Aphasia: What Your Speech-Language Pathologist Wants You To Know

1.3 Contact Hours

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OBJECTIVES

Upon completion of this course, you will be able to do the following:

- Define aphasia.
- Describe characteristics of patients with receptive, expressive, and mixed aphasia.
- Explain ways in which nurses can facilitate communication with aphasic patients.

COURSE OUTLINE

I. What is aphasia?
II. What causes aphasia?
III. What are the main types of aphasia?
   A. Receptive aphasia
   B. Expressive aphasia
   C. Mixed aphasia
IV. Global aphasia
V. How can nurses screen for aphasia?
VI. How does the speech-language pathologist test for aphasia?

aphasia |ə fә zh ә| noun —

loss of ability to understand or express speech, caused by brain damage

ORIGIN mid 19th century: from Greek, aphatos ‘speechless,’ from a- ‘not’ + phanai ‘speak.’
WHAT IS APHASIA?

Aphasia is an acquired impairment of language ability caused by a neurological injury such as a stroke. Aphasia is characterized by difficulty in understanding language (listening or reading) and/or difficulty using language (speaking or writing). Aphasia is not caused by sensory deficits such as low vision or hearing loss or general intellectual impairment.

WHAT CAUSES APHASIA?

Aphasia occurs when the blood supply is cut off or diminished to the language areas of the brain in the left hemisphere. Aphasia may also occur when the language areas are damaged by a hemorrhage. The middle cerebral artery supplies the areas typically associated with spoken language. The posterior cerebral artery supplies the regions involved with written language. The internal carotid artery is associated with deficits of spoken and written language.

WHAT ARE THE MAIN TYPES OF APHASIA?

RECEPTIVE APHASIA

Receptive aphasia is an impairment of auditory comprehension (listening). The patient with receptive aphasia has difficulty understanding speech. It may be so mild that the patient has only subtle deficits in comprehend fast-paced conversation. It may be so severe that the patient does not understand any spoken words. The patient with receptive aphasia may not realize that he or she has difficulty understanding.

EXPRESSIVE APHASIA

Expressive aphasia is an impairment of verbal expression (speaking). The patient with expressive aphasia has difficulty saying words. It may be so mild that the patient only has difficulty saying an occasional word in a fast paced conversation. It may be so severe that the patient cannot say any words, whether spontaneously or by imitation. The patient with expressive aphasia usually realizes that he or she has difficulty speaking and may become frustrated.

A helpful word picture: Everyone has a card file in his or her brain with each word that they know written on a separate card. So, if I pick up a pencil, my brain rapidly goes through the card file and finds the card with “pencil” so I can say that word. For a person with aphasia, the card file has been dropped and the cards are out of place. The person with aphasia must search through the card file to find the desired word. This may take the aphasic person extra time to find the card with the correct word. The aphasic person might also pick a card with a similar word. For example, he or she may say “fork” when they meant to say “spoon”. Sounds may also be substituted. For example, the patient may say, “pork” for “fork’.

The aphasic patient may also say nonsense words. This is called jargon. The patient might say “pay pay pay” or a similar nonsense word or syllable.

MIXED APHASIA

Mixed aphasia is a combination of receptive and expressive deficits. The patient with mixed aphasia may have a degree of difficulty understanding language and speaking.
GLOBAL APHASIA

Global aphasia is a complete inability to understand words as well as a complete inability to speak. The patient with global aphasia has a poor prognosis for return of comprehension and expression.

Case Scenario 1

Mr. Jones has been admitted with a CVA. He greets you with “Hello” when you enter the room. He is able to state his date of birth when asked. When asked for his identification bracelet, he immediately shows it to you. When asked to roll to the side and hold on to the bedrail, he raises his arm, laughs, and says, “that’s easy.” Later, when asked to extend his arm and make a fist, he extends his arm and says, “What?” He is able to tell you that he is thirsty and doesn’t understand why he is in the hospital. While pointing to his shoulder he states “It hurts.”

Mr. Jones presents with symptoms of mild receptive aphasia.

HOW CAN NURSES SCREEN FOR ASPHASIA?

Because nurses have the first contact with the stroke patient, it is important for nurses to recognize aphasia. It is important to know if a patient understands the directions and information he or she is given. It is also important to know how well the patient is able to express his or her needs and wants.

Some patients present with such severe difficulty understanding and speaking that it is immediately apparent. Other patients may present with such subtle deficits that it is difficult to detect without comprehensive testing by the speech language pathologist who should receive an order on every stroke patient.

RECEPTIVE LANGUAGE/AUDITORY COMPREHENSION

A gross determination of a patient’s auditory comprehension may be made by asking three questions:

1. Can the patient follow commands? Ask the patient to follow simple commands such as raise your arm, stick out your tongue, or make a fist.

   Be sure that you do not give the patient a visual cue when giving the command. For example, don’t tap the patient’s hand when asking the patient to make a fist. Caregivers are sometimes “tricked” by a patient who appears to follow commands when the patient is actually following nonverbal cues or imitating the caregiver’s movements.

2. Does the patient respond to yes/no questions? If the caregiver presents the patient with a meal tray while smiling and nodding saying, “Are you hungry?”, the patient is likely to nod in response to the caregiver’s nod without actually understanding the question.

   Ask two question to which you know the answer and which allow for a “yes or no” response. For example, ask, “Are the lights on in this room?” Then ask, “Are the lights off in this room?”
3. **Does the patient appear to follow a conversation?** Even if the patient is unable to speak, do they give appropriate facial expression which indicate that they understand you? For example, does the patient seem to “get” a humorous remark?

**VERBAL EXPRESSION**

A gross determination of a patient’s verbal expression ability can be made by considering how a patient makes his or her needs known. Is the patient able to name the items he or she needs? Is he only able to make spontaneous comments such as “thanks”, “hi”, or “no”? Is the patient able to engage in conversation? Can the patient effectively gesture or point to show his or her needs/wants? Is the patient able to answer questions during the initial nursing assessment?

**Case Scenario 2**

Mr. Art A. Tack has been admitted with a stroke. When you enter the room he looks toward you but does not offer a greeting. He appears frustrated. When asked if he is in pain, he nods “yes” and points to his stomach. When asked to extend his arm, make a fist, and then wiggle his fingers he does so (Follows three step command). He points to the water pitcher several times. He offers a relieved smile when asked if he is thirsty. When asked to state his name, Mr. Tack opens his mouth and produces “tuh tuh tuh.” He shakes his head in disgust and turns his head away from you.

Mr. Tack is exhibiting symptoms of severe expressive aphasia.

**HOW DOES THE SPEECH-LANGUAGE PATHOLOGIST (SLP) TEST FOR APHASIA?**

You may have heard the SLP asking a patient questions during a speech evaluation. Some questions might have sounded silly, too easy, or too difficult. You might have wondered why the SLP was asking those questions. The following is an outline of some questions that an SLP might ask and the reason for those questions.

**RECEPTIVE LANGUAGE**

- The patient will be asked to follow 1,2,3 step commands.
  
  Rationale: Will the patient be able to follow directions to facilitate his/her care?

- The patient will be asked simple and complex yes/no questions.
  
  Rationale: Can the patient reliably answer yes/no question? This is important when caregivers ask questions related to needs, wants, and level of pain.

- The patient will listen to a short telephone message or paragraph and then be asked questions about it.
Rationale: Can the patient comprehend information in connected speech i.e. a short conversation?

**Expression**

- The patient will be asked to name items in the room.
  
  Rationale: Is the patient able to recall familiar words?

- The patient will be asked to recite the days of the week or count from 1-10.
  
  Rationale: Is the patient able to recite automatic sequences? Automatic sequences are frequently preserved even when other speech is impaired.

- The patient will be asked to complete sentences such as “I want a cup of ___.”
  
  Rationale: Patient’s are frequently able to generate words in sentence completion tasks even when other speech is impaired.

- The patient will be asked simple questions such as “What animal barks?”
  
  Rationale: Is the patient able to generate words to answer simple questions asked by caregivers?

- The patient will be asked to imitate words or phrases.
  
  Rationale: Imitation is a task often used in therapy to facilitate speech.

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**Case Scenario 3**

Mrs. Smith has been admitted with trans altered awareness. When you enter the room, she says, “hello.” She states her name on request. She is able to raise her arm on request when imitating you but she is not able to make a fist without your model. She points to the bedside commode and says “Go.” She is unable to verbalize more than one word at a time and struggles with each word.

Mrs. Smith exhibits symptoms of mixed aphasia.
WHAT WILL THE SPEECH-LANGUAGE PATHOLOGIST DO IN THERAPY?

The speech-language pathologist will determine the patient’s strengths and weaknesses based on information from the evaluation. The SLP looks not only at the patient’s responses but also HOW the patient responds. She will target basic skills first and advance the therapy tasks on a continuum to more difficult tasks. The first focus will be assisting the patient in communicating basic needs such as pain, toileting, comfort, and hunger. The SLP might also introduce a communication board or promote the use of gestures in a severely aphasic patient. The SLP may use a variety of materials including objects in the patient’s room, pictures, and therapy question (also called “brain exercises”).

A communication board is comprised of letters and pictures which the patient may use by pointing to pictures indicating needs/wants or spelling out words by pointing to the letters on the board. A communication board is not effective for every patient. The patient must have a degree of comprehension to understand the purpose of the communication board.

Case Scenario 4

Mrs. Brown has been admitted with a CVA. She gives the nurse a blank look upon greeting. She is unable to follow any commands, even with gestures. Her only vocalization is a sigh. Although she looks at the nurse, there is no attempt to communicate with the nurse.

Mrs. Brown exhibits symptoms of global aphasia.

HOW CAN NURSES FACILITATE COMMUNICATION?

AUDITORY COMPREHENSION DEFICITS

- Pair gestures with commands.
- Touch the body part when giving a command. For example, touch the arm when asking the patient to raise the arm.
- Speak in short phrases.
- Give the patient extra processing time. (Give them extra time to respond.) Sometimes patients may need up to 60 seconds to process a question or command before they can respond.
- Eliminate competing auditory stimuli. Turn television volume off or down. Reduce the conversation in the room when communicating with the patient.

Note: Remember that patients with receptive aphasia may smile and nod as if understanding you when they really do not understand.
EXPRESSIVE LANGUAGE

- Give the patient extra time to form their responses and find the words. Don’t rush them by filling in the word.
- Encourage the patient to point or use gestures to enhance their communication.
- Offer two choices to reduce the stress of communication. For example, “Do you want apple juice or orange juice?” instead of “What do you want to drink?”
- Be honest if you do not understand what a patient is saying.
- Ask the patient yes/no questions to clarify their needs and wants.
- Encourage the patient to try to speak.
- Encourage the patient to use writing if it is helpful.
REFERENCES


Directions: Circle the best answer.

1) A patient who has difficulty following commands has:
   a. Expressive aphasia
   b. Global aphasia
   c. Mixed aphasia
   d. Receptive aphasia

2) A person who has difficulty saying words has:
   a. Expressive aphasia
   b. Global aphasia
   c. Mixed aphasia
   d. Receptive aphasia

3) Patient A is unable to say any words and follow no commands. This patient may have:
   a. Expressive aphasia
   b. Global aphasia
   c. Mixed aphasia
   d. Receptive aphasia

4) Patient B follows one step commands but not two step commands. She is able to state her name and count to five but is unable to answer simple question. This patient may have:
   a. Expressive aphasia
   b. Global aphasia
   c. Mixed aphasia
   d. Receptive aphasia
5) It is helpful to speak in short phrases to allow for extra processing time for a patient with receptive aphasia.
   a. True
   b. False

6) Every patient who has difficulty communicating will benefit from a communication board.
   a. True
   b. False

7) To screen for comprehension, a nurse can:
   a. Ask a yes and no questions such as “Are you a man?” followed by “Are you a woman?”
   b. Ask a question such as “Are you thirsty?”
   c. Ask a question such as “Do you hurt?”
   d. Ask only question with “yes” answers.

8) A stroke patient follows simple directions and tells the nurse that he wants some coffee. Sometimes the patient answers in an odd way. This patient:
   a. Should have an evaluation by a speech language pathologist.
   b. Does not need an evaluation by a speech language pathologist.
   c. May have subtle high level language deficits.
   d. A and C

9) You should never use gestures when giving commands to a patient.
   a. True
   b. False

10) Choose one way to facilitate communication with a patient who has receptive aphasia.
    a. Turn off the television/decrease competing noise when speaking to the patient.
    b. Tell people to use nice, long sentences to exercise the patient’s brain.
    c. Allow the patient only five seconds to answer.
    d. Talk to the family member. The patient doesn’t understand anyway.
11) Choose one way to facilitate communication with a patient who has expressive aphasia.
   a. Allow the patient only five seconds to answer.
   b. Always use a communication board.
   c. Give the patient extra time to respond. Let them know that you have time to listen.
   d. Do not allow pointing or gestures.

12) The aphasic patient has many get well car in the room. How might you use the card to facilitate language?
   a. Don’t bother them, they belong to the patient.
   b. Ask the patient to name pictures on the cards.
   c. Ask the patient to count the cards.
   d. B and C

13) The patient with expressive aphasia most likely has damage in the region of the:
   a. Middle cerebral artery
   b. Posterior cerebral artery
   c. Right hemisphere
   d. Cerebellum

14) The patient with receptive aphasia most likely has damage in the region of the:
   a. Middle cerebral artery
   b. Posterior cerebral artery
   c. Right hemisphere
   d. Cerebellum

15) The patient with global aphasia has a good prognosis for full recovery of language.
   a. True
   b. False

16) A patient may be able to follow simple commands but have difficulty in fast paced conversation. This patient may have mild receptive aphasia.
   a. True
   b. False
17) If a patient is able to answer simple questions, he or she does not have aphasia.
   a. True
   b. False

18) Aphasia is caused by a disruption of blood flow to the:
   a. Cerebellum
   b. Language centers of the brain
   c. Heart
   d. Lungs

19) Your patient appears to have difficulty speaking in sentences and gets frustrated. You should:
   a. Request an order for an evaluation by the speech language pathologist.
   b. Don’t ask the patient question so he won’t get frustrated.
   c. Tell the family that his speech will probably get better soon.
   d. Suggest nursing home placement.

20) Your patient looks confused when you ask her questions. You should:
   a. Stop asking questions and wait until the family arrives.
   b. Be sure that the television is off and other distractions in the room are reduced.
   c. Decrease the complexity of the questions such as making the questions yes/no or giving the patient two choices.
   d. B and C
Your opinion is important to us. Please answer the following questions by circling the response that best represents your experience.

<table>
<thead>
<tr>
<th>COURSE OBJECTIVES &amp; CONTENT</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neutral</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
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<td>1. The activity was valuable in helping me achieve the stated learning objectives.</td>
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<td>2. The content was up to date.</td>
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<td>2. The number of credit hours was appropriate for the content.</td>
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<th>Strongly Disagree</th>
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<td>4. The teaching/learning methods, strategies, and slides were effective in helping me learn.</td>
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<td>5. The material was clearly explained.</td>
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<td>6. The answers to the post-test questions were appropriately covered in the activity.</td>
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<th>OVERALL ACTIVITY</th>
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<td>7. The online course/download supported the achievement of the stated learning objectives.</td>
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<td>8. The material was relevant to my professional development.</td>
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<td>9. Overall, I am pleased with this activity and would recommend it to others.</td>
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<td>10. The content was presented free of commercial bias. *</td>
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<td>11. Did the material presented increase your knowledge and/or understanding of this topic? *</td>
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* Evaluation Aphasia
* If you responded “No” to question 10, please explain why:

________________________________________________________________________

________________________________________________________________________

* If you answered “Yes” to question 11, what change do you intend to make?

________________________________________________________________________

________________________________________________________________________

What barrier, if any, may prevent you from implementing what you learned?

________________________________________________________________________

________________________________________________________________________

Cite one new piece of information you learned from this activity:

________________________________________________________________________

________________________________________________________________________

Additional comments/suggestions:

________________________________________________________________________

________________________________________________________________________

With my signature I confirm that I am the person who completed this independent educational activity by reading the material and completing this self evaluation.

Signature _________________________________ Date: __________________________
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License No. (Required for Florida): __________________________________________________________________________________

Email: _______________________________________________________________________________

Employer: ______________________________________________________________________________

(W) # _________________  (H) # _________________  (F) # _________________

Have you registered with us before?  ____ Yes     ______  No

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Paying By: _____ Check _____ Credit Card _____ Money Order _____ Cash

Credit Card Number: ____________________________ Exp. Date _____________

Cardholders Name: ______________________________ Sec. Code ____________

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