There are three major types of communication impairments that can occur after stroke: aphasia, apraxia and dysarthria. It is possible for survivors to have only one of these problems or a combination.

**Aphasia**

*Aphasia* is a language disorder. It can cause problems with:

- understanding what others are saying
- finding the right words to say
- putting words into sentences that others can understand
- reading
- writing

Although aphasia makes it hard to communicate, it does not affect thinking skills. A person with aphasia still knows what he or she has always known. The problem is that it is hard to tell others what is on their minds.

There are many types of aphasia. The most general categories are *receptive aphasia* and *expressive aphasia*.

**Receptive Aphasia**

A person with receptive aphasia may:

- have problems understanding what others are saying, also called an auditory comprehension problem
- not be aware that what they are saying is not correct or doesn’t make sense
- speak fluently, meaning that they do not struggle to get words out as they speak
- have problems understanding what they read
Some survivors who have receptive aphasia have said that “it felt like I was in a foreign country.” When people say this, they mean that they cannot understand what others are saying to them.

**Expressive Aphasia**

A person with expressive aphasia may:

- be able to understand most of what others are saying. It may be easier for them to understand family and friends or when they are in a quiet place. It may be harder when there are a lot of people talking or the environment is noisy.
- have trouble saying what they are thinking
- be able to say only a few words or very short sentences
- say words that are jumbled (also called “word salad”)
- say a different word than what they wanted to say
- have problems writing words and sentences

**Apraxia and Dysarthria**

Unlike aphasia, apraxia and dysarthria are *speech* problems, not *language* problems. People with these disorders have problems moving their speech muscles to make sounds and words. Some people have aphasia as well as apraxia or dysarthria. In those cases, the person may have trouble finding the words they want to say and also have trouble actually saying them.

People with *apraxia* struggle to say the sounds or words they are trying to say. For example, they may try to say “coffee,” but instead say “bobee.” Their speech is labored and slow. Sometimes they may only be able to speak a few words at a time. Their speech muscles work, but the connection between the brain and those muscles does not always work well. Because of this, they may not be able to say the same word in the same way each time they try to say it. It’s as if the messages to the muscles get mixed up and the wrong sounds come out.

With *dysarthria*, some of the muscles used when talking become weak and don’t move as well as they did before the stroke. The speech of a person with dysarthria may sound slurred. The person may also speak softly and be hard to hear.

**General Communication Tips**

Each person with aphasia has his or her own preference about how to communicate and get through the “blocks.” It is important to figure out what works best for each individual. Do you want others to supply the words, or do they want to come up with the words on their own? Do they want to be corrected, or do they prefer to move on? Review the suggestions below and determine which may be helpful. Remember – good communication depends upon both survivor and caregiver working together as partners.

**Tips for Talking with People who Have Problems Understanding**

- Turn off TVs and radios and find a quiet spot to talk.
- Speak in a well-lighted space so that you can see each other’s faces and gestures.
• Use short messages and break long directions into smaller steps.
• Add pauses, and slow down your overall rate of speech.
• Repeat what has been said in a slightly different way. The new way may be easier to understand.
• Use gestures, facial expressions, written words and pictures as cues to help the survivor understand you.
• Stop occasionally to check that the person is following the conversation. You can ask yes/no questions or give the person some choices, like “Were we talking about John or Sally?”
• Watch the survivor’s face for cues that they are following the conversation.
• Encourage the person with aphasia to let you know if they are not understanding you.
• Ask the survivor to let you know what would help them to understand you better.

**Tips for Talking with People who Have Trouble Speaking**

• Be patient! Let the person with aphasia know that you are not in a hurry, and that he is free to take the time necessary to get his point across.
• Offer the speaker a pen and paper and encourage him to write a letter or word to start what he is trying to say.
• Write out the alphabet and show it to your loved one. It might help her if she can see or point to the first letter of the word she is trying to say.
• Ask the person with aphasia to use gestures or point to what he wants.
• Don’t assume that she wants you to jump in and say the word for her. That may be frustrating, so ask if that is what she wants.

**Tips for Talking in Group Situations**

• Break off into a smaller group so the person with aphasia doesn’t get overwhelmed in large crowds.
• Make sure only one person talks at a time.
• Keep the pace slow.
• Limit background noise.
• “Check in” with the person with aphasia; make sure she is following the conversation.

**If the Survivor Has a Communication Device**

• Ask the person with aphasia to show you the device, whether it is a “communication notebook” or a high technology electronic communication device.
• Review the device to see the kind of information it contains, and what it can do.
• If the survivor is having problems getting his point across, ask if there is something in the book (or device) that will help. The survivor may not initiate use of the book (or device) himself. Be prepared to help get things started.
• If the survivor does not have a communication device, consider getting one, with the help of a speech-language pathologist. There are lots of options available, but don’t buy one simply because it looks good. Not every device is right for every person.
The person’s speech-language pathologist, or SLP, can help you figure out what strategies and cues will work best for your loved one.

It is important for survivors to think positively. Take one step at a time, position yourself in a way that you are able to practice communication in enjoyable social settings as much as possible, and enjoy the journey with the support of your significant others. This information and these suggestions will help stroke families move forward and weave together the tapestry of your lives.

Resources and Contact Organizations

The following organizations have information about aphasia that may help you.

American Stroke Association (www.strokeassociation.org/communication)
• Life after stroke
• How to find stroke and aphasia support groups in your geographic area
• Stroke Connection magazine

American Speech-Language-Hearing Association (www.asha.org/public/speech/disorders/Aphasia.htm)
• General information on stroke and communication disorders (aphasia, dysarthria, apraxia)

National Aphasia Association (www.aphasia.org)
• Aphasia frequently asked questions
• Communication fact sheets
• Effective tools for families
• Geographical listing of aphasia programs and centers
• Communication dos and don’ts
• The Aphasia Handbook

Aphasia Hope Foundation (www.aphasiahope.org)
• Tips for caregivers

Academy of Neurologic Communication Sciences and Disorders (www.ancds.org)
• Geographic listing of Speech-Language Pathologists with specialty in neurogenics/aphasia in the U.S. and abroad

National Institute for Neurological Disorders and Sciences (www.ninds.nih.gov)
• General information on stroke, aphasia, dysarthria, apraxia