

Speech and Communication Problems

THIS FACT SHEET describes the effects that acquired brain injury, dementia and hearing loss can have on speech and communication, and provides strategies that may assist when there are difficulties.

A brain injury can affect communication in many different ways. For example, a brain injury may lead to weak or uncoordinated muscles resulting in slurred speech or a soft, hoarse voice. The language centres of the brain may be affected, resulting in difficulty using words, forming sentences, and understanding what others say. Changes in thinking and memory may also occur.

Hearing loss can also affect a person's ability to communicate, while poor eyesight can limit reading and writing.

A speech pathologist can assess a person's communication difficulties and suggest strategies to help. A neurologist, rehabilitation specialist or condition-specific support organisation can put you in contact with a speech pathologist.

When Muscles of Speech are Affected

Dysarthria results from weakness or incoordination of the muscles involved in speech and breathing.

A person's speech may be slurred, slow and difficult to understand. Their voice may be harsh, strained, breathy, too loud or too soft. It may lose its melody and sound "flat", with little variation in tone. A person may sound expressionless, disinterested and depressed, but this may not necessarily reflect how the person is really feeling.

Because the same muscles involved in speech are involved in swallowing, a person with dysarthria may also have difficulties with eating and swallowing. (see Fact Sheet : Eating and Swallowing Problems).

Dyspraxia is a difficulty in planning and initiating muscle movements to form the sounds and words of speech. This may occur even when there is no paralysis or weakness of the muscles. A person with dyspraxia may have trouble finding the correct sound for a word, or moving smoothly between sounds and words.

Dysphonia is a voice disorder that results from impairment to the strength and coordination of the muscles that help to produce voice. A person with dysphonia may have trouble controlling the volume of their voice or it may tire easily. Their voice may be weak and hoarse.

Speech aids: For some people with acquired brain injury, speech becomes all but impossible. There are various aids that can help, from simple alphabet boards or whiteboards to electronic communication aids.

For more information, talk to your speech pathologist.

Strategies for Speech Difficulties

Be aware that talking may be frustrating for your family member - give them time to respond.

If you do not understand what they have said, say so. Repeat the words you have understood so they do not need to say them again.

Ask your family member to speak more slowly.

Encourage them to use shorter phrases or single words, if that makes it easier to understand them.

If soft voice is the problem, ask them to “feel as if they are shouting” . They may not be aware how soft their voice is, and what feels like shouting may be about right for the listener.

Show when you have understood – nod your head and say “I see” or repeat and rephrase the message.

It is usually best to let the person finish their sentence. Don't anticipate what they are going to say.

If repeated attempts fail, be honest, say: “I'm sorry, I don't understand. Let's try again later” .

Writing may be simpler for some people. If the person cannot use a pen, see whether they can use an alphabet card to point to letters and to spell out words or a communication chart to point to pictures.

When Language Centres are Affected

Dysphasia or aphasia results from damage to the centres in the brain that control language - the way we understand and use words and sentences. These language centres are typically on the left side of the brain.

A person with dysphasia may have difficulties understanding, talking, writing, reading and using and interpreting body language.

Understanding: A person may not be able to recognise or understand words or the meaning of speech. They may not remember information they are told.

A person may become confused when too much information is presented at once, eg when more than one person is talking or when listening to a conversation.

Talking: A person may know the name of an object but not be able to find the correct word. Some people may have particular difficulty saying the small, connecting words – “the” , “and” , “to” etc. Others may use long sentences, but not use key words. Jargon or meaningless strings of words and sounds may also be present. Words may slip out unexpectedly, but the person may not be able

to repeat them. Others can use simple words and sentences well, but have trouble explaining things more complex things. Some people cannot control swearing.

Reading: A person may have trouble recognising letters, reading words or understanding sentences or paragraphs.

Writing: Apart from any weakness in the hand, a person may have trouble forming letters, writing words, constructing sentences or writing down ideas. The person may become confused when a lot of information is presented at once, such as a long sentence or a full page.

Gesture or body language: A person may have difficulty using gestures or “reading” body language. For example, they may not be able to nod their head for “yes” or hold up three fingers to indicate “three” .

Strategies for Dysphasia

Use short, simple sentences.

Use gesture to complement what you are saying e.g. point to relevant objects.

Check to see if the person has understood you. Repeat, rephrase or simplify your message if necessary.

Give the person time to speak. Don't rush them or complete their sentences. Encourage the person to communicate, even if this takes time.

Listen for the message the person is trying to convey, not just how the words sound. It is the message that matters, not how they get it across. Any method is good if it works.

Avoid background noise and interruptions.

Encourage the person to be as independent as possible, but be there to help if needed.

If the person is upset or frustrated, acknowledge the difficulty they are experiencing and continue to support and encourage their communication attempts.

If you are encouraging the person to use, for example, gestures or a communication board, use

the same strategies yourself when communicating so they can mirror what you are doing.

If the person swears inappropriately, ignore it. It may be something they are unable to control.

Include the person in conversations and encourage friends to do the same, even if the person is unable to respond.

If Dementia is a Problem

As dementia progresses, words may become jumbled and confused and a person may gradually lose the ability to use and understand speech. This is part of a much wider loss of thinking and memory skills. They may be able to indicate needs in other ways, such as facial expressions (smiling, frowning), gestures (pointing, touching, arm waving), eye contact, behaviour (such as walking away, crying), or tone of voice (speaking loudly, softly).

Strategies for Dementia

Look for meaning in the person's behaviour. What are they trying to tell you?

Be aware of body language – facial expression, tone and pitch of voice, posture.

Make contact with the person – use gentle touch, smile and humour as appropriate.

Speak gently, clearly, at an even pace. Wait for a response before continuing.

Ask one question at a time – avoid two in one sentence.

If possible, use a statement rather than a question – “We're having dinner now” ,rather than “Would you like to have dinner now?”

Reinforce your words with your gestures and facial expression.

Repeat or rephrase if you get no response.

Enjoy memories together – favourite photographs, music, foods, a “this is your life” album.

Don't talk across or about the person as if they are not there.

Hearing Loss

Many older people are hard of hearing, which can make communication difficult. These tips may help:

If your family member has a hearing aid, make sure it is switched on and the batteries are working.

When speaking, position yourself where they can see you.

Place yourself at eye level with the person when talking or listening to them.

Get the person's attention before speaking - use their name.

Reduce background noise – turn off the radio or television.

Remaining Part of the Family

No matter what type of communication difficulty your family member is experiencing, it is vital that they still feel part of the family and contribute in whatever way possible. Here are a few ideas to help this happen and to support the flow of communication.

Have a visitors' book and ask people to jot down what they have talked about, to give some sense of continuity to communications.

It is the give and take of communication that is important, not just what is talked about. Chat about ordinary things – the supermarket, mowing the lawn, the kids, and about things in the past when you know the subject and you can interpret their responses.

Share old photos and memories together or find picture books on things that interest, or used to interest, your family member.

Use the retail catalogues to help them choose presents they would like to give to others for birthdays or Christmas.

Even though dealing with writing or figures may be difficult, they may still be able to contribute to broad decisions about finances, with someone else organising the details. For example, they may be able to sign a form that someone else has filled out or have an opinion about a household expense.