

Dyspraxia refers to difficulty planning, sequencing and coordinating movements required for speech. It is not caused by a weakness of the speech muscles, but the 'blueprint' for programming their movements has been disrupted. Automatic movements for eating, yawning, coughing, etc. may be retained, but deliberate control for speech movements is affected.

Dyspraxia rarely presents alone and normally occurs with dysphasia, often after a brain injury or a stroke. Therefore, the word that is required can be lost before the programming of movements is achieved.

Some words may slip out, especially social phrases such as 'yes', 'no', 'hello', 'thank you' or swear words, but deliberate speech is more difficult. Often the harder someone tries to talk, the worse it becomes, and increased frustration makes it more difficult.

Dyspraxia can also affect other actions as well as speech. Different types of dyspraxia may be dealt with by other health care professionals.

What is it like?

Dyspraxia can be bewildering and distressing. The person with dyspraxia knows what words they want to say, but they have difficulty coordinating the muscle movements necessary to say those words and they may say something completely different. For example, a person may try to say "kitchen" but it may come out as "bipem". The person will recognise the error and try again, sometimes getting it right, but sometimes saying something else entirely. This can become quite frustrating for the person.

Further Information

We endeavour to provide an excellent service at all times, but should you have any concerns please, in the first instance, raise these with the Matron, Senior Nurse or Manager on duty.

If they cannot resolve your concern, please contact our Patient Experience Team on 01932 723553 or email asp-tr.patient.advice@nhs.net. If you remain concerned, the team can also advise upon how to make a formal complaint.

Department: Speech and Language Therapy Department

Version: 3

Published: May 2018

Review: May 2020

- If possible, go outside or to the hospital cafe and discuss the things that you see.

If you require any more information, go to the Stroke Association website: www.stroke.org.uk

Patient Name:

Date:

Speech & Language Therapist:

Contact details: 01932 722868 (St Peter's Hospital)
01483 846238 (Bradley Unit)

Additional Information:

Symptoms may include:

- 'Struggling' for the right movements to produce speech sounds
- Speech which is slow and deliberate because of difficulty sequencing the required mouth movements
- Saying words with the sounds in the wrong order
- Long words with many syllables may be especially difficult to say
- Difficulty getting a voice.

How to help:

- Allow the person time to speak
- The person may find that watching someone else speak is a helpful way of relearning how to make a sound
- Encourage them to remain calm and try to relax. Letting the person know you understand why he/she is having difficulties will be reassuring
- Encourage any other means of communication which gets the message across, such as pointing, gesturing, facial expressions, nodding/shaking head, drawing – 'accidental' speech may improve this way
- Offer picture charts or word lists to point to. Try using **pictures or written words (always try to have pen and paper to hand)**, to ease the person's frustration. If you can see they are having problems speaking they may be able to show you what

they want to say, by using a photo or pointing to written choices, for example, if you ask 'Do you want tea or coffee?' and they are unable to answer or don't say what they want to say, write down **TEA / COFFEE** and ask them to point to what it is that they want

- Phrase questions so only 'yes' or 'no' is needed in response
- If you can predict the word they need, offer the first sound or a run up, e.g.: 'chair'
 - 'it's a ch ...'
 - 'you sit on a ...'
- Encourage practising automatic speech such as counting, saying the days of the week, the months of the year, singing
- If a word or sentence does slip out clearly, do not ask for a repetition, as a second attempt is often unsuccessful and leads to frustration
- Sometimes the harder a person tries to make the speech movements the more difficult it becomes. Repeated efforts can become more distorted. On these occasions it may be better to have a break and return to the topic later, or find another way of getting the information across
- Remember that speech and concentration can be tiring and communication will be less successful when tired, upset or unwell.

It is said that a communication problem cannot occur in isolation as it is always a two-way process – therefore the listener's patience and positive encouragement are crucial to reduce frustration and achieve communicative success.

Alternatives to Conversation:

It is important to maintain social contact when communication is difficult. Opportunities for conversation and the motivation to interact can quickly reduce. Remember that communication is tiring and concentration may be affected, so keep activities short and enjoyable.

- Try simple turn-taking games that do not rely on language skills, e.g. Connect 4, Ludo, Draughts, Dominoes, simple card games, noughts and crosses
- Find jigsaws with an adult theme but few pieces to complete together
- Listen to the radio, music, audio books, or watch television – then encourage comments and opinions
- Offer to read to them – a newspaper, a letter from a friend, a chapter in a book
- Find adult-orientated art activities such as painting-by-numbers or sketch books
- If spelling is difficult, try unscrambling anagrams of scrabble tiles/plates, doing word-searches, simple cross-words or hang-man
- Find books or magazines that are mostly pictures to enjoy looking at together rather than reading. Try gardening catalogues, sports photo books, 'Hello' or 'OK' magazines, holiday brochures, natural history information