APHASIA:

“I ..ah..I..ah..I just can’t..ah..I just can’t say it.”

LinguaCare Associates, Inc.
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OVERVIEW OF NEUROANATOMY

- Nerve Cells
- Peripheral Nerves
- Central Nervous System
- Spinal Cord
- Brain Stem
- Cerebellum
- Subcortical Gray Matter
- Subcortical White Matter
- Cortex
REGIONAL ORGANIZATION OF THE BRAIN

- Frontal Lobes
- Temporal Lobes
- Parietal Lobes
- Occipital Lobes
- Zone of Language
- Contemporary Views of Brain-Language Relations
APHASIA:

- “Aphasia may be defined as a language resulting from damage to the brain areas that involve the formulation and understanding of language and its components. It as NOT a memory disorder and NOT a thought disorder and unless accompanied by dysarthria, is NOT an articulation disorder.”

Nancy Helms-Eastabrooks – Manual of Aphasia and Aphasia Therapy
DIAGNOSES RELATED TO APHASIA

- CVA – Results in approximately one-half all aphasias
- TRAUMATIC BRAIN INJURY – Results in approximately one-third of all aphasias
- TUMORS, NEURODEGENERATIVE DISORDERS, SEIZURES, AND CENTRAL NERVOUS SYSTEM INFECTIONS – Responsible for the remaining occurrences of aphasias
CLASSICAL APHASIA SYNDROMES

- Broca’s Aphasia
- Wernicke’s Aphasia
- Conduction Aphasia
- Anomic Aphasia
- Transcortical Motor Aphasia
- Transcortical Sensory Aphasia
- Global Aphasia
NON-FLUENT APHASIAS

- BROCA’S APHASIA
  
  Characteristics:
  
  - Anomia
  - Use of short phrases
  - Functional auditory comprehension
  - Poor repetition skills
  - Articulation is effortful with reduced rhythm.
  - Often says such things as “I know it” or “I can’t say it” in an attempt to express a complete sentence.
TRANSCORTICAL MOTOR APHASIA

Characteristics:

* Impaired initiation of speech
* Anomic
* Short phrases
* Functional auditory comprehension
* Good repetition skills
* Articulation is not as effortful as Broca’s. Has trouble putting sentences together especially when trying to tell a story. Sentences are not always complete.
GLOBAL APHASIA

Characteristics:

- No speech output
- Poor auditory comprehension
- May have a stereotypical utterance that is used in all communication attempts such as:
  - “Oh Boy”
  - “weda weda”
  - “one one …”
WERNICKE’S APHASIA

- Characteristics:
  - Severe anomia
  - Poor auditory comprehension
  - Poor repetition skills
  - Articulate speech, but “empty”
  - Paraphasias
  - Perseverations
  - Rapid rate of speech
TRANSCORTICAL SENSORY APHASIA

- Severe Anomia
- Poor auditory comprehension
- Fairly good repetition skills
- Relative ease of articulation
- Good rhythm of speech
- Empty speech though not at bad as with Wernicke’s
- Paraphasias
- Perseverations
CONDUCTION APHASIA

- Anomia
- Fluent speech output
- Normal length of sentences
- Speech flow may be interrupted by word-finding errors and attempts to self-correct.
- Good auditory comprehension
- More trouble with repetition than with self formulated speech
- Phonemic paraphasias that the patient tries to self-correct.
ANOMIC APHASIA

- Word finding difficulties when required to recall specific substantive words
- Normal sentence length
- Auditory comprehension intact
- Repetition is adequate
- Uses nonspecific terms such as “little things”
- Circumlocutions
- Rarely has paraphasias
Apraxia of speech is an articulation disorder that results from difficulty programming the speech musculature and sequencing of these muscles to produce *volitional* speech. The musculature is not impaired for performing non-speech activities such as eating, yawning, saying words/phrases that the patient is not volitionally producing. Apraxia of speech often accompanies aphasia and is caused from damage to the left hemisphere of the brain.
Therapeutic Approaches

* ASSET APPROACH

★ Utilizes spared abilities as the basis for therapy to address deficits.
★ Alternatives for verbal expression
  • Writing
  • Gestures
  • Drawing
MELODIC INTONATION THERAPY

- Utilizes the use of rhythm patterns to help establish propositional speech for individuals that have severely nonfluent speech in attempts to communicate. (lesion is in the left hemisphere of the brain, only, with no right hemisphere involvement)
  - Must determine if patient can produce real words when singing a familiar song.
  - Pt. must have basically functional auditory comprehension.
  - Speech is poorly articulated, nonfluent or restricted verbal output such as nonsense stereotype speech.
VISUAL ACTION THERAPY

- Incorporates the use of representational gestures to increase the ability of poor verbal communicators to communicate more effectively.

- Helpful for left-hemisphere stroke victims with limb or oral apraxia.

- Pts. need to have ability to perform nonverbal tasks of memory and visual perception.

- Pts. need to be able to produce some spontaneous gestures used in everyday contexts such as waving good-bye or pointing to objects.

- Used to close the gap between poor ability to transmit concepts through any means and the need/desire to communicate specific information to others.
USE OF COMPENSATORY STRATEGIES for WORD RECALL

- Use of descriptions to convey meaning in lieu of word that pt. cannot retrieve.
- Use of synonyms
- Use of sentence completions as a self cueing strategy for word recall.
- Phonemic cueing- Listener gives pt. the first sound of a word trying to be retrieved.
- Use of automatic sequences to assist with recall and practice producing speech successfully. Ex.: counting, days of the week, months of the year, etc.
USE OF AUGMENTATIVE AND ALTERNATIVE COMMUNICATION

- Communication/Picture Boards
- Computer Programs
- Computerized Communication Boards
- C-Speak
- Computer-Assisted Visual Communication
- IPad Apps
Treatment for Wernicke’s Aphasia

- Used with pts. with severe to moderate impairment of auditory comprehension.
- Pt. has fairly well preserved ability to read words and understand read words.
- Some ability to read aloud a few words with high emotional value.
Other Techniques Used to Increase Comprehension Skills

- Practice with the use of yes/no responses to questions
- Answer questions about familiar topic such as family questions or personal info.
- Pointing to objects shown from function of the object given or use demonstrated.
- Use of new computer/ IPad apps to address comprehension, naming skills and communication practice
Communication Tips to Use with Aphasic Patients

- Treat the aphasia patient as an adult. Don’t talk “down” to the pt.
- Use adult practice materials when working with the patient at home. Don’t use children’s picture cards or other children’s materials.
- Keep distractions to a minimum.
- Humor is always helpful to reduce stress, but don’t use it at the patient’s expense.
- Allow time for the aphasic to communicate thoughts and messages.
- Don’t complete the person’s sentences or “talk for them”.
- Encourage the patient to use gestures or drawings to communicate a thought or idea.
- Don’t pretend to understand the aphasia pt. Be honest and tell them you did not understand them and encourage them to try again perhaps using gestures, etc. to help.
- Reinforce small gains made.
- Accept the pt. at their level of performance.