

## **SUGGESTIONS FOR COMMUNICATING WITH APHASIC PATIENTS**

1. Continue to treat the aphasic as the mature adult he/she is, even if they act childish.
2. Regard client as a communication individual even though he may not understand what you are saying. Do not bombard patient with excessive speech, or too many people talking.
3. Do not talk about him/her in their presence, even if they appear comatose, or has shown no indication of comprehension of speech. Do not assume that they do not understand.
4. Don't assume that because a person can't speak that they do not understand.
5. Remember that aphasic patients get cues from the environment, gestures and facial expressions. The patient's ability to grasp the meaning of what is said may be due to situational cues rather than actual understanding of words.
6. When communicating, stand on the uninvolved side so you will be within the intact visual field. Usually there is a preferential sensory modality (vision or hearing) through which they can communicate best.
7. Keep communication short and simple and accompany it with gesture.
8. Speak in a natural voice. Don't speak louder and assume understanding. Only raise volume if there is a hearing loss.
9. If the person's "yes" and "no" responses are reliable, ask direct questions requiring these responses:
10. Allow the patient time to attempt to speak. Be clear when you don't understand.
11. When there is a word-finding problem, give the patient the opportunity to recall the word himself. Supply it only when you see he is becoming overly frustrated.
12. When there is a word-finding problem, you may help by setting up an automatic speech situation such as sentence completion "I want a drink of \_\_\_\_" (pause for person to fill in last word).
13. When patient has little or no intelligible speech, determine the subject by asking increasingly specific questions.

## **SUGGESTIONS FOR COMMUNICATING WITH APHASIC PATIENTS (cont.)**

14. If unable to understand patient and "20 questions" is ineffective, ask patient to skip it for the moment and return later to allow patient time to formulate a response. Confirm the patient's response by asking the opposite.
15. Encourage the use of greetings and other verbal social amenities. These are automatic speech responses which facilitate communication
16. Do not correct his errors; rather restate what you think they are saying. This establishes understanding and an opportunity for them to hear the correct version.
17. Be alert for delayed responses in those patients who:
  - A) Need extra time to process incoming information
  - B) Need extra time to formulate their responses
18. Pausing frequently during a conversation provides additional time for the aphasic to process information received.
19. Speak somewhat slower to the person, but not so slow that the natural intonation and rhythm of speech is changed
20. Aphasic patients may have a reduced attention span. They tend to perform better in a quiet place, with few people, and for short periods of time due to fatiguing quickly. Turn off television or radio.
21. Be understanding and supportive without indulging in unrealistic expectations.
22. The patient may say things automatically (without specific meaning) like being able to count, recite, or sing songs even though there is a severe speech loss.
23. The patient's abilities may vary from day to day due to fatigue. The patient may show a personality or behavioral change.
24. The patient may have problems with memory for recent events but not for things prior to the stroke.
25. Don't overreact or be surprised if an aphasic person swears even though they can't speak.

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