

Taking Action for Optimal Community and Long-Term Stroke Care (TACLS) Communication Post Stroke

There are many considerations that are crucial to promoting safety and optimizing recovery when working with individuals who have had a stroke. The TACLS Quick References were developed from the TACLS resource and can be used as a quick reference guide to help *support healthcare providers* and informal caregivers who may not typically work and care with individuals who have had a stroke. We recommend reviewing the full [TACLS resource](https://www.strokebestpractices.ca/resources/taccls) for more complete information:
<https://www.strokebestpractices.ca/resources/taccls>

TACLS Quick Reference Guide: Communication

Stroke and Communication 101

- Communication is the exchange of ideas through speech, language, gestures, reading or writing
- Stroke can cause communication impairments. Some common impairments include:
 - *Dysarthria*: Slurred speech, problems making the sounds of speech
 - *Aphasia*: Difficulty understanding language and/or using language
 - *Cognitive Communication impairments*: Difficulty forming and organizing thoughts; difficulty communicating clearly, may have trouble understanding or remembering what they have heard
- There are several types of **aphasia** that can impact a person who has had a stroke. **Receptive aphasia** (able to hear and see words, but unable to determine what they mean; they may take word meanings very literally and be unable to understand some humour), **Expressive aphasia** (the person knows what they want to say but the wrong words come out or don't make sense through verbal or written communication) and **Fluent aphasia** (someone may talk constantly without making much sense or use made-up words, they often don't realize their speech is incomprehensible).
 - Always **consult the care plan** to determine if an aphasia or other communication impairment is present, and what specific type of strategies can be used to support communication
- A Speech-language pathologist (SLP) can assist with determining a person's communication and speech difficulties and make recommendations for communication methods
- Health Care providers must take responsibility to use methods to support communication

When communicating with someone with a communication disorder:

- **Always** follow the current care plan for the person that you are working with
- **Reduce distractions** and **talk face to face** in a quiet place, speaking slowly and clearly in a normal voice, using short simple sentences, maintain eye contact
- **Avoid interrupting** and allow plenty of time for person to respond

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- **Communication aids** such as paper and pen, whiteboard and marker, a communication board with pictures, or use non-verbal cues such as thumbs up for 'yes', thumbs down for 'no' may be helpful with some people
- **Keep conversation simple.** Provide **specific choices** (i.e., "would you like an apple or an orange), avoid open ended questions (i.e., "are you feeling ill?" instead of "what's wrong?") and print key words in large clear letters. Include only one thought or idea in each sentence or question; do not ask compound questions (i.e., two or more questions in one sentence).
- **Pay attention to facial expressions, body language and tone of voice** to help you know if they understood. If they say 'yes', but sound angry or frustrated, ask if they meant 'no'
- **Verify** by **providing clarification** and **repeating important information**. Do not pretend to understand if you do not
- **Acknowledge their competence** and **never underestimate their ability to understand**. Provide frequent encouragement and reassurance
- Some strategies will work, and others will not. Keep trying different approaches
- When you are developing a communication partnership with a person who has had a stroke, **knowing the person is just as important as knowing the right communication strategies**

Above information represents some of the priorities of care related to communication; consult with the SLP who can assist with determining a person's communication difficulties and make recommendations for the best methods for you to communicate with that person.

References:

1. Canadian Stroke Best Practice Recommendations: www.strokebestpractices.ca. Rehabilitation and Recovery following Stroke, 6th Edition, Section 10
2. [TACLS – Communication](#)
3. Taking Action for Optimal Community and Long-Term Stroke Care (TACLS), Chapter 6.1

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