

**Language
versus speech:
Is it aphasia,
apraxia, or
dysarthria?**



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Objectives

Participants will:

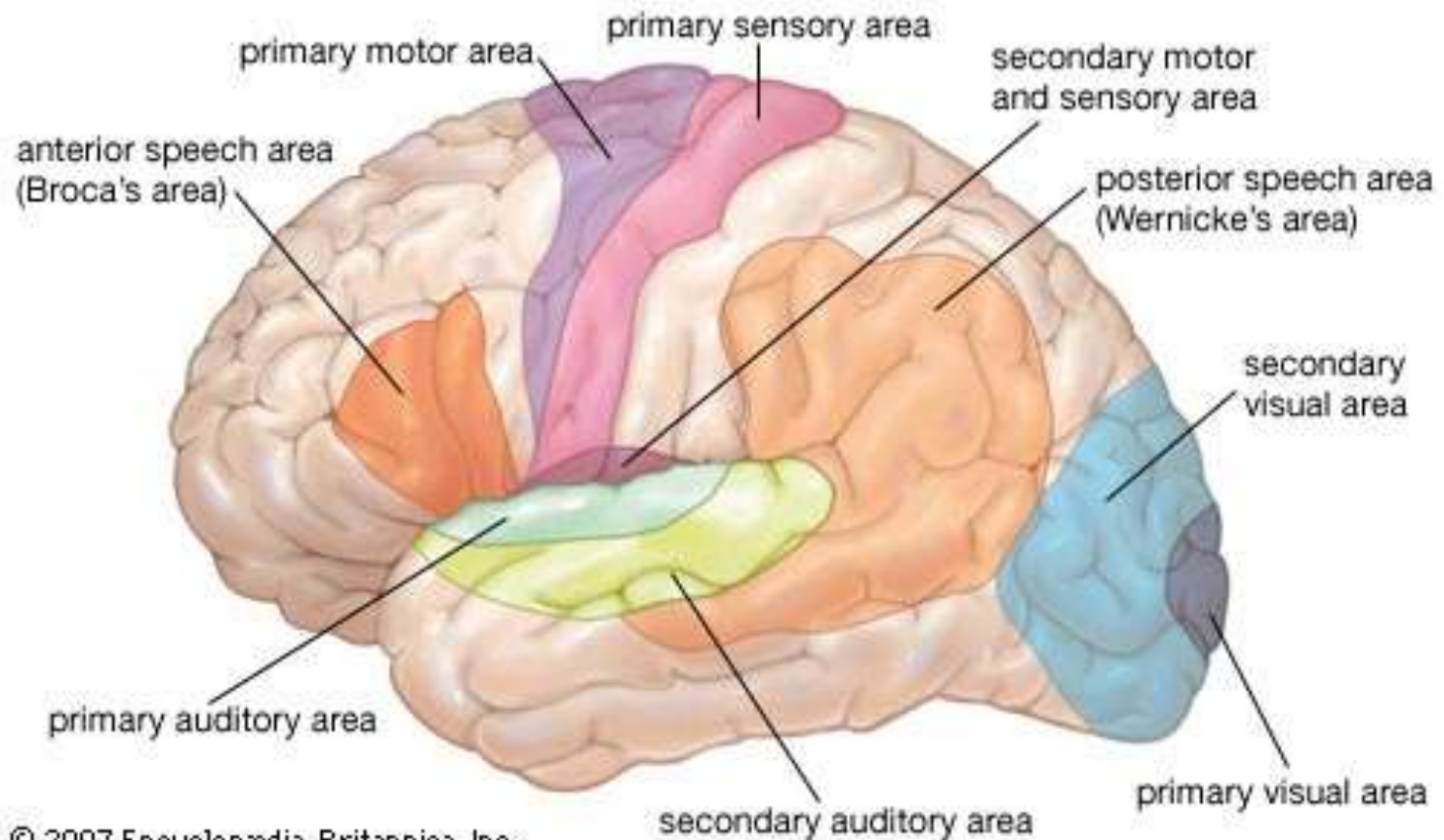
- Understand the difference between a language disorder (e.g., aphasia) and a speech disorder (e.g., dysarthria) which can occur following a stroke.
- Understand the role of speech-language pathologists in assessing and treating speech and language disorders following a stroke.
- Understand basic communication adaptations to facilitate communication with patients with speech and/or language disorders following a stroke.

Let's do
lunch!

Language – The Menu

- 4 language modalities
- Read the menu – reading comprehension
- Waiter asks ?s – auditory comprehension
- Give your order – verbal expression
- Waiter writes order – written expression

Aphasia – language disorder



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Aphasia – language disorder

- Broca's/expressive/non-fluent
- (frontal lobe)

- telegraphic speech, word-finding problems, anomia, paraphasias, jargon, neologisms, word salad

Aphasia – language disorder

- Wernicke's/receptive/fluent
- (temporal lobe)

- talkative, but no self-monitoring, poor error awareness, difficult to treat

Aphasia – language disorder

- Global aphasia
- impaired expressive and receptive language
- some automatic behaviors preserved (e.g., eating)

Speech – The Conversation

- 4 components to speaking
- Take a deep breath – respiration
- Raise your voice – phonation
- Spit it out – articulation
- Through the nose – resonance

Apraxia – speech disorder

- Motor planning/sequencing impaired
- Oral, verbal (plus others)
- automatic versus on command
- errors are inconsistent

Dysarthria – speech disorder

- Motor weakness
- slurred speech, “marbles in mouth”
- decreased intelligibility with increased speaking rate

Role of SLP

- Evaluation
- Treatment
- Patient/family/caregiver education
- Support groups

Role of SLP

- Evaluation:
- Standardized tests, formal language/speech tasks, informal conversation

Role of SLP

- Evaluation:
- Is it word-finding (aphasia), sequencing (apraxia), or slurring (dysarthria)?
- Is it understanding (aphasia), groping, (apraxia), or weakness (dysarthria)?

Role of SLP

- Evaluation:
- Some hints:
- can't finish sentence, tip-of-the-tongue (language)
- groping, inconsistent order (apraxia)
- slow, weak speech (dysarthria)

Role of SLP

- Treatment (examples):
- Aphasia (language):
- naming tasks, PACE (verbal expression)
- yes/no, commands (auditory comp)
- functional writing tasks (written express)
- functional reading tasks (reading comp)

Role of SLP

- Treatment (examples):
- Apraxia (speech):
- automatics (1-10, DOW, MOY, alphabet)
- sequencing cards, singing
- diadochokinetic, multisyllabic words
- phonemes
- oral exercises (alternating movements)

Role of SLP

- Treatment (examples):
- Dysarthria (speech):
- diadochokinetic, multisyllabic words
- tongue twisters
- oral exercises (strengthening)
- SOS – slow, open, shout (strategies)

Adaptations for communication

- Verbal expression – carrier phrases, sound cues, gestures, pointing, drawing, facial expressions, yes/no rather than open-ended questions
- Auditory comprehension – simplify commands, visual/tactile cues/models, yes/no rather than open-ended questions

Adaptations for communication

- Reading comprehension – simplify content, one line at a time, left margin highlight, large print, high contrast
- Written expression – adaptive grip, write larger, marker versus pen
- Play to the patient's strengths



Any Questions?



Thank you!