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Community-Based Supports for Individuals with Aphasia

According to the National Aphasia Association, aphasia affects over two million individuals in the United States but tends to be an unfamiliar topic to Americans without immediate connections to this disorder. Without prior knowledge of this disorder, individuals may generalize aphasia as a speech disorder when it actually influences multiple aspects of language including expression, comprehension, reading, and writing. Aphasia is an all-encompassing disorder that impacts not only verbal expression but other levels of language involved in receiving, processing, and delivering expression.

Strokes cause most aphasia cases, but the disorder may also arise from tumors, head traumas, and encephalitis. Depending on the amount of damage to the brain, the severity can widely deviate between each afflicted person (American Speech-Language-Hearing Association). Aphasia can be categorized into two types: fluent and non-fluent. Individuals with fluent aphasia produce grammatical errors such as the misuse of pronouns, articles, and prepositions during smooth speech. Those with fluent aphasia may also have trouble retrieving targets, substitute one word for another, and invent new words. A person with non-fluent aphasia typically utilizes correct grammatical structure, but his or her output is frequently devoid of content, meaning, and regular flow. Some hallmarks of non-fluent aphasia include poor comprehension skills and the substitution of one phoneme for another (Roth & Worthington, 2016). Characteristics in both types of aphasia interfere with the delivery of clear communication.

In order to administer proper community-based supports, baseline knowledge of aphasia is essential. Identifying the characteristics related to aphasia is the first step that typical speakers must undergo prior to implementing effective means of communicating with a person with
aphasia. The following communication strategies rely and expand on peer-reviewed journal articles, information from the National Aphasia Association, and first-hand accounts of those diagnosed with aphasia. Collectively, these resources integrate key facts and approaches reinforced by scientific research and psychological elements.

A person with aphasia’s communication experience can improve with the implementation of intensity regulation. Eliminating or reducing background noise allows an individual with aphasia to direct his or her full attention to understanding and formulating intended speech during a conversation (Villard & Kidd, 2019). Turning off music can eliminate competition for auditory input that is received by the listener. Another way to manage sound output can be implemented by relocating. A noisy setting may not be suitable for a person with aphasia due to a number of sound sources. Moving to an area with less noise can reduce the amount of sensory information being processed by the individual with aphasia. In addition, the volume of the non-aphasic speaker is also important to recognize. Aphasia is a language disorder and does not impact an individual’s hearing. People with aphasia often note that communication partners will speak louder while conversing in attempts to compensate for barriers in verbal output. However, this is unnecessary and may belittle the individual with aphasia. Aphasia does not make one hard-of-hearing, but it disrupts the processing of understanding and expressing language.

Another communication strategy that can be utilized with individuals with aphasia is simplification. Simplifying verbal expression slightly modifies speech in order to focus on content. Techniques include chunking phrases, using yes or no questions, and highlighting key points (Roth & Worthington, 2016). Chunking involves breaking up sentences into concise units of speech. Application of this strategy allows individuals with aphasia to process smaller utterances and understand components of the overall message. In addition, asking yes or no
questions can generate a sense of individualism by allowing more opportunities to choose and express preferences. This initiates concrete responses, while minimizing stress that arises when formulating content-filled verbal responses. During this entire process of simplification, key ideas should be emphasized to the individual. This will allow the main message to be understood by the listener without additional filler words or phrases. Highlighting concepts and diminishing extraneous utterances does not mean that a typical speaker should undervalue the intelligence of an individual with aphasia. The goal is to formulate concise output without deprecation.

Timing, rate, and juncture of speech are key components when communicating with an individual who has aphasia. By slowing down the speaker’s rate of speech and providing appropriate pauses, a person with aphasia will be able to have more time to comprehend verbal input (National Aphasia Association). The brain will be able to process receptive language at its own pace. Similar to chunking, this strategy breaks up long strings of speech. Each unit is able to be interpreted on its own. Then the information from each increment is organized into a complete idea. Although reducing rate and taking breaths in between phrases can be beneficial to individuals with aphasia, these timing methods must be used with discretion. Overuse may deride an individual with aphasia’s cognitive abilities.

Utilizing various modalities to supplement verbal expression can provide ample benefits to those with aphasia. These tools can vary from low technology means to high technology forms. However, effective communication is not dependent on highly digitized or complex features. An additional support can be as easy as pointing to the object of interest. Adding visual input to oral output can augment communication. Visual stimuli can include pictures, written responses, and drawings. This strategy of multiple means can be conducive to individuals who struggle with word retrieval (Ibanescu & Pescariu, 2009). If an individual with aphasia appears
stuck on a word, a novel communication partner can offer the individual with aphasia to write or draw out what he or she is alluding to in order to minimize frustration and maximize parallel understanding. Similar to the asking of yes or no questions, a communication partner can write out different options for the individual with aphasia to choose from to provide an outline of potential responses. Using two or more modes strengthens language and can provide assistance in regulating and maintaining productive means of conversation.

These strategies do not require prerequisite skills to implement when conversing with a person with aphasia. Healthcare providers represent a fraction of a person with aphasia’s supportive network. Most of the time, people with aphasia are surrounded by non professionals and must navigate the real world without the help of paid professionals. However, it does not take years of school or elite certifications in order to improve a person with aphasia’s daily life. Any willing person can recognize the general characteristics of fluent and non-fluent aphasia, which may affect expression, comprehension, reading, and writing. Although it is nearly impossible to avoid all factors that may interfere with ideal communication, making slight adjustments when appropriate can allow an individual with aphasia to have community-based supports. Effective communication strategies that have demonstrated success within the population of those with aphasia include managing appropriate volume levels, focusing on content and straightforward answers, modifying rate and juncture of speech, and providing numerous verbal and nonverbal resources.

Each individual with aphasia experiences different symptoms and struggles. These approaches serve as a baseline for monitoring effective communication. Mild to major alterations are necessary according to changes between environments, individuals, and communication partners. There is no standard rule or preferential means to achieve productive communication
when speaking with an individual with aphasia. However, typical speakers can modulate their
own speech, environments, and methods in order to make productive efforts to develop a
meaningful foundation for communication. In doing so, they may be able to enrich the quality of
life for individuals with aphasia.
References


