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The impact of aphasia on relationships may be profound, or only slight. No two people with aphasia are alike with respect to severity, former speech and language skills, or personality. But in all cases it is essential for the person to communicate as successfully as possible from the very beginning of the recovery process. Below are some suggestions to help communicate with a person with aphasia. You can also check out our Communication Poster, which is easy to print and share. Make sure you have the person's attention before you start. Minimize or eliminate background noise (TV, radio, other people). Keep your own voice at a normal level, unless the person has indicated otherwise. Keep communication simple, but adult. Simplify your own sentence structure and reduce your rate of speech. Emphasize key words. Don't "talk down" to the person with aphasia. Give them time to speak. Resist the urge to finish sentences or offer words. Communicate with drawings, gestures, writing and facial expressions in addition to speech. Confirm that you are communicating successfully with "yes" and "no" questions. Praise all attempts to speak and downplay any errors. Avoid insisting that that each word be produced perfectly. Engage in normal activities whenever possible. Do not shield people with aphasia from family or ignore them in a group conversation. Rather, try to involve them in family decision-making as much as possible. Keep them informed of events but avoid burdening them with day to day details. Encourage independence and avoid being overprotective. For more aphasia resources check out our Helpful Materials. "Patience, Listening and Communicating with Aphasia Patients" – An interesting and helpful video by the RVA Aphasia Group in Richmond, VA. From our Blog: Quick Tips for Aphasia-Friendly Communication (part 1) Quick Tips for Aphasia-Friendly Communication (part 2) Image Credit: Pixabay En Español, Consejos para comunicarse con personas con afasia What is it?Vs. other typesSymptomsCausesDiagnosisTreatmentRecoverySummaryExpressive aphasia — which includes Broca's aphasia — is when a person understands speech but has difficulty speaking fluently. Some people can say short phrases but leave out small words such as "the." A person with more severe aphasia may skip many words.The most common cause of expressive aphasia is stroke, but it may have other causes, such as a traumatic brain injury or brain tumor. People with this condition are usually aware they have difficulty speaking, which can cause frustration. Speech therapy can help a person make the most of their remaining language abilities and develop alternative means of communication.This article examines expressive aphasia and how it is similar and dissimilar to other types of aphasia. It also discusses the symptoms, causes, diagnosis, treatment, and recovery process.Share on PinterestWestend61/Getty ImagesExpressive aphasia is a condition where a person may understand speech, but they have difficulty speaking fluently themselves.People with expressive aphasia can speak, but it takes effort. They often use short phrases and may leave out small connecting words in sentences. They may also use words that are close to the one they mean but not exactly.Expressive aphasia does not only affect speech. It can also impact a person's ability to understand directions, such as left and right. People with the condition can still read, but they may have a limited ability to write.Broca's aphasia is a type of expressive aphasia. It occurs when there is damage to the part of the brain known as Broca's area.Sometimes, people have damage only to this area of the brain, resulting in difficulties with speaking fluently while other functions remain intact.However, people can also have damage to other parts of the brain, which may mean a person has expressive aphasia in addition to other changes.There are two broad categories of aphasia: fluent and non-fluent. In fluent aphasia, a person can speak in long or flowing sentences, but the meaning may be unclear. Non-fluent aphasia prevents a person from speaking in flowing sentences.Expressive aphasia is the most common type of non-fluent aphasia. The description below shows how it compares to two other forms of aphasia.Wernicke's aphasia is the most common type of fluent aphasia. It occurs when part of the brain known as Wernicke's area becomes damaged.A person with this condition speaks in long sentences that do not make sense. Their sentences may include unnecessary or made-up words. People with Wernicke's aphasia usually are not aware they have a language problem.This chart shows how it compares and contrasts with expressive aphasia:Sometimes, aphasia does not fit perfectly into either of these categories, particularly if damage occurred in the areas between Broca's area and Wernicke's area.Global aphasia is the most severe type of aphasia, as it involves extensive damage to parts of the brain that deal with language. This results in extreme limitations in the ability to understand language and to speak. A person with global aphasia cannot read or write.This chart shows how it compares and contrasts with expressive aphasia.The symptoms of expressive aphasia can include:a marked reduction in spontaneous speecha knowledge of what to say, but difficulty in producing the wordschoppy-sounding speech that does not follow a typical rhythma loss of small linking words such as "and," "am," or "the"speech that comes after a long delay and with considerable effortimpaired ability to repeat phrasesThese symptoms result in a person communicating via short but intelligible phrases, such as "I walk dog" instead of "I am taking the dog for a walk."The most common cause of expressive aphasia is a stroke that affects Broca's area, which is a part of the brain involved in language. It helps a person form words and sentences.Consequently, when Broca's area cannot function as it should, it results in a diminished ability to use words and language to communicate fluently.Other things that can damage this part of the brain include:brain infectionsbrain tumorstraumatic brain injuriesDiagnosing aphasia may include an informal evaluation of fluency and the ability to:name objectsfollow simple directionsrepeat short phrasesread and writeIt may also involve medical imaging, such as an MRI or CT scan. Medical imaging may identify whether any brain damage has taken place.Difficulty communicating can create a feeling of isolation or result in a person having to dramatically change their career and routines. This can take a toll on mental health. Depression is common in people with aphasia, so a doctor may also screen for this condition.Speech and language therapy is the main type of intervention for a person with any type of aphasia. Treatment goals include:developing the use of remaining language abilitiesrestoring lost language abilities as much as possiblelearning other ways of communicatingA person may have individual therapy, group therapy, or both. Individual therapy is specific to a person's needs, while group therapy gives people a chance to practice communicating with others. It is also possible to receive speech and language therapy virtually via video calls.Some of the things a speech therapist may try include:Repetition: Repeating useful words or phrases to practice them may help a person regain or strengthen their language skills. People can continue to make progress in this area for years after their initial brain injury, depending on how severe it was.Melodic intonation: In this approach, a speech therapist encourages a person to sing rather than speak their words. This method can help with communication because it involves using a different part of the brain to speak, meaning that if a person sings what they are trying to say, they may be able to speak more fluently.Object boards: These boards have pictures of objects on them that a person might want or need. Pointing to the objects on the board allows a person to communicate. Electronic devices can also fulfill a similar function.People with aphasia may also benefit from going to groups and clubs with others who have experienced stroke. This might include book clubs, art clubs, or drama clubs. Participating in social activities may help a person regain confidence and feel less isolated.Clinical trials are currently investigating new treatments, including several drug therapies and transcranial stimulation. This involves a magnetic field or electrical current stimulating nerve cells.Some people with expressive aphasia may make a significant recovery and regain many of their language abilities. However, this depends on the cause and the severity of the brain injury. If the cause is a stroke, language recovery typically peaks within 2–6 months. Further progress is possible, but it tends to be more limited beyond this point.Regardless of the cause, full recovery often takes many months, and it may sometimes take years, especially in cases of stroke. In that time, people may need a range of different types of support, depending on their condition.Expressive aphasia is the most common type of non-fluent aphasia. A person with it may comprehend speech and know what they want to say, but they speak in choppy sentences. They may use short, simple phrases and leave out small words.Conditions that injure Broca's area of the brain can cause expressive aphasia. This interferes with the brain's ability to transfer thoughts into speech. Speech and language therapy is the main treatment. We've detected that this company may be asking for reviews in a way that Trustpilot doesn't support. This can lead to bias and compromise the reliability of reviews.Trustpilot provides companies with free and supported methods to send review invitations. These help ensure that reviews are genuine and asked for in a fair, consistent way. This profile was merged with one or more other Trustpilot profiles belonging to this company. Some reviews shown here were originally from another profile, but now appear in one place.Profiles can be merged for reasons such as identical domains, rebranding, or change in ownership. Read moreMy experience with Rula has been great and the highlight is my therapist Maita Marks who is just incredible. She is caring, knowledgeable and does her job with so much passion. I am doing EMDR with her and this is the first time that I feel like therapy is really helping me heal. Thank you Rula for putting me in contact with such a great provider.Date of experience: June 19, 2025Getting some much needed help. I really like my therapistDate of experience: June 18, 2025Marcia is an excellent personal growth facilator . She was patient,kind yet able to challenge me to see some truths about myself. Date of experience: April 01, 2025Everything is simple and easy. No effort to use the help needed.Date of experience: June 19, 2025I was able to obtain an appointment with a therapist in a timely manner. My therapist shows that she cares deeply and offers practical steps to work with during my loss. I am always looking foward to speak with her. Date of experience: June 18, 2025Shelley Schneider is extremely caring and very helpful to me as I deal with traumatic family issues! Date of experience: June 10, 2025Easy to navigate. Self explanatory Date of experience: June 16, 2025The experience of setting appts was very easy. If there was something I didnt like it was repeat emails when was already set.Date of experience: June 08, 2025I'm great full I can talk to my therapist and not feel judged or uncomfortable. I have been able to deal with many issues that I have bottled up for over 35 years.Date of experience: June 17, 2025My therapist Maggie (Margaret) is amazing to work with and Rula has been very user friendly...Thank you Maggie and Rula. I highly recommend. Date of experience: June 05, 2025Since have been with Rula Virtual they have made a huge difference in my life so thank you for being there for me. Sincerely Tina Malone Date of experience: May 23, 2025I am not very computer savvy and tend to struggle with a lot of the online platforms. This has been incredibly easy to navigate. I gave information about what I was looking for in a therapist and the system was able to fulfill the request and she has been amazing. Date of experience: June 16, 2025I started out with Kaiser and when the therapists started their strike, I hesitated taking on a new therapist. Once I decided to, it was absolutely 10x better. I love the therapist I have, she is more engaging and willing to spend a complete hour of time with me and her talking to resolve the issues I have. I wish all companies and therapist were like this.Date of experience: June 06, 2025Julelisa is wonderful! Very professional, patient, knowledgeable, understanding, patient, and caring. She has done a great job teaching my son valuable life skills to help me grow and be successful in school and in life. Date of experience: June 03, 2025 Rula has provided me excellent mental health experts that I feel are meeting my needs. Doing zoom lets me stay at home and my sessions are so beneficial.Date of experience: June 12, 2025It was easy to use and I was able to work around my schedule. I was also able to look for a therapist that I liked and that was also very easy to do.Date of experience: December 14, 2024The therapist really understood my son and I appreciate her so much for really connecting with him. Date of experience: June 13, 2025This company is the most aggressive company I have ever tried working with, even the doctors that work there agree how awful they can be for their emails to the patients, I asked for assistance to avoid any extra charges so what I got was no help and a $99 charge for cancellation of all my appointments the appointments were not even going to cost me anything, my therapist told me if I get charged to let him know and he would take care of me, so far no response from anyone, UPDATE... they refunded the money, I've updated my review from a 1 to a 3, really could have gone without any issues in the first place, they caused me a lot of undue stress. No a great way to get off on the right foot.Date of experience: June 14, 2025We are always working to improve our patient experience at Rula but we occasionally fall short. Because of privacy regulations, we cannot discuss any specifics in this forum.If you are open to it, we would appreciate the opportunity to connect with you directly to learn more about the feedback you provided. Please provide us with the email address and full name linked to your account (you'll receive a separate email from Trustpilot where you can provide this), and we'll follow up with you directly.My provider of service is Mr Bush he is an absolute amazing man he has seen me through extreme circumstances. Alcoholism, a family death. Relationship advice. I don't think I'd be a functioning human being without his counsel. Date of experience: June 10, 2025Most importantly, the three therapists I have had contact with through Rula have been professional, compassionate, and skilled. I was able to choose a therapist online by viewing photos and credentials, choose and schedule an appointment, and receive immediate confirmation and assurance that my insurance covered the care. The caliber of the therapists is unmatched in my 15 years of contact with mental healthcare through my insurance. Date of experience: June 11, 2025 In this post, you'll find 23 ready-to-use activities to treat expressive aphasia, including language expression and writing impairments. Free free to copy and print them. Or bookmark this post to use during treatment. For hundreds of evidence-based handouts and worksheets, check out our best-selling Adult Speech Therapy Starter Pack! More Popular Articles The Ted-Ed video above is a beautifully illustrated overview of aphasia. It makes an awesome plug for speech therapy too! The American Speech-Language-Hearing Association (ASHA) defines aphasia as: An acquired neurogenic language disorder resulting from an injury to the brain… Aphasia involves varying degrees of impairment in four primary areas: Spoken language expression Spoken language comprehension Written expression Reading comprehension ASHA goes on to do a great overview of aphasia. The following is a hierarchy of how to cue during Expressive Language treatment. The cues are listed from minimal to maximal help. FUNCTION. State what the target word is used for; what its purpose is.RHYMING WORD. The word rhymes with_____.WRITTEN CUES. Write the first letter and add as many dashes as there are remaining letters.SPELL ALOUD.SENTENCE COMPLETION. Ask the patient to fill in the blank.MODEL. Provide the target word.If the patient answers correctly (regardless of level of cueing). Reinforce the correct answer with positive feedback and elaborate the response.If the patient answers incorrectly. If their language comprehension allows for it, discuss how the errors may be related to the correctanswer. DESCRIBE IT.• Who would use it?• What does it look like?• Where do you find it?• When would you use it?• Why would you use it?• How is it used?SYNONYMS. Use a similar word.• For example, say PIANO instead of ORGANOPPOSITE WORD. Use antonyms or opposite words.• For example, say NOT HOT instead of COLDGROUP OR CATEGORY.• Person, place, or thing.• Section of the store you'd find it in.FIRST LETTER OR FIRST SOUND.GESTURES. Point, act out, or play charades. These activities are organized from simple to more complex. Print, write, or otherwise have a large-print Alphabet available on one page. Cue your patient to "sing the ABCs" while pointing to each letter. Say each of the series aloud, pointing to each number or word as you go. 1 2 3 4 5 6 7 8 9 10. 10 20 30 40 5060 70 80 90 100. 100 200 300 400 500600 700 800 900 1,000. Monday, Tuesday, Wednesday,Thursday, Friday, Saturday, Sunday. Spring, Summer, Fall, Winter. January, February, March, April, May,June, July, August, September,October, November, December. Use physical objects in your environment for this activity. Substitute objects as needed. One by one, point to an object and ask the patient, "What is the name of this?" Chair Bag Remote Ceiling Walker Table Lamp Pencil Floor Water Window Book Papers Stairs Door Ask the patient to complete the sentence. Either read the sentence aloud or have the patient read the sentence. They may say or write the answer, depending on your treatment goals. This room is either too hot or too … You are either wrong or … He is either happy or … The answer can be true or … You can go either up or … Not everything is either black or … I can't tell if it's day or … The towel is either wet or … He bought a new set of tables and … Do you have any brothers or … It's too bright in here, please turn off the … I grabbed the shampoo and washed my … Take out the kettle and boil some… She went to the library to borrow a … Ask the patient to name what is being described. Either read the sentences aloud or have the patient read them. They may say or write the answer. This animal is black and white, is from Africa, and looks like a horse. These structures are found in Egypt, are the tombs of pharaohs, and areshaped like triangles. This place is an island in the Pacific Ocean known for ukuleles, hula skirts,and is a state in the United States. This goes over a small cut, sticks to your skin, and helps avoid infection. These are worn on your feet and are usually worn with shoes. This food is typically eaten for breakfast, comes from a chicken, and canbe fried, scrambled, or boiled. This alcoholic drink is made from grapes, famously comes from Italy orFrance, and is sold in glass bottles. This job involves going to court and proving clients guilty or innocent. This object is used to cut logs in half and has "teeth." This vehicle has many seats, wings, and can fly. Ask the patient to name what category each set of words belongs to. Either read the words aloud or have the patient read them. They may say or write the answer. Dog, cat, horse, pig Water, juice, milk, coffee Spring, summer, fall, winter Shirt, jeans, sweater, blouse Texas, Florida, Ohio, Kansas Hammer, screwdriver, saw, wrench Notepad, stapler, scissors, tape New Year's Day, Thanksgiving, Veteran's Day, Halloween Table, sofa, chair, bed Milk, yogurt, cheese, creamer Pie, cake, ice cream, tart December, January, February, March Maple, cedar, oak, birch Red, blue, yellow, green Apple, pear, plum, banana Name at least 3 items that belong to each category. Or, name as many items from each category as you can in 1 minute. ANIMALS.• Farm animals• Jungle animals• Rodents• Carnivores• HerbivoresFOODS.• Breakfast foods• Meat• Vegetables• Fruits• Salty foodsPLACES.• Cities• Countries• Tourist attractions• Bodies of water• Ancient placesHOUSEHOLD OBJECTS.• Kitchen objects• Furniture• Bedroom objects• Bathroom objects• Lawn and garden objectsPEOPLE'S NAMES.• Men's names• Women's names• Last names• Family member names• Names that start with "S" Fill in the blank with the word that is being described. All of the answers rhyme. Past tense of "spin" What Earth revolves around You put a hotdog in it 2,000 pounds equals one A religious woman Granddaughter's brother Enjoyable and entertaining More than zero More than a jog Avoid or reject someone Fill in the blank with the word that is being described. All of the words begin with the same letter. A feline pet Automobile with four wheels You drink out of one You sit on it by a table A large town A dessert topped with icing Similar to a sofa 100 years Given out on Halloween Replicate or imitate Read each word. Think of a similar word, a word that has the same meaning. Begin Funny Beautiful Finish Small Hot Good Old Smart Difficult Read each word. What is the opposite word? A word with the opposite meaning? Inside Freezing No Good Early Tired Going Positive Up Sweet Name three things you need to… Make a cup of tea Make a peanut butter and jelly sandwich Fry an egg Cook pasta Make a salad Go on a camping trip Make a holiday dinner Plant a seed Change a tire Clean the bathroom What word comes next in each series? First, second, third, _____ Penny, nickel, dime, _____ Wednesday, Thursday, Friday, _____ Summer, Fall, Winter, _____ Infant, toddler, child, _____ A, B, C, _____ Ten, eleven, twelve, _____ Freshman, sophomore, junior, _____ Red, orange, yellow, _____ Mercury, Venus, Earth, _____ How would you feel in the following situations? What emotions would you feel? You found out you got your dream job. All your loved ones forgot your birthday. A person yelled at you and called you bad names. You heard on the news that your hometown experienced a natural disaster. Your good friend had a baby. While driving, you saw a police car with its flashing right behind you. The political candidate you voted for lost the election. You worked hard all day and now you're taking a hot bath. The neighbor's dog barked at 4 in the morning, waking you up. You drove to your very last day of work before retiring. What is the difference between each of these two words? Lock and key Flowers and grass Ketchup and mustard Guitar and violin Spoon and fork Coffee and tea Newspaper and magazine Bracelet and necklace Honey and syrup Bread and toast Rock and pebble Bookstore and library Bicycle and motorcycle Bronze and gold Sluggish and slow Have your patient guess each word by asking up to 20 questions. Questions must be yes/no. If they struggle to come up with questions, model the activity: share a word and ask yes/no questions for them. Napoleon Bonaparte The Great Wall of China Mount Everest Hawaii Santa Claus Bathroom Queen Elizabeth Alaska Valentine's Day Pumpkin Marilyn Monroe Nurse Movie theater New Year's Day The bank Read the following situations and respond as appropriate. You're at a restaurant and your salad arrives. However, you don't have any utensils. You turn to your waiter and say… You are at the movie theater, but the person sitting next to you is talking so loudly that you can't hear the movie. You turn to the person and say… You are at the shopping mall and see a little girl standing alone, crying. She is looking around for someone. You approach the little girl and say… Your doctor's appointment starts in 10 minutes, but you're stuck in traffic. You call up the doctor's office and say… You find a pair of glasses on the ground. A few minutes later, you see someone squinting, looking on the ground, and patting his pockets. You approach him and say… "Pretend that I've never done these activities before. How do I…?" Brush my teeth Make a cup of tea Boil a pot of water Mail a letter Make toast Deposit a check Do a jumping jack Peel a banana Plant a seed Fold a shirt Wash a car Order at a fast-food restaurant Make a snowman Do the laundry Make a grilled cheese sandwich "Pretend that I'm from another planet. "What is (a)…?" Summertime Calendar Globe Friendship University Gold Nod Photo album Soda can Jealousy Greeting card Handshake Helicopter Airplane Sandwich Presenting one photo at a time, ask the patient to describe each photo in as much detail as possible. What would you do if...? You inherited a million dollars You could go to university for free You could fly You were a famous celebrity You were the President of the US You never had to sleep again You knew the world was going to end in 3 days You were 25 again You were invisible You could travel anywhere in the world Answer with as many details as possible. What is your favorite season and why? What is your favorite sporting event and why? What is your favorite type of vacation and why? What was your first job? What was your favorite job and why? How are you similar to your parents? How are you different from yourparents? What is your favorite thing about yourself and why? Who is your favorite person and why? You travel back in time. When do you go and why? Where was your favorite place to live and why? Answer with as many details as possible. Live 100 years ago or 100 years from now? Why? Have an extra hand or an extra foot? Why? Have $1,000 now or $2,000 in one year? Why? Adopt a puppy or an adult dog? Why? Eat the same thing every day or only drink smoothies? Why? Have an extra-long summer or extra-long winter? Why? Be 6" shorter or 6" taller? Why? Have a tiny apartment in the middle of a large city or a huge mansion inthe country? Why? Have the ability to speak with animals or read other people's minds? Why? Have too many friends or too few? Why? When individuals have trouble producing speech after stroke, they may be recommended to pursue expressive aphasia treatment. Expressive aphasia, also known as Broca's aphasia, is a relatively common language disorder among stroke survivors. People with expressive language disorders have problems producing words. Speech-language pathologists (SLPs) are able to provide personalized expressive aphasia treatment, which may include a number of exercises and activities focused on regaining the ability to produce language. This article outlines the causes and symptoms of expressive aphasia, followed by a detailed description of what expressive aphasia treatment may entail. Please use the links below to jump straight to any section: Aphasia refers to a class of communication disorders that occur when there is damage to the areas of the brain primarily involved in language, particularly Broca's area and Wernicke's area. Due to their location, these areas of the brain are likely to be impacted following a left-hemisphere stroke or traumatic brain injury. When the language centers of the brain become damaged, individuals may have difficulty accessing information within the brain needed to control various aspects of communication. This may include spoken and written language expression, as well as language comprehension and reading. When Broca's area becomes damaged, individuals often struggle specifically with spoken and written language expression. This condition can be referred to as Broca's aphasia or expressive aphasia. While expressive aphasia can be a stand-alone condition, it can sometimes overlap with receptive or fluent aphasia (Wernicke's aphasia). When this occurs, individuals may have difficulty with language expression and comprehension, a condition known as global aphasia. Expressive aphasia often manifests as a difficulty with language production. However, this can look different for everyone. Here are some symptoms that someone with expressive aphasia may exhibit: Uses effortful speech, or can't speak at all Expressive language deficits Utters short sentences or single words repeatedly Has difficulty with grammar and using conjunctions Reads well but may struggle with writing Individuals with expressive aphasia may know what they'd like to say, but struggle with converting ideas into words. When expressive aphasia is severe, the person may not speak at all or only utter single words repetitively. Sometimes, the single words they do use are not the words they intended to say. There are a number of other speech disorders that survivors may experience after stroke, such as dysarthria and apraxia of speech. However, these are motor speech disorders involving difficulty moving the mouth and tongue coordinately. Alternatively, expressive aphasia is a language disorder, affecting the linguistic skill of expression. Learning how to communicate with an individual with expressive aphasia can be challenging for family members, caregivers, and other loved ones. While individuals with expressive aphasia are not able to express themselves effectively with words, they are often still able to comprehend written words and verbal speech. This means they are often good listeners, even if they cannot respond. Some will assume that those with expressive aphasia have a lack of intelligence due to their delayed, inappropriate, or unintelligible response. However, this is not accurate. Aphasia affects only the ability to communicate through language, not one's level of intelligence. With this in mind, here are some tips for talking with individuals with expressive aphasia: Be patient. Survivors are often frustrated enough with their communication difficulties and are trying their best to express themselves. Adding additional pressure and irritation can compound their frustration, making it even harder to speak. Speak with them normally. There is no reason to raise one's voice or speak slowly when talking with someone with expressive aphasia, as they likely have no difficulty hearing and understanding what is being said. However, if the person has mixed or global aphasia and struggles with comprehension, it may help to use simpler words and speak at a slower pace. Develop empathy. Think of how it feels to have a word or idea at the tip of the tongue, but be unable to remember it. This is how some survivors with expressive aphasia feel when trying to communicate. The person might know what they want to say, but the healing brain is struggling to put it into words. Expressive aphasia can be challenging for both survivors and their loved ones. It is important to be patient and supportive as individuals with expressive aphasia learn to express themselves again. When an area of the brain has been damaged by stroke, the survivor cannot access the information once stored in that area. In the case of those with expressive aphasia, areas of the brain involved in language, particularly Broca's area, become damaged. In order to regain the ability to produce speech, the brain must rewire itself. This can allow information regarding the expression of language to be transferred to an undamaged area of the brain. This rewiring process is known as neuroplasticity. It allows the brain to create and strengthen new pathways in order to become more efficient. Repetitive practice of affected functions and tasks can spark neuroplasticity, encouraging the brain to rewire itself to perform those functions more effectively. Therefore, almost every expressive aphasia treatment plan will include speech therapy exercises. Consistently practicing these exercises is essential to help heal the brain and improve communication. The best way to pursue expressive aphasia treatment is to work with a speech-language pathologist (SLP). They are experts in the areas of communication and language disorders. Following an evaluation, an SLP can help diagnose which type(s) of aphasia an individual has in order to develop a personalized treatment plan. By practicing the task of speech production, the brain will respond by strengthening new pathways that control speech production. The process is slow and requires consistency long-term in order to create results. But when survivors are diligent, they may be able to make significant improvements or even fully overcome expressive aphasia. There are multiple expressive aphasia treatment options that speech-language pathologists may use. Here are some of the most common treatment types: Word retrieval therapy is an expressive aphasia treatment focused on connecting words to pictures. This may involve verbally naming a presented picture or using word to picture matching exercises. Depending on the individual's needs, speech language pathologists may provide cues throughout these exercises, gradually fading the cues as expression skills improve. Often called singing therapy, melodic intonation therapy is a treatment technique in which survivors use components of music, such as rhythm and pitch, to relearn how to speak. Language skills are typically stored in the logic-focused left side of the brain. By expressing words in a particular pitch and rhythm, as if singing, individuals are able to activate the creativity-focused right side of the brain, rewiring the brain to promote recovery. As survivors improve, they can transition from singing words to speaking. Expressive aphasia can significantly affect an individual's ability to carry on a conversation. Through conversation therapy, speech language pathologists analyze how an individual's behavior affects conversation. They can then provide feedback and introduce adaptive strategies to improve the individual's verbal and non-verbal communication during conversations. Common conversation partners, such as a spouse, may also be highly involved in this type of expressive aphasia treatment. Constraint-induced language therapy (CILT) is a highly intensive expressive aphasia treatment in which survivors focus on using only verbal expression, rather than relying on non-verbal skills, writing, or drawing to communicate. A main tenant of CILT is massed practice, as individuals are often recommended to practice CILT at least 2-4 hours per day. For this reason, those with severely limited expressive language are usually not advised to use CILT until their verbal expression skills improve. While working directly with an SLP is strongly recommended, there are a number of technology-based therapies that can be used to supplement therapy sessions. These treatments are usually engaging, which can motivate survivors to practice their speech therapy exercises more consistently. For example, the CT Speech & Cognitive Therapy App contains over 100,000 scientifically-based speech exercises that individuals can practice independently. It can also assess the survivor's skill level to provide appropriately challenging exercises, automatically adjusting the difficulty of exercises as the survivor improves. Since neuroplasticity is stimulated through consistent and repetitive practice, working on therapeutic exercises both during and outside of therapy is essential for optimal improvements. Working with a speech language pathologist is strongly recommended to develop a customized therapy plan and learn which types of expressive aphasia treatment may be most effective for an individual's specific needs. Expressive aphasia occurs when there is damage to the portions of the brain involved in speech production, particularly Broca's area. Individuals often exhibit effortful speech and struggle with speaking and writing. This does not mean the person has lost their intelligence. It simply means their brain needs extra time to retrieve the right words. Fortunately, a consistent speech therapy exercise plan may help individuals improve their expressive language skills. Recovery requires consistency and diligence, so it is important to practice therapeutic exercises on a regular basis. If necessary, invest in speech therapy apps to encourage recovery, even outside of therapy sessions. Although expressive language recovery may not happen overnight, there is always hope for improvement through neuroplasticity. Still have questions? Check out our recent article to learn the difference between expressive (Broca's Aphasia) vs receptive aphasia (Wernicke's Aphasia). Aphasia, a language disorder often resulting from a stroke or brain injury, can significantly impact a person's ability to speak, understand, read, or write. Communicating with someone who has aphasia can be challenging, but with patience and the right strategies, you can make interactions more effective and meaningful. Here are some methods to help facilitate communication with individuals who have aphasia:1. Speak Clearly and SlowlyUse simple, clear, and concise language. Speak slowly and enunciate your words to ensure the person understands you. Avoid complex sentences or jargon that might confuse them.2. Use Gestures and Visual AidsNon-verbal communication can be incredibly helpful. Use gestures, facial expressions, and body language to convey your message. Visual aids such as pictures, drawings, or written words can also support understanding.3. Be Patient and Give Time to RespondGive the person ample time to process what you've said and to formulate a response. Avoid rushing them or finishing their sentences, as this can be frustrating and disempowering.4. Ask Yes/No QuestionsWhenever possible, ask yes/no questions or questions that require simple answers. This can make it easier for the person to respond and reduces the pressure of formulating complex sentences.5. Repeat and Rephrase When NecessaryIf the person does not understand you, try repeating your question or statement. If they still have difficulty, rephrase it using simpler language or alternative words.6. Confirm UnderstandingTo ensure you both understand each other, repeat back what you think they have said or use yes/no questions to confirm. This can help prevent misunderstandings and clarify communication.7. Minimize DistractionsCommunicate in a quiet environment with minimal background noise. This can help the person with aphasia focus better on the conversation and reduce potential stress or confusion.8. Use Technology and Communication ToolsThere are various communication apps and tools designed to assist individuals with aphasia. These can include speech-generating devices, picture-based communication boards, and apps that translate text to speech or vice versa.9. Encourage All Forms of CommunicationAcknowledge and encourage any form of communication, whether it's verbal, non-verbal, or written. This can include pointing, using pictures, or writing down words. Celebrating their efforts can boost confidence and promote further communication.10. Stay Positive and SupportiveMaintaining a positive attitude and showing support can make a significant difference. Encourage and praise their efforts, and express empathy and understanding towards their challenges.11. Educate Yourself About AphasiaUnderstanding more about aphasia and its impact on communication can help you develop better strategies and approaches. Consider attending workshops, joining support groups, or reading literature on aphasia to deepen your knowledge.12. Work with a Speech-Language Pathologist (SLP)Collaborate with a speech-language pathologist who can provide tailored strategies and exercises to improve communication. They can offer valuable insights and techniques specific to the needs of the individual with aphasia.13. Be Mindful of Your Body LanguageYour body language, tone of voice, and facial expressions can convey a lot of information. Ensure that these non-verbal cues are consistent with your words and reflect a supportive and patient demeanor.14. Use Written AidsFor some individuals, written communication can be easier to process than spoken words. Use notepads, whiteboards, or digital devices to write down key points, questions, or instructions. Communicating with someone who has aphasia requires patience, empathy, and adaptability. By employing these methods, you can create a more supportive and effective communication environment. Remember that each person with aphasia is unique, so be open to adjusting your approach based on their specific needs and preferences. With time and practice, you can enhance your interactions and help the person with aphasia feel more understood and connected.For support, questions, or if you need a friend to talk to who just "gets it," please feel free to reach out to us at info@aphasiareaders.com. Don't forget to follow us on Facebook and Instagram for the latest news from Aphasia Readers! If you haven't picked up an Aphasia Readers book, order your copy HERE!God Bless,Anna Teal Download the printable PDF: English | Español What is aphasia? Aphasia is a language disorder that impairs the ability to communicate. It's most often caused by stroke-related injuries to areas of the brain that control speech and language. "I have aphasia." What to do if you get stuck: Admit you're struggling. Recap what you've discussed so far. Decide whether to carry on or come back to the subject later. Try a different method of communicating such as drawing, hand gestures, etc. Take your time – It may take a while to get the words out. Let people know what works best for you – Do you want a question asked in multiple ways or repeated? Let them know. Use assistive devices – Bring photos, diagrams, pen and paper or other helpful tools. Frustration is OK – Don't blame yourself if you get stuck or stumble over your words. Be patient with yourself as you learn what works. "I need to communicate with someone who has aphasia." Keep it simple – Speak in short, simple sentences. Be patient – Allow plenty of time for a response. Talk with the person who has aphasia, not for him or her. Remove distractions – Turn off radios and TVs and focus on the person with aphasia. Be creative – Try writing, gesturing, drawing pictures or using devices such as smartphones and tablets. Confirm – Repeat back what you think the person said or meant. Facts about people with aphasia: They communicate differently but are as smart as they were before they developed aphasia. Their hearing is usually fine, so speaking loudly doesn't help. Their condition means you'll have to communicate differently with them. Learn more at stroke.org/Aphasia The American Stroke Association and the National Aphasia Association—collaborating to help stroke survivors beat aphasia. ©Copyright 2022 American Heart Association, Inc, a 501(c)(3) not-for-profit. All rights reserved. American Stroke Association is a registered trademark of the AHA. Unauthorized use prohibited. DS19936 9/22 Expressive aphasia is a language disorder that makes it difficult for individuals to speak clearly and effectively. It is often the result of a stroke but can also be caused by other causes. This condition can range from mild, where a person may leave out small words in their speech, to severe, where many words are skipped. People with expressive aphasia are usually aware of their difficulty in speaking, which can be emotionally taxing. Fortunately, speech therapy is a valuable resource that can greatly improve communication skills and alleviate the impact of expressive aphasia on daily life. This article will cover expressive aphasia, other aphasia types, symptoms, causes, diagnosis, and treatments. Thierry Dosogne / Getty Images Expressive aphasia is a language problem in which it's hard for someone to say or write their thoughts. It's a type of "non-fluent aphasia," meaning that speaking is more challenging than understanding. People with this struggle might struggle to find the right words, form sentences correctly, or speak and write smoothly. Broca's aphasia is a specific subtype of expressive aphasia. It is often caused by damage to the brain's left frontal lobe, impacting speech production but leaving comprehension intact. Aphasia can be divided into two main categories: fluent aphasia and non-fluent aphasia. The big difference between the two is how well they can speak compared to how well they understand. Fluent aphasia means people can talk smoothly but might use the wrong words and have trouble understanding. Non-fluent aphasia, such as Broca's, makes talking hard, but understanding is usually okay. Wernicke's aphasia, also known as "receptive" aphasia, is caused by damage to the left hemisphere of the brain, specifically in the area known as Wernicke's area. This condition leads to difficulties in understanding language, both spoken and written. People with Wernicke's aphasia often produce sentences that contain nonsensical or inappropriate words. They may also have trouble realizing their language errors and may not fully comprehend what others are saying to them. Global aphasia, the most severe form of aphasia, affects both expressive and receptive language skills. It affects all aspects of communication, making it challenging to express thoughts and comprehend language. This type of aphasia typically occurs following extensive damage to language areas of the brain. Anomic aphasia makes word retrieval and naming objects or concepts more difficult. People with anomic aphasia may struggle to find the right words, leading to pauses in speech as they search for vocabulary. However, their overall language fluency and comprehension remain relatively intact compared to other types of aphasia. Primary progressive aphasia (PPA) is a neurological condition where language abilities decline gradually, affecting speech, comprehension, and word finding. Unlike typical aphasia caused by stroke, PPA progresses slowly and is often associated with neurodegenerative disorders like Alzheimer's disease. Expressive aphasia is when someone struggles to speak fluently, like in Broca's aphasia. They might speak in short, broken sentences with limited words. Wernicke's aphasia makes it hard to understand and use words correctly. People with this type of aphasia might say things that don't make sense or have trouble understanding others. While expressive aphasia affects the ability to produce speech, global aphasia is a more severe form of language impairment that affects both speech production and understanding. Global aphasia leads to significant difficulties in communicating thoughts and understanding others. People with expressive aphasia experience the following challenges: Struggling to create complete sentencesOmitting common words like "is" or "the"Forming sentences that don't make senseDifficulty understanding spoken sentencesMaking errors in following instructions involving spatial concepts like "left" or "right"Using a similar word instead of the intended word, like saying "car" instead of "van" People with expressive aphasia often find speaking and reading more challenging, but they generally have a good understanding of spoken language and can read effectively. Several factors can contribute to the development of expressive aphasia: Stroke: A stroke affecting the left hemisphere of the brain, particularly in the frontal lobe or "Broca's area"Traumatic brain injury (TBI): Severe head injuries, such as those from accidents or falls, can lead to damage in the brain areas responsible for language productionBrain tumors: Tumors located in or near the language centers of the brain can interfere with language processing and productionInfections: Certain infections affecting the brain, such as encephalitis or meningitis, can result in expressive aphasiaNeurodegenerative diseases: Conditions like dementia can gradually impair language abilities, including expressive language Causes of expressive aphasia in children may include: Brain injuryDevelopmental disorderGeneticsOther medical conditions, such as brain tumors, traumatic brain injuries, or epilepsy (if the seizures affect the areas of the brain that process language) Expressive aphasia is diagnosed through a comprehensive assessment process. Your healthcare providers typically follow these steps: They may ask questions, engage in conversation, and assess the person's ability to understand and respond appropriately. Conduct imaging scans such as magnetic resonance imaging (MRI) or computed tomography (CT) scans to identify brain injuries and determine the affected brain areas. If imaging reveals signs of aphasia, a speech-language pathologist or speech therapist performs additional assessments. These assessments evaluate the extent of brain damage's impact on speech, reading, writing, and language comprehension. Based on the results, your healthcare provider can recommend a treatment plan. When it comes to treating expressive aphasia, there are several approaches and strategies that can help improve communication skills and overall quality of life: Speech-language therapy to improve speaking and writing skillsCommunication aides like picture cards or electronic devices to help with communicationPracticing memory, attention, and problem-solving to improve overall thinking skillsGroup sessions to practice talking and socializing with others who have aphasiaEducate family members on how to help and provide ongoing support and encourage including the person with aphasia in conversations While recovery from expressive aphasia varies for each individual, some people can regain a significant amount of their language abilities through therapy and rehabilitation. Consistent and dedicated speech-language therapy can improve speaking, understanding, and communication. It may take several months or years. However, complete recovery to pre-aphasia levels may not always be possible, and ongoing support and practice may be needed for long-term management. Expressive aphasia is a language disorder ranging from mild to severe, aff