

Degree	Type	Year
Trastornos de la Comunicación y del Lenguaje	OP	1

## Contact

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## Teachers

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## Teaching groups languages

You can view this information at the [end](#) of this document.

## Prerequisites

For the proper development of the module, students will be required to have prior knowledge of neuroanatomy and acquired communication and language disorders, which will serve as a foundation for expanding and updating the theoretical and practical content to be covered in the scheduled sessions.

## Objectives and Contextualisation

The general objective of this module focuses on research, diagnosis, and rehabilitative and stimulative intervention in neurological and neuropsychological pathologies (neurologopedics) that involve language and/or speech disorders, both in childhood and adulthood, secondary to idiopathic brain damage or acquired brain injury, and which affect the communication process.

The specific objectives are:

1. To acquire essential knowledge about the etiopathogenesis and semiology of acquired language and speech disorders in neurological and neuropsychological conditions.
2. To be able to carry out an appropriate speech and language assessment process for these pathologies, based on the clinical presentation of the acquired language and/or speech disorder in the patient under evaluation.
3. To be able to design a suitable speech and language intervention program, whether through rehabilitation or stimulation, considering a multidisciplinary approach to the acquired language and/or speech disorder, which is secondary to a neurological condition with neuropsychological deficits.

## Learning Outcomes

1. CA09 (Competence) Design and implement awareness-raising and social change strategies to facilitate the inclusion of people affected by acquired disorders of communication and oral and written language, as well as swallowing and dysphagia.
2. CA10 (Competence) Design strategies for the intervention of acquired disorders of communication and oral and written language, as well as swallowing and dysphagia, adapted to the specificity of each case, taking into account the personal, family and social context.
3. CA11 (Competence) Act in the field of acquired disorders of communication and oral and written language, as well as swallowing and dysphagia, assessing inequalities based on sex/gender and demonstrating ethical and social commitment.
4. KA10 (Knowledge) Differentiate between the therapeutic approach of speech therapy rehabilitation and speech therapy stimulation.
5. SA14 (Skill) Critically use the most relevant assessment and examination instruments and techniques for research on acquired disorders of communication and oral and written language, as well as swallowing and dysphagia.
6. SA15 (Skill) Use the relevant elements of the history and initial interview for research on the evaluation of acquired disorders of communication and oral and written language, as well as swallowing and dysphagia.
7. SA16 (Skill) Analyse the need for additional examinations, complementary to the sources of information collected on acquired disorders of communication and oral and written language, as well as swallowing and dysphagia.

## Content

- Etiology of acquired brain injury.
- Updates and advances in research and assessment of acquired brain injury.
- Assessment of brain injuries in adults.
- Updates and advances in the rehabilitation of acquired brain injury.
- Foundations of language rehabilitation (aphasia, aging, and dementia).
- Foundations of speech rehabilitation (dysarthria and anarthria).
- Foundations of swallowing rehabilitation (dysphagia).
- Foundations of rehabilitation in pediatric acquired brain injury.

## Activities and Methodology

Title	Hours	ECTS	Learning Outcomes
Type: Directed			
Lectures	31.5	1.26	CA09, CA10, CA11, KA10, SA16, CA09
Problem based learning	8.5	0.34	KA10, SA14, SA15, SA16, KA10

Type: Supervised

Tutorials	6	0.24	CA11, KA10, CA11
Type: Autonomous			
Clinical case analysis	19	0.76	KA10, SA14, SA15, SA16, KA10
Independent study	60	2.4	CA09, CA10, CA11, KA10, SA16, CA09
Reading of articles and reports	25	1	CA09, CA10, CA11, KA10, CA09

The contents of the module will be addressed through different types of learning activities:

- Guided activities: lectures, problem-based learning, and debates.
- Supervised activities: tutorials.
- Autonomous activities: oral presentations, reading of relevant articles and reports, as well as independent study.

Annotation: Within the schedule set by the centre or degree programme, 15 minutes of one class will be reserved for students to evaluate their lecturers and their courses or modules through questionnaires.

## Assessment

### Continous Assessment Activities

Title	Weighting	Hours	ECTS	Learning Outcomes
Evidence 1: Written assessment activity with closed-ended responses through a self-assessment questionnaire..	35	0	0	CA09, CA10, CA11, KA10
Evidence 2: Written multiple-choice test on a theoretical-practical case.	35	0	0	SA14, SA15, SA16
Evidence 3: Individual written reflection assessment activity.	30	0	0	CA10, CA11, SA14, SA15, SA16

The evaluation of the subject contains evidence of individual and collective learning, according to the evaluation guidelines set by the Faculty of Psychology:

[https://www.uab.cat/doc/DOC\\_Pautes\\_Avaluacio\\_2025-2026](https://www.uab.cat/doc/DOC_Pautes_Avaluacio_2025-2026). Two evaluation formats are established: continuous and single, specified below. Three types of learning evidence will be carried out for the continuous evaluation (EVA1 to EVA3, see below). The single evaluation consists of individual learning evidence that is evaluated in a single day (for 4 hours) during the second evaluation period. It includes three written tests (EVA1 to EVA3).

#### A. Individual learning evidences (continuous and single assessment)

Two mandatory written learning evidences will be carried out (EAV1 and EAV2). The first (EAV1) will consist of an individual assessment activity with closed-ended responses through a self-assessment questionnaire, focusing on the theoretical contents addressed in the seminar sessions. The purpose of this activity is to evaluate students' conceptual understanding and ability to apply the acquired knowledge. It will be conducted individually during week 18 and will account for 35% of the final module grade. Feedback will be provided during the scheduled tutorial in week 19. The use of AI tools to prepare the learning evidence is allowed (model 3). The second learning evidence (EAV2) will be a written individual reflection activity based on five semi-open questions related to one of three clinical-practical neurologopedic cases proposed by the module instructors. Students must choose one of the following cases: a) Assessment and intervention in swallowing disorders (dysphagia) in adults and children; b) Assessment and intervention in acquired language disorders (aphasia, alexia, agraphia) in adults and children; c) Assessment and intervention in acquired speech disorders (dysarthria) in adults and children. The goal of this activity is to promote a critical and reasoned analysis of the selected case, focusing on the main components of the clinical report: assessment process, diagnostic impression, and therapeutic orientation. This individual activity will be submitted in week 16 of the second semester and will contribute 30% to the final grade of the subject. Feedback will be given during the tutorial scheduled in week 19. The use of AI tools for preparation is permitted (model 3). In the case of single assessment, these activities will be completed during the final assessment session of the second examination period.

#### B. Collective and continuous learning evidence

This corresponds to the third learning evidence (EAV3), which involves the continuous preparation of a clinical-practical case presented at the beginning of the course. The case will be worked on individually (and optionally in group and/or in parallel) throughout the semester, in connection with the theoretical content. At the end of the theoretical lectures, a mandatory assessment activity will take place in the form of a closed-ended self-assessment questionnaire based on the case (week 19). This evidence will count for 35% of the final grade. Feedback will be given during the scheduled tutorial (week 19). The use of AI tools is allowed to support preparation (model 3).

The delivery of the translated version of the in-person assessments will only be provided if the requirements set out in Article 263 are met and the request is submitted online (via e-form) during week 4. (More information available on the Faculty website).

The final grade, for both the single and continuous assessment, of the subject will be made up of the following formulation, considering the weighting of each of the previously indicated evidence of learning: Final grade=[(EVA1 grade x0.35) + (EVA2 grade x 0.35) + (EVA3 grade x 0.30)].

Definition of assessable student: Students who have submitted evidence of learning with a weight equal to or greater than 4 points (40%) of the total of the subject, may not be recorded in the minutes as "not assessable". If considered submitted or assessable, evidence that the student has not submitted will be graded with a 0.

It will be considered not submitted when any of the three assessment activities is not submitted.

Definition of passing the subject: a student has passed the subject when he/she has submitted all the evidence of learning obtaining a total of at least 4.85 points in the continuous or single assessment, with a minimum of 3.5 points or more (on a scale of 0-10) in each of the evidence carried out. In case of not meeting these requirements, the maximum grade that can be obtained is 4.5 points.

Retake tests: In week 20 of the semester, students will have the option of re-evaluating only the individual EVA1 and/or EVA2 (multiple choice test) that they have not passed and that were previously submitted. To be able to access the re-evaluation test, students must have a grade in the multiple choice written tests (EVA1 and 2) equal to or greater than 3.5 points or an average of EVA 1 and 2 equal to or greater than 3.5 points. The single assessment does not differ from the continuous assessment in the retake tests. The individual written retake will consist of a closed written test, in-person, with multiple choice questions on the theoretical content that was not passed and with questions about a new clinical case. In the event that the established requirements are not met, the maximum grade to be recorded in the academic record will be 4.5 points.

C. Single Assessment: It will be carried out on the same day and place as the test of the second evaluation period of the subject, except for the evidence that involves participation and attendance in the classroom (EVA3). All the contents of the subject will be assessed. Evidence 1 and 2 will be carried out. The duration of the test is approximately 3 hours. The final grade for the subject will be obtained as described for the continuous assessment. The same evaluation terms referring to the definition of assessable student and the definition of passing the subject, previously mentioned, also apply. The recovery process will be the same as for the continuous assessment described previously. The single assessment is requested electronically (E-form) in the specific period (more information on the Faculty's WEB).

## Bibliography

1. Alberca, R. & López-Pousa, S. (2011). *Enfermedad de Alzheimer y otras demencias*. Barcelona: Médica Panamericana.
2. Triviño, M., Arnedo, M. & Bembibre, J. (2021). *Neuropsicología a través de casos clínicos*. Evaluación y Rehabilitación. Barcelona: Médica Panamericana.
3. Arnedo, M., Bembibre, J., Montes-Lozano A. & Triviño, M. (2015). *Neuropsicología infantil a través de casos clínicos*. Barcelona: Médica Panamericana.
4. Artigas, J. & Narbona, J. (2011). *Trastornos del neurodesarrollo*. Barcelona: Viguera.
5. Coll, M., Aguado, G., Fernández-Zúñiga, A., Gamba, S., Perelló, E. & Vila-Rovira J.M. (2013). *Trastornos del habla y de la voz*.
6. Cuetos, F., González, J. & De Vega, M. (2015). *Psicología del lenguaje*. Madrid: Médica Panamericana.
7. Deus, J., Deví, J. & Sáinz-Pelayo, P. (2018). *Neuropsicología de la enfermedad de Alzheimer*. Madrid: Editorial Síntesis.
8. Dieguez-Vide, F. & Peña-Casanova, J. (2012). *Cerebro y lenguaje. Sintomatología neurolingüística*. Madrid: Médica Panamericana.
9. Jurado-Fernández, V. (2012). *Patología neurológica para logopeda*. Madrid: Editorial Learning.
10. Jurado, M.Q., Mataró, M. & Pueyo, R. (2014). *Neuropsicología de las enfermedades neurodegenerativas*. Madrid: Síntesis.
11. Barinagarrementeria-Aldatz, F. & Arauz-Góngora A. (2023). *Temas selectos en enfermedad vascular cerebral*. Madrid: Editorial Elsevier.
12. Lasprilla, A., Rodríguez, J.C., Olivera, W. & Romero I. (2025). *Manual para la práctica clínica de la neuropsicología*. Madrid: Editorial Manual Moderno.
13. Mendez, M.F. (2022). *The mental status examination handbook*. Madrid: Editorial Elsevier.
14. Terradillos, E. & López-Higes, R. (2016). *Guía de intervención logopédica en las afasias*. Madrid: Síntesis.
15. Tisaire De Dios, A. & Ordoñez-Miyar, B. (2021). *Guía de intervención logopédica en las disfagias*. Madrid: Editorial Síntesis.
16. Stanfield, C.L. (2023). *Principios de fisiología humana* (6ª ed.). Pearson.
17. Tirapu, J., Ríos, M. & Maestú, F. (2011). *Manual de Neuropsicología* (2ª ed.). Barcelona: Viguera.
18. Webb, W. & Adler, R. (2010). *Neurología para el logopeda* (5ª ed.). Barcelona: Masson.

The teacher of each module may expand the bibliography further according to the subject matter.

## Software

You will need to know and be able to use health bibliographic databases, such as PubMed, to complement the study of the thematic content and the production of learning evidence.

## Groups and Languages

Please note that this information is provisional until 30 November 2025. You can check it through this [link](#). To consult the language you will need to enter the CODE of the subject.

Name	Group	Language	Semester	Turn
(TEm) Theory (master)	1	Catalan/Spanish	second semester	afternoon