

Cognitive-Communication Disorders, Fall 2017

CSD 741, 2 credits

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

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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. There will be midterm and final examinations, each 25% of the grade.
2. Project 1: You will research a medical condition that commonly involves cognitive-communication deficits. Your paper will include background information on the medical condition, including incidence, prevalence, age of onset, risk factors associated with acquiring this disorder, typical medical concerns (how is the medical diagnosis made, medical treatment, medical prognosis), location of brain involvement and specific features of cognitive-communication impairment. Your paper is to include anticipated cognitive communication impairments in the realms of attention, memory and executive functions. In addition, discuss likely residual deficits and their impact on the patient's lifestyle and role in the patient's family. Finally, this paper is to be on a single page and to be eventually distributed to the rest of the class. You are encouraged to consider selecting an alternative medical condition to right hemisphere CVA, TBI, AD. Please see me for help with selection of your topic. This paper will be due on 10-25-17. This project will be worth 25% of the grade.
3. Project 2. You will continue Project 1 by selecting an assessment tool for the SLP to use to evaluate this condition. Please provide justification for your selection. You will construct a hypothetical case of this disorder and provide a treatment plan and related therapy objectives to alleviate the degree of impairment. This project will be worth 25% of the grade. This paper is due on 12-13-17

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.

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|----|------------|
| 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

| <u>Dates</u> | <u>Topic</u> | <u>Required Reading (optional reading)</u> |
|--------------|----------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 9-6 | Introductions, attention | Chapter 1 |
| 9-13 | Attention: assessment, treatment | 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) |
| 9-20 | Memory | Chapter 2 (Insights into Hippocampal- Dependent Declarative Memory: Recent Findings and Clinical Implications Sig2perspectives.pubs. Asha.org) |
| 9-27 | Executive Functions | Chapter 3 |
| 10-4 | Other Neurologic Conditions | TBD |
| 10-11 | Right Hemisphere Brain damage | Chapter 4 (Spatial Neglect and Attentional Networks Corbett and Shulman NIH Public Access Oct 4, 2013) |

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| 10-18 | Right Hemisphere Brain Damage | Chapter 4/TBD |
| 10-25 | Application/Review | |
| 11-1 | Exam 1 | |
| 11-8 | Dementia | Chapter 5 |
| 11-15 | Traumatic Brain Injury | Chapters 6, 7 |
| 11-22 | Neuroscience/evaluation | 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) |
| 11-29 | Related Medical issues Case Studies | TBD |
| 12-6 | Treatment | 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 |
| 12-13 | Treatment | 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)

Exam 2

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 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 for details on all emergency response at UW-Stevens Point.

