

RCSLT Cognitive Communication Disorders – a fact sheet for professionals

DRAFT FOR CONSULTATION

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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 e.g. a research reference.

Members of the working group should not be contacted directly, and all feedback should be made through the assigned route e.g. 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.

RCSLT Cognitive Communication Disorders - a fact sheet for professionals

What are cognitive communication disorders?

Cognitive communication disorders are difficulties in spoken comprehension, verbal expression, reading, writing or social interaction skills arising from cognitive impairments including attention, memory, information processing, and executive functions. They can occur in adults or children with conditions affecting cognition, including acquired brain injury and progressive neurological conditions.

Cognitive communication disorders are distinct from aphasia, dysarthria, stammering, developmental language disorders, and neurodevelopmental conditions (eg autism, ADHD, dyslexia). Overlapping features can make cognitive communication disorders harder to identify.

Signs and symptoms

Every person with cognitive communication disorder (CCD) is different but signs include:

- difficulty concentrating on, processing, or remembering what they have heard or read
- trouble finding the right words or organising their thoughts
- talking or writing too much, going off topic, giving too much detail
- talking or writing too little, struggling to think of things to say, missing out important information
- appearing overly friendly, blunt or rude
- difficulty understanding others' perspectives, feelings, social cues
- reduced insight into their difficulties.

Symptoms can fluctuate depending on the context, topic, fatigue, or emotion.

A useful screening tool is the Cognitive-Communication Checklist for Acquired Brain Injury (CCCABI), available online.

Impact

CCD can affect any part of home, social, educational, or work life. Commonly challenges include:

- difficulty forming and maintaining relationships
- struggling to understand and participate in complex discussions and decisions
- challenges with written and spoken tasks at school, college, university, and work

- reduced participation in leisure and social activities.

Communication difficulties can lead to behaviours others find challenging, often misattributed to difficult personalities, non-compliance, or teenage stereotypes. Children and young people with cognitive communication disorders face added challenges. Skills developing at the time of injury may be more affected. Difficulties can emerge or worsen over time as cognitive processes fail to mature as expected, making it harder to link current issues to a past brain injury.

These changes can affect confidence, social inclusion, independence, quality of life, and mental health for both the individual and their family. They can have long-term consequences for family stability, academic achievement, employment outcomes, and increase vulnerability to exploitation or crime.

How to support people with CCD

Key principles:

- every person's needs are different so ask how best to support them
- don't over- or under-estimate decision-making ability
- provide time and silence for speaking and communication tasks
- be patient and inclusive
- ensure the environment is quiet and calm
- monitor the impact of fatigue and provide breaks.

When speaking to the person:

- use clear, concrete, and familiar language
- ask one question at a time and be aware that open questions are harder
- check you have been understood
- read aloud complex written information
- provide information in written or visual formats
- revisit the conversation once the person has considered the information.

When the person is speaking:

- find the right time and place to ask for clarification or to offer help
- gently highlight if they've gone off topic or spoken for too long
- provide options if needed
- remind them to record key information using notes or photos if needed.

Additional considerations for specific professional groups are provided below.

Education

Children and young people with cognitive communication disorders may have difficulty

interacting with peers, learning new curriculum content, participating in classroom teaching, and understanding academic assessments.

Additional strategies for educational settings:

- consider the best position for the student in the classroom
- provide written resources of presentations, etc in advance
- consider assistive technology, eg text-to-speech, Grammarly
- use visual aids that may help the student to organise and learn information
- request learning support and adjustments to assessments where needed
- adjust competing deadlines.

Employment

This section is specifically for employers, managers, occupational health departments, job centres, recruiters, and benefit advisors.

People with cognitive communication disorders may have difficulty interacting with managers and colleagues, following meetings, understanding emails, delivering presentations, writing reports, and filling in forms.

Cognitive communication disorders count as a disability under Equality Act (2010) so requires provision of reasonable adjustments.

Additional strategies for employment contexts:

- offer a longer phased return to work (if working)
- provide written information of meetings, etc in advance
- minute meetings for later review
- foster a culture of tolerance of patience and use of strategies
- consider assistive technology eg text-to-speech, smart device
- adjust deadlines when needed.

Health and social care

People with cognitive communication disorders may have difficulty participating in assessment, education, goal setting, filling out forms, and decision-making.

Additional strategies for health and social care:

- provide accessible education, assessment, and treatment materials
- support informed decision-making about health, finance, and housing.

Medicolegal and criminal justice system

People with cognitive communication disorders may have difficulty participating in legal

processes, including understanding complex questions and documents, answering questions in interviews, and completing lengthy paperwork.

Strategies unique to the medicolegal and criminal justice system are:

- avoid complicated legal language
- support completion of written documents
- use His Majesties Court & Tribunal Service intermediary service for people requiring communication support. More information is available at:
<https://www.gov.uk/guidance/hmcts-intermediary-services>.

More information is available on the RCSLT webpage [link to be added when guidance is published].

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