

**WILLIAM PATERSON UNIVERSITY
DEPARTMENT OF COMMUNICATION DISORDERS**

COURSE SYLLABUS

COURSE DESCRIPTION: This course examines the linguistic and cognitive deficits associated with acquired Traumatic Brain Injury in adults and children. The neurological bases of these deficits and their differential diagnosis, classification, and rehabilitation will be covered.

PREREQUISITES: CODS 6050

1. **COURSE TITLE: CODS 6750, Acquired Cognitive Disorders** **CREDITS: 1**
2. **DEPARTMENT TELEPHONE NUMBER:** (973) 720-2208 (fax: 973-720-3357)
Secretary: Ms. Madeline Garcia garciam@wpunj.edu
3. **SEMESTER:** Winter 2021-2021 **ASYNCHRONOUS, ONLINE**
4. **INSTRUCTOR:** Betty Kollia, Ph.D., CCC-SLP, Professor, UH 248, (973) 720-2798,
kolliab@wpunj.edu
5. **REQUIRED TEXT:** Sohlberg, M.M. and Mateer, C.A. (2001) Cognitive Rehabilitation. An Integrative Neuropsychological Approach. New York, The Guilford Press

Suggested readings:

1. American Speech-Language-Hearing Association. (2007). Scope of Practice in Speech-Language Pathology. Available from www.asha.org/policy
 - 1.1 American Speech-Language-Hearing Association (ASHA). (1990). Interdisciplinary approaches to brain damage [Position statement].
 - 1.2 ASHA. (1995). Guidelines for the structure and function of an interdisciplinary team for persons with brain injury [Guidelines].
 - 1.3 ASHA. (2003). Evaluating and treating communication and cognitive disorders: Approaches to referral and collaboration for speech-language pathology and clinical neuropsychology [Technical report].
 - 1.4 ASHA. (2003). Rehabilitation of children and adults with cognitive-communication disorders after brain injury [Technical report].
 - 1.5 ASHA. (2005). Knowledge and skills needed by speech-language pathologists providing services to individuals with cognitive communication disorders [Knowledge and skills].
 - 1.6 ASHA. (2005). Roles of speech-language pathologists in the identification, diagnosis, and treatment of individuals with cognitive communication disorders: Position statement.
2. Brookshire, R. H. (2007). Introduction to Neurogenic Communication Disorders (7th ed.). Elsevier.
3. Ostergren, J.A. (2018). Cognitive Rehabilitation Therapy for Traumatic Brain Injury. A guide for Speech-Language Pathologists. Plural Publishing, San Diego, CA.
4. Maas, et al. (2008). Moderate and severe traumatic brain injury in adults. The Lancet Neurology. 7;8. 728-741.
5. Dimoska, A., Mcdonald, S., Pell, M. C., Tate, R. L., & James, C. M. (2010). Recognizing vocal expressions of emotion in patients with social skills deficits following traumatic brain injury. Journal of the International Neuropsychological Society : JINS, 16(2), 369-82. doi: <http://dx.doi.org/10.1017/S1355617709991445>

Mild TBI

6. Lange, et al. (2012). Neuropsychological Outcome from Blast versus Non-blast: Mild Traumatic Brain Injury in U.S. Military Service Members. *Journal of the International Neuropsychological Society*. 18(3). 595-605.
7. Micaela Cornis-Pop, Pauline, A. M., Carole, R. R., Donald, L. M., Linda, M. P., Carol, S. H., . . . Elaine, M. F. (2012). Cognitive-communication rehabilitation for combat-related mild traumatic brain injury. *Journal of Rehabilitation Research and Development*, 49(7), xi-xxxii. Retrieved from <http://ezproxy.wpunj.edu:2048/login?url=http://search.proquest.com/docview/1266215921?accountid=15101>

Coma

8. Sarno, M. T., A. Buonaguro, and E. Levita. "Characteristics of verbal impairment in closed head injured patients." *Archives of Physical Medicine and Rehabilitation* 67.6 (1986): 400.
9. Fear, et al. (2009). Symptoms of post-concussional syndrome are non-specifically related to mild traumatic brain injury in UK Armed Forces personnel on return from deployment in Iraq: an analysis of self-reported data. *Psychological Medicine*. 39; 08. 1379-1387

Pediatric head injury

10. Babikian, et al. (2013). Predictors of 1-Month and 1-Year Neurocognitive Functioning from the UCLA Longitudinal Mild, Uncomplicated, Pediatric Traumatic Brain Injury Study. *Journal of the International Neuropsychological Society*
11. Atabaki, S. M. (2007). Pediatric Head Injury. *Pediatrics in Review*. 28;6. 215-224.
12. Allison, Kristen M., and Lyn S. Turkstra. "Navigating Medical Speech-Language Pathology Reports for Children With TBI." *Perspectives on School-Based Issues* 13.3 (2012): 63-69.
13. Blosser, J. L., & DePompei, R. (2003). *Pediatric traumatic brain injury: Proactive intervention* (2 ed.). Clifton Park, NY: Delmar Learning

6. **COURSE OBJECTIVES:** Students will demonstrate knowledge of
 - 6.1 the neurological bases of acquired cognitive disorders (ACD) in adults
 - 6.2 the nature and classification of acquired cognitive disorders in adults and children, including traumatic brain injury
 - 6.3 assessment principles, methods, and differential diagnosis of ACD in adults and children
 - 6.4 intervention principles and procedures in acquired cognitive disorders in these populations

7. **STUDENT LEARNING OUTCOMES:** The students will be able to:

		ASHA CFCC std	Assessment
1	characterize and classify acquired cognitive disorders (ACD) in adults and children	IV-C	Guided Readings and/or project
2	discuss standardized and non-standardized assessments of acquired language and cognitive disorders	IV-D	Guided Readings and/or project
3	interpret assessment results for standardized and non-standardized assessments of acquired language and cognitive disorders	IV-D	Guided Readings and/or project
4	plan appropriate intervention for individuals with acquired cognitive disorders	IV-D	Guided Readings and/or project
5	identify multicultural considerations in evaluating	IV-C	Guided

	and remediating ACD		Readings and/or project
6	describe the process of counseling as it pertains to persons with ACD and their families	IV-D	Guided Readings and/or project
7	integrate knowledge and express ideas in a coherent and meaningful way by discussing published work on a treatment topic for ACD	IV-B	Guided Readings and/or project

8. TOPIC OUTLINE OF COURSE CONTENT:

- 8.1. Neurological correlates of disorders of cognition
 - 8.1.1. Memory
 - 8.1.2. Attention
 - 8.1.3. Executive function
 - 8.1.4. Cognition
 - 8.1.5. Behavior
- 8.2. Types of deficits
 - 8.2.1. Traumatic Brain Injury, Coma
 - 8.2.2. Mild TBI, Post-concussive syndrome
- 8.3. Assessment and Differential Diagnosis
- 8.4. Prognosis
- 8.5. Intervention/ Rehabilitation / Team approach / Counseling

This is an asynchronous online course. Presentations, assignments, and assessments will be via Blackboard.

The professor reserves the right to modify the requirements in terms of assessment types and methods.

Reliable internet and access to a computer is required.

9. TEACHING METHODS AND STUDENT LEARNING ACTIVITIES:

- a. Teaching methods include lectures, class discussions, audio and video recordings.
- b. Student learning activities may include completion of required readings, class participation, oral presentations, written assignments, therapy observations.

10. COURSE EXPECTATIONS:

- a. It is expected that students will have read the assigned chapters before the class in which they are discussed.
- b. It is expected that students will participate and contribute to class discussions.
- c. It is expected that students will complete the required assignments within the time allotted. Students who do not complete all course requirements will receive an "Incomplete" in the course pending approval from the instructor. An incomplete will automatically change to an "F" after thirty (30) days.
- d. More than 1 absence will result in a 10% lowering of the final grade.

11. **METHODS OF ASSESSING STUDENT PERFORMANCE:** The final course grade will be based on grades from the exams and assignments as follows:

Project / Oral Presentation	45% of your grade
Review of Research Articles	45% of your grade
Participation & Contribution to class	10% of your grade

12. COURSE POLICIES AND EXPECTATIONS

- a. Attendance: Students are expected to attend class and to arrive on time. Absences or lateness will influence the attendance/participation grade, and thus your final grade for the course. If you are sick or otherwise unable to attend, it is expected that you will inform me of your absence via email AND appropriate documentation will be provided in order for the absence to be considered excused. More than two un-excused absences will result in a 1-step lowering of the final letter grade.
- b. Blackboard: Students are responsible for all material and assignments posted on Blackboard and sent via the Blackboard server. The Blackboard server uses your WPU email address (although you can arrange to forward e-mail to another e-mail address). You should check Blackboard regularly for announcements related to the course.
- c. Preparation for class: Students are expected to be prepared for class by completing all assigned readings and assignments.
- d. Handouts: Handouts which will be posted on Blackboard prior to each class.
- e. Participation: Students are expected to participate in class and contribute to class discussions. This includes student-initiated participation as well as responses solicited through requests and questions. Students will be asked to talk about assigned readings, information covered in class, and clinical observations.
- f. Cell Phones: Their use in class is not permitted except in an emergency. Please discuss this with me.
- g. It is the responsibility of the students to seek help as needed. This includes coming to see me during office hours or by appointment. The best way to set up an appointment is to email me indicating the reason for the meeting.
- h. Students are expected to honor the University Code of Conduct (See: <http://www.wpunj.edu/dotAsset/288560.pdf>)
- i. It is assumed and expected that work you hand in will always be your own, and that you will never copy phrases, sentences, or paragraphs from any other person's work, as that constitutes plagiarism.
- j. All assignments must be handed in, and exams must be taken on the scheduled due date. In cases of hardship, you must contact me BEFORE the scheduled due date. Points will be deducted from assignments for each day after the due date. Documentation from a physician will be required for any illness that prevents handing in assignments or taking exams at the scheduled time.
- k. A grade of Incomplete will be given at the discretion of the instructor. Any situation in which a student believes he/she warrants a grade of incomplete in the course should be discussed with the instructor immediately.

13. ADDITIONAL INFORMATION:

Students who are experiencing any academic difficulties are strongly advised to seek out peer tutoring by from our Graduate Assistants that the department offers, or assistance from the University's Academic Success Center.

Academic Integrity: Students are expected to be familiar with and to abide by the Academic

Integrity Policy of the University (see Undergraduate and Graduate Catalogues).