

# ABC's of Aphasia: The basics and beyond

**ANOMIA**: Difficulty naming things and/or recognizing the written or spoken names of things. *Anomia can exist along with other characteristics of Aphasia, or on its own (Anomic Aphasia)*

**BROCA'S APHASIA**: a non-fluent type of Aphasia associated with a lesion in Broca's area of the brain, and characterized by impairment of articulation, halting speech, impaired ability to produce complex syntax, or lack of grammatical morphemes.

**CIRCUMLOCUTION**: “talking around the word” when a word cannot be found during conversations. *In place of the target word, a description of the word is used. This strategy allows for communications to remain fluid rather than halting due to word-finding difficulties.*

**DEMONSTRATE**: to describe, explain, or illustrate something clearly, often by use of examples. *PWA benefit from demonstrations which are multimodal, often including verbal, visual, and gestural components.*

**EMOJI**: a small digital image or icon used to express an idea, emotion, etc. *Communicating through emojis helps break communication barriers that Aphasia patients face on a daily basis, enabling them to convey their emotions through a visual medium without having to dwell on their word-finding difficulties*

**FLUENT APHASIA**: a unique communication disorder that can cause a person to say phrases that sound fluent but lack meaning (also known as receptive aphasia or Wernicke's aphasia). *Fluent Aphasia means that someone can speak in sentences that sound like normal speech, except some of the words are made-up words (neologisms) or have some sounds that aren't correct.*



**GLOBAL APHASIA:** The most severe form of Aphasia which can cause symptoms affecting all aspects of language ability. *People with global Aphasia have extreme difficulty with reading, writing, understanding speech, and speaking. They may be able to utter automatic or stereotypic responses (e.g., “yes” and “no”), however unreliably.*

**HELPING:** to give assistance or support. *There are many ways to support the communication of PWA. Check out some of our favorite tips below:*

- *Allow plenty of time to respond*
- *Use short, uncomplicated sentences*
- *Avoid asking open-ended questions*
- *Keep distractions to a minimum, such as background radio or TV noise*
- *Avoid finishing a person's sentences*
- *Use paper and a pen to write down key words or draw pictures*

**INTELLIGENCE:** the ability to understand and learn well, and to form judgments and opinions based on reason. *Aphasia impairs one's ability to process language, but it does NOT affect intelligence.*

**JOURNALING:** to write or record daily thoughts, experiences, etc., in a diary or journal. *Reflective journaling is not only helpful for PWA, but also for students and therapists. Evidence has shown that reflective journaling can have positive impacts on clinical skill development.*

**KINESICS:** body movements and gestures regarded as a form of nonverbal communication. *The study of communicative gestures is one of considerable interest for Aphasia - in relation to theory, diagnosis, and treatment. Gestures can provide an excellent natural alternative to verbal communication in PWA.*



**LANGUAGE**: the principal method of human communication, consisting of words used in a structured and conventional way and conveyed by speech, writing, or gesture. *Aphasia is a disorder that results from damage to portions of the brain that are responsible for LANGUAGE. For most people, these areas are on the left side of the brain. Aphasia often impairs the expression and understanding of language as well as reading and writing.*

**MIXED APHASIA**: Mixed non-fluent aphasia applies to persons who have sparse and effortful speech, resembling severe Broca's aphasia. However, unlike individuals with Broca's aphasia, mixed non-fluent Aphasia patients remain limited in their comprehension of speech, similar to people with Wernicke's Aphasia. Individuals with mixed non-fluent Aphasia do not read or write beyond an elementary level.

**NON-FLUENT APHASIA**: People with non-fluent Aphasia struggle to get words out, omit words, and speak in very short sentences. Speech may be halting and require great effort to produce sounds or words. Specific non-fluent Aphasia syndromes include Broca, transcortical motor, mixed transcortical, and global.

**OCCIPITAL LOBE**: Specific Aphasia syndromes are dependent on the location of the lesion in the brain. *In Aphasia due to occipital lesions, problems with processing more specific words are expected; however, the difficulties are instead assumed to be the result of deficits in activating modality-specific (visual) semantic representations. This is because the occipital lobe is responsible for visual perception, including color, form and motion.*

**PRIMARY PROGRESSIVE APHASIA**: Primary Progressive Aphasia is a type of frontotemporal dementia. Frontotemporal dementia is a cluster of disorders that results from the degeneration of the frontal or temporal lobes of the brain. These areas include brain tissue involved in speech and language. *Symptoms begin gradually, often before age 65. They get worse over time. People with primary progressive aphasia can lose the ability to speak and write. Eventually they're not able to understand written or spoken language. This condition progresses slowly. People who have primary progressive aphasia may continue caring for themselves and participating in daily activities for several years.*



**QUESTIONS:** Using yes/no questions can be a very effective and easy-to-use technique to help you communicate with a person with Aphasia. Yes/no questions are often easier for the person to understand. They also do not require the person to produce a new word in order to answer the question. *Although this technique seems straightforward, here are a few things to keep in mind:*

- Stick to one thought per question
- Use visual aids
- Don't rely exclusively on yes/no questions

**READING:** Many people with Aphasia experience difficulty with reading, including difficulties with decoding and comprehension, as well as reduced reading efficiency. *Supported reading comprehension is a technique to make written text more accessible to people with Aphasia. There are many ways to make text more "Aphasia-friendly." Some examples include:*

- Add drawings, images and emojis
- Use personally relevant photographs
- Simplify sentence structure and vocabulary
- Make the format easier to read (e.g. additional spacing and larger fonts)
- Use headlines/categories
- Use bold for important words

**SUPPORT GROUPS:** Having Aphasia can make people feel lonely, isolated, and withdrawn. Some find it's helpful to join a support group. There are dozens of Aphasia support groups located throughout the United States. There are even online support groups you can join from the comfort of your own home. *To find a support group near you, visit the National Aphasia Associations support group finder at: <https://www.aphasia.org/site/>*



**TECHNOLOGY**: Technology is the application of knowledge for achieving practical goals in a reproducible way. Assistive technologies can be helpful for persons with Aphasia, caregivers, and speech pathologists working with Aphasia clients. There is research showing that supplementing in-person therapy with at-home therapy via apps can facilitate recovery. *Some of the most used apps for aphasia recovery & to support the communication of PWA include:*

- *Constant Therapy*
- *Lingraphica*
- *TactusTherapy*
- *Tapgram*

**UNDERSTANDING**: Understanding is a cognitive process related to an abstract or physical object, such as a person, situation, or message whereby one is able to use concepts to model that object. Depending on the type of Aphasia, a person's expression and UNDERSTANDING of language may be impaired. This may include issues with comprehension of written, spoken, and/or gestural communication.

**VOICES OF APHASIA**: Even if some PWA may not speak after experiencing a stroke, they might still be able to SING their words using their VOICES. That's because singing uses the more creative right side of the brain, while speaking is a left-brain function. To be connected with aphasia choirs around the world, be sure to check out the following link:

<https://singaphasia.com/aphasia-choirs/>

**WERNICKE'S APHASIA**: Wernicke Aphasia is characterized by impaired language comprehension. The most common cause of Wernicke's Aphasia is an ischemic stroke affecting the posterior temporal lobe of the dominant hemisphere. While the ability to grasp the meaning of spoken words and sentences is impaired, the ease of producing connected speech is not very affected. Therefore, Wernicke's Aphasia is also referred to as 'fluent Aphasia' or 'receptive Aphasia'



**X-RAY:** One way that aphasia may be diagnosed is via computed tomography (CT), which is an imaging test that uses X-RAYS and a computer to make detailed images of the body.

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**ZOOM:** Zoom is a communications platform that allows users to connect with video, audio, phone, and chat. At Integrative Reconnective Aphasia Therapy, ZOOM is the main platform that our team uses to conduct teletherapy. It allows us to bridge the gap between distances far and wide, enabling us to serve clients all over the world!

