

Communication problems after a stroke



This guide is for anyone supporting a stroke survivor with communication problems.

You'll find information on the different types of communication problems, as well as tips on supporting someone with their recovery and a guide to having good conversations.

More information about stroke

Find more useful information and practical tips at **stroke.org.uk** or call our Stroke Support Helpline for printed copies. Useful topics include:

- Emotional changes after stroke: **stroke.org.uk/emotional-changes**
- Problems with memory and thinking (cognitive problems): **stroke.org.uk/thinking**
- Information for carers: **stroke.org.uk/caring**
- Vascular dementia: **stroke.org.uk/vascular-dementia**

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How does a stroke affect communication?

When a stroke happens, it damages part of the brain. Language is controlled by several different areas of the brain working together. If part of the brain that supports language is damaged by a stroke, this can affect communication. See page 8 for more about language and the brain.

Communication problems are very common after a stroke. Around two-thirds of people have communication problems directly after a stroke, and some people will have long-term difficulties.

The impact of a stroke on communication is different for each person. It depends on the size of the stroke and where it happened in the brain. Communication problems may improve with support and therapy. Support from those close to the person, such as family and friends, can also have a positive impact on their daily life.

Communication difficulties after a stroke can vary over time. Someone can have good days and bad days. If someone's feeling tired, lacking confidence or in a low mood, it can make it harder to communicate. Being in a busy or noisy place can make it harder to concentrate and respond. It can be especially difficult when a stroke survivor is trying to communicate with someone who does not know how to support a person with communication difficulties.

Other causes of communication problems

Communication problems can be due to other conditions affecting the brain, such as dementia, traumatic brain injury and brain tumours. If you need dedicated information and support for one of those conditions, turn to our list of external organisations in 'Other sources of help and information' at the end of this guide.

How does this affect daily life?

Communication problems can affect all aspects of someone's life. They can have a big impact on relationships with friends and family members. Many people tell us they become isolated or feel lonely after a stroke because of their difficulties with communication, as well as a loss of confidence. Friendships can drop away if friends find it too difficult to communicate or feel unsure how to help a stroke survivor.

Communication problems can also impact a person's work, hobbies and other aspects of daily life. They may find it harder to do everyday tasks like going to the shops, or may need support to help them get online or use a smartphone.

Keeping in touch

Maintaining social networks can be a huge factor in someone's recovery. It's vital for the person to be supported to keep in touch with others and build new friendships. See page 38 for more tips for family and friends.

Fatigue and a loss of confidence after a stroke can make it harder for someone to be motivated to do things like rehabilitation activities. They might avoid going out and being active. These are all important parts of recovery. People tell us doing things they enjoy and creating a routine really help their wellbeing.

Remember someone might need help to build up motivation. For example, you can give encouragement and offer practical support with rehabilitation. Learn more about supporting someone after a stroke at **stroke.org.uk/caring** or call our Stroke Support Helpline if you have any questions.

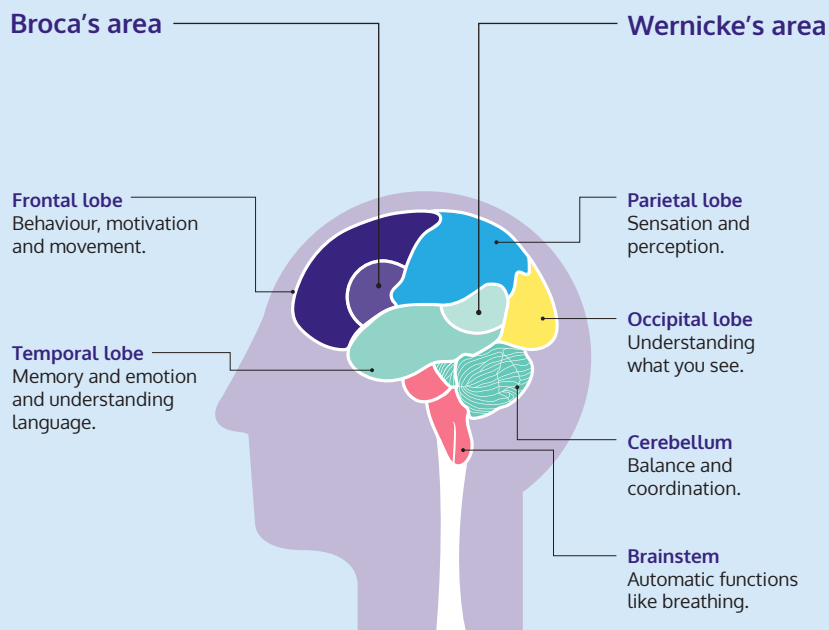
'People don't understand how difficult it is to string a sentence together and how much energy it takes just to do normal things.'

Grace, stroke survivor



Language and the brain

The left side of the brain contains the main language areas. But language is highly complex, and takes place in areas on both sides of the brain. Broca's and Wernicke's areas of the brain are important for language, but many other brain areas and functions play a part in communication. These include memory, vision and concentration, as well as muscle control of the mouth and vocal cords.



How do we communicate?

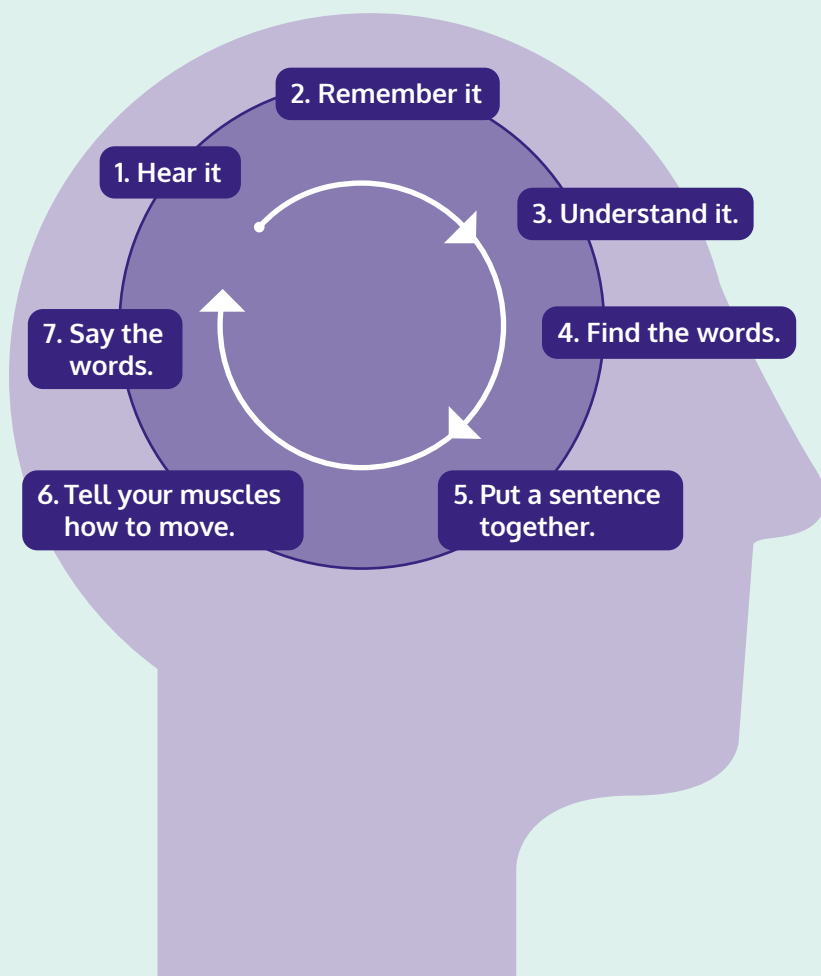
When we communicate, our brain completes a series of tasks. When someone asks you a question, your brain must understand what you are being asked, decide on your answer, put the words together and then reply.

Different parts of the brain carry out these tasks. Depending on the area of the brain that is damaged, you could have problems with any part of this process. But communication is not just about speaking and understanding speech. Many people also have problems with reading, writing, spelling and using numbers after a stroke.

Communication problems can also be due to problems with moving or coordinating the muscles in your mouth and vocal cords, which can make it hard to speak and swallow. The vocal cords are at the top of your windpipe in your voice box (larynx). They are the muscles that produce sound and are involved in swallowing and breathing.

Concentration can also be affected, making it harder to follow a conversation. If someone has problems with memory and thinking (cognitive problems), they might find it hard to remember things or understand ideas.

What happens when we're asked a question?



Types of communication problems after stroke

Aphasia

Aphasia can affect someone's ability to speak and/or understand what other people say. It can also affect reading, writing and using numbers, as well as using gestures and drawing pictures.

Aphasia is sometimes called dysphasia. Aphasia can be mild or more severe, and it can change over time. It happens when the parts of the brain that control language are damaged. Aphasia is a common problem after stroke. About a third of people have it after a stroke.

Aphasia does not affect intelligence

If someone has aphasia, it means they have problems with using or processing language. It has nothing to do with intelligence, memory or thinking skills. However, someone may have cognitive problems as well as language difficulties, and they will need the right specialist support to help them recover and communicate.

Types of aphasia

There are different types of aphasia, and someone can have more than one type. They can also have other problems with communication at the same time, such as dysarthria or cognitive problems.

The most common types of aphasia are:

- Expressive aphasia, also called non-fluent aphasia or Broca's aphasia, is due to damage in the 'Broca's area' of the brain. It's hard for someone to find the right words, but they may be able to understand speech quite well. They often know what they want to say, but can only say single words or very short sentences. This can feel frustrating to them and the person they are speaking to.
- Receptive aphasia, also called Wernicke's or fluent aphasia, is due to damage to the 'Wernicke's area' in the brain. It means someone can say words and sentences, but they often don't make complete sense. They usually have trouble understanding speech. They may not know that what they are saying is unclear, so may get frustrated when people don't understand them.
- Global aphasia is the most severe form of aphasia, and it's due to damage in several language areas of the brain including Broca's and Wernicke's. It affects all aspects of language, making both speaking and understanding very difficult.

- Anomia, or anomic aphasia, is a milder form of aphasia. Someone can speak and use correct grammar, but they struggle to find the right word for things. They might substitute vague terms, or describe what an object does instead of using its name (such as a 'jug for heating water' instead of 'kettle').

Signs of aphasia

While it will be different for everyone, these are some of the more common signs of aphasia:

Problems with speech

- Not being able to say the words they want to say.
- Only being able to say single words, or form very short sentences, like 'want drink'.
- Talking can take a long time, with struggles and long pauses.
- Missing out words or getting them in the wrong order.
- Getting stuck on a single word and repeating it over and over.
- Saying one word while meaning another, such as 'milk' instead of 'water', or 'yes' instead of 'no'.
- Not being able to find the right word, even though they can describe what they are thinking of.
- Saying words and sentences that don't make sense.

Problems understanding

Problems understanding what others are saying may be less obvious. Someone with aphasia might tell you their understanding is fine, but you might notice some signs. For example:

- Needing others to repeat sentences.
- Needing others to use simpler language when they're talking.
- Finding it difficult to understand when there is background noise or many people talking at once.
- Finding it difficult to follow a conversation on the phone, where you can't see the other person's face or body language.
- Having difficulty following instructions.
- Needing time to process what has been said.
- Disengaging from conversation (as they might not understand it).

Problems reading

- Not being able to read text messages or websites on a smartphone.
- Being able to read only headlines in a newspaper but not the main text.
- Not understanding information in letters they receive.
- Sometimes people with aphasia will be able to write, but they might not be able to read back what they have written.
- Sometimes people with aphasia can read words out loud, but might not understand what they have read out loud.
- Being able to read smaller sentences but maybe struggling with longer and more complex sentences.

Problems writing

Writing problems can relate to writing on paper and typing on a smartphone or computer.

- Some people may not be able to write or type at all, even single letters.
- Some people might be able to write/type the first letter of a word, but not be able to spell the rest.
- Some people will be able to write/type sentences but might leave out words.
- Writing problems can make it hard to fill in forms, write emails or send texts.

Problems with numbers

- Problems understanding and using both written numbers ('ten') and digits ('10').
- Difficulty with calculations and understanding information with numbers.
- Problems with telling the time.

Dysarthria

Dysarthria happens when a stroke causes weakness in the muscles of the face, mouth and the vocal cords in the voice box. It can also affect breathing. About one in four people have dysarthria directly after a stroke, and another one in four have dysarthria together with aphasia. Dysarthria is a physical speech difficulty. It doesn't affect the ability to use language.

Signs of dysarthria

Dysarthria affects people in different ways. For some, their speech may only be a little unclear and people will usually be able to understand them. However, for others it means that they can't speak clearly at all. They might find it harder to speak if they are feeling stressed.

Some common signs include:

- Not being able to speak clearly.
- Slurred or slow speech.
- Speaking with a quiet or strained voice, or one that doesn't change its tone.
- Hesitating a lot or speaking in short bursts, rather than full sentences.

'Although I may look okay at first glance, I am now less confident and people need to be more patient with me.'

Graham, stroke survivor

Apraxia of speech

Apraxia of speech means the brain has difficulty with planning and coordinating movements in the muscles of the face, mouth and voice box. This can make it difficult to speak clearly.

This is different from muscle weakness (dysarthria). The muscles may not be weak, but the person can't coordinate the muscle movements in the complex sequence needed for speech. This affects what someone does consciously (when they intend to do something) but it might not affect an automatic response. So someone may not be able to say goodbye when asked to, but they may be able to say it without thinking.

Apraxia of speech is less common than aphasia and dysarthria. It can occur with both. It can be tricky to tell the difference between apraxia of speech and other communication problems, but a speech and language therapist can help with a diagnosis. Some common signs include:

- Trying to say the word, but the sounds are not in the right order.
- The person is often aware they're not saying sounds in the right order, but cannot correct themselves, for example, 'hos-ti-pal'.
- Several attempts are made to say the word correctly.
- Some words in the sentence might be perfect, while others are a challenge.

- The speech errors made can change each time.
- Hesitating between words, and needing several attempts to get the right mouth shape to say a word.
- Sometimes people can manage more automatic speech, for example, listing the days of the week, but can struggle with new sentences.

Cognitive communication difficulties

We use social cognition skills to help us interact with other people. These skills include the ability to interpret non-verbal cues, like facial expressions and tone of voice, and taking turns in a conversation.

Problems with social cognition after a stroke may be due to damage in the right side of the brain. Cognitive changes after a stroke can have a wide range of effects on communication, but these are some of the most common:

- Taking things very literally, not understanding jokes or sarcasm, or being unable to interpret figures of speech, such as 'it's raining cats and dogs'.
- Having trouble with reasoning and finding it hard to understand someone's logic or point of view.
- Difficulty processing information can make someone feel overloaded and make it hard to keep up with a conversation.

- Finding it hard to take turns in a conversation, getting stuck on a single topic or talking mainly about themselves.
- Difficulty reading facial expressions and body language.
- Lacking insight into their own behaviour.
- Difficulties with maintaining eye contact and keeping track of the conversation.

Are there treatments that can help?

The fastest recovery usually happens in the first weeks and months after a stroke, but there is no set time limit for recovery. It can continue at a slower pace for years. Each person's recovery is unique to them and they will go at their own pace.

Although many people can and do make progress with therapy, they may still have problems from time to time, especially when they are tired, stressed or unwell. Some days will be better than others, and they may notice changes in their communication from day to day.

Recovery doesn't always mean going back to the way things were before a stroke. For many people, recovery will focus on exploring different ways to communicate a message, not just speaking.

'My speech therapy has helped me so much and singing helps too.'

Kayleigh, stroke survivor

Speech and language therapy

Speech and language therapy is the main treatment for communication problems. It aims to help improve the ability to communicate. It isn't just about 'fixing' problems so that someone can speak as well as they used to. It's also about gaining confidence, learning to communicate in new ways and adapting to life with communication difficulties. Speech and language therapists should also offer training to help family members and carers learn how to support and communicate with the stroke survivor.

How do you get speech and language therapy?

Speech and language therapy often begins in hospital but carries on after the person leaves hospital. Someone can also have therapy if new needs emerge some time after a stroke. UK national guidelines say people should have up to 45 minutes per day of all the therapies they need. However, the amount of therapy someone gets may vary between areas of the UK. It can depend on the availability of local resources.

If someone is not getting all the help they need, or they have new support needs, contact their GP. If you're unhappy with the level of therapy provided through the hospital, contact the hospital Patient Advice and Liaison Service (PALS). They will respond to complaints and feedback. Our Stroke Support Helpline can give you ideas for getting the support you need.

Why don't some people have speech and language therapy?

Someone won't be offered speech and language therapy if the speech and language therapist thinks that they won't get any benefit from it. This may be because they are too ill to take part in therapy sessions, they have very severe difficulties which may not benefit from therapy at a particular time, or if their problems are naturally improving.

Setting goals

A speech and language therapist will assess the person, and work with them and their family or carers to set goals for what they want to achieve. This could include things like being able to chat more easily with their family, speaking on the phone and asking for things in a shop. It can also include relearning skills for reading, writing and using numbers.

If appropriate, the therapist will create a programme of activities tailored to the person's needs and what they want to work on. A rehabilitation assistant may help with sessions. Digital technology such as apps or software on tablets and mobiles may also be used to practise activities in sessions and at home.

Rehabilitation carries on after therapy ends and some people are able to continue with their activities and keep practising at home. Having conversations and communicating as much as possible will also help their recovery.

Improving language skills

Therapists help someone relearn language skills such as linking objects and ideas, and linking words and their meanings. Tasks can be spoken, on paper or on a computer or tablet. Learning activities can include:

- Matching words (written or spoken) to pictures.
- Sorting out words by meaning.
- Retrieving the words for pictures.
- Putting words into categories.
- Identifying rhyming words.
- Constructing sentences or having conversations.

Finding new ways to communicate

Sometimes the focus of therapy is on compensation or coping strategies, such as using non-verbal methods for communication. This can include anything that helps to get a message across, such as using technology, hand gestures, alphabet charts and notebooks. You might hear the term 'augmentative and alternative communication' (AAC) used to describe some tools used to support the person. The Royal College of Speech and Language Therapists has information on different types of AAC at [rcslt.org](https://www.rcslt.org)

Communication is more than just speech



Reading



Drawing



Listening



Gesturing



Technology



Eye contact



Music



Touch



Tone of voice



Body language



Facial
expression



Writing

Using technology

Modern technology offers a range of options to help people to communicate. Computers, mobile devices and smart speakers can all be used in different ways to access things someone needs and help with conversations.

Touch-screen devices like phones and tablets usually have built-in accessibility software, as well as standard apps such as a camera and audio recording.

Examples of ways to use a mobile phone or tablet include:

- Set the device to speak the text on screen.
- Set the device to be voice-controlled and carry out instructions, such as web searches or sending messages.
- Use a device to pre-record spoken messages to use in different situations.
- Take photos of objects to show people things you need or help explain things.
- The calendar app can help with setting a routine and send reminders for appointments.
- List and reminder apps can help to remember words and tasks. These can also work with voice control if someone struggles with typing.
- Some video calling apps let you add instant subtitles which can help with comprehension.

There are apps and therapy programmes specifically for communication problems. The Aphasia Software Finder has information about what's available at **aphasiasoftwarefinder.org**. You can also find details of aphasia therapy apps at **stroke.org.uk/stroke/effects/aphasia/therapy-apps**

Involving family and carers

Speech and language therapy also involves the people around the stroke survivor, including family, friends and carers. Communication problems can have a big impact on those closest to the stroke survivor, but you can learn new ways of communicating with someone who's had a stroke.

A speech and language therapist can offer education, information and strategies to family and friends, to try to help you find ways to communicate more easily. This might include videoing conversations between the person with aphasia and a family member, and giving feedback on what works well and what you might try differently to help - for example, writing down words as you talk.

The healthcare team treating the person who's had a stroke should also have training in supporting people with communication problems, so the stroke survivor can be fully involved in their own care and rehabilitation.

Improving confidence

Speech and language therapy helps to build confidence, so someone feels able to join in conversations, talk to new people and do things they want to do. Meeting other stroke survivors with communication problems, such as at support groups, can also help with increasing confidence and making connections with others. Speech and language therapy isn't just about the time spent with the therapist. Improvements and making progress will only come with practice.

The therapist should agree ways with the stroke survivor to help them practise what they've learned outside of sessions.

How long does therapy last?

Ideally, therapy should continue until someone has achieved their goals. However, people sometimes find their speech and language therapy ends before they feel ready. Studies suggest many people receive less therapy than national guidelines recommend, and that the amount can vary by where you live.

Knowing they're no longer going to have regular advice and support from a speech and language therapist can cause some anxiety. However, recovery doesn't end with therapy. As the person continues to practise, they will probably continue to improve their skills and confidence.

Keeping going with communication

The speech and language therapist can give suggestions for communication in everyday life. They can give exercises, tips for conversations and suggest apps or books.

'I've had to teach myself how to read again by listening to audio books and reading along. I've also been attending my local Stroke Association Communication Group. It's brilliant and it's really helping me.'

Paul, stroke survivor



What happens after speech and language therapy?

The speech and language therapist should explain the kinds of communication support available, including peer support where the stroke survivor can connect with people in a similar situation, and they can refer someone to services. The therapist should also explain what to do if someone needs more therapy in future.

Volunteering can be a good way to practise communication, increase confidence and improve wellbeing. Someone can practise with family at home, and there are also workbooks and apps for recording communication goals.

Speech and language therapists can provide information about life after stroke. This information should be provided at a level the person can read and understand.

What about private therapy?

Using a private speech and language therapist (SLT) may be an option if someone has private health insurance, or the ability to pay for sessions themselves.

They should look for someone who has experience of working with people who have had a stroke. To find a private SLT, you can check the Association of Speech and Language Therapists in Independent Practice at **asltip.com**. All practising SLTs must be registered with the Health and Care Professions Council (HCPC). Check the SLT you have chosen is registered on the HCPC website at **hcpc-uk.org/check-the-register**

How does therapy help recovery?

Neuroplasticity: re-wiring the brain

Your brain is amazing! It has the ability to re-wire itself, allowing you to improve skills such as walking, talking and using your affected arm. This process is known as neuroplasticity. It begins after a stroke and it can continue for years.



How does it happen?

Brain cells send messages around the brain. A stroke damages some of the connections inside the brain, and between the brain and the body.

When you do rehabilitation activities, it encourages the brain to start making new connections in the healthy parts of the brain. Building up those connections can make your brain better at controlling your body, and might help you to do more things you want to do.

You can help this process by practising rehabilitation activities. There is no time limit on neuroplasticity, and it doesn't only happen during therapy. Every time you take an extra step, say a new word, or do a hand exercise, it helps the brain make new connections.



Are there aids or equipment that can help?

A speech and language therapist will recommend equipment and apps for supporting communication. Some examples include:

- Carrying a pen and notebook so they and the person they are speaking to can use drawing and writing to communicate.
- Using a mobile phone or tablet (see page 24 for some ideas).

Communication card

This is a card someone can show to explain they have problems communicating. It's usually small enough to fit in a wallet or purse. You can order one at shop.stroke.org.uk



Stroke Support Helpline:
0303 3033 100
stroke.org.uk

Stroke Association

Name: _____

Tel: _____

Emergency contact: _____

Form 14-0045 - Stroke Association © 2012
This card is a template and should be used as a guide only. It is not a legal document. It is not a medical record. It is not a legal document. It is not a medical record. It is not a legal document. It is not a medical record.



**I have had a stroke
and find it difficult to
speak, read or write.**

Please give me time to communicate.
Speak clearly, taking your time and
write down key words. Your help and
patience would be appreciated.

Communication passport

This is a document that gives important information about the person with aphasia. Everything from the kind of communication problems they have and the medication they take, to likes and dislikes, and where they come from. This can be especially helpful if someone often meets new people or has several carers. Anyone can make their own communication passport, although there are many templates available to help.

Apps and computer programmes

An app (or application) is a piece of software on your smartphone or tablet. Some apps can help you with communication, while others help with practical activities like banking and shopping. Apps can also be used for fun, such as games and music.

There are apps and computer programmes for practising speech and language exercises. This kind of computer-based therapy works best with some guidance from a speech and language therapist.

Many apps are free or free to try out, but others you have to buy or pay a monthly subscription fee. The therapy team will advise which apps could help.

Mobile devices and computers have many useful features as standard. See page **24** for a list of ideas for using technology to communicate.

Charts and books

Paper-based communication supports include alphabet boards, communication charts and books. They display large letters or words, and can include sets of pictures, photos or symbols to point to. Some people find symbol sets useful. Symbols are graphic representations of words and can be helpful for people who have difficulty reading or spelling. There are many symbol sets available, covering a range of different topics.

Electronic aids

Voice output communication aids (VOCAs) are devices that can help if someone has problems speaking clearly. They use a computer-generated voice to play a message aloud. Some work by pressing a button to play a pre-recorded message, like "How are you?", and others have a keyboard to create a message for the VOCA to read aloud. The Communication Matters charity has information about getting help with an augmented and alternative communication (AAC) assessment at communicationmatters.org.uk/what-is-aac/assessment-routes

Getting online

Visit stroke.org.uk/getting-online for our free guide to support people with aphasia to get online. You can also call our Stroke Support Helpline for a print copy.

AbilityNet

AbilityNet is a charity which helps disabled people use technology. Call the helpline on **0300 180 0028** or visit abilitynet.org.uk

Tips to share with someone with aphasia

1

Practise, practise, practise...

The more you practise your communication, the more likely you are to make progress. So take every opportunity you can. If you have dysarthria, keep doing the exercises given by the speech and language therapist.

Perhaps the best thing you can do is to have conversations with friends and family. Let them know what they can do to help the conversation go well. It might help if they speak about one thing at a time, or give you more time to make your point.

2

...but take breaks

Communication can become exhausting, especially to begin with. Don't push yourself too hard. Listen to your body. If you're getting tired, take a rest.

Find things you enjoy doing with others where you don't need to talk so much, such as watching sport or doing gardening. You might find you have more energy at certain times of the day.

3

Be kind to yourself

Some people say they feel stupid when they get words wrong. And the constant struggle to get across what you want to say can be both frustrating and exhausting. It's a lot to cope with. Be kind to yourself by reminding yourself how hard you're working and how much you have achieved.

If you're having a frustrating moment in a conversation, remember you can take a break or try again another time. Some people also say laughing about it can help. Asking others to help with communication is important too.

4

Be up front with people

People are more likely to give you the help and time you need if they know you've had a stroke and struggle with speaking. Using a communication card may help.

It's not always easy to explain, but you'll usually find people are much more understanding than you think. It's helpful if your communication card can tell people what you'd like them to do too.

5

Get support

Emotional difficulties, such as low mood or anxiety, are common after a stroke. If you're finding things difficult, try telling a family member or friend. Read more about emotional changes after stroke at **stroke.org.uk/emotional-changes**

You can contact our Stroke Support Helpline by phone or email for someone to talk to. If you feel very anxious or have a low mood for a long time, contact your GP who can refer you for help.

6

Connect with others

Try to meet with other people with aphasia. Many people tell us it helps to know they are not alone. You can find some organisations which run support groups at the end of this guide. You can also visit **stroke.org.uk/support** to look for groups that meet in person or online.

7

Embrace technology

Smartphones and tablets can be useful for people with communication problems and those they're communicating with. Ask your speech and language therapist for tips, or try the Tavistock Trust's Aphasia Software Finder – see page 49.

'Practise speaking, even if you're embarrassed. The longer you do it, the better you become.'

Steve, stroke survivor

Tips for family and friends

It can be difficult to know how to help someone when they're finding communication difficult. Here are some tips to help you.



1. Get involved

If your family member or friend isn't able to communicate in the same ways as before, then you're going to need to learn new ways to do it too. Ask them what helps. Go to their speech and language therapy sessions if you can, or ask their speech and language therapist for information and training as a communication partner.



2. Work together

Many people with communication problems say they feel invisible or people aren't interested in what they have to say. So make sure your family member or friend is included in your conversations – whether it's an argument, an important decision, or simply a chat about what's happening that week. If they meet someone new, make sure they are introduced and included in the conversation.



3. Be patient

All relationships rely on communication so it can be very hard when it suddenly becomes difficult. Communication problems can affect relationships between partners and spouses, but help is available. Read more about changes to intimate relationships at **stroke.org.uk/relationships** or call the Stroke Support Helpline for print copies.



4. Support their independence

You might need to support someone to start with, by doing things like answering the phone or going to appointments with them. But as their communication begins to improve, encourage them to start doing more things on their own if they can. Ask them what they'd find helpful.



5. Make time

People can feel very lonely and isolated when they're not able to talk or go out in the same way they used to. Simply spending time with someone can really help. Make an effort to talk to them about how they're coping. Find something you can do together that doesn't require as much chat, like cooking a meal or playing a familiar game.



6. Get support for yourself

It's important to look after yourself and your own wellbeing too. Talking to others who understand your situation may help. Our Stroke Support Groups can connect you with others supporting someone after a stroke.

A guide to good conversations

When you're talking to someone, it's up to both of you to make sure the conversation is a good one. This doesn't change if one of you has communication problems. It may make your conversation a bit more difficult, but it can still be enjoyable and help you to feel close. These are our tips to help you.

Before you start

- **Reduce distractions and background noise**

Remove distractions like mobile phones, and make sure you're not under any other pressures, so you can give each other your full attention.

- **Choose a good moment**

Ask them to pick a time when they have enough energy and concentration to talk. Stroke can cause fatigue, which can be worse in the afternoon.

- **Focus on what you're doing**

Look as if you're ready to talk, sit close to or opposite each other and make eye contact. It's easier to have a one-to-one conversation than a group chat. If you're meeting as a group, you might need a 'chairperson' who can manage the conversation and make sure one person speaks at a time.

- **Don't worry**
Conversations are about sharing and understanding each other, so it doesn't matter how you do it or how long it takes. Be ready to make mistakes, you just have to keep trying.
- **Get ready to listen**
The best conversations involve everybody equally, so good communication is as much about listening as it is talking.
- **Have resources ready**
Have a pen and paper handy, and anything else you think that can support communication. For example, photos on your phone, a calendar, magazines or books you want to talk about.

To be a good listener you need to:

- Give time and attention.
- Try not to interrupt.
- Allow silences.
- Ask questions.
- Give feedback.
- Check you've understood.

During your conversation



Do

- Remember conversation is more difficult if you are somewhere noisy or full of distractions.
- Ask how they want you to give support.
- Keep it simple. Keep sentences short and ask one question at a time.
- Give time to respond. Waiting for a while after you say something can help.
- Say when you don't understand. It's not a problem, you just need to try it again. It can help to repeat back the part of the message you have understood.
- Stick to one topic at a time and make sure you both know when you've moved on to a new one. If the conversation breaks down, it can be helpful to check you're talking about the same topic. You can try writing down key words.
- Use whatever you can: point to things, make gestures, write, draw, hum or sing. Ask them what they find helpful.

- Talk naturally about things of interest to you both.
- When things are going wrong, humour can help break the tension.
- Use either/or questions, rather than open questions, as this can be more challenging. Don't only use open questions in a conversation.



Don't

- Rush. Give each other time to understand and respond.
- Finish sentences or guess what the other person is trying to say, unless this is a strategy the person has asked you to use.
- Ask questions you already know the answers to. It's a conversation, not a test.
- Correct what they've said, especially if you've understood it.
- Pretend to understand what they've told you or assume that you have. Always check.
- Forget you're talking to an adult who has problems with their communication, not their intelligence.

Some other things to be aware of

- Check yes/no responses. Sometimes people with aphasia say yes or no when it's not what they mean. Check with a simple thumbs up or thumbs down, or draw a tick and a cross and ask them to point.
- Write down key words as you talk, so you can refer to them if you need to. Even if they can't read very well, many people can still recognise single words.
- If your conversation partner is struggling to think of a word, ask them to spell it, write it down, draw it, point to it or what letter it begins with on an alphabet chart. You can also encourage them to 'talk around it' by describing it and using their communication book if they have one.
- Think about other things you can use to help your conversation. Do you have pictures from your holiday you're talking about? Or why not sit down with a photo album, newspaper or website about something you're both interested in, and talk about that together?
- Ask them what they find helpful. Also let them know what helps you in the conversation.
- After formal conversations, like a work meeting, it can be helpful to write down and share key points. In a medical appointment, it might help to write down key points and anything agreed.



Five rules of good conversations

1. Show respect.
2. Give each other time.
3. Listen.
4. Show you are concerned and care about them.
5. Never assume.

Free online training for better conversations

Aphasia experts at University College London have produced a free e-learning resource aimed at family and friends, people with aphasia, and professionals supporting them. You can find a link to the Better Conversations with Aphasia resource at **extendstore.ucl.ac.uk**

Free online training at Communication Access UK

The Communication Access UK initiative has developed the Communication Access Symbol and training to support inclusive communication. Find out more at **communication-access.co.uk/about**

Where to get help and information

From the Stroke Association

Stroke Support Helpline

Our Stroke Support Helpline offers information and support for anyone affected by stroke, including family, friends and carers.

Call us on **0303 3033 100**,
from a textphone **18001 0303 3033 100**.

Email **helpline@stroke.org.uk**

Read our information

Log onto **stroke.org.uk**, where you can find aphasia-friendly picture books and videos. You can also call the Stroke Support Helpline to ask for printed copies of our guides.

Other sources of help and information

Aphasia Alliance

Website: aphasiaalliance.org

Lists all the main organisations dedicated to supporting people with aphasia and their carers.

Aphasia Reconnect

Website: aphasiareconnect.org

Information on aphasia, plus support groups.

Brain and Spine Foundation

Website: brainandspine.org.uk

Helpline: **0808 808 1000**

Information about conditions affecting the brain and spine, plus a helpline and support groups.

The Brain Tumour Charity

Website: thebraintumourcharity.org

Tel: **0808 800 0004**

Information about living with a brain tumour, and language difficulties due to brain tumours.

Chest Heart & Stroke Scotland

Website: chss.org.uk

Advice Line: **0808 801 0899**

Email: adviceline@chss.org.uk

Communication support in Scotland, including groups and one-to-one support.

Communication Matters

Website: communicationmatters.org.uk

Tel: **0113 343 1533**

Practical advice and tools for people living with complex communication needs.

Dementia UK

Website: dementiauk.org

Tel: **0800 888 6678**

Headway

Website: headway.org.uk

Tel: **0808 800 2244**

Information and support for traumatic brain injury, including communication and cognitive problems.

Say Aphasia

Website: sayaphasia.org

Offers online and in-person groups for people with aphasia.

The Tavistock Trust for Aphasia

Website: aphasiatavistocktrust.org

Tel: **0152 529 0002**

Information about aphasia, the 'Aphasia Software Finder' and grants of up to £1,000 for individuals and groups.

Notes:

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About our information

We want to provide the best information for people affected by stroke. That's why we ask stroke survivors and their families, as well as medical experts, to help us put our publications together.



How did we do?

To tell us what you think of this guide, or to request a list of the sources we used to create it, email us at **feedback@stroke.org.uk**



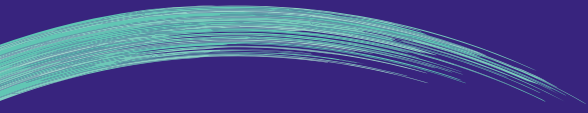
Accessible formats

Visit our website if you need this information in audio, large print or braille.




Always get individual advice

This guide contains general information about stroke. But if you have a problem, you should get individual advice from a professional such as a GP or pharmacist. Our Helpline can also help you find support. We work very hard to give you the latest facts, but some things change. We don't control the information provided by other organisations or websites.



Remember, you are not alone. We are here to support you throughout your recovery, whenever you need us.



Contact us

Stroke Support Helpline: **0303 3033 100**

From a textphone: **18001 0303 3033 100**

Email: **helpline@stroke.org.uk**

Website: **stroke.org.uk**



Finding **strength** through **support**

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