

Department: Communication Sciences

Course No: 1150 [150]

Credits: 3

Title: Introduction to Communication Disorders

Contact: Carl Coelho

Content Area: CA2-Social Sciences

Diversity: CA4 Non-International

Catalog Copy: CDIS 1150 [150]. Introduction to Communication Disorders. Either semester. Three credits. Introduction to normal communicative processes and to disorders of communication.

Course Information: a. Course description Human communication represents the highest cognitive and physical function that we perform. Normal communication involves abstract symbolic thought, motor speech programming, respiration, voicing, and speech articulation. Perception of sound involves the physics of mechanical and hydraulic energy in the middle and inner ear. Communication disorders range from those that are minor and simply inconveniences to those that can render even the brightest individual mute. This course will provide an overview of communication and how disorders of communication influence individuals' social roles. b. Course requirements i) Three multiple-choice exams: 60% of final grade ii) Two short papers (3 pages each): 40% of final grade Students will select a specific type of communication disorder (one pertaining to speech or language and a second to hearing) to research independently and write-up. Papers will address etiology, assessment, treatment, and impact of such a disorder on their own social role. c. Major themes to be covered Communication disorders, literature, media, and society, i) Process of communication, ii) Categories of communication disorders, iii) Incidence and prevalence of communication disorders, iv) World Health Organization's (WHO) International Classification of Functioning and Health (ICF), v) History of the perception and treatment of persons with communication disorders, vi) Social characteristics of those with communication disorders, vii) Social inclusion through accommodation viii) Social perceptions, stereotypes, multicultural distinctions "different versus disordered". ix) Literature, media, and persons with communication disorders, x) Americans with Disabilities Act (ADA). xi) Stuttering: a) Understanding stuttering, b) Causes of stuttering: Theories, c) Characteristics of stuttering, d) Prevention of stuttering in children, e) Treatment of stuttering. xiii) The voice and its disorders: a) Larynx, b) Aerodynamic and muscular forces in voice production, c) Voice quality, d) Disorders of resonance, e) Voice disorders, f) Cancer of the larynx, g) Psychogenic voice disorders, h) Vocal strain and abuse, i) Literature and media stereotypes. xiv) Articulation disorders: a) Speech articulators, b) Etiology of articulation disorders, c) Evaluating articulation disorders, d) Treatment of articulation disorders, e) Literature and media stereotypes. xiv) Language development and disorders: a) Defining language, b) Cognitive, linguistic, and social-

communication systems, c) Language development, d) Literature and media stereotypes. xv)Hearing loss and deafness: a) Range of human hearing, b) Hearing and energy transformation, c) Hearing and speech acoustics, d) Study and treatment of hearing disorders, e) Types of hearing loss, f) Hearing assessment, g) Aural habilitation and rehabilitation, h) Medical and surgical treatment, i) Literature and media stereotypes. xvi) Neurol!
ogic communication disorders: a) Speech, language, and the brain, b) Aphasia – etiology, assessment, and treatment, c) Dysarthria - etiology, assessment, and treatment, d) Apraxia of speech - etiology, assessment, and treatment, e) Communication disorders in early, middle, and late stage dementia, f) Communication disorders in traumatic brain injuries g) Literature and media stereotypes.

Meets Goals of Gen Ed: This course will focus on meeting the following basic purposes of general education: 1) Become articulate – Students in CDIS 150 will write two short papers related to communication disorders. This assignment will require their researching an unfamiliar topic, personal reflection, and integrating and summarizing the information. 2) Acquire intellectual breadth and versatility – Students will explore communication disorders from the perspective of the World Health Organization’s (WHO) International Classification of Functioning and Health (ICF). That is, the effect of these disorders on a person’s everyday life activities and how their degree of participation in life situations changes. 3) Acquire critical judgement – Students will explore the distinction between impairment and handicap as it relates to a person’s social role, as well as cultural distinctions. For example, comparable speech impairments in two different individuals (one a landscaper and the other a teacher) may result in no handicap or alteration of social role (for the landscaper) or a major handicap (for the teacher). A second example would be to recognize that “different” does not always mean “disordered”. Communication style may be influenced by such factors as religion, language, customs, traditions, and values. Communication needs to be considered from a multicultural perspective. 4) Acquire moral sensitivity – Students will develop a greater appreciation for the social consequences of communicative disorders. 5) Acquire awareness of their era and society – Students will consider how communication disorders have been portrayed in movies, television programs, books, and a Broadway play. 6) Acquire consciousness of the diversity of human culture and experience - Singers, actors, politicians, writers, radio personalities and other public figures with communicative disorders will be discussed. The human capacity for overcoming adversity will be explored as in the case of Dr. Stephen Hawking.

CA2 Criteria: 1) Introduce students to theories and concepts of the social sciences – Students will consider various etiologic theories for communication disorders and how a specific theory will often dictate an approach to assessment and treatment. For example, there are numerous theories regarding the cause of stuttering: that it is a manifestation of a deep-rooted psychological problem, that it is a learned behavior, or that it is caused by some physical or neurologic irregularity. In addition, students will consider communication disorders from a multicultural frame of reference as well as, the WHO-ICF perspective which considers changes in social roles and levels of life participation. 2) Introduce students to methods used in the social sciences, including consideration of the ethical problems social scientists face – Students will review various assessment and treatment approaches (e.g., the different vs. disordered distinction) and techniques for measuring treatment e!

efficacy. Terminating treatment because of lack of progress or lack of insurance coverage will also be discussed as well as client confidentiality issues. 3) Introduce students to ways in which individuals, groups, institutions, or societies behave and influence one another and the natural environment - Students will review the notion that opportunities to participate in communicative roles are often dictated by the environment. The assessment process must include examination of these obstacles to opportunity, four types of barriers have been identified: policy barriers (legislative or regulatory decisions), practice barriers (conventions that have become routines in an environment, for example an elderly individual being kept in their room all day at a nursing home), attitude barriers (a supervisor in a workplace not believing an individual with a communication disorder is capable of performing a job even though the job does not have excessive communication demands), and knowledge barriers (lack of information).

4) Provide students with tools to analyze social, political, or economic groups/organizations (such as families, communities, or governments), and to examine social issues and problems at the individual, cultural, societal, national, or international level. Social issues may include issues of gender, race, social class, political power, economic power, and cross-cultural interaction. – Students will consider communication disorders from the perspective of the WHO-ICF system and how individuals' social roles change as well as how multicultural issues influence diagnoses and treatment recommendations.

CA4 Criteria: CDIS 150 is an introductory course on communication and communication disorders. Course content will emphasize that there are varieties of human experiences, perceptions, thoughts, values, and/or modes of creativity – Perceptions of communication disorders in the media and literature will be discussed. Students will also study the effects of aging, gender, and multicultural issues on the incidence and prevalence of speech, language, and hearing disorders. This course is felt to fulfill the Diversity and Multiculturalism criteria, specifically criterion 1 and 2. The relationship between communication and culture is reciprocal, culture and communication influence one another. One cannot understand a group's communication style without a thorough understanding of the ethnographic and cultural factors (e.g., religion, language, customs, traditions, and values) related to communication in that group. Such factors are embedded in the historic, geographic, social, and political history of a given group that in turn give it ethnic identity. For example, a researcher was recently studying the conversational discourse patterns of various groups of adults with and without brain injuries living in Arizona. A number of the participants in the study were Native Americans. The researcher was from New York. Many individuals who have grown up in the Northeast have a very distinctive conversational style. They have almost a sense of discomfort when there are lapses in a conversation in which no one is saying anything. Some participants will just about say anything to keep from sitting in silence. By contrast, certain Native American groups will incorporate long periods of silence into their conversational interactions and no one feels uncomfortable. Consequently, when these pauses occurred during the conversations of Native Americans with brain injuries the researcher's initial reaction was to attribute the pauses to their brain injuries as opposed to culture.

A second example pertains to African American English (AAE) which is a dialect of Standard American English (SAE). It has been referred to by a variety of terms including "Black English" and "Ebonics". AAE is a systematic, rule-governed system of language and although it is similar to SAE, there are numerous distinctions. AAE includes not only the verbal spoken word but also

nonverbal factors, such as body language, use of personal space, body movement, eye contact, narrative sequence, and modes of discourse. Age geographic location, occupation, income, and education are a few factors that have been found to influence the level of usage of AAE among speakers. Clinicians unfamiliar with the dynamics of AAE may misdiagnose elementary school children as having speech and language delays instead of dialectal differences.