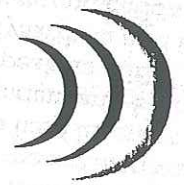




LET'S TALK



...FOR PEOPLE WITH SPECIAL COMMUNICATION NEEDS

Dysarthria

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Speech requires precise, rapid, coordinated movements of many muscles. Normal speech is produced with a complex series of movements that combine breathing (respiration), producing a voice (phonation), forming speech sounds by constricting the airstream with the lips and tongue (articulation), and adding stress and rhythm. When we make the complex series of movements needed for speech, muscles must move in the right direction, with the right speed and force, and at the right time in order for speech to be clear and precise.

What Is Dysarthria?

When there is a problem with the brain or nervous system that causes muscles to be weak, move slowly, or not move together, speech will not sound natural and may be difficult to understand. This is called dysarthria and can be caused by a number of conditions that impair the execution of speech movements. The particular speech problems, or type of dysarthria, will depend on which area of the nervous system is affected. Changes in the pitch, loudness, and rhythm of speech are due to paralysis, weakness, or incoordination of the muscles used in speaking. Sometimes people who have dysarthria speak very slowly because their muscles are weak and do not move easily or quickly. Other people, especially those with Parkinson's disease, may seem to mumble. These people speak very quietly, rapidly, and with little movement of the lips, tongue, and jaw. Other times, speech may sound slurred or

uncoordinated. Depending on the muscles affected, changes in speech quality also can occur: speech can sound nasal, and the voice can sound breathy or harsh.

Different Kinds of Dysarthria

Dysarthria is caused by many different conditions that involve the nervous system, including cerebral palsy, Parkinsonism, Lou Gehrig's disease (ALS), Huntington's disease, or the later stages of multiple sclerosis. Dysarthria can also result from stroke, brain injury, and tumors. Dysarthria occurs in both children and adults. Some people have always had dysarthria; others acquire it in adulthood through injury or disease. Dysarthria can range from mild but noticeable changes in speech to problems so severe that speech cannot be understood at all.

Who Can Help

Specialists who can help include neurologists, speech-language pathologists, neuropsychologists, and physical and occupational therapists. These specialists work together to identify the cause and type of the dysarthria and to plan medical, surgical, or other treatments.

Treatment

Treatment varies depending on the cause, type, and severity of the problem. The main goal of treatment by a speech-language pathologist is to enhance participation in the kinds of communication activities that the speaker chooses. A speech-language pathologist may be able to help people with dysarthria speak more clearly;

there are also ways to help listeners understand better. Speakers with dysarthria and their communication partners can learn ways to change surroundings to make understanding communication easier, for example, by cutting out noise. Treatment may involve teaching a person ways to compensate for limitations in muscle movement

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by such techniques as talking in short sentences, speaking slowly, or emphasizing key words. Other treatment techniques involve teaching a speaker with dysarthria to speak more loudly and clearly. Changes in positioning of the body also may increase intelligibility. Communication is a two-way street and depends on the skills of both the listener and the speaker with dysarthria. Here are some tips that may make communication easier for both the speaker and listener.

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☞ Tips for the Listener:

- Take charge of the communication environment by making sure the room is quiet.
- Give your undivided attention to the speaker, watch him or her, and don't try to accomplish other tasks at the same time you are listening.
- Be honest and acknowledge the difficulty you are having understanding.
- If you haven't understood part of the message, repeat the part you did understand. That way, the speaker doesn't have to say that part again.
- If you still don't understand, ask the speaker to write down some key words, or ask questions that can be answered with a yes or no to clarify the message.

☞ Tips for the Speaker With

Dysarthria:

- Introduce the topic of your message. Provide your listeners with the context or background for what you are saying. This will help them to understand you.
- Ask others to let you know when they can't understand you. In that way, you will know when you need to repeat or speak more loudly and clearly.
- Speak loudly and slowly, and separate words and phrases with small pauses.
- Time important conversations for periods when you are not fatigued. Some people prefer to take part in important conversations in the morning or when their medications are providing peak benefits.

When the Problem Is Severe

Alternatives to natural speech may be needed when dysarthria is severe. Assistive or augmentative communication techniques, such as the use of simple gestures to supplement speech, or communication aids like alphabet or language boards, may be recommended. Sophisticated electronic or computer-based systems that can be controlled with motions as simple as an eye blink or a head nod are also available for those with severe physical problems.

For more information or for referral to a certified speech-language pathologist, contact the American Speech-Language-Hearing Association at 800-638-8255 or www.asha.org

ASHA Resources:

American Speech-Language-Hearing Association at 800-638-8255 or www.asha.org

National Organization for Rare Disorders, Inc. (NORD) at 800-999-6673 or www.rarediseases.org. NORD is a federation of more than 140 not-for-profit voluntary health organizations serving people with rare disorders and disabilities, including the Amyotrophic Lateral Sclerosis Association, the Dystonic Medical Research Foundation, the Guillain-Barre Syndrome Foundation, the National Multiple Sclerosis Society of America, the Myasthenia Gravis Foundation, the National Multiple Sclerosis Society, the Parkinson's Disease Foundation, and the Wilson's Disease Association.

NIH/National Institute of Neurological Disorders and Stroke at 800-352-9424 or www.ninds.nih.gov/health_and_medical/disorders/stroke.htm



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