**Cognitive-Communication Disorders**

**CSD 741**

**Fall 2016, 2 credits**

**Class meeting time:** 8:00 – 9:40 am Wednesdays in 228 CPS

**Professor:** Julia King, Ph.D., [Julia.King@uwsp.edu](mailto:Julia.King@uwsp.edu)

**Office:** 034 CPS

**Office Hours:** Feel free to make an appointment with me anytime during the semester by signing up for a time on my office door calendar.

# Course Description

This course examines cognitive-communication disorders resulting from right hemisphere damage, traumatic brain injuries, and degenerative conditions such as dementia. In the context of the WHO-ICF framework, the course material will cover 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 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-communicative impairments in adults.

2.A. Explain the anatomical correlates of cognitive-communicative impairments

2.B. Explain the physiological correlates of cognitive-communicative impairments.

2.F. Discuss how acquired cognitive-communicative impairments impact adults on a daily

basis. Describe the characteristics of cognitive and cognitive-communication

impairments in adults.

2.G. 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-communicative

impairments.

Intervention

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

possible communication modalities.

Standard IV-G1

1. Assess all possible communication modalities and interpret which are effective and

which require support of a communication partner.

**Required Textbook**

Kimbarow, M. L. (2016). *Cognitive communication disorders* (2nd ed.). San Diego: Plural

Publishing.

**Required reading (found in UWSP e-Reserves):**

Hux, K. Assessing and treating individuals with disorders of consciousness (2011). (p. 81-120). In

K. Hux (Ed.), Assisting *survivors of traumatic brain injury: The role of the speech-language*

*pathologist* (2nd ed.). Austin, TX: PRO-ED. TO BE UPLOADED.

Hux, K. Cognitive-communication deficits (2011) (p. 121-184). In K. Hux (Ed.), Assisting *survivors*

*of traumatic brain injury: The role of the speech-language pathologist* (2nd ed.). Austin, TX:

PRO-ED.

Lemoncello, R., & Van Leer, E. (2011). The learning context: Beyond practice (What they didn’t

teach you in graduate school) (p. 49-64). In M. Moore Sohlberg & L.S. Turkstra (Eds.).

*Optimizing cognitive rehabilitation: Effective instructional methods*. New York: The Guilford

Press.

Moore Sohlberg, M., & Turkstra, L. S. (2011). The training framework: Plan, implement, and

evaluate (PIE) (pg. 65-83). In M. Moore Sohlberg & L.S. Turkstra (Eds.). *Optimizing cognitive*

*rehabilitation: Effective instructional methods*. New York: The Guilford Press.

**Recommended Resources**

Bayles, K., & Tomoeda, C. (2007). *Cognitive-communication disorders of dementia*. San Diego:

Plural Publishing.

Bourgeois, M. S., & Hickey, E. M. (2009). *Dementia: From diagnosis to management – a*

*functional approach*. New York: Psychology Press.

Hux, K. (Ed.). (2011). Assisting *survivors of traumatic brain injury: The role of the speech-*

*language pathologist* (2nd ed.). Austin, TX: PRO-ED.

LaPointe, L. (Ed.). (2012). *Atlas of Neuroanatomy for communication science and disorders*. New

York: Thieme Medical Publishers.

Moore Sohlberg, M., & Turkstra, L. S. (2011). *Optimizing cognitive rehabilitation: Effective*

*instructional methods*. New York: The Guilford Press.

*Publication Manual of the American Psychological Association* (6th ed.). (2010). Washington,

DC: American Psychological Association.

Webb, W. G. & Adler, R. K. (2008). *Neurology for the speech-language pathologist* (5th ed.). St.

Louis: Mosby Elsevier.

**Desire2Learn (D2L)**

The syllabus and several resources will be available on Desire2Learn for this course. I will also have grades available in the Grades section.

**Grades**

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| A | 95-100 |  | B- | 80-82.99 |
| A- | 90-94.99 |  | C+ | 77-79.99 |
| B+ | 87-89.99 |  | C | 73-76.99 |
| B | 83-86.9 |  | C- | 70-72.99 |

**Schedule**

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Date | **Topic** | **Required Reading** |
| 9/7 | Introduction, Cognition, Language, Communication |  |
| 9/14 | Attention | Chap 1 |
| 9/21 | Memory | Chap 2 |
| 9/28 | Memory |  |
| 10/5 | Executive Functions | Chap 3 |
| 10/12 | Language/Communication | Hux (Chap 6, 2011) |
| 10/19 | Assessment |  |
| 10/26 | Exam 1 |  |
| 11/2 | Treatment models | Lemoncello et al. (2011), Moore Sohlberg/Turkstra (2011) |
| 11/9 | Right hemisphere disorder: impairments, assessment, and treatment | Chap 4 |
| 11/16 | Dementia: impairments, assessment, and treatment | Chap 5 |
| 11/23 | Dementia | Hux (Chap 5) 2011 |
| 11/30 | Mild Traumatic brain injury: impairments, assessment, and treatment | Chap 6 |
| 12/7 | Traumatic brain injury: impairments, assessment, and treatment |  |
| 12/14 | Traumatic brain injury | Chap 7 |
| 12/21 | Final Exam 14 (exam 2)10:15 am – 12:15 pm |  |

+TBD=additional reading to be determined during the semester

**Course requirements**

* 2 exams, each worth 25% of the final grade
* 2 projects, each worth 25% of the final grade

**Assessment Project.**

**Part One.** You will administer, score and interpret a test designed to assess cognitive and communication skills [**NOTE**: use copied protocols for class assignments; use original protocols for clinical work]. I expect you to read the manual completely before starting your project. I do not expect you to give the test to a person with a cognitive-communication impairment. I will provide a list of test options for this project.

**Part Two.** Write a paper with 3 sections.

**1.**  The first section will be a summary of the results in a SOAP note.

**2.** The second section will be a table with similarities and differences between the test you administered for this class and the aphasia battery you administered in the spring semester. You need a minimum of 3 differences in this section. [please explain a difference as a concept and then explain the differences between the WAB-R and the ‘COG TEST’.

**3.**  In addition, include a final paragraph that describes at least 3 learning outcomes from completing this project.

This project will count for 20% of your final grade\*\* and is **due on or before 11/2/16.** Please attach your testing materials (e.g., protocols) to your paper.

*[****STYLE****: Please refer to the tips to improve writing style we have discussed and* ***proof*** *your paper carefully.]*

**Treatment Project.**

**Part One.** I will give you a case scenario of a person with a cognitive-communication impairment which includes the background information and the assessment results. Based on that information, you will develop and justify an evidenced-based treatment plan that includes the level of treatment that corresponds with the WHO model (i.e., impairment, activity, participation). The evidence must be current (i.e., published no earlier than the year 2010). I am available as a resource for search strategies to find therapy intervention evidence. I also highly recommend the UWSP librarians.

**Part Two.** Write a paper with 3 sections.

**1.** Section one should be a summary of the evidence you are using to justify your treatment goal(s).

**2.** Section two will be a treatment plan in the form of a Plan of Care (POC).

**3.** Section three will be a summary of procedures you would use to conduct a therapy session from your plan. Attach the evidence/article(s) to your paper (if you don’t usually print your resources, ask me about an alternative way to meet this requirement). Use APA style for the reference of your evidence in a reference list at the end of your paper.

This project will count for 20% of your final grade\*\* and is **due on or before 12/7/16**.

**\*\*All assignments will be graded on content, writing style (i.e., grammar, spelling, punctuation), and APA citation style.**

**Safety Information**

*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*