# RCSLT fact sheet - top tips for supporting someone with an acquired brain injury (ABI)

## DRAFT FOR CONSULTATION

### June 2025

The information in this document is currently in development and has been shared as part of a consultation. If you are seeking guidance or information on this topic, please ensure you refer to final published content which can be found on rcslt.org.

We appreciate any comments provided to us during the consultation, all of which will be reviewed by the working group within the context and scope of the project. We ask that, where possible and relevant, you accompany any counter arguments to statements made in the document with supporting evidence eg a research reference.

Members of the working group should not be contacted directly, and all feedback should be made through the assigned route eg via survey or project manager. Feedback made through unassigned routes or after the closing date will not be accepted or responded to.

Thank you for your support with this project.

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# Factsheet: Top tips for supporting someone with an acquired brain injury (ABI)

See RCSLT pages for more details on supporting [people with aphasia,](https://www.rcslt.org/speech-and-language-therapy/clinical-information/aphasia/) cognitive communication disorder (CCD) [link to be added after publication], [eating, drinking and swallowing](https://www.rcslt.org/speech-and-language-therapy/clinical-information/eating-drinking-and-swallowing/) (EDS) difficulties or [augmentative and alternative communication.](https://www.rcslt.org/speech-and-language-therapy/clinical-information/augmentative-and-alternative-communication/)

Due to the unique nature and impact ABIs can have on a person’s communication, any strategies, guidelines or recommendations made by a speech and language therapist (SLT) specific to that individual should be followed.

However, some general communication support recommendations are as follows:

* **Ask the person what makes conversation easier** and follow any strategies or guidelines already in place.
* **Be a good listener**. Give the person time to find their words and express themselves.
* **Speak clearly**. Use simple words and short sentences, and don’t rush. Avoid giving large amounts of information all at once. Instead, break it into small, manageable chunks, and use clear, direct language.
* **Check they have understood**. Avoid making assumptions, even if instructions or information are written down. You could ask them to repeat the information in their own words, to check they have understood.
* **Use written and visual supports**. Notes, pictures, gestures and reminders can help with understanding.
* **Be patient and positive.** Encourage communication, but don’t pressure them.
* **Allow extra time**. Processing information and responding may take longer.
* **Avoid noisy environments**. Background noise can make it harder to focus. Use the person’s name to gain their attention first, before speaking to them.
* **Avoid interruptions**. Let the person finish their thoughts and don’t rush them.
* **Keep conversations short.** Fatigue can make communication more difficult.
* **Provide feedback**. This can help the person increase their awareness and improve communication. Make sure feedback and information are given in the moment to aid understanding.
* **Stick to one topic at a time**. Avoid changing topics suddenly.
* Talking about **familiar topics** may be easier than talking about new topics.
* **Provide structure**. Establish a consistent routine and environment.
* Provide gentle reminders about conversation rules eg turn-taking.
* Summarise the key points of each conversation and write down important information.
* Use memory aids like visual reminders or calendars.
* Talk directly to the person, not over them. Try to sit at the same level and make eye contact.

*Be patient. Be supportive. Communication is more than words.*

### For further support see:

* RCSLT ABI public webpage [link to be added once published]
* RCSLT ABI resources page [link to be added once published]