

## COURSE SYLLABUS

### Orientation and Observation in Communicative Disorders & Deaf Education

**Course Number: COMD 2400**

**Credit: 1**

**Semester: Spring 2008**

**Test: None**

**Instructor: Dee R. Child**

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**Office: COMD 112**

**Office Hours: Daily – see bulletin board**

#### Learning Outcomes:

**Verbal:** This class is an orientation and brief overview of the different disorders of communication and the professional opportunities for treating them. You will become informed about the profession of speech-language pathology, audiology, and deaf education and will correctly answer the following questions:

- What do professionals within the field really do?
- Where do they work?
- How much money do they make?
- Is it hard to find a job once you graduate?
- What is required to become certified in this profession?
- Is this a rewarding career?
- How does it “feel” to have a communicative disorder?

**Performance:** You will acquire at least 25 hours of observation plus 8 additional experiences relating to various disorders of communication. The American Speech-Language-Hearing Association (ASHA) requires that students complete at least 25 hours of supervised observation of various disorders of communication prior to the beginning of actual clinical intervention.

#### Procedures:

You will have a 1-hour classroom meeting each week and will have approximately 2 hours of out-of-class observation and orientation experiences each week. You will attend weekly class lectures, participate in class activities and watch videotapes describing the demonstrating normal communication and disorders of communication.

You will complete video observations that will result in the acquisition of 25 observation hours of assessment and treatment of various speech, language, and hearing disorders during the semester. The observations will be completed by watching videos and using the Blackboard system in the COMD 2400 course. For each hour of observation and additional experiences detailed below you will write a brief report and submit it via Blackboard. While you are watching each video you should take notes so you can write a report on what you see. The report should include the date, the approximate age of the client, the tests or type of treatment being given (such as articulation, language, fluency, voice, hearing assessment, etc.), the results of the tests (if you can tell) or a goal the clinician is working on, the activities or materials that the clinician uses during the session and your impressions of the clinician and client are doing. Submit each brief report in the Assignment Drop Box in Blackboard (COMD 2400). Each report will be worth up to 5 points. Each OBSERVATION report will count as one hour of observation.

You will be given 8 experiential lab assignments in various class periods during the semester. The labs are intended to provide “reality” experiences, helping you better understand what it would be like to have a communication disorder. Submit each report in the Assignment Drop Box in Blackboard (COMD 2400). Each report will be worth up to 5 points.

### **HIPAA Compliance:**

You must comply with the privacy and security issues and policies established in the COMD-DE Department. These policies will be reviewed in class and you will sign an Access and Confidentiality Agreement (last page of syllabus). In addition, you should review the Privacy and Security Walk-Through presentation on USU’s E-Reserve system under COMD 4100 (password: lit4100).

### **Process for Handling ALL Reports**

As stated above, you will complete one observation report for every different OBSERVATION and EXPERIMENTAL LAB experience described above. Reports will be handled as follows:

1. Each report must be submitted in the Assignment Drop Box.
2. Each report will be graded for spelling, grammar and content and you will receive up to 5 points. You can check the status of your reports in your Blackboard grade book.
3. The instructor will keep a copy of each e-mailed report through the duration of the semester to check for duplications among students. You are responsible to also keep a typed (not handwritten) running log of each report with the date you observed each video and a two or three sentence summary of each one. At the end of the semester you will bring the log to class and the instructor will compare it to the reports you have submitted throughout the semester and will sign it and return it to you during finals. You should then keep the log for your future needs in documenting your completion of 25 hours of observation.

### **Grading**

Grading will be Pass or Fail. There will be no mid-term or final examinations. You will be graded on the following, which must be turned in no later than the end of the day of finals:

1. Completion of at least 25 hours of observation.
2. Completion of at least 8 experimental labs.
3. At the conclusion of the semester you will turn in the Log Sheet that you keep during this semester.
4. During the LAST class period you will fill out a summary card to document your observation hours. The summary card will be kept in the Department of Communicative Disorders and Deaf Education for future reference as needed.

Any student who does not complete the three requirements listed above will receive the grade of F. If all observations are made and all other requirements of the class have been completed, a grade of P will be submitted.

## **Academic Honesty:**

You are expected to do your own work. No copying or falsification of other students' work will be accepted. The computer system will compare similarities in reports for duplication. Procedures regarding violations of academic honesty as outlined by Utah State University WILL be enforced. You should review the standards and implications of violating those standards.

## **Disability Accommodation:**

In coordination with the Disability Resource Center, reasonable accommodation will be provided for qualified students with disabilities. Please meet with the instructor during the first week of class to make arrangements. Accommodations and alternative format print materials are available through the Disability Resource Center, located in the basement of the University Inn, phone number 797-2444.

## **Tentative Class Schedule:**

Class #1:	Intro, Review of Requirements	Class #9:	Speech: Fluency
Class #2:	Disorders and Professions & The Clinical Process	Class #10:	Language: The Traditional, Aphasia, Augmentative Communication, Other Language Disorders
Class #3:	Audiology	Class #11:	Medical & Educational Settings
Class #4:	Audiology	Class #12:	Public Schools - SLP
Class #5:	Deaf Education	Class #13:	Great Debate
Class #6:	Deaf Education	Class #14:	Review, Future & Summary
Class #7:	Speech: Voice		
Class #8:	Speech: Articulation		

## **Sample of video Observation Report:**

Observation Video #

Date of Observation;

Approximate age: 7

Test/Treatment and Activities:

This observation video showed a clinician working with a young client (she was probably six or seven). They were working on improving her articulation.

To start the session, the clinician and client played with some ponies the client had brought with her. The clinician was very good; she knew how to interact with the child, and she was very nice and the child was comfortable with her. Throughout this activity, the clinician asked the client questions using the ponies, so it seemed more like a game.

Most of the session was spent on the repetition of the 'k' sounds (kee, koo, ky), but the clinician was very creative. The played a board game involving frogs, and another game involving dress-up. All of the games they played had something to do with improving the client's 'k' sounds.

Even when the clinician wasn't having the client repeat a 'k' sound, she snuck it into their conversation ("I see your dress is pink. Is there a 'k' sounds in pink?"). I was very impressed with this clinician.

After the games, they had a tea party. They just talked, and the clinician let the child lead the conversations. It looked like both of them were having fun.

After the tea party, they played a card matching game. All of the cards had some kind of word with a 'k' noise (kids, keys, camel). It looked like the client really enjoyed this game. She really got into it, and she was extremely excited when she got a match.

At the end, they got out a big piece of paper, and the clinician traced the client with crayons. While she was doing this, she had the client practice all the 'k' sounds they had done in that session. Afterwards, they wrote their favorite 'k' sounds in crayon on the paper.

Impressions: I thought this was one of the greatest sessions I've seen so far. The clinician was excellent, and the activities really kept the client interested. I think the clinician's goal was to improve the client's articulation. Although they spent all of this session practicing the 'k' sound, I noticed other sounds that they probably worked on in other session. The client was definitely improving, but she still needs more therapy.

#### Topics of the Observation Videos

1. Adult apraxia/dysarthria: Apraxia is a neurological disorder characterized by loss of the ability to execute or carry out learned purposeful movements, despite having the desire to and the physical ability to perform the movements. Dysarthria is a motor speech disorder resulting from neurological injury, and is characterized by poor articulation. The young woman from this video has characteristics of both disorders that are a result of an accident.
2. Adult apraxia/dysarthria assessment: An Oral Peripheral Examination is an exam in which the therapist looks at all of the structures of the mouth used to produce speech. They assess if the structures are capable to produce speech.
3. Adult Aural Rehabilitation: The woman in this video has had a cochlear implant. The therapy being provided is helping her improve her listening skills and communication effectiveness.
4. Adult Dysarthria: The man in this video presents with severe dysarthria. The disorder is a result of an accident many years ago.
5. Adult Follow Up: A hearing aid follow-up session.
6. Adult Fluency: In this session they use two therapy techniques that are used to reduce stuttering. They are called easy onsets (taking a breath and slowly turning up the volume at the beginning of a word) and delayed auditory feedback (using a microphone and headphones to hear yourself at a slower rate and therefore slow your rate down to reduce stuttering moments).

7. Adult Fluency Assessment: This session the second day of therapy. The clinician is still doing evaluations to determine what she needs to focus on in therapy. The clinician has the client fill out and answer questions. Some of the questions are from a Situational Avoidance Checklist. The client has to answer what situations and settings he may avoid because of his stuttering. When doing fluency therapy with adults clinicians often work on decreasing a person's fear of settings or situations because of their stuttering.
8. Adult Refitting: Hearing aid follow-up appointment.
9. Adult Voice Therapy: The woman in this session has a voice disorder. A voice disorder is a medical condition of the vocal cords that affects the production of speech. Botox injections are often used for people with spasmodic dysphonia, a voice disorder that makes the voice sound strained and breathy. The botox shots relax the muscles of the vocal cords. Other techniques such as easy onsets also help reduce the strain put on the vocal cords.
10. Hearing Aid Follow Up:
11. Hearing Aid Trouble shooting:
12. Artic Aural Rehabilitation: This is a session with a girl who has had a cochlear implant. Therapy is focusing on articulation and increasing her listening skills.
13. Articulation and Resonance Therapy: The child in this session has an articulation disorder. He is also hypernasal (sounds like he is talking through his nose) on some sounds. This is considered a resonance problem.
14. Articulation Therapy: The client in this session has an articulation disorder. The clinician comes up with many activities to encourage the child to practice his sounds.
15. ASL Language Facilitation: This therapy session is done in ASL. The clinician is working on increasing the young girl's language.
16. Cerven Cleaning: Was unable to open.
17. Child Articulation and Fluency Evaluation: This is the first day of therapy for this child. The clinician first takes a language sample to later analyze for language, articulation, and fluency. The assessment given (the flip book) is an articulation test called the Goldman Fristoe Test of Articulation-3. It looks at the child's ability to say sounds in words.
18. Child Outpatient Evaluation: For this outpatient evaluation two clinicians assess the young girl's language abilities. The tests administered assess both receptive and expressive language skills.
19. Child Therapy: This is a therapy session working on improving the girl's articulation.

20. Connected Speech: The young girl in this session has difficulty using an appropriate voice volume. She also has difficulty staying on task and following a conversation.
21. First Day of Therapy: This is the clients first day of therapy. The clinician takes a language sample (looks like playing) to later assess the clients articulation and language abilities. An articulation test is also used.
22. Hearing Aid Follow-up 1: This video shows two different hearing aid follow up sessions.
23. Hearing Aid Follow-up 2
24. Hearing Aid Follow-up 3
25. Hearing Evaluation: This session includes an otoscopic examination (looking at the eardrum), a tympanometry evaluation (measures the flexibility of the eardrum and how the muscle in the ear contracts), and an audiometry evaluation (measures the different sound levels the client can hear).
26. Hypernasality Outpatient Evaluation: This evaluation includes articulation and language assessments as well a nasality assessment.
27. Language Therapy: This therapy session is focused on increasing a young girl's functional vocabulary. The clinician does a lot of self talk and parallel talk to facilitate language.
28. Literacy Memory Strategies: The man in this session has been in an accident and as a result has difficulty with memory. Different strategies are used to help the man increase his ability to read and retain information.
29. Nasality/Artic Therapy: In this session the clinician has the client use a Nasometer (computer device that measures how much air is coming out of the client's nose). The client can visually see when she is producing sounds with too much nasality. Articulation is also addressed.
30. Pediatric Verbal Apraxia Therapy: This child has verbal apraxia of speech, a disorder that is characterized by an impaired ability to coordinate the sequential articulatory movements necessary to generate speech sounds. Verbal Apraxia therapy is similar to articulation therapy, in that there is a lot of drill. The difference is that the clinician is having the client focus on word patterns (e.g. monosyllabic, multisyllabic, etc.) and not specific sounds.
31. School-Age Language Testing: This session is an evaluation to assess the client's receptive and expressive language abilities.
32. Speech Audiometry: This session includes some tests that look at the client's ability to recognize speech with and without background noise.
33. Tympanometry: This is a hearing evaluation similar to the previous one. It includes otoscopy, tympanometry, and audiometry testing.