



SPEECH AND LANGUAGE THERAPY DEPT. ST JAMES HOSPITAL

COMMUNICATION AIDS IN STROKE

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OVERVIEW

- Role of the Speech & Language Therapist
- Disorders of communication
- Communication aids
- How to support communication

SLT ROLE IN COMMUNICATION DIFFICULTIES POST STROKE

- Stroke can lead to a range of communication difficulties as well as swallowing difficulties.
- A patient's communication and swallow presentation can fluctuate significantly in the acute phase & frequent review is needed.
- SLT are responsible for;
 - Assessment and intervention to maximise functioning and quality of life for the patient and their families
 - Provide therapy to increase a patient's communication skills and maximise their ability.
 - Provide advice, training and support to carers and the MDT.
 - Reduce communication stress and burden on carers.

WHAT IS COMMUNICATION

- **Two way**
- Involves **listening** and **understanding** as well as **talking**
- **Not** just speech
- Can involve **reading, writing, drawing and sign**

HOW COMMUNICATION WORKS

- **Message in** you must:

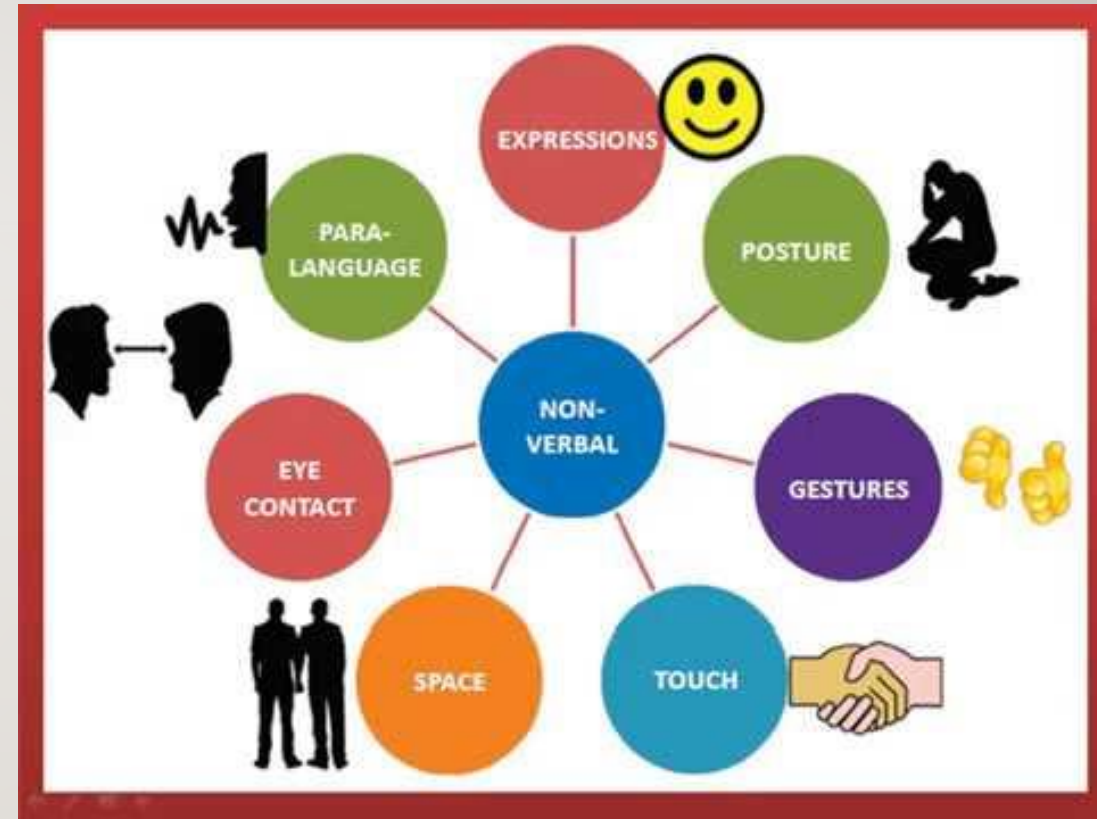
- Hear (and see)
- Listen (and look)
- Read
- Understand
- Think

- **Message out** you must:

- Think
- Find Words
- Put words together into phrases or sentences
- Make the movements of speech, writing, gesture

NON-VERBAL COMMUNICATION

- Facial expression
- Eye contact
- Gesture
- Pointing
- Body language
- Touch
- Tone of voice
- **Up to 50% of communication is non-verbal.**



COMMUNICATION DIFFICULTIES POST STROKE

- Dysarthria – motor speech difficulties
- Dyspraxia – speech programming difficulties
- Aphasia – language difficulties
- Difficulties can vary from person to person – involving one or more of the above, varying from mild to severe

DYSARTHRIA

- **Neuromuscular** disorder of speech.
- Oral communication problems due to weakness, spasticity, in-coordination or paralysis of speech musculature.
- Speech can sound slurred, nasal or breathy.
- ***Language is not affected***



HOW TO SUPPORT COMMUNICATION IN DYSARTHRIA

- Reduce background noise
- Encourage:
 - Over-articulation
 - Slow rate
 - Loud voice
 - Short sentences
- Have a pen and paper, whiteboard, alphabet chart close by.
- Ensure use of alternative communication aid if this has been recommended.
- Remember that the person does not have difficulties understanding you.

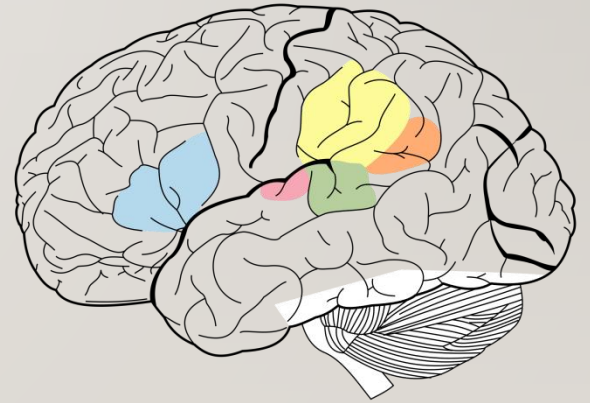


DYSPRAXIA (APRAXIA OF SPEECH)

- Disorder of motor planning/execution
- Typically occurs following stroke
- Impairment of volitional movement
- Oral/verbal dyspraxia
- Can co-occur with limb dyspraxia
- Can co-occur with dysarthria/aphasia

APHASIA

- Aphasia is a **language** impairment.
- The most common cause of aphasia is stroke.
- About **a third** of all people who have strokes develop aphasia.

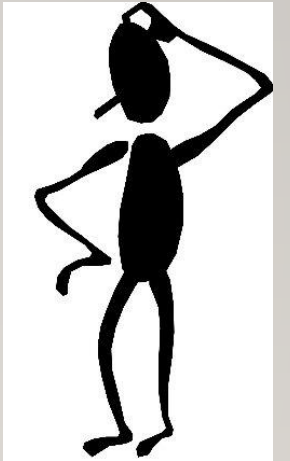


WHAT IS APHASIA?

- **Comprehension** and **expression** may be affected quite **differently** in the same person.
- Processing of **spoken** and **written** language may be affected quite **differently** in the same person.
- Aphasia **DOES NOT** affect intelligence.
- Can co-occur with dysarthria and apraxia of speech.
- Can present as difficulty with word finding, sentence structure, paraphasias & jargon

HOW DOES APHASIA EFFECT A PERSON'S ABILITY TO COMMUNICATE?

- The person often knows what it is they want to say but cannot get the word / sentence out the way they want
- Can be very **frustrating** for the person and contribute to low mood
- **Exclusion** from decision making
- Messages from patients are often **misinterpreted**.
- Patients with aphasia are x3 times more likely to experience an adverse event in a healthcare setting.



HOW CAN WE HELP?



MESSAGE IN:

- Use straightforward language
- Keep it short
- Slow down
- Write down key words
- Draw key ideas
- Use gesture
- Recap & clarify

MESSAGE OUT:

- Allow extra time
- Check the person's answers
- Use supportive materials: pictures, scales, written words
- Use alternative communication if the person has this

HOW CAN WE HELP: SET UP THE ENVIRONMENT

- Reduce noise/move away from noise
- Keep signs and notices clear- use photos and symbols
- Have resources to hand- pen and paper, communication book
- Check the person can reach important things (especially the call bell).



IF THINGS GO WRONG.....

- Acknowledge the difficulties
- Recap on the discussion so far
- Use drawings and writing
- Share responsibility “We’re getting stuck”
- Negotiate moving on
- Suggest coming back to the topic later on



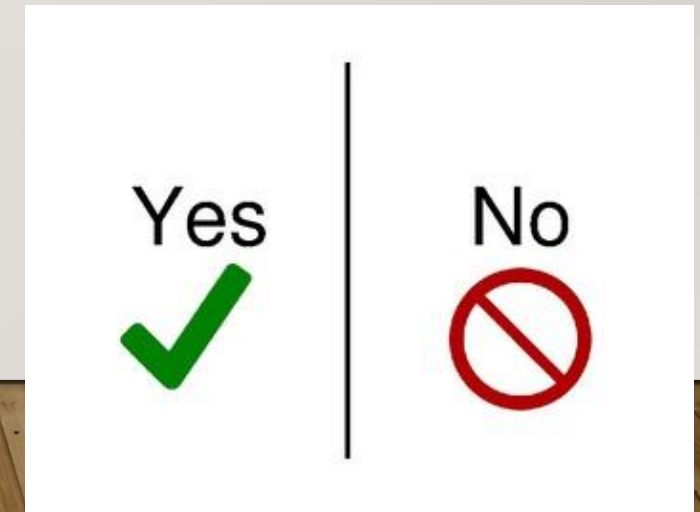
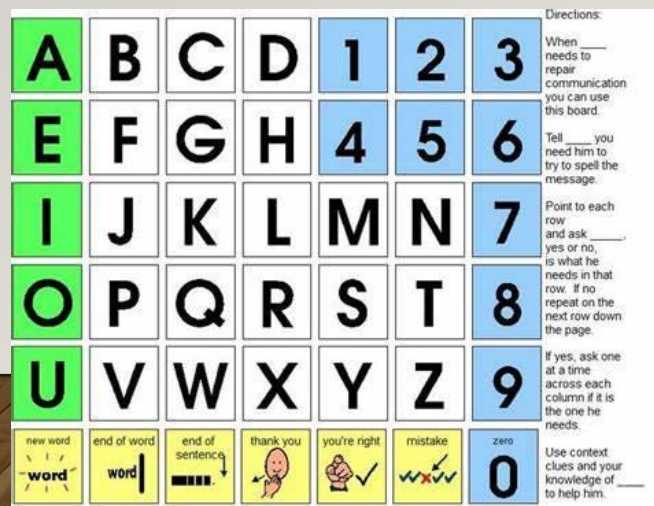
Remember that communication breakdowns happen when communicating with someone with aphasia.

COMMUNICATION AIDS OR AAC (AUGMENTATIVE & ALTERNATIVE COMMUNICATION)

- AAC can range from low tech to high tech
- Low tech – communication charts, pictures, symbols, alphabet charts
- High tech – lightwriters, big macs, text to speech apps
- Both require varying levels of cognitive abilities, dexterity, limb movement and head control
- Wide range of devices inbetween

COMMUNICATION AIDS OR AAC (AUGMENTATIVE & ALTERNATIVE COMMUNICATION)

- In the acute setting many people start off using the low tech devices
- Used to help the patient make their needs known and communicate effectively and promptly
- Mood, dexterity, upper limb function, visions and literacy levels are all important factors to consider



COMMUNICATION AIDS OR AAC (AUGMENTATIVE & ALTERNATIVE COMMUNICATION)



COMMUNICATION AIDS OR AAC (AUGMENTATIVE & ALTERNATIVE COMMUNICATION)



- iPads can be useful for therapy activities
- If the person has their own iPad some apps can be downloaded to assist with communication
- Text to speech apps can be used
- Prologue2go, Seen&Heard, Predictive
- Cognition, vision, dexterity and mood should all be considered

HOW CAN YOUR SLT HELP YOU TO COMMUNICATE WITH PATIENTS?

- Check to see if the patient has **communication recommendations** at the bedside
- SLT compiles these recommendations based on assessment (formal and informal)
- These will advise communication partners on how best to communicate with the patient and different strategies and techniques that will maximise the interaction for all involved

HOW CAN YOUR SLT HELP YOU TO COMMUNICATE WITH PATIENTS?

- If you have any questions ask the SLT involved for advice or to be involved in the session to facilitate communication
- Use any communication aids that are recommended
- Patients need practice using these just as much as we do
- Feedback from MDT about what works well / doesn't work well is really important
- Feedback from other MDT sessions where cognitive or motor skills are also involved

SUMMARY

- SLT role in communication post stroke – assessment, diagnosis, therapy, advice and training to family and caregivers, provide information and strategies, provide communication aids
- If you are concerned about communication post stroke contact SLT
- MDT role in supporting and using communication devices and strategies
- Always be aware of factors that might impact the use of AAC
- Look for communication recommendations sheet at patient bedside

ANY QUESTIONS?



Thank you for listening