

Title	Support communication for a person affected by a brain injury		
Level	4	Credits	8

Purpose	<p>A person credited with this standard can:</p> <ul style="list-style-type: none"> • describe how communication impairments following a brain injury can affect participation and engagement; • describe strategies to support a person whose ability to communicate has been affected by a brain injury; and • support a person whose ability to communicate has been affected by a brain injury.
----------------	--

Classification	Health, Disability, and Aged Support > Brain Injury Support
-----------------------	---

Available grade	Achieved
------------------------	----------

Guidance Information

1 Assessment conditions
Evidence for the practical components of this unit standard must be generated in a health or wellbeing setting.

2 Assessment notes
Evidence generated for assessment against this standard must reflect workplace requirements specified in:

- any applicable personal plan
- documented workplace procedures, policies, and methodologies
- applicable health and safety plans.

Evidence generated for assessment against this standard must reflect the values, processes, and protocols required to work with Māori, Pacific peoples, and people from diverse cultures.

Evidence generated for assessment against this standard must reflect the best practice guidelines and principles specified in:

- NZS 8158:2012 *Home and Community Support Sector Standard*;
 - *Traumatic brain injury: Diagnosis, acute management and rehabilitation*.
- NZS and SNZ standards can be retrieved from <http://www.standards.co.nz/>.

3 Definitions
Engagement means a person's deliberate effort and commitment to working toward recovery by participating fully in their rehabilitation.
Participation means seeking improvement in a persons' ability to participate in meaningful life situations, such as living independently, driving or using public transport, returning to work or education, participating in leisure and social activities, fulfilling family roles, and maintaining personal, sexual and family relationships.

Personal plan is a plan that details support requirements for a client, patient, or resident. A *personal plan* can also be called a *care plan*, *service plan*, *personal care plan*, or *rehabilitation plan*. A *personal plan* can include goals; preferred activities; other preferences or dislikes; specific interventions; and mobility, nutrition, continence, hygiene, communication, requirements. It may also include guidance about a person's sexuality, culture, spirituality, and social preferences. A *personal plan* often follows a model of care, such as a strengths-based model, recovery model, or medical model.

4 Reference

New Zealand Guidelines Group. (2006). *Traumatic brain injury: Diagnosis, acute management and rehabilitation*. Wellington: New Zealand: Accident Compensation Corporation. Available from the Ministry of Health library at <https://www.health.govt.nz/about-ministry/ministry-health-library>.

5 Resources

Accident Compensation Corporation publish resources at <https://www.acc.co.nz/resources/#/> under Injury support > Traumatic brain injury (TBI).

Outcomes and performance criteria

Outcome 1

Describe how communication impairments following a brain injury can affect participation and engagement.

Performance criteria

1.1 Communication impairments that can result from a brain injury are described.

Range impairments may include – expressive and/or receptive aphasia, cognitive communication disorder, dysarthria, dysphonia, dysfluency, pragmatic language impairment, acquired dyslexia, vision, hearing.

1.2 The effects of communication impairment are described for a person affected by a brain injury.

Range areas of effect may include – cognitive communication, expressive language, receptive language, social communication, oromotor function, non-verbal, affect recognition, vision, hearing, voice changes (vocal range, intensity, pitch, tone, rhythm, or inflection).

1.3 The effect of communication impairment on engagement and participation is described for a person affected by a brain injury.

Outcome 2

Describe strategies to support a person whose ability to communicate has been affected by a brain injury.

Performance criteria

2.1 Strategies to support engagement and participation are described for a person whose ability to communicate has been affected by a brain injury.

Range strategies may include but are not limited to – prompting, communication books and boards, augmentative communication devices, education, allowing response time, personal organisers, self-monitoring, self-cueing, study skills, digital devices and communication technology, internet access, Braille, sign language.

Outcome 3

Support a person whose ability to communicate has been affected by a brain injury.

Performance criteria

3.1 Support requirements for a person whose ability to communicate has been affected by a brain injury are determined according to the personal plan.

3.2 Support strategies for a person whose ability to communicate has been affected by a brain injury are implemented according to the personal plan.

Planned review date	31 December 2026
----------------------------	------------------

Status information and last date for assessment for superseded versions

Process	Version	Date	Last Date for Assessment
Registration	1	19 November 2010	31 December 2023
Rollover and Revision	2	24 October 2019	31 December 2023
Review	3	27 May 2021	N/A

Consent and Moderation Requirements (CMR) reference	0024
--	------

This CMR can be accessed at <http://www.nzqa.govt.nz/framework/search/index.do>.

Comments on this unit standard

Please contact Careerforce info@careerforce.org.nz if you wish to suggest changes to the content of this unit standard.