

**CALIFORNIA STATE UNIVERSITY, SAN MARCOS  
COLLEGE OF EDUCATION, HEALTH AND HUMAN SERVICES**

**EDSL 673: LANGUAGE AND COGNITIVE DISORDERS IN ADULTS  
Foundation Classroom Building (FCB) 106  
Wednesday 9-12:50  
SPRING 2013**

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**College of Education Mission Statement**

The mission of the School of Education Community is to collaboratively transform public education by preparing thoughtful educators and advancing professional practices. We are committed to diversity, educational equity, and social justice, exemplified through reflective teaching, life-long learning, innovative research and on-going service. Our practices demonstrate a commitment to student-centered education, diversity, collaboration, professionalism, and shared governance. *(Adopted by COE Governance Community, October, 1997).*

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**COURSE DESCRIPTION**

**Course Description in the Catalog:**

Exploration of acquired language and cognitive disorders in adults. Methods of assessment and intervention will be introduced. Students participate in data collection, interpretation of assessment results, lesson plan designs and oral and written report presentations. Includes current theoretical models of the nature of language breakdown.

**Course Prerequisites:** EDSL 691: Neuroscience for the Speech-Language Pathologist

**Student Learning Outcomes:** These outcomes are aligned with ASHA's Practice Policies on Knowledge and Skills Needed by SLP's providing services to individuals with Cognitive-Communication Disorders. The KAS were developed by ASHA's special interest division II: Neurophysiology and neurogenic speech and language disorders: <http://www.asha.org/policy/KS2005-00078/>. Additional information and references can be found at: <http://www.asha.org/academic/curriculum/slp-aneuro/deskref.htm> . Upon completion of this course, students will be able to:

1. Explain the neurology underlying cognitive-linguistic functioning (quiz)

2. Explain the cognitive functions (i.e. perception, attention, memory and executive function) and its relationship to language (structure/form/content) and communication (content/use) (quiz)
3. Explain the etiology, neuroanatomical correlates and differential diagnosis of primary language versus cognitive-communication disorders in adults, including: aphasia, traumatic brain injury (TBI), Right Brain Dysfunction (RBD) and dementias. Students will be able to describe the specific behavioral profiles associated with each of these disorders and their subtypes, and differentially diagnose them based on neurological and behavioral profiles. (quiz)
4. Demonstrate knowledge and skills of screening and assessment tools and techniques, including understanding administration, scoring and interpretation. Students will demonstrate understanding of the relevance of case histories in guiding assessment and recommendations/prognoses. (screening assessment; applications; case assessment report)
5. Demonstrate knowledge and skills in treatment techniques and procedures, evidence-based practice, planning, selecting and writing up appropriate treatment goals/plans and understanding of how to administer such treatment for the various disorders we treat. (screening assessment; applications; case treatment report; treatment demonstration)
6. State factors that impact prognosis and outcomes; educate and advocate for families regarding available resources and services (quiz, application and case assessment report)

These SLOs will be measured by a number of applied assignments. All assignments are due on the dates indicated. Assignments must be typewritten/word processed, double-spaced and with standard margins. It is expected that all assignments will reflect university-level composition and exposition. Use of electronic spelling and grammar checking is encouraged. The Writing Center is available for support (Kellogg Library 1103).

Quizzes: (5 quizzes at 10 points each for a total of 50 points). You will take 5 in class quizzes over content knowledge related to neurology; cognition; relationship b/w language and cognition; differential diagnosis across syndromes; behavioral profiles; and factors impacting prognosis and outcomes) **Standards III-B, C, D, E & F; IV-B; V-A**

Screening Assessment: (25 points). You will administer a bedside screening tool to a client in a medical facility (Western Aphasia Battery Bedside). You will be expected to score that screening measure and write up your findings. You should include quantitative and qualitative data from your administration and a summary of your findings. You will conclude with a reflection on the experience. You should include details related to: 1) whether or not you believe the client should have further testing or treatment with a rationale for your decision; 2) what did you notice about this individual's functioning overall and how does it relate to what we have learned in class; 3) What were your successes and limitations in administration; 4) When you administer this protocol again what things will you do again and which will you change and why?; and 5) what did this experience teach you overall. **Standards III-B, C, D, E & F; IV-B & G; V-A**

SCORING: 25 points

Report: 19 points (5 points quantitative analysis; 8 points qualitative data including overall communication behaviors, transcription of the language sample and notation of any error patterns; 3 points summary and impressions; 3 points mechanics on writing)  
Recommendations and rationale: 2 point  
Big Picture Observations: 1 point  
Administration: 2 point  
Learning outcomes: 1 point

*Case Assessment & Treatment Report* (25 points for the assessment report and 40 for the treatment report; total = 65 points). You will be required to score and write an assessment report from a recorded patient file. You will need to include case history, scores from standardized/informal testing, summary of findings, general impressions along with a diagnosis, prognosis and recommendations. Following the assessment report, you will develop a treatment plan for this client. You will need to formulate HYPOTHETICAL baseline data, given the assessment findings. From the baseline data, you will develop 3 treatment goals/objectives for this client. You can choose any type of treatment you like as long as you have a sound rationale. Your options include but are not limited to: a stimulation approach, a canned model (MIT, PACE, SPPA, TAP, ACRT, VCIU, SFA, RET, CILT, computer-based approaches), a life participation approach, or relationship-based and counseling approaches. **For one of your goals,** you must find an empirical article to support your chosen treatment method. You should specify, from the article, why this should work with this client and what the expected outcome should be based on the study. You must explain the EXACT method by which you will implement your treatment plan for this goal. So, you must design a session that includes an explanation of how you will implement treatment towards **this** goal. You should include explanation of the treatment stimuli, how they will be presented (i.e. procedure), what you will do with respect to feedback, reinforcement, cueing and prompting. If you are not using a canned approach that tells you explicitly how to do the treatment, you must develop a cueing hierarchy that tells me what you will do if/when the client is successful or fails a trial. This is no easy feat – I expect that you think carefully about how YOU will IMPLEMENT TREATMENT to make your client successful at this goal. You should tell me if/when you might change the task if the client is successful/unsuccessful and how you will score the performance. **For the other two goals,** you must explain the method of implementation. You do **not** need to research an EBP model (i.e. empirical article), but I still want to know how you plan to target the goal and it should be consistent with treatment models/programs we have discussed in class. Include an explanation of the stimuli, cueing and scoring. **Please note that this assignment is part of your portfolio.** Standards III-B, C, D, E & F; IV-B; V-A

SCORING: 25 points  
Assessment Report:  
Case History – 3 points  
Formal Assessment: Quantitative analysis and reporting – 6 points; Qualitative analysis and reporting; 6 points  
Informal Assessment: Language, Cognition (attn/memory), Hearing, Voice, Speech, Motivation (any other relevant factors) – 3 points  
Summary & Impressions – 4 points  
Diagnosis – 1 point  
Prognosis – 1 point

Recommendations – 1 point

SCORING: 40 points

Treatment Report:

3 hypothetic baseline data points to support your goals: 3 points

3 goals based on your baseline data: 3 points

Goal # 1: EBP – 14 points

Empirical article supporting treatment, rationale, expected outcome – 4 points

Stimuli used – 2 points

Treatment procedure/implementation – 4 points

Cueing/prompting/feedback/reinforcement schedule and type – 2 points

Scoring rubric/procedure and determination of when to advance or change – 2 points

Goals # 2 & 3: 10 points each for a total of 20 points

Treatment procedure/implementation – 4 points

Stimuli used – 2 points

Cueing/prompting/feedback/reinforcement schedule and type – 2 points

Scoring rubric/procedure and determination of when to advance or change – 2 points

*Treatment Demonstration:* (25 points). You will be put in groups of 4 and will be required to record an assigned treatment program that you will present in class. You will develop the materials and implement the treatment based on resources that I will guide you to. All group members are responsible to know the treatment methods and implementation approach. In addition to demonstrating the implementation of the treatment, your presentation should include an overview of: GOAL of the treatment, CANDIDATES for this treatment; RATIONALE for treatment; Session PREPARATION including overview of session/pretest baselines/materials/stimuli; Treatment PROCEDURES; Criterion for CONTINUATION/DISCONTINUATION; and SCORING. You should schedule a time to meet with me BEFORE you record so that you can demo the treatment and I can give you feedback, if needed. I expect that ALL group members pull their weight in this project, and will ensure that is the case in your grades. Your presentation will be recorded on your ipads and uploaded as unlisted to YouTube. You will need to send me a link that I can post to the course webpage for student viewing. Every group must send me the link via email by 9:00am on 3/5/13; the day before the **FIRST** presentations will be made so that I can post them. Your presentations should be no more than 15 minutes. Consider your timing carefully. You should have no more than a sentence or two maximum on the GOAL, CANDIDATES, and RATIONALE for the treatment. Provide a concise explanation of the remaining components: PREPARATION, PROCEDURES, CRITERION and SCORING. The majority of the 15 minutes should be spent on demonstrating a mini session with a mock client. I will upload the presentations for review in class.... **Standards III-B, C, D, E & F; IV-B & G; V-A**

SCORING: 25 points total

Treatment Demo: 25 points total ---

Relevant Information presented – 4 points (goal of tx, rationale, candidates, criterion for continuation/discontinuation; scoring procedures)

Materials – 4 points (appropriateness and completeness of materials to implement the treatment)

Treatment Procedure – 10 points (this is about what YOU do to implement the treatment, including how/when you move to a more difficulty or easier level or stimulus; cueing)  
Pacing of session – 2 points  
Appropriateness of cueing/feedback/reinforcement- 3 points  
Appropriate use of voice/adult directed speech – 2 point  
Peer Feedback – 5 points

Applications: You will have a number of application assignments that will reflect your knowledge and skills in various aspects of assessment and treatment of neurogenic communication disorders. Some of these assignments will be completed in class, while others will be take home assignments. These assignments will be pass/fail, but you must pass each of them in order to pass the course. **Standards III-B, C, D, E & F; IV-B; V-A**

### **Textbooks/Reading Materials:**

Chapey, R. (2008). *Language intervention strategies in adult aphasia and neurological disorders* (5<sup>th</sup> edition). Baltimore: Williams & Wilkins.

### **School of Education Attendance Policy**

Due to the dynamic and interactive nature of courses in the School of Education, all students are expected to attend all classes and participate actively. At a minimum, students must attend more than 80% of class time, or s/he may not receive a passing grade for the course at the discretion of the instructor. Individual instructors may adopt more stringent attendance requirements. Should the student have extenuating circumstances, s/he should contact the instructor as soon as possible. (*Adopted by the COE Governance Community, December, 1997.*)

### **Students with Disabilities Requiring Reasonable Accommodations**

Students with disabilities who require reasonable accommodations must be approved for services by providing appropriate and recent documentation to the Office of Disable Student Services (DSS). This office is located in Craven Hall 4300, and can be contacted by phone at (760) 750-4905, or TTY (760) 750-4909. Students authorized by DSS to receive reasonable accommodations should meet with their instructor during office hours or, in order to ensure confidentiality, in a more private setting.

### **Grading Standards**

Consistent with requirements set forth by the School of Education and the Office of Graduate Studies and Research (OGSR), the minimal acceptable grade for passing a course in the ComDis Program is a B. A review of the student's performance will need to be conducted should s/he earn less than a B in any course. If the student earns a B-, a Statement of

Concern (SoC) will be issued with a Performance Improvement Contract that will specify how the student will demonstrate competency towards the standards for the content in that subject matter. No more than two courses can be earned with a B- or the student will be disqualified from the program. As well, any course with a grade below a B- will need to be repeated. CSUSM only allows two courses to be retaken at the MA level.

Please note that CSUSM requires graduate students to maintain a cumulative GPA of 3.0 in all coursework towards the MA. Should your GPA fall below a 3.0, you will be placed on Academic Probation and you will have one semester to bring your GPA back above a 3.0 or you will be disqualified from the program.

Any scholarly, professional writing assignment will be subjected to grading based on the Graduate Writing Assessment Rubric. You will be expected to adhere to the Academic Honesty Policy regarding Plagiarism and use APA style referencing in all professional writing.

### **Letter grade (percentage total points)**

A = 93 and above	A- = 90.00-92.99	
B+ = 88.00-89.99	B = 83-87.99	B- = 80-82.99
C+ = 78.00-79.99	C = 73-77.99	C- = 70-72.99
D+ = 68.00-69.99	D = 63-67.99	D- = 60-62.99
F – 59.99 and below		

Students are expected to turn all work in when it is due. Work submitted late, but within one week of the due date will be reduced by one letter grade. Work received over one week late receives no credit. Your work will be graded on both content (detail, logic, synthesis of information, depth of analysis, etc) and mechanics (grammar, syntax, spelling, format, uniformity of citations, etc). You are entering into a professional career that requires mastery of the written language. You will be graded on such.

### **All University Writing Requirement**

Every course at the university must have a writing requirement of at least 2500 words. You will be doing extensive writing in this course which will exceed the minimum requirements.

### **CSUSM Academic Honesty Policy**

“Students will be expected to adhere to standards of academic honesty and integrity, as outlined in the Student Academic Honesty Policy. All written work and oral presentation assignments must be original work. All ideas/materials that are borrowed from other sources must have appropriate references to the original sources. Any quoted material should give credit to the source and be punctuated with quotation marks.

Students are responsible for honest completion of their work including examinations. There will be no tolerance for infractions. If you believe there has been an infraction by someone in the class, please bring it to the instructor's attention. The instructor reserves the right to discipline any student for academic dishonesty in accordance with the general rules and regulations of the university. Disciplinary action may include the lowering of grades and/or the assignment of a failing grade for an exam, assignment, or the class as a whole."

Incidents of Academic Dishonesty will be reported to the Dean of Students. Sanctions at the University level may include suspension or expulsion from the University.

### **Plagiarism:**

As an educator, it is expected that each student will do his/her own work, and contribute equally to group projects and processes. Plagiarism or cheating is unacceptable under any circumstances. If you are in doubt about whether your work is paraphrased or plagiarized see the Plagiarism Prevention for Students website <http://library.csusm.edu/plagiarism/index.html>. If there are questions about academic honesty, please consult the University catalog.

### **Electronic Communication Protocol:**

Electronic correspondence is a part of your professional interactions. If you need to contact the instructor, e-mail is often the easiest way to do so. It is my intention to respond to all received e-mails in a timely manner. Please be reminded that e-mail and on-line discussions are a very specific form of communication, with their own nuances and etiquette. For instance, electronic messages sent in all upper case (or lower case) letters, major typos, or slang, often communicate more than the sender originally intended. With that said, please be mindful of all e-mail and on-line discussion messages you send to your colleagues, to faculty members in the School of Education, or to persons within the greater educational community. All electronic messages should be crafted with professionalism and care.

Things to consider:

- Would I say in person what this electronic message specifically says?
- How could this message be misconstrued?
- Does this message represent my highest self?
- Am I sending this electronic message to avoid a face-to-face conversation?

In addition, if there is ever a concern with an electronic message sent to you, please talk with the author in person in order to correct any confusion.

### **Professional Etiquette**

**Attendance:** Daily class and clinic attendance is required. Poor attendance negatively reflects on professionalism. Absences should be communicated to your instructor, clinic supervisor, and clinic director prior to the beginning of class or clinic.

**Tardiness:** Graduate students are expected to arrive at class and clinic on time. Arriving late can be very disruptive. If arriving late to class or clinic, try to be as quiet and unobtrusive as possible. If you know before hand that you will be late, please communicate this to the instructor or supervisor. Habitual tardiness will be noted and documented.

**Leaving Class or Clinic Early:** Sometimes other obligations and appointments require graduate clinicians to leave early, however, please notify the instructor or supervisor and exit quietly and respectfully.

**Taking Breaks During Class or Clinic:** Instructors and supervisors provide breaks during course and clinic activities. However, if a student needs to take a break between allotted breaks, it is expected that the student will enter and exit quietly and unobtrusively without break companions. It is NOT acceptable to enter or exit a classroom when other students are presenting to class members. If other students have begun a presentation during a break, the student is expected to wait outside the class until the presentation is completed. It is NOT acceptable to enter or exit a classroom during a guest speaker presentation except for an emergency.

**Cell Phones and Texting:** Most graduate students are very conscientious and respectful about cell phone use in class and clinic. Cell phones should be turned off before class and clinic and left off. Use of a cell phone for calls or texting will result in the graduate student being asked to leave the class or clinic site. If the graduate student has a situation, which necessitates the cell phone being visible (e.g. a sick child), please advise the instructor or supervisor before class or clinic.

**Computers, Laptops, and Tablets:** It is expected that all electronics will be used appropriately and respectfully (i.e. for course or clinic-related activities only). Reading email, surfing the net, shopping, playing games, etc. are not course related and are not appropriate activities. If electronics are used for non-course related activities, the student will be asked to shut them down. Habitual use of electronics for non-course related activities would result in a loss of electronic privileges. As a courtesy, please do not use electronics when guest speakers are visiting. If the student would like to take notes on presentations, please take hand-written notes. No exceptions will be tolerated unless the student requires use of electronics as a pre-approved accommodation.

**Attentiveness:** Students often engage in multiple activities in class or clinic under the false assumption that they are multitasking. In fact, students are engaging in a behavior known as continuous partial attention. This means that only partial attention is given to any task and results in an overall lack of engagement. Students are expected to contribute and not detract from an atmosphere of learning in both the clinic and classroom. Attentiveness reflects on social skills, a sense of professionalism, and your potential to be successful in employment positions. Guest speakers and faculty are members of the professional community, and as such, are potential employers or colleagues of potential employers. A lack of attentiveness and professionalism will

negatively bias potential employers when students begin to seek post-graduation employment. Further, students will need faculty and supervisors to provide positive letters of recommendation, and it will be unlikely they will be able to do so if students don't display professional behaviors.

### Schedule/Course Outline

Date	Topic	Assignment (if any)
Week 1 1/23	Review Neuropathology (PRIOR to Week 1) Review of our purpose (WHO model), Wellness; Language Defined; Aphasia Defined; Wepman's Model; History	Chapey 1 & 2
Week 2 1/30	The Informal Assessment and Classification	Chapey 3 <b>Quiz # 1</b>
Week 3 2/6	Linguistic Behaviors; Structure of Eval; Formal Batteries; Cognitive Eval; Communication Ratings; Summary and Recommendations	Chapey 4 <b>Application # 1 is due</b>
Week 4 2/13	Taxonomies; Review of Measures <b>John/Glynnis-SDBIF</b>	Chapey 5 <b>Application # 2 is due</b>
Week 5 2/20	<b>Dave</b> ; Case presentation; Goal Writing and Overview of a Session	Chapey 6
<b>Weekend</b> <b>2/23 &amp; 24</b>	<b>Language Screenings- WAB-Bedside</b>	<b>Sat. 2/23: 9:00-11:00: Molly, Sarah N., Kim P.; Michelle</b> <b>Sat. 2/23: 11:00-1:00: Kacy, Maria, Eryn</b> <b>Sun. 2/24: 9:00-11:00: Debbie, Janet, Skyla, Sarah R.</b> <b>Sun. 2/24: 11:00-1:00: Gina, Steph, Sarah A.</b>
Week 6 2/27	Treatment Overview – visit websites; Schuell's Stimulation Therapy	Chapey 7 & 15 <b>Case Assessment Report Draft Due</b> <b>Quiz # 2</b>
<b>Weekend</b> <b>3/2 &amp; 3</b>	<b>Language Screenings- WAB-Bedside</b>	<b>Sat. 3/2: 9:00-11:00: Angie, Christa, Ashley, Racquel</b> <b>Sat. 3/2: 11:00-1:00: Tavia, Christine, Kim J.T.</b> <b>Sun. 3/3: 9:00-11:00: Elizabeth, Jenny, Kathryn, Carrie</b> <b>Sun. 3/3: 11:00-1:00: Leighlany, Bridget, Hannia</b>
Week 7 3/6	Treatment methods - PBLCs	Chapey 8-11 <b>Presentations 1 – 4</b>

Week 8 3/13	Treatment methods –Round Robin; RBI approaches and General Considerations	Chapey 14 & 16 <b>Application # 3 is due (bring 2 copies to class)</b>
Week 9 3/20	Traumatic Brain Injury Overview; Attention; House Where Language Lives; Memory Model	Chapey 33 <b>Screening Assessment Due Quiz # 3</b>
Week 10 3/27	Traumatic Brain Injury Treatment; <b>Tony &amp; Wife</b>	Chapter 17 <b>Presentation 5 Application # 4 is due</b>
	<b>Spring Break – 4/3</b>	
Week 11 4/10	RHD Assessment/Treatment	Chapey 22 & 34 <b>Case Treatment Report Draft Due Quiz # 4</b>
Week 12 4/17	Case Presentation- <b>Devina Acharya</b>	
Week 13 4/24	RHD continued	<b>Presentation 6</b>
Week 14 5/1	Normal aging; Types of dementia	Chapey 35 & 20 <b>Final Submission Assessment/Treatment Plan Quiz # 5</b>
Week 15 5/8	Dementia Continued	<b>Presentation 7 Application # 5 is due</b>
Finals 5/15	<b>Juliana Borgatti Wrap-up</b>	