



Your Company

Family Caregiver Resources

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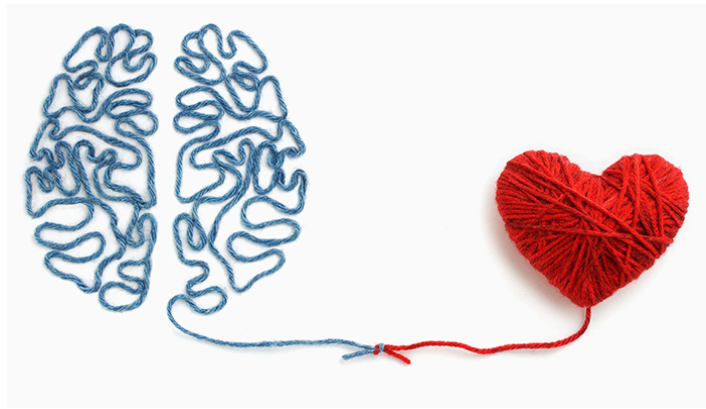
Helpful tips for family caregivers in [Your Community Name]

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After a stroke: Problems with speech and swallowing

It's demoralizing to find oneself unable to communicate, unable to speak clearly, or to understand what is said. It can be equally frustrating for family members as you struggle through garbled speech, or accommodate slow frequent meals due to swallowing difficulties. Learn ways to address the emotional side of a stroke and its consequences. In addition, discover strategies to help your loved one, and which professionals can assist your relative bounce back.

The emotional effects of a stroke



A stroke usually results in damage to the brain. Some of the effects will be permanent. Others, temporary. Through exercises and practice, your relative may regain many if not all of their prestroke abilities.

The emotional toll. What takes most patients and families by surprise are the emotional changes that can come with a stroke. Depression is common.

Some 30% to 50% of stroke survivors experience depression. Becoming suddenly dependent on others may trigger down feelings. For instance, needing help with basic activities such as dressing or eating. Even if there is no disability, the stroke's injury to the brain may itself cause depression, a long-lasting depression or a severe depression—to the point of suicide.

Does your loved one laugh or cry out of the blue? These unexpected emotional storms are another common aftereffect of a stroke. They are often out of sync with current activities and can be very distressing. Your loved one may feel hijacked by his or her feelings. And both you and your relative may feel embarrassed, and worried.

Ask your loved one how you can help: Briefly check in and move on? Or should you actively offer comfort? Such episodes can be interrupted with distraction to another activity, slow breathing, or relaxation exercises. In social situations, let others know this is simply an aftereffect of the stroke.

If you even think depression might be an issue, ask the doctor. Talk of suicide should be taken seriously. Also, talk of feeling worthless or hopeless. Depression left untreated could become a chronic problem that lasts for years.

Help is possible. Several medications for depression have proven quite effective for both poststroke depression and for the bouts of unexpected crying or laughing. Get connected with others, too. Support groups provide reassurance and useful tips for families and for the person who had the stroke.



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Communicating despite aphasia



Aphasia—difficulty speaking and trouble comprehending—is a common aftereffect of a stroke. It's frustrating for the patient and family members alike. Recovery is enhanced by following the advice of speech and occupational therapists. There are even apps to help. Your support is invaluable in terms of bolstering self-worth and confidence.

Try these aphasia communication tips:

- **Remove distractions.** Turn off the TV or radio. Move to a room that is quiet.
- **Allow time.** It takes more effort to organize thoughts and form words.
- **Let them find the right words.** Filling in and guessing what is meant may seem helpful. It actually undermines self-esteem.
- **Listen patiently.** Communication is more than an exchange of facts. Talking is how we each express our personality and competence. As a listener, efficiency is not a priority. Instead, relate as if you have all the time in the world.
- **Confirm your understanding.** Repeat back what you think was said.
- **Keep it simple.** Speak in short sentences. Avoid a long string of ideas or requests.
- **Consider apps.** There are many mobile- and tablet-based apps for aphasia. Some provide assistance with speech exercises. Others offer symbols your relative can point to. Some can even send emails and texts based on the symbols!

Create a communication card

To help your relative stay engaged and be independent, create a "business card" they can pass to waiters, receptionists, merchants, or service providers:

- **I have aphasia:** I have trouble speaking.
- **No need to shout:** I am not deaf.
- **I do not have dementia:** I think very clearly.
- **Please be patient:** Give me time to find my words.

What is speech therapist?

Hear "speech therapy" and you may think of a classmate in grade school who had trouble with stuttering. In fact, speech therapists help with many problems that crop up later in life, such as a stroke, which can affect a person's ability to find and form words, put together language, vocalize, and even swallow.

Speech therapists work with speech-, brain-, and throat-related problems. (They are also known as "speech pathologists.") Like physical therapists, speech therapists are specially trained members of the health care team.

What does a speech therapist do?

The first step is evaluation. The speech therapist will assess your loved one's ability to

- form words and make sounds
- understand spoken words
- find words and organize thoughts into speech
- regain skills for reading and writing
- control volume or pitch of the voice
- swallow without choking

The speech therapist will then develop a treatment plan. This might involve recommendations to consult the doctor about medication or surgery. Or exercises your loved one can do at home. The exercises may work to improve muscle control of the tongue and throat. Or may rebuild nerve pathways to the brain. Or help your relative learn to pay attention to voice volume or facial expression.

As with many therapies, it is up to the patient to practice at home. This is where you come in, providing support and removing barriers without appearing to nag.

Speech therapists work in various settings: Hospitals, rehabilitation facilities, and independent offices. Medicare pays for their services. If your loved one meets Medicare's "homebound" criteria, home visits are also a possibility. Ask the doctor for a referral.

Contact us at **707.477.0700**



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