



SUGGESTIONS AND INFORMATION
ON
DYSARTHRIA (SLURRED SPEECH)
AND
*AUGMENTATIVE COMMUNICATION

*It is important to consult with a speech-language pathologist before purchasing an augmentative communication device.



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With special thanks to
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As a speech-language pathologist, I'd like to share some information with you and your family about communication. Your physician will answer your questions about any medical aspects. Right now your speech may be slightly slurred. Your tongue and lips may not be able to move with the same accuracy with which you have been accustomed to speaking for years. Ordinarily, people speak up to 3-4 syllables a second. When a person has dysarthria (slurred speech), the tongue and lips cannot move with the same degree of speech, accuracy, or force as before.

It is necessary to address some basic situations that arise and some common reactions. When someone must frequently repeat themselves two or three times there is a basic tendency to become perturbed and to stop trying. The speaker often says "never mind" and gives up prematurely. If it is important enough to say, and someone wants to hear it, then give it an extra effort and **use** the techniques (see attached *Techniques for Improving Verbal Communication*).

On the other side of the same coin, the listener encounters the frustration of not understanding someone. It is only human nature to want to avoid hurting the feelings of someone you love. So, instead of asking someone to repeat for a third time, sometimes people will "fake it". Pretending to understand someone can soothe things temporarily, but the person who *gives* the message will quickly realize that you did not understand. Then, a new problem is created. The speaker feels that no one cares enough about what he is saying to really make the effort to find out.

There is also a tendency for people to expect their loved ones to automatically know what they want. Even among people who have been together for 40 or 50 years it is not easy to "guess" what someone is saying. As the speaker, it is important to first get across the **topic**, then your listener will have a better chance of following your speech.

In a similar vein, a listener can inadvertently assume they can **read** their spouse's mind. Often, a daily routine is followed and the listener can assume the comment is related to the immediate situation. However, the listener can **guess** wrong. It is important to obtain feedback from the speaker to ensure that his message is received correctly. Repeating back the message to the speaker is a form of double checking.

All of the above reactions are fairly common. With encouragement from each other, perhaps you and your family can side-step these common problems.

It is important for you to be aware of these factors. Jump in and take responsibility for yourself. Watch your listener's face and listen to their statements. If you think that you may have been misunderstood, ask your listener. Use your techniques.



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Ask your listener for feedback. They can let you know if you need to be louder, slower, etc. they can also let you know when you are sounding more clear. It is important to hear praise because it is difficult to experience a speech problem after speaking clearly for years. Changing how a person speaks does not come about overnight and praise can be most helpful in developing new habits.

Your family can play an important role in this program. The most important part in changing the manner in which you speak is the ability to listen to how you sound. You may have noticed that you can say the same word or phrase two different times and have two very different productions. One might be **much** easier to understand. There is a range in your speech abilities that you probably have noticed already. At night or when you are fatigued or stressed, your speech might not be at its best. This fluctuation is important. Our goal is to keep you toward the upper range of your capabilities with the ability to self-monitor.

In listening to yourself now, you can probably tell the difference between your best production of a word and the worst. It is more difficult to discern the difference between “fair” and “good”. This ability to listen to yourself and decide, “I can sound a **little** clearer if I try again”, is crucial in communication. There might be times that, despite self-monitoring and despite compensation techniques, your speech will not be clear enough to be understood. Other factors such as stress, fatigue, and noisy environments may also contribute to speech difficulties. We can assist in this area by working out “back-up systems”.

Through years of working with patients, it has become very clear that communication involves much more than speech or writing. It involves the way you hold your body, your facial expressions, and eye contact, as well as gestures. All of these methods can be used to convey information. We have many strategies to share concerning the use of other “communication channels”.

When difficulty arises in speech, it does not mean communication stops. As you deal with this dysarthria, you will develop your own **personal** style of interacting with your family, friends, and loved ones. It is the role of the speech-language pathologist to minimize the frustrations and maximize your capacities.





Techniques for Improving Verbal Communication

1. Speaking requires full attention. Don't eat or drink and talk at the same time, for fear of aspiration (food going down the wrong way).
2. Be sure to have the attention of the listener. Many listeners quickly learn to read lips well.
3. Keep the mouth free of excess saliva. An electric suction machine is helpful. Drugs that dry the mouth can also help.
4. Speak slowly, with fewer words on one breath, but speak in sentences.
5. Avoid tightness of neck muscles by doing relaxation exercises. Spare the voice, but be as precise as possible.
6. Spare the voice, but be as precise as possible.
7. Avoid muscle-relaxant drugs such as diazepam (Valium) if breath is short, because they may depress breathing.
8. Use an artificial voice device to create sound if needed. It will not help with the shaping of words.
9. Consider a partial lift prosthesis when the voice is too nasal or fluid enters the nose.
10. Substitute sounds for those that are difficult. A speech therapist can help.
11. If excessive salivation interferes with speech, medical, or surgical control may be possible. See MALS Manual IV.





3-Syllable Phrases

Go outside
Where is it
He ate it
It is hot
Baseball bat
Eating out
Tape it up
Do not tease
Hum a tune
Not a thing
Much thinner
Some big dogs
Feed the cat
A young child
Did he go
Pass the salt
This is good
When's dinner
Let's go now
Was it full
Not so sad
A good mood
A ladder
So muddy
Radio
Talking slow
Close the door

Getting dark
Today is
Adding up
Plant a seed
Really hot
Very well
Pretty good
Brush your teeth
Ought to go
The city
Hamburger
Some French fries
Turn it off
Not too much
The window
Have some more
I'm hungry
I'm thirsty
I don't know
I guess so
No thank you
My arm hurts
My leg hurts
My head hurts
Going home
Some more, please
Very cold

In my purse
Coat pocket
Pants pocket
Doing fine
Other shirt
It's raining
My red shirt
Potatoes
Some salad
Set the table
The pepper
A kitten
Magazine
Dining room
Telephone
Watch T.V.
Raise the bed
Lower it
The bathroom
Hello, there
Falling down
Very loud
A letter
So lucky
Laughing now
Go downtown





4-Syllable Phrases and Words

Lots of pepper
A big pillow
A hamburger
Lemon and lime
A loaf of bread
Peanut butter
Answer the phone
Very good meal
How do you feel
The window sill
I want water
It is too hot
is too cold
I am hungry
I am thirsty
Where is my shirt
Hand me my pants
I'd like some juice
Where is my cup
I'd like some more
Urinal, please
My toothbrush, please
Television
Please turn it up
I spilled my plate
Can you come here
What time is it

Can I eat now
It was too fast
I don't think so
I dropped it here
Can you reach it
My typewriter
The bathroom, please
Cake and candy
Turn the channel
I like that show
I can't hear it
When is dinner
That is okay
I can't reach it
How have you been
It's a bit cold
Where's my breakfast
That's a good meal
You're a good cook
Could you come here
I don't want to
Please be quiet
It's time to go
I'm too tired now
It hurts right here
We went shopping
Give it to me

