

# Chapter 35

## Speech and Language Disorders

# Speech and Language Disorders (1 of 2)

- Speech and language disorders involve difficulty speaking, understanding, reading or writing
  - Can occur at any age
  - **These are NOT to be confused with the difficulty that clients who speak another language may have with understanding English.**

# Speech and Language Disorders (2 of 2)

- Causes:
  - Genetic problems
  - Acquired brain injury
    - Accident, infection, drug abuse, stroke
  - Disease
  - Hearing loss
  - Brain tumour
  - Problems with speech

# Aphasia (1 of 4)

- Aphasia is the partial or total loss of speech and language skills caused by brain injury.
  - Common causes:
    - Stroke (CVA)
    - Head injury
    - Brain tumours
  - The client with aphasia has many emotional needs.
  - Three types of aphasia:
    - Receptive aphasia
    - Expressive aphasia
    - Some people have both expressive and receptive aphasia.

# Aphasia (2 of 4)

- Receptive Aphasia

- Involves difficulty understanding language, both spoken and written.
- Difficulty understanding what is said or read
  - Cannot understand their own words.
  - Speech is mixed up or “muddled”.
  - Clients make up or use wrong words, but are not aware of their mistakes.

# Aphasia (3 of 4)

- Expressive Aphasia

- Involves difficulty speaking and writing.
- Person can understand spoken and written words, but their speech is jumbled or slurred and difficult to understand.
- Think one thing, but say another.
  - Cannot think of the right word or put the right sounds together to form words or sentences.
- May leave out connecting words.
  - Clients are very aware of their mistakes because they can understand what they are saying.
- Leads to frustration or depression.

# Aphasia (4 of 4)

- Expressive–Receptive Aphasia
  - Difficulty speaking and understanding language
    - Some clients can only say “yes,” or “no” and make sounds such as “da da”.
    - Other clients with expressive–receptive aphasia may have lost all speech and language skills.
  - See textbook *Table 35.1: A Comparison Between Aphasia, Apraxia, and Dysarthria*

# Apraxia (1 of 2)

- The client with apraxia of speech (verbal apraxia) cannot correctly use the speech muscles to produce understandable speech.
  - The client understands speech and knows what to say.
  - The brain cannot coordinate the speech muscles (lip, jaw, or tongue movements) to make the words.



# Apraxia (2 of 2)

- Apraxia is caused by damage to the motor speech area in the brain.
  - Clients are difficult to understand—speech is usually slow.
  - Inconsistent speech is common.
  - Clients have difficulty putting words in the right order or finding words.

# Dysarthria (1 of 2)

- Difficulty speaking clearly
  - It is caused by weakness or paralysis in the muscles used for speech.
- Common causes:
  - Cerebral palsy
  - Multiple sclerosis
  - Stroke
  - Head injury
  - Tumour
  - Infection

# Dysarthria (2 of 2)

- Clients may:
  - Have slurred speech and speak in flat, harsh or nasal tones
  - Problems forming words, spacing their words
- Speech errors are usually consistent and predictable—you may become familiar with the client's speech over time.

# Emotional Effects of Speech and Language Disorders

- Communication is important for functioning and for maintaining relationships with others.
- Difficulty in communication may lead to the following:
  - Avoiding social situations
  - Avoiding friends, family
  - Extreme stress
  - Loss of employment (and resulting financial concerns)
  - Difficulties doing routine tasks—shopping, banking, paying bills

# Treatment for Speech and Language Disorders (1 of 6)

- Some clients need a speech therapist (speech-language pathologist).
  - The goal is to improve the person's ability to communicate.
  - The amount of improvement possible depends on the disorder, its cause, and its severity.

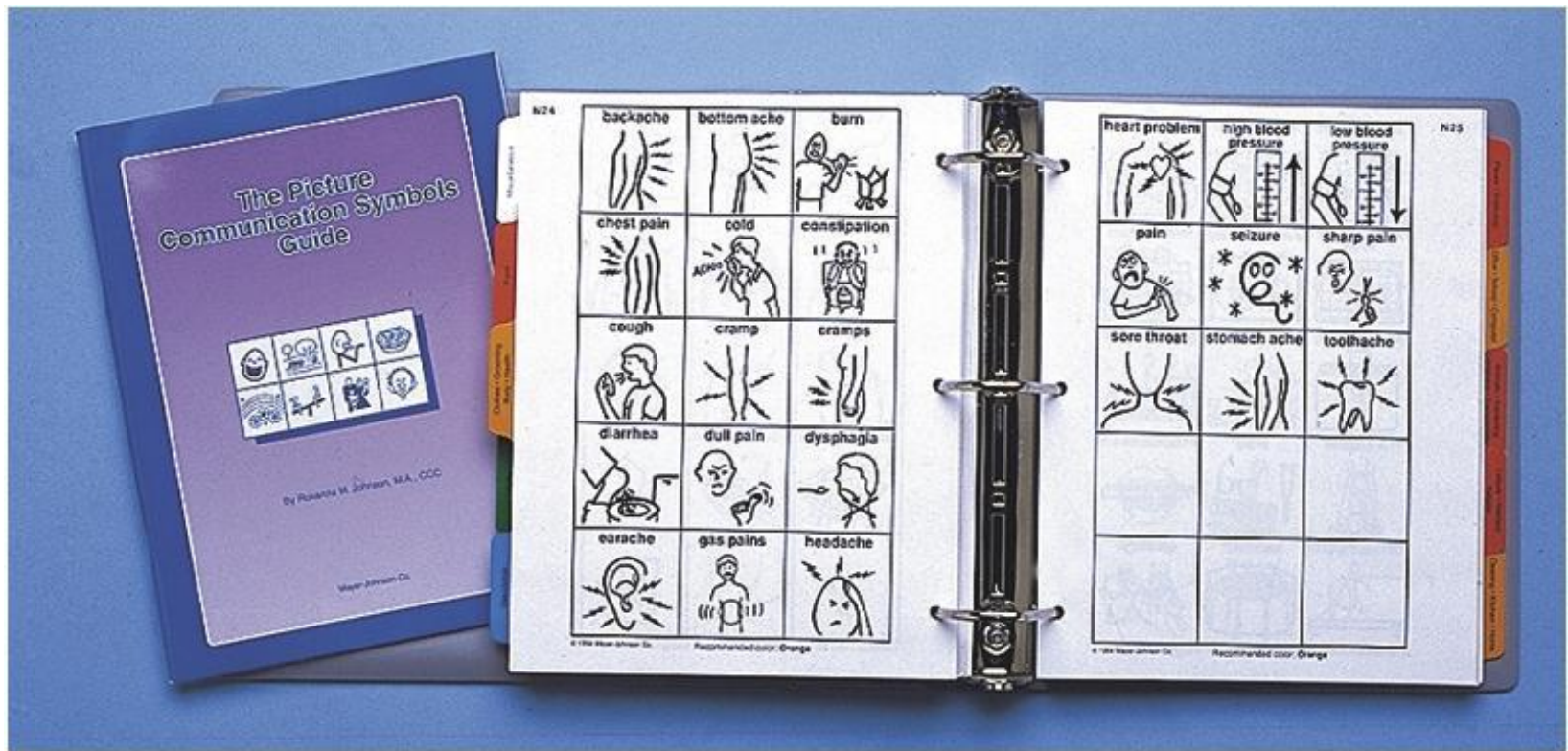
# Treatment for Speech and Language Disorders (2 of 6)

- A speech–language pathologist and other health team members help the person:
  - Improve affected speech and language skills
  - Use remaining abilities
  - Restore speech and language abilities to the extent possible
  - Learn other methods of communicating—body language, facial expressions, or sign language
  - Strengthen the muscles of speech

# Treatment for Speech and Language Disorders (3 of 6)

- Communication Aids
  - Communication boards
    - Boards with pictures or words that show functions or tasks
    - Related to activities of daily living
    - Client points to the things they want to express

# Treatment for Speech and Language Disorders (4 of 6)



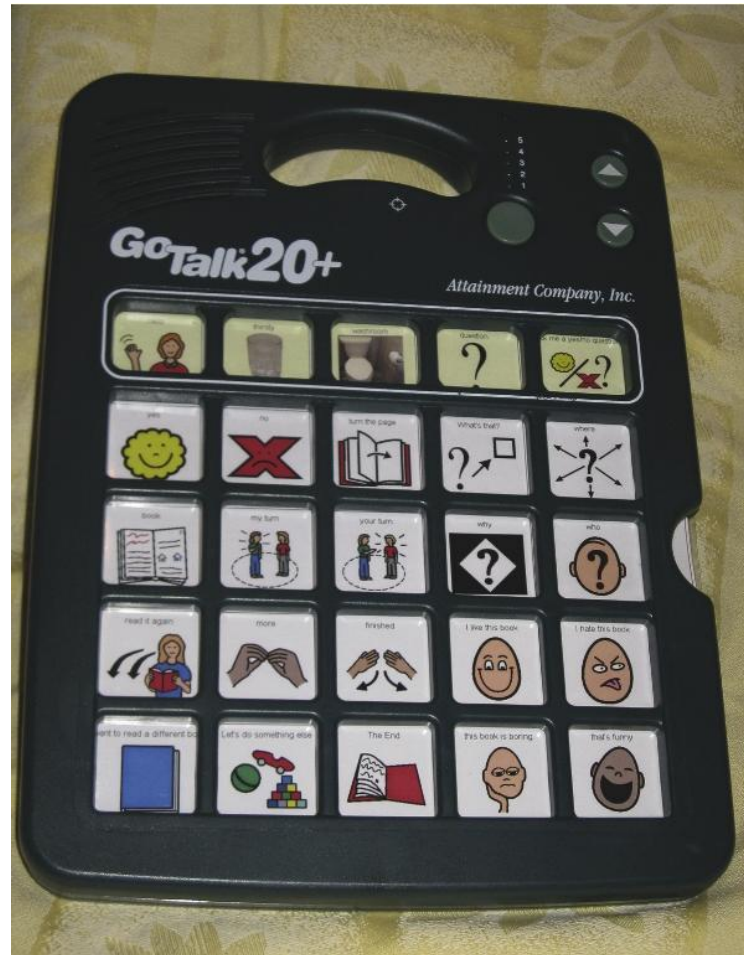
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# Treatment for Speech and Language Disorders (5 of 6)

- Communication Aids
  - Mechanical and electronic devices
    - Client touches a picture or word, and the message is then voiced or printed on a screen

# Treatment for Speech and Language Disorders (6 of 6)



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# Use of Computers to Assist Clients

- Electronic devices use a combination of screen reading, magnification systems, and alternate input methods
  - Can speak for the user
  - User can type in the correct words
  - Identify symbols that represent the words
  - Speech synthesizer
- These devices are invaluable in improving the client's quality of life.

# Supporting and Communicating With Clients

- Follow the care plan—incorporate DIPPS.
  - Use communication methods that are best for your client and include client in conversation.
  - Be mindful of your facial expression—you can reflect your impatience or frustration.
  - Be alert for signs of client fatigue—drooping shoulder, irritability, lack of interest, decline in understanding.
    - See box: *Providing Compassionate Care: Communicating With Client Who Have Speech and Language Disorders (p. 835)*