



SPPA 6320 - 701
Adult Language Disorders
Fall Semester 2014
Subhash C. Bhatnagar, Ph.D.

I. How and When to Reach me

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Office: Cramer Hall – 230H

Office Hours: T, Th 10:00-11:00

II. Course Objectives:

After completing this class, students should be able to:

- Follow neurological and linguistic concepts associated with aphasia;
- Explain the vascular pathophysiology;
- Describe common methods of diagnostic neuroradiology;
- Outline linguistic features of cortical and sub-cortical syndromes;
- Discuss disorders of speaking, listening, reading, and writing
- Follow the Boston classification system of aphasia;
- Discuss major diagnostic aphasia test batteries;
- Outline the issues related to natural recovery;
- Explain the issues covered in family counseling;
- Discuss the commonly used therapeutic techniques;
- Design appropriate treatment plans based on patient's linguistic profile.

III. ASHA Certification Standards and DPI Requirements:

- Satisfactory completion of this graduate class is intended to assist students in meeting the following clinical skills and academic knowledge required for the American Speech-Hearing-Language Association (ASHA) Standards for the Certificate of Clinical Competence in Speech-Language Pathology.
- Standard IIIA. Knowledge of the principles of biological sciences related to human behaviors- speech/language/cognition.
- Standard IIIB. Knowledge of basic human communication processes including their biological, neurological, acoustic, physiological, developmental, linguistic and cultural bases issues.
- Standard IIIC. Knowledge of the nature of speech/language and communicative disorders including etiologies, anatomical, physiological, linguistic and cultural attributes in the areas of expressive and receptive language.
- Standard IIID. Knowledge principles and methods of prevention, assessment, and intervention for people with communication disorders including consideration of anatomical/physiological, psychological, developmental and linguistic and correlates of the disorders in the area of expressive and receptive language and the impact on speech and language.
- Standard IVG. Clinical skills Outcome: Receptive and Expressive Language

Completion of this course meets the following DPI WI) requirements:

DPI Licensure

- Standard 1 a,e

- Standard 2. Learning a-e
- Standard 2, Applications a and d.
- Standard 3, e
- Standard 5. a-d.
- Standard 6. a-e
- Standard 8.
- Standard 9. a-g

IV. Requirements and Grading:

Formative and summative methods will be used to assess student-learning. Formative Assessment tasks planned for ongoing measurement for the purpose of improving and monitoring student learning are sectional examinations, diagnostic reports, information seeking projects, and clinical observations. The final examination will be use to evaluate the culmination of student's educational preparation (summative).

Completion of all requirements is essential for a letter grade. Assignments submitted after the DUE date will not receive a credit.

1. Make a list of aphasia/stroke related resources from websites of the *American Heart Association, National Stroke Association, National Aphasia Association and other sites by Sept 17.* **1 Point.**
2. Score (administer) a major aphasia test battery in a hospital or at the MU clinic, or to a colleague). A written brief report (500-1000 words) needs to be submitted during the LAST class meeting. **4 points.**
 - Sign-up with clinician and/or the clinical supervisor
 - At the end, write down a summary of your observations or a diagnostic report, if you administer a test. It would include a
 - Patient's case history, if used, as well as the concerns
 - description of testing tools
 - description of testing results
 - narration of the impression and recommendation
3. Each student will work for 2 hours with a patient with aphasia OR will observe treatment sessions for 4 hours.
This documented experience, if completed in the last semester at the MU clinic, will be accepted. Submit your clinical observations and impressions on the LAST class day. **4 points.**
4. Summarize 5 therapeutic suggestions from an article selected from *Aphasiology or any other related journal*.
Submit a short (1-page or shorter) summary of clinical points mostly in an outline format In the LAST class meeting. **5 points.**
5. There will be 3 objective and sectional examinations. Each examination worth **28 points**

6. Class participation

2 Points

Requirement Summary

Aphasia and Stroke resources	1 Point
Report of diagnostic test observation and/or administration	4 Points
Observations of Clinical Management	4 points
Chapter summary	5 points
Class participation	2 Points
Examinassions	84 Points
Total	100 Pts

Grading Scale

A	94-100
AB	89-93
B	84-88
BC	79-83
C	74-78

V. **Texts:** (Library Code: ADULT)

(Asterisked references are reserved in the Science Library).

(DA) Davis, Albyn, Aphasia and Related Cognitive-Communicative Disorders. Pearson, 2014

Secondary Books:

(CR) Chapey, R. *Language Intervention Strategies in Aphasia and Related Communicative Disorders*.

Maryland, Lippincott, Williams and Wilkins. ([RC425 .L37 2008](#))***

(HA) Helm-Estabrook, Nancy and Albert, Martin (2004). *A Manual of Aphasia Therapy*.

Austin, Texas: Pro-Ed. RC425 .H45 2004

(AR) Axtell, Roger E. Do's and Taboos. 2nd Ed. John Wiley and Sons

(BR) Brookshire, R. (2007) *An Introduction to Neurogenic Communication Disorders*. 6th Edition.

St Louise, Mosby Year book. (RC423 .B74 20037)***

(BS) Bhatnagar, A. Neuroscience for the Study of Communicative Disorders. 4th. Edition. Lippincott Williams and Wilkins. Baltimore, MD.

(PPC). Llias Papathanasiou, Paytick Coppens, and Costatin Potagas, *Aphasia and Related Neurogenic Commination Disorders*. 2011, Johns and Bartlett Learning

VI. Important Dates

September 17	Overview of web resources
September 17	Examination One
October 15	Examination Two
December 3	Assignment Submission
December 10	Final Examination

VII. Attendance Policy

Each lecture in this graduate class will cover important information; therefore, you are expected to attend every class meeting. On time attendance in class is an important component of professional behavior. Any absence will prevent you from getting the proper benefit of the course. **Regardless of the reason(s) for the absence, you will be responsible for the material covered in class.**

A test missed because of an absence can be made up only if the absence was an excused one (see below the departmental rules for excused absences). Make up tests will be given only during the **final examination week** and may not be objective in nature.=

Acceptable anticipated absences (Departmental Policy):

- The student is away from campus representing an official university function, e.g., participating in a professional meeting, as part of a judging team, or athletic team.
- Required court attendance as certified by the Clerk of Court.
- Religious observances when certified by a letter from the student's parent(s) or religious leader.
- Required military duty as certified by the student's commanding officer.

Acceptable emergency absences (Departmental Policy):

- Illness or injury when certified by an attending physician, dentist, or nurse. The certification should show the date service was provided to the student but should not describe the nature of that service.
- Death or serious illness in the immediate family (parents, step-parents, siblings, spouse, children, step-children, foster children, in-laws, sibling in-laws, grandparents, great grandparents, step-great grandparents, grandchildren, aunts, uncles, nieces, and nephews) when certified by a letter from the student's parent(s) or spouse.

VIII. **Marquette University Policy on Multiple Exams**

If a student has **four** exams in one day, the student has the option to ask **all four instructors** about the possibility of changing the exam to another time. If none of the four instructors agrees, or if they changed exam time does not fit the student's schedule, the student may contact the College or Registrar staff about the possibility that they might proctor a special exam time with the student, if the instructor agrees.

IX. **Policy on Academic Dishonesty**

Please refer to the following website regarding guidelines and disciplinary procedures relating to academic misconduct:

<http://www.marquette.edu/academics/regulations/acaddishonesty.html>

X. Disability related Issues

Please see me as soon as possible if you require any accommodations because of a disability.

Comprehensive Diagnostic Aphasia Examination Batteries:

1. Boston Diagnostic Aphasia Examination (BDAE)
2. Multilingual Aphasia Examination (MAE)
3. Neurosensory Center Comp. Examination for Aphasia (NCCEA)
4. Porch Index of Communicative Ability (PICA)
5. Western Aphasia Test Battery (WAB)
6. Ross Information Processing Assessment (RIPA)

Specific Diagnostic Tests:

1. Token Test (TT)
2. Reporter's Test (RT)
3. Auditory Comprehension Test for Aphasia (ACTS)
4. Word Fluency Test (WFT)
5. Communicative Abilities in Daily Living (CADL)
6. Reading Comprehension Battery for Aphasia
7. Boston Naming Test
8. Pantomime Recognition Test
7. Cognitive Linguistic Quick Test (CLQT)

Date	Topic	Assigned Reading
Aug. 27	Orientation Terminology	Class notes
Aug. 27 and Sept 3	Related Concepts: Differential diagnosis, Associated aspects, Handedness, and CD	Class notes BS Ch 19, pp. 445-448 DA Ch 1, pp. 1-22
Sept 10	Vascular pathologies Neuroimaging	BS Ch. 7, pp. 186-211 DA Ch. 1, pp. 23-40 BS Ch. 20, pp. 461-475
Sept 17	Examination One Aphasia Typology	Assessment-based (80 items) Body-based (47 items) PCP Ch. 1, pp. 1-20
Sept. 17-24	Aphasia& associated disorders	DA Ch. 3, pp. 43-69 Class notes PCP Ch. 6, pp. 113-128 Ch. 7, pp. 131-152 Ch. 8, pp. 157- 179

Oct. 1-8	<p>Right hemisphere syndrome Deaf signers</p> <p>Patient Speech Samples</p>	<p>DS Ch. 11, pp 250-277</p> <p>Class notes</p> <p>Judy Keg (1992) Neural Basis of Language and Motor Behavior: Perspectives from Am. Sign Language. Aphasiology, 6:3,219-56.</p>
Oct. 15	Examination Two	<p>Chemical/ drug-based (49 items) Disease and symptom-based (81 items) Medical location-based (14 items)</p>
Oct. 22	Counseling Natural Recovery	<p>Class notes SB Ch. 5 pp. 161-164 DA Ch. 7. Pp. 143-164</p> <p>*Wertz et. al (1981). "Veterans Administration Cooperative Study on Aphasia: A Comparison of Individual and Group Treatment" <u>JSHR</u>, 24(4): 580-594.</p> <p>Kertesz, A. and McCabe, P. (1977) Recovery Patterns & Prognosis in Aphasia. <u>Brain</u>, 100:1-18.</p> <p>Lomas and Kertesz (1978). "Patterns of Spontaneous Recovery in Aphasic Groups: A Study of Adult Stroke Patients" <u>Brain and Language</u>, 5: 388-401.</p> <p>Kenin and Swisher (1972). "A Study of Patterns of Recovery in Aphasia" <u>Cortex</u>, 56-68.</p> <p>Sarno and Levita (1971). "Natural Course of Recovery in Severe Aphasia" <u>Arch. Of Physical Medicine and Rehabilitation</u>, 52:175-178.</p> <p>Klaue Poeck (1989) "Outcome of intensive</p>

		<p>language treatment in <u>aphasia</u>" JSHD, 54, 471-479.</p> <p>*Basso, Anna, 1992. Prognostic Factors in Aphasia. <i>Aphasiology</i>: 6:337-348, 1992</p> <p>What is Aphasia? RC 425. W45, 1991. Moving Beyond Stroke/Aphasia.RC 425. P37. 1991</p> <p>Aphasia (DVD) Aphasia [DVD video recording] : hope is a four letter word / starring Carl McIntyre <u>AVM RC425 .A644 2012</u></p>
Oct 29- Nov. 5	Assessment	<p>Assessment of Aphasia by O. Spreen and A. Risser. Appeared in "Acquired Aphasia" (Ed)</p> <p>DA Ch. 5, pp. 92-115 DA Ch. 6, pp. 117-142</p> <p>The <u>Boston Diagnostic Aphasia Examination</u> "The Assessment of Aphasia and Related Disorders, by Goodglass and colleagues</p> <p><u>Raven's Progressive Matrices</u>, by Raven et al.</p>
Nov 12	Treatment	.
Nov 19-	ASHA	Libby Kelly M.S. CCC-SLP
Nov 26	Thanksgiving	
Dec 3	Treatment	<p>DA Ch. 8. pp. 165-193 DA Ch. 9. pp. 194-219</p> <p>DA Ch. 10. Pp. 220-249</p> <p>Swindell, C.S and Hammons, J. (1991). Post-stroke Depression. <u>JSHR</u> 34, 325-333.</p> <p>Peter Wahrborg and Bornstein (1989). Family Therapy in Families with an Aphasic Member. <u>Aphasiology</u>, 3 (1): pp. 93-98.</p>

		<p>Chapey, 5th Ed. <i>Lang. Intervention Strategies</i></p> <p>Ch. 7 Delivering Language Intervention Services to Adults with Neurogenic Communication Disorders Brooke Hallowell and Roberta Chapey Pg. 203-228</p> <p>Ch. 8 Teams and Partnerships in Aphasia Intervention Lee Ann C. Golper Pg. 229-244</p> <p>Ch. 9 Issues in Assessment and Treatment for Bilingual and Culturally Diverse Patients Patricia M. Roberts Pg. 245-276</p> <p>Ch. 12 Environmental Approach to Adult Aphasia Rosemary Lubinski Pg. 319-358</p> <p>Ch. 14 Group Therapy for Aphasia: Theoretical and Practical Considerations Kevin P. Learns and Roberta J. Elman Pg. 376-402</p> <p>Ch. 17 Cognitive Stimulation: Stimulation of Recognition/Comprehension, Memory, and Convergent, Divergent, and Evaluative Thinking Roberta Chapey Pg. 469-506</p> <p>Ch. 18 Early Management of Wernicke's Aphasia: A Context-Based Approach Robert C. Marshall Pg. 507-529</p> <p>Ch. 20 Primary Progressive Aphasia and Apraxia of Speech Joseph R. Duffy and Malcolm R. McNeil</p>
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12/3	Due date for Dx and Tx assignments	
Dec. 10	Wednesday FINAL EXAM 5:45 – 7:45	Patient-based abbreviations (56 items) Professional association-based (17 items) Treatment-based (128 items)