference: NEU_CCD_01 **Published:** November 2020 **Review date:** November 2022