

Module 3: Communication and Dysphagia Support

Life After Stroke Education Series



Stroke Network
Southwestern Ontario

Disclaimer

- SWOSN has created the following PowerPoint to support the delivery of stroke education for providers working in the Life After Stroke Programs. SWOSN would like to acknowledge the Community Stroke Rehab Teams for providing the initial iteration of this resource.
- Every effort has been made to ensure that the following information provided is accurate, up-to-date, and complete, but no guarantee is made to that effect. This is a reference resource designed as a supplement to, and not a substitute for, the expertise, skill, knowledge, and judgment of healthcare practitioners. For the most current recommendations always refer to the Canadian Best Practice Recommendations for Stroke Care at: www.strokebestpractices.ca
- Images used in this presentation are for educational purposes only and are not to be duplicated

Outline

Dysphagia

- What is dysphagia?
- Signs and Symptoms
- Management

Communication Disorders

- What is communication?
- Best Practices
- Disorders of Communication
- Supported Conversation for Adults with Aphasia (SCA™) Framework
- Resources

DYSPHAGIA MANAGEMENT



What is Dysphagia?

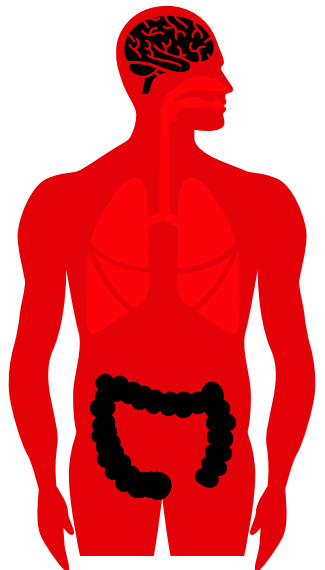
Dysphagia = Swallowing Difficulties

Dysphagia is when a stroke affects the muscles we use to eat and swallow which makes it difficult to swallow. Affected muscles may include the **lips, tongue, throat** etc.

Some swallowing problems may be obvious like:

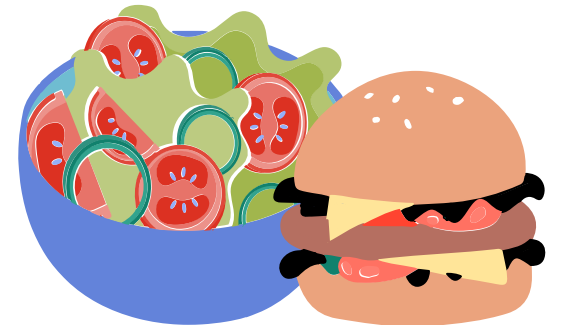
- Drooling
- Coughing
- Choking

BUT other swallowing problems, may be harder to spot!



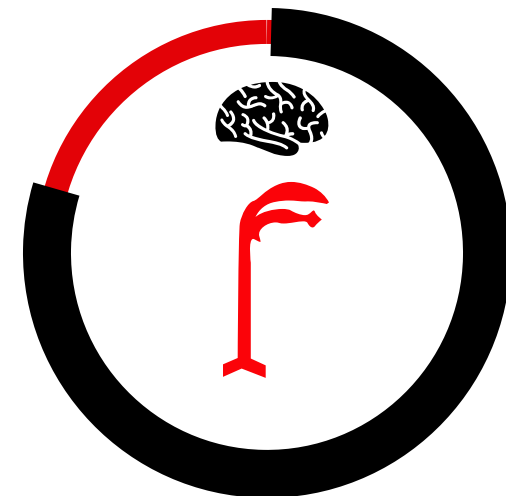
Signs and Symptoms

- Coughing, throat clearing or choking while eating and drinking
- A wet or “gurgly” voice during or after eating or drinking
- Complaints of food sticking in the throat
- Drooling or food escaping the mouth when eating
- Pocketing food in the cheek after swallowing
- Eating too quickly or too slowly
- Weight loss or dehydration
- Repeat pneumonias or chest infections and/or fever

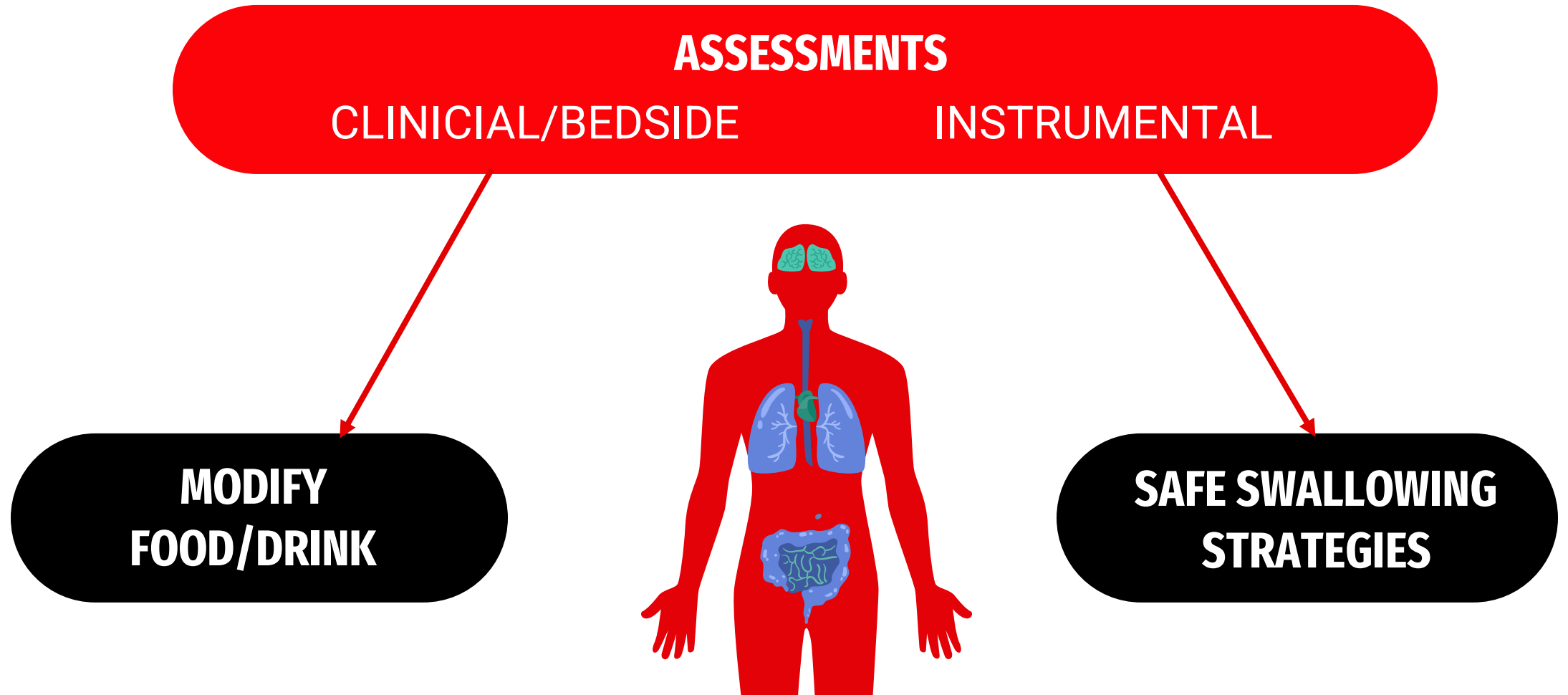


Why do we care?

- More than 50% of stroke survivors experience dysphagia
- About 11-13% have chronic dysphagia
- If not identified and managed, dysphagia can lead to malnutrition, dehydration, choking, aspiration pneumonia, prolonged hospitalization and/or poor quality of life



How do we manage?



How do we manage?

International Dysphagia Diet Standardization Initiative (IDDSI)

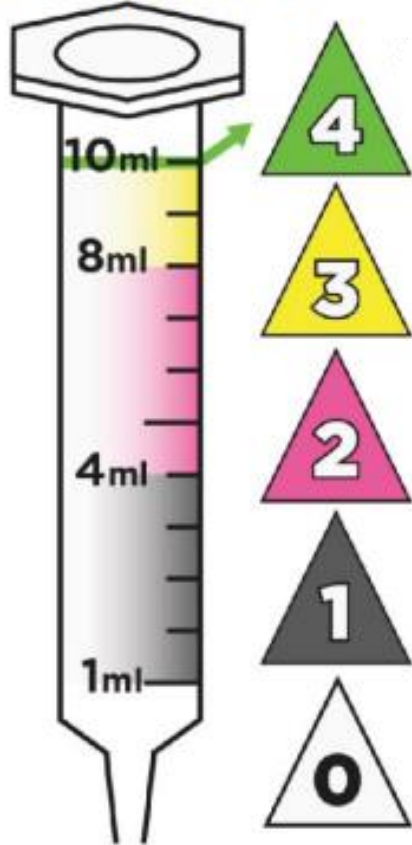
**MODIFY
FOOD/DRINK**

- 8 levels (0 - 7)
- Drinks Levels 0 – 4
- Foods Levels 3 – 7
- Provides global common terminology



How do we manage?

IDDSI Flow Test

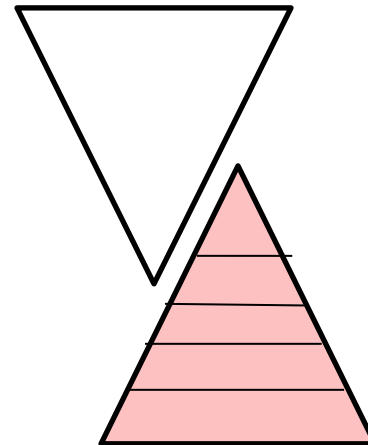


Level 0 - Thin drinks: Flows like water

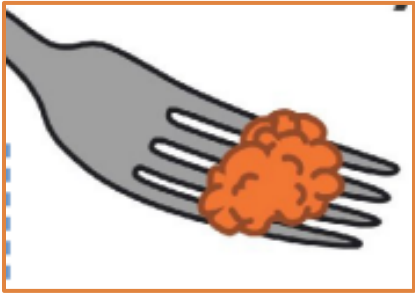
Level 2 - Mildly Thick liquids: Are 'sippable'. Need some effort to drink this thickness using a standard straw

Level 3 – Moderately Thick drinks: Can be drunk from a cup or taken with a spoon. Need some effort to drink them through a wide diameter straw.

Level 4 – Extremely Thick drinks: Are usually eaten with a spoon. Cannot be drunk from a cup or sucked through a straw.

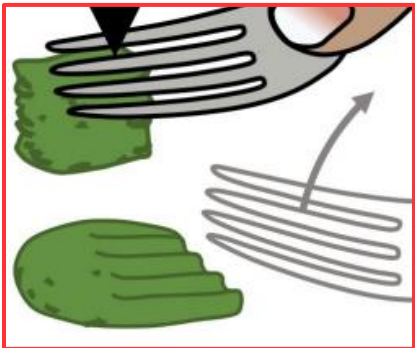


How do we manage?



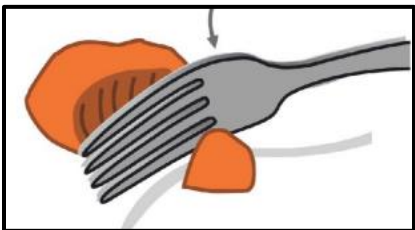
Level 4 – Pureed: Are usually eaten with a spoon. Do not require chewing. Have a smooth texture with no lumps.

Level 5 – Minced & Moist Foods: Soft and moist, but with no liquid leaking/dripping from the food. Biting is not required. Minimal chewing required. Lumps of 4mm in size.

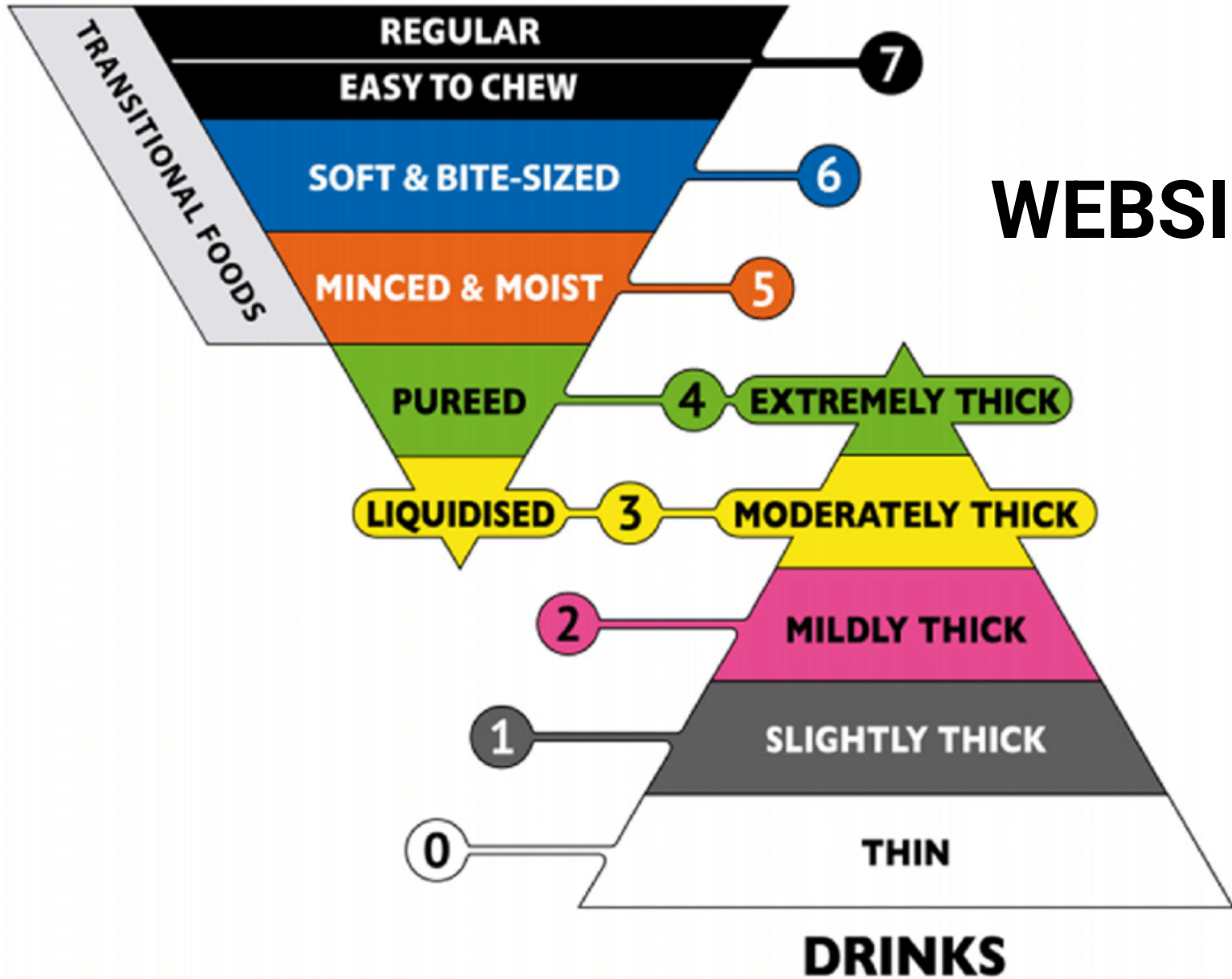


Level 6 – Soft & Bite-Sized Foods: Soft, tender and moist, but with no thin liquid leaking/dripping. Ability to chew ‘bite-sized’ pieces so that they are safe to swallow is required.

Level 7 – Regular Easy to Chew Foods: Normal, everyday foods* of soft/tender texture. Do not use foods that are: hard, tough, chewy, fibrous, have stringy textures, pips/seeds, bones or gristle.



FOODS



WEBSITE: [IDDSI – Home](http://IDDSI-Home)

Safe Swallowing Strategies

See SLP Recommendations for a client's strategies

- Sit upright, around 90 degrees
- Take your time
- Chew well
- Avoid distractions (e.g., avoid talking while food or drink is in your mouth)
- Perform good oral care before and/or after meals

What to do if you notice signs of dysphagia?

Tell someone!

- You can initiate a HCCSS SLP referral or contact the CSRT SLP. Please be aware that the referral process may be different depending on your geography
- In general, make sure individualized SLP recommendations are followed as outlined for all clients attending the program



Communication Disorders

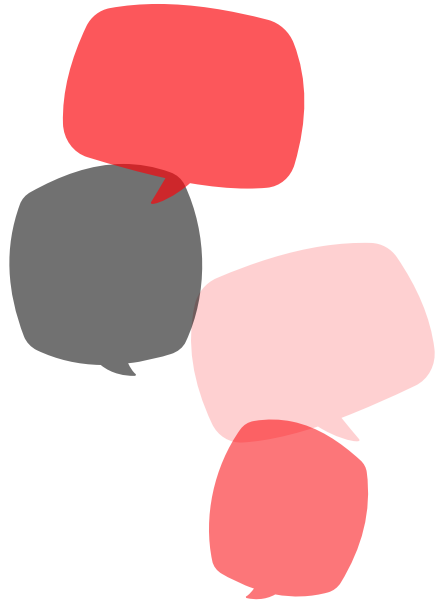


What Is Communication?



The exchange of information between individuals through a common system of symbols, signs, or behavior.

What is a Communication Disorder?



An impairment in the ability to receive, send, process, and/or comprehend concepts, verbal/nonverbal and/or graphic symbol systems.

Communication Best Practices

i. All health care providers working with persons with stroke across the continuum of care should undergo training about aphasia and other communication disorders, including the recognition of the impact of aphasia and methods to support communication such as Supported Conversation for Adults with Aphasia (SCA™) [Evidence Level C].

Note: Other communication disorders may include: dysarthria, apraxia of speech and cognitive communication deficits.

Different Communication Disorders



Dysarthria



Apraxia



**Cognitive-
Communication**



Hearing Loss



Voice



Aphasia

Dysarthria

The muscles needed for speaking are weak.

Can cause:

- Slurred speech
- Slow or rapid speech
- Changes to pitch
- Changes to volume
- Changes to nasality

What Can Help?

Clear Speech Strategies	Pacing Board	Whiteboard
<ul style="list-style-type: none">• Slowing down your speech rate• Moving your lips and tongue more• Improving the way you breathe to support speech	<ul style="list-style-type: none">• Breaking up the words or syllables into more discrete segments	<ul style="list-style-type: none">• Using other communication strengths, such as writing, to get your message across

Apraxia

- When the brain knows what it wants to say BUT words come out all mixed up.
- Speech sounds come out in the wrong order.
- Muscles are not weak, the brain has difficulties with CONTROLLING the speech muscles.
- Often happens together with aphasia.

What Can Help?

Melodic Intonation	Scripting	Modifying the environment
<ul style="list-style-type: none">• Using intonation patterns to improve speech production	<ul style="list-style-type: none">• A number of select phrases are practiced so they become automatic and can be inserted into conversation	<ul style="list-style-type: none">• Reducing background noise, maintaining eye contact, and decreasing the distance between speaker and listener

Cognitive Communication

- Communication difficulties caused by deficits in cognition (attention/orientation, memory, organization, information processing, reasoning, problem solving, executive functions).
- More common with:
 - Larger strokes
 - Multiple strokes
 - Strokes on the right side of the brain

What Can Help?

External Supports	Modifying the Environment	Training Communication Partners
<ul style="list-style-type: none">• To keep track of and retain information, may use calendars, phone alarms, carry a journal, etc.	<ul style="list-style-type: none">• Establish routines, limit background noise, verify information with a trusted friend or family member.	<ul style="list-style-type: none">• Join caregiver support groups, learn what challenges your partner deals with most, discuss assessment results

Hearing Loss

- When something affects your hearing system.
- You may have trouble understanding, following or participating in conversations in-person and/or over the phone.
- Many things can cause hearing loss, including a stroke.

What Can Help?

Assistive Devices	Reduce Background Noise	Face to Face
<ul style="list-style-type: none">• When assessed by an Audiologist, certain devices may be prescribed. Make sure devices are charged and worn.• Hearing Amplification Systems	<ul style="list-style-type: none">• Background noise can create greater difficulty for people with hearing loss to understand speech.	<ul style="list-style-type: none">• Try and face the person while talking. Avoid speaking behind the person or in another room.

Voice Disorders

When voice quality, pitch, and/or loudness differ from an individual's baseline.

Signs of a voice disorder may include:

- Rough vocal quality
- Breathy vocal quality
- Strained vocal quality
- Strangled vocal quality
- Abnormal loudness/volume (too high, too low)
- Phonation breaks

What Can Help?

Voice Amplification

- Using a microphone or other type of voice amplification.

Vocal Hygiene

- Proper hydration and vocal rest breaks.
- See SLP recommendations for guidance.

Aphasia

- A problem with LANGUAGE skills
- Can be caused by stroke – usually on the left side of the brain
- Aphasia = COMMUNICATION PROBLEMS = Difficulties with:
 - Talking
 - Understanding
 - Reading
 - Writing



Aphasia Continued...

- People with aphasia know more than they can say.
- People with Aphasia:
 - Are still intelligent
 - Know what they want
 - Are competent adults
 - Can make their own decisions
- They can think, plan, decide and reason!



What Can Help?

Supported Conversation for Adults with Aphasia (SCA™)

Developed by the Aphasia Institute in Toronto, SCA™ is a communication method that uses a set of techniques to support conversation when interacting with someone with aphasia through:

- Spoken and written keywords
- Body language and gestures
- Hand drawings
- Pictographs

SCA™ helps people who “know more than they can say” express themselves in a way that makes them feel valued and heard.

SCA™ FRAMEWORK

1

**Acknowledge
Competence**

2

Message In

3

Message Out

4

Verify



Acknowledge Competence



1

Showing the person with aphasia that you know they are competent and understand more than they can say.

- Using a tone of voice that is natural
- Choosing adult topics for discussion
- Saying “I know that you know” at appropriate times

Message In



2

Part of revealing a person with aphasia's competence.

- Using short, simple sentences
- Using gestures
- Writing down keywords or topics, so that you can both see them together
- Using pictures to illustrate an idea
- Eliminating distraction
- Observing the person's facial expression, eye gaze, body posture or gestures to determine their level of comprehension

Message Out

Part of revealing a person with aphasia's competence.



3

- Asking yes or no questions
- Asking one question at a time
- Asking fixed choice questions such as, “Do you want water or coffee?”
- Asking him/her to gesture, point to objects or pictures, or write key words, such as “Can you show me...”
- Giving him/her sufficient time to respond.

Verify



4

Summarize slowly and clearly by saying, “So let me make sure I understand” and using the following methods:

- Adding gestures or written key words
- Repeating the person’s message
- Expanding on what you think the person might be trying to say
- Recapping the conversation if it was a long one

Practical Example

1

"I know you know your favourite drink".

4

"Let me make sure I understand, you want coffee?"



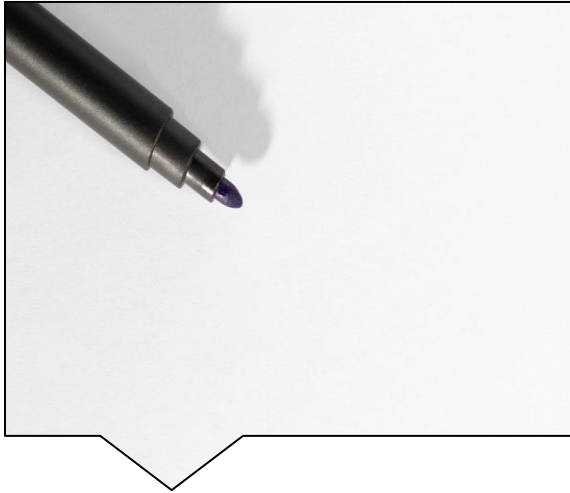
2

Writes out the words coffee, tea, juice and other.

3

Watches as Suzie points to coffee.

Additional Resources



**White Paper
and Marker**



Pictures



**Personalized
Augmentative and
Alternative
Communication
(AAC) Systems &
Boards**

Resources

Complete the Introduction to SCA™ eLearning – a free, short, online course within the Aphasia Institute.

[Community Hub –
Aphasia Institute](#)



References

Aphasia Institute: www.aphasia.ca

Canadian Stroke Best Practices | Home: www.strokebestpractices.ca

Free Google Slides themes and Powerpoint templates | Slidesgo:
<https://slidesgo.com/>

International Dysphagia Diet Standardisation Initiative IDDSI – Home:
<https://iddsi.org/>

Thank You

You have now completed **Module 3: Communication and Dysphagia Support**. For any questions, please contact SWOSN@lhsc.on.ca and/or contact your designated Community Stroke Rehabilitation Team Representative.



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