

Assessment of communication skills

– rehabilitation of severe brain injured patients having disorders of consciousness

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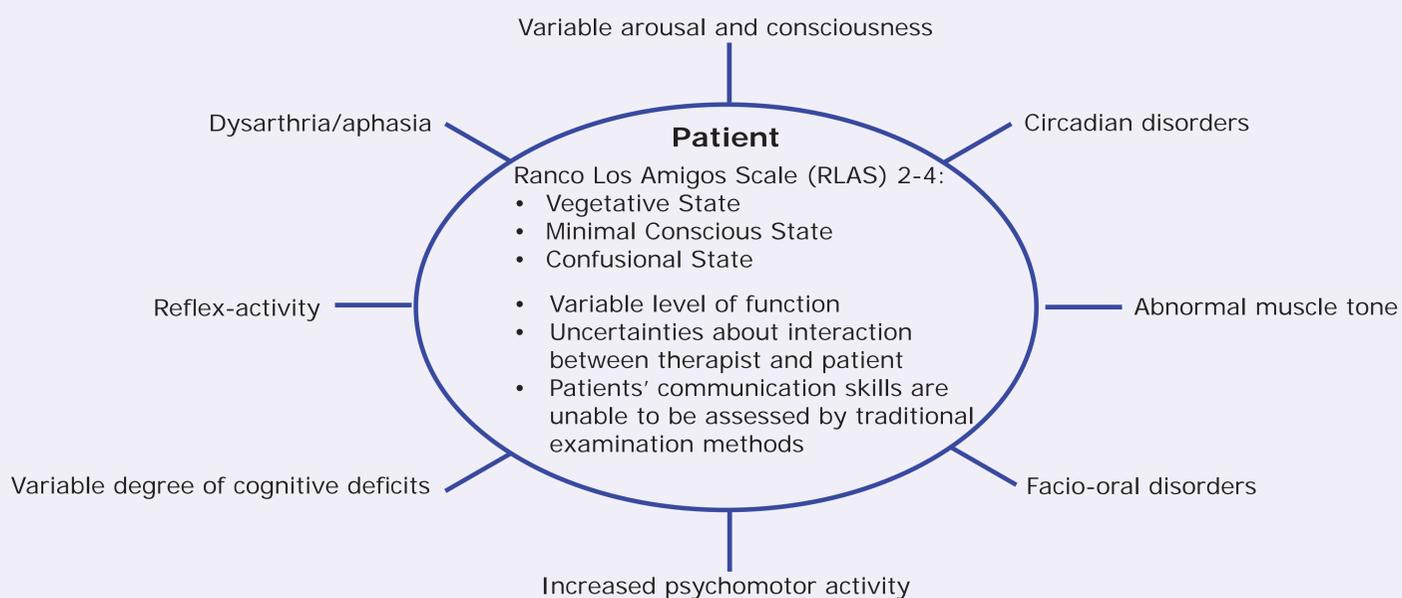
A project developed by Speech and Language Therapists and Occupational Therapists (OTs) at Hammel Neurorehabilitation and Research Centre, Regional Hospital in Central Jutland, Denmark

Aim

- Systematic assessment of communication skills
- Development of communication strategies tailored to patients having consciousness disorders

Focus of the Speech and Language Therapist

- Intentional responses or spontaneous behaviour from the patient indicating at least minimal consciousness
- The patient's motor ability to produce and reproduce actions
- The most effective stimulus/activity that makes the patient respond communicatively
- A possible yes/no response



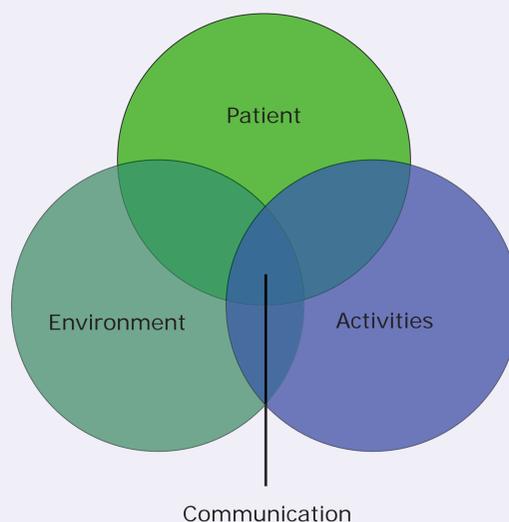
1) 72 hour observation in all activities	2) Coma Recovery Scale – Revised	3) Interviewing relatives
<p>Enables insight in:</p> <ul style="list-style-type: none"> • Time and circumstances for best interaction and patient's level of functioning • Stimuli and response in everyday activities over time 	<p>Enables insight in:</p> <ul style="list-style-type: none"> • Level of consciousness • Auditory -, visual -, motor - and verbal function • Scale of communication (yes/no) • Arousal 	<p>Enables insight in:</p> <ul style="list-style-type: none"> • Relatives' experience of contact and communication with the patient • The patient's communication skills in a meaningful and wellknown relation

Communication Strategy

The strategies are specific advice to healthcareers and relatives

Examples:

- If the patient shows ability or potential to produce a yes/no response, such one is chosen. Everybody will use the same technique in all or most situations
- The chosen yes/no response is intended to be as natural, easy and effective as possible to challenge cognition as little as possible and to facilitate more communication. E.g. preferation of voice before gesture or head-nod/stir before blink
- To speak to the patient as if he/she understands
- To ask simple questions in context and expect an answer – providing the patient necessary time to answer
- To place the patient in a position that encourages communication
- To set up patient's room with patient's private belongings that might support and facilitate communication
- To use humor and intonation
- Implement communication aids/assistive technology for communication.



To facilitate the ability to communicate

Examples:

- Increase arousal (arousal stimulating activity or/and medicine)
- Increase motor ability (e.g. oral functions)
- Increase ability to coordinate respiration/voice/speech
- Focus on motivating activities
- Social activities
- Visits from friends and relatives
- Further multidisciplinary observations, tests and examinations.