

SLP 513 Cognitive-Linguistic Disorders Fall 2020

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Office Hours: By appointment	Class Schedule: Wednesdays 7:00 – 8:00 p.m. CST Web: Blackboard Collaborate

Course Description: Designed to develop a working knowledge of neural based communicative linguistic disorders, with an emphasis on traumatic brain injury, dementia and other etiologies that cause cognitive linguistic disorders. Students will gain knowledge in identification, assessment and therapeutic strategies of neuroanatomical bases and classification of cognitive linguistic disorders.

Texts: Required

1. Sohlberg, M. & Mateer, C. (2001). Cognitive Rehabilitation: An Integrative Neuropsychological Approach. NY: The Guilford Press. ISBN 978-1-57230-613-4
2. Bayles, Kathryn & Tomoeda, Cheryl. (2013). Cognitive-Communicative Disorders of Dementia. 2nd ed. Plural Publishing: San Diego, CA. 978-1-59756-564-6
3. The Observation assignment may require use of Master Clinician Network, which involves a membership fee. If you joined during Summer 2020 for SLP 507 Aphasia, your membership should still be in effect. <https://www.masterclinician.org/>

Course Objectives and Outcomes

Upon completion of the course, the student will	KASA Standard	Method of Assessment
1. Be able to identify the etiologies that can cause TBI and dementia.	III - B	Class Assignment
2. Demonstrate an understanding of the difference between the etiologies of TBI and dementia.	III – C	Examination
3. Be able to list treatment approaches and goals for the different stages of TBI and dementia.	III – D	Class Project
4. Identify diagnostic tools for assessing linguistic and cognitive deficits in TBI and dementia.	IV – G	Class Assignment

Course Elements:	Points
Quizzes (2@50)	100
Assignments (8)	200
TOTAL	300

General Policies

1. Students are expected to participate in class discussions and complete assignments in a thorough and insightful manner. Assignments must be posted by midnight of the due date in order to avoid grade reduction (5% per day). If unforeseen events interfere with your ability to participate in this course, prompt communication with the instructor through email or phone contact would be to your advantage. Quizzes/exams will not be accepted after deadline.
2. Students are responsible for having computer hardware, software, and internet connection sufficient to participate in the course. Technology issues are not an acceptable excuse for posting assignments late. I highly recommend you develop a backup plan (loaner PC, alternate internet availability) BEFORE the course begins. Please don't wait until a crisis occurs! Documents must be posted in a format I can open and read without emailing you multiple times: .doc, .docx, .rtf, or .pdf.
3. Plagiarism will result in the failure of the assignment involved. The University definition of plagiarism is found on page 59 of the Faculty Handbook. To represent ideas or interpretations taken from another source as one's own is plagiarism. Plagiarism is a serious offense. The academic work of students must be their own. Students must give the author(s) credit for any source material used. To lift content directly from a source without giving credit is a flagrant act. To present a borrowed passage after having changed a few words, even if the source is cited, is also plagiarism. Student work presented in this course may be analyzed using plagiarism detection software.
4. Students with disabilities, who require accommodations (academic adjustments and/or auxiliary aids or services) for this course, must contact the Student Accessibility Resource Center, DSU 1074, sarc@wku.edu, phone (270) 745-5004 V/TDD. Please do not request accommodations directly from the instructor without a letter of accommodation from the Student Accessibility Resource Center.
5. The instructor reserves the right to modify this syllabus as needed.
6. Grading Scale: Grades are based on the total percentage of points earned. This means that your grade equals earned points/total points. Grading is as follows:
 - A 93-100
 - B 85-92
 - C 77-84
 - D 68-76
 - F below 68

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Date	Topic	Readings & Assignments
Aug 26	TBI Introduction	Reading: Mateer & Sohlberg Ch 1
Sep 2	TBI profiles of recovery, Neuroplasticity	Reading: Mateer & Sohlberg Ch 2 & 3
Sep 9	Attention, Memory, Executive Functions, Communication	Reading: Mateer & Sohlberg Ch 4 & 5 Due: Assignment 1
Sep 16	Assessment (standardized assessment)	Reading: Mateer & Sohlberg Ch 6 & 7
Sep 23	Assessment (functional assessment, scales)	Reading: Mateer & Sohlberg Ch 8 & 9 Due: Assignment 2
Sep 30	TBI Intervention	Reading: Mateer & Sohlberg Ch 10 Due: Assignment 3
Oct 7	TBI Intervention: Web Module No class meeting	Reading: Mateer & Sohlberg Ch 11 Due: Assignment 4
Oct 14	TBI Special Populations (Pediatric, Blast Injuries, Sports)	Reading: Mateer & Sohlberg Ch 12 Due: Assignment 5
Oct 21	Case Study TBI, Community/school reentry, TBI Prevention	Reading: Mateer & Sohlberg Ch 14 & 15 Due: Assignment 6
Oct 28	No class meeting Online Quiz: TBI	Reading: Case Study Mateer & Sohlberg Ch 11 & 13
Nov 4	Dementia Introduction	Bayles & Tomoeda Ch. 1 – 4
Nov 11	Dementia Assessment	Bayles & Tomoeda Ch. 11 & 12 Due: Assignment 6
Nov 18	Dementia Intervention	Bayles & Tomoeda Ch. 7 & 13 Due: Assignment 7
Nov 25	Thanksgiving Break	
Dec 2	Online Quiz: Dementia	Due: Assignment 8
Dec 9	No class meeting (Finals week)	

You are expected to do your readings **before** we meet to discuss content. Come to class prepared to talk about what you read in your assigned chapters for that week.

Assignments are due by **midnight** on the day on which they are written.

All information on this syllabus is subject to change at the discretion of the instructor.

ASSIGNMENTS

Assignment 1: Executive Function: Returning to College

Objective: Apply knowledge of common TBI symptoms to a functional situation to further understanding of impact on our clients/patients.

Discuss 5 tasks you would expect a person with impaired executive functions to have difficulty with when returning to college post-TBI. Imagine yourself trying to pick back up in your degree program after a TBI, and think about what specific things would be challenging for you.

Discuss means I'm looking for more than bullet points: state the task, then give an example and a statement re: the impact. (Example: EF Task: Self-monitoring. A student returning to college would have difficulty with self-monitoring in XXX situation. This difficulty would impact his ability to/success with XXX.)

Assignment 2: Neuroplasticity

Objective: Apply principles of neuroplasticity to clinical intervention.

Read [this article](http://www.rainbowrehab.com/neuroplasticity-acquired-brain-injury/) (<http://www.rainbowrehab.com/neuroplasticity-acquired-brain-injury/>) on neuroplasticity and answer the following questions. Submit your document under Assignments.

1. What does the section on learned non-use and interhemispheric imbalance tell us about how we should conduct our interventions with TBI survivors?
2. Describe the processes involved in training-induced recovery.
3. What physical changes happen in the brain during recovery to allow for improved function?
4. There's a dark side to neuroplasticity? In your own words, tell me what this means.

Assignment 3: Assessment Practice

Objective: Gain hands-on practice with two common cognitive assessment instruments.

Print out the instructions and test form for the MoCA and the CLQT (Content → Assessment → Standardized Tests). View the demo videos while following along with your instructions/ form to familiarize yourself with the procedures.

Administer the MoCA and the CQLT to a normal subject, using and completing the provided test forms.

Submit your YouTube video link(s) under the assignment link above. You do not need to submit the test forms, just the video link.

Assignment 4: TBI Assessment Grid

Objective: Develop an ability to think about assessment batteries from the perspective of skills you want to assess, rather than what a given tool offers to assess; create an assessment battery that broadly covers critical areas of cognition for your future use.

You have been referred a client with TBI. Lee is an outpatient who is 1 year post injury, is currently at Rancho Level VII, and is interested in returning to work as a realtor.

Use the template under Assignments, and in the first column list each cognitive area that the SLP needs to evaluate (each type of attention, memory, executive function, communication, other). I've started this for you, but you'll use your lecture notes to add additional skill areas under each heading.

In the second column list tests, scales, or informal tasks (as necessary) that you would use to evaluate each of those areas. Be sure that your tests, scales, etc. cover ALL areas you need to evaluate! Most scales/tests assess select areas, and you will need multiple instruments to complete a comprehensive assessment. Some instruments will cover multiple skill areas.

Assignment 5: TBI Intervention

Objective: Gain experience in creating functional tasks for adult TBI clients in several cognitive areas; gain experience in adjusting difficulty level of those tasks in response to client performance.

1. For each of the following five skill areas listed below, describe one therapy task that incorporates a real-life (functional) activity. Use the template provided under Assignments to get organized. Consider your presentation of stimulus, what your client is being asked to do, and what materials you might need.

Skill Areas:

- Sustained Attention
- Divided Attention
- Prospective Memory
- Executive Function: Planning
- Executive Function: Awareness/Self-monitoring

2. For each task you described above, add a step down and step up:

Step Down: If your client fails the task, how would you facilitate successful completion of the task?

Step Up: How would you advance that activity (once your client can perform it well) to make it slightly more challenging?

Assignment 6: TBI Case Study

Objective: Follow the assessment and intervention process for one TBI client to learn about team decision-making and response to set-backs.

Read the case study (in three parts) provided under Assignments. Answer the following questions, and post your document under the Assignments link.

1. Neil had impairments in communication, cognition, and behavior/emotional control. Choose five impairments he exhibited, describe in 2 - 3 sentences for each how they affected his ability to function in daily life, and what intervention(s) the team implemented to address that impairment.

2. Neil's rehabilitation program did not always proceed in the way the treatment team expected or wanted it to. Neil's preferences and limitations threw them some curves. Describe two of these situations and how the team dealt with them so treatment could continue to progress.

Assignment 7: Observation

Objective: Learn about interventions used with severe TBI clients, and how the clinician implements interventions with a reluctant client who demonstrates lack of awareness of deficits.

Create an account in Master Clinician Network: <https://www.masterclinician.org/>
(Give them 2 – 3 days to process your membership. There is a membership fee, which grants you a full year membership to this site.)

Select Clinical Videos, click the Adult Language Disorder box, then select Jill Bates / John. This is a 50-minute video of a session with a young man who exhibits many typical TBI symptoms. Watch the video, and answer the following questions:

1. What are five (5) symptoms of TBI that John exhibits?
2. What are two (2) types of intervention that Jill uses in this session? Refer to your textbook and lecture notes for useful language and descriptors.
3. How does Jill cue and support John when he runs into difficulty or gets off track? Provide three types and describe an example from the video for each.

Alternatively, you can arrange to observe a live session in your community if you have a willing site/therapist. If you are fortunate enough to be able to view a live session, write a brief description of the session and the client history (using client initials only to protect privacy), then answer the three questions above.

Assignment 8: **Dementia Prevention Case Study**

Objective: Learn common myths about dementia, and learn preventative measures for dementia onset.

Read the case study below, answer the questions, and submit your document under Assignments.

Mrs. L. is a 70-year-old woman who lives alone. She is in overall good health, and is careful to maintain a healthy diet and lifestyle. However, she has been taking certain medications for years, including blood-pressure and cholesterol lowering drugs and aspirin. She also has recurring episodes of the flu since she does not believe in getting immunizations. In addition, she has needed multiple root canals because she refuses to get amalgam dental fillings for her cavities. Mrs. L. had worked as a fourth-grade teacher, but she retired some years ago. She now spends time volunteering for a local charity organization. She also has various hobbies such as doing crossword puzzles, reading, and playing scrabble with her friends and children.

Mrs. L. often gets together with her friends, whether to go out to a restaurant or just to spend time together at one of their homes. Mrs. L. is a member of a community art club for seniors where they complete beautiful art projects. Mrs. L. attends a weekly aqua fitness class and takes a twenty-minute morning walk with her daughter every day. She makes sure to consume plenty of fruits and vegetables, avoids red meat, religiously takes her folic acid, vitamin B, and ginkgo supplements, and eats fish three times a week. She is also cutting back on her fat intake as recommended by her physician. She avoids cooking in aluminum-coated pans, and tries not to drink soda from the can. Since Mrs. L. does not have diabetes, she makes sure to always have real sugar and avoids all products that contain aspartame. Although Mrs. L. has retired from her job, she evidently has not retired from life! She leads a busy, fulfilling, healthy, and enjoyable lifestyle.

1. What are some myths related to aging and dementia that Mrs. L. is buying into? What information would you provide to counter her concerns? One possible resource:

http://www.alz.org/alzheimers_disease_myths_about_alzheimers.asp

2. What are some good things (prevention measures) Mrs. L. is doing that may help prevent dementia? Consider the following categories:

- Diet
- Physical Activity
- Cognitive Exercise
- Social Engagement

One possible resource: https://www.alz.org/alzheimers-dementia/research_progress/prevention