Role of the Speech and Language Therapist

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Aims of Presentation

- Discuss Role of Speech and Language Therapist
- Brief Overview of Management of Communication and Swallowing Disorders
Role Of SLT in SJH

- Assessment and Management of patients with
  - Acquired communication difficulties
  - Acquired swallowing difficulties

- Training and Education
Disorders of Communication

- Speech difficulties
- Language difficulties
- Post Head and Neck Surgery
- Voice disorders
- Tracheostomy
What is Dysarthria?

- **Neuromuscular** disorder of speech.

- Oral communication problems due to weakness, incoordination or paralysis of speech musculature.

- *Language is not affected*
Dysarthria

- Varying severities and various aetiologies:
  - CVA
  - Head Injury
  - Parkinson’s
  - Multiple Sclerosis
  - Motor Neurone Disease
Dysarthria

What can be done?

- Exercise can help strengthen muscles
- Compensatory Strategies:
  - Slowing down
  - Breaking up words
  - Communication Aids
What is Dysphasia?

- Dysphasia is a **language** impairment.
- Difficulties with understanding/speaking/reading/writing
- The most common cause of dysphasia is stroke.
- About **a third** of all people who have strokes develop dysphasia.
Stroke Statistics

- Up to 10,000 people suffer stroke annually and there are an estimated 30,000 people in the community with residual disability from stroke (Irish Heart Foundation, 2009)

- O’Halloran et al, 2009:
  - 88% patients in acute stroke units present with some type of communication difficulty.
Dysphasia

- Comprehension and expression may be affected quite **differently** in the same person.

- Processing of **spoken** and **written** language may be affected quite **differently** in the same person.

- Dysphasia **DOES NOT** affect intelligence.
Complicating factors with dysphasia

- Other communication impairments
- Cognitive impairments
- Perceptual difficulties
- Fatigue
- Physical difficulties
- Social and personal circumstances
How does dysphasia impact on the patient’s ability to communicate?

- Competence is masked
- Exclusion from decision making
- Messages from patients are often misinterpreted.
Dysphasia - What can we do?

- Assessment of reading, writing, understanding and spoken language
- Language Therapy
- **Individual** and **Group** Therapy
- Advice & Information
- Training of family members and MDT in supported conversation
Dementia and associated communication problems

The person with dementia may:

- Have difficulty finding a word or say a related word
- Not be able to understand what you mean or grasp only part of it
- Talk fluently but not make sense
- Lose the **normal** social conventions of **conversation** and interrupt, ignore another speaker, repeat or not respond when spoken to.

- Have **difficulty** expressing **emotions** appropriately.
Communication Difficulties in Cognitive Impairment

Differential Diagnosis

- **Dysphasia**
  - Sudden onset
  - Stable/improving
  - Focal lesion
  - Intellect preserved

- **Cog. Impairment**
  - Gradual Onset
  - Deteriorating
  - Diffuse brain damage
  - Intellect impaired
Communication Strategies
Benefits of Communication Strategies

For person with Communication Difficulty

- Being included
- Playing an equal part
- Having a Say
- Gaining Respect
- Taking control
Benefits of Communication Strategies
For Health Professional

- Practical Skills and techniques
- Increased confidence
- Helping people get the best out of your service
- Saving time
- Involving people who are excluded
Getting the message in....

- Write down key words
- Use gesture
- Slow down
- Use prompts....maps, rating scales, pictures, objects, clock, calendar,
- Recap, clarify
- Keep it short and concrete
Getting the message out....

- Use **prompts** to help with **choice making**
- Allow **time**
- Use **rating scales and pictures of emotions**
- **Verbalise** what you see
- Use the person’s **communication book**
If things go wrong...

- **Acknowledge** the difficulties
- **Recap** on the discussion so far
- **Use drawings and writing**
- **Share** responsibility “*We’re getting stuck*”
- **Negotiate** moving on
- **Suggest** coming back to the topic later on
Respect

- Treat the patient as a **competent** adult
- Talk to **directly** to the person not to carers
- **Never** talk over the person
Effective professional medical communication has been shown to:

- Increase professional satisfaction
- Increase patient satisfaction
- Reduce anxiety
- Contribute to patient’s sense of control
- Increase patient’s understanding of the risks and benefits
- Increase adherence to treatment

(Anderson & Marlett, 2004)
Swallowing
Acquired swallowing difficulties

♦ Neurological conditions
♦ Respiratory disorders
♦ Tracheostomy
♦ Post Head and Neck Surgery
♦ Cognitive impairment
Disorder of Swallowing

- **Dysphagia**
- **Aspiration**: material entering the airway below the level of the vocal folds
- **Penetration**: material entering airway but does not proceed below the level of the vocal cords  
  
  (Rosenbek et al 1993)
Assessment

- **Bedside Assessment**
  - Oromotor Assessment (CN 7, 12)
  - Pharyngeal/Laryngeal Assessment (CN 10)
  - Food/fluid trials
  - Overt signs laryngeal penetration/aspiration?
  - ? Need for further investigation
Assessment

- Objective Assessment
  - Videofluoroscopy (Modified Barium swallow)
  - Fibreoptic Endoscopic Evaluation of Swallow (FEES)
Management of Dysphagia

- **Main aim is to reduce or eliminate risk of or actual aspiration:**
  - Head Postures
  - Swallow Techniques
  - Diet Modification
  - Swallow Therapy
How Can The Speech and Language Therapist Help You?

- Indicate a patient's level of **understanding** (spoken and written) and reliability of their **expression** (both written and verbal)
- Explain how to communicate most **effectively** with patient
- Provide **communication aids** and supports
- Advise on best consistencies/postures for **safe swallow**
Questions