Interpreting the Language of Aphasia:
A Training Package for Interpreters
What is a speech pathologist?

“Speech pathologists study, diagnose and treat communication disorders, including difficulties with speech, language, fluency and voice.

They work with people who have difficulty communicating because of developmental delays, stroke, brain injuries, learning disability, intellectual disability, cerebral palsy, dementia and hearing loss, as well as other problems that can affect speech and language.

People who experience difficulties swallowing food and drink safely can also be helped by a speech pathologist.”

(Speech Pathology Australia website, 2015).
What is aphasia?

Aphasia (also called dysphasia)

• Is a language disorder
• Can affect talking, listening, reading, writing and working with numbers
• Can also impact interpreting non-verbal communication or pragmatics (body language, gesture, conversational rules)
• Aphasia does NOT impair a person’s intelligence!

(Speech Pathology Australia website, 2015)
Speech and swallowing disorders

**Dysphagia: Swallowing disorder**
- Is a disorder effecting chewing food and transferring food to the oesophagus.
- If not managed, Dysphagia may lead to choking or collection of food/ fluid in the lungs (aspiration).

**Dyspraxia: Speech Disorder**
- Is difficulty planning and coordinating the muscle movements for speech.
- Not an actual weakness in strength of the muscles of the face and mouth.
- People with Dyspraxia can find the word they want to say but can’t plan the movements to produce the sound.
- Dyspraxia can be HIGHLY frustrating and effortful.

**Dysarthria: Speech Disorder**
- Is muscle weakness, paralysis or poor coordination of breathing and speech muscles.
- Dysarthria may affect a person’s volume (e.g. Parkinson’s Disease).
- The resultant speech may be slow, slurred, imprecise or lacking information.
Dysphonia: Voice disorder caused by either neurological impairment or organic origin (nodules)

- Paralysis or damage of the vocal folds in the larynx
- Perceptually assessed by a speech pathologist and based on quality of sound e.g. breathy, husky, strained, hoarse
- Common with people who experience vocal abuse (teachers or singers)
- May require more detailed analysis of vocal cord structure and function via nasendoscopy performed by an Ear, Nose & Throat Specialist.

Fluency: Stuttering

- Causes interruptions in the rhythm or flow of speech
- These interruptions may include repeated sounds, syllables, words or phrases.

(Speech Pathology Australia website, 2015)
Aphasia and the library

The best way to understand aphasia is to think about the brain like a library. Each and every book in the library is a word stored in the brain. Every word or book is catalogued and placed in order so that when the librarian wants to find a book it can be found easily.

A stroke or brain injury is like a tornado damaging the library. The books are pulled from the shelf, they are torn, in pieces and damaged. Some books have been carried away, others have been left perfectly intact. But most of the books are out of order. To find a book now, would require a lot of searching and time.

That’s where a speech pathologist can help. A speech pathologist will help put the books back on the correct shelves and repair them so they can be easily accessed again. In an average person’s brain there would be hundreds of thousands of words (books). Practically targeting every word is impossible, but research shows us that we can work on some common words and then the others repair themselves.

The important thing to understand is that the books or words are not completely lost. The words are still there. They need to be reorganised and strategies need to be put into place to help the person find the words again.

**Aphasia does NOT impair a person’s intelligence!**
Types of aphasia

There are various types of aphasia. The difficulties or characteristics an individual may experience will vary in severity and type and no person experiencing aphasia are the same.

Global aphasia
- May be able to say only a few words
- May only be able to understand minimal spoken language
- Severe and lasting disability may result, dependent on the extent of the brain injury.

Expressive aphasia (non-fluent, Broca’s type)
- Speech output severely reduced (short utterances, 4 words maximum)
- Difficulty finding the words they want to say
- May be able to understand spoken language
- May be able to read but not write

Mixed aphasia (non-fluent)
- Limited speech output
- Impaired understanding of spoken language
- Limited reading and writing skills

Receptive aphasia (fluent, Wernicke’s type)
- Speech output may contain words and longer phrases
- Marked difficulty comprehending the meaning of spoken words
- Speech is fluent however the meaning may be lost with the intrusion of made up words or jargon.
- Reading and writing impaired
Anomic aphasia (Anomia)
- Less severe
- Difficulty finding the words for specific items or ideas they wish to talk about
- Also known as a “naming disorder”
- May constantly searching for other ways in which to express themselves eg. “The thing for your hair”
- Reading and writing mostly intact, however writing may be similar to spoken output.
- Highly frustrating!

Primary progressive aphasia (PPA)
- Is a rare neurological syndrome
- Language capabilities become slowly and progressively impaired
- Is a degenerative brain condition
- PPA is a result of deterioration of brain tissue affecting areas of the brain important for speech and language

Other varieties?
- Reading or writing disorders
- Calculation impairments
- Disorder only in one language? Often the native language is preserved.

(National Aphasia Association website, 2015)
Speech and language difficulties may present in one language only (either the first language or second language) or both languages.

“Where the speech pathologist is not proficient in a language of the person with aphasia, a trained and qualified interpreter, knowledgeable with the specific requirements for speech pathology, should be used.”

(Flores, 2005; Karliner et al., 2007)

**Language History**

“Where a patient reports having used more than one language premorbidly, comprehensive information about the patient’s language history should be obtained.”

(www.aphasiapathway.com.au)
Language Assessment

“Where possible, assessments should be used that are appropriate to the languages/dialects and cultural backgrounds of each client.”

Examples of language Assessments:

- Formal Assessment- Bilingual Aphasia Test available online - www.mcgill.ca/linguistics/research/bat
- Informal Assessment- language sample (e.g discussion between patient and family)

(www.aphasiapathway.com.au)

Treatment

“Where possible, treatment should be offered in all relevant languages and the relevant modalities.”

- Encourage use of all languages
- Use of bilingualism to facilitate recovery
- Sometimes message can be communicated in the person’s first language
- Consider the preferences and needs of patient
What do we need to look for when interpreting?

Paraphasia
- Production of unintended syllables, words or phrases

Types of errors include:
“Grapple” for “Apple” (phonological paraphasia)
“Orange” for “Apple” (semantic paraphasia)
“Sink” for “Dog” (unrelated errors)

Neologisms
- Made-up words eg. “fitzbar”

Perseveration
- Uncontrolled repetitions of words or phrases in communication, sometimes perseverative phrases or words are automatic and patients can’t physically stop the output e.g. swear words

Circumlocutions
- Using many words to say something that could be communicated in more direct and relevant speech

Grammatical Errors
- Sentences may be simplified leaving out words or using an incorrect form of the word.
  (Goodglass & Kaplan, 1983)

Caution with interpreting -
These errors are sometimes hard to detect, and may be naturally corrected through interpretation
Top tips for interpreting for a patient with aphasia

- Remember to speak slowly
- Recap, check you both understand
- Ask for clarification if you don’t understand
- Ensure you convey any sounds or words that are not correct
- It’s very important not to use any gesture in assessments unless the speech pathologist indicates to do so
- Always let the speech pathologist know if there is something in the language that doesn’t sound right. Describe what you are hearing in the language (e.g. made-up words, sentences that have words missing)
References and useful contacts


Australian Aphasia Rehabilitation Pathway website: www.aphasiapathway.com.au

Bilingual Aphasia test website: http://www.mcgill.ca/linguistics/research/bat


National Aphasia Association website: http://www.aphasia.org


Speech Pathology Australia website: www.speechpathologyaustralia.org.au

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www.aphasiapathway.com.au

Bilingual Aphasia Test: available online www.mcgill.ca/linguistics/research/bat

Speech Pathology Department
South Eastern Sydney Local Health District
Phone: (02) 9113 1062

St George Hospital
Level 1, Prince William Wing
Belgrave St, Kogarah NSW 2217

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Ms Marlis Walther and Ms Carla Knox (Sydney Health Care Interpreter Services)
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Dr Julia Maclean (Speech Pathology Department, St George Hospital)
Mrs Suzanne Pepper (Speech Pathology Department, St George Hospital)

For further information please contact the Sydney Health Care Interpreter Services or your local hospital speech pathology department.