

Getting it Right: Evidence-Based Assessment and Management of Cognitive-Communicative Disorders in Right Hemisphere Brain Damage

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This presentation will focus on the wide-ranging cognitive-communicative consequences of right brain damage (RHD) in adulthood, typically due to unilateral stroke. Among the topics to be addressed are evidence-based accounts of these disorders, models and methods of assessment and management, and current best treatment evidence.

Learning Outcomes:

Upon completion of this course, participants will be able to:

- Identify three communicative deficits and three cognitive deficits that may typify RHD, as specifically as possible (e.g., not just ‘figurative language’ or ‘reading’ or ‘attention,’ without further differentiation)
- Define “coarse semantic coding” and identify two communicative forms or functions it may underlie
- Define “suppression” and identify two communicative forms or functions it may underlie
- Compare and contrast the coarse coding and suppression deficit hypotheses of RHD cognitive-communicative disorders
- List two pieces of evidence consistent with the cognitive resources hypothesis of RHD cognitive-communicative disorders
- Describe the social cognition hypothesis of RHD cognitive-communicative disorders
- Compare and contrast viewer-centered, stimulus-centered, and object-centered neglect
- Compare and contrast the medical model vs. ICF and Applied Cognitive Rehabilitation models for assessment and treatment
- Define the discrepancy between ‘knowing’ (or ‘saying’) and ‘doing’ that may characterize performance by adults with RHD, relate this distinction to two memory systems, and illustrate the distinction with examples of performance.
- Identify two likely benefits of letting patients take the lead in setting treatment goals.
- Describe the kinds of treatment that may be necessary for patients who have anosognosia for the impairments being targeted.
- Identify two treatments for common RHD impairments that have been identified as either practice standards or practice guidelines.
- Identify two treatment manipulations suggested by the cognitive resources hypothesis of RHD cognitive-communicative disorders.
- Identify two types of RHD treatments for which preliminary evidence looks promising.
- Provide two examples of how a specific deficit can be targeted (a) via a patient’s cognitive-communicative strengths; and (b) indirectly, by addressing obstacles outside the patient.

Connie A. Tompkins, PhD, is a Professor in Communication Science and Disorders and in the Center for the Neural Basis of Cognition at the University of Pittsburgh. She is the author of more than 100 publications and a seminal book on right hemisphere communication disorders. Her work in this area has been funded by the National Institutes of Health (NIH) for more than 20 years. Professor Tompkins is a creative clinician as well, who recently received NIH funding to conduct a language comprehension treatment study for adults with right hemisphere disorders.