

San Jose State University
Department of Communicative Disorders and Sciences
EDSP 162: Communicative Disorders of Aging
Section 1; Spring, 2015

Course and Contact

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Catalog Description: Study of etiology, assessment and treatment of acquired and developmental disorders associated with aging. Speech, language, hearing and related disorders emphasized.

Course Learning Objectives: The student will

- 1) demonstrate knowledge of cognitive-communication vocabulary related to elders;
- 2) demonstrate knowledge of the dementias associated with cognitive-communication disorders;
- 3) demonstrate knowledge of cognitive-communication assessment activities;
- 4) demonstrate knowledge of cognitive-communication intervention activities;
- 5) discuss the interaction of research and clinical practice (i.e., evidence-based practice);
- 6) reflect on the impact of cognitive-communication disorders among elders and their families;
- 7) reflect on the characteristics and experiences of healthy elders;
- 8) actualize clear and concise oral presentation and written communication skills.

ASHA 2014 CCC Standards related to EDSP 162

<http://www.asha.org/Certification/2014-Speech-Language-Pathology-Certification-Standards/>

The applicant must have demonstrated:

- IV-B the ability to integrate information pertaining to normal and abnormal human development across the life span;
- IV-C knowledge of communication disorders and differences in cognitive aspects of communication (attention, memory, sequencing, problem-solving, executive functioning);
- IV-D current knowledge of the principles and methods of prevention, assessment, and intervention including cognitive aspects of communication (attention, memory, sequencing, problem-solving, executive functioning);
- IV-F knowledge of processes used in research and of the integration of research principles

- into evidence-based practice;
- IV-G knowledge of contemporary professional issues;
- IV-H knowledge of national regulations and policies relevant to professional practice;
- V-A skills in oral and written ... communication sufficient for entry into professional practice.

Modes of Instruction: (Enabling Activities)

Class Discussion and Group Problem-Solving; Cooperative Learning Groups; Study Questions; Peer-Review; Instructor Office Hours; Research Articles; Film and First-Person Accounts.

Required Text: (Available from the publisher and on-reserve at the King library)

Bayles, K.A., & Tomoeda, C.K. (2013). *Cognitive-Communication Disorders of Dementia: Definition, Diagnosis, and Treatment* (2nd). San Diego, CA: Plural Publishing. \$89.95; ISBN13: 978-1-59756-564-6

Required Reading: (Available from the publisher and on-reserve at King library)

One of the Following First-Person Account Books (Price varies per online resources)

1. *Slow Dancing with a Stranger: Lost and Found in the Age of Alzheimer's* by Meryl Comer; Harper Collins; \$14.99; ISBN: 9780062130839
2. *Keeper: One House, Three Generations, and a Journey into Alzheimer's* by Andrea Gillies; Crown Publishing; \$12.99; ISBN 978-0-307-71911-9
3. *Inside the Dementia Epidemic: A Daughter's Memoir* by Martha Stettinius; Dundee-Lakemont Press; \$11.99; ISBN-10: 098493260
4. *I Will Never Forget: A Daughter's Story of Her Mother's Arduous and Humorous Journey Through Dementia* by Elaine C. Pereira; JACE Woods Press; \$19.99; ISBN-10: 1936840766
5. *On Pluto: Inside the Mind of Alzheimer's* by Greg O'Brien; Codfish Press; \$10.99; ISBN-10: 0991340108

Required Reading: (Available on the EDSP 162 Canvas site)

- Riley, K.R., Snowdon, D.A., Desrosiers, M.F., & Markesbery, W.R. (2005). Early life linguistic ability, late life cognitive function, and neuropathy: Findings from the Nun Study. *Neurobiology of Aging*, 26, 341-347.
- Snowdon, D.A., Greiner, L.H., & Markesbery, W.R. (2000). Linguistic ability in early life and the neuropathology of Alzheimer's disease and cerebrovascular disease: Findings from the Nun Study. *Annals of the New York Academy of Sciences*, 903, 34-38.

Tyas, S.L., Snowdon, D.A., Desrosiers, M.F., Riley, K.P., & Markesbery, W. R. (2007). Healthy ageing in the Nun study: Definition and neuropathologic correlates. *Age and Ageing*, 36, 650-655.

SJSU Resources Related to EDSP 162

- A. SJSU Accessible Education Center: <http://www.sjsu.edu/aec/>
Course Accommodations: Students with an educationally related disability are encouraged to self-identify to the instructor and contact the Accessible Education Center to discuss course accommodations. Students who need special arrangements in case the building must be evacuated should advise the instructor.
- B. King Library Services: <http://libguides.sjsu.edu/CDS>
- C. Writing Center: <http://www.sjsu.edu/writingcenter/>
- D. Counseling Services: <http://www.sjsu.edu/counseling/>
- E. Peer Connections: http://peerconnections.sjsu.edu/about_us/

Assignments:

% of Course Grade

- | | |
|---|-----|
| 1. Exam 1 (2/13/15) | 20% |
| 2. Exam 2 (3/20/15) | 20% |
| 3. Interview with an Elder (4/17/15) | 20% |
| 4. Diagnostic Project Poster Day (5/1/15) | 15% |
| 5. Exam 3 (5/15/15) | 20% |
| 6. Study Questions (see calendar) | 5% |

Interview with an Elder (Senior Citizen) (due 4/10/15)

While working in teams, students will interview one elder to gain an understanding of aging and communication. This four-part project will be graded on its quality and depth.

1. Pre-interview Reflective Essay: Students will write a reflective essay, pre-interview, identifying their own personal history among elders, their perspectives and attitudes about aging, and their thoughts on what it means to be an elder in American society;
2. Interview Guide and Interview: Students will develop and use an interview guide. The guide will address questions about: a) normal aging processes, b) cognition, c) hearing, d) vision, e) social skills, and f) speech-language characteristics. Students will also inquiry about g) the nature of rehabilitation services, h) the characteristics of an effective clinician, and i) the specific cultural factors that influence the elder's perspective.
3. Thematic Analysis: Students will summarize the elder's perspective via a written thematic analysis drawn from the elder's responses.
4. Integrative Essay: Students will write a second essay offering analytical comments that compare and contrast the initial essay (item 1) and the thematic analysis (item 3).

Diagnostic Assignment and Poster Day (due 5/1/15)

While working in teams, students will administer one or two diagnostic test batteries to two different adults without a cognitive or communication disability. Test batteries will be

assigned by the instructor (Appendix D) and available from the Kay Armstead Center for Communicative Disorders. Students will be responsible for reading the test manual, administering the test, scoring the test, and reporting/interpreting test results. In addition, students will conduct a brief literature review to identify 3 to 5 empirical extant papers that highlight how the test has been used in clinical practice or research.

In both a poster presentation and an oral summary, students will identify and describe their impressions of the test battery and the testing experiences, and share the clinical or research examples from the literature. The poster and oral summary will include the following: ages for administration, the normative sample, test validity and reliability, the test administration method, student roles in the testing process, comments about the testing experiences, and examples of empirical applications per the extant literature. Also, students should include comments that critique the strengths and weaknesses of the test and the empirical applications. Students should prepare a handout for peer distribution.

Students will be graded on their accuracy for reporting test information, their ability to effectively convey information in both written and oral formats, and their ability to critically reflect on the testing experience and extant applications.

Study Questions

Students will complete the assigned study questions prior to every class. Students will bring two copies of the study questions to every class. One copy will be submitted to the instructor and the second copy will be used for class discussion.

Grades and Grade Appeals:

A+ = 96.5 to 100	A = 92.5 to 96.4	A- = 89.5 to 92.4
B+ = 86.5 to 89.4	B = 82.5 to 86.4	B- = 79.5 to 82.4
C+ = 76.5 to 79.4	C = 72.5 to 76.4	C- = 69.5 to 72.4
D+ = 66.5 to 69.4	D = 62.5 to 66.4	D- = 59.5 to 62.4
F = \leq 59.4		

Grade Appeals: The instructor welcomes appeals to any grade. Grade appeals must be a written argument substantiated with evidence and citations (if necessary). Grade appeals are due one week from when an assignment is returned.

Professional Behavior:

Assignment Due Dates: All assignments are due at the beginning of each class. Late assignments will result in grade reductions: Incomplete study questions (-2 points/day), Interview with an Elder (-5 points/day), and Diagnostic Poster (-5 points/day). Students can appeal these reductions with written evidence of exceptional or emergency circumstances.

Attendance/Participation: Students are expected to attend all scheduled classes. The instructor should be notified of upcoming excused absences. Each unexcused absence will lower the final

course grade in half grade increments (i.e., A+ to A to A- etc.). Students will complete the assigned readings and study questions prior to each class. Students will be expected to demonstrate collegiality, verbal problem solving, critical thinking, and active participation in class discussions. Class assignments will take (at least) eight hours per week.

SJSU classes are designed such that in order to be successful, it is expected that students will spend a minimum of forty-five hours for each unit of credit (normally three hours per unit per week), including preparing for class, participating in course activities, completing assignments, and so on. More details about student workload can be found in [University Policy S12-3](http://www.sjsu.edu/senate/docs/S12-3.pdf) at <http://www.sjsu.edu/senate/docs/S12-3.pdf>.

Consent for Recording of Class and Public Sharing of Instructor Material: Common courtesy and professional behavior dictate that you notify someone when you are recording him/her. You must obtain the instructor's permission to make audio or video recordings in this class. Such permission allows the recordings to be used for your private, study purposes only. The recordings are the intellectual property of the instructor; you have not been given any rights to reproduce or distribute the material.

Students are welcome to audiotape any class after first having announced that an audio recording is being made at the beginning of each class. Audio recordings are for a student's own private review. Students do not have the right to reproduce or distribute audio recordings without written permission from the instructor and every other student who was present when the audio recording was made. Course materials shared by the instructor are his intellectual property (unless otherwise designated) and cannot be shared publicly without his written permission. You may not publicly share or upload instructor-generated material for this course such as exam questions, lecture notes, or homework solutions without instructor consent.

SJSU Vision Statement: In collaboration with nearby industries and communities, SJSU faculty and staff are dedicated to achieving the university's mission as a responsive institution of the state of California: To enrich the lives of its students, to transmit knowledge to its students along with the necessary skills for applying it in the service of our society, and to expand the base of knowledge through research and scholarship. San José State University graduates will have developed: Specialized Knowledge; Broad Integrative Knowledge; Intellectual Skills; Applied Knowledge; Social and Global Responsibilities (http://www.sjsu.edu/about_sjsu/mission/).

Lurie College of Education Mission Statement: The mission of the Lurie College of Education is to prepare educators who will enhance the quality of education for all students in our culturally diverse, technologically complex world. Our basic values: Respect and appreciation for diversity; Promotion of equity and access to quality education; Excellence through scholarly activity and reflective professional practice; Continual professional and personal growth; Ethical, collegial, and humane interpersonal relationships as a basis for community (<http://www.sjsu.edu/education/mission/>).

Communicative Disorders & Sciences Mission Statement: The Mission of the Department of Communicative Disorders and Sciences is to provide high-quality academic and clinical preparation to students seeking careers working with individuals who have speech, language and

hearing disorders, and their families. Guided by principles of evidence-based practice and working in collaboration with other professionals, our graduates will adhere to the highest ethical standard in serving the needs of our diverse community (<http://www.sjsu.edu/cds/>).

Grievance Procedure: Students are referred to the *Lurie College Dispute Process for Students* at <http://www.sjsu.edu/education/facultyandstaff/StudentDisputes.pdf> for a description of the dispute resolution process.

Academic Honesty Statement: In the spirit of fostering academic honesty and professional practice standards, students are reminded that any act of academic dishonesty will be considered a serious offense against the values of the university and the professional discipline (see <http://www.asha.org/Code-of-Ethics/>). The instructor is committed to enforcing the SJSU policy and processes on academic integrity available at <http://www.sjsu.edu/senate/docs/S07-2.pdf>.

General Expectations, Rights and Responsibilities of the Student: As members of the academic community, students accept both the rights and responsibilities incumbent upon all members of the institution. Students are encouraged to familiarize themselves with the SJSU policies and practices pertaining to the procedures to follow if and when questions or concerns about a class arises. See University Policy S90-5 at <http://www.sjsu.edu/senate/docs/S90-5.pdf>. More detailed information on a variety of related topics is available in the SJSU catalog at <http://infor.sjsu.edu/web-dbgen/narr/catalog/rec-12234.12506.html>. In general, it is recommended that students begin by seeking clarification or discussion concerns with their instructor. If such conversation is not possible, or if it does not serve to address the issues, it is recommended that he student contact the Department Chair as a next step.

Dropping and Adding: Students are responsible for understanding the policies and procedures about add/drop, grade forgiveness, etc. Students should refer to the current semester's Catalog Policies section at <http://info.sjsu.edu/static/catalog/policies.html>. Add/drop deadlines can be found on the current academic year calendars document on the Academic Calendars webpage at http://www.sjsu.edu/provost/services/academic_calendars/. The Late Drop Policy is available at <http://www.sjsu.edu/aars/policies/latedrops/policy/>. Students should be aware of the current deadlines and penalties for dropping classes. Information about the latest changes and news is available at the Advising Hub at <http://www.sjsu.edu/advising/>.

Anticipated Schedule of Topics, Assignments, Deadlines

- 1/23/15 Syllabus Review; Introduction to Communication Disorders and Aging;
1/30/15 Introduction to Core Vocabulary
2/6/15
- Assignments:
1/23/15: Core Vocabulary Definitions 1-49 (Appendix A)
1/30/15: Core Vocabulary Definitions 50-104 (Appendix A)
2/6/15: Core Vocabulary Definitions 105-152 (Appendix A)
- 2/13/15 **Exam I: Core Vocabulary**
- 2/13/15 Mild Cognitive Impairment; Memory and Cognition in Aging
- Required Reading: Bayles & Tomoeda Chapters 1-3
- Assignment: Study Questions for Chapters 1-3 (Appendix B)
- 2/20/15 The Dementias, including Alzheimer's Disease, Vascular Disease, Lewy Body Disease, and Frontotemporal Dementia per the *Diagnostic and Statistical Manual of Mental Disorders* (DSM V) and Bayles & Tomoeda
- Required Reading: Bayles & Tomoeda Chapters 4, 6, 8, & 10 (pp. 135-145)
- Assignment: Study Questions for Chapters 4, 6, 8, & 10 (pp. 135-145) (Appendix B)
- 2/27/15 Release Time for Elder Interview about Aging
- 3/6/15 Dementia and Associated Conditions: Down Syndrome, Parkinson's Disease, Huntington's Disease, Amyotrophic Lateral Sclerosis
- Required Reading: Bayles & Tomoeda Chapters 5, 7, 9, 10 (pp. 145-147)
- Assignment: Study Questions for Chapters 5, 7, 9, 10 (pp. 145-147) (Appendix B)
- 3/13/15 The Nun Studies, Dementia, and Linguistic Variation
- Required Reading: Snowdon et al., 2000; Riley et al., 2005; Tyas et al., 2007
- Assignment: Study Questions for Snowdon et al., Riley et al., & Tyas et al. (Appendix C)
- 3/20/15 **Exam II: The Dementias and the Nun Studies**
- 3/27/15 Spring Recess

4/3/15 First-Person Accounts of Dementia in Popular Literature and Film
4/10/15 Novels and *Away from Her*

Required Reading: (one of the following): Comer; Gillies; Pereira; O'Brien;
Stettinius

Interview with an Elder due 4/10/15

4/17/15 Assessment of Cognitive-Communicative Disorders of Dementia

Required Reading: Bayles & Tomoeda Chapter 11

Assignment: Study Questions for Chapter 11 (Appendix B)

4/24/15 Release Time for Diagnostic Poster Day Project

5/1/15 **Diagnostic Project Poster Day**

5/8/15 Intervention for Cognitive-Communicative Disorders of Dementia

Required Reading: Bayles & Tomoeda Chapters 12-15

Assignment: Study Questions for Chapters 12-15 (Appendix B)

5/15/15 **Exam III: Assessment & Intervention**

Appendix A: Communication Disorders of Aging Core Vocabulary

A. Vocabulary Related to Speech-Language Pathology

1. Speech
2. Language
3. Communication
4. Expressive communication v. Receptive communication
5. Intentional communication v. Non-intentional communication
6. Symbolic communication v. Non-symbolic communication
7. Linguistic communication v. Non- (Para) linguistic communication
8. Morphology
9. Phonology
10. Syntax
11. Semantics
12. Pragmatics
13. Articulation
14. Resonance
15. Phonation
16. Respiration
17. Prosody
18. Expressive aphasia v. Receptive aphasia
19. Semantic paraphasia
20. Phonemic paraphasia
21. Circumlocution
22. Confrontation naming
23. Anomia
24. Agrammatism
25. Alexia
26. Agraphia
27. Dysgraphia
28. Dyslexia
29. Semantic fluency task
30. Letter fluency task
31. Literal v. nonliteral language
32. Perseveration
33. Deictic expression
34. Empty speech
35. Idiosyncratic word usage
36. Oral apraxia
37. Speech apraxia
38. Dysarthria
39. Dysphagia
40. Aspiration pneumonia
41. Esophagitis
42. Voice tremor

43. Pitch
44. Speaking rate
45. Loudness
46. Presbycusis
47. Speech perception
48. Speech discrimination
49. Assistive listening device

B. General Vocabulary of Cognition and Aging

50. Cognition
51. Executive functioning
52. Emotional blunting
53. Inhibitory control
54. Working memory
55. Procedural memory
56. Episodic memory
57. Engram

C. Vocabulary of Associated Skills

58. Fine motor skills
59. Gross motor skills
60. Visuospatial skills
61. Adaptive skills

D. Vocabulary Related to Medical and Healthcare Professionals

62. Geriatrician
63. Family practice physician
64. Internal medicine physician
65. Pulmonologist
66. Endocrinologist
67. Oncologist
68. Radiologist
69. Gastroenterologist
70. Otolaryngologist
71. Pathologist
72. Hematologist
73. Cardiologist
74. Rheumatologist
75. Hospitalist
76. Nephrologist
77. Infectious disease specialist
78. Osteopath
79. Neurologist

80. Geriatric psychiatrist
81. Psychiatrist
82. Ophthalmologist
83. Urologist
84. Physical therapist
85. Gerontologist
86. Social worker
87. Occupational therapist
88. Nutritionist (registered dietician)

E. General Medical Vocabulary

89. Etiology
90. Onset
91. Idiopathic
92. Endogenous
93. Insidious
94. Sequelae
95. Senescence
96. False (true) positive v. False (true) negative
97. Pre-morbid v. Post mortem
98. Genotype v. Phenotype
99. Habilitation v. Rehabilitation
100. Prevalence v. Incidence
101. Medicare v. Medicaid
102. Hypoxic
103. Health literacy
104. Malignant v. Benign

F. Medical Vocabulary Often Related to Aging

105. Neurotic plaques
106. Neurofibrillary tangles
107. Neuropathology
108. Neuroplasticity
109. Cerebrovascular disease
110. Pharmacological management v. Behavioral management
111. Hypotension v. Hypertension
112. Atrophy
113. Dual sensory loss
114. Dysphoria
115. Anosognosia
116. Somatic disorders
117. Hyperorality
118. Syncope
119. Angiopathy

- 120. Encephalitis
- 121. Prosopagnosia
- 122. Agnosia
- 123. Visual agnosia
- 124. Confabulation
- 125. Hallucination v. Delusion

G. Vocabulary Related to Chemicals and Medications

- 126. Analgesic
- 127. Anticoagulant drugs
- 128. Antidepressants
- 129. Antihistamines
- 130. Antihypertensive medication
- 131. Anxiolytics
- 132. Neuroleptics
- 133. Sedatives

H. Common Physical Disabilities

- 134. Movement disorder
- 135. Bradykinesia
- 136. Hypokinesia
- 137. Rigidity
- 138. Resting v. intention tremor
- 139. Postural instability

I. Common Visual Impairments

- 140. Presbyopia
- 141. Cataracts
- 142. Glaucoma
- 143. Macular degeneration
- 144. Diabetic retinopathy

J. Vocabulary Related to Medical Assessment

- 145. Histology
- 146. CAT (CT) scan
- 147. Magnetic Resonance Imaging (MRI)
- 148. Functional Magnetic Resonance Imaging (fMRI)
- 149. Positron Emission Tomography (PET) scan
- 150. Diffusion Tensor Imaging (DTI)
- 151. Electroencephalograph (EEG)
- 152. Electrocardiogram (EKG)

Appendix B: Bayles & Tomoeda Study Question

Chapter 1: Speech-Language Pathology, Mild Cognitive Impairment, and Dementia

1. Why do persons with dementia have communication difficulties?
2. What is *neuroplasticity* and why is it important for communication rehabilitation?
3. What is *cognitive reserve* and why is it important?
4. What is *cognitive stimulation therapy* and why is it important for people with mild cognitive impairment and people with dementia?

Chapter 2: Cognition, Memory, and Communication

1. Define *sensory memory*.
2. Define *echoic memory* and *iconic memory* and identify how they relate to *sensory memory*.
3. Define *working memory*.
4. Define *articulation/phonological loop* and *visuospatial sketchpad* and how they apply to *working memory*.
5. Define *central executive*.
6. Define *active (short-term) memory*.
7. Contrast *declarative memory* and *nondeclarative memory*.
8. Define *semantic memory*.
9. Define *episodic memory*.
10. Define *lexical memory*.
11. Define *motor memory*.
12. Define *cognitive skill memory*.
13. Define *priming*.
14. Define *habits or conditioned responses*.

Chapter 3: MCI: Mild Cognitive Impairment

1. What is *MCI*?
2. What are the common causes of *MCI*?
3. What is *cognitive stimulation*?
4. Describe the diagnostic criteria for *MCI*.
5. What risk factors are associated with *MCI*?
6. How, why, and when does *MCI* convert to dementia?
7. Describe the language changes (*naming and word retrieval; verbal fluency; discourse processing*) that accompany *MCI*.

Chapter 4: Alzheimer's Dementia

1. Describe the neuropathology of Alzheimer's disease.
2. Describe the core risk factors associated with Alzheimer's disease.
3. Describe the cognitive and linguistic characteristics associated with early stage, middle stage, and late stage Alzheimer's disease.

Chapter 5: Dementia and Down Syndrome

1. Why are people with Down syndrome at-risk for dementia?
2. Describe the physical characteristics of persons with Down syndrome.
3. Contrast the cognitive and language features of persons with Down syndrome prior to and after the onset of dementia.

Chapter 6: Vascular Dementia

1. Describe *vascular dementia* and its cause.
2. What are the core risk factors for vascular dementia?
3. Why is it unlikely that someone has a pure vascular dementia?

Chapter 7: Parkinson's Disease and Dementia

1. Describe *Parkinsonism*.
2. What risk factors are associated with Parkinson's disease?
3. What are the symptoms and diagnostic criteria for Parkinson's disease?
4. What executive function deficits may accompany Parkinson's disease?
5. Describe the language functions associated with Parkinson's disease without dementia.

Chapter 8: Dementia and Lewy Body Disease

1. What is *Lewy Body Disease*?
2. Contrast *Lewy Body Disease* from *Dementia with Lewy Bodies*.
3. Contrast *Lewy Body Disease* from *Parkinson's disease*.
4. Describe the REM sleep patterns of persons with Lewy Body Disease.
5. Describe the risk factors associated with Lewy Body Disease.
6. Describe the cognitive characteristics of persons with Lewy Body Disease and Dementia with Lewy Bodies.
7. Describe the language characteristics of persons with Lewy Body Disease and Dementia with Lewy Bodies.
8. The chapter includes a report from Gurd et al.; which pieces of information were the most helpful in identifying that this patient had Lewy Body Disease?

Chapter 9: Dementia and Huntington's Disease

1. Describe *Huntington's disease*.
2. Who is at-risk for Huntington's disease?
3. What are the initial symptoms of the disease?
4. Describe how Huntington's disease affects speech production.
5. Describe the language symptoms associated with Huntington's disease.
6. Describe the swallowing problems associated with Huntington's disease.

Chapter 10: Frontotemporal Dementia (pp. 135-145)

1. Describe the core diagnostic and behavioral characteristics of frontotemporal dementia.
2. Describe the three variants of primary progressive aphasia.

Chapter 10: Frontotemporal Dementia (pp. 145-147)

1. What is *Amyotrophic Lateral Sclerosis (ALS)*?
2. How might cognition and language status be affected in ALS?

Chapter 11: Assessment of Cognitive-Communicative Disorders of Dementia

1. What are the four core methods for obtaining assessment information useful in diagnosing MCI and dementia?
2. Why is it important to review a client's chart prior to diagnostic testing?
3. Why is it important to consider a client's vision and hearing status prior to diagnostic testing?
4. Why is it important to consider medication effects prior to diagnostic testing?
5. Define *floor effect*.
6. Define *ceiling effect*.
7. What is the *Mini-Mental Status Examination*?
8. Describe *verbal fluency*.
9. Describe how you might screen someone suspected of having mild cognitive impairment.
10. Describe how you might screen someone suspected of having dementia.

Chapter 12: Cognitive Intervention and MCI

1. What is *cognitive intervention*?
2. Why is cognitive intervention important?
3. What are the characteristics of a cognitive intervention session?

Chapter 13: Direct Interventions

1. Contrast *direct intervention* from *indirect intervention*.
2. What does it mean to say that a long-term care facility is accredited?
3. Contrast *restorative therapy* from *functional maintenance plan*.
4. Identify and define the visual impairments that influence a therapy session.
5. Why is it important to consider a client's vision status during a therapy session?
6. What strategies might be useful for accommodating persons with visual impairments during a therapy session?
7. Why is it important to consider a client's hearing status?
8. What strategies might be useful for enhancing the hearing environment for elders?
9. Why is it important to consider a client's working memory span capacity and task complexity skills?
10. What is errorless learning? Why is it important?
11. Why is it important to provide recognition questions instead of recall questions?

12. Why is it important to allow extra response time for persons with dementia?
13. Why might multitasking not be useful in speech-language therapy for persons with dementia?
14. Describe how the principles of neuroplasticity affect speech-language therapy activities.
15. What is priming? How can it be used in speech-language therapy?
16. Define *engram*.
17. Define *reminiscence*. How could it be used in speech-language therapy?
18. Describe *spaced retrieval training*. How could it be used in speech-language therapy?

Chapter 14: Indirect Intervention for Cognitive-Communication Disorders of AD

1. What is your opinion of the linguistic modification recommendations on pp. 227-234?
2. Define *assistive technology for cognition*. Provide examples.
3. How might robots be helpful to persons with MCI and/or dementia?
4. Define *prospective memory aids*. Give an example.
5. What is your opinion of the *caregiver counseling basics* on pp. 236-239?

Chapter 15: Care Planning

1. What is *OBRA* (1987) and why is it important?
2. Define *minimum data set*.
3. Define *resident assessment protocol*.
4. What is the *therapy cap*?
5. Define *short-* and *long-term goals*.
6. What are your opinions about the two case examples on pp. 247-253?
7. How does caring for someone with dementia impact the physical and psychological health of the caregiver?
8. Why does culture matter in dementia-related counseling?

Appendix C: Study Questions for the Nun Study Articles

Snowdon et al., 2000

1. Why are the authors interested in early linguistic skills and later neuropathology?
2. How many participants are in this study? What is their background information?
3. What is the data collection method when the nuns are young?
4. What is *idea density*?
5. Describe your opinion about the data collection technique and the *idea density* analysis. Do you think they are valid and reliable?
6. Define *infarct* and *atherosclerosis*.
7. What is the data collection method when the nuns are elderly?
8. Describe Table 1. What information is learned from this table?
9. What is a *p value*?
10. What does it mean to say $p \leq 0.001$; $p \leq 0.01$; and $p \leq 0.05$?
11. What is a *correlation*?
12. What does it mean to say that the correlation between early *idea density* and later *mean neurofibrillary counts*
 - a. was -0.59 in the frontal lobe?
 - b. was -0.48 in the temporal lobe?
 - c. was -0.49 in the parietal lobe?
13. What are the major findings in this study?

Riley et al., 2005

1. What is the purpose of this study?
2. How is this study similar and different than Snowdon et al. (2000)?
3. How many participants are in this study?
4. Describe the four measures that were used to assess cognitive function.
5. The researchers had 4 cognitive outcome measures; how are they similar and different?
6. How did the researchers quantify the neuropathologic lesions?
7. Describe Table 1 and interpret its information.
8. Describe Table 2 and interpret its information.
9. Describe Table 3 and interpret its information.
10. What are the core findings as described in the *Discussion* section?

Tyas et al., 2007

1. What is the purpose of this study? How is it similar and different than Snowdon et al. (2000) and Riley et al. (2005)?
2. How do the authors define *healthy ageing* per Table 1?
3. How many participants are in this study?
4. What is the data collection technique?
5. Identify the measurement tools?
6. Describe Table 2 and interpret its information.
7. Identify the major findings of the study.

Appendix D: Diagnostic Batteries
Diagnostic Center; SH 117K

Problems:

- 1st contact a Diagnostic Center volunteer;**
2nd contact the clinic at kaccd.sjsu@gmail.com

1. Arizona Battery for Communicative Disorders of Dementia (ABCD)
2. Boston Diagnostic Aphasia Examination-Third Edition (BDAE-3)
3. Burns Inventory of Communication and Cognition + the Cognitive Linguistic Quick Test (CLQT)
4. Minnesota Test for the Differential Diagnosis of Aphasia (MTDDA)
5. Porch Index of Communicative Ability (PICA)
6. A Quick Test of Cognitive Speed + the Communication Activities of Daily Living-2
7. Repeatable Battery for Neuropsychological Status (RBANS)
8. Ross Information Processing Test-2 (RIPA-2)
9. Test of Everyday Attention (TEA) + Bedside Evaluation Screening Test for Aphasia
10. Wechsler Memory Scale IV
11. Western Aphasia Battery-Revised (WAB-R) + Quality of Communication Life Scale
12. Woodcock Johnson III Tests of Cognitive Abilities (W-J III)
13. Comprehensive Receptive & Expressive Vocabulary Test + Scales of Cognitive Ability after Traumatic Brain Injury
14. Functional Linguistic Communication Inventory + Mini Inventory of Right Brain Injury