

# Stroke Recovery: Common Speech and Communication Challenges

Mary Harris was away on a business trip when she got a call that her husband, Reed, had experienced a stroke. Before boarding a plane to return home she was told her husband had no movement on his right side.

*“When I got to the hospital what I realized is the physical component and impact of the stroke was really only part of the equation. I think the reality of his whole communication center being wiped out by the stroke became really clear.”*

Reed has a communication deficit known as Aphasia. There are different types aphasia that strokes may cause, depending on the area of the brain affected by the stroke.

Survivors can have Expressive Aphasia, which means they know what to say but have trouble saying it and finding the right words.

Receptive Aphasia is trouble forming words that make sense and may sound garbled.

Those with Global Aphasia experience both Expressive and Receptive Aphasia at the same time.

*“His neurologist had let me know it was a massive stroke and that we were dealing with something called Global Aphasia. And I was thinking to myself ‘gosh, we know what it is now we can deal with that’.”*

That was eight years ago.

*“8 years ago, very hard. Tiny, tiny progress. Patience, patience a lot of patience.”*

For weeks or months after a stroke you can expect some degree of spontaneous recovery, meaning improvements that occur on their own.

*“The degree of spontaneous recovery would really depend upon the location of the stroke, the severity of the stroke, and just like how physical deficits improve, one can expect communication and cognitive deficits to improve as well.”*

Some survivors with communication challenges see continued improvement even years after their stroke.

*“We started with workbooks and he started literally at the kindergarten level. Today he’s about the 7th or 8th grade level. But, the reality is he continues to improve even 9 years out from his stroke.”*

*“It is really the caregivers, and the family members who help the patient or the stroke survivor to transition these skills learned in therapy to their natural setting. They’re also usually the ones who can come back and provide the therapists with feedback on you know what have been the barriers for the patient.”*

While Reed has Global Aphasia, survivors may experience a range of other communication deficits as well.

*“A person who has suffered a stroke frequently experiences trouble with communication which varies depending upon the location and severity of the stroke. They often have Dysarthria or slurring of their speech due to weakness of the muscles of articulation, the mouth and the tongue. They may have*

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*Apraxia, trouble coordinating and planning speech. They may have trouble focusing, due to impairment of attention, and have trouble following along in a conversation. They may have trouble with their memory. Short-term memory making it difficult for them to remember a conversation they just had a few minutes ago.”*

Survivors may also have difficulty swallowing, which is known as Dysphagia. They may have to make changes in their diet, based on changes recommended by a speech therapist.

In addition, it's not unusual for stroke survivors to have trouble following written directions, paying bills, using a computer or reading for pleasure.

*“Cognitive deficits may include trouble with attention or focus, trouble with short-term memory, trouble with communication or what we call language deficits. They may have trouble with visual perception, an awareness of things and space around them or trouble with judgement and reasoning that we call executive dysfunction.”*

Regardless of the type of communication challenge, you can help survivors in the hospital and at home by: minimizing room noise; avoiding multiple conversations when several people are there; turning off tv's, radios and other audio distractions; having the survivor's attention when speaking so they don't miss the first few words; and speaking slowly.

When a survivor returns home, setting up a daily routine can be beneficial, as Reed and Mary Harris learned.

*“I knew he needed a routine, and more importantly he needed a purpose. One of those routines was walking with a group of friends 4 to 5 days a week and it got him out of the house and it gave him a purpose.”*

*“When the cakes come out, we have to put them on a wire rack.”*

Never assume the survivor can't understand you or others. Treat them like a mature adult.

*“One of the things that we found is that many people spoke very loudly to Reed. In fact, he even mentioned to me ‘Do you think people think I can't hear?’”*

Encourage independence.

*“That ability to have some freedom and do things on his own was critical.”*

*“Helen, bye bye.”*

Spending time with others is also an important part of recovery.

*“Our life today is different than what we may have envisioned. Certainly, we wouldn't have wished for a stroke to have happened to us. But I can tell you there's a good side to this. I think our lives are richer, more, full and definitely more meaningful today than they were 9 years ago.”*

*“Life is good!”*