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ORGANIZATION NEWS

Information/Education Page

Supportive Communication for Individuals with Aphasia

What is aphasia?

Aphasia is a language disorder that affects speaking, listening, reading, and writing. Aphasia is most commonly caused by a stroke or injury to the left side of the brain. Brain tumors and other neurologic diseases can also cause aphasia. Because of language impairments, individuals with aphasia struggle to participate in daily life activities involving communication in health care settings, at home, or in their community.[1] People with aphasia and their communication partners can use supportive strategies to help them communicate in daily life.[2,3] A communication partner is anyone with whom the person with aphasia communicates.

Why are supportive communication strategies important?

Many places, such as medical settings, workplaces, support groups, restaurants, and businesses, can be loud and distracting, making communication more challenging. Individuals with aphasia may have more trouble communicating or feel awkward communicating in these places. As a result, they may avoid such situations and feel socially isolated.[1]

What can I do to help?

Recommendation 1: provide additional time for communication

Individuals with aphasia benefit from extra time to find the words they want to say. They may need more time to understand what is being said to them. Their communication partners may need to speak slower or repeat themselves frequently for the person to understand, both of which will require additional time.

Recommendation 2: communication partners should use communication strategies

Communication partners may include family members, friends, and professionals. These individuals can use strategies to help the person with aphasia (table 1).[3] Communication partners may need to practice the use of strategies that support the individual's communication abilities and should ask the person with aphasia which strategies are most helpful for them.

Recommendation 3: develop written information that is aphasia friendly

Changes to text can help individuals with aphasia understand important written information (eg, medical consent, stroke education, menus).[4–7] Aphasia-friendly modifications include increased white space, use of pictures, simplified vocabulary, simplified grammar, standard font, and increased font size (16-18 point). See table 2 for examples of websites offering aphasia-friendly materials.

Recommendation 4: create an environment that supports communication

Easy changes to the environment can support communication (see table 1).[3] For example, communication partners should face the individual with aphasia, remove extra background sound (eg, radio or television), and confirm that the lighting is at a desired level.

Table 1 Supportive communication strategies

Verbal Strategies	Environmental Strategies	Visual Strategies
• Speak slowly but with a natural tone and rhythm • Use short, simple sentences • Gently give 2 or 3 options when providing choices • Ask yes or no questions • Use writing, gestures, or drawing in addition to speaking • Give the person more time to speak • Repeat your question or instructions if the person asks or seems unsure • Repeat what the person says to make sure you understood correctly • Ignore simple mistakes that do not change the meaning of the message (do not correct the person)	• Remove distractions (eg, turn off the TV, close the door) • Adjust lighting so the person can see you easily • Sit or stand facing the person when speaking or listening to them; make eye contact • Keep communication tools nearby (eg, pen/paper, communication book, picture) • Limit group conversations to only a few people	• Use direct eye contact • Use gestures to enhance your message (eg, thumbs up/down) • Write important words you are saying to help the person understand • Write notes when communication breakdown occurs and return to them later • Point to objects/pictures as you talk to give the person a visual of what you are saying • If written information is being provided, leave extra white space on the paper, use short sentences, and use simple language

What else should I consider?

Vision and hearing

Sensory impairments, such as hearing loss or vision difficulties, may affect the type of communication strategies and environmental changes that are appropriate for an individual with aphasia. Hearing loss can affect understanding during conversation, so hearing should be tested regularly. If a person uses hearing aids, it is important to make sure they are working correctly. As mentioned in Recommendation 4, background noise should be reduced to help communication for all individuals with aphasia, especially those with hearing loss.

Vision impairments can also reduce an individual's reading abilities and ability to understand nonverbal communication, such as facial expressions and gestures. It is important to have regular

Table 2 List of selected organizations with online access to aphasia-friendly materials*

Organization	Website
Aphasia Access	https://www.aphasiaaccess.org/
Aphasia Center of California	http://www.aphasiacenter.net/
Aphasia Friendly Resources	http://www.aphasiafriendly.co/
Aphasia Institute	https://www.aphasia.ca/
Aphasia Recovery Connection	https://www.aphasiarecoveryconnection.org/
Center for Aphasia and Related Disorders (UNC)	https://www.med.unc.edu/ahs/sphs/card/
National Aphasia Association	https://www.aphasia.org/
Stroke Association	https://www.stroke.org/
The Aphasia Center	https://theaphasiacenter.com/

* This is not a complete list of organizations offering aphasia-friendly materials.

eye examinations and maintain prescription or nonprescription eyewear (glasses or contacts). Sometimes a stroke or brain injury can also result in other visual changes that cannot be corrected by glasses (ie, a visual field cut). In these cases, an individual might have a more difficult time seeing on the left or right. If that is the case, use of strategies such as placement of visual information (ie, when reading or watching a screen) in the good field of view will be helpful.

Personalization of communication strategies

Although there are different types of aphasia (see the companion Information/Education Page titled "Aphasia FAQs for the Rehabilitation Provider" for more information on the patterns aphasia can take), each individual is unique, and the most useful communication strategies will vary from person to person. As individuals improve their communication abilities, the strategies they find helpful may change over time. Recommendations for the best communication strategies for each person can be made by a speech-language pathologist to enable the individual with aphasia and the caregiver to have the most success with their communication.

Authorship

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Disclaimer

Disclosures

Swathi Kiran is a board member of the National Aphasia Association, is the chair of the board of governors for the Academy of Aphasia, owns stock in and is a consultant for Constant Therapy Health (formerly, The Learning Corporation), and reports funding from multiple National Institutes of Health grants. Anastasia M. Raymer is an employee of Old Dominion University. Sarah E. Wallace is a board member of Aphasia Access, treasurer for the Clinical Aphasiology Conference, and serves in leadership roles for the American Speech-Language-Hearing Association, Council of Academic Programs in Communication Sciences and Disorders, and the Academy of Neurogenic Communication Disorders. Sarah E. Wallace is employed by Duquesne University. Michelle Armour is a board member of Aphasia Access and an employee of Marianjoy Rehabilitation Hospital, part of Northwestern Medicine. Christina M. del Toro is an employee of Midwestern University.

References

1. Simmons-Mackie N. Aphasia in North America. Moorestown: Aphasia Access. 2018.
2. Kagan A. Supported conversation for adults with aphasia: methods and resources for training conversation partners. Aphasiology 1998;12:816–30.
3. Kagan A, Black SE, Duchan JF, Simmons-Mackie N, Square P. Training volunteers as conversation partners using supported conversation for adults with aphasia (SCA): a controlled trial. J Speech Lang Hear Res 2001;44:624–38.
4. Brennan A, Worrall L, McKenna K. The relationship between specific features of aphasia-friendly written material and comprehension of written material for people with aphasia: an exploratory study. Aphasiology 2005;19:693–711.
5. Rose TA, Worrall LE, Hickson LM, Hoffmann TC. Aphasia friendly written health information: content and design characteristics. Int J Speech Lang Pathol 2011;13:335–47.
6. Rose T, Worrall L, McKenna K. The effectiveness of aphasia-friendly principles for printed health education materials for people with aphasia following stroke. Aphasiology 2003;17:947–63.
7. Worrall L, Rose T, Howe T, et al. Access to written information for people with aphasia. Aphasiology 2005;19:923–9.