Language Disorders III
ASLP 5840
Spring 2018

Professor: Gloria S. Olness, Ph.D., CCC-SLP
Office: SPHC 217
Telephone: (940) 369-7455 (with voicemail)
Email: gloria.olness@unt.edu

Class day / time: TR 12:30 p.m. - 1:50 p.m.
Class location: ECB 110
Office Hours: TR by appointment
T.A.: Jacy Manning
Email: jacymanning@my.unt.edu

Required resource:

Course description:

Language Disorders III covers acquired neurogenic cognitive-communicative and language disorders commonly observed in the adult population including aphasia, right-hemisphere syndrome, dementia, and traumatic brain injury. The course emphasizes understanding of the neuroanatomical and neurophysiological conditions associated with acquired cognitive-communicative and language disorders; assessment techniques and treatment/maintenance approaches; and issues related to the overall clinical management of adults with neurogenic disorders including clinical counseling and working with family members, friends and co-workers of people with neurogenic communication disorders.

Guided learning related to intervention methods emphasizes empirical, evidence-based practice guidelines and outcome assessment of intervention. Because most acquired neurogenic communication disorders are treated in a medical model of service delivery, the course also includes topics relevant to the medical service delivery model, including documentation and the medical continuum of service delivery.

Prerequisite course content:

Completion of ASLP 4050 (Neurological Bases of Speech and Hearing) or its equivalent is strongly recommended. In the current course, one of your very first goals will be to (re-)learn fundamental neuroanatomy, neurophysiology and the clinical pathological method (behavioral neurology), which underpins your graduate-level training toward clinical practice with populations who have neurogenic communication disorders.

At the beginning of the course and throughout the course, your grasp of these fundamentals will also be bolstered through multiple activities, including:

- I-clicker supported, in-class discussion of Chapters 1 and 2 from your Brookshire text, augmented by feedback from a first-day baseline assessment
- self-directed study of ASLP 4050 Power Points posted on Canvas, which cover basic topics such as cortico-spinal and cortico-bulbar pathways; somatosensory pathways; blood supply to the brain; visual pathways and associated visual disorders; meninges of the CNS; flow of cerebral-spinal fluid (CSF); and localization of function (e.g. the differentiation between primary, higher-order and association cortices of the cerebrum);
- optional participation in study-help sessions on the basic topics cited above; and
- access to supportive resources listed at the back of the syllabus under “Bibliography of resources on basic neuroanatomy and neurophysiology”
What you can expect to achieve in this course:

The PURPOSE of this course is to equip you as a speech-language pathologist to maximize the everyday communicative functionality—communicative activities and participation in context—for adults who have acquired neurogenic language disorders and cognitive-communicative disorders. You will accomplish this purpose by learning how to REASON as a clinician in service to these populations.

A reasoning clinician who is true to his or her clinical PURPOSE in service to and collaboration with the client is constantly working to FIGURE (SOMETHING) OUT, pose and settle some QUESTION, present and solve some PROBLEM, and/or set and test some HYPOTHESES. This questioning attitude is a sign of excellence in clinical service provision, no matter what the level of experience of the clinician.

Your development of knowledge on the nature of aphasia, dementia, traumatic brain injury, and right-hemisphere syndrome—and evidence-based approaches to assessment and intervention with people who have these disorders—will be achieved as you grapple with clinically relevant questions with the levels listed below.

Level 1: Assessing/integrating what I know: Questions/comments/reactions about basic facts, definitions, and factors.

Level 2: Understanding how I reached these conclusions: Questions/comments/reactions about the source of the evidence or the rationale for items in Level 1

Level 3: Acknowledging the uncertainty of knowledge: Questions/comments/reactions about issues and questions that I (and the field) still need to address or answer, i.e., unaddressed issues or unanswered questions

Level 4: Applying my knowledge to clinical practice: Questions/comments/reactions about the clinical implications and applications of the information in Levels 1 through 3 above

Note these levels are arranged in increasing order of challenge to us as professionals and to our profession and they also build on each other: Level 1 poses the least challenge and represents the foundation for the other levels; Level 4 poses the greatest challenge and represents the ultimate purpose behind one’s learning and clinical inquiry.

Questions at levels 1 through 3 are also termed background questions. Questions at Level 4 are also termed (clinical) foreground questions, and they guide us in evidence-based practice. While questions at all levels may be posed throughout one’s career, the proportion of background questions to foreground questions tends to shift over the course one’s career. It is normal for background questions to predominate early in one’s career and for foreground questions to predominate later in one’s career.

You (and I) will have succeeded in this course if you develop the ability to consistently pose questions/comments/reactions and seek out answers and dialogue regarding the questions you pose. This course is not designed to make you fit into a mold, but to break you out of the mold, for a clinical culture in which the scientific knowledge base and the context of clinical practice are in a constant state of flux. This works toward the ultimate goal as stated from the start: maximizing the everyday communicative functionality for adults who have acquired neurogenic language disorders and cognitive-communicative disorders.
What you can expect to achieve in this course relative to KASA standards:

Upon successful completion of this course, the student should demonstrate the following competencies:

1. Knowledge of the neurogenics of various acquired cognitive/language disorders (2014 KASA: IV-B; IV-C)
2. Knowledge of assessment methods for evaluating adults with acquired cognitive/language disorders, including cultural considerations in assessment (2014 KASA: IV-D; V-B)
4. Knowledge of major treatment approaches used in acquired cognitive/language disorders, with an emphasis on improving functional communication skills and following evidence-based practice methods (2014 KASA: IV-D; V-B)
5. Knowledge of issues related to treatment of adults with acquired cognitive/communication deficits, including: the influence of third party reimbursement on treatment decisions; the importance of family/caregiver involvement in treatment; interdisciplinary treatment models; and the importance of outcome assessment (2014 KASA: IV-D; V-B)

What this achievement will take on your part:

1) Consistent attendance and active participation in class. If illness or an emergency requires absence from class, the student should contact classmates for notes taken during the in-class discussion and then meet with the professor and classmates to extend this discussion and pose any questions.
2) Completion of all assigned projects and activities. Some are completed individually, and others are completed in small groups for class presentation and/or distribution.
3) Participation in optional study/help sessions provided by the professor
4) Careful review prior to quizzes and examinations, and attention to feedback on all assessments.

My commitment as professor:

1) Careful selection of readings, materials, case studies and discussion content, taking student questions and learning goals into consideration.
2) Guidance in how to approach and complete assignments and projects
3) Guidance on how to approach and prepare for quizzes and examinations
4) Provision of non-judgmental feedback on your development towards the goals of the course prior to assessment. Primary mechanisms for this will be in-class discussions, office-hour discussions, and discussion in study/help sessions.
5) Provision of feedback on quiz and exam performance.
6) Availability in office hours (regular hours and by appointment)
Details of the learning activities in which you will be engaged:

**Main point questions (MPQ) activities.** MPQs are designed to engage students with the reading content in advance of in-class discussion of that content, through the formulation of at least one question/comment/reaction to content in each of the main sections of the reading.

- Students are heartily encouraged to read and discuss the content of the readings together in groups.
- Then each student is asked to formulate his or her own individual questions/comments/reactions: at least one question/comment/reaction for each section of the reading.
- Each submitted question/comment/reaction:
  - must be clearly related to the section of the reading that evoked it
  - must be clearly specified as to the Level of the query/curiosity (Level 1 through Level 4) that it represents, as discussed on page 2 of the syllabus.
  - Note: The relative level of the query does NOT affect grading; Level 1, Level 2, Level 3, and Level 4 questions are all of equal value in the learning process.
- MPQs are submitted by 8:00am the day prior to the day of the associated in-class discussion, so the professor has the opportunity to design discussion and i-Clicker activities based on student query content

**Guided video viewing.** Learners benefit from early exposure to videos of the clinical populations whom they are studying. To this end, guided video viewing can begin as early as the student wishes. Often students will view these videos together in groups.

- Guidelines for the viewing are provided by the professor.
- There are four guided video viewing sets: one for each of the disordered populations we are studying in this course.
- Turn-in of the annotated guidelines sheet for each viewing is on the second day of the ‘unit’ with which the viewing is associated, in February/March

**In-class quizzes.** Brief in-class quizzes are used to encourage each student to learn by memory the fundamental content that a working clinician needs to have “at his or her fingertips” so he or she doesn’t have to look it up. The content covered by each quiz will be announced in advance. There are seven quizzes.

**Examinations.** Take-home, open-book examinations are designed to assess the learner’s ability to integrate and apply what he or she has learned. Students are expected and required to complete examinations independently; violations of academic integrity in completion of examination will not be tolerated. (See Academic Integrity guidelines in this syllabus.)

- There are three examinations.
- Some questions may be in multiple-choice format. The student has the option to supply a short written justification for his or her answer; a justification is not required, but is taken into consideration by the professor when grading. Justifications, when provided, may also be bolstered with a citation to the portion of the reading that supports the answer.
- Some questions may be in short-answer format. When short-answer format is used, a grading rubric will accompany the short-answer question.

**Neurological syndrome thumbnail.** During the course of one’s career, one will sometimes encounter unusual or rare disorders or syndromes that impact the communication of the client. To practice researching such disorders, each student will select two (2) neurological disorders/syndromes from a list provided by the professor, and will write a one-sheet, researched synopsis (thumbnail) for each, using guidelines also provided by the professor. Your completed thumbnails will be given to all classmates, for future reference.
**Small-group intervention project.** Pre-arranged groups of three to four students will deliver an in-class intervention presentation on a clinical case assigned to them by the professor. All cases are created to represent impairments that are typical in everyday clinical practice. Project guidelines and a rubric will be provided by the professor.

**Evidence base for intervention project.** Each small-group will prepare a foreground question (FQ) and associated annotated bibliography associated with the intervention approach that they present to the class. This FQ-with-annotated-bibliography will be distributed to class members on the day of the presentation. Grading will be based on quality of the FQ and the relevance of the cited sources, and not on the sheer number of sources per se. Guidelines and a rubric will be provided by the professor.

**Assessment of your learning:**

<table>
<thead>
<tr>
<th>Activity</th>
<th>% weight</th>
<th>Number</th>
<th>Total % weight</th>
<th>Grading basis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Main point questions (MPQ) activities</td>
<td>1.5</td>
<td>14</td>
<td>21</td>
<td>'A' for full adherence to assignment; 'B' for partial adherence to assignment; 'C' for minimal adherence to assignment</td>
</tr>
<tr>
<td>Guided video viewing</td>
<td>1</td>
<td>4</td>
<td>4</td>
<td>Full credit ‘A’ based on completion</td>
</tr>
<tr>
<td>In-class quizzes</td>
<td>2</td>
<td>7</td>
<td>14</td>
<td>Plus/minus letter grade based on response accuracy</td>
</tr>
<tr>
<td>Examinations</td>
<td>9</td>
<td>3</td>
<td>27</td>
<td>Plus/minus letter grade based on response accuracy for MC and/or rubric for short-answer</td>
</tr>
<tr>
<td>Neurological syndrome thumbnail</td>
<td>8</td>
<td>1</td>
<td>8</td>
<td>Rubric provided by professor</td>
</tr>
<tr>
<td>Small-group intervention project</td>
<td>16</td>
<td>1</td>
<td>16</td>
<td>Rubric provided by professor</td>
</tr>
<tr>
<td>Evidence base for intervention project</td>
<td>10</td>
<td>1</td>
<td>10</td>
<td>Rubric provided by professor</td>
</tr>
</tbody>
</table>

Grades will be assigned on a “plus-minus letter grade” system, in which:
- ‘A+’ is worth 4.33 points
- ‘A’ is worth 4.00 points
- ‘A-’ is worth 3.66 points
- ‘B+’ is worth 3.33 points
- ‘B’ is worth 3.00 points
- ‘B-’ is worth 2.66 points etc.

Points earned are multiplied by weight of the homework/exam to calculate final course grade.
Office of Disability Accommodation

The Department of Speech and Hearing Sciences cooperates with the Office of Disability Accommodation (ODA) to make reasonable accommodations for qualified students with disabilities (cf. Americans with Disabilities Act and Section 504, Rehabilitation Act). We encourage all students with disabilities to register with the ODA. If you experience any problems in arranging reasonable accommodation with the ODA, please contact the departmental chair or the ODA directly.

“The University of North Texas makes reasonable academic accommodation for students with disabilities. Students seeking accommodation must first register with the Office of Disability Accommodation (ODA) to verify their eligibility. If a disability is verified, the ODA will provide you with an accommodation letter to be delivered to faculty to begin a private discussion regarding your specific needs in a course. You may request accommodations at any time, however, ODA notices of accommodation should be provided as early as possible in the semester to avoid any delay in implementation. Note that students must obtain a new letter of accommodation for every semester and must meet with each faculty member prior to implementation in each class. For additional information see the Office of Disability Accommodation website at http://www.unt.edu/oda. You may also contact them by phone at 940.565.4323.”

Academic Integrity:
Academic integrity is expected of all students at all times. In accordance with UNT policy, breeches of academic integrity (including cheating, plagiarism, collusion, and falsification of academic records or the attempt to do these) that is supported by clear evidence may result in any of the following: a failed grade for the assignment; requirement of an additional assignment, failing of the entire course.
# Closely Approximated Chronology of the Course

<table>
<thead>
<tr>
<th>Week 1</th>
<th>Content of unit</th>
<th>In advance of class</th>
<th>In class</th>
<th>Assignments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jan 16</td>
<td>Course purpose and approach</td>
<td>Obtain textbook</td>
<td>Discuss syllabus Baseline assessment of neuro found’ns Intro four disorders</td>
<td>Prepare <strong>MPQ-1</strong>: Brookshire Ch 6, three sec’ns + p. 79 one sec’n (Begin guided video viewings) (Begin preparation of MPQ-3) Identify days/times for on-demand study-help sessions; see topics in UG neuro PP’s</td>
</tr>
<tr>
<td>Jan 18</td>
<td>The ultimate goal: functional communication and QOL under the <strong>WHO-ICF</strong></td>
<td>8:00am Wed Jan 17, <strong>MPQ-1</strong> turn-in Sign up for groups</td>
<td>Discuss content assoc. w/ MPQ-1 readings</td>
<td>Prepare <strong>MPQ-2</strong>: Murray &amp; Clark (2006) Ch 12, four main sec’ns; Brookshire pp. 158-160, one sec’n (Continue preparation of MPQ-3) (Continue guided video viewings)</td>
</tr>
<tr>
<td>Jan 23</td>
<td>The context of modern health care, incl medical continuum of care</td>
<td>8:00am Mon Jan 22, <strong>MPQ-2</strong> turn-in</td>
<td>Quiz 1 <strong>WHO-ICF</strong> Discuss content assoc. w/ MPQ-2 readings Hand out localization chart</td>
<td>Prepare <strong>MPQ-3</strong>: Brookshire Ch 1, five sec’ns; pp. 184-189, one sec’n; pp. 189-192, one sec’n plus self-graded baseline assessment from first day (Continue guided video viewings)</td>
</tr>
<tr>
<td>Jan 25</td>
<td>Neuro-anatomy, -physiology, and –pathology; clinical pathological method</td>
<td>8:00am Wed Jan 24, <strong>MPQ-3</strong> turn-in</td>
<td>Quiz 2 Medical continuum of care Discuss content assoc. w/ MPQ-3 readings with localization chart</td>
<td>Prepare <strong>MPQ-4</strong>: Brookshire Ch 2, five sections, plus self-graded baseline assessment from first day Neuro syndrome thumbnails assigned by Friday, Jan 26, via sign-up on SPHC 217 (due Mar 8) (Continue guided video viewings)</td>
</tr>
<tr>
<td>Jan 30</td>
<td>Reading the neurology assessment; clinical pathological method</td>
<td>8:00am Mon Jan 29 <strong>MPQ-4</strong> turn-in</td>
<td>Discuss content assoc. w/ MPQ-4 readings, with localization chart</td>
<td>Prepare <strong>MPQ-5</strong>: Brookshire Ch 3, 5 sec’n (excludes section on Impairment, disability handicap, which we have already read) (Continue guided video viewings)</td>
</tr>
<tr>
<td>Feb 1</td>
<td>Principles of assessment of neurogenic communication disorders in adults</td>
<td>8:00am Wed Jan 31 <strong>MPQ-5</strong> turn-in</td>
<td>Quiz 3 Clinical pathological method Discuss content assoc. w/ MPQ-5</td>
<td>Prepare <strong>MPQ-6</strong>: Brookshire, Ch 7, ten sections (skip “treatment team” section which is already read and “Conclusions” section (Continue guided video viewings)</td>
</tr>
<tr>
<td>Week 4</td>
<td><strong>Feb 6</strong></td>
<td>General principles of treatment, including principles of neuroplasticity</td>
<td>8:00am Mon Feb 5 <strong>MPQ-6</strong> turn-in</td>
<td>Discuss content assoc. w/ <strong>MPQ-6</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Feb 8</strong></td>
<td></td>
<td>8:00am Wed Feb 7 <strong>MPQ-7</strong> turn-in</td>
<td>Discuss content assoc. w/ <strong>MPQ-7</strong></td>
</tr>
<tr>
<td>Week 5</td>
<td><strong>Feb 13</strong></td>
<td>--</td>
<td>--</td>
<td>Discuss content assoc. w/ <strong>MPQs 6 and 7</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Feb 15</strong></td>
<td>Aphasia</td>
<td>8:00am Wed Feb 14 <strong>MPQ-8</strong> turn-in</td>
<td>Discuss content assoc. w/ <strong>MPQ-8</strong></td>
</tr>
<tr>
<td>Week 6</td>
<td><strong>Feb 20</strong></td>
<td></td>
<td>Feb 20 <strong>Aphasia video HW</strong> turn-in</td>
<td>“</td>
</tr>
<tr>
<td></td>
<td><strong>Feb 22</strong></td>
<td></td>
<td>8:00am Wed Feb 21 <strong>MPQ-9</strong> turn-in</td>
<td>Discuss content assoc. w/ <strong>MPQ-9</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Feb 27</strong></td>
<td></td>
<td>8:00am Mon Feb 26 <strong>MPQ-10</strong> turn-in Wed Feb 28 <strong>Exam 1</strong>, only Qs 1 &amp; 2 due</td>
<td>Discuss content assoc. w/ <strong>MPQ-10</strong></td>
</tr>
<tr>
<td>Week 7</td>
<td><strong>Mar 1</strong></td>
<td>Right hemisphere syndrome</td>
<td>8:00am Wed Feb 28 <strong>MPQ-11</strong> turn-in Fri Mar 2, <strong>Exam 1</strong>, only Qs 3 &amp; 4 due</td>
<td>TSHA: No class session today and no quiz</td>
</tr>
<tr>
<td>Week 8</td>
<td>Mar 6</td>
<td>Right hemisphere syndrome (cont)</td>
<td>Mon Mar 5, Exam 1, only Q's 5, 6, 7 due Mar 6 RHS video HW turn-in</td>
<td>shifted later, to today, due to TSHA Quiz 4 Aphasia typology Discuss content assoc. w/ MPQ-11 (Continue guided video viewings)</td>
</tr>
<tr>
<td>--------</td>
<td>-------</td>
<td>---------------------------------</td>
<td>---------------------------------------------------------------</td>
<td>----------------------------------</td>
</tr>
<tr>
<td>Mar 8</td>
<td></td>
<td>Wed Mar 7, Exam 1 Qs 8, 9, 10 due (thumbnails due three weeks from today)</td>
<td>“</td>
<td>Prepare MPQ-12: Brookshire Ch 12 on dementia, 14 sections Examination 2 distributed by Saturday, March 10 (Continue guided video viewings)</td>
</tr>
<tr>
<td>Week 9</td>
<td>Mar 13</td>
<td>SPRING BREAK</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mar 15</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Week 10</td>
<td>Mar 20</td>
<td>Dementia</td>
<td>8:00am Mon Mar 19 MPQ-12 turn-in</td>
<td>Discuss content assoc. w/ MPQ-12 Complete guided video viewing for dementia</td>
</tr>
<tr>
<td>Mar 22</td>
<td></td>
<td>Mar 22 Dementia video HW turn-in</td>
<td>Quiz 5 Nature of right hemisphere syndrome</td>
<td>Prepare MPQ-13: Brookshire Ch 11 on TBI, 11 sections (Continue guided video viewings)</td>
</tr>
<tr>
<td>Week 11</td>
<td>Mar 27</td>
<td>Dementia + Traumatic brain injury</td>
<td>8:00am Mon Mar 26 MPQ-13 turn-in</td>
<td>Discuss content assoc. w/ MPQ-13 Prepare MPQ-14: Brookshire Ch 4 on assessing cognition, 5 sections Complete guided video viewing for TBI (finalize small-group intervention presentation)</td>
</tr>
<tr>
<td>Mar 29</td>
<td>Traumatic brain injury</td>
<td>8:00am Wed Mar 28 MPQ-14 turn-in Mar 29 TBI video HW turn-in March 29, thumbnail turn-in</td>
<td>Quiz 6 Nature of dementia Discuss content assoc. w/ MPQ-14</td>
<td></td>
</tr>
<tr>
<td>Week 12</td>
<td>Apr 3</td>
<td></td>
<td>Quiz 7 Nature of TBI Discuss content assoc. w/ MPQ14</td>
<td></td>
</tr>
<tr>
<td>Apr 5</td>
<td>Small-group presentations of aphasia intervention (x2)</td>
<td></td>
<td>Read ICF-Aphasia (Simmons-Mackie &amp; Kagan) article provided Re-scan Brookshire Chapter 9 on treatment of aphasia</td>
<td></td>
</tr>
</tbody>
</table>
### Suggested resources specific to neurogenic communication disorders and their intervention:

Suggested resources serve as excellent launching pads for design of intervention and would also be welcome additions to the personal library of the student who desires a professional practice specializing in neurogenic communication disorders. Because most of these are secondary resources, it is necessary for the clinician conducting evidence-based practice to augment these with primary-source information, such as journal-based research and primary-source professional presentations.

**Neurogenic communication disorders overall (aphasia, RHD, TBI, dementia + apraxia & dysarthria)**


**Aphasia**


**Right hemisphere disorder**


**Dementia**


**Traumatic brain injury**


**Group treatment design**


**Evidence-based practice overall**


**Bibliography of resources on basic neuroanatomy and neurophysiology**


‘*’ indicates text used by undergraduates in the UG neural bases course (ASLP 4050)
I-Clicker Student Instructions

About Cost

We have a site license for the service so no student has to pay for usage. When they create iClicker accounts, there is a generic success screen that indicates a trial period. However, UNT courses are covered and no license is required. If a student were taking courses at another institution where iClicker was in use, it’s possible they’d have to pay for a license to use it elsewhere but UNT courses are covered.

Create an Account

1. Go to iclicker.com
2. Click create an account in the top right corner of the page.
3. Click student.
4. Find University of North Texas
5. Fill in all information. There is a spot for student ID. Type your euid in that space.
6. You now have an I-clicker account.
7. When signing in again click sign in instead of create an account and click student. You will be redirected to the student login page.
8. On your first login the remote registration page will appear. Click “Skip this Step”. Remotes are not required to use I-clicker.

Find your Course

1. Click the + in the top right corner to add a course.
2. Click on University of North Texas or search for it in the search box.
3. Search by course name “ASLP 5840 Language III” OR by Olness then click on the course name.
4. Click “add this course”
5. You are now added to the course.

Participating in the course

1. When in class Dr. Olness will start a session of a poll, quiz, or attendance.
2. There will be a button that says join. Click the button.
3. You are now joined to that session.
4. Polls you can only answer one question at a time as Dr. Olness allows that question to be answered. You must answer the question before Dr. Olness closes it.
5. For Quizzes you must answer all questions. Then click review and then submit them before the quiz is closed for your answers to count.
6. Every time a new session of polling, quizzing, or attendance occurs you will need to join. There can be multiple sessions within a class.

Optional: Download App (Android/IOS)

1. Go to your respected app store.
2. Search for iclicker REEF.
3. The colors and icon should resemble the iclicker website.
4. Click download/install.
5. Sign in using the account created above.