

Communication problems following a Stroke

Please read the Important Notice on the reverse of this Fact Sheet.

A stroke occurs when the blood supply to part of the brain is interrupted. As a result a person may sustain lasting damage to this part of the brain. A communication disability may occur after damage to almost any part of the brain. The disability may include having difficulty:

- understanding speech
- speaking
- reading
- writing
- understanding and using body language and gestures
- thinking clearly
- concentrating
- remembering
- socialising
- hearing

Recovery

Recovery after a stroke is often slow and it is difficult to predict the level of recovery that will occur. Generally, the natural recovery process by the brain occurs mostly during the first six months, however it can occur up to and beyond two years.

Recovery can be assisted greatly if a stroke survivor begins speech pathology rehabilitation soon after the problem has occurred.

The role of a speech pathologist after a stroke

Communication and swallowing difficulties can impact on a person's ability and confidence when socialising and participating in daily activities. A speech pathologist can provide specialised therapy and advice regarding the best way to help a person with a communication/swallowing disability.

Speech pathologists are specialists in treating adults and children with communication disabilities, including swallowing problems. A speech pathologist will tailor a treatment program to suit individual needs.

A therapy program aims to:

- promote recovery of communication/swallowing skills which may include introducing alternative means of communicating/swallowing
- providing support and information for clients and families

What sort of disabilities might occur?

DYSPHASIA is a language disability caused by damage to the language centres of the brain, usually located on the left side of the brain. Dysphasia may result in difficulties:

Understanding when someone

- may not be able to recognise sounds
- may lose the meaning of words
- may not remember information
- may not understand sentence structure

Talking when someone

- may know what something is but cannot say its name
- may substitute words or sounds while talking
- can say the main words but cannot link them into a grammatical sentence
- gets stuck on a word/sound
- may not be able to control automatic language such as swearing
- may have trouble explaining things clearly



Gesture or body language when someone

- may have trouble understanding or using gesture or body language. For example a person may no longer be able to nod their head to indicate yes.

Reading when someone

- may have trouble recognising and understanding letters or words
- may have trouble remembering and understanding lengthy sentences
- may have difficulty recalling details from long stories

Writing when someone

- has trouble forming letters into words and subsequently forming sentences
- may have trouble organising ideas into logical stories

DYSPRAXIA is a speech or voice disability caused by damage to the speech control centres of the brain that are used for planning and forming sounds and words into speech.

Dyspraxia may result in:

- someone having difficulty finding the correct mouth position to make/coordinate sounds
- difficulty making smooth transitions between sounds and words

DYSARTHRIA is a speech or voice disability resulting from muscle weakness, paralysis or poor coordination of the breathing and speech muscles. Dysarthria may result in:

- altered speech volume
- changed voice quality such as sounding harsh
- nasal sounding speech
- slurred speech
- speech that sounds all the same volume or pitch

DYSPHAGIA is an eating swallowing disability which may result in:

- difficulty chewing foods or keeping liquids and food in the mouth
- difficulty swallowing food or drinks, leading to coughing, choking, or food/drink going down the wrong way

COGNITIVE (thinking) difficulties may arise following brain damage, including:

- poor concentration
- impaired memory
- a reduced ability to understand subtle language, such as jokes and sarcasm
- a reduced ability to plan logically and solve problems
- a tendency to get tired easily

What families and friends can do to help

Communication problems following brain injury are greatly varied and specialist advice from a speech pathologist should be obtained. Here are some general recommendations that can help people with communication disabilities:

- talk in short, clear sentences using gestures if the person is having difficulty understanding
- allow a person more time to speak, and avoid rushing them or trying to complete the sentence for them
- listen for the message the person is trying to convey, not just how the person sounds
- check to see if the person has understood you
- encourage the person to be as independent as possible, however be available to assist them if asked or required
- encourage the person to communicate, even if this takes a long time
- ignore excessive or inappropriate swearing
- be sensitive to a person's sense of loss and/or frustration

For further information:

Contact Speech Pathology Australia - the official body representing speech pathologists, the professionals who work with and advocate for people who have a communication disability.

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