Speech and Language Therapy

Communication Difficulties - Causes, diagnoses and management

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Scan this QR code to view the Neurology page on the Sirona care and health website.

Causes of communication difficulties in adults

Adults can have a difficulty with communication for a number of reasons. There are several illnesses and diseases which can cause communication difficulties e.g.

- stroke
- brain injury
- degenerative diseases such as Multiple Sclerosis, Motor Neurone Disease, Parkinson's Disease, Multiple Systems Atrophy and Dementia.

A Speech and Language Therapist is the best person to consult regarding speech or language difficulties, and we welcome discussions about specific problems. This leaflet aims to give general information about what our Speech and Language Therapy team can offer, as well as giving some general advice on managing difficulties that may be experienced.

Speech and Language Therapy in Sirona

Once you have been accepted into our service, one of our team will visit you at home to carry out a communication assessment. We will spend time with you and/or your family and carer gathering information on your difficulties. We may complete both informal and formal assessments to assist us with diagnosing your communication difficulty and to help develop an appropriate treatment plan.

Once we have established your needs, we will work with you to set personalised goals and discuss treatment options. Any treatment requires your full motivation and engagement.
Communication therapy may involve working directly on your speech/language abilities or it may involve supporting you to find an

alternative means of communication. There may be times we refer you on to more specialist services.

Speech and Language Therapy myths:

• we are elocutionists
• we all speak several languages
• we treat lisps
• communication only involves speaking

Types of communication difficulties

Aphasia/dysphasia

This refers to problems with organising, expressing and understanding language which can occur when the language centre of the brain is damaged. This most commonly happens after a stroke or head injury.
The degree and nature of aphasia may vary considerably. The individual's intelligence remains intact.
Symptoms may include difficulties with any means of communication, including speech, understanding, spelling/writing, reading, gesture, drawing, such as:
• finding the correct word when speaking;
• ordering the words appropriately in a sentence.
• using the wrong word or a 'made up' word;
• repeating unrecognisable sounds or words;
• understanding what another person is saying;
• understanding the written word.

Dysarthria

This refers to a difficulty producing speech sounds. There may be a weakness, paralysis or inco-ordination of the muscles used in breathing, voice production and speech.

The degree and nature of dysarthria may vary considerably. The individual's intelligence remains intact.

Symptoms may include:

- difficulty pronouncing speech sounds;
- **slurred or unintelligible speech;**
- speech which is too fast or too slow;
- running out of breath when speaking;
- speaking too quietly;
- a voice which sounds harsh or strained;
- speech which sounds nasal;
- changes to intonation causing the speaker to sound ‘monotonous’;
- saliva loss.

Apraxia of speech

This refers to a difficulty with planning, sequencing and coordinating the movements required for speech. It is an articulation problem but is not caused by a weakness or paralysis of the speech muscles.

Apraxia rarely presents as a sole communication disorder and normally occurs in conjunction with aphasia.

Symptoms may include:

- ‘struggling’ for the right movements to produce sounds;
- difficulty producing voice
- saying words with the sounds in the wrong order;
- speech which is slow and deliberate because of difficulty sequencing the necessary mouth movements;
- long words with many syllables are especially difficult to say.

Other factors which may affect communication

There are many additional factors which affect communicative success, and the severity may fluctuate due to energy levels and general health. Problems may include:

- problem solving;
- planning and organisation of ideas;
- learning new skills or relearning old ones;
- information processing;
- memory;
- motivation and fatigue;

• emotional and behavioural difficulties;

• social skills and appropriacy;

• attention and concentration.

It is said that a communication problem cannot occur in isolation since it is always a two-way process - therefore the listener's patience and positive encouragement are crucial to reduce frustration and achieve communicative success.

General communication advice

Your Speech and Language Therapist will give you specific advice on how best to encourage communication but here are some general hints and tips to promote a successful interaction.

Remember: communication is not just about saying words. It is an exchange of information or interaction.

Ways to support expression:

•Write down choices to choose from.• Ask yes/no or closed questions e.g. (e.g. "Would you like tea or coffee?", rather than "What would you like to drink?")• Ask the person to give you clues by pointing/gesturing/drawing/writing down words.• Encourage the person to talk around or describe a word if they are having difficulty.• Ask one thing at a time.

Ways to support understanding.

- Write down key words or phrases.
- Use short sentences.
- Use an expressive voice and facial expression.
- Provide visual clues to what you are saying, for example pointing to objects during conversation.
- Remove distractions if possible (such as TV/background noise).

Ways to support dysarthria:

• Make sure you are facing and watching the person to help you understand.

•Turn off background noise

•Make sure the room is well lit

• Don't pretend you have understood if you have not

• If you have understood part of the message let the person know which part you understood so they can repeat just what is needed.

• If you did not understand the person to repeat the message slowly

• Encourage the person to give keywords/topic before starting the conversation

• Encourage use of a loud voice when speaking.

• Encourage the person to write down the message.

• Be patient and allow plenty oftime to speak

• You may need to encourage the use of AAC e.g. pointing to an alphabet chart

If the person becomes frustrated:

- acknowledge that they look frustrated and be reassuring
- it might be helpful to return to the conversation/communication later when all have 'calmed down' (i.e."Let's leave this for now")

Alternative Augmentative Communication – AAC

There may be times we are unable to carry out a treatment which will improve your speaking directly. In these instances, we may explore the use of a communication aid. These can be 'low tech' such as paper-based charts or 'high tech' such as computer-based aids.

Useful websites;

- www.parkinsons.org.uk/
- www.mndassociation.org/
- www.mssociety.org.uk
- www.nbt.nhs.uk/bristol-centre-enablement/services-at-centre/bristol-communication-aid-service
- www.stroke.org.uk

Let us know what you think and get involved

Telephone: 0300 124 5300*

Email: sirona.hello@nhs.net

Website: Link to Sirona website

*Calls from landlines are charged up to 10p per minute; calls from mobiles vary, please check with your network provider. This is not a premium-rate number.

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