

APHASIA

- Aphasia (uh FAY zhuh) is a disorder that results from damage to the parts of the brain that contain language.
- Aphasia causes problems with any or all of the following: speaking, listening, reading and writing. It is also referred to as "dysphasia".

What causes Aphasia?

- Damage to the left side of the brain causes Aphasia for most right-handers and about half of left-handers.
- Individuals who experience damage to the right side of the brain may have additional difficulties beyond speech and language.
- Individuals with Aphasia may also have other problems, such as dysarthria, apraxia, or swallowing problems.

What are some signs or symptoms of Aphasia?

- A person with aphasia may have trouble with a variety of communication techniques
 - Trouble using words and sentences (Expressive Aphasia). This is where people have difficulty getting their words out. You may hear people say "Broca's Aphasia" or "Non- Fluent Aphasia". You may also hear the term "Wernick's Aphasia" or "Fluent Aphasia".
 - Trouble understanding other speech (Receptive Aphasia). This is where people may have difficulty understanding what they want you to do.
- Global Aphasia is having trouble with both using words and understanding speech.
- Aphasia can cause problems with spoken language (talking and understanding) and writing language (reading and writing). Typically, reading and writing are more impaired than talking or understanding in a person with Aphasia.
 - Alexia is known as a reading impairment.
 - Agraphia is known as a writing disorder.

Severity of Aphasia

- **Mild Aphasia:** A person with mild Aphasia may...
 - Be able to carry on a normal conversation in many settings
 - Have trouble understanding language when it is long and/or complex
 - Have trouble finding the words (called anomia) to express an idea or explain himself/herself. This is like have a word "on the tip of your tongue."
- **Severe Aphasia:** A person with severe Aphasia may...
 - Not understand anything that is said to him/her
 - Say little or nothing at all
 - Make automatic use of common words, such as "yes", "no", "hi", and "thanks".

Differentiating the 3 main types of Aphasia

- **Expressive Aphasia** (trouble using words and sentences)
 - Speaks only in single words (names of objects)
 - Speaks in short, fragmented phrases
 - Omits smaller words like: the, of, and (telegraphic speech)
 - Puts words in the wrong order
 - Switches sounds and/or words (bed is called a table or a dishwasher is called a wishdasher)
 - Makes up words (jargon)
 - Strings together nonsense words and real words fluently but makes no sense
- **Receptive Aphasia** (trouble understanding other speech)
 - Requires extra time to understand spoken messages (slow processing)
 - Finds it very difficult to follow fast speech (radio or television shows)
 - Misinterprets subtleties of language (takes the literal meaning or figurative speech)
 - Frustrating for the person with aphasia and for the listener (can lead to a communication breakdown)
 - Very often a person with aphasia has both expressive and receptive difficulties to varying degrees
- **Global Aphasia** (trouble both using words and understanding speech)
 - Varying degrees of expressive and receptive difficulties

How is Aphasia diagnosed?

A Speech-Language Pathologist works collaboratively with the person's family and other professionals to address all the person's needs. The SLP will determine the type and severity of Aphasia by evaluating the person's: speech, understanding, expression, social communication, reading, writing, and swallowing as needed.

What treatments are available for people with Aphasia?

There are many types of treatment for individuals with Aphasia. The type of treatment depends on the needs and goals of the person with Aphasia. There are specialized programs using computer or other published materials. There are also less formal approaches available. For many, a combination of formal and informal tasks is most appropriate.

APHSIA COMMUNITATION TIPS

- ❖ **Simplify:** Handle only one idea at a time. Simplify your vocabulary. Use short sentences with simple common words. Use yes/no questions if this is easier. Either/or questions can make responding easier for some people. E.g.: "Do you want milk or juice?"
- ❖ **Use Clues:** Be sure you have his/her attention. Use gestures and pointing when possible. Facial clues can also help. If he/she can read, use printed words. Repeat and reword the idea if necessary. Draw the person's attention to objects or items being discussed. Use redundant wording. e.g. "Are you hungry enough to eat dinner?"
- ❖ **Reduce Distractions:** Turn down or off extra noise (TV, dishwasher, etc.) Do not continue talking if you turn away. Too many people talking can be distracting as well.
- ❖ **Slow Down:** Allow extra time for processing and understanding. Give him/her plenty of time to respond. Speak slowly, but naturally. Encourage him/her to speak slowly if his/her speech is hard to understand.
- ❖ **Guess:** Determine the subject by asking increasingly specific questions. "Is it about the hospital? Your pills? What are they for?"
- ❖ **Confirm:** Make statements about what you think he/she means. "You are concerned about your medicine." If he/she says *yes* to a question, ask the opposite also. If he/she says *yes* again, you are not communicating. e.g.: "Are you too hot?" *Yes*. "Are you too cold?" *Yes*. Answer to second question should have been *no*.
- ❖ **Be reassuring:** If you don't understand, assure him/her that it is alright or that you will try again. Don't over-sympathize. Avoid empty phrases such as, "You'll be fine." Rather, "I know it's hard when you can't find the words. We'll come back to it."
- ❖ **Respect:** Just because language is impaired doesn't mean intelligence is. Include him/her in the conversation and never talk about him/her as if they weren't there.