

Adapting Patient-Provider Communication with Individuals with Communication Disorders

On-line content slides

In preparing for your upcoming seminar, please become familiar with the following information on communication disorders (CDs), including:

- Language disorders
- Cognitive-communication disorders
- Speech disorders
- Hearing disorders

What are communication disorders (CDs)?

- Difficulty receiving, sending, processing and/or comprehending information
- Exist across the lifespan (childhood, adolescence and adulthood)
- May be *developmental* (congenital) or *acquired* (neurological etiology)
- Patients may exhibit one or a combination of different CDs
- Communication disorders can affect different modalities of communication: auditory comprehension, speaking, reading and writing

(ASHA, 2007)

What are NOT communication disorders?

Language *differences* are NOT disorders:

- Speaking a different language or having English as a second language
- Speaking a different dialect
- Speaking with an accent

Language disorders

- Problems with expression, use and/or comprehension of language for communication
- Etiology can be developmental or acquired
- Acquired language disorders may exist on their own (rarely), in which case cognition and speech functions are normal
- But often co-exist with cognitive or speech disorders

Aphasia

- Most common acquired language disorder in adults.
- Results in difficulty with expression, comprehension, reading and writing of language.
 - All 4 modalities typically affected, but to different degrees
- Typically associated with stroke, TBI, or other neurological damage.

“Aphasia is a disorder of language – not intellect” (ASHA)

Two main types of aphasia

- Non-fluent (sometimes called expressive aphasia)
 - Verbal expression generally affected more severely than comprehension (but usually still have some impairment in comprehension)
 - Difficulty with word-finding is common. Individuals will often be unable to “find” a word they want to say, or come out with a word they didn’t intend to say
 - Speech often has the content words but difficulty with grammatically complete sentences
 - Individuals generally have awareness of many errors but cannot necessarily correct them

Two main types of aphasia (cont)

- Fluent (sometimes called receptive aphasia)
 - Comprehension usually more severely affected than with non-fluent aphasia
 - Speech will often be fluent in that it flows easily, but content may be confused or filled with “jargon” or nonsense words
 - Individuals may be less aware of their errors because of their comprehension impairments

Cognitive-communication disorders

- Deficits in communication resulting from *non-linguistic* cognitive functions, including:
 - Attention
 - Memory
 - Problem solving/organization
 - Executive function

Cognitive-communication disorders

- Problems with comprehension
 - May not be able to remember what they are told
 - May not be able to “process” the information – to make sense of it and use it to solve a problem
 - May not be able to follow through on information they have been given
- Problems with expression
 - Content may be confused or inappropriate – may not make sense for the situation
 - Content might be “empty” meaning they say a lot of words but don’t really say anything meaningful

Be alert:

Someone with cognitive disorders may be able to participate in a conversation with apparently functional speech and conversational skills, but may lack the cognitive abilities to retain, implement or problem solve using the information.

Cognitive-communication disorders

- Can affect broad areas of functioning, including:
 - Self-regulation of behavior
 - Social interaction
 - Activities of daily living
 - Learning and academic performance
 - Vocational performance

Speech disorders

- Disruption in the physical ability to produce speech sounds.
- May result from peripheral impairments in respiration, phonation (voicing), articulation, or the neural control of these systems.
- Speech disorders may exist on their own (i.e. cognitive and language functions are normal).
- Speech disorders may co-exist with cognitive or language disorders.

Examples of speech disorders

- Dysarthria (weakness and discoordination)
 - typical in neurological disorders such as ALS, Parkinson's disease, CVA, and TBI
- Apraxia of speech (impairment with programming speech sounds)
 - typical in neurological disorders such as CVA or TBI
- Disorders related to head and neck cancer
 - Examples include laryngectomy, glossectomy
- Voice disorders
- Stuttering
- Developmental articulation disorders (in children)

Hearing disorders

- Problems with hearing acuity
- Common disorder associated with aging (presbycusis)
- Can be developmental or acquired
- Hearing disorders can occur on their own
- Hearing disorders can co-occur or make other existing communication disorders worse

Two types of hearing loss

- Conductive
 - Damage is in the outer (ear canal) or middle (ossicles) ear
 - Most common causes include ear infections (otitis media)
 - If sound can be made loud enough to get through the impaired outer or middle ear, sound perception (ability to understand speech) is generally good

Two types of hearing loss (continued)

- Sensorineural
 - Damage to the inner ear or neurologic pathways of the ear
 - Common causes include aging and noise-induced hearing loss
 - Can affect sound perception as well as loudness. Even when speech is made loud enough to be heard, the individual may still have problems understanding speech