

## The Brain, The Body & You – Learning Series

### WORKSHOP 5: Communication & Behaviour

- Powerpoint (see file)
- Workshop Schedule
- Reference Notes
- Case Studies
- Resource List
- Evaluation Form

## **WORKSHOP SCHEDULE**

(4 hours)

- 10 minutes Welcome & introduction of facilitators  
Review of handout package  
Participant self-introduction
- 20 minutes Review signs and symptoms of stroke and how to react to them  
▶ VCR/DVD – Video #1 Recognize and React to the signs & symptoms of stroke for health care providers – use one of the vignettes  
Review Types of stroke  
Review risk factors for stroke  
(see detailed notes in workshop #1)
- 15 minutes Elicit from group the issues with communication and behaviours they experience with stroke survivors or other clients in their workplace
- 45 minutes What makes successful communication & successful communication partners  
Communication issues with stroke survivors  
Define terminology
- 20 minutes Communication disorders that may occur after strokes  
Show vignette of “aphasia” and follow with discussion
- 20 minutes BREAK  
[readings from the book: The Diving Bell and the Butterfly]
- 20 minutes Discussion of vignette (continued)
- 25 minutes Video from Aphasia Institute
- 5 minutes Introduce role play  
Set-up participants
- 45 minutes Role playing activities
- 10 minutes Questions and evaluation

## REFERENCE NOTES

During the break, readings from The Diving Bell and the Butterfly were shared with the group.

### Objectives for this Workshop

At the completion of this workshop, the learner will:

1. Define a stroke
2. Identify the risk factors for stroke
3. Recognize the signs and symptoms of a stroke and identify how to react to them
4. Be able to define characteristics of successful communication
5. Be able to define terminology commonly used with communication
6. Be aware of common communication disorders that the stroke survivor experiences
7. Be aware of general strategies for communicating with the stroke survivor with aphasia
8. Be aware and have the chance to practice strategies to “get your message across”
9. Identify members and roles of the interprofessional team

### Successful Communication Partners

Successful communication partners do the following:

- show respect, use normal tone of voice, make eye contact
- deliver a clear message with simple, direct statements – one thought per sentence – repeat / rephrase if unclear
- make sincere attempt to understand what the other person is saying – clarify, repeat, admit if you don’t understand
- trust the other person to listen, be attentive, focus on the message
- empathy for each other – be patient, caring

If your message is not getting across:

- be optimistic – “let’s try again”
- be patient & persistent
- be creative – use gestures, pictures
- be honest – “I’m sorry”

► As these are reviewed, the facilitators may share examples from their experience.

### Communicating with the Stroke Survivor

- Ask “how do you want to be addressed?” – Mr. Jones, Fred, Bud – they may have a nickname

- Introduce yourself and give your reason for being there
- Deal with private matters in private – close doors, curtains
- Be calm, direct and positive in all communication
- Adjust the environment – turn off the TV or radio, close the curtain if sunny

### **Post Stroke Problems that Make Communication Harder**

- Cannot physically get to where he/she wants to be
- Cannot communicate eye-to-eye
- Impaired hearing / vision
- He/she may not be able to alter facial expressions
- Has slower responses or inappropriate responses
- Cannot manage personal care

### **Terminology**

Communication:

The exchange of information, ideas, etc. between at least two people.

Speech:

The motor movements of the lips, tongue, jaw, vocal tract, etc. that work together to create the SOUNDS we use to communicate

Disorders: Dysarthria and Apraxia

Language:

The agreed-upon code that a group of people uses, made up of words, grammars, rules, etc., that allow communication to take place

Disorder: Aphasia

Voice:

The sounds made by the larynx.

Cognition:

The “thinking” part of communication:

- Attention
- Concentration
- Memory
- Visual perception
- Planning
- Problem-solving
- Self- monitoring

Disorders: Dementia, strokes which cause damage to the executive centres of the brain

### **Communication Disorders That Can Occur After a Stroke**

- Dysarthria
- Apraxia
- Aphasia
- Cognitive-Communication disorders

### **Dysarthria: A Motor Speech Problem**

DYSARTHRIA: Difficulty making speech sounds clearly

Survivors with dysarthria have NOT lost language. They may still:

- Think, plan, decide and reason
- Understand spoken language
- Read
- Write or type
- Use computers or other devices to communicate

### **Apraxia**

- A problem with the COORDINATION of the muscles of speech
- The messages from the brain are not able to reach the speech muscles in a smooth, accurate and rapid manner
- As with dysarthria, the person may still have full command of their ability to speak, listen, read and write

### **Dysarthria: What You Can Do To Help**

- Communicate in a quiet place.
- Repeat what you have understood. Clarify anything you have not understood.
- Jot down notes.
- It may be easier for the person to write down information if they are able – provide paper and pen.
- Consider using:
  - Paper and pen
  - A computer
  - Picture / work / phrase board
  - Alphabet board
- Communicate about significant issues when the survivor is rested
- Be open when you don't understand
- Negotiate – does the person want you to help finish their words / sentences?

### **Cognitive Communication Impairments**

- Reduced ability to understand and communicate clearly related to:
  - Problems with organization of thoughts
  - Concentration
  - Memory
  - Knowledge of non-verbal communication
- Often seen in survivors with right hemisphere strokes
  
- Survivors with right hemisphere communication impairments are able to:
  - Speak clearly in fluent sentences
  - Understand direct, concrete communication
  - Tell and laugh at familiar jokes
  - Sometimes read
  - Write some words and sentences
  
- Problems:
  - Fluent but poorly organized or wanders off-topic
  - Leaves out relevant information
  - Makes little eye contact (especially on the left)
  - May appear rude
  - Doesn't understand / remember what has been said
  
- May affect a survivor's ability to:
  - Talk
  - Read
  - Write
  - Understand

## **Aphasia**

- Aphasia is a language difficulty that happens because a stroke has affected the part of the brain that holds the language dictionary.
- People with aphasia are competent adults who know more than they can say.

## **Communicating When a Survivor Has Aphasia**

Survivors with aphasia can:

- Think, plan, decide, and reason
- Usually produce some clear words
- Understand facial expressions and gestures

**BUT:**

- Difficulty understanding spoken language
- Difficulty expressing words and sentences

### **Strategies to Help You Get Your Message Across**

- Look at the person when you are speaking.
- Speak in a tone of voice appropriate for communication with an adult.
- Communicate one idea at a time.
- Write down key words.
- Use gestures and facial expressions.
- Use objects to help get your message across.
- Use YES / NO questions.
- Draw simple pictures.
- Acknowledge that the person with aphasia knows what they want to say but cannot say it.  
“I know you know...”

### **Strategies to Help the Person with Aphasia to Get Their Message Across**

- Encourage the person to write down a word or draw.
- Encourage the person to point to something.
- Identify the general topic first and then move onto the details.
  - “Are you talking about your family?”
  - “Are you talking about your daughter?”
  - “Are you wondering if she is coming to visit today?”
- Ask YES / NO questions.
- Use a written YES / NO for the person to point to.
- Encourage the person to use some of the words you have written down to communicate.
  - I have heard you are a music fan.
  - YES NO I DON'T KNOW

### **Pictographic Topic Pages**

- Pictograph pages are a tool to facilitate communication.
- Use the pictographs to provide visual cues to the topic of the conversation.
- Encourage the person with aphasia to point to the relevant pictograph.

[www.aphasia.ca](http://www.aphasia.ca)





## DIRECTIONS FOR FACILITATORS

### Role Playing for Supported Conversation

- Participants are divided into pairs
- Each pair is given an A package & a B package
- Packages need to be supplemented with pictorial material from the Aphasia Institute
- Supply each pair with 6 sheets of plain white paper & a black marker
- Exercise takes about 15-20 minutes per partner (total = 30-40 minutes)

### Materials:

- directions for participants
- role play (A package + B package)
- pictorial material
- plain white paper & black markers

## DIRECTIONS FOR PARTICIPANTS

### Supported Conversation

#### **Getting the message IN – “Is my message clear?”**

- Sit next to each other, but maintain eye contact
- Establish a topic. Let him/her know when you are changing topics. Both can be done by writing down a **KEY WORD**.
- Use short, simple sentences and an expressive voice.
- Pause between statements.
- Add gestures to “punctuate” what you say.
- Avoid figures of speech or vague statements that can lead to misinterpretation.
- Always have plenty of paper with you.
- **PRINT** key topic words. This way, if he/she needs to refer back to something said earlier, he/she has it clearly printed for his/her reference.
- Use picture – focus on one at a time.

#### **How to get the message OUT – “Does he/she have a way to answer or ask questions?”**

- Ask yes/no questions and make sure that he/she has a way to respond.
- Ask one thing at a time.
- Ask him/her to give you clues by gesturing or pointing to objects, pictures and written key words – “Can you show me?”
- Give him/her time to respond.

#### **VERIFY – Have you checked to make sure YOU have understood?**

- Summarize slowly and clearly what he/she is trying to say.
- “So let me make sure I understand...”
- Add gestures or written key words as necessary.
- Draw boxes around correctly interpreted words/cross out words that were **NOT** what he/she intended to say.

**Role Play # 1 – Partner A**

- You are attempting to have a conversation with someone with aphasia.
  - Mrs. Devlin is 66 years old and had a stroke 2 years ago. She used to write with her right hand.
  - Her right extremities are extremely weak, but she has some use of her left hand.
  - Her stroke left her with mild receptive aphasia, and severe expressive aphasia.
  - She says “yes” and “no”, but not consistently, and sometimes what she says does not correspond to her facial expression or gestures.
  - She can read single words, and benefits from a slow pace. Her family lives quite a distance away.
- 
- Mrs. Devlin is try to tell you something. She looks worried.
  - Use the picture resources to help establish what she is worried about.
  - Use paper and pen to write down the key words.
  - Make sure you verify that you understand correctly what she is trying to tell you.
  - Use the picture resources to re-assure her that her concerns will be addressed.

**Role Play # 2 – Partner A**

- You are Mr. Richardson, a 52-year-old man who had a stroke 1 year ago.
- You have heard the term moderate expressive and receptive aphasia, but you communicate just fine. When you say “Boxcar chicken little”, you can’t understand why your wife throws her hands up in the air.
- You used to use your right hand to write, but it is now very weak, and you write exactly what you say.
- You cry often, and that frustrates you.
- You are able to read single words.
  
- You have been growing more and more frustrated. You keep telling your wife when she comes every day that you want to see the family dog, Percy, but she has not yet brought Percy in.
- You are also having lots of trouble sleeping, mostly because you are being kept awake by your roommate.
- Your wife looks tired and frustrated, and you are concerned. Your speech language pathologist has been working with you so that you will act out (using hand gestures) what you want, but it is still in progress. You wish people would just take the time to wait.
- You are trying to communicate your concerns to the person in front of you. (Make sure to say nonsense words, but your pointing is accurate.)

**Role Play # 1 – Partner B**

- You are Mrs. Devlin, a 66-year-old woman who had a stroke 2 years ago.
  - You have a mild receptive aphasia, and find that people talk too quickly.
  - You used to use your right hand to write, but it is now very weak, and you can do some spelling and drawing, but it is slow and frustrating.
  - All you can say is “yes” and “no”, but you often say “yes” when you really mean “no” and vice versa. You don’t understand why people don’t understand you.
  - You are able to read single words, but they have to be in fairly large print.
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- You are worried. You have been having some headaches lately, and you are concerned that you may be having some small strokes (TIA’s).
  - You have tried to communicate this to your family members when they visit, but they live very far away, and you don’t see them often.

**Role Play # 2 – Partner B**

- You are attempting to have a conversation with someone with aphasia.
  - Mr. Richardson is a 52-year-old man who had a stroke one year ago. He used to write with his right hand.
  - He cries briefly but frequently throughout the day.
  - His right extremities are extremely weak, but he has some use of his left hand. Writing is no longer functional, but he can draw quite well.
  - His stroke left him with moderate receptive and expressive aphasia.
  - He says words, but they don't make any sense.
  - He can read single words, and benefits from a very slow pace. His wife comes to see him every day.
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- Mr. Richardson is trying to tell you something. He has not been participating in any activities, and is withdrawing from people.
  - Use the picture resources to help establish what is troubling him.
  - Use paper and pen to write down the key words.
  - Make sure you verify that you understand correctly what he is trying to tell you.
  - Use the picture resources to re-assure him that his concerns will be addressed.

## RESOURCE LIST

### Heart and Stroke Foundation of Ontario

For more information or to order any of the following resources please visit the Heart and Stroke Foundation of Ontario website at <http://profed.heartandstroke.ca>

- Heart and Stroke Foundation of Ontario (2002) Tips and tools for everyday living: A guide for Stroke Caregivers. Heart and Stroke Foundation of Ontario: Toronto online at <http://profed.heartandstroke.ca>.
- Stroke Network of Southeastern Ontario (2006). Tips and tools for everyday living: A guide for stroke caregivers: “Putting it into practice” video series online at [www.strokenetworkseo.ca](http://www.strokenetworkseo.ca)
  - Video #1 Recognize and React to the Signs and Symptoms of Stroke
    - Used in all 5 workshops
  - Video #2 Communication
    - Used in workshop #5 Communication and Behaviour
  - Video #3 Meal Assistance & Hydration
    - Used in workshop #4 Nutrition, swallowing, feeding and hydration
  - Video #4 Cognitive, Perceptual & Behavioural Problems
  - Video #5 Mobility
    - Used in workshop #3 Mobility
- Risk Assessment: online at [www.heartandstroke.ca/assess](http://www.heartandstroke.ca/assess)
- Ontario Best Practice Guidelines for Stroke Care: online at <http://profed.heartandstroke.ca/>
- Canadian Best Practice Recommendation for Stroke Care: 2006 online at [http://www.canadianstrokestrategy.ca/eng/resourcestools/best\\_practices.html](http://www.canadianstrokestrategy.ca/eng/resourcestools/best_practices.html)
- Let’s Talk About Stroke and other patient education resources
  - Heart and Stroke Foundation of Ontario Health Information Resource Catalogue online at [http://www.heartandstroke.on.ca/site/c.py13IeNWJwE/b.3829047/k.91D8/Health\\_Information\\_Resource\\_Catalogue.htm](http://www.heartandstroke.on.ca/site/c.py13IeNWJwE/b.3829047/k.91D8/Health_Information_Resource_Catalogue.htm)

### Additional Resources

- Stroke Network of Southeastern Ontario: [www.strokenetworkseo.ca](http://www.strokenetworkseo.ca)
  - Visit this site for additional educational resources and popular resource links
- RNAO (2005). Best Practice Guidelines: Stroke Assessment Across the Continuum of Care. Online at [www.RNAO.org](http://www.RNAO.org)

- Journal Article: Rosemarie King & Patrick Semik. (April 2006). Stroke Caregiving: Difficult Times, Resource Use and Needs During the First 2 Years. *Journal of Gerontological Nursing*, 32(4), 37-45. online at [www.JOGNonline.com](http://www.JOGNonline.com)

Aphasia Institute – training and educational resources online at [www.aphasia.ca](http://www.aphasia.ca)

Video: Aphasia Institute (1996) Supported conversation for aphasia adults: Increasing communicative access: Aphasia Institute, North York. Contact the Aphasia Institute at [www.aphasia.ca](http://www.aphasia.ca)

Book:

Bauby, Jean-Dominique (1997) The Diving Bell and the Butterfly: A Memoir of Life in Death. Random House Inc. ISBN: 0375701214.



The Brain, The Body & You – Learning Series

WORKSHOP 5: Communication & Behaviour

**Participant Evaluation Form**

1. Using the following scale (1-9), please rate your level of knowledge / skill / experience **BEFORE** today's workshop and **AS A RESULT OF** today's workshop for each of the following statements.

<b>NONE or MINIMAL</b> Knowledge/Skill/Experience			<b>SOME</b> Knowledge/Skill/Experience			<b>EXTENSIVE</b> Knowledge/Skill/Experience		
1	2	3	4	5	6	7	8	9

Enter a number in the boxes below

<b>How would you rate your:</b>	<b>BEFORE</b> the Session	<b>AS A RESULT OF</b> the Session
a. Ability to recognize the possible 5 signs and symptoms of a sudden stroke		
b. Understanding of how to react to the sudden signs and symptoms of a sudden stroke		
c. Ability to identify risk factors for having a stroke		
d. Knowledge of how a stroke could affect a stroke survivor's ability to communicate		
e. Knowledge of communication techniques you can use when interacting with a stroke survivor who has aphasia		
f. Knowledge of how to care for a stroke survivor who is impulsive		
g. Knowledge of the roles and functions of the interprofessional team members		

2. Overall, to what extent did this workshop meet your expectations?

- \_\_\_\_\_ Did not meet
- \_\_\_\_\_ To some extent
- \_\_\_\_\_ To a great extent
- \_\_\_\_\_ Exceeded my expectations

3. What did you find most helpful about today's session, and why?

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4. What did you find least helpful about today's session, and why?

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5. How might this workshop be improved? General comments?

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6. Do you have any topics / learning areas to suggest for future workshops?

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