VNIVERSITAT DE VALÈNCIA

Course Guide
35304 Speech Therapy Intervention in Sudden Brain Damage

COURSE DATA

DATA SUBJECT

Code: 35304
Name: Speech Therapy Intervention in Sudden Brain Damage
Cycle: Undergraduate Studies
ECTS Credits: 4.5
Academic year: 2026-27

STUDY (S)

Degree	Center	Acad. year	Period
1203 - Degree in Speech Therapy	Facultat de Psicologia i Logopèdia	3	Second quarter

SUBJECT-MATTER

Degree	Subject-matter	Character
1203 - Degree in Speech Therapy	Speech therapy intervention in sudden brain damage	COMPULSORY

COORDINATION

BRINES BENLLIURE LOURDES

SUMMARY

Acquired Brain Injury (ABI) is an injury that occurs in brain structures suddenly in people who were born without any brain damage, suffer at a later stage of life, injury to the same result an accident or illness. Among the main causes of ABI are Traumatic Brain Injuries (TBI) and Stroke. The first mainly affect young people, mostly men and the most important causes are traffic accidents and workplace accidents. Strokes affect an older population in which women predominate. As a result, affected individuals show deficits and disabilities that compromise the proper functioning independently in society. Physical deficits involve decreased grip or fine motor skills, limitations in walking, reduced vision or hearing, serious problems with speech or language or swallowing problems. However, cognitive-behavioral disorders and psychosocial follow the DCA tend to be undervalued, even when difficult and successful reintegration into society and make it impossible in many cases the purchase and maintenance of long-term employment. Among the most common cognitive deficits after brain damage are failures in language, memory, reduced attention and concentration, visuospatial problems, reduced reasoning skills and poor planning and organizational skills, deficits that significantly influence the communication skills and in rehabilitating them. So it¿s urgent that a speech therapist work in this area given its importance to social status (130,000 stroke/year and 30,000 TBI/year).

PREVIOUS KNOWLEDGE

RELATIONSHIP TO OTHER SUBJECTS OF THE SAME DEGREE

1203 - Degree in Speech Therapy
Obligation to have previously passed the subject(s) 35272 - Anatomy of Language and Hearing Organs

OTHER REQUIREMENTS

We find a relationship of this subject and others taught in the 1st year: Neurology and General and Language Neuropsychology. It is important and recommended for students to recover what they have learned in these subjects to activate previous knowledge and reflect on the impact of neurological pathologies on communication.

COMPETENCES / LEARNING OUTCOMES

1203 - Degree in Speech Therapy

Be able to plan an intervention in a clinical case of brain injury.

Design and conduct speech therapy treatments, both individual and collective, by setting targets and stages, with the most effective and adequate methods, techniques and resources, and bearing in mind the different life developmental stages as well as gender perspective.

Have an adequate speech production, language structure and voice quality.

Know the different techniques of intervention in brain injury.

Students must be able to apply their knowledge to their work or vocation in a professional manner and have acquired the competences required for the preparation and defence of arguments and for problem solving in their field of study.

Students must be able to communicate information, ideas, problems and solutions to both expert and lay audiences.

Students must have developed the learning skills needed to undertake further study with a high degree of autonomy.

Students must have the ability to gather and interpret relevant data (usually in their field of study) to make judgements that take relevant social, scientific or ethical issues into consideration.

DESCRIPTION OF CONTENTS

1. Acquired brain damage: definition, diagnostic criteria and classification

The purpose of this thematic unit is to address important issues surrounding the concept of "Acquired Brain Injury." On the one hand, it provides a definition that allows for adequate

identification of cases that warrant care, as well as a classification focused on defining the type of care required for each case. It also includes the concept of "consciousness" and its use in classifying severity (unresponsive awake state and minimally conscious state).

2. Principles of intervention in brain damage

Phases of brain injury care and the role of speech-language pathology professionals in each phase. Conceptualization of speech-language pathology intervention using the International Classification of Functioning, Disability, and Health (ICF) model and the FIM+FAM scale. Speech-language pathology intervention in cases of severe brain injury (unresponsive wakefulness syndrome and minimally conscious state).

3. Intervention in neurogenic dysphagia

This thematic unit presents the different approaches, techniques, and speech therapy intervention programs focused on addressing neurogenic dysphagia. Implications of the etiological diagnosis (stroke and TBI) in speech therapy intervention for acquired swallowing disorders. International Dysphagia Diet Standardization Initiative (IDDSI), a system that classifies foods and liquids by texture for people with difficulty swallowing (dysphagia).

4. Intervention in motor speech disorders

This thematic unit presents the various approaches, techniques, and speech therapy intervention programs focused on addressing the various speech disorders in people with acquired brain injury. It also examines the design and implementation of augmentative and alternative communication (AAC) systems as a potential resource to support speech in people with ABI.

5. Intervention in language and communication disorders

This thematic unit presents the various approaches, techniques, and speech therapy intervention programs focused on addressing the various language and communication disorders in people with acquired brain injury. It also focuses on the design and implementation of augmentative and alternative communication (AAC) systems as a potential resource to support communication in

people with ABI. Conversational training, key interlocutor and communicative participation. Family counselling and reporting.

6. Acquired brain injury in children

Conceptualizations of acquired brain injury in children. Speech-language pathology for communicative and nonverbal oral disorders secondary to brain injury in children. Intradisciplinary and multidisciplinary coordination in the rehabilitation of brain injury in children. Augmentative and/or alternative communication systems and acquired brain injury in children.

WORKLOAD

PRESENCIAL ACTIVITIES

Activity	Hours
Theory	30,00
Laboratory	15,00
Total hours	**45,00**

NON PRESENCIAL ACTIVITIES

Activity	Hours
Attendance at other activities	3,00
Individual or group project	20,00
Independent study and work	26,50
Preparation of lessons	15,00
Preparation for assessment activities	0,00
Resolution of case studies	3,00
Total hours	**67,50**

TEACHING METHODOLOGY

- Lectures by PowerPoint presentations and videos about intervention in brain damage.
- Practices about how intervention programs in clinical cases with brain damage and videos of actual cases of patients on various interventions in brain damage.
- Scheduled individual and group tutorials.
- Supervision of practical work, guidance and resolution of doubts.
- Autonomous work/student: build a job, review of clinical cases, intervention design, and reporting.
- Study of the student, preparation and conduct of the evaluation tests.

EVALUATION

The information to obtain the final grade of the subject will be obtained through two basic procedures: final individual assessment (final exam) and continuous or progress assessment (activities, reports and/or individual and group work).

The final individual assessment, which will reflect the level reached at the end of the subject's learning process, will be carried out using a written exam and will represent 70% of the subject's grade, with its maximum value of 7. The exam will be theoretical-practical using multiple-choice questions with three alternatives and five short development questions. It will be necessary to obtain a grade of 5 on this test to pass the subject.

Continuous assessment or progress assessment of the work carried out by students throughout the course will be based on the reports, written and oral comments and activities carried out in the practical sessions which will deal with speech therapy intervention in real cases of patients with acquired brain damage. This assessment will represent 30% of the grade for the subject. Within the continuous assessment there are two well-differentiated parts:

1.- Report of the practical sessions. There will be a single practical report with a maximum value of 2.50 points. The characteristics will be detailed at the beginning of the course. It will be necessary to obtain a grade of 5 in the report to pass the course.

2.- Other activities carried out in face-to-face classes: individual work and active participation in the activities carried out in class, etc. The value of this part is a maximum of 0.50 points.

The marks obtained in the practical sessions report will be kept for the second sitting. Work that is not submitted on time and in the required form can be made up using a written test to be taken at the end of the official final exam.

Attendance in the practical classes is compulsory and to pass the course it will be necessary to attend at least 80% of the classes. Non-attendance must be due to well-documented reasons of force majeure (sudden health condition, death of a relative up to the third degree, court summons, official examination, accompanying a first-degree relative for medical reasons).

The teacher may require individual or small group interviews to verify the degree of participation and the achievement of the objectives pursued in any task. Failure to accept this verification will mean failing the task/activity in question.

Given the characteristics of the subject and the degree, a high command of written language will be required in the presentation of reports and written activities.

University honors marks (HM) will be awarded to those students whose grade in the subject is equal to or higher than 9 and the highest in their group. The awarding of an honours degree is subject to the completion of an extraordinary oral exam if two students have the same mark and it is only possible to award one MH. In no case will it subtract a mark.

The obvious "copying" of any test, task, activity or report, whether individual or group, which is used for

assessment purposes in the subject, will make it impossible to pass the subject. Fraudulent practices will be dealt with according to what is determined by the Protocol of action in case of fraudulent practices at the University of Valencia (ACGUV 123/2020): https://www.uv.es/sgeneral/Protocols/C83sp.pdf

REFERENCES

Basic

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Supplementary

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