



Taking Action for Optimal Community and Long-Term stroke Care

A Resource for Healthcare Providers

Chapter 6: Activities and Participation
Section 6.1: Communication



Disclaimer

- Taking Action for Optimal Community and Long-Term Stroke Care is for informational purposes only and is not intended to be considered or relied upon as medical advice or a substitute for medical advice, a medical diagnosis or treatment from a physician or qualified healthcare professional. You are responsible for obtaining appropriate medical advice from a physician or other qualified healthcare professional prior to acting upon any information available through this publication



TACLS Overview

Overview



- This presentation has been developed to complement the information provided in Taking Action for Optimal Community and Long-Term Stroke Care
- TACLS content is aligned with the most current Canadian Stroke Best Practice Recommendations (www.strokebestpractices.ca)
- Some of the best practice recommendations are included in this resource for quick reference. For the full Canadian Stroke Best Practice recommendations visit: www.strokebestpractices.ca
- As you consider the following information, always ensure that you are practicing and working within your scope of practice and seek advice from qualified and appropriate team members as needed

- In light of COVID-19, resources are being shifted across the healthcare continuum to help meet ongoing and changing needs.
- There may be some variability in the staff who would typically work with patients who have had a stroke.
- There are many **considerations** that are key to **promoting safety** and **optimizing recovery** when working with individuals who have had a stroke.
- TACLS can be used to help **support healthcare providers** and may be helpful to informal caregivers during this time by providing key information, skills and guidance when providing care to individuals who have had a stroke in any setting, from acute inpatient care to the community.

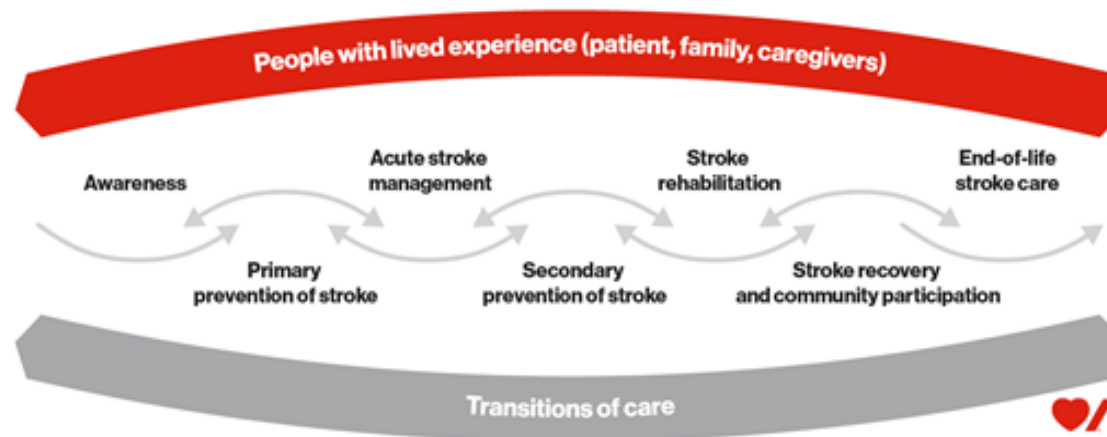
Purpose and Use of TACLS

- TACLS slide presentations are designed to be used as a resource, in conjunction with the TACLS manual, for informing and educating healthcare providers about how to care for individuals who have had a stroke across care settings
- Informal caregivers may also find these resources helpful
- TACLS content is aligned with the Canadian Stroke Best Practice Recommendations (www.strokebestpractices.ca)



Target Audience

- Healthcare providers who care for individuals who have had a stroke and are in acute care, inpatient rehabilitation, or community settings (such as at home or in long-term care)
- Informal caregivers, such as family members, may also find these resources helpful as they provide practical information to deliver safe and appropriate care



Your Role as Part of the Stroke Team

- There have been major advances in treatment and care of individuals with stroke. The types of care received in the early days following a stroke can have a direct and significant impact on outcomes
- Your role, **observations** and your ability to **communicate effectively** within the team is **vital** to helping the individual with stroke get the best possible **care** and experience the best possible **recovery**
- Your **support** can help individuals **adjust** to the **changes** that stroke brings, find new ways to help them thrive as they recover, and learn and adapt to “the new normal” that is life after stroke

Your role

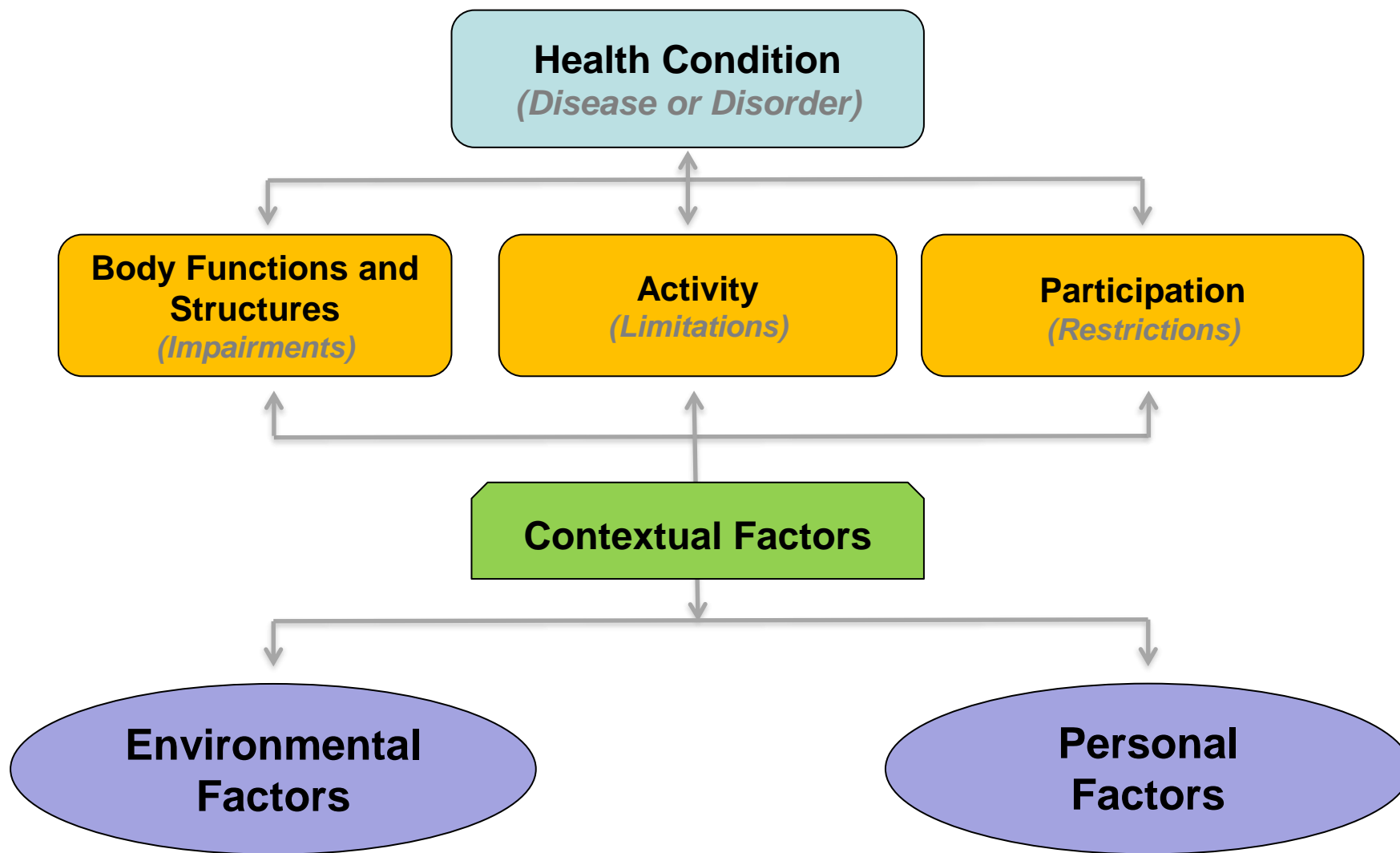
- It is very important to **review** and **understand** your role **within the stroke care team**
- **Consult** with your **team** if you
 - ❖ Are **unclear** about any aspect of the care plan
 - ❖ Have **questions** about how to implement the recommended care
 - ❖ Have **concerns** about the health of the person you are caring for
- Know your **direct contact** on the team and follow your workplace **guidelines** for **communicating with the team**
- **Do not delay** if a situation requires **immediate attention** – contact the appropriate team member as quickly as you can
- There may be times when the information in this resource **differs** from the **instructions** or **care plan** that have been developed by the organization you work for or by the stroke team. **In these cases, always follow the direction from your employer, your team, and the care plan**

Your Role: Communicate with your Team

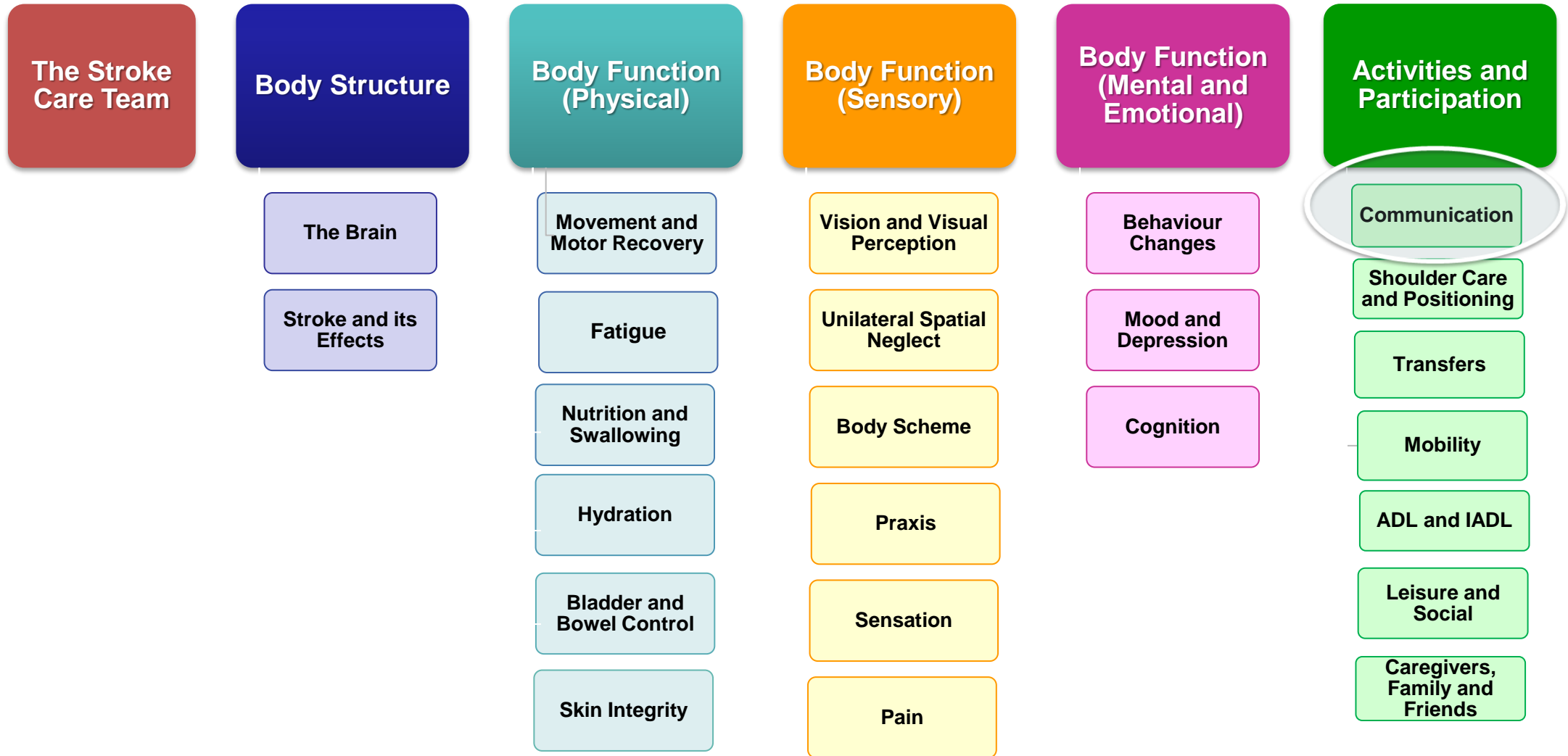
Stroke care is a **TEAM effort. The team is there to support you. Make sure to reach out to your team if you have any questions so that the safety and recovery of the individual you are working with and/or caring for is not compromised.**

TACLS Structure

TACLS is organized to follow the International Classification of Functioning (ICF) structure.



TACLS Content and Layout





Section 6.1

Communication

Communication

In this section

- How stroke affects communication
- Dysarthria
- Aphasia
- Cognitive communication impairments
- Additional factors that affect communication
- Strategies for effective communication



Key Messages: Communication

- Communication is the **exchange of ideas** through speech, language, gestures, or writing. It's a human need that is important for everyday functioning
- Stroke can cause **communication impairments**. The location and severity of the stroke determines the type and the extent of the impairment
- Be willing to put in the **time and effort** required to overcome communication challenges

Key Messages: Communication

- Encourage the person to show you what they mean through the use of gestures, drawing or printing (demonstrate)
- Use the strategies developed by the stroke care team, such as the speech-language pathologist to promote effective communication skills
- When you are developing a communication partnership with a person who has had a stroke, knowing the person as an individual is just as important as knowing the right communication strategies
- A speech-language pathologist can assess and determine a person's communication and language difficulties and make recommendations for the best communication methods

Best Practice Recommendations

- All health care providers working with persons with stroke across the continuum of care should undergo training about aphasia and other communication disorders, including the recognition of the impact of aphasia and methods to support communication such as Supported Conversation for Adults with Aphasia (SCA™)
- Other communication disorders may include:
 - ❖ Dysarthria
 - ❖ Apraxia of speech
 - ❖ Cognitive communication deficits
- All stroke patients should be screened for communication disorders, ideally by a Speech Language Pathologist, and using a valid screening tool
 - ❖ If a Speech Language Pathologist is not available this should be done by another appropriately trained professional
- Families of persons with aphasia should be engaged in the entire process from screening through intervention, including family education and training in supported communication

Best Practice Recommendations - Rationale

- People with stroke provided feedback on the value and necessity of rehabilitation to improve communication and language
- Aphasia and apraxia challenges are significant for both the person with stroke and the caregiver
- People with stroke express that difficulties in these areas can have a profound impact on their self-esteem and relationships. Availability of individualized therapy, specialists and mobile applications that are accessible, regardless of financial limitations and geography, that help with communication and language were recognized as an important element of recovery
- Additionally, people with stroke emphasize the need to address communication and language early in the poststroke stage to improve their ability to communicate with other health care team members and further optimize their recovery.

Your Role as a Healthcare Provider

- It can be **difficult** to **determine** what the person **understands**, or what they are **trying to say** when a person has communication impairments
- When you understand the communication **challenges** a person faces, and you learn **strategies** and **techniques** to help them **communicate**, you can help the person get their needs met and keep them **connected** to others





Case Example

Case Example

- Raisa is a 50-year old woman who had a stroke three months ago
- She has expressive aphasia
- Yesterday, she moved into a long-term care centre
- Two staff members enter her room with a mechanical lift
- Raisa tries to tell them something



Case Example

- The staff members can't understand her so they speak louder and ask "What do you want?" several times
- Raisa tries again to tell them something
- The staff members still can't understand so they continue to approach with the lift, explaining what they are going to do
- Raisa becomes frustrated and angry, yelling loudly and throwing things at the staff
- They are frustrated as they are only trying to help Raisa get up for breakfast
- The staff decide to leave Raisa's room and will return later to try again

Communication

- Communication is the exchange of information and ideas through verbal speech, gestures and/or non-verbal communication, reading or writing
- Is a human need that is important for everyday functioning
- It helps us stay connected to each other, and builds our sense of self-worth and well-being
- Effective communication helps us to achieve our goals and meet our needs



Communication Impairments

- Stroke can cause **communication impairments**
- The location and severity of the stroke determines the type and the **extent** of the impairment. Some common impairments are:
 - ❖ **Dysarthria**: slurred speech, difficulty producing clear sounds and words
 - ❖ **Aphasia**: difficulty understanding language and/or expressing language
 - ❖ **Cognitive communication impairments**: difficulty forming and organizing thought and/or communicating clearly
- In addition, **muscle weakness** may affect **facial expressions** and/or make a person's voice **weak** and hard to hear
- **Communication impairments** may limit or change a person's ability to connect in a meaningful way with others, which **can contribute to social isolation and/or depression**

Communication Skills

- **Communicating** with a person who has had a stroke **requires**:
 - ❖ **Commitment and confidence** that there is a way to communicate with every person
 - ❖ **Creativity** in expressing your feelings and messages
 - ❖ Understanding the **effect** stroke has on communication
 - ❖ **Patience** to slow down, listen, watch, and wait for a response
 - ❖ **Skill and practice** to get your message across, and understand what a person is trying to say



Communication Without Words

- While we may think of communication as talking, it's important to remember that **speech** is only one form of **communication**
- In fact, a large portion of communication is **non-verbal**

Can you think of a time when you **understood** someone's **feelings** without that person saying a word? How did they **convey** the **message**?

Understanding Non-Verbal Communication

- Whether we are aware of it or not, just about everything we do (or don't do) sends a **message** to others
- We all learn to **interpret spoken** (verbal) and **unspoken** (non-verbal) **messages**
- We **communicate without words** in many ways:
 - ❖ Posture
 - ❖ Movements
 - ❖ Facial expressions
 - ❖ Tone of voice
- A raised eyebrow, a shrug, crossed arms, or a frown can **contradict** the spoken words
- Sometimes the **non-verbal** message may be understood and believed over the **verbal** message



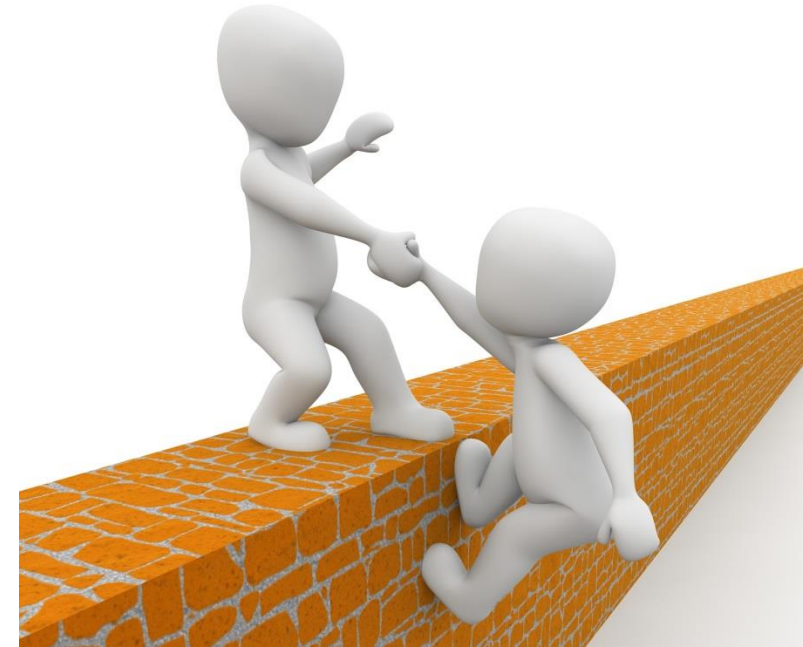
Communication Partnerships

- Communication involves at least two people who both send and receive messages
- For effective communication to take place, each person must **understand** the messages the other person sends
- People who communicate with each other frequently develop **communication partnerships**
- They learn to **read** each other's **facial expressions** and **body language**
- This makes their communication **easier** and more **successful**



Communication Partnerships

- Someone who has had a **stroke** may be unable to be an **equal partner** in communication
- You may need to take **more responsibility** for the conversation than you normally would



Attitudes of Others

- People may **assume** that someone who has had a stroke is **not intelligent** because they cannot communicate very well
- They may treat the person **in a rude or condescending manner** or **ignore** them, on the assumption that they cannot **think** or **speak** for themselves
- Others may think the person cannot or does not want to communicate
- For instance, staff in stores or restaurants may ignore people using wheelchairs and speak to their companions instead
- These experiences can **frustrate** and **offend** the person with the communication impairment
- They may **lose confidence, stop socializing and/or going out**

In the case study, how do you think Raisa was feeling?

Give Respect

- It is important that the person is **given respect**
- Their values, interests, concerns, opinions, strengths, weaknesses and reflect a **lifetime** of **experience**



How You Can Help

- You may be a person's most frequent communication partner
- **To develop** a good communication partnership:
 - ❖ **Create** opportunities to communicate
 - ❖ **Be willing** to put in the time and effort required to overcome communication challenges
 - ❖ **Send** clear and simple messages

Develop a Communication Partnership

- **Show** that you want to understand what the person is trying to say
- **Respect** the message the person sends
- **Trust** that the person wants to understand what you are saying
- **Show** you understand the difficulties they may be having



Supporting Communication

When communication **breaks down** or is **not easy**:

- **Stay hopeful** that the message will eventually be understood
- Be **patient** and **persistent**
- Be **creative**. There is more than one way to get your message across
- Try **drawing**, writing things down, **gesturing/acting** it out or using **different words**



Be Honest

- **Tell** the other person when you do not understand something
- **Admit** if you are frustrated and be **honest** about the challenge.
Ignoring the communication challenge can send the message that you do not **respect** the person
- **Don't pretend** to understand things you don't
- Don't change the topic to **avoid** the person's inability to express their thoughts
- If you and the person that you're working with are **having a lot of difficult communicating** and the **need is not urgent or an emergency**, suggest that you will **try the communication exchange again** at a later time

Dysarthria

- People who have **dysarthria** have trouble speaking clearly
- It is a **motor impairment** caused by **weakness** and/or lack of **coordination** in the **muscles** responsible for speech
- Dysarthria may cause the person's **voice** to be **soft**, or their **words** to be **slurred**
- Other people do not always realize that **only the person's verbal speech is affected**, and that they can still:
 - ❖ **Understand** spoken language
 - ❖ **Communicate** through computers or other devices
 - ❖ **Read and write**
 - ❖ **Think, plan, make decisions, and reason**

Dysarthria

- People who are **unfamiliar** with **dysarthria** may:
 - ❖ **Misjudge** the person's intellectual abilities
 - ❖ **Assume** that the person is incapable of understanding, thinking or reasoning
 - ❖ Make **incorrect guesses** about their desires
 - ❖ **Exclude** them from decisions



How You Can Help With Dysarthria

- **Communicate** in a quiet place
- Ask the person to speak **slowly** and **over articulate**. Explain that this is the best way to make speech easier to understand
- **Model slow, clear speech** but do so in a **normal voice**. Speaking unusually **loud** or **exaggerating** your intonation makes the person think you are **questioning** their **intelligence**
- **Repeat** what you have understood. Ask the person to **explain** anything you have not understood

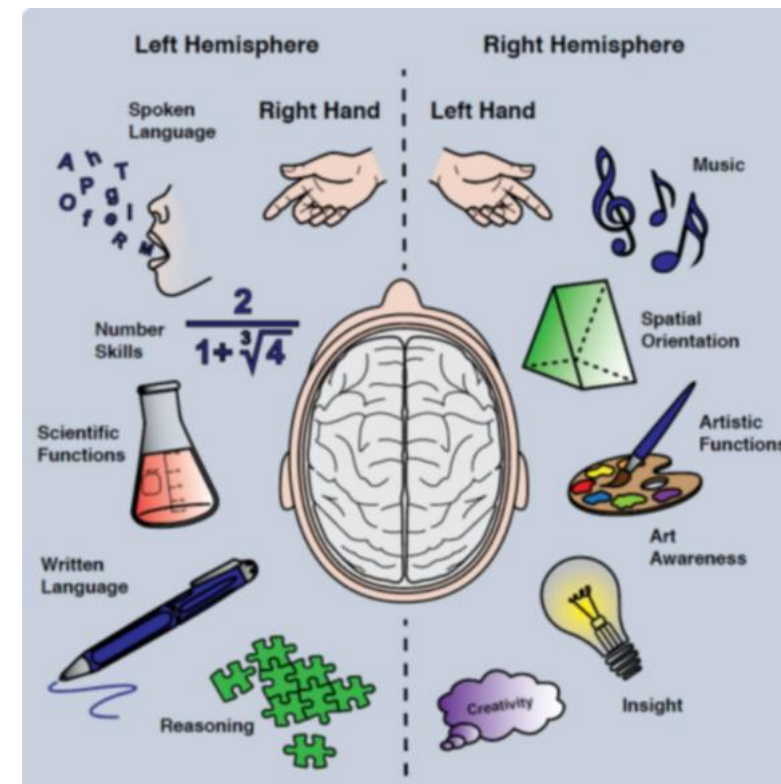


Using Tools to Help

- Provide **paper** and a **pen**, a **white board** and **marker**, or a **communication board** with pictures, words, or phrases. It may be easier for the person to write or point than to talk. Keep these communication aids nearby at all times
- Consider using a **computer**, **tablet**, or a **teletypewriter** (TTY or TDY), a device used by people with hearing impairments, so they can type rather than talk on the telephone
- Use an **alphabet board** to communicate more complex ideas
 - ❖ **Write** the words as the person **spells** them
- Make sure the person is **rested** when you communicate **important** issues
 - ❖ **Fatigue** makes communication **harder** or **impossible**

Aphasia

- For most of us, the **left** side of the **brain** is responsible for language function
- A stroke in the left side of the brain can affect areas that control **understanding** and the **production** of **sounds, words** and **sentences**, known as aphasia
- Aphasia is defined as the loss of ability to communicate orally, through signs, or in writing, or the inability to understand such communications
- Aphasia is one of the most common consequences of **stroke** seen in both the acute and chronic phases



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Types of Aphasia

➤ Receptive aphasia

- ❖ The ability to hear spoken words and see written words, but an inability to determine what they mean
- ❖ May take word meanings very literally and be unable to understand some forms of humour

➤ Expressive aphasia

- ❖ The person knows what to say, but the words come out wrong
- ❖ Words may be jumbled, not make sense, or be totally different from what they meant to say

➤ Fluent aphasia

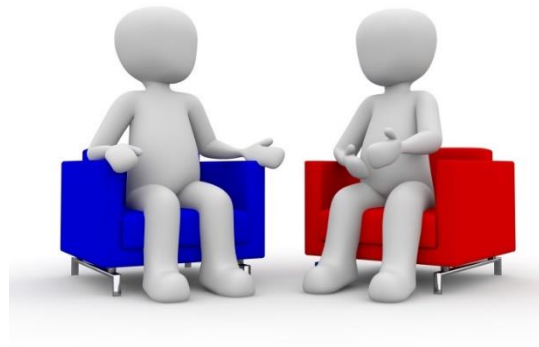
- ❖ A type of aphasia where someone may **talk constantly** without making much sense, and their speech may contain **made-up words** or phrases without clarity
- ❖ A person is often unaware that their speech is incomprehensible
 - **Tell** the person you are having trouble understanding what they are saying
 - **Focus** on non-verbal strategies, like pictures and printed words

Effects of Aphasia

- **Aphasia** may affect the ability to talk, read, write, or understand **language**
- Many people link **communication** skills with intellectual ability
- Others may **misjudge** the **abilities** of someone who has **aphasia**, when the person can in fact think, plan, decide, and reason. A person with aphasia may be able to **produce** some understandable words, and **understand** facial expressions, gestures, and non-verbal communication
- **People with aphasia are able adults who know more than they can say**
- In the case study, Raisa has expressive aphasia and is not able to speak clearly or say the words she wants to say

Set the Stage for Communication

- Talk **face-to-face** in a quiet room
- Give **small amounts** of information at a time
- **Tell** the person that you understand that they know what they want to say
- **Introduce** topics clearly. For example, say “I want to talk to you about your family”



Be Patient

- Speak **slowly**
 - ❖ Give the person time to respond
- When someone is **struggling** for a word, **don't jump in** too quickly
 - ❖ Offer the word if the person seems to be getting frustrated
- Allow the person to **express themselves** to the best of their ability



Ask Specific Questions

- **Provide specific choices and avoid open-ended questions**
 - ❖ Ask **yes/no questions** such as, “Are you hungry? Are you feeling ill?” instead of “What’s wrong?”
 - ❖ Ask “Would you like an apple or an orange?” instead of “What would you like to eat?”
- **Break longer questions into short, simple questions**
 - ❖ Instead of “Do you want breakfast and would you like eggs or toast with jam?” **ask** each question **separately** and **wait** for a yes or no before asking the next one
 - ❖ If the answers don’t seem to match, tell them what you understood
 - ❖ Then tell the person you are going to repeat some questions so you can be sure you have understood their wishes



Use Pictures and Objects

- Use pictures, objects, gestures and drawings to show what you mean
- Use maps, calendars, schedules, and clocks when talking about times and places
- **Print** key words in large, clear letters as you speak

Use Tools to Help

- Urge the person to show you what they mean by using **gestures, drawings or printing**
 - ❖ At first, they may be hesitant, especially if the stroke affected their writing hand
 - ❖ Acknowledge that you know it is hard to use their affected hand, but it may help with communication
 - ❖ Consult with the occupational therapist and speech-language pathologist for tools and strategies for writing
- Consider using **technology** such as an electronic tablet for communication
- Ask family members for **photos** or other materials
 - ❖ These can be great starting points for **conversations**, or to develop a **life history book** with the person
 - ❖ They can use the book as a **memory aid** and to get to know **new people**



Include the Person with Stroke

- Always include the person who has had a stroke
 - ❖ Never underestimate their ability to understand the conversation around them, especially when it is about them
- Expect communication abilities to vary
- Some strategies may work one day, but not the next
- Keep trying different approaches



Case Example

Case Example

- In Raisa's case, what could the workers have done differently?
- Let's see...
- The staff members enter Raisa's room with a mechanical lift
- They explain that they want to help her get up for breakfast
- She tries to tell them something
- One of them says "I know that you know what you want to say. We just don't understand"

Case Example

- Raisa points to the nightstand and the workers see a communication board
- They show the communication board to Raisa and work with her to figure out what she is trying to say
- Raisa can communicate that she does not need the mechanical lift and is able to transfer with help from one person*

*always check the care plan before completing any transfers with any individual

Inconsistent or Inappropriate Speech

- Sometimes, people who have had a stroke may use **words** they didn't **intend** to
- These words may be **related** to the word that they wanted to say, for example:
 - ❖ Brother instead of sister
 - ❖ Over instead of under
 - ❖ Yes instead of no (and vice versa)

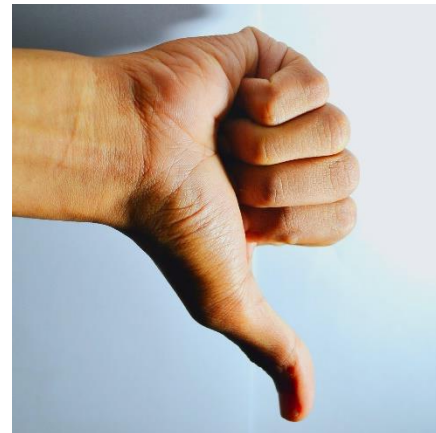
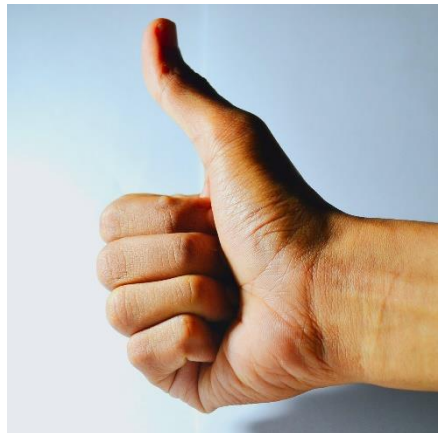
Verify that You have Understood

- Ask your question in a different way
- If you think you know what they meant to say, print the message and ask if it is right
- If you are unsure about the message, do not pretend you have understood
 - ❖ Explain that you do not understand and ask the person to repeat themselves
- Ask if it is all right if you ask questions to help you understand



Use Non-Verbal Cues

- For those who tend to say yes when they mean no, or vice-versa, work with them to develop a **non-verbal code**
 - ❖ “Thumbs up” for yes and “thumbs down” for no
 - ❖ Have the person point to printed yes/no cards
- Also, **listen closely** to their tone of voice
 - ❖ If a person says yes but sounds angry or frustrated, ask if they meant no



Swearing and Anger

- At times, people may **swear** and sound very **angry** when they are **frustrated**
- They are probably **not** trying to be **rude**
- Swear words are connected to **emotion centres** in the brain
- These **connections** can still be **strong** even when other language areas are damaged
- This makes it **hard to suppress** this kind of speech - even though the person might not have used those words in the past

Managing Swearing and Anger

- The person may use swear words and sound angry when feeling **any strong emotion**, not just frustration
- Acknowledge the **feeling** and ignore the **language**

Cognitive Communication Impairments

- A **right hemisphere stroke** can lead to difficulties in:
 - ❖ Organizing thoughts
 - ❖ Concentrating
 - ❖ Remembering
 - ❖ Interpreting non-verbal communication such as facial expressions
 - ❖ Understanding humour, sarcasm, hints, and jokes
- These are called ***cognitive communication impairments***
- A very severe stroke, or multiple strokes can have the same effect



Cognitive Communication Impairments

- In these cases, others may **overestimate** the person's **communication abilities**, because the person can:
 - ❖ **Speak** clearly in full sentences
 - ❖ **Understand** direct and concrete communication
 - ❖ **Tell** and **laugh** at familiar jokes
 - ❖ **Write** some words and sentences
 - ❖ Sometimes be able to **read**
- However, the person may present several challenges to communication partners because they:
 - ❖ Can speak clearly, but the **conversation** can **jump** around or **wander** off-topic
 - ❖ Provide **too much** or **too little** information
 - ❖ Make little **eye contact**, especially with people on their left
 - ❖ May have problems **concentrating**
 - ❖ May have trouble **understanding** or **remembering** what they **read** or **heard**
 - ❖ May not **see** letters and words on their **left** (due to visual and/or visual perceptual impairments)

Maintain the Focus

- To help maintain focus on the conversation:
 - ❖ Request eye contact
 - ❖ Ask specific questions to get more information
 - ❖ Remind the person of the topic being discussed
 - ❖ Tell the person when you are leaving

How You Can Help

➤ Approach the person

- ❖ Always **approach** from the **right**
- ❖ Get their **attention** before moving to the left
- ❖ Stay on the right side if necessary

➤ Be direct

- ❖ **Say** exactly what you mean, even if it feels slightly rude at first
- ❖ **Avoid** humour, sarcasm, hints, and other **indirect** forms of communication

➤ Help the person remember the conversation

- ❖ Provide a simple, printed **summary** of what you discussed
- ❖ Use **print** or **pictures** if the person can see, understand and remember the material
- ❖ Keep printed information **short** and **direct**, and use **large, clear** print



Coping with Unpleasant Communication

- During a communication exchange, there may be a time that you perceive a message to be unpleasant or rude
- When coping with what you perceive as being rude:
 - ❖ **Remember** that there may be a breakdown in communication. The person may not be intending for the message to be rude or unpleasant
 - ❖ **Tell** the person how this behaviour makes you feel and what you would **prefer**
 - ❖ Give them **suggestions** about how they could communicate **differently**

If you ever feel unsafe or uncomfortable based on a communication exchange, talk with your supervisor



**Other post-stroke impairments that
can affect communication**

Physical Impairments and Mobility Challenges

Challenge

- Physical impairments can limit the person's ability to get out, talk and socialize with others (e.g., a person cannot move their wheelchair independently)

Potential Solutions

- **Ask** the person where they would like to go
- **Help** them use mobility aids
- **Reposition** their chair
- Make sure they can **reach** the telephone or call bell

Maintaining Eye Contact

Challenge

- The person cannot stand, so it is more difficult to establish **eye contact**

Potential Solutions

- Squat or sit so you can be at **eye level**. Do not lean over the person
- Find a **comfortable distance**. Being too far back makes it hard to see or hear you
- Make **eye contact** before you begin a conversation



Facial Expression

Challenge

- The person is unable to change their facial expression to express their emotions

Potential Solutions

- **Ask** the person to tell you how they feel



Needing More Time

Challenge

- The person is requiring additional time to process and respond in a communication exchange

Potential Solutions

- **Allow extra time** - maybe five seconds or so - for the person to start talking, or respond to something you have said
- If you cannot wait for an answer, **ask** if they mind if you get the information from **family members** or **friends** who are there
- **Create chances** for communication. For example, comment on pictures or personal objects. This indicates interest and a willingness to listen



Hearing Problems

Challenge

- The person has a hearing impairment

Potential Solutions

- Talk **face-to-face** in a **quiet** room with good lighting
- If they use **hearing aids**, check that they are working
- If you use **amplification devices** such as a device with a microphone, keep the microphone close to you so they can hear you above background noise
- Do not talk in a very **loud voice**. This can distort your speech and overload hearing aids, which can be painful. Also, others may overhear private information
- **Ask** if they can hear you. **Position** yourself where you will be heard easily. You may need to try **different** spots
- **Ask** questions to determine whether the person is receiving your messages accurately



Impaired Vision

Challenge

- The person has a visual impairment

Potential Solutions

- Ask the person if you're in a good position for communication (e.g., can they see your face)
- Remind the person to wear their glasses
- Ensure good lighting in the room
- If there is visual field loss, move yourself and any materials so they are easily seen in the remaining visual field
- If the person has lost the left half of their vision, place pictures or written materials on their right side, and vice versa
- Ask the occupational therapist for strategies to manage visual field loss, unilateral spatial neglect and/or body neglect

Strategies for Effective Communication

- Regardless of the type of communication impairment the person may have, using the following **strategies** can make the process easier for both of you
- Always remember that **knowing the person** as an individual is just as important as knowing the right **communication strategies**

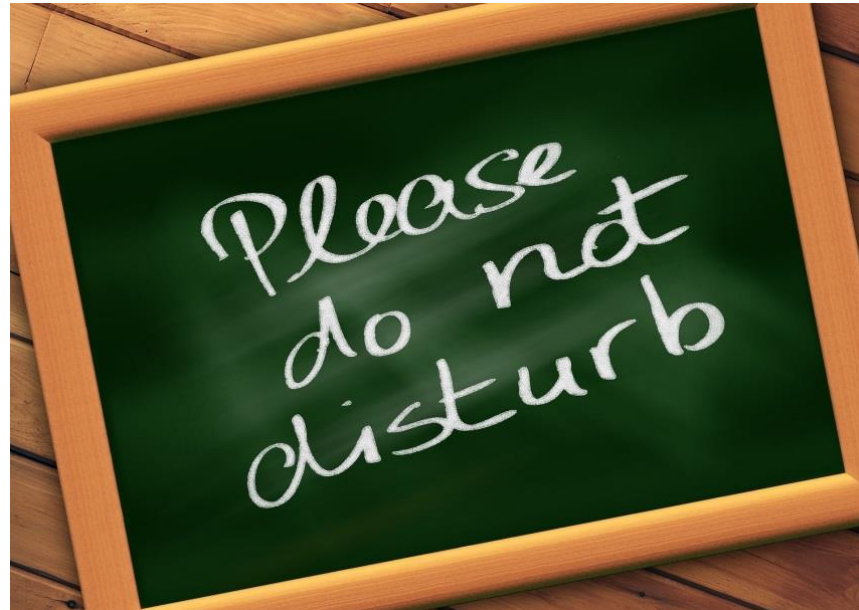


Assess

- Review any **assessment results or chart notes** (check for the person's communication strengths and effective strategies)
- Watch carefully to **assess** how much the person understands
- **Under-estimating** a person's abilities can cause **frustration** and **anger**
- **Over-estimating** can lead you to believe the person is being deliberately **uncooperative**

Manage the Environment

- Reduce distractions to help both of you focus on the message
- For example, turn off the television or radio



Get the Person's Attention

- Approach the person slowly and from the front
- If needed, gently touch their hand or arm to get their attention
- Introduce yourself. Wear a large, easy-to-read name tag
- Know how they like to be addressed (Mr. or Mrs., their first name, or a nickname)

Make Eye Contact

- **Face** the person if you can
- Keeping **eye contact** helps the person know who is speaking, and it may help them **focus** on your message



Privacy and Confidentiality

➤ Deal with private matters privately

- ❖ Always **include the person** in the conversation; ask for the person's **permission (consent)** before raising a private matter with their family or friends
- ❖ Tell the person that if the information is related to their **health and well-being**, or has an impact on the stroke care team, you will be sharing it with other **members of the team** as required, so you can all continue to provide the **best possible care**

➤ Give one message at a time

- ❖ Keep the conversation **simple** - too many thoughts, ideas and questions at one time can be **confusing**
- ❖ Keep **choices** limited so that the person doesn't get **overwhelmed**



Observe and Respond

➤ Pay attention

- ❖ The person's **facial expressions** and **body language** can help you know if they understood you

➤ Repeat important information

- ❖ If you are **not sure** your message was understood, **repeat** it using the same words

Be Patient

➤ Take time

- ❖ Give the person **time** to **respond**
- ❖ Do not **interrupt** them, as this can discourage further communication
- ❖ Stay **patient** and **calm**
- ❖ Do not expect communication to be fast, even if the topic is simple



Ask for Help

- A speech-language pathologist can assist with determining a person's communication and speech difficulties and make recommendations for the best methods for you to communicate together



Quiz

Test Your Knowledge

1. True or false: A person who has dysarthria has difficulty with swallowing.
2. True or false: People with aphasia are able adults who know more than they can say.
3. True or false: You may need to take more responsibility for the conversation than you would with other adults when communicating with a person who has aphasia.
4. True or false: When a person with stroke swears or uses angry-sounding phrases when frustrated, you should scold them and give them a time out.

Test Your Knowledge

5. Which of the following strategies can be used to help someone with aphasia communicate?
 - a. Talk face to face in a quiet spot
 - b. Be patient. Speak slowly and give the person time to respond
 - c. Break down longer questions into yes or no questions
 - d. Use pictures and objects
 - e. Always include the person in conversations
 - f. Provide specific choices
 - g. All of the above

6. True or false: Cognitive communication impairments caused by a right hemisphere stroke can cause difficulty in organizing thoughts, concentrating, remembering, interpreting non-verbal communication, and understanding humour.

Test Your Knowledge

7. Strategies to help with conversation if the individual has cognitive communication impairments include:
- a. Maintaining focus of the conversation
 - b. Using eye contact
 - c. Asking specific questions
 - d. Being direct and avoiding humour, sarcasm and indirect ways of communication
 - e. Helping the person remember the conversation
 - f. Coping with rude or unpleasant conversation and remembering that there may be a breakdown in communication
 - g. Stay on the right side of the person
 - h. All of the above

Conclusion

- More information regarding stroke and stroke care can be found at www.strokebestpractices.ca
- For additional resources visit: <https://www.strokebestpractices.ca/resources/professional-resources>
- Questions and comments can be sent to strokebestpractices@heartandstroke.ca

- The Taking Action for Optimal Community and Long-Term Stroke Care: A Resource for Healthcare Providers (TACLS) and the TACLS Power Point Presentations may be downloaded and printed for personal and/or educational, non-commercial and not-for-profit use only, provided that you do not modify any of the Content or Format and you do not remove or alter any visible or non-visible identification, marks, notices, or disclaimers. You may link to these resources from your website, however, posting/storage of these resources on your website is not permitted (see [Linking Policy](#) for more details). All images in these resources are copyright protected, and may not be reproduced without permission. Please refer to the Heart and Stroke Foundation's (Heart & Stroke) [Copyright Permission Guidelines](#) for further information regarding acceptable use of these resources. To obtain permission to use or copy these, or any other Heart & Stroke resources, please submit your request in writing using this [online form](#).



Thank You

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