



## **Communication with Individuals with Aphasia after Stroke**

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*“Why does she stare blankly at me every time I ask her a question?”*,

*“He seems to have forgotten his words!”*,

*“She understands everything but she just can’t express herself!”*

These are some common feedbacks from the caregivers of individuals who have had strokes. Often, after a stroke, an individual may have difficulties understanding information as well as expressing his needs. Unlike physical impairments, language or communication difficulties may be less obvious and initially go unnoticed, as a result of stroke. A lack of awareness about these communication problems can lead to frustration on the affected individuals and their communication partners.

### **What is aphasia?**

Aphasia is defined as an acquired language disorder that results from damage to the dominant hemisphere of the brain, leading to impairment in one or more of the communication skills i.e. understanding, speaking, reading and/or writing. Individuals with aphasia may experience the following:

#### **a) Understanding**

Individuals may have problems in comprehending spoken language. The degree of impairment varies across individuals. An individual with a mild impairment may have difficulty to understand more complex language skills such as reasoning and problem solving. An individual with a severe impairment may fail to understand simple instructions such as *“clap your hands”*.

#### **b) Speaking**

Most aphasic individuals have difficulty in finding the right word to say. As a result, they speak in short, fragmented phrases or use general words such as “*give me that*” or substitute a word with a word that is closely related, such as “*clock*” for “*watch*”. In some individuals, their speech may contain “made up words” that don’t make sense to us (or jargon).

**c) Reading**

Individuals may have difficulties understanding what they have read. They may also be inaccurate when reading aloud.

**d) Writing**

Individuals may experience difficulty tracing, copying or writing information even when they don’t have upper limb weakness of the dominant hand. Spelling and grammatical errors may be present.

## Speech-language therapy for individuals with aphasia?

The speech and language pathologist’s job when seeing an individual who had a stroke is to find out the type of areas (mentioned above) that are affected. Speech-language pathologists conduct formal and informal assessments to find out the level of breakdown, the severity of their problems, and the effects of the problems on the individual’s lifestyle. Following an assessment, the speech-language pathologist will design an individualized therapy program according to the individual’s needs to improve his/her speech and language skills. He/ She then works with the person and the person’s caretaker or significant other(s), using a variety of therapy techniques to facilitate and improve communication.

## Helping a person with a communication problem

Family involvement is often a crucial component of aphasia treatment as family members can help the person to develop new communication skills and to support them emotionally.

Here are some tips to help family members to communicate better with their loved one.

**Tips for family members to communicate better with their loved one, who has aphasia.**

1. **Keep distraction to the minimum and get the individual's attention at the start of the conversation** by calling his name or touching his/her arm. Make sure that he is looking at you while you are talking to him. Talk in a quiet place to help them to tune out distractions.
2. **Speak slowly and clearly.** Use simple and common words and avoid overly complex or lengthy sentences. Instead, phrase your questions carefully and speak more slowly than usual. Keep what you say short, simple and direct. Repeat if needed.
3. **Emphasize the important words in your speech.** Provide cues such as facial expression, gesturing, pointing and pictures to back up what you say but do not shout!
4. **Provide choices or ask close-ended questions.** Use questions that require yes/no answers. Phrase questions for simple answers. For example, "*Is the pain in your arm?*" as opposed to "*Where is the pain?*" You may also provide the individual with choices, such as "*Would you like to eat fried rice or noodles?*"
5. **Be prepared to make guesses.** It helps to guess the topic of the conversation. For example, ask the him/her, "*Are you talking about your grandson?*", "*Work?*", "*Television?*", one at a time. Once you have established the main topic, you can then ask more detailed questions.
6. **Give the individual time to respond. Be patient.** Avoid finishing what the person is trying to say. Instead, wait and give him/her the opportunity to speak for him/herself even if it takes more time.
7. **Tell the individual when the information is not understood.** Repeat the information up to the point of misunderstanding. Do not pretend to have understood when you have not. Often, the person will know that you are merely attempting to pacify him/her and he may feel patronized. Let the person know that you do not understand what he is saying. Ask him if he can tell you in another way or use another mode of communication (e.g. gesturing, pointing, writing, etc).
8. **Encourage and accept any method of communication.** Speech is only one means of communication. There are other modes of communication such as hand signals, gestures, facial expressions or writing. Some individuals may be able to use hi-tech electronic devices with voice-output to express themselves. It is important that the person be given the freedom to use any mode of communication that is effective and not be limited to speech only.
9. Individuals with aphasia have not lost their intelligence nor have they reverted back to a state of childhood. **Treat the individual as the adult they are.** Never discuss someone in his or her presence as if they were not there. Even if a person appears to understand very little, he or she may grasp fragments or the tone of conversation.
10. **Accept and praise small gains.** Be aware of their emotional changes or times the person feels tired. Remember that their abilities fluctuate. For instance, saying a word one day does not mean they will be able to do it the next day. Accept the errors the person makes when speaking and tactfully correct only the important errors. It is important to praise the person's attempts to communicate, even when the attempt was unsuccessful. This will encourage more attempts at communication.