

COMD 6120 Adult Language Disorders Course Syllabus

A. General Information

Course Instructor:

Lisa Milman, PhD, CCC-SLP
Office Hours: M, T, W 10-10:30 or by appointment
Email: lisa.milman@usu.edu
Phone: (435) 797-1143
Office Address: Lillywhite Rm. 108

Lecture times: Monday and Wednesday 8:30-9:45AM

Prerequisite: Graduate standing in COMD or departmental permission

B. Course Description:

This course will provide students with a basic foundation in adult language, communication, & cognitive disorders associated with aphasia, right hemisphere dysfunction, traumatic brain injury (TBI), and dementia. Each disorder will be considered from a theoretical and clinical perspective. Particular emphasis will be placed on familiarizing students with current cognitive neuroscience models and applying this knowledge to theoretically motivated assessment and treatment procedures. Successful completion of this course will prepare students for clinical practicums with adults in a variety of medical, residential, and outpatient settings.

C. Course Objectives:

The primary goals of this course are to:

- Gain factual knowledge (terminology, classifications, methods, trends) related to the cognitive neuroscience, assessment, & treatment of adult communication disorders.
- Learn fundamental principles, generalizations, and theories related to the cognitive neuroscience, assessment, & treatment of adult communication disorders.
- Develop critical thinking skills and professional competencies that are necessary to evaluate and treat specific language and cognitive-communicative disorders.

To accomplish these goals, you will study assigned readings, attend lectures, make judgements about clinical cases, participate in discussions, and complete assignments and examinations.

Course Objectives as Related to ASHA Standards:

1. Students will acquire knowledge and understanding of the neural correlates associated with language and cognitive-communicative functions.

Standard II-B: The student must demonstrate knowledge of basic human communication processes (neurological)
Assessment: Exam 2, Final

Standard III-C: The student must demonstrate knowledge of receptive and expressive language in speaking, listening, reading, writing, and manual modalities.
Assessment: Exam 2, Group Discussions, Final

The student must demonstrate knowledge of cognitive aspects of communication (attention, memory, sequencing, problem-solving, executive functioning).
Assessment: Final Exam

The student must demonstrate knowledge of social aspects of communication (challenging behavior, ineffective social skills, lack of communication opportunities).
Assessment: Exam 2, Final Exam

2. Students will acquire knowledge and understanding of assessment of communicative disorders resulting from various neuropathologies, including aphasia, right hemisphere dysfunction, traumatic brain injury, and dementia.

Standard III-D: The student must possess knowledge of the principles and methods of prevention, assessment, and intervention for people with communicative and swallowing disorders.
Assessment: Exam 2, Final Exam, Team Discussions

3. The student will acquire knowledge and understanding of treatment of communicative disorders resulting from various neuropathologies, including aphasia, right hemisphere dysfunction, traumatic brain injury, and dementia.

Standard III-D: The student must possess knowledge of the principles and methods of prevention, assessment, and intervention for people with communicative and swallowing disorders.
Assessment: Exam 2, Final Exam, Team Discussion

4. The student will have an understanding of multicultural issues pertaining to assessment and treatment of communicative disorders resulting from various neuropathologies.

Standard III-D: The student must possess knowledge of the principles and methods of prevention, assessment, and intervention for people with communicative and swallowing disorders, including consideration of linguistic and cultural correlates of the disorders. Assessment: Exam 2, Group Discussion

5. The student will become familiar with assistive technology that can be used in the management of severe expressive communication disorders resulting from congenital, acquired and/or degenerative neurological diseases.

Standard III-D: The student must possess knowledge of the principles and methods of prevention, assessment, and intervention for people with communicative and swallowing disorders, including consideration of linguistic and cultural correlates of the disorders. Assessment: Exam 2, Final Exam

Standard III-C: The student must demonstrate knowledge of receptive and expressive language in speaking, listening, reading, writing, and communication modalities (including oral, manual, augmentative and alternative communication techniques, and assistive technologies). Assessment: Exam 2, Final Exam

Knowledge and Skills Assessment (KASA)

In this course each student will be provided with an opportunity to demonstrate required knowledge and/or skill development. These knowledge and skills will be assessed as delineated in the syllabus (by examination, papers& projects project, etc.). ASHA has specified that in order to be competent, you must achieve a level of 80% or better on each KASA item. If the student does not attain this level in this course, he/she will be required to remediate (see department website for policy regarding remediation).

D. Course Evaluation & Grading:

Tests (50% of grade)

There will be two tests (each worth 25% of your grade) scheduled on Wed. February 4th and Mon March 16th. Tests will consist of multiple choice and short answer questions as well as case studies that test your knowledge of content covered in lectures and assigned readings.

Group Presentation (10% of grade)

You will be asked to present a research article on a topic related to *treatment* of neurogenic communication disorders. Presentations should be 15 minutes in length and should include approximately 10-20 powerpoint slides. The selected treatment articles (see 'Schedule of Lectures' and 'Readings List') cover: naming, writing, sentence processing, functional communication, integrative approaches, bilingual aphasia, right hemisphere disorders, TBI, and dementia. Selection of topic and groups (4-5 individuals) should be finalized by Wed. Jan 14th. The dates for each presentation are listed below (see 'Schedule of lectures'). Scoring criteria are outlined on pg. 10 of this syllabus.

Book Review (10% of grade)

You will read and review a autobiographical/personal account of aphasia, right hemisphere disorder, TBI, dementia. Detailed instructions for this assignment and recommended books are provided on pages 12-18 of this syllabus. The report should be 1-2 pages in length and is due on the last day of classes.

Final Exam (30% of grade)

The final exam is scheduled for Friday May 1st 7:30-9:20AM. Content covered in the exam will be cumulative and will emphasize critical thinking, synthesis of information, and clinical application.

The following university approved grading scale will be used:

| | | | | | | | |
|----|--------|----|-------|----|-------|---|------|
| A | 93-100 | B | 83-86 | C | 73-76 | F | < 60 |
| A- | 90-92 | B- | 80-82 | C- | 70-72 | | |
| B+ | 87-89 | C+ | 77-79 | D | 60-69 | | |

E. Required Texts:

Brookshire, R. H. (7th Ed.). Introduction to Neurogenic Communication Disorders. St. Louis, MO: Mosby Year Book, 2007.

F. Canvas Readings:

Additional readings (see schedule of lectures on pg. 5 and reading list on pg. 7) will be posted on canvas.

G. Schedule of Lectures and Assignments:

| Lecture Dates | Topic | Readings / Assignments |
|---------------------------------|--|---|
| Week 1: 1. Wed Jan 7 | Aphasia: Introduction & Classical Aphasia Syndromes | Milman et al., 2014a Brookshire Ch 1 |
| Week 2: 2. Mon Jan 12 | Classical Aphasia Syndromes | Brookshire Ch 8 |
| 3. W Jan 14 | Classical approaches to assessment: Classifying aphasia subtype & indexing impairment (WAB & BDAE) | Brookshire Ch 3 Brookshire Ch 5 pgs. 132-140 |
| Week 3: M Jan 19 | No class in honour of Martin Luther King | |
| 4. W Jan 21 | Introduction to Aphasia Treatment Finalize selection of research article & grp | Brookshire Ch 9 pgs. 211-226 Raymer et al., 2008 Robey, 2004 Robey, 1998 |
| Week 4: 5. M Jan 26 | Cognitive Neuropsychological Model | Basso, Ch 5 pgs. 105-115 |
| 6. W Jan 28 | Naming | Basso, Ch 6 |
| Week 5: 7. M Feb 2 | Assessment & Treatment of Naming Disorders (BNT & PALPA) | Brookshire: Ch5 pgs. 101-107, 121-125 Ch 9 pgs. 233-238 Boyle, 2004** |
| 8. W Feb 4 | Test 1 | |
| Week 6: 9. M Feb 9 | Reading Disorders | Beeson & Hillis (Chapey, 2001) pgs.572-583 |
| 10. W Feb 11 | Writing Disorders | Beeson & Hillis (Chapey, 2011) Pgs. 583-593 |
| Week 7: 11. T Feb 17 | Assessment & Treatment of Reading & Writing (PALPA) | Brookshire, Chapter 9 pgs 226-233, 240-243 Beeson et al., 2013** |
| 12. W Feb 18 | Sentence Processing Disorders | Thompson et al. (in Hillis, 2002) Shapiro, 1997 (supplemental reading) |
| Week 8: 13. M Feb 23 | Assessment & treatment of Sentence Production (NAVS) | Brookshire Ch 9 pgs 238-240 Edmonds, L., Nadeau, S., & Kiran, S. (2009)** Thompson et al., 2010** |
| 14. W Feb 25 | Functional Approaches to Assessment & Treatment (CETI, ALA) | Brookshire Ch 6 & Ch 9 pgs. 243-232 Worrall et al., 2011** Elman & Bernstein-Ellis, 1999** |
| Week 9: 15. M March 2 | Integrative Approaches to Assessment & Treatment (Language Sample Analysis) | Goral & Kempler, 2009** Milman, Vega-Mendoza, & Clendenen, 2014b** |

| | | |
|---|--|---|
| 16. W March 4 | Bilingual Aphasia | Fabbro, 2001a Fabbro, 2001b Edmonds & Kiran, 2006** |
| Spring Break M March 9 | No classes. Enjoy your holiday! | |
| W March 11 | No classes. Enjoy your holiday! | |
| Week 10: 17. M March 16 | Test II | |
| 18. W March 18 | RHD: Introduction & Spatial Neglect | Brookshire Ch 10 |
| Week 11: 19. M March 23 | RHD: Attention | Myers Ch 3 |
| 20. W March 25 | RHD: Linguistic deficits | Myers Ch 5 |
| Week 12: 21. M March 30 th | RHD: Discourse & Affect | Myers Ch 6 |
| 22. W April 1 | RHD Assessment & Treatment | Brookshire Ch 7 Rosenbek et al., 2006 Kerkhoff & Schenk, 2012 |
| Week 13: 23. M April 6 | TBI Overview | Brookshire Ch 11 pgs 288-306 |
| 24. W April 8 | TBI: Assessment | Brookshire Ch 4 |
| Week 14: 25. M April 13 | TBI: Treatment | Brookshire Ch 11 pgs 306-344 Zickefoose et al., 2013** Aadal & Kirkevold** Larson et al. (2011)** |
| 26. W April 15 | Dementia: Alzheimer's Disease | Brookshire Ch 12 pgs 345-365 |
| Week 15: 27. M April 20 | Dementia: Other Types of Dementia | Brookshire Ch 12 pgs 365-383 |
| 28. W April 22 | Dementia Assessment & Treatment Book report due | Brookshire Ch 12 pgs 384-387 Murray (1998)** Spector, Orrell, & Hall (2012)** Nehen & Hermann, 2014** |
| Final Exam | Friday May 1 st 7:30-9:20AM | |

****Denotes article for Group Presentation**

READING LIST

Aadal, L. & Kirkevold, M. (2011). Integrating situated learning theory and neuropsychological research to facilitate patient participation and learning in traumatic brain injury rehabilitation patients. *Brain Injury, 25* (7/8), 717-728.**

Ballard, K.J. & Thompson, C.K. (1999). Treatment and generalization of complex sentence production in agrammatism. *Journal of Speech, Language, and Hearing Research, 42*, 690-707.

Basso, A. (2003). *Aphasia and its therapy*. New York: Oxford University Press.

Beeson, P.M., Higginson, K., & Rising, K. (2013). Writing treatment for Aphasia: A Texting Approach. *Journal of Speech, Language, and Hearing Research, 56*, 945-955. **

Beeson, P.M. & Hillis, A.E. (2001). Comprehension and production of written words. In R. Chapey (Eds.), *Language intervention strategies in aphasia and related neurogenic communication disorders* (4th ed., pp. 572-604). Philadelphia: Lippincott, Williams, & Wilkins.

Beeson, P.M., Magloire, J.G., & Robey, R.R. (2005). Letter-by-letter reading: Natural recovery and response to treatment. *Behavioral Neurology, 16*, 191-202.

Beeson, P.M. & Rapcsak, S. (1999). The Aphasias. In P.J. Snyder & P.D. Nussbaum (Eds.), *Clinical neuropsychology: A Pocket handbook for assessment* (pp. 403-425). Washington: American Psychological Association.

Boyle, M. (2004). Semantic feature analysis treatment for anomia in two fluent aphasia syndromes. *American Journal of Speech-Language Pathology, 13*(3), 236-249.

Edmonds, L.A. & Kiran, S. (2006). Effect of semantic naming treatment on crosslinguistic generalization in bilingual aphasia. *Journal of Speech, Language, and Hearing Research, 49*, 729-748.**

Edmonds, L., Nadeau, S., & Kiran, S. (2009). Effect of Verb Network Strengthening Treatment (VNeST) on lexical retrieval of content words in sentences in persons with aphasia. *Aphasiology, 23* (3), 402-424.**

Elman, R.J. & Bernstein-Ellis, E. (1999). The efficacy of group communication treatment in adults with chronic aphasia. *Journal of Speech, Language, and Hearing Research, 42*, 411-419.

Fabbro, F. (2001a). The bilingual brain: Bilingual aphasia. *Brain & Language, 79*, 201-210.

Fabbro, F. (2001b). The bilingual brain: Cerebral representation of language. *Brain & Language, 79*, 211-222.

Geschwind, N. (1972). Language and the Brain. *Scientific American, 226*:4, 76-83.

Goodglass, H., Kaplan, E., & Barresi, B. (2001). *The assessment of aphasia and related disorders*. Philadelphia: Lippincott Williams & Wilkins.

Goral, M., & Kempler, D. (2009). Training verb production in communicative context: Evidence from a person with chronic non-fluent aphasia. *Aphasiology, 23*(12), 1383-1397.**

- Holland, A.L. & Hinckley, J.J. (2002). Assessment and treatment of pragmatic aspects of communication in aphasia. In A.E. Hillis (Eds.), *The handbook of adult language disorders: Integrating cognitive neuropsychology, neurology, & rehabilitation* (pp. 413-427). New York: Psychology Press.
- Kerkhoff, G., & Schenk, T. (2012). Rehabilitation of neglect: an update. *Neuropsychologia*, 50(6), 1072-1079.
- Kiran, S. & Thompson, C.K. (2003). The role of semantic complexity in treatment of naming deficits: Training semantic categories in fluent aphasia by controlling exemplar typicality. *Journal of Speech, Language, and Hearing Research*, 46, 608-622.
- Larson, E.B., Milan, R., Zollman, F.S., Pacini, S., Hsu, N., Patton, J.L., Dvorkin, A.Y. (2011). Tolerance of a virtual reality intervention for attention remediation in persons with severe TBI. *Brain Injury*, 25 (3), 274-281.
- Martin, R.C. & Miller, M. (2002). Sentence comprehension deficits: Independence and interaction of syntax, semantics, and working memory. In A.E. Hillis (Eds.), *The handbook of adult language disorders: Integrating cognitive neuropsychology, neurology, & rehabilitation* (pp. 295-310). New York: Psychology Press.
- Mesulam, M. (2003). Primary Progressive Aphasia: A language-based dementia. *The New England Journal of Medicine*, 349, 1535-1542.
- Milman, Tumeo, Clendenen, Schnaible, Anderson, Johnson, Haws, Montgomery, Brello, Brooke, Gliemmo, Amundson, & Elsweiler (2014). *Your guide to aphasia: Recovery, Treatment, & Resources*. Utah State University Press.
- Milman, L., Vega-Mendoza, M., & Clendenen, D. (2014). Integrated Training for Aphasia: An Application of Part–Whole Learning to Treat Lexical Retrieval, Sentence Production, and Discourse-Level Communications in Three Cases of Nonfluent Aphasia. *American Journal of Speech-Language Pathology*, 23(2), 105-119.
- Murray, L.L. (1998). Longitudinal treatment of primary progressive aphasia: a case study. *Aphasiology*, 12(7/8), 651-672.
- Murray, L.L. & Chapey, R. (2001). Assessment of language disorders in adults. In R. Chapey (Eds.), *Language intervention strategies in aphasia and related neurogenic communication disorders* (4th ed., pp. 55-126) Philadelphia: Lippincott, Williams, & Wilkins.
- Myers, P.S. (1999). *Right Hemisphere Damage: Disorders of communication and cognition*. San Diego: Singular Publishing Group.
- Nehen, H. G., & Hermann, D. M. (2014). Supporting dementia patients and their caregivers in daily life challenges: review of physical, cognitive and psychosocial intervention studies. *European Journal of Neurology*.
- Price, C.J. (2012). A review and synthesis of the first 20 years of PET and fMRI studies of heard speech, spoken language and reading. *NeuroImage*, 62, 816-847.

Raymer, A. M., Beeson, P., Holland, A., Kendall, D., Maher, L. M., Martin, N., ... & Rothi, L. J. G. (2008). Translational research in aphasia: From neuroscience to neurorehabilitation. *Journal of Speech, Language, and Hearing Research, 51*(1), S259-S275.

Robey, R. (1998). A meta-analysis of clinical outcomes in the treatment of aphasia. *Journal of Speech, Language, and Hearing Research, 41*, 172-187.

Robey, R. R. (2004). A five-phase model for clinical-outcome research. *Journal of communication disorders, 37*(5), 401-411.

Rosenbek, J.C., Rodriguez, A.D., Hieber, B, Leon, S.A., Crucian, G.P., Ketterson, T.U., Ciampitti, M., Singletary, F., Heilman, K., Gonzalez-Rothi, L. (2006). Effects of two treatments for aprosodia secondary to acquired brain injury. *Journal of Rehabilitation Research & Development 43*(3), 379-390.**

Shapiro, L. P. (1997). Tutorial: An introduction to syntax. *Journal of Speech, Language, and Hearing Research, 40*, 254-272.

Spector, A., Orrell, M., & Hall, L. (2012). Systematic review of neuropsychological outcomes in dementia from Cognition-Based Psychological Interventions. *Dementia & Geriatric Cognitive Disorders, 34* (3/4), 244-255.**

Stowe, L.A., Haverkort, M., & Zwarts, F. (2004). Rethinking the neurological basis of language. *Lingua, 115*, 997-1042.

Thompson, C.K., Choy, J.J., Holland, A., & Cole, R. (2010). Sentactics: Computer-automated treatment of underlying forms. *Aphasiology, 24* (10), 1242-1266.**

Thompson, C.K., Faroqi-Shaw, Y. (2002). Models of sentence production. In .E. Hillis (Eds.), *The handbook of adult language disorders: Integrating cognitive neuropsychology, neurology, & rehabilitation* (pp. 311-330). New York: Psychology Press.

Worrall, L., Sherratt, S., Rogers, P., Howe, T., Hersh, D., Ferguson, A., & Davidson, B. (2011). What people with aphasia want: Their goals according to the ICF. *Aphasiology, 25*(3), 309-322.

Zickefoose, S., Hux, K., Brown, J., & Wulf, K. (2013). Let the games begin: A preliminary study using Attention Process Training-3 and Lumosity™ brain games to remediate attention deficits following traumatic brain injury. *Brain Injury, 27*(6), 707-716.

Adult Language Disorders

Treatment Article Presentations: Scoring Criteria

| Criteria | Value |
|--|-------|
| Introduction Summary of background knowledge known prior to study Specify research hypothesis & variables to be examined Identify research approach (case study/single subject experiment/ group study) | 2 |
| Methods Specify & evaluate subject selection criteria Specify & evaluate description of procedures (replicable) Summarize treatment procedures/protocol if applicable Comment on methods to ensure internal & external validity | 2 |
| Results Specify statistical (numeric)/descriptive results Differentiate significant vs. nonsignificant effects Information content Clarity of presentation | 2 |
| Conclusions Relate results to original research question Summarize clinical/theoretical importance of research Information content Clarity of presentation | 2 |
| Group Information content Clarity of presentation | 1 |
| Individual Information content Clarity of presentation | 1 |

Presentations should be 15 minutes in length and should include 10-20 powerpoint slides. If you wish you can get preliminary feedback on your slides/an outline of your presentation if submitted one week before your presentation date. You are expected to work together as a group in preparing the presentation. In addition *each* group member should present at least 2 minutes of the talk. Hard copies should be submitted on the day of (or prior to) the presentation.

Note

Points will be deducted for presentations that exceed 15 minutes.

BOOK REVIEWS

For this assignment you will read and write a critical review of an autobiographical account of stroke/aphasia/tbi/dementia. Recommended books are included on pages 12-18 of the course syllabus. Additional options can be found in the *Aphasia: Recovery, Treatment, & Resources Handbook* or at websites for the *National Aphasia Association* and/or the *Aphasia Hope Foundation*. Links to these two sites are provided below:

http://www.aphasia.org/naa_materials/books_cds_etc.html#personal

http://www.aphasiahope.org/media_resource_authors.jsp?type=book

Your review should include *four* separate paragraphs. In the first paragraph describe the general content and your overall impression of the book. The second paragraph should include a more detailed description of the content covered in various sections (or chapters) of the text. In the third paragraph, comment on the relative strengths and weaknesses of the book. The final paragraph should include your recommendations. In general, *would you recommend this book?, if so, to what audience* (individuals with aphasia, family members, SLP's, other medical professionals, the general public)? Comment on why you would recommend (or not recommend) the book to this audience. Reports should be 1-2 pages in length.

Sample Book Reviews from professional journals will be distributed in class to guide you in your writing.

| Scoring Criteria | Value |
|--|------------|
| 1 st Paragraph: Description of content and overall impression of the book | /2 |
| 2 nd Paragraph: Detailed description of various sections of the book | /2 |
| 3 th Paragraph: Critical review of contents | /2 |
| 4 th Paragraph: Recommendations | /2 |
| Spelling, grammar, and writing style | /2 |
| TOTAL | /10 |

Autobiographical Accounts of Aphasia

Adamson, Kate. (2002). *Kate's Journey: Triumph over adversity*. Sevierville: Insight Publishing.

Editorial Reviews

Product Description

Kate Adamson survived one-in-a-million odds to enjoy the success she has today. For every challenge we face, Kate's story teaches us how to meet those challenges with grace and valor. When Kate experienced a double brain-stem stroke her bright tomorrow turned into a dark timeless tunnel. The lessons she learned are a model for anyone who feels their goals are just out of reach. Kate's story connects the fragility of life with the power of the human spirit. --*This text refers to an out of print or unavailable edition of this title.*

About the Author

New Zealand born Kate Adamson lives in Los Angeles, California. She has two beautiful daughters, Stephanie, 10 and Rachel, 8 years old. Since her devastating stroke in 1995, Kate has accomplished more than anyone ever imagined. She has testified on behalf of the American Heart Association, before the United States Congress for more funding for stroke and heart research. Kate is a national volunteer spokesperson for the American Stroke Association and a board member of the South Bay American Heart Association in Los Angeles. Recently she was appointed to the University of Southern California, Department of Biokinesiology and Physical Therapy Board of Counselors. She is a member of the National Speakers Association and is currently pursuing a degree in social services with a minor in speech communications. --*This text refers to an out of print or unavailable edition of this title.*

Berger, Paul & Mensh, Stephanie (2002). *How to conquer the world with one hand and an attitude* (2nd ed.). Merrifield: Positive Power Publishing.

Editorial Reviews

Review

"A bold, intimate, revealing story of recovering and living with a stroke and aphasia." -- *Don A. Olson, Ph.D., Rehabilitation Institute of Chicago*

"I have read 30 books about strokes, its victims and caretakers, but none even comes close to your descriptions." -- *Joann Kirby, spouse of stroke survivor, Oregon*

"One of the most inspiring and uplifting stories of stroke recovery...Paul believed in himself...and proved others wrong." -- *Julian Whitaker, M.D., Editor, Health & Healing*

"Paul's book proves that people can not only survive a stroke, but can be victors instead of victims." -- *Rhonda Chatmon, Vice President, High Risk/Stroke Programs, American Heart Association, Washington, DC*

"Stroke survivors with aphasia, caregivers, and health professionals will find much relevant, useful, and inspiring material in this well-written account." -- *Martha Taylor Sarno, M.A., M.D. (hon), Rusk Institute of Rehabilitation Medicine, NYU Medical Center*

"The story of an ordinary person who becomes extraordinary in determination and humor...I was very moved by this book." -- *Hon. Leslie L. Byrne, Former Member of Congress and Director, White House Office of Consumer Affairs*

"This is the second semester I have used your book...[my students] will be better practitioners because of it." -- *Doug Simmons, MS, OTR/L, University of New Hampshire Occupational Therapy Department*

"True 'rehabilitation' is taking the strengths of a man, using them in new ways to create another, equally satisfying life." -- *Susan Ryerson, P.T., author, Functional Movement Reeducation, A Contemporary Model for Stroke Rehabilitation*

Product Description

This is the story of young man's recovery from a devastating stroke, taking the reader on a journey far beyond the typical "survivor" story, into the depths of a young man's feelings, and across ten years of physical and emotional challenges living with disabilities.

This is a true story that reads like an action novel. The second edition has a new foreword by best-selling author Julian Whitaker, M.D., as well as more of Paul's adventures, and a new section on useful resources requested by readers of the first edition.

Douglas, Kirk. (2003). *My stroke of luck*. Harper Paperbacks.

Editorial Reviews

From Publishers Weekly

One of Hollywood's brightest stars since the late 1940s (Champion, Lust for Life, Spartacus), Douglas embarked on a literary career in the 1980s, with his bestselling memoir *The Ragman's Son*. He suffered a debilitating stroke several years ago, and now, at 84, he offers the inspirational but not at all Pollyannaish story of his recovery. A peculiarly painful sensation in his right cheek was the first warning, followed by a bewildering inability to talk. Lying in a hospital bed set up in his home, Douglas felt his situation was hopeless. How could he be an actor and not be able to talk? He contemplated ending his life, but when he put a gun in his mouth and painfully bumped his teeth, he withdrew the weapon and began to laugh at his own dramatic gesture. Douglas recounts how he battled his depression not only with medical care but also by recalling happy memories (he shares reminiscences about Sinatra, Reagan and others), and he explains tips and exercises he learned from his speech therapist. Inspired by the courage of others who endured physical or emotional illness, Douglas began to overcome his fears. With the help of his supportive family (who refused to coddle him), he even returned to the screen in *Diamonds*, playing a boxer who had a stroke. Entertaining and uplifting, Douglas's story is a lesson in survival, one that will entice readers whether or not they have had similar illnesses. B&w photos. (Jan. 14)Forecast: This book is a natural for the 65-plus crowd, especially those who enjoyed Tuesdays with Morrie.

Copyright 2001 Cahners Business Information, Inc.

--This text refers to an out of print or unavailable edition of this title.

From Library Journal

A producer and the star of over 83 movies, Douglas is also a talented writer and the author of two previous memoirs, three novels, and two children's books. His latest is an uplifting memoir of his survival after a stroke in 1995. In this sometimes painful account, enriched by the actor's own brand of humor, wit, and a triumphant return to living, Douglas shows how he turned a debilitating illness into a life-altering experience. He resumed his acting and writing careers and spent time rediscovering the Jewish religion, which has become an integral part of his life. His memoir is focused on helping patients and their families cope with the aftermath of an illness. In the last chapter is Douglas's "Operators Manual," which he hopes will help other stroke victims. His memoir *Climbing the Mountain* contains some of the same anecdotes, but fans of Douglas will want to read this one. Recommended for all libraries.

- Rosalind Dayen, Broward Cty. South Regional Lib., Pembroke Pines, FL

Copyright 2001 Reed Business Information, Inc. --This text refers to an out of print or unavailable edition of this title.

Mills, Harrienne. (2004). *A mind of my own: Memoir of Recovery from Aphasia*. AuthorHouse Publishers.

Editorial Reviews

Product Description

A Mind of My Own is a dramatic true story of one woman's recovery from traumatic brain damage following a motorcycle accident in Greece. Facing far more than broken bones and physical impairments, this classical

antiquity professor had lost what was most important to her: her ability to successfully use language. This insightful and moving memoir begins with her awakening from a coma and not recognizing family members and follows her journey of recovery. Using journal entries, medical records, letters, and more, she tells her story from multiple perspectives. In a process reminiscent of the literary ascent in *Flowers for Algernon*, her journal entries illustrate her remarkable journey and provide an intimate narrative of what it takes to become a whole person again after severe brain damage. Her successful step-by-step struggle to return to a normal life is a reminder of what the human spirit is capable.

About the Author

Born in Japan and raised mostly in the American South, Harriane Mills spent much of her childhood learning languages, playing the piano, and traveling abroad. After receiving a BA in history and doing graduate work in classics at Stanford, Harriane spent 12 years teaching classical languages and history at Kenyon College in Ohio, working as an archaeologist on the Isthmia excavations in Greece, and publishing her research. After her accident, she worked for two Stanford research centers and the Carnegie Foundation for the Advancement of Teaching. She now works at the Pacific Graduate School of Psychology and is also editorial assistant for the *Journal of Clinical Psychology*. Harriane has eclectic interests and enjoys traveling, reading and writing, and exploring new worlds of knowledge. She lives with her lifetime-companion, Tom Davidson, in Mountain View, California.

Newborn, Barbara. (1997). *Return to Ithaca*. Element Books.

Editorial Reviews

Product Description

At 21, Barbara Newborn saw a happy future ahead, but her carefree life fell apart when she suffered a severe stroke which left her paralyzed and unable to communicate. Supported by all who knew her, Barbara embarked on a profound journey of rehabilitation and self-discovery. This is the story of how she learned to live again, from her first difficult steps to her triumphant turning point. Today Barbara Newborn is Chief of Staff at the National Stroke & Quality of Life Medical Education Institute. 144 pp.

Customer Review

I've not only had the pleasure of reading this book, but I've met it's author. She's the real thing. She absolutely shines. She walks a couple of feet off the ground. Ms. Newborn is not only a survivor, but a person who has happiness to share with others. Her book offers incredible insight to those who have either experienced a stroke or know someone who has. She gave me a clear understanding of aphasia and how strokes effect people.

Perez, Paulina. (2001). *Brain Attack*. Cutting Edge Press.

Editorial Reviews

Review

This book is about more than the intimate and personal journey of a stroke victim to recovery. -- *Robert Scaer, MD Medical Director, Mapleton Rehabilitation Center*

Product Description

Brain Attack--Danger, Chaos, Opportunity, and Empowerment follows the author as she navigates a new road with all of its bumps and blind curves which was caused by a stroke that affected the very essence of her life as a public speaker. It is a powerful story of determination and perseverance. This book rings true because the reader is drawn into the author's experience. *Brain Attack* restores stroke survivors and their family's confidence in their ability to deal with the aftermath of a brain attack. *Brain Attack* reads like a novel and will inspire you as you read about the triumph of the human spirit against all odds.

Quann, Eileen. (2002). *By his side: Life and love after stroke*. Fastrak Press.

Editorial Reviews

Review

"A treasure ...educational, moving, and totally accessible." -- Connie Tompkins, Ph.D., Communication Science & Disorders, University of Pittsburgh

"Deeply moving family triumph! Portrays evolving bond of love that truly reaches the heart, wedding vows transformed into reality." -- John Noonan, J.D.N., M.D., F.A.C.S.

"a wonderful and inspirational book about living successfully with aphasia. I recommend it to all of my students." -- Audrey Holland, Ph.D., University of Arizona

"an affirmation of life, a testament to human resilience, the power of love, and the vitality of the human spirit." -- Martha Taylor Sarno, President, National Aphasia Association

"moving, inspirational account of the effects of stroke...reveals emotions of both patient and loved ones in coping with crisis." -- Louise Zingesser, Director, Health Care Services, American Speech and Hearing Association

Product Description

In April 1997 John Quann, 59 years old and in excellent health, suffers a catastrophic stroke. Following an emergency craniotomy, he remains paralyzed on his right side, unable to understand or communicate.

By His Side - Life and Love after Stroke is a courageous story of determination, hope, patience and love as he and his wife Eileen work together to recover. After coping with the initial terror of the stroke, they are faced with the challenge of living with and recovering from aphasia, a communication disorder that affects a person's ability to understand, speak, read or write.

Written with honesty and humor by the spouse, this book explores the difficult decisions that must be made and the wide range of emotions experienced by the spouse-caregiver. While offering hope, encouragement and practical advice, ultimately this is a love story about a husband and wife who fall in love after the stroke. As both parties grow and change together, they discover that who they have become is far more important than what happened to them.

Unlike other books on the subject that focus on the physical disabilities of a stroke, it describes how they dealt with aphasia, the personal aspects of which are rarely documented since its victims are often unable to tell the story, yet aphasia is a fascinating and bizarre aberration of the mind that affects more than one million Americans, with 85,000 new cases occurring every year.

Taylor, Jill Bolte (2009). *My stroke of Insight: A Brain Scientists' Personal Journey*. Plume.

Editorial Reviews

Review

A brain scientist's journey from a debilitating stroke to full recovery becomes an inspiring exploration of human consciousness and its possibilities

On the morning of December 10, 1996, Jill Bolte Taylor, a thirty-seven-year-old Harvard-trained brain scientist, experienced a massive stroke when a blood vessel exploded in the left side of her brain. A neuroanatomist by profession, she observed her own mind completely deteriorate to the point that she could not walk, talk, read, write, or recall any of her life, all within the space of four brief hours. As the damaged left side of her brain--the rational, grounded, detail- and time-oriented side--swung in and out of function, Taylor alternated between two distinct and opposite realities: the euphoric nirvana of the intuitive and kinesthetic right brain, in which she felt a sense of complete well-being and peace; and the logical, sequential left brain, which recognized Jill was having a

stroke, and enabled her to seek help before she was lost completely.

In *My Stroke of Insight*, Taylor shares her unique perspective on the brain and its capacity for recovery, and the sense of omniscient understanding she gained from this unusual and inspiring voyage out of the abyss of a wounded brain. It would take eight years for Taylor to heal completely. Because of her knowledge of how the brain works, her respect for the cells composing her human form, and most of all an amazing mother, Taylor completely repaired her mind and recalibrated her understanding of the world according to the insights gained from her right brain that morning of December 10th.

Today Taylor is convinced that the stroke was the best thing that could have happened to her. It has taught her that the feeling of nirvana is never more than a mere thought away. By *stepping to the right of our left brains*, we can all uncover the feelings of well-being and peace that are so often sidelined by our own brain chatter. A fascinating journey into the mechanics of the human mind, *My Stroke of Insight* is both a valuable recovery guide for anyone touched by a brain injury, and an emotionally stirring testimony that deep internal peace truly is accessible to anyone, at any time.

Product Description

On December 10, 1996, Jill Bolte Taylor, a thirty-seven-year-old Harvard-trained brain scientist experienced a massive stroke in the left hemisphere of her brain. As she observed her mind deteriorate to the point that she could not walk, talk, read, write, or recall any of her life—all within four hours—Taylor alternated between the euphoria of the intuitive and kinesthetic right brain, in which she felt a sense of complete well-being and peace, and the logical, sequential left brain, which recognized she was having a stroke and enabled her to seek help before she was completely lost. It would take her eight years to fully recover.

For Taylor, her stroke was a blessing and a revelation. It taught her that by "stepping to the right" of our left brains, we can uncover feelings of well-being that are often sidelined by "brain chatter." Reaching wide audiences through her talk at the Technology, Entertainment, Design (TED) conference and her appearance on Oprah's online Soul Series, Taylor provides a valuable recovery guide for those touched by brain injury and an inspiring testimony that inner peace is accessible to anyone.

Wulf, Helen (1986). *Aphasia my world alone*. Wayne State University Press.

Customer Review

Helen Harlan Wulf's first person account of her bout with aphasia is a rarity. Aphasia is a condition which often results from a stroke, causing damage to some or all of the language and speech areas of the brain. It can affect speaking, reading, auditory comprehension, and/or writing. Due to its often profound effect on writing abilities, written accounts are rare. As a graduate student of speech and language pathology, this book was a valuable resource. It would be equally valuable for those in other medical/health professions working with aphasics, recovering aphasics, family members or friends of those suffering from aphasia, and anyone interested in learning more about this interesting and tragic condition. While her tale sometimes wanders and repeats itself, it is, overall, a readable and complete account. She does not hesitate to share embarrassing moments and samples of her attempts at writing. Most importantly, she remains positive. She does not sugar-coat her difficulties in movement or struggles with fatigue, but manages to chart her progress and her faith in the ability of all aphasics to regain functional lives.

H. Course Requirements:

- 1) Students are expected to complete all assigned readings as listed on the course syllabus. Students will be expected to lead class discussions on assigned topics from the readings.
- 2) Students will complete all assignments by designated due dates unless arrangements have been made with the instructor. Failure to pass in assignments on time will result in an automatic reduction in grade for that assignment.
- 3) Students will take exams on the due dates given on the course syllabus. Failure to take an exam will result in a grade of 'F' unless prior arrangements have been made with the instructor.
- 4) Any student with a disability requiring modifications in course materials and/or instructional activities (e.g., enlarged texts, taped texts, untimed tests, etc.) should notify the instructor within the first week of the quarter so that appropriate accommodations can be made.

COURSE POLICIES (taken directly from

<http://www1.usu.edu/aia/academic/syllabusres.cfm>)

Academic Integrity - "The Honor System"

Each student has the right and duty to pursue his or her academic experience free of dishonesty. The Honor System is designed to establish the higher level of conduct expected and required of all Utah State University students.

The Honor Pledge: To enhance the learning environment at Utah State University and to develop student academic integrity, each student agrees to the following Honor Pledge: "I pledge, on my honor, to conduct myself with the foremost level of academic integrity." A student who lives by the Honor Pledge is a student who does more than not cheat, falsify, or plagiarize. A student who lives by the Honor Pledge:

- Espouses academic integrity as an underlying and essential principle of the Utah State University community;
- Understands that each act of academic dishonesty devalues every degree that is awarded by this institution; and
- Is a welcomed and valued member of Utah State University.

Grievance Process (Student Code)

Students who feel they have been unfairly treated [in matters other than (i) discipline or (ii) admission, residency, employment, traffic, and parking - which are addressed by procedures separate and independent from the Student Code] may file a grievance through the channels and procedures described in the Student Code: http://studentlife.tsc.usu.edu/stuserv/pdf/student_code.pdf (Article VII. Grievances, pages 25-30).

Plagiarism

Plagiarism includes knowingly "representing, by paraphrase or direct quotation, the published or unpublished work of another person as one's own in any academic exercise or activity without full and clear acknowledgment. It also includes the unacknowledged use of materials prepared by another person or agency engaged in the selling of term papers or other academic materials." The penalties for plagiarism are severe. They include warning or reprimand, grade adjustment, probation, suspension, expulsion, withholding of transcripts, denial or revocation of degrees, and referral to psychological counseling.

Sexual Harassment

Sexual harassment is defined by the Affirmative Action/Equal Employment Opportunity Commission as any "unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature." If you feel you are a victim of sexual harassment, you may talk to or file a complaint with the Affirmative Action/Equal Employment Opportunity Office located in Old Main, Room 161, or call the AA/EEO Office at 797-1266.

Students with Disabilities

The Americans with Disabilities Act states: "Reasonable accommodation will be provided for all persons with disabilities in order to ensure equal participation within the program. If a student has a disability that will likely require some accommodation by the instructor, the student must contact the instructor and document the disability through the Disability Resource Center (797-2444), preferably during the first week of the course. Any request for special consideration relating to attendance, pedagogy, taking of examinations, etc., must be discussed with and approved by the instructor. In cooperation with the Disability Resource Center, course materials can be provided in alternative format, large print, audio, diskette, or Braille."

Withdrawal Policy and "I" Grade Policy

Students are required to complete all courses for which they are registered by the end of the semester. In some cases, a student may be unable to complete all of the coursework because of extenuating circumstances, but not due to poor performance or to retain financial aid. The term 'extenuating' circumstances includes: (1) incapacitating illness which prevents a student from attending classes for a minimum period of two weeks, (2) a death in the immediate family, (3) financial responsibilities requiring a student to alter a work schedule to secure employment, (4) change in work schedule as required by an employer, or (5) other emergencies deemed appropriate by the instructor.