

Communication Disorders

Speech Therapists assess and manage communication disorders that occur as a result of neurological conditions such as stroke, traumatic brain injury, brain tumours, dementia, or Parkinson's Disease. Communication disorders may also arise from cancer in the head and neck region, or other medical conditions. These communication disorders can make it difficult for one to express their basic needs or communicate with their loved ones. For some, these difficulties may affect one's ability to return to work.

Communication disorders can take several forms. One may experience one, or several of these disorders that are described below:

Aphasia

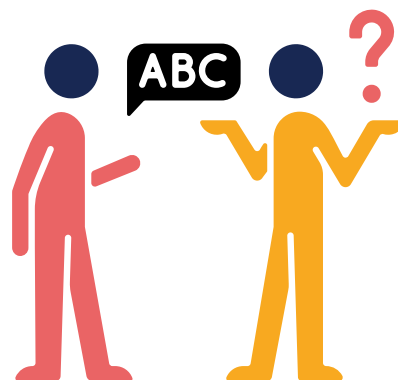
Aphasia is a language disorder that affects a person's ability to understand and express themselves. For most people, the left side of the brain controls our ability to understand and use language. Hence, damage to the left side of the brain can cause an individual to experience aphasia.

Individuals with aphasia may find it hard to understand what others are saying or express themselves through words. They may also have difficulties with reading or writing, even though they were able to do so in the past.



Individuals may experience aphasia of different severities. This depends on the location and extent of brain damage.

Some with milder symptoms may still be able to hold a conversation. However, they may have some difficulties finding the words they want to say or understanding more complicated instructions. Sometimes, their words and sentences may not make any sense. On the other hand, individuals with more severe symptoms may not understand anything they are told and may not be able to say anything.

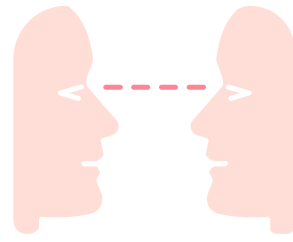


Speech therapists will assess the language function in individuals with aphasia. Speech therapists aim to maximise an individual's communication abilities by leveraging on their strengths and managing their weaknesses during language therapy. They may also teach individuals and/or their families' compensatory strategies to maximise communication efficiency.



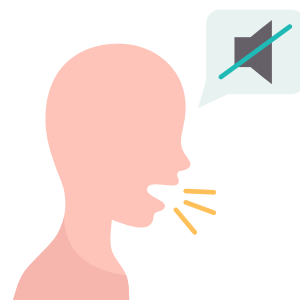
Strategies for communicating with persons with aphasia include:

- Make eye contact and ensure that the person knows you want to speak to them.
- Give simple, one-step instructions (e.g., “give me the spoon”), instead of complicated instructions (e.g., “give me the spoon but turn off the lights first”).
- Give time for the person to find the words they want to say or describe what they want to say. Avoid finishing the person’s sentence when he/she looks like he is trying to find for the right word.
- Give choices when possible. Instead of asking “what do you want to eat tonight?”, narrow it down to “do you want to eat rice or noodles tonight?”
- Use simple, concrete words like “drink” instead of “beverage”.
- Pay attention to gestures to help understand what the individual is trying to express.
- Use gestures, facial expressions and pictures where available
- Avoid speaking to the person as if he/she is a child.



Dysarthria

Dysarthria affects a person's ability to speak clearly because of poor strength or coordination of the muscles required for speech. This can be a result from brain damage, diseases affecting the brain, or structural changes to the mouth and throat (e.g., after surgery for mouth cancer). Some causes of dysarthria include stroke, Parkinson's Disease and head injury.



A person with dysarthria may have slurred, soft, and/or slow speech. The rhythm and tone of speech may also be affected. For some people, it may sound as if air is coming out of the nose when one is speaking, or that the person has a blocked nose.

Treatment or management of dysarthria depends on the type and severity of dysarthria. The speech therapist may do speech exercises to improve speech clarity. They may also introduce compensatory strategies to maximise speech clarity. In some cases, alternative and augmentative forms of communication may be used to help a person express himself effectively. This may come in the form of high-tech devices like a tablet, or simpler forms like an alphabet board, pen and paper, or a picture book.

Strategies for communicating with persons with dysarthria include:

- Give time for the person to respond to you.
- Keep the environment quiet during conversation (e.g., turn off the radio or television).
- Ask the person to speak in short phrases or sentences.
- Ask the person to over-articulate, speak loudly and slowly.
- Ask the person to repeat if you cannot understand them in the first instance
- If needed, ask the person to type, write or draw what they want to say.
- Observe the person's behaviours or gestures to help understand what he/she wants to say.

Apraxia of Speech

Apraxia of Speech impacts the brain's ability to plan or sequence movements required for speech. This is due to damage to the brain. A common cause of Apraxia of Speech is a stroke. A brain tumour, head injury, or other degenerative neurological diseases may also cause apraxia of speech.

A person with apraxia of speech may say words that are distorted or jumbled up, have difficulties repeating longer words or sentences. It may be easier for them to say things which are more "automatic" in nature (e.g., counting one to ten, singing happy birthday).

Strategies for communicating with persons with apraxia of speech:

- Give time for the person to respond to you.
- Keep the environment quiet during conversation.
- Ask the person to speak in short phrases or sentences.
- Observe the person's behaviours or gestures to help understand what he/she wants to say.
- Using alternative modes of communication if possible, (e.g., picture boards, writing, or drawing)
- Ask yes or no questions or give options.

Cognitive-Communication Disorder

Cognitive-communication disorder occur when a person has difficulties communicating due to changes in their cognition. This can occur as a result of dementia, stroke, a brain tumour or brain injury. Cognitive areas that may be affected include attention, processing speed, judgment, memory, problem-solving, organisation, reasoning or planning. They may also vary in severity.

In mild cases, the individual may look like they have normal speech and language abilities. However, communication can still be challenging for them. For example, an individual may find it hard remember what others have said, hence making it difficult to maintain a topic. He/she may also find it difficult to interpret facial expressions or body language.

In some cases, individuals with severe cognitive-communication disorder may not be able to communicate at all.

Strategies for communication with a person who has a cognitive-communication disorder include:

- Minimise distractions and noise (e.g., turn off the television or radio).
- Get the person's attention first and talk directly to them.
- Ask one question or give one instruction at a time
- Talk about one topic at a time, and gently remind him/her if the conversation topic has changed.
- Tell the person about what is happening as it is happening (e.g., we are going to the market now).
- Using concrete instead of abstract language (e.g., "the weather is hot today" instead of "it feels like an oven in here").

How can Speech Therapists help?

Speech therapists conduct assessments to understand an individual's communication difficulties, needs and goals. Therapy is individualised to cater for different types and severity of communication difficulties.

The Speech Therapist may recommend:

- Therapy to target communication deficits
- Compensatory strategies (e.g., clear speech techniques)
- Alternative modes of communication (e.g., using a picture board)
- Communication partner strategies to ease and facilitate communication



Should you or your loved one experience difficulties with swallowing or communication, please do not hesitate to contact us at 6363 3000 or enquiry@wh.com.sg.

Contributed by Speech Therapy, Rehabilitation, Allied Health Services

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