

Evaluation and Treatment *with* Aphasia after Stroke

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Aphasia

Difficulty with understanding or expressing language following a neurologic event.

67.8%

Have *heard* the term aphasia

40%

Know that **aphasia is a language** issue

2022 National Aphasia Awareness Survey, National Aphasia Association, aphasia.org

Statistics

- **180,000** new cases of aphasia per year
- **2.5 to 4 million** stroke survivors with aphasia living in the US

33%

One in three stroke survivors will have aphasia

Simmons-Mackie, N., (2018). *Aphasia in North America: A Comprehensive Report on Incidence, Causes and Impact*. Aphasia Access: Moorestown, NJ.

Aphasia: Care Outcomes

- Patients with communication disability are **THREE TIMES** more likely to experience a *preventable* adverse event in the hospital
- More likely to be dissatisfied with care
- Have **poorer health** and **higher utilization** of healthcare services
- Have higher risk of falls

Care with Aphasia is Hard

Carragher, M., et al. (2021)

- 1) Aphasia is time consuming.
- 2) Health professionals do not know how to help.
- 3) Health professionals limit conversations with patients with aphasia.
- 4) Health professionals want to know how to help.
- 5) Health professionals feel good after successful communication.

Survivors of Stroke with Aphasia Experience Hardship

Hemsley, Werninck, & Worrall (2013)

“Following my husband’s heart surgery, he got an infection in the wound... The hospital staff tried to explain to him that when he needed to cough, he should hug a rolled towel tightly to his chest, to prevent his wound from opening. However, he couldn’t follow the instructions”

“I told the surgeon that I would prefer to have my wife with me, but he just ignored me... [he] was talking too fast and I couldn’t keep up, so I asked him to repeat what he had said, but he just kept going... I felt frustrated and angry. I just need extra time to speak and my wife with me to get the detail, so she can then tell the information later.”

Aphasia: Disproportionate Impact

Table 14-1. Stroke

Population Group	Prevalence, 2013–2016: Age ≥20 y	New and Recurrent Attacks, All Ages	Mortality, 2016: All Ages*	Hospital Discharges, 2014: All Ages	Cost, 2014–2015
Both sexes	7 000 000 (2.5%)	795 000	142 142	888 000	\$45.5 Billion
Males	3 200 000 (2.5%)	370 000 (46.5%)†	59 355 (41.8%)†	434 000	...
Females	3 800 000 (2.6%)	425 000 (53.5%)†	82 787 (58.2%)†	454 000	...
NH white males	2.4%	325 000‡	43 713	...	...
NH white females	2.5%	365 000‡	63 778	...	...
NH black males	3.1%	45 000‡	8 115	...	...
NH black females	3.8%	60 000‡	10 074	...	...
Hispanic males	2.0%	...	4 798	...	...
Hispanic females	2.2%	...	5 485	...	...
NH Asian males	1.1%	...	22 68§	...	...
NH Asian females	1.6%	...	29 49§	...	...
NH American Indian or Alaska Native	...	...	632	...	...

Benjamin, E., Muntner, P., Alonso, A., Bittencourt, M., Callaway, C., Carson, A., Chamberlain, A., et al. (2019). Heart disease and stroke statistics- 2019 update: A report from the American Heart Association, *Circulation*, (10) e56-e528.

Aphasia: Systemic Considerations



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Disorders

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Aphasia severity is modulated by race and lesion size in chronic survivors: A retrospective study

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<https://doi.org/10.1016/j.jcomdis.2022.106270>

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A starting point

- Dr. Helen Mach, PhD, CCC-SLP
- Dr. Rebecca Hunting-Pompon, PhD
 - PI Aphasia & Rehabilitation Outcomes Lab
 - <https://sites.udel.edu/chs-arolab/>



FRAME your conversation

F

Familiarize

R

Reduce Rate

A

Assist with communication

M

Mix communication modalities

E

Engage patient first

Copyright 2012

Baylor et al, 2019; Yorkston et al., (2015)



Familiarize

Familiarize yourself with client's communication preferences.

- Communication boards or books
- Writing
- Augmentative and Alternative Communication
- ***Okay to guess or wait for you to finish?***
- Ask about hearing aids and glasses



Reduce your Rate

How you TALK

- **Slow down** your rate slightly
- Pause between phrases
- One idea at a time

Burns et al., (2012); Yorkston et al., (2015)



Reduce your Rate

How you LISTEN

- Increase your wait time to allow patients time to respond
- Patiently wait (breathe if you find this difficult)
- Maintain eye contact

Burns et al., (2012); Yorkston et al., (2015)



Assist with Communication

- Ask questions in different ways.
- Give multiple choices (pair with keyword writing).
- Write down what PWA says to check for confirmation.

Simmons-Mackie and Kagan (1999); Burns et al., (2012); Yorkston et al., (2015)



Assist with Communication

Let PWA know when you don't understand them

- Be specific

“I understood when you said _____
but the part about _____ I didn't understand”

Simmons-Mackie & Kagan (1999)



Assist with Communication

- Acknowledge what you heard
- Acknowledge communication breakdowns if they occur between you and PWA; then try to repair

Do NOT try to pretend you understand when you don't!

Simmons-Mackie & Kagan (1999); Burns et al., (2012); Yorkston et al., (2015)



Assist with Communication

- Overlap what you're saying with what the PWA is saying at the same time
 - Shares that you're on the same page
 - Conveys trust in the PWA and what they are communicating
 - PWA: {"No"}
 - You: {"No" [shaking your head no]}

Simmons-Mackie & Kagan (1999)



Assist with Communication

Ask clarifying questions

- Even if communication repair is unsuccessful, end repair sequence with info that PWA provided earlier during interaction
 - What point did you last understand?
- Helps PWA “save face” and end repair sequence at a mutual agreement and alignment

Simmons-Mackie & Kagan (1999)



Mix Communication Modalities

Follow their lead

- Go beyond just verbal communication
- Offer materials with simple pictures so PWA can point
- Watch body language, facial expressions, eye gaze, etc.
- Gestures work!
- Writing – **key word** writing

Simmons-Mackie & Kagan (1999); Burns et al. (2012)



Engage the PWA

Respect the PWA

- Refrain from judgement about competence of PWA
- Speak directly to the PWA, *especially* when with family
- Maintain eye contact
- Natural, respectful tone of voice

Burns et al., (2012)

Wrap It Up

Summarize what was discussed during the session

- Continue multi-modal communication
- Limit to key ideas: “No more than 3”
- Check-in that patient understands the information
- Ask about any questions or concerns before finishing up

TAKE AWAYS: Keep FRAME-ing

- Aphasia is complex
- Communication breakdowns are bound to happen

**Keep trying your best to communicate
and help the PWA feel at ease**

modified Burns et al., (2012)

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Copyright 2012

Baylor et al, 2019; Yorkston et al., (2015)



**Call your
local SLP!**

University of
Delaware
Speech-Language-
Hearing Clinic

302-831-7100

Life Participation Groups @ UD

LIFE PARTICIPATION GROUPS

Adult National Stuttering Association Meeting

Monthly on the 2nd Monday 7:00pm – 8:30pm

Description: A support group for individuals who stutter to meet and discuss challenges and successes with stuttering. Please email eusler@udel.edu for more information and the link to join.

Aphasia Brew Crew

Tuesdays, Weekly 11:30am – 12:30pm

Description: A conversation coffee house on Tuesday mornings at 11:30AM for individuals with aphasia and their care partners. Please email aphasiaUD@udel.edu for more information and the link to join.

Aphasia Movie Club

Fridays, Every two weeks 11:30am – 12:30pm

Description: Watch the movie of the week on your own and come prepared for a lively discussion! Email aphasiaUD@udel.edu for more information and to join.

Brain Injury Caregiver Support Group

First Thursday of Month, 7:00pm – 8:30pm

Description: This virtual group is presented in collaboration with The Brain Injury Association of Delaware and aims to provide a supportive space for those caregiving for someone with a brain injury. Through this platform, caregivers are given the opportunity to share, connect, and explore community resources geared towards the brain injury population. For more information and the link to join please email admin@biade.org.

Life Participation Programs

View the complete Life Participation Programs Google Calendar!

[View the Calendar >](#)

Gender Expansive Communication Group

First and Third Wednesday of every month, 7:00pm

Description: Engaging and empowering individuals within the gender expansive community (18+). This group will act as a safer space for individuals interested in promoting elements of voice and communication that feel authentic to each individual's sense of gender identity, learning about how their voice works, exploring what their voice can do and connecting with other members of the community for whom vocal identity has been a challenge. Please email GenderExpansiveCG@udel.edu for more information and the link to join!

Great Games

Fridays – Every two weeks 11:30am – 12:30pm

Description: Let's Play! This group is for stroke and brain injury survivors and their care partners. Please email aphasiaUD@udel.edu if you are interested in more information or joining the group.

Neuro Notes

Second and Fourth Tuesday of every month, 6:30pm

Description: Neuro Notes is a choir for empowerment and community promoting physical, emotional and overall well-being for people with Parkinson's and their families. Meetings are facilitated by both a speech-language pathologist and a music therapist. Members will have the opportunity to learn select songs and perform at a concert at the end of the semester. For more information, please contact neuronotes@udel.edu.

PEEPS

Alternating Thursdays from 3:45pm – 5:15pm

Description: This group is for individuals with Autism / Autistic people. We play a variety of games and provide a supportive environment to have fun and engage with others. We have a group for 12 to 15 year old individuals and one for 16 to 21+ years. Please contact SocialComSLP@udel.edu for more information.

THE LOUD CROWD



Fridays, Weekly 3:00pm-3:45pm

Description: LOUD Crowd is a free weekly group for individuals with Parkinson's Disease who have completed a course of speech therapy from the program, **SPEAK OUT!** This transition group reinforces skills learned during speech therapy while adding a sense of camaraderie as participants get to know one another. The **SPEAK OUT!** & LOUD Crowd therapy regimens were

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