

# Communication problems after stroke

Communication problems are one of the most common effects of stroke. Losing the ability to speak or understand is frightening and frustrating, and it happens to about a third of people who have had a stroke. This factsheet explains the different types of communication problems that can arise after a stroke and offers some practical tips to aid communication.

**Communication problems** after a stroke often result from **damage** to the parts of the brain responsible for **language**, but the ability to control the **muscles** involved in speech may also be affected. The specific problems experienced by any one individual will depend on the **extent** of the damage and **which area** of the brain has been affected.

For most people, the area of the **brain** mainly responsible for aspects of **language** is located in the **left hemisphere (side)**. This means that damage in this region can affect the ability to **speak, understand, read and write**.

However, damage to the right side may still make communication difficult because it may limit someone's ability to **control crucial movements**, affect memory and make coherent organisation of language difficult.

## Defining the problem

There are **many different ways** in which the ability to communicate may be affected but, generally, the problems are related either to **speaking**, or **understanding** what other people are saying. Short-term **memory**

**lapses** and difficulty in **concentrating** can make communication even more problematic for some.

## Aphasia

One of the most difficult and common situations is when someone **suddenly cannot speak at all** after a stroke or what they say **does not make sense** to you. This is called **aphasia**. Aphasia (sometimes called **dysphasia**) **does not damage intelligence**, but does affect how someone can **use language**. **Speaking, understanding** what is said, **reading** and **writing** are all communication skills, and can all be **changed** by a **stroke**.

It can be **frustrating** for the stroke person as they may believe that they are **speaking normally** but that other people cannot understand them. Often this arises because the **words** that come out are **not the ones they want to say**, or because their **sentences** are **fractured** and missing crucial words. The stroke survivor may be unaware of this. Some people use words with **related meanings** to the one they

want – food instead of drink, for example – while others **mix the sounds** up in words.

## Dysarthria

Someone who has problems forming the right words because of **muscle weakness** in the mouth has **dysarthria**. Dysarthria may also affect **breath control** and the ability to make **sounds**, so that speech may sound flat, slurred, nasal or have a jerky rhythm.

## Dyspraxia

An inability to **control** and **co-ordinate** the movements that are needed to talk normally is called **dyspraxia**. A person with dyspraxia may be **unable** to **speak clearly** and, in severe cases, to make **deliberate sounds** at all. It is different from dysarthria because it is not caused by muscle weakness, and is often seen and treated as part of aphasia. Dyspraxia **can affect sequencing and the ability to co-ordinate other actions** as well as speech, and so may be dealt with by a number of **health care professionals**.

## What help is available?

Anyone with **communication difficulties** after a stroke should be referred to a **speech and language therapist**. This can be done by the **medical team** if they are in **hospital** or by the **GP** if they are at **home**.

Initially, the therapist will assess the person's **strengths** and **needs** in terms of communication and their speech and language skills. Dealing with the problem may involve **other people**, including **health professionals** and **family and friends**, who may be offered **advice** on how to **help** the stroke survivor to **communicate**.

**Different approaches to treatment** are needed, depending on whether the person has **aphasia** or **dysarthria**, although **some people** have **both** after a stroke. The therapist will also use **various methods** to try to establish the **precise nature** of the difficulties, for example by using **pictures**.

The therapist can also assess the appropriateness of **specialised equipment**, such as **electronic aids** and **software programmes** to assist recovery and to help with **long-term** communication difficulties. The NHS also has a small number of **Communication Aid Centres** that provide assessments and support for people who may benefit from a communication aid. See our factsheet *F14 Speech and language therapy after stroke* for more information.

All rehabilitation services are **time limited**, so people are usually offered a **fixed number** of sessions with the therapist. Speech therapy can also be arranged **privately** if the person feels they would benefit from **further therapy** (see '**Useful organisations**' on page 5). The Stroke Association provides **communication support services** in some areas, plus information about stroke clubs and other voluntary groups (see page 4).

**Every person** who has a stroke is **different**, and the amount of **recovery** someone will make is very **difficult to predict**. Unfortunately some people will have **long-term** communication difficulties and may need to find alternative ways of communicating, such as using **signs** or **gestures** or a **communication chart**.

## How can I help?

There are a **number of ways** that **family and friends** can **help** someone with their **communication**, but do **ask** if your help is needed before giving it.

- **Establish communication** by finding out whether someone can use **yes or no** (or a signal such as thumbs up/thumbs down) accurately. If they can do this most of the time, then you can ask **questions** to which the answer is yes or no, to narrow down what they want to say.
- **Don't rush the conversation.** Give the person **time** to take in what you say and to respond, and **don't interrupt** them. It is better to assume someone can hear and understand what you say, even if they are not responding much.
- **Adjust your communication to the right level.** Speak in a **normal tone** of voice and try to use sentences that are **short** and **to the point**. You may need to speak slightly **slower** than usual. For example, instead of saying, "Your wife called and she will be here tomorrow to pick you up and take you home", say, "Your wife called." (pause) "She will be here tomorrow." (pause) "You can go home then."
- **Use visual aids** to reinforce your verbal message, such as **facial expressions, gestures, writing, drawing**, or even a **Communication chart** (see 'Useful organisations').
- **Stand or sit where you can be seen and heard clearly** – poor lighting or distractions do not help.

## Top tips for helping someone with aphasia

- Remember that **spoken words** are **not the only way** to communicate. Help the person to develop skills in as many ways as possible, perhaps **making pictures** or **using gestures** and mime.
- **Don't give up.** If you can't work out or guess what someone is trying to say, suggest you **take a break** and come back to it later. Don't forget to!
- **Don't pretend to understand.** If you're having difficulty understanding someone, be honest and tell them: "I'm sorry, I don't understand – let's try again."
- **Be positive and encouraging** and remind them of any progress they have made.
- **Make a record.** Write down what works best for you both when communicating because a person with aphasia might **forget** the different ways available to him/her. Make a list and refer to it when communication breaks down.
- Try writing down **key words**. Drawings and pictures can also help.
- Remember the person has **not** become **less intelligent**, so treat them as an adult. You may need to remind less tactful friends and relatives of this.
- Communication is **not about perfect grammar and proper sentences**, so don't feel you must always correct "mistakes".
- **Don't visit in a large group.** It is much easier for someone to concentrate if it is

just you and them. Background noise and distractions do not help.

- **Keep visits short**, or take a break during a visit. Someone with aphasia will get **tired easily** and will not respond well when they are tired.
- What is right for one person may be wrong for another, and you will need to **respect the individual's inclinations and interests** just as you did before the stroke.
- **Do not get discouraged** if you have a day when communication seems completely impossible. The effort can leave all involved feeling tired and frustrated.

### Recovery need not stop after speech therapy

Stopping therapy does not mean that there will be no future progress. **Self-confidence** and **skills** can be increased by **practising speech naturally** in different settings over time. Try and identify **places** where the person can practise and develop, and find interests and **pursuits** that can be enjoyed socially.

They might consider joining a **group** set up to support people after stroke (**stroke club**), a **communication (or aphasia) support group** (run by **The Stroke Association** or **Speakability**, see **useful organisations**) or a local **adult education class** (some colleges run courses in communication skills, reading and writing).

It is not unusual for someone with aphasia to be **depressed** and **frustrated**, and they

may need some form of **counselling** to try and express their feelings about the changes in their life after stroke.

### What can be done at home?

There are **many activities**, which can be done at home to **build communication skills** and **boost confidence**. Having **friends'** and **family input** can really **make a difference**, as they know the person best, and may share their interests. The younger ones will enjoy the opportunity to join in some **games** to help re-establish memory and communication, so **enlist as much help as possible**.

Sometimes it helps to **plan a certain time** or times to do communication tasks. These are most successful if they are kept **short** (less than 30 minutes) and planned around times when the **person is rested**. If you hit a **block, stop** for the day or **change activities**.

The following is a **list of ideas** for **tasks and activities** that a friend or family member might initiate with the person affected by aphasia, or which might be practised at a communication or aphasia support group.

- Find and use **gestures** for common action words (for example, eating, drinking, writing, sleeping, shopping etc).
- Gather a **box of common objects**. Make actions around them. For example: "point to the one you clean your teeth with", "pick up the cup".
- **Draw pictures of common objects**. Say and write their names. Use simple word-search puzzle books.

- **Cut headlines and pictures with captions out of newspapers** and tell a story about each one. Make a news scrapbook and include whole articles when you are able to read more easily.
- **Make a book of family photos**, pictures of friends and places visited, and encourage the person to talk about them.
- **Print the names of common objects and rooms** at home on **cards**. Encourage the person to read the cards and locate the item or place.
- **Play card games** such as Beat Your Neighbour or Pontoon to practise numbers.
- **Make a chart of daily chores** around the house, perhaps with actual photographs of the person doing them.
- **Adapt a favourite, simple recipe** using pictures and/or drawings for the ingredients and measurements.
- **Use maps of the town you live in**, the UK and the world. Put them in a book and refer to the maps when talking about various locations.
- **Practise writing activities daily**, such as copying letters or words, and pick words at random for the person to write down. Encourage the person to write short letters, cards and thank you notes.
- **Keep a large monthly calendar** in view for birthdays and anniversaries. Encourage the person to **enter all appointments** and events or write an item of interest for each day.

- **Make a journal** and include something to mark each day, written or drawn, and items such as a photo, article, invitation or keepsake.
- **Limit the amount of TV they watch** and seek out interaction with other people to restore the art of communicating.

## Useful organisations

### The Stroke Association

We provide information and support to people affected by stroke. Call our Helpline to see if we have a communication support service in your area. Our staff and trained volunteers work with people, often in groups, to help improve communication.

Stroke Helpline: 0303 3033 100

Website: [www.stroke.org.uk](http://www.stroke.org.uk)

Email: [info@stroke.org.uk](mailto:info@stroke.org.uk)

### Resources:

**Communication card:** Credit card size.

States: "I have had a stroke and find it difficult to speak, read or write. Please give me time to communicate". Also has room for name, address and emergency contact.

**Communication chart:** An aid to communication consisting of four sides of A4 with the alphabet, numbers, a clock and pictures for common words, for example, 'hungry', 'thirsty', 'hot' and 'cold'. (Price £1.)

### The Stroke Association Northern Ireland

Graham House, Knockbracken Healthcare Park, Saintfield Road, Belfast BT8 8BH

Tel: 028 9050 8020

Website: [www.strokeni.org.uk](http://www.strokeni.org.uk)

Provides information and support to people with aphasia. Runs conversation groups with speech and language therapists and a home liaison counsellor.



**Aphasiahelp**

This is a website built by a team of researchers and a group of people with aphasia. It has information about aphasia and people can register as and look for a penpal.  
Website: [www.aphasiahelp.org](http://www.aphasiahelp.org)

**Connect**

6–18 Marshalsea Road, Southwark,  
London SE1 1HL

Tel: 020 7367 0840

Email: [info@ukconnect.org](mailto:info@ukconnect.org)

Website: [www.ukconnect.org](http://www.ukconnect.org)

Provides practical one-to-one and group therapy, and runs courses in London and Bristol for people with aphasia and their relatives.

**Resources:**

*The Stroke and Aphasia Handbook*

by Susie Parr, Carole Pound, Sally Byng and Bridget Long

Provides easy to understand information on all aspects of life after a stroke. (£20)

*Better Conversations*

A booklet for relatives of those with aphasia to guide them towards better communication. (£7.50)

**Speakability**

1 Royal Street, London SE1 7LL

Helpline: 0808 808 9572

Email: [speakability@speakability.org.uk](mailto:speakability@speakability.org.uk)

Website: [www.speakability.org.uk](http://www.speakability.org.uk)

Provides resources for professionals and people affected by aphasia, and runs conversation groups around the country.

**Speech and language therapy bodies****ASLTIP: Association for Speech and Language Therapists in Independent Practice**

Coleheath Bottom, Speen, Bucks HP27 0SZ

Tel: 01494 488306

Website: [www.helpwithtalking.com](http://www.helpwithtalking.com)

**Royal College of Speech and Language Therapists**

2 White Hart Yard, London SE1 1NX

Tel: 020 7378 1200

Email: [info@rcslt.org](mailto:info@rcslt.org)

Website: [www.rcslt.org](http://www.rcslt.org)

The UK training and professional body for speech therapy.

For further information, phone the Stroke Helpline on 0303 3033 100, email [info@stroke.org.uk](mailto:info@stroke.org.uk) or visit our website [www.stroke.org.uk](http://www.stroke.org.uk)

If you are unhappy about any aspect of The Stroke Association, please make your views known to us immediately. We will happily discuss any issues and how they can best be resolved.



CUSTOMER SERVICE EXCELLENCE

Produced by The Stroke Association's Information Services.

Factsheet 3, version 02, published July 2009, updated March 2010.