



ABIOS

Acquired Brain Injury Outreach Service

FACTSHEET: **Communication**

Audience: Person with an ABI

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Understanding Dyspraxia (Speech Impairment) after Acquired Brain Injury

“Dyspraxia means someone has difficulty planning and coordinating the muscle movements needed to form speech sounds and words.

It can be hard for someone with dyspraxia to find the correct mouth position needed to make sounds, move smoothly between sounds and words or coordinate the muscle movements needed to chew and swallow.”

(Speech Pathology Australia)

This ('dyspraxic') movement difficulty does not involve the muscles being weakened, a sensory loss or difficulty understanding the instruction. It is the neurological damage that blocks the communication between the brain and the muscles required for speech.

Dyspraxia is most commonly caused by stroke or acquired brain injury

There are 2 types of dyspraxia:

(1) Oral dyspraxia

- Difficulty performing non-verbal (non-speech) tasks when asked to do so (E.g. “please poke out your tongue”)
- Able to perform non-verbal tasks successfully when not asked (E.g. licking an ice cream).
- Can exist by itself, however often occurs with a verbal dyspraxia

(2) Verbal dyspraxia

- Difficulty with verbal (speech) tasks.
- The person knows what they want to say, but when they try to say it, something completely different comes out or no words at all.
- Automatic speech is often spoken more accurately – E.g. counting, saying your name and address, days of the week, and phrases like “oh my goodness”, “good thanks”.
- Verbal dyspraxia often occurs with language impairment (aphasia)

Signs of verbal dyspraxia:

- You may repeat the same word again and again
- You may have ‘searching’ movements with your mouth and tongue to try to say the right word
- Speech may be confusing and difficult for others to follow
- Your speech may contain pauses and hesitations, and there is increased effort needed to speak
- You are aware of your errors with speech, however your attempts to correct can also be wrong
- No speech or gesture (severe dyspraxia or apraxia)



Some communication tips to help for Dyspraxia:

- Try to remain relaxed when speaking
- Use non-verbal communication if necessary – such as writing, pointing or gesture
- Speak for yourself whenever possible – try not to let others speak for you
- Use short phrases or sentences
- Say your message another way if you are having difficulty
- Give your listener a ‘key word’ to tune them into what you are talking about
- Reduce background noise when communicating with others
- Do the speech exercises prescribed by the Speech Pathologist

Treatment and recovery from dyspraxia:

Improvement is generally slow, and there is no established timeframe for recovery. Dyspraxia can be challenging to recover from, and some people will experience ongoing difficulties.

In these more severe cases, non-verbal communication is used to add to or replace a person’s speech. Non-verbal communication could be writing, gesture, facial expression, and/or pointing. It can also be more formal options such as a speech generating device or speech generating ‘app’. (See *‘Alternative and Augmentative Communication’ factsheet for more information*).