

COMMUNICATING WITH CONFIDENCE

**SUPPORTING PEOPLE WITH
APHASIA IN HEALTHCARE**



JODIE BETTS

Communicating with Confidence: Supporting People with Aphasia in Healthcare

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James Cook University



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CONTENTS

Acknowledgement of Country	vi
About the Authors and Contributors	viii
Preface	x
1. What Is Aphasia?	1
2. Challenges in Healthcare Settings	12
3. Supportive Communication Techniques	16
4. Optimising the Communication Environment	20
5. Providing Aphasia-Friendly Written Information	23
References	29
Version History	33
About James Cook University	34

ACKNOWLEDGEMENT OF COUNTRY

At James Cook University we acknowledge with respect the Aboriginal and Torres Strait Islander peoples as the first peoples, educators and innovators of this country. We acknowledge that Country was never ceded, and value the accumulation of knowledge and traditions that reflect the wisdom of ancestral lines going back some 60,000 years, and recognise the significance of this in the ways that Aboriginal and Torres Strait Islander peoples are custodians of Country. As a University, we will continue to learn ways to care for and be responsible for Country, and we will collectively seek to build a future that is based on truth-telling, mutual understanding, hope, empowerment, and self-determination.



Kassandra Savage (JCU Alumni), 'Coming Together and Respecting Difference', acrylic on canvas, 2014, 90cm x 90cm. © Kassandra Savage, reproduced with permission of the artist.

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PREFACE

Clear communication is essential in healthcare. Every interaction, from taking a medical history to explaining a treatment plan, relies on our ability to understand and be understood. But what happens when a person cannot use language in the usual way?

Aphasia (pronounced uh-fay-zhuh) is a common but often misunderstood communication disorder that affects a person's ability to speak, understand, read, or write. These difficulties can make navigating healthcare systems especially challenging and, at times, frustrating for both patients and staff. Yet, with the right knowledge and tools, healthcare professionals can make a meaningful difference.

This learning resource was developed at James Cook University as part of a Research Honours project. It was originally designed to support healthcare students in developing confidence and competence when communicating with people who have aphasia. However, this resource may also be useful for healthcare professionals, people with aphasia, their friends, family, and carers, as well as anyone with an interest in aphasia. The resource offers practical, evidence-based strategies that promote more inclusive, person-centred communication. It includes foundational knowledge about aphasia, alongside actionable techniques for using verbal, written, and visual supports in clinical practice.

This resource is grounded in the understanding that communication is a fundamental human right (United Nations, 1948). Article 19 of the Universal Declaration of Human Rights states that everyone has the right to freedom of expression, including the right to seek, receive, and impart information and ideas through any means (McCleod, 2018). For people with communication disabilities like aphasia, losing this freedom of expression can disrupt their ability to demonstrate competence, share experiences, and participate in life as before (Hersh, 2017). For these people, achieving this right requires informed, adaptable communication partners, particularly within healthcare. Educating healthcare workers and students in supporting communication is essential to ensuring equitable care (Burton et al., 2023).

We hope this open-access resource helps you build the skills to be a more effective communicator and advocate, and to uphold the rights, dignity, and participation of people with communication difficulties throughout your healthcare career.



Overall Learning Outcomes

By the end of this learning resource, you will be able to:

- explain what aphasia is, what causes it, and how it affects communication
- recognise the impact of aphasia on patients' experiences in healthcare settings
- understand the common challenges faced by healthcare workers when communicating with patients with aphasia
- apply evidence-based communication strategies to support people with aphasia
- make simple changes to the environment to improve communication access
- evaluate and improve written information to make it more aphasia-friendly.

1. WHAT IS APHASIA?



Chapter Learning Outcomes

By the end of this chapter, you will be able to:

- define aphasia and describe how it affects communication
- identify common causes of aphasia
- understand that no two people with aphasia experience it the same way
- explain the difference between different communication disorders
- recognise common misconceptions about aphasia.

What is Aphasia?

Aphasia (pronounced uh-fay-zha) is an acquired communication disorder that impairs a person's ability to process language, but does not affect intelligence. Aphasia impairs the ability to speak and understand others. Most people with aphasia experience difficulty reading and writing (National Aphasia Association, 2024).

People with aphasia may:

- struggle to find the right words
- speak in short or incomplete sentences
- use words that don't make sense
- have difficulty understanding others
- struggle with reading and writing. (National Aphasia Association, 2024)

Aphasia is a chronic condition, meaning that communication difficulties are usually lifelong. It can have significant impacts on quality of life, leading to poor vocational outcomes, changes in relationships, mental health struggles and social isolation (Azios et al., 2022; Simmons-Mackie, 2008; Worrall et al., 2017).

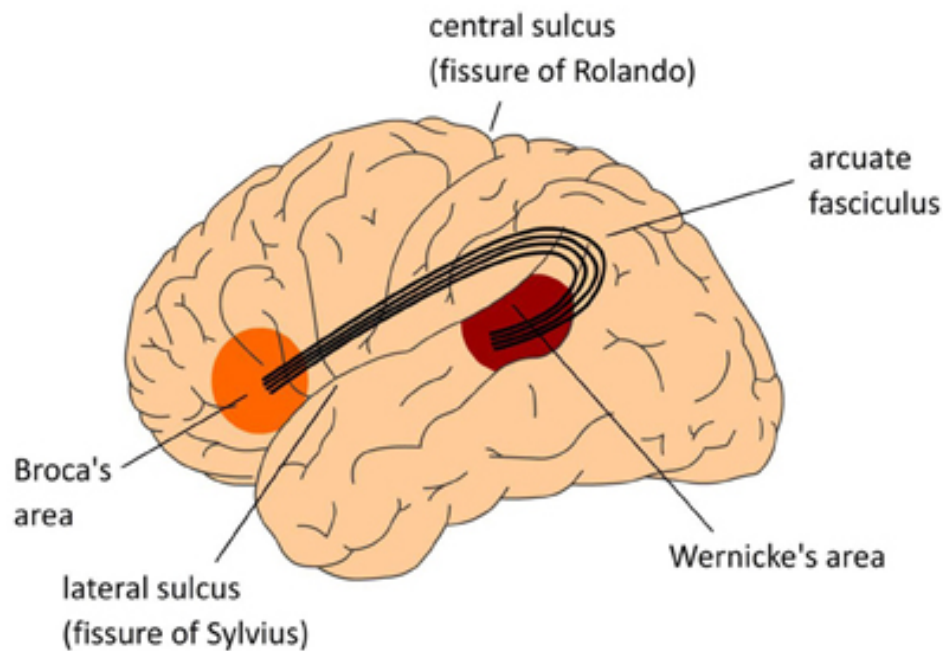
Aphasia does not affect intelligence.

People with aphasia still think, feel, and understand the world — they just have difficulty using language to communicate
(National Aphasia Association, 2024).

Etiology

Aphasia occurs when the areas of the brain responsible for language, usually in the **left hemisphere**, are damaged (Papathanasiou & Coppens, 2022). The most common cause of aphasia is a **stroke**. About 25-40% of stroke survivors acquire aphasia, which is more than four-and-a-half million people globally in a single year (Flowers, 2016; World Stroke Organisation, 2019).

- traumatic brain injury
- brain tumors
- progressive neurological conditions (i.e. Primary Progressive Aphasia). (Papathanasiou & Coppens, 2022)



Areas of the brain responsible for language. Image by Peter Hagoort, used under a CC BY licence

Watch

The video below provides more information about aphasia and connections with language components of the brain [5:11].



One or more interactive elements has been excluded from this version of the text. You can view them online here: <https://jcu.pressbooks.pub/effective-communication-aphasia/?p=59#oembed-1>

Aphasia: The disorder that makes you lose your words – Susan Wortman-Jutt by TED-Ed

Types of Aphasia

There are many different types of aphasia. The type and severity of aphasia that someone has depend on the location and extent of damage in their brain. Click on each person in the image below to hear how some different types of aphasia might affect how they communicate. Everyone with aphasia is different and will present with different communication challenges and strengths.

An interactive H5P element has been excluded from this version of the text. You can view it online here:
<https://jcu.pressbooks.pub/effective-communication-aphasia/?p=59#b5p-1>

Information from aphasia.org, based on Helm-Estabrooks et al. (2014).

The table below summarises the different types of aphasia and their characteristics.

Types of aphasia and their characteristics

Condition	Summary	Brain region impacted	Language Impacts		
			Fluency	Understanding	Repetition
Global aphasia	The most severe type of aphasia is caused by widespread injury to the language areas of the brain.	Widespread damage to the language centres of the brain.	X	X	X
Mixed transcortical aphasia	Similar to global aphasia, however, repetition ability remains intact.	Damage is around, but not directly on, the language areas of the brain.	X	X	✓
Broca's aphasia	Also called 'non-fluent' or 'expressive' aphasia. Speech may be halting, effortful, and limited to a few words at a time. Usually able to understand speech and written text well.	Damage to the Broca's area in the frontal lobe, which is responsible for speech production.	X	✓	X
Transcortical motor aphasia	Intact comprehension and awareness of errors, but poor word-finding and speech production.	Damage to the brain near, but not directly impacting, Broca's area, isolating it from other parts of the brain.	X	✓	✓
Wernicke's aphasia	Also called 'fluent' or 'receptive' aphasia. Comprehension is often impaired. While they can produce connected speech, it often won't make a lot of sense, using nonsense and irrelevant words.	Damage to the Wernicke's area of the brain, in the temporal lobe. The Wernicke's area is responsible for language comprehension.	✓	X	✓
Transcortical sensory aphasia	Similar deficits to Wernicke's aphasia, however, their repetition ability may remain intact.	Damage near, but not directly impacting, the Wernicke's area.	✓	X	✓
Conduction aphasia	The main impairment is the inability to repeat words or phrases.	Damage to the connection between the comprehension and speech production areas in the brain.	✓	✓	X
Anomic aphasia	The individual has difficulty with word-finding, or naming things.	Left-hemisphere lesion (language-dominant hemisphere).	✓	✓	✓

Condition	Summary	Brain region impacted	Language Impacts		
			Fluency	Understanding	Repetition
Primary progressive aphasia (PPA)	Not caused by a stroke or a brain injury. Instead, PPA is a progressive, neurodegenerative disease where someone uses their language ability slowly over time. Symptoms vary depending on which areas of the brain are affected. Often occurs alongside other dementia symptoms, including memory loss.	Varies from person to person.	X	X	X

Meet Someone with Aphasia

Stroke survivor Mike Caputo has a type of non-fluent aphasia called Broca's aphasia. He shares what it feels like and talks about his aphasia program [3:59]. Listen to the way Mike communicates – he has halting and effortful speech, leaves words out, and has difficulty finding the words to say. Mike can understand what others say to him and remains as intelligent as ever. Reflect on how it might feel to be in Mike's shoes.



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Broca's Aphasia (Non-Fluent Aphasia) by tactustherapy



Reflection

Reflect on how it might feel to be in Mike's shoes.

- Mike outlines that before his stroke, he worked in a worldwide sales position. Since his stroke, Mike has been unable to return to this same position. Consider the impacts of his communication difficulties on his employment opportunities and the subsequent financial and social implications.

- You can see Mike still has communication difficulties. Consider how challenging it might be for him to be involved in everyday communication activities such as participating in his healthcare (e.g. ask questions, give informed consent), talking on the phone, ordering in a restaurant, or engaging in conversation with a group of people.

A Different Presentation of Aphasia

This is Byron Peterson. Byron has a fluent type of aphasia called Wernicke's aphasia [1:31]. When the Wernicke's area is damaged, a person's language comprehension is affected. Compare the differences between Byron's speech and Mike's. Notice how Byron's speech is effortless and fluent, but the meaning of what he says is impaired. This goes to show how differently two people with aphasia can present.



One or more interactive elements has been excluded from this version of the text. You can view them online here: <https://jcu.pressbooks.pub/effective-communication-aphasia/?p=59#oembed-3>

Fluent Aphasia (Wernicke's Aphasia) by TactusTherapy

Understanding Different Communication Disorders

Aphasia, apraxia of speech, and dysarthria are all different communication disorders that can happen after a brain injury, such as a stroke. They affect how a person communicates in different ways. Someone may have more than one of these conditions at the same time (Gillam et al., 2019).

Comparison of aphasia, apraxia of speech, and dysarthria. Information from Gillam et al. (2019)

Condition	What is it?	What's affected?	Example
Aphasia	A language problem that affects a person's ability to speak and understand others.	Speaking, understanding, reading, writing	May say the wrong word or struggle to understand what others say.
Apraxia of Speech	A motor planning problem . The person knows what they want to say but have difficulty planning the movements required to say words accurately.	Speech movements	May try to say a word but it comes out wrong or jumbled.
Dysarthria	A muscle problem that affects how clearly a person can speak.	Clarity, speed, and strength of speech	Speech may sound slurred, mumbled, strained, or too quiet.

It's important to understand this distinction when working with people who have communication difficulties.

Misconceptions about Aphasia

There are many common misconceptions about aphasia that can lead to misunderstandings and stigma, even among healthcare professionals. These myths can negatively affect how people with aphasia are treated and supported in healthcare settings. Below are some of the most common myths—and the facts that set the record straight.



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<https://jcu.pressbooks.pub/effective-communication-aphasia/?p=59#h5p-2>

Glossary of Common Speech Pathology Terminology for Aphasia

As future healthcare professionals, you will likely encounter terms related to aphasia and communication disorders in medical notes, patient records, and clinical settings. This glossary explains key concepts you might come across when working with patients with aphasia.

Glossary of common speech pathology terminology for aphasia

Category	Term	Definition
Aphasia Categories	Aphasia	A language disorder caused by damage to the brain (often due to stroke) that affects speaking, understanding, reading, and/or writing.
	Expressive Aphasia	Difficulty producing language (speaking or writing), while comprehension may remain relatively intact.
	Receptive Aphasia	Difficulty understanding spoken or written language. Speech may be fluent but lack meaning.
	Fluent Aphasia	Speech that sounds smooth and connected but may lack meaning or contain word errors. Common in Wernicke's aphasia.
	Non-Fluent Aphasia	Speech that is effortful and halting, often consisting of short phrases. Comprehension is often better than expression. Common in Broca's aphasia.
	Global Aphasia	A severe form of aphasia involving significant impairments in both expression and comprehension of language.
Speech & Language Characteristics	Agrammatism	Omission of grammatical elements (e.g., "He go store" instead of "He is going to the store").
	Anomia	Difficulty finding and saying words, often described as 'getting stuck' or a 'tip of the tongue' feeling. See also 'Word finding difficulties'.
	Automatic Speech	Overlearned phrases (e.g., "hello," counting) often remain intact in aphasia.
	Circumlocution	Talking around a word when the target word cannot be retrieved (e.g., "the thing you write with" for "pen").
	Conduit d'approche	A series of repeated, increasingly accurate attempts to say a word.
	Effortful Speech	Speech that requires significant cognitive or physical effort to produce is often seen in non-fluent aphasia.
	Jargon	Fluent but meaningless or nonsensical speech, often associated with Wernicke's aphasia.
	Neologism	A made-up, non-existent word used unintentionally (e.g., "blonter" for "pencil").
	Paraphasia	Speech error involving word or sound substitutions.
	– Phonemic paraphasia	Sound errors (e.g., "cable" for "table").
	– Semantic paraphasia	Word meaning errors (e.g., "dog" for "cat").
	Perseveration	Involuntary repetition of a word, phrase, or gesture that is no longer contextually appropriate.
	Self-Correction	When the person with aphasia independently notices and corrects an error.

Category	Term	Definition
Other Communication Disorders	Word-Finding Difficulty	Difficulty retrieving specific words, particularly content words like nouns and verbs.
	Apraxia of Speech	Difficulty planning and coordinating the movements required for speech. May cause inconsistent speech errors.
	Dysarthria	Weak or slurred speech caused by muscle weakness. It is a motor disorder, not a language disorder.
Communication Therapy & Supports	Cognitive-Communication Disorder	A broader term describing communication problems due to cognitive deficits (e.g., attention, memory), which may co-occur with aphasia.
	Augmentative and Alternative Communication (AAC)	Strategies or tools (e.g., picture boards, speech-generating devices) used to support or replace spoken communication.
	Communication Partner Training	Therapy that teaches family or healthcare staff how to support someone with aphasia.
	Compensatory Strategies	Alternative methods to support communication (e.g., writing, gestures, communication boards).
	Cueing	Providing a prompt (e.g., first sound, gesture) to help with word retrieval.
	Functional Communication	The ability to communicate effectively in everyday situations, even if the method is not grammatically correct or typical.
	Generalisation	The ability to apply a skill learned in therapy to real-life situations.
	Language Sample	A recorded or transcribed portion of spoken language used to analyse language skills.
	Supported Communication	Use of tools and techniques (e.g., visuals, keywords, gestures) to support conversation with minimal language dependence.
	Verbal Expression	A general term for the ability to express oneself using spoken language.
	Auditory Comprehension	The ability to understand spoken language.

Glossary definitions sourced from Hallowell (2019).

Test your Knowledge



An interactive H5P element has been excluded from this version of the text. You can view it online here:
<https://jcu.pressbooks.pub/effective-communication-aphasia/?p=59#h5p-7>

Key Takeaways

- Aphasia is a language disorder, not a loss of intelligence or awareness.
- It is most often caused by stroke, but can also result from injury or illness.
- People with aphasia experience a range of communication challenges – no two presentations are the same.
- Speech is not affected by aphasia, but speech and language difficulties can co-occur.
- Misconceptions about aphasia can lead to poor care and exclusion from conversations.

2. CHALLENGES IN HEALTHCARE SETTINGS



Chapter Learning Outcomes

By the end of this chapter, you will be able to:

- identify key communication challenges faced by people with aphasia in healthcare settings
- recognise the emotional and practical impact of aphasia on both patients and healthcare staff
- understand how communication barriers can lead to poorer health outcomes.

Challenges for People with Aphasia

Communication is a key element of **person-centred healthcare** (Bensing et al., 2000; Robinson et al., 2008). However, working with patients who have aphasia can be challenging.

People with aphasia (and other communication disabilities) can:

- struggle to express their medical symptoms and concerns
- struggle to express their basic needs such as pain, hunger, thirst or toileting needs
- find it difficult to understand medical explanations and instructions
- disengage from their care
- be unable to provide informed consent in the usual way
- feel excluded from decisions about their care
- feel isolated, misunderstood, or anxious during hospital stays. (Asplund et al., 2009; Bright & Reeves, 2022; Burns et al., 2015; Clancy et al., 2018; Hoffman et al., 2005)

'It was difficult, something very very new to me ... for the speech it was very frustrating ... I couldn't speak to anybody ... I couldn't have a conversation' – Patient with aphasia (Heard et al., 2017)

‘And that was more frustrating because they were doing things and checking...blood pressure and taking you for a scan and you had no idea what was happening because your brain...your brain wasn’t taking in what they were doing telling me ‘...’ I wasn’t taking that in and I’d no idea what was going on so I felt totally (.) at a loss’ – Patient with aphasia (Clancy et al., 2018)

Challenges for Healthcare Professionals

Healthcare professionals also experience challenges when working with people with aphasia. Healthcare professionals might:

- feel anxious about providing care to people with communication difficulties.
 - be unsure how to help, or underprepared to provide support.
 - avoid communication or rely on family members instead of the patient. (Baker et al., 2021; Bright & Reeves, 2022; Burns et al., 2012; Burns et al., 2015; Carragher et al., 2020)
-

‘If I know they’ve got aphasia then I know this is going to be a difficult conversation’ – Dietician (sub-acute and community)

‘I would walk away feeling frustrated for them but frustrated at myself’- Occupational therapist (sub-acute)

‘It’s just something that... we’re not really trained in’ – Dietician (out-patient)

Quotes taken from Carragher et al. (2020)

Consequences of Communication Barriers

These healthcare challenges can have **serious consequences**. Research has shown that people with communication impairments, including aphasia, are at **greater risk of**:

- in-hospital deaths
- preventable adverse events in hospital (e.g. medication errors, unmet care needs)
- longer hospital stays and higher rates of complications
- poorer health outcomes after discharge

- increased risk of re-admission to hospital. (Bartlett et al., 2008; Carragher et al., 2020; Flowers et al., 2016)

'It's very difficult to judge what someone with aphasia needs. They cannot verbalize that. Some people can say or show that they're in pain, but where and what kind of pain... For someone with aphasia it's very difficult to provide a diagnosis and plan what's next.' – Occupational therapist (Van Rijssen et al., 2022).

Overall, these barriers can make it difficult to deliver effective person-centred care, which relies on communication and shared decision-making. When people with aphasia are not supported to express themselves, they can be excluded from their own care.

Activity

Click through the scenarios below to gain a better understanding of some of the challenges people with aphasia face in their healthcare.



An interactive H5P element has been excluded from this version of the text. You can view it online here:

<https://jcu.pressbooks.pub/effective-communication-aphasia/?p=97#h5p-6>

Key Takeaways

- Aphasia affects every part of the healthcare experience, from reporting symptoms to making decisions about care.
- People with aphasia may feel excluded or invisible if communication is not adapted to meet their needs.
- Healthcare professionals often feel uncertain or underprepared when supporting someone with aphasia, which can lead to anxiety or avoidance.
- Communication barriers can lead to serious consequences, including medical errors, longer hospital

stays, and poorer outcomes after discharge.

- Person-centred care depends on effective communication. Without strategies to support understanding and expression, people with aphasia risk being excluded from their own healthcare decisions.

3. SUPPORTIVE COMMUNICATION TECHNIQUES



Chapter Learning Outcomes

By the end of this chapter, you will be able to:

- recognise helpful and unhelpful communication strategies when speaking with someone who has aphasia
- apply practical techniques to support clearer, more effective communication.

Person-centred healthcare relies on good communication. These communication strategies support clearer, more respectful communication to help you feel more confident and capable in your interactions with people with aphasia (Beeke et al., 2013; Kagan et al., 2025; Speech Pathology Australia, 2023).

Helpful Communication Strategies

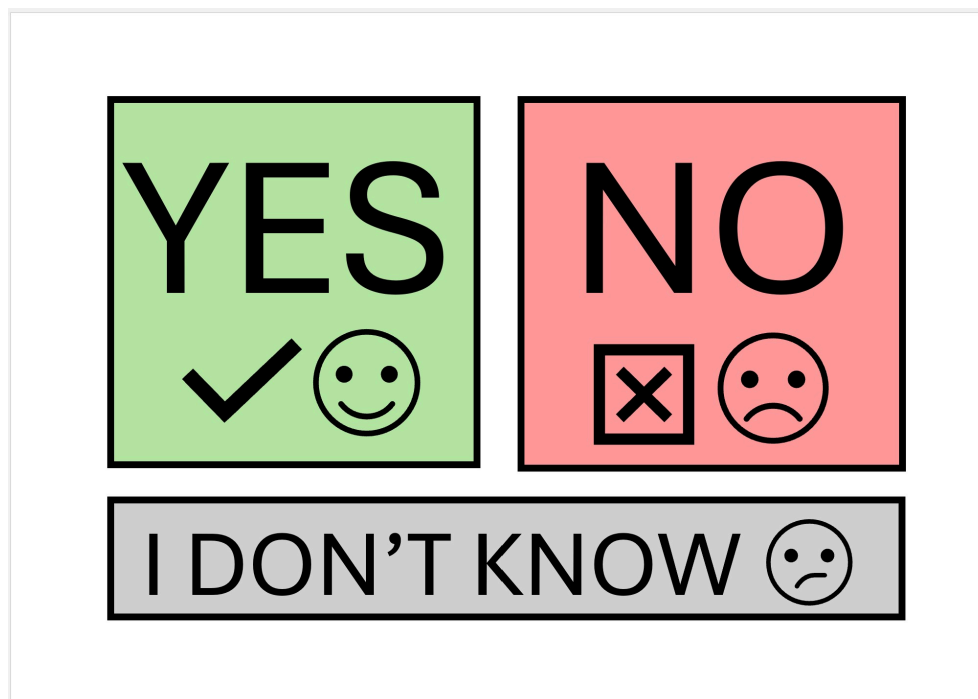
- Get their **attention** first before speaking.
- Make sure you are face-to-face. Use eye contact.
- Speak naturally, just **a little slower** than usual.
- Speak at a **normal volume**. There is no need to shout.
- **Avoid jargon** or medical terms. Use everyday words.
- Communicate **one idea at a time**.
- **Pause** often and give extra time for them to respond. Wait patiently and don't rush to fill silences.
- Don't finish their sentences, but offer **prompts**:
 - 'Can you describe what it looks like?'
- Give **two clear choices** instead of open-ended questions. This makes it easier for the patient to respond
 - 'Do you want tea or coffee?' (Show the items if possible).
- Acknowledge their competence:

- 'I know you know what you want to say'.
- Ask **yes/no clarifying** questions:
 - 'Are you talking about someone in your family?'
- **Repeat back** what you've understood to check you've got the right message
 - 'Let me check I've got this right...'

Use Visual and Written Supports

- Use **gestures and facial expressions** to add meaning.
- **Write** down keywords as you talk.
- **Point** to or provide visuals (photos, calendars, yes/no boards, diagrams).
- Let them **write, draw, or point** to express themselves.
- Bring a notebook or whiteboard for drawing or writing together. (Beeke et al., 2013; Kagan et al., 2025; Speech Pathology Australia, 2023)

This communication aid is called a Yes/No Board. The user can respond to questions that require a 'yes' or 'no' response by pointing to their answer.



Yes/No Board. Created by Jodie Betts, used under a CC BY licence

More information about useful strategies to support communication can be found on the Speech Pathology Australia Communication Hub.

Watch

Let's see some of these strategies in action! In the following video, you will see interactions between a clinician and a person with aphasia [4:41]. In the first interaction, the clinician uses no strategies to support communication. In the second interaction, see the difference when the clinician uses some simple strategies to support communication.



One or more interactive elements has been excluded from this version of the text. You can view them online here: <https://jcu.pressbooks.pub/effective-communication-aphasia/?p=90#oembed-1>

Aphasia – what a difference some help makes by Dyscover Aphasia Charity

Test your Understanding:

Drag and drop the following communication strategies into the correct category: Unhelpful Strategies or Helpful Strategies



An interactive H5P element has been excluded from this version of the text. You can view it online here: <https://jcu.pressbooks.pub/effective-communication-aphasia/?p=90#h5p-4>

Key Takeaways

- Slow down, simplify, and be patient. Give one idea at a time, allow extra time for responses, and

avoid complex language.

- Support your message with gestures, visuals, and written words. Encourage the person to draw, write, or point if needed.
- Always show respect. Speak to the person as an adult, acknowledge that they are competent, and never ignore or speak over them.
- Check for understanding—both theirs and yours. Ask yes/no questions and repeat back what you've heard to confirm.

4. OPTIMISING THE COMMUNICATION ENVIRONMENT



Chapter Learning Outcomes

By the end of this section, you will be able to:

- identify environmental factors that can make communication harder for people with aphasia
- describe simple changes to reduce noise, distractions, and visual clutter in a healthcare setting
- identify some visual tools that can support understanding and orientation.

Optimising the Environment

It is important to consider the setting you are in when communicating with someone with aphasia. Healthcare environments can be busy, noisy places. For someone with aphasia, this can make communication even more overwhelming and exhausting. Creating a supportive environment is an important part of your role (Beeke et al., 2013; Kagan et al., 2025).

Reduce background noise

- Turn off TVs or radios in the room.
- Close the door to reduce noise from corridors.
- Avoid settings such as dining halls – echoing acoustics, clanging cutlery, and overlapping conversations are distracting.
- If possible, move to a quieter space or use private rooms for important conversations.

Minimise visual distractions

- Turn off unnecessary screens.
- Keep the space tidy and free from clutter.

- Close curtains at the patient's bedside where appropriate.

Ensure face-to-face communication

- Face the person and make eye contact
- Remove masks, or wear a clear mask if appropriate.

Use supportive visual tools

- Put up signs (e.g., toilet, exit, nurse station).
- Use visual schedules to explain daily routines or procedures.
- Display calendars and clocks to support orientation to time. (Beeke et al., 2013; Kagan et al., 2025; Speech Pathology Australia, 2023)

Even small changes to the environment can make communication easier, more successful, and less tiring for people with aphasia.

Watch

This video provides fantastic advice and examples for supporting communication with people with aphasia in the hospital environment [5:52].



One or more interactive elements has been excluded from this version of the text. You can view them online here: <https://jcu.pressbooks.pub/effective-communication-aphasia/?p=115#oembed-1>

Supporting Communication for Access and Participation – Simon Horton – University of East Anglia and Norfolk Conversation Partners.

Key Takeaways

- Reduce distractions by turning off unnecessary noise (TVs, radios) and minimising visual clutter.
- Ensure face-to-face communication by facing the person and making eye contact.
- Use visual tools like signs, calendars, and communication boards to support understanding and

orientation.

5. PROVIDING APHASIA-FRIENDLY WRITTEN INFORMATION



Chapter Learning Outcomes

By the end of this chapter, you will be able to:

- explain why written information is important for people with aphasia and their support networks
- identify features of effective, aphasia-friendly written materials, such as layout, language, and visual supports
- evaluate examples of written healthcare materials and suggest ways to improve their accessibility for people with aphasia.

Providing Written Information

Providing clear written materials helps people with aphasia better understand and remember important information about their care. Written information can be reviewed later, with support from family or carers if needed.

The information on this page is taken from Hoffman & Worrall (2004) and Rose et al., (2011).

Types of written information can include:

- key medical information
- medication information
- care plans, exercise instructions, or patient “homework”
- appointment details, dates, times and locations.

Tips and formatting for aphasia-friendly written communication:

- Use sans serif fonts (e.g., Arial, Verdana).

- Use large font (size 14 to 18).
- Make sure you have a clear message
- Keep sentences short and simple; one idea per sentence.
- Keep a lot of white space – avoid cluttering the page with information.
- Use bullet points.
- Bold keywords.
- Use everyday language, avoid medical jargon.
- Write in first or second person (e.g., “you”, not “the patient”).
- Support the words with realistic and relevant images or photos.
- Avoid italics and all capitals.

Always ensure written information is shared with the person and their support network. Check for understanding before they leave your care.

Examples

Following are some examples of how medical information handouts, care plans, and home programs can be formatted in an accessible, aphasia-friendly way. These examples can be adapted to suit your own needs and the needs of your patient. Note the elements of aphasia-friendly formatting such as use of white space, short and simple sentences, and legible fonts. You can apply these same principles to any written information you need.

Example for Occupational Therapists

This is a guide to one-handed upper body dressing, which an occupational therapist could provide to patients who have had a stroke and lost the use of one arm.

Upper Body Dressing Guide (One Handed)

These tips help you **get dressed with one hand**

Ask your occupational therapist if you have questions.

Before You Dress:

- Dress your **weak arm first**
- Use **front-opening** shirts
- **Loose jackets** are easier to put on over your sling
- **Sit down** to dress until you feel safe standing

Using a Sling:

- It's **easier** to put clothes on **over** the sling
- Always put your arm **back into the sling** after dressing

Tip:

- **Button hooks** and other small aids can help.
- Ask your occupational therapist to show you how.

Steps to Get Dressed (One-Handed)**1. Get Ready**

- Sit with your weak arm on your lap
- **Shake out the shirt** with your strong arm.
- Put the shirt on your lap.
- **Collar near you, outside facing up.**

**2. Weak arm first**

- **Move the sleeve opening** close to your weak arm.
- Use your strong arm to **place your weak hand in the sleeve.**
- **Pull the sleeve up** to your shoulder.

**3. Strong arm second**

- **Lean forward** a bit.
- **Pull the collar behind your neck.**
- Put your strong arm into the **other sleeve.**



Image Preview of 'Aphasia-friendly Upper Body Dressing Guide' document. Created by Jodie Betts, adapted from: 'Upper Body Dressing: A Guide for Patients and Their Carers', by St Vincent's Hospital Melbourne

View the full document here: [Occupational Therapy Upper Body Dressing Guide \[PDF\]](#)

Example for Physiotherapists

This is a home exercise program targeting the legs that aims to improve a patient's walking and balance. A physiotherapist might hand this to a patient. It is recommended that the images be replaced with photographs of the patient performing the exercises.

Page 1	Page 2
Physiotherapy Home Exercise Program Name: _____ Date: _____ Why do them: These exercises will make your legs stronger. They will make your walking better. Exercise Instructions Go slowly Exercises should not hurt Take breaks and drink water Do them every other day Do these three exercises in order. Repeat the whole thing 3 times. Exercise images retrieved from www.physiotherapyexercises.com	Exercise Routine 1. Sit to Stand • Sit on a chair. • Make sure your feet are flat. • Stand up. Put weight on your left leg. • Repeat 15 times.  2. Bridges • Lie down on your back. Bend your knees. • Squeeze your bottom. Lift your hips up. • Hold for 15-30 seconds  Exercise images retrieved from www.physiotherapyexercises.com

Image preview of 'Aphasia-Friendly Physiotherapy Home Exercise Program' document, adapted by Jodie Betts

View the full document here: [Physiotherapy Aphasia Frindly Home Exercise Program \[PDF\]](#)

Example for Pharmacists

This document is an example of how a pharmacist might format medication information and instructions in an aphasia-friendly way. This is an example of aphasia-friendly formatting only. Ensure all required and accurate information is included when creating real medication instructions.

Glavoxelin 40 MG Tablet

Manufacturer: Trunexa Labs

This medication is light blue.

It is a round, flat tablet.

"Z3" is printed on one side.

The active ingredient is glavoxelin (oral).

The common names are Vensora and Clopirex.



Glavoxelin is a fictional medication. This is an example of aphasia-friendly formatting only.
Ensure all required and accurate information is included when creating real medication instructions.

Image preview of Aphasia-Friendly Medication Information document, adapted by Jodie Betts

View the full document here: [Pharmacy Medication Information example \[PDF\]](#)



Explore

Have a look at the following handouts and information booklets about stroke. See if you can identify some elements of effective and aphasia-friendly written communication.

- Stroke: Aphasia-friendly information
- Aphasia Handbook: A book for people with aphasia, their families, carers and friends
- Aphasia-Friendly Print Material

These are fantastic informational resources you can provide to your patients who have had a stroke.



Key Takeaways

- Aphasia-friendly written materials help people with aphasia understand, remember, and revisit important healthcare information with support from others.
- Effective written communication uses large, simple fonts, short sentences, everyday language, bolded keywords, and realistic images to support meaning.
- Sharing written information with both the person and their support network can improve safety, confidence, and independence.

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VERSION HISTORY

This page provides a record of changes made to this guide after publication. Each set of edits is acknowledged with a 0.1 increase in the version number.

Version	Date	Details
1.0	23 March 2026	Resource published via JCU Open eBooks

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