

**Class meeting time:** 8:00 -9:40 am Wednesdays

**Instructor:** James Barge M.S. CCC-SLP

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**Office:** 42b CPS

**Phone:** 346-3085

**Office hours:** Sign up on office door for an appointment at any time during the semester.

### **Course Description**

This course examines the cognitive-communication disorders resulting from right hemisphere damage, traumatic brain injuries, and degenerative conditions such as dementia. In the context of the WHO-ICF, the course material will cover similarities and differences of the characteristics, assessment procedures, and treatment approaches for the above-mentioned disorders.

**ASHA standards:** ASHA standards must be met to apply for certification. Successful completion of the course requirements, that is a grade of B or better, will result in meeting the following standards:

#### Standard III-C

1. Explain the etiology of cognitive-communication impairments in adults.
- 2a. Explain the anatomical correlates of cognitive-communication impairments.
- 2b. Explain the physiological correlates of cognitive-communicative impairments.
- 2f. Discuss how acquired cognitive-communication impairments impact adults on a daily basis.  
Describe the characteristics of cognitive-and cognitive-communication impairments in adults.
- 2g. Identify how different cultures might react differently to cognitive-communication impairments.

#### Standard III-D

##### Prevention

1. Identify risk factors for stroke, traumatic events and degenerative diseases leading to cognitive-communicative impairments.

##### Assessment

2. List examples of formal and informal assessment tools for language, communication, and cognitive skills.

##### Intervention

3. Explain intervention models, approaches, techniques, and/or strategies for adults with cognitive-communication impairments.

#### Standard IV-G1

- 1.c. Accurately administer, score, and interpret a cognitive-communication test

### **Social Communication Area**

#### Standard III-D

**Assessment:** Explain assessment methods used to determine social aspects of communication disorders for adults with cognitive-communication disorders.

**Intervention:** Explain intervention models, approaches, techniques, and/or strategies for adults with cognitive communication disorders.

## Communication Modalities Area

### Standard III-C

- f. Explain all the different communication modalities that can be used by adults who have acquired cognitive-communicative impairments.

### Standard III-D

#### Assessment

2. Explain how to assess communication in individuals with cognitive-communication impairments.

#### Intervention

3. Describe intervention models, approaches, techniques, and/or strategies which address all possible communication modalities.

### Standard IV-G1

- 1.e. Assess all possible communication modalities and interpret which are effective and which require support of a communication partner.

## Required Textbook

Kimbarow, M.L. (2014) Cognitive Communication Disorders, Second Edition  
San Diego: Plural Publishing

**Additional Reading:** To be determined

## Course Requirements:

1. **Midterm examination** 70 points. 25% of semester grade.
2. **Final examination** 70 points. 25% of semester grade
3. **Problem-based Learning/Virtual Patient Case Study**  
140 points 50% of semester grade

## Virtual Patient Case Study:

You will create a virtual patient and provide personalized information regarding his or her medical history, educational background, occupation, family structure, interests and responsibilities. This virtual patient must have your initials. Only the age of the patient will be determined by the instructor. You will receive information each week pertaining to the cognitive-communication status of your individual. Each week a specific question(s) will be asked of you that will require critical thinking as you research and analyze the salient information you have been provided. There will be fourteen segments to this project. Each of these segments will be worth 10 points and will be allotted in a pass/fail distribution. You will garner 10 points following instructor determination of the adequacy of your work. Refinement of your responses may be required. Entire project completion is required to have the accumulated points be applied to your semester grade.

You will provide a three-ringed binder, divided into 14 sections. Each section will contain the current week's problem. When your response to the problem is ready for review, you will bring me your binder. Upon adequacy of your response, the binder will be returned to your mailbox with the next week's problem and related information. The entirety of your project needs to be contained in the binder, please do not utilize other means of communication. You must not fall behind.

Please see the tentative course schedule for the weekly topic areas. Our coursework will be incorporated into this project, as this is designed to be an opportunity for practical application of the major themes of this course.

**Grades:**

I will determine grades by converting accumulated points into percentage scores. I will assign percentage scores to letter grades as follows: A grade of B or higher is considered passing in graduate school.

A	95 – 100	A-	90 - 94.99
B+	87 - 89.99	B	83 - 86.99
B-	80 - 82.99	C+	77-79.99
C	73 - 76.99	C-	70 - 72.99

**Tentative Course Schedule**

<b><u>Dates</u></b>	<b><u>Topic</u></b>	<b><u>Required Reading</u></b> <b>(optional reading)</b>
9-5	Introductions, attention <b>VP:</b> creation of virtual patient	Chapter 1 (Retraining Cognition, third ed. Chap 1/2
9-12	Attention: assessment, treatment <b>VP:</b> symptoms/event	Chapter 1 (Spatial Neglect and attentional Networks Corbett and Shulman NIH Public Access Oct 4, 2013) (Potential Implications of Attention Deficits for Treatment and Recovery In Aphasia Sig2 Vol 2 2017 Perspectives (ASHA)
9-19	Memory <b>VP:</b> medical testing	Chapter 2 (Insights into Hippocampal-Dependent Declarative Memory: Recent Findings and Clinical Implications Sig2perspectives.pubs. Asha.org)
9-26	Executive Functions <b>VP:</b> Medical Diagnosis	Chapter 3
10-3	Other Neurologic Conditions <b>VP:</b> SLP interview	TBD
10-10	Right Hemisphere Brain damage <b>VP:</b> SLP testing	Chapter 4 (Spatial Neglect and Attentional Networks Corbett and Shulman NIH Public Access Oct 4, 2013)
10-17	Right Hemisphere Brain Damage <b>VP:</b> Attention impairment	Chapter 4/TBD
<b>10-24</b>	<b>Exam 1</b>	
10-31	Dementia <b>VP:</b> Memory impairment	Chapter 5
11-7	Traumatic Brain Injury <b>VP:</b> Executive function impairment	Chapter 6,7

11-14	Neuroscience/evaluation <b>VP:</b> Explanation to patient/family	Assessment of Cognitive-Communication Disorders In Adults with Mild Traumatic Brain Injury Krug, Turkstra Sig 2 Perspectives, vol 25, Jan 2015 Language/Cognition Evaluation Template (ASHA)
11-21	Related Medical issues Case Studies <b>VP:</b> Intervention for attention	TBD
11-28	Treatment <b>VP:</b> Intervention for memory	Fundamentally Innovative: The Continuing Contributions of Mark Ylvisaker. Obrien, Krause Sig2 perspectives.pubs.Asha.org Direct and Indirect Interventions for Cognitive-Communication Disorders Of Dementia Hopper,Douglas, Khayum. Sig2 Perspectives.pubs.asha.org
12-5	Treatment <b>VP:</b> Intervention for EF	Breaking with Tradition: A Paradigm Shift in Cognitive Rehabilitation Politis Sig2perspective. Pubs.asha.org Focus On Function Using The ICF for Functional Goal Setting for TBI (ASHA)
12-12	<b>VP:</b> Discharge	

## Exam 2

I expect students to inform me about any disability that may impact his or her performance in this class. I will make any necessary accommodations for each student according to her or his needs. I will accommodate religious beliefs according to UWS 22.03 if you notify me within the first 3 weeks of the semester regarding specific dates which you will need to change course requirements.

*In the event of a medical emergency, call 911 or use red emergency phone located in the middle hallway in the department. Offer assistance if trained and willing to do so. Guide emergency responders to victim.*

*In the event of a tornado warning, proceed to the lowest level interior room without window exposure which is the middle hallway in the department. See [www.uwsp.edu/rmgt/Pages/em/procedures/other/floor-plans](http://www.uwsp.edu/rmgt/Pages/em/procedures/other/floor-plans) for floor plans showing severe weather shelters on campus. Avoid wide-span rooms and buildings.*

*In the event of a fire alarm, evacuate the building in a calm manner. Meet at the College of Professional Studies Sign on the Fourth Avenue. Notify instructor or emergency command personnel of any missing individuals.*

*Active Shooter – Run/Escape, Hide, Fight. If trapped hide, lock doors, turn off lights, spread out and remain quiet. Follow instructions of emergency responders.*

*See UW-Stevens Point Emergency Management Plan at [www.uwsp.edu/rmgt](http://www.uwsp.edu/rmgt) for details on all emergency response at UW-Stevens Point.*

