

Communication in HASU

Communication difficulties after stroke

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King's



Aim of presentation

- To describe the range of communication difficulties faced by patients following a stroke.
- To provide an overview of the role of Speech and Language Therapy in managing communication difficulties in early stroke recovery.
- To offer suggestions of how we can support stroke patients with communication difficulties on the ward.

Communication difficulties after stroke

- An estimated 150,000 people annually have a stroke in UK (The Stroke Association).
- A third of individuals experience communication problems after stroke (Enderby and Phillipp, 1986, as cited in The National Stroke Strategy, 2007).

Common barriers to effective communication on HASU

Stroke specific factors:

- Dysphasia
- Dysarthria
- Cognitive – Communication Disorder

Non-stroke specific factors:

- Acute delirium
- Reduced alertness
- Tracheostomy
- Pre-morbid communication impairment

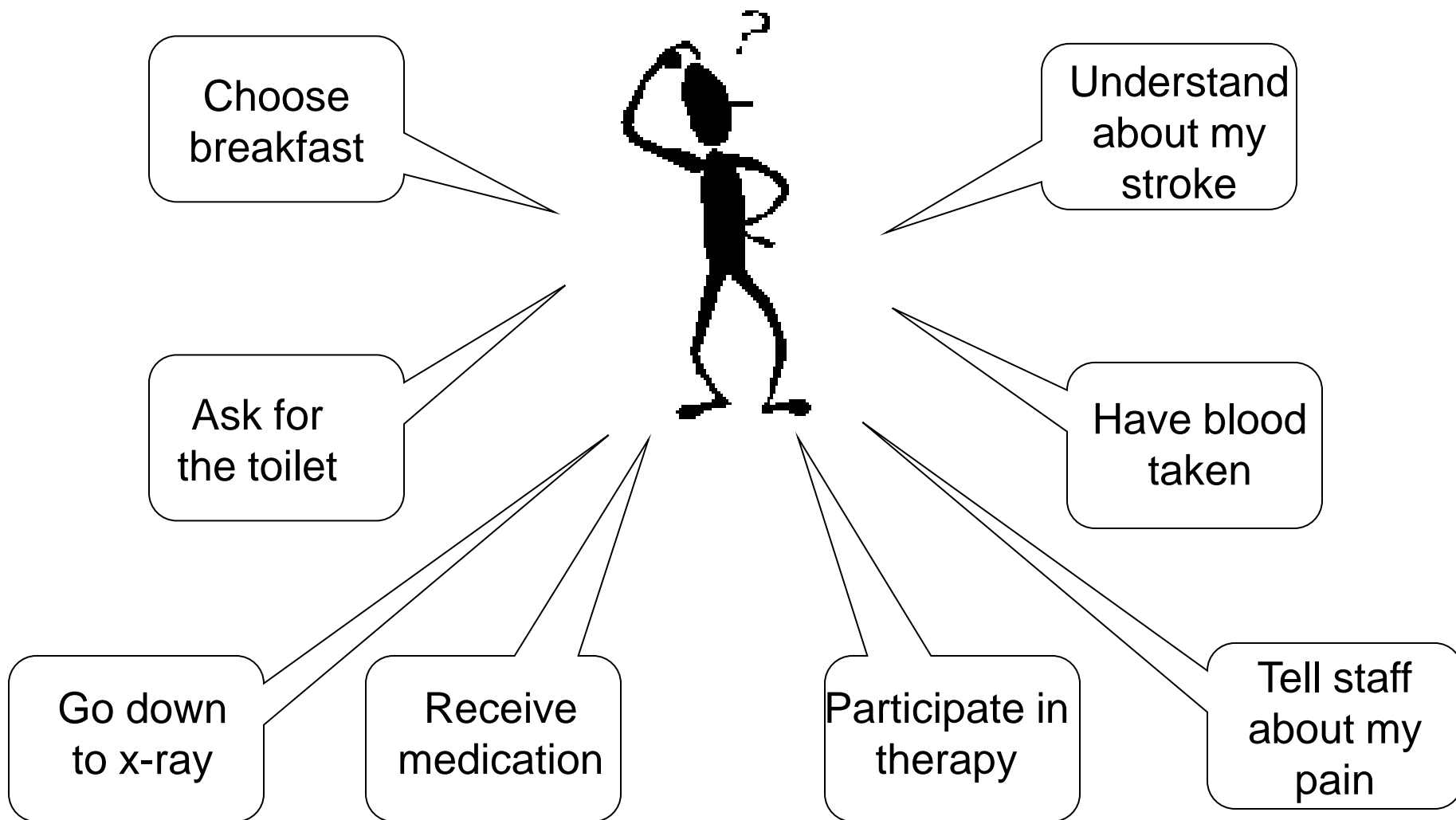
Specific communication impairments following stroke

- **Dysphasia:** An impairment of any language modality which may include difficulty in producing or comprehending spoken or written language.
- **Dysarthria:** “...group of neurologic speech disorders resulting from abnormality in strength, speed, range, steadiness, tone or accuracy of movements required for the control of the respiratory, phonatory, resonatory, articulatory, and prosodic aspects of speech production.” (Duffy 2005).
- **Cognitive-communication disorder:** Communication impairments resulting from underlying cognitive deficits leading to difficulty in everyday communication, e.g. paying attention, remembering, organising, problem-solving and planning.

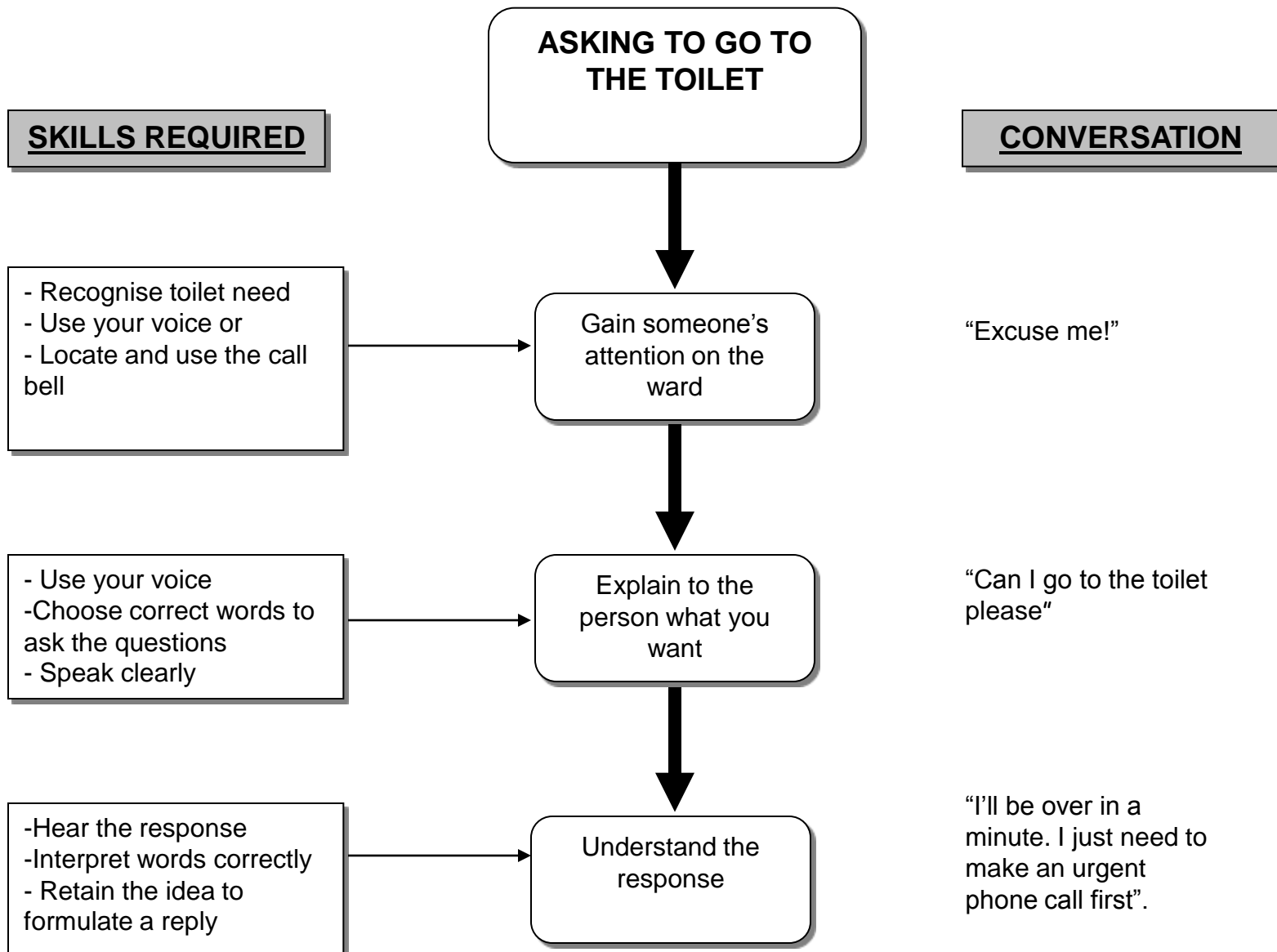
Other barriers to effective communication in stroke patients

- **Acute delirium:** “an aetiologically non specific organic cerebral syndrome, characterised by concurrent disturbances of consciousness and attention, perception, thinking, memory, psychomotor behaviour, emotion and sleep-wake cycle”. UKCPA Delirium Resource June 2006 v1.2.pdf
- **Reduced alertness**
- **Tracheostomy:** restriction on airflow to produce voice and speech
- **Pre-morbid impairment, e.g. hearing impairment, dementia.**

I need to communicate!



Ward interaction example



Speech and Language Therapist's management of communication difficulties after stroke



PREVENTION



SUPPORT



EDUCATION

Communication: Prevention

- Negative impact of impairment on function – “bread and butter” of therapy intervention at early stage for communication.
- Psychosocial effects of communication impairment start at an early stage – “Talking about aphasia” (Parr et al. 1997)

Communication: Prevention

- Others' misunderstanding of individual's communication capabilities – can lead to unqualified judgements on abilities.....
.....and, bottom-line, could lead to unsafe discharge from hospital due to impaired cognition and communication.

Communication: Support

- Identifying and using tools unique to individual to enhance their communication.
- Enabling others to communicate optimally with individual, e.g. Modelling for family at bedside “good” communication techniques, adapted SPPARC programme, providing bedside resources.

Communication: Support

Supported Conversation for Adults with aphasia (SCA™)



A B C D E F G
H I J K L M N
O P Q R S T U
V W X Y Z

Communication: Support

- Ensuring individual is referred to and/or directed towards appropriate “follow-up” services, e.g. community SLT support, Disability Advisory Service Lambeth (stroke peer support and befriending service), www.ukconnect.org



connect

the communication disability network

Communication: Support

- Facilitating individual's participation in decision-making process.....

The Mental Capacity Act 2005:

“A person is not to be regarded as unable to understand the information relevant to a decision if he is able to understand an explanation of it given to him in a way that is appropriate to his circumstances (using simple language, visual aids or any other means)”.

Communication: Education

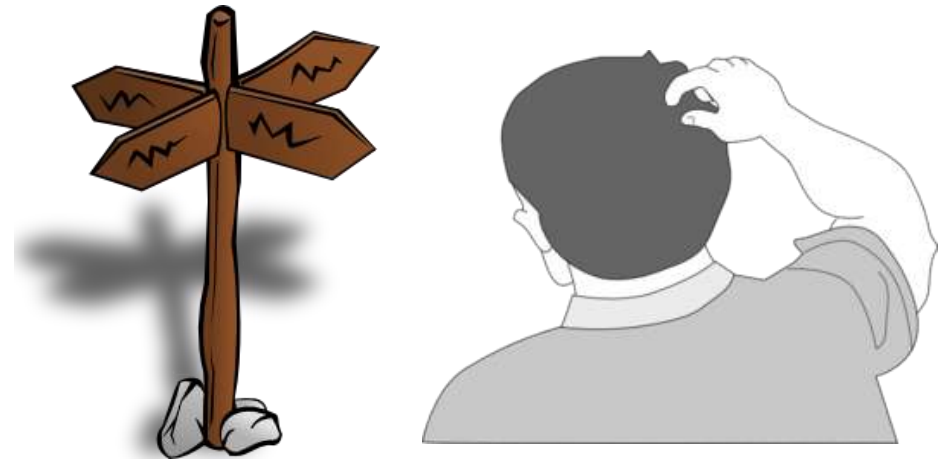
- Patient-related: Communication difficulties & strategies which support communication (family, staff.....) e.g. Bedside guidelines.
- Facilitating good communication on the Unit: Staff training programmes, e.g. Practical workshop using SCA™ techniques; involvement of SLT in development of stroke competencies for all staff.

Communication: Education

- Ward communication guidelines example:
“.....Mr J has difficulty understanding. He is helped by people speaking to him slowly and clearly and in short sentences.
He can't tell you his response but can nod and shake his head for “yes” and “no”. He also has a communication book which he can use to indicate basic needs.....”

Ways to help!

- Identify the barrier to communication
 - Stroke-specific?
 - Acute?
 - Chronic?
 - Understanding?
 - Speaking?



Speech and Language Therapy will
diagnose, advise and support!

Ways to help!

- Know how to adjust own communication or use a method of support to enable patient to participate.

Speak slowly and clearly



Speech and Language Therapy will support!

Ways to help!

- Observe and reflect on how patient is participating in communication activities.....
- Risk assess situations where specific help and support might be needed.....
- Help that person find the support required.



Ways to help!

- Remember.....
 - Communication resources don't have to be expensive – start with pen and paper, alphabet charts, some pictures of basic needs, “aphasia-friendly” hospital menu.
 - CONNECT and Speakability offer free information sheets on their websites.
 - Effective communication is everyone's business.

Final thoughts

“Communication is not only the essence of being human, but also a vital property of life.”

John A. Piece

References

- Enderby, P. and Phillipp, 1986. Speech and Language Handicap: Towards knowing the size of the problem. *British Journal of Disorders of Communication* 21 (2), 151–65 cited in *The National Stroke Strategy*, Department of Health 2007.
- Duffy, J. *Motor Speech Disorders. Substrates, Differential Diagnosis, and Management. Second Edition.* St Louis, Missouri. 2005. Elsevier Mosby.
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