

# Communication Problems Associated with Stroke

**Presented by:**  
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Acute Stroke Best Practices Workshop

June 7, 2019



## Purpose

- To provide staff with the skills and strategies necessary to communicate with people with communication disorders
- To limit patient and staff frustration
- To increase communication effectiveness, and to facilitate functional interaction



## Types of Communication Problems

### LANGUAGE

- Receptive Aphasia (Wernicke's Aphasia)
- Expressive Aphasia (Broca's Aphasia)
- Global Aphasia

### SPEECH

- Articulation
- Voice
- Fluency (stuttering)
- Apraxia



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## Receptive/Wernicke's Aphasia

- Difficulty understanding spoken and/or written language
- Severity of the receptive aphasia can range from total inability to understand speech, to difficulty understanding complex, lengthy, or abstract information
- The message *going in*, isn't clear to the patient
- Often there will be errors with what the patient says, but they will not notice or try to correct it (eg. "handmade silver hair quill" for comb)
- This is often referred to as a fluent aphasia



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## Expressive/Broca's Aphasia

- Difficulty for the client to speak and/or write
- Expressive aphasia can affect word finding ability and sentence structure
- Severity can range from mild word retrieval errors to the inability to produce anything verbally
- The patient will often sound like they are using “telegraphic” speech (um....cold...blanket)
- This can be referred to a non-fluent aphasia



## Global Aphasia

- A combination of the receptive and expressive aphasias
- Most people with aphasia will fall in this category, since they often will have difficulties with understanding and expressing themselves



## INTELLIGENCE IS NOT AFFECTED

- Aphasia or dysphasia is a language impairment, NOT an intellectual dysfunction
- By becoming skilled conversational partners and better listeners, we can learn how to help the patient understand us better, and express themselves better



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## How to help get your message *in*

- Use short sentences, simple grammar, common vocabulary
- Slow your rate of speech, add pauses in sentences
- Use your normal tone and loudness (they aren't 5, and they didn't lose their hearing!)
- Repeat and rephrase
- Give the patient time to process your information
- Use facial expressions, gestures, visual cues to add to your verbal information
- Write key words, draw diagrams or pictures
- Verify the message was understood



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## How to help get their message out

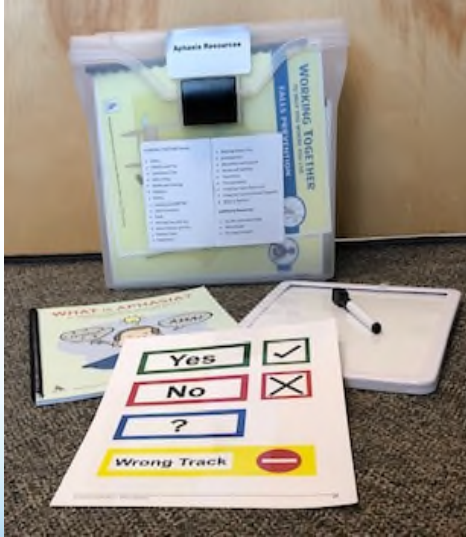
- Ask Yes/No questions
- Ask closed ended questions (Do you want juice or milk?  
Vs. What do you want to drink?)
- Be patient.....give the patient extra time to answer you
- Encourage the patient to write, draw, or gesture to help express themselves
- Provide written or visual options for the patient to point to



## Writing Techniques


- Write down key words
- Make sure the patient can see it (are their glasses on, use large print, put it in their visual field)
- Talk naturally when you're writing, and ask "Where did you used to work?" and write WORK?






<b>Yes</b>	<input checked="" type="checkbox"/>
<b>No</b>	<input type="checkbox"/>
?	
<b>Wrong Track</b>	<input type="checkbox"/>

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**An Aphasia Resources Toolkit is now available for the Regional Stroke Unit!**

Located in the Bubble



Handy to take to the bedside

**Aphasia Resources Toolkit contains:**


- Visual tools on a variety of topics (list of the topics is on the outside of the case)
- Laminated Yes/No sheets (12 copies)
- Whiteboard and erasable markers

*Please take a moment to familiarize yourself with the resources that can help you communicate with patients with aphasia.*


How to use the Toolkit	
Have you attended an aphasia training workshop? You will be familiar with tools used to support conversation.	Haven't attended an aphasia training workshop? Try out the laminated yes/no sheet
May also be helpful for patients whose first language is not English	

Laurie Broadfoot, your SLP, is available if you have questions about the resources or about patients who may benefit.

For more information on aphasia go to <https://www.aphasia.ca>



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## Speech Disorders

- People with speech disorders know what they want to say, but have trouble saying it *clearly*
- Articulation – how the words sound, focusing on the individual sounds of the word
- Voice – how does the patient’s voice sound (hoarse, strained, strangled, wet, etc.)
- Fluency – refers to stuttering, or how smoothly someone speaks



## Strategies to help with Dysarthria

- Tell the patient at which point you did not understand
- Repeat what you did understand and have the patient finish *from that point*
- Ask the person to write the words you’re having difficulty understanding (encourage them to use their non-dominant hand)
- Try using an alphabet board if the client is unable to write





## Articulation

- ***Apraxia*** affects the patient's articulation due to a muscle coordination problem
  
- ***Dysarthria*** affects the patient's articulation due to a muscle weakness, making their speech sound slurred



## Experiencing Communication Disorders





## Benefits of Skilled Conversation

- **By using simple conversation strategies you can:**
  - Facilitate the patient's participation in daily care activities
  - Help patients better understand what is being done and why
  - Help patients with communication difficulties feel more comfortable and help "give them a voice"

**Everyone just wants to be heard**



## QUESTIONS?

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