University of Florida
College of Public Health & Health Professions Syllabus

CLP 7934, Special Topics: Directed Reading-Neuropsychology of Aging
Section Number: 073F, Fall: 2015 (3 credit hours)

Meeting time/place: n/a (online class)
Delivery Format: Online
Course Website or E-Learning: http://lss.at.ufl.edu

Instructor Name: Michael Marsiske
Office: HPNP 3179
Phone Number: (352) 273-5097
Email Address: marsiske@phhp.ufl.edu
Office Hours: By appointment
Preferred Course Communications: Email

Prerequisites Admitted, in good standing, to the Graduate School at the University of Florida. No other pre-requisites apply. Students are expected to seek out additional foundational reading and materials in areas that are challenging for them; students are invited to ask course instructors for recommendations.

PURPOSE AND OUTCOME

Course Overview. This directed reading course introduces students to contemporary theory, method, and findings regarding normal cognitive aging, neuropsychology (based mainly on research with brain-damaged individuals) and cognitive neuroscience. The readings will consider normal and pathological cognitive changes, potential etiologies and comorbidities, as well as recent thinking on intervention approaches for late life cognition. The selection of topics and instructors also reflects the unique profile of expertise among University of Florida Division of Neuropsychology faculty..

Relation to Program Outcomes. This course counts as a “Neuropsychology elective” for doctoral students in Clinical and Health Psychology. It also satisfies one of the elective requirements of the Graduate Certificate in Gerontology.

Course Objectives and/or Goals

1. The student will be able to describe and synthesize major normal and pathological cognitive changes in later life
2. The student will have familiarity with the major behavioral and neuroscience approaches used in the study of neuropsychological aging
3. The student will explore major explanatory models and potential co-morbid factors in the prediction of late life cognitive change

4. The student will become familiarized with contemporary approaches to intervening with late life cognition, and will be able to summarize emerging data needs in this nascent area.

Instructional Methods

This online course is a directed reading course. Students will access personal-use electronic copies of all assigned readings in this course (online, in the UF Sakai system). Each week, students will be expected to summarize, synthesize and integrate readings (along with outside material they choose to bring in) so that they can explain readings to others. This will take the form of a weekly executive summary produced by the student (see "Assignments" below for details).

DESCRIPTION OF COURSE CONTENT

Topical Outline/Course Schedule

Specific weekly readings are listed in the appendix to this syllabus

Week	Date	Topic(s)	Assignment due date
1	8/27	Normal cognitive changes	9/3
2	9/3	Neuroimaging/neuroscience methods and aging	9/10
3	9/10	Memory aging	9/17
4	9/17	Visuospatial aging	10/1
5-6	9/24, 10/1	The Dementias, 1 & 2	10/8
7	10/8	Possible explanations: White matter and network accounts	10/15
8	10/15	The cognitive neuropsychology of depression in the elderly	10/22
9	10/22	Stress-diathesis models of cognitive aging: Sample case of post-operative cognitive dysfunction	10/29
10	10/29	Cardiovascular function and its role in cognitive aging: Sample case from the laboratory of Ronald Cohen	11/5
11	11/5	Stroke: Cognitive sequelae	11/12
12	11/12	Parkinson's disease: Cognitive sequelae	11/19
13	11/19	Physical exercise interventions	12/3
14	12/3	Cognitive interventions	12/10

Caveat:

The above schedule and procedures in this course are subject to change in the event of extenuating circumstances. Any changes will be announced in class, and the student is personally responsible for obtaining updated information regarding those changes.

Course Materials

Each week is associated with readings (empirical articles, meta-analyses, review chapters, theoretical papers, fact sheets, consensus statements). These are detailed below in the weekly calendar, and electronic copies will be provided at the class elearning site. The specific weekly reading list is given in the bibliography in the appendix of this syllabus.

Technology

Students are required to access all materials in E-learning, and to submit all materials in Microsoft format (Office, Powerpoint) in Elearning. Software can be obtained at https://software.ufl.edu/agreements/microsoft/student/downloads/. Readings are provided in Adobe pdf format, and can be accessed via the free AdobeAcrobat reader http://www.adobe.com/products/reader.html.

For issues with technical difficulties for E-learning please contact the UF Help Desk at:

- Learning-support@ufl.edu
- (352) 392-HELP - select option 2
- https://lss.at.ufl.edu/help.shtml

Managing e-learning technical issues

- If you cannot upload a document due to technical problems (e.g., if elearning is down), you may e-mail Dr. Marsiske. The timestamp on your e-mail will serve as the time submitting. In such cases, please upload your assignment to Sakai as well, once the technical issue is resolved. We also require you to contact the UF Helpdesk and obtain a "problem ticket number" to further document your good-faith attempts to resolve the technical problem. Official text:
  - *Don't wait until the last minute. Know when the [assignment] is due and leave yourself plenty of time.*
  - *[Finish your assignment] during Help Desk hours (http://helpdesk.ufl.edu) so that if you encounter problems, there will be someone available to help you.*
  - *Make sure you have a dependable internet connection.*
  - *Use a current, updated browser and operating system*
  - *Make sure you read your instructions carefully before beginning the assignment.*
  - *If you encounter any unexpected behavior (error messages, inability to log in, etc.,) take a screen shot of the problem (Print Scrn) and paste (CTRL+V) into a program like Word or Paint. Save this file. This is important so that your instructor knows your problem is legitimate, and to assist the UF Computing Help Desk in helping you fix the problem.*
  - *If you encounter problems that prevent you from [completing the assignment], immediately call the UF Computing Help Desk at 352-392-4357. Keep the ticket number for future reference.*
  - *When you are done with your [assignment], be sure you submit it! If you do not see a successful submission message, your test is still in progress. You will not get a grade until you submit.*

ACADEMIC REQUIREMENTS AND GRADING

Assignments

The grade for the class will be based on the weekly Executive Summaries. ***Each Executive Summary will be weighted to count for the exact same proportion of your final grade, even if varying numbers of pages-to-read are given to each week.***

1. *Submitted Executive Summaries*. ***Submit via Sakai.***

The Executive Summary should:

a. Be between 2 and 6 pages (this will vary on how dense your presentation is) **(For the Dementias combined weeks 5 and 6, this should be doubled!)**
b. The goal is for it to be an INTEGRATIVE SUMMARY of themes and ideas in the readings of the week, and should also include critiques ('unanswered questions', 'methodological issues') that emerge from your critical reading of the material.
c. Your approach to reviewing the articles to to provide a summary/synthesis/integration/analysis of what you have read
    - the executive summary should not be a point-by-point review of each article, but should provide the "big picture"
    - the summary should be at the level of "what you would tell an educated layperson about this week's materials"
d. Use as few words as possible. Images (graphs, tables, figures from the readings, as well as your own summary charts, bulleted lists, or images from the internet—properly credited) should be the centerpiece of these summaries. Your general goal should be to summarize the material in the style of an *infographic* (see below).
e. You are encouraged to draw on materials outside of the required readings (e.g., Wikipedia definitions, illustrative images, background info not contained in the readings). However, *this must not come at the expense of materials in the readings*. The key point of these assignments is to show that you have read, understood, and synthesized the week's materials. So that should always be your main goal.

Executive summary resources

The resources that follow are not specific to the in-class exercises, because we haven't found good models for these. ***Please be assured that in the early weeks, as we figure out the optimal format, grading will be lenient and comments will help shape the product***. A major intent of this assignment is also to allow you to be creative and flexible in how you approach your summaries.

- http://sharpbrains.com/executive-summary/
- http://visual.ly/executive-summary-introduction
- http://www.sustainability.com/news/model-behavior-infographic-and-executive-summary-now-available#.U2FI7ygZFOk
- http://massdmg.com/2012/02/5-steps-to-an-awesome-executive-summary/ (I think this one might be pretty good)

- Something more texty: http://www.care.org/sites/default/files/documents/AG-2013-Pathways-Annual-Report-Executive-Summary.pdf
- Completely not research, but nicely segmented thematically in a way I could imagine for articles: https://www.herndon-va.gov/Content/FY2013ARExecSummaryFINAL.pdf?cnlid=5682
- Later pages of this (too long) one are research … https://credo.stanford.edu/documents/NCSS%202013%20Executive%20Summary.pdf

Grading

Requirement	Due date	% of final grade (must sum to 100%)
Week 1 Assignment	9/3	7.14%
Week 2 Assignment	9/10	7.14%
Week 3 Assignment	9/17	7.14%
Week 4 Assignment	10/1	14.32%
Week 5-6 Assignment	10/8	7.14%
Week 7 Assignment	10/15	7.14%
Week 8 Assignment	10/22	7.14%
Week 9 Assignment	10/29	7.14%
Week 10 Assignment	11/5	7.14%
Week 11 Assignment	11/12	7.14%
Week 12 Assignment	11/19	7.14%
Week 13 Assignment	12/3	7.14%
Week 14 Assignment	12/10	7.14%

The grading rubric for each executive summary is as follows, and comments upon grading will help explain the points assigned.

0	not attempted
7	"mercy point" (e.g., you submitted something, but there is evidence of minimal effort, many of the major items of the week were not included in the executive summary)
8	Acceptable summary, but clear room for improvement (e.g., too text-dense, too many of the main ideas from the articles missing, little attention to design or readability, organizational structure is poor or unclear, too long – not enough of a *summary*)
9	Very good summary, with minimal room for improvement (e.g., small areas of deficit, like a few missing main ideas, ratio of text to images could show improvement, too much reliance on acronyms or jargon without explaining)
10	Excellent summary, with little or no room for improvement (all major key points from the articles are covered, level of summary is thorough but not exhaustive, good balance of summary text to illustrative graphics)

When you submit your assignments to Sakai, it is essential that the first word of your executive summary be your LAST NAME (e.g., *Marsiske_Week01_NormalAging.docx*). After 2 reminders about this, a 2-point deduction will be made on each homework for which these naming conventions are forgotten. See below for additional policy on late submissions.

Note that after your PowerPoint has been graded, it may be submitted to other class members for review and mutual learning.

Point system used (i.e., how do course points translate into letter grades).

Points earned	**93-100**	**90-92**	**87-89**	**83-86**	**80-82**	**77-79**	**73-76**	**70-72**	**67-69**	**63-66**	**60-62**	**Below 60**
Letter Grade	A	A-	B+	B	B-	C+	C	C-	D+	D	D-	E

Please be aware that a C- is not an acceptable grade for graduate students. A grade of C counts toward a graduate degree only if an equal number of credits in courses numbered 5000 or higher have been earned with an A.

Letter Grade	**A**	**A-**	**B+**	**B**	**B-**	**C+**	**C**	**C-**	**D+**	**D**	**D-**	**E**	**WF**	**I**	**NG**	**S-U**
Grade Points	4.0	3.67	3.33	3.0	2.67	2.33	2.0	1.67	1.33	1.0	0.67	0.0	0.0	0.0	0.0	0.0

For greater detail on the meaning of letter grades and university policies related to them, see the Registrar's Grade Policy regulations at:
http://catalog.ufl.edu/ugrad/current/regulations/info/grades.aspx

Exam Policy.

No exams for this class

Policy Related to Make up Exams or Other Work

For homework, late submissions are not encouraged. Late submissions will be accepted for up to 7 days, but with the following penalty schedule:

With regard to missing or incomplete assignments, the following policies apply:

- Coordinator/instructors will not contact you about missing or incomplete assignments. **It is your responsibility** to check that the *correct* Summary has been submitted to Sakai on time
- **It may be possible to avoid a late penalty IF YOU CONTACT THE INSTRUCTOR AT LEAST 24 HOURS IN ADVANCE.** You should email the course coordinator and explain what issue (e.g., bereavement, illness) necessitates lateness. In some cases, documentation may be requested. If a lateness allowance is agreed to, this applies to a single assignment only. It does not allow you to delay future assignments. Note, conference attendance or doctoral qualifying examinations or thesis/dissertation defenses do not constitute valid lateness excuses.
- If your assignment is late, you will lose 10% each day up to the seventh day, after which a zero grade will be assigned. Each assignment is initially graded up to a total of 10 points according to the rubric (before it is converted to 6.67% or 13.33% of your grade, depending on assignment). Thus, if an assignment is worth a maximum of 10 points, you will lose 1 point for each late day. "Late" begins one minute after the due time (e.g., an assignment due at 4:05 pm is considered late at 4:06 pm). Penalties are as follows:

1 minute to 24 hours late	10% of maximum deducted from achieved grade
1 day + 1 minute late to 48 hours late	20% of maximum deducted from achieved grade
2 days + 1 minute late to 72 hours late	30% of maximum deducted from achieved grade
3 days + 1 minute late to 96 hours late	40% of maximum deducted from achieved grade
4 days + 1 minute late to 120 hours late	50% of maximum deducted from achieved grade
5 days + 1 minute late to 144 hours late	60% of maximum deducted from achieved grade
6 days + 1 minute late to 168 hours late	70% of maximum deducted from achieved grade
7 days + 1 minute late or longer	100% of maximum deducted from achieved grade

NOTE: UPLOADING THE WRONG DOCUMENT IS SAME-AS-LATE, even if you have documentation that you completed the document on time. **It is your responsibility to verify that you have uploaded the correct document.** (You should

open or download your uploaded homeworks and double- or triple-check that you have uploaded the right one).

- There will be **no** exceptions to this policy.
- If you have uploaded the wrong document, and Sakai does not allow you to correct this, you should IMMEDIATELY send the correct document to Dr. Marsiske via email.

Any requests for waiving of late penalties due to technical issues MUST be accompanied by the ticket number received from LSS when the problem was reported to them. The ticket number will document the time and date of the problem. You MUST e-mail your instructor within 24 hours of the technical difficulty if you wish to request a make-up. The Appendix to this syllabus includes additional details for managing technical issues.

Incomplete grades:

An incomplete grade may be assigned at the discretion of the instructor as an interim grade for a course in which the student has 1) completed a major portion of the course with a passing grade, 2) been unable to complete course requirements prior to the end of the term because of extenuating circumstances, and 3) obtained agreement from the instructor and arranged for resolution (contract) of the incomplete grade. Instructors assign incomplete grades following consultation with Department Chairs.

Policy Related to Required Class Attendance

There is no specific attendance requirement for this online class, but all weekly assignments must be submitted, without exception. All classes are bound by the UF Attendance Policy.

For information regarding the UF Attendance Policy see the Registrar website for additional details: http://www.registrar.ufl.edu/catalogarchive/01-02-catalog/academic_regulations/academic_regulations_013_.htm

STUDENT EXPECTATIONS, ROLES, AND OPPORTUNITIES FOR INPUT

Expectations Regarding Course Behavior

Students are expected to complete all work by the deadline stated, and to contact the instructor *in advance* with any problems related to completing course assignments.

Communication Guidelines

A discussion board exists in Elearning for any open questions about course materials and assignments. You are welcome to post any questions. Please be respectful, and follow UF Netiquette guidelines. http://teach.ufl.edu/wp-content/uploads/2012/08/NetiquetteGuideforOnlineCourses.pdf . Please do not use the open forums for complaints or criticisms. Please do not post your suspected “answers” for any questions, so as not to interfere with the independent problem solving of other students.

Academic Integrity

Students are expected to act in accordance with the University of Florida policy on academic integrity. As a student at the University of Florida, you have committed yourself to uphold the Honor Code, which includes the following pledge:

> *"We, the members of the University of Florida community, pledge to hold ourselves and our peers to the highest standards of honesty and integrity."*

You are expected to exhibit behavior consistent with this commitment to the UF academic community, and on all work submitted for credit at the University of Florida, the following pledge is either required or implied:

> *"On my honor, I have neither given nor received unauthorized aid in doing this assignment."*

It is your individual responsibility to know and comply with all university policies and procedures regarding academic integrity and the Student Honor Code. Violations of the Honor Code at the University of Florida will not be tolerated. Violations will be reported to the Dean of Students Office for consideration of disciplinary action. For additional information regarding Academic Integrity, please see Student Conduct and Honor Code or the Graduate Student Website for additional details:

https://www.dso.ufl.edu/sccr/process/student-conduct-honor-code/

http://gradschool.ufl.edu/students/introduction.html

Please remember cheating, lying, misrepresentation, or plagiarism in any form is unacceptable and inexcusable behavior.

Online Faculty Course Evaluation Process

Students are expected to provide feedback on the quality of instruction in this course by completing online evaluations at https://evaluations.ufl.edu so make sure you include a statement regarding the value and expectation for student participation in course evaluations. We suggest you include a comment regarding how you will use the evaluations (e.g. to make specific improvements to the course and teaching style, assignments, etc.). It is also important to make some statement regarding the direct influence they have on faculty tenure and promotion, so your input is valuable. Evaluations are typically open during the last two or three weeks of the semester, but students will be given specific times when they are open. Summary results of these assessments are available to students at https://evaluations.ufl.edu/results/

SUPPORT SERVICES

Do not wait until you reach a crisis to come in and talk with us. We have helped many students through stressful situations impacting their academic performance. You are not alone so do not be afraid to ask for assistance.

Accommodations for Students with Disabilities
If you require classroom accommodation because of a disability, you must register with the Dean of Students Office http://www.dso.ufl.edu within the first week of class. The Dean of Students Office will provide documentation to you, which you then give to the instructor when requesting accommodation. The College is committed to providing reasonable accommodations to assist students in their coursework.

Counseling and Student Health
Students sometimes experience stress from academic expectations and/or personal and interpersonal issues that may interfere with their academic performance. If you find yourself facing issues that have the potential to or are already negatively affecting your coursework, you are encouraged to talk with an instructor and/or seek help through University resources available to you.

- The Counseling and Wellness Center 352-392-1575 offers a variety of support services such as psychological assessment and intervention and assistance for math and test anxiety. Visit their web site for more information: http://www.counseling.ufl.edu. On line and in person assistance is available.
- You Matter We Care website: http://www.umatter.ufl.edu/. If you are feeling overwhelmed or stressed, you can reach out for help through the You Matter We Care website, which is staffed by Dean of Students and Counseling Center personnel.
- The Student Health Care Center at Shands is a satellite clinic of the main Student Health Care Center located on Fletcher Drive on campus. Student Health at Shands offers a variety of clinical services. The clinic is located on the second floor of the Dental Tower in the Health Science Center. For more information, contact the clinic at 392-0627 or check out the web site at: https://shcc.ufl.edu/
- Crisis intervention is always available 24/7 from:
- Alachua County Crisis Center:
  (352) 264-6789
- http://www.alachuacounty.us/DEPTS/CSS/CRISISCENTER/Pages/CrisisCenter.aspx

BUT – Do not wait until you reach a crisis to come in and talk with us. We have helped many students through stressful situations impacting their academic performance. You are not alone so do not be afraid to ask for assistance.

APPENDICES

Readings

Week	Readings
1	**Normal cognitive changes** 01. On the incomplete architecture of human ontogeny: Selection, optimization, and compensation as foundation of developmental theory. By Baltes, Paul B. American Psychologist, Vol 52(4), Apr 1997, 366-380. doi: 10.1037/0003-066X.52.4.366 02. Intellectual Development Across Adulthood. By Schaie, K. Warner; Zanjani, Faika A. K. Hoare, Carol (Ed), (2006). Handbook of adult development and learning, (pp. 99-122). New York, NY, US: Oxford University Press, xviii, 579 pp. 03. Contemporary review 2009: Cognitive aging. By Drag, Lauren L.; Bieliauskas, Linas A. Journal of Geriatric Psychiatry and Neurology, Vol 23(2), Jun 2010, 75-93. doi: 10.1177/0891988709358590 04. Human neuroscience and the aging mind: A new look at old problems. By Reuter-Lorenz, Patricia; Park, Denise C. Journals of Gerontology: Psychological Sciences, 65B(4), 405-515. doi: 10.1093/geronb/gbq035 05. The fate of cognition in very old age: Six-year longitudinal findings in the Berlin Aging Study (BASE). By Singer, Tania; Verhaeghen, Paul; Ghisletta, Paolo; Lindenberger, Ulman; Baltes, Paul B. Psychology and Aging, Vol 18(2), Jun 2003, 318-331. doi: 10.1037/0882-7974.18.2.318 06. Patterns of Cognitive Performance in Middle-Aged and Older Adults: A Cluster Analytic Examination. Gunstad, John; Paul, Robert H.; Brickman, Adam M.; Cohen, Ronald A.; Arns, Martijn; Roe, Donald; Lawrence, Jeffery J.; Gordon, Evian Journal of Geriatric Psychiatry and Neurology, Vol 19(2), Jun 2006, 59-64. doi: 10.1177/0891988705284738

Week	Readings
2	**Neuroimaging/neuroscience methods and aging** 07. Neuroimaging of healthy cognitive aging. By Dennis, Nancy A.; Cabeza, Roberto Craik, Fergus I. M. (Ed); Salthouse, Timothy A. (Ed), (2008). The handbook of aging and cognition (3rd ed.), (pp. 1-54). New York, NY, US: Psychology Press, xi, 657 pp. 08. Alterations in the BOLD fMRI signal with ageing and disease: a challenge for neuroimaging. D'Esposito M, Deouell LY, Gazzaley A. Nat Rev Neurosci. 2003 Nov;4(11):863-72. 09. Cognition and aging: A highly selective overview of event-related potential (ERP) data. By Friedman, David Journal of Clinical and Experimental Neuropsychology, Vol 25(5), Aug 2003, 702-720. doi: 10.1076/jcen.25.5.702.14578 10. Imaging aging: Present and future. By Hayes, Scott M.; Cabeza, Roberto Hofer, Scott M. (Ed); Alwin, Duane F. (Ed), (2008). Handbook of cognitive aging: Interdisciplinary perspectives, (pp. 308-326). Thousand Oaks, CA, US: Sage Publications, Inc, xiii, 730 pp. 11. Scanning patients with tasks they can perform. By Price, Cathy J.; Friston, Karl J. Human Brain Mapping, Vol 8(2-3), 1999, 102-108. doi: 10.1002/(SICI)1097-0193(1999)8:2/3<102::AID-HBM6>3.0.CO;2-J

Week	Readings
3	**Memory aging** 12. Age-related changes in neural activity associated with familiarity, recollection and false recognition. Duarte A, Graham KS, Henson RN. Neurobiol Aging. 2010 Oct;31(10):1814-30. Epub 2008 Nov 11.PMID: 19004526 13. Neural plasticity in the ageing brain. Burke SN, Barnes CA. Nat Rev Neurosci. 2006 Jan;7(1):30-40. Review.PMID: 16371948 14. A Meta-Analytic Review of Prospective Memory and Aging. By Henry, Julie D.; MacLeod, Mairi S.; Phillips, Louise H.; Crawford, John R. Psychology and Aging, Vol 19(1), Mar 2004, 27-39. doi: 10.1037/0882-7974.19.1.27 15. Aging reduces veridical remembering but increases false remembering: Neuropsychological test correlates of remember-know judgments. By McCabe, David P.; Roediger, Henry L., III; McDaniel, Mark A.; Balota, David A. Neuropsychologia, Vol 47(11), Sep 2009, 2164-2173. doi: 10.1016/j.neuropsychologia.2008.11.025
4	**Visuospatial aging** 16. Efficiency of route selection as a function of adult age. By Salthouse, Timothy A.; Siedlecki, Karen L. Brain and Cognition, Vol 63(3), Apr 2007, 279-286. doi: 10.1016/j.bandc.2006.09.006 17. Aging and spatial navigation: What do we know and where do we go? By Moffat, Scott D. Neuropsychology Review, Vol 19(4), Dec 2009, 478-489. doi: 10.1007/s11065-009-9120-3 18. Path integration and the neural basis of the 'cognitive map.' By McNaughton, Bruce L.; Battaglia, Francesco P.; Jensen, Ole; Moser, Edvard I.; Moser, May-Britt Nature Reviews Neuroscience, Vol 7(8), Aug 2006, 663-678. doi: 10.1038/nrn1932 19. Visual dysfunction, neurodegenerative diseases, and aging. By Jackson, Gregory R.; Owsley, Cynthia Neurologic Clinics, Vol 21(3), Aug 2003, 709-728. doi: 10.1016/S0733-8619(02)00107-X

Week	Readings
5-6	**The Dementias, 1 & 2** 20. Frontotemporal dementia: A topical review. By Kertesz, Andrew Cognitive and Behavioral Neurology, Vol 21(3), Sep 2008, 127-133. doi: 10.1097/WNN.0b013e31818a8c66 21. Frontotemporal dementia: a review for primary care physicians. Cardarelli R, Kertesz A, Knebl JA. Am Fam Physician. 2010 Dec 1;82(11):1372-7. PMID: 21121521 22. The clinical use of structural MRI in Alzheimer disease. Frisoni GB, Fox NC, Jack CR Jr, Scheltens P, Thompson PM. Nat Rev Neurol. 2010 Feb;6(2):67-77. Review.PMID: 20139996 23. Neuropsychological and neuroimaging changes in preclinical Alzheimer's disease. By Twamley, Elizabeth W.; Ropacki, Susan A. Legendre; Bondi, Mark W. Journal of the International Neuropsychological Society, Vol 12(5), Sep 2006, 707-735. doi: 10.1017/S1355617706060863 24. Neuropsychological assessment of dementia. By Salmon, David P.; Bondi, Mark W. Annual Review of Psychology, Vol 60, Jan 2009, 257-282. doi: 10.1146/annurev.psych.57.102904.190024 25. Semantic dementia: a unique clinicopathological syndrome. Hodges JR, Patterson K. Lancet Neurol. 2007 Nov;6(11):1004-14. Review.PMID: 17945154 26. Subcortical vascular dementia: Integrating neuropsychological and neuroradiologic data. By Price, C. C.; Jefferson, A. L.; Merino, J. G.; Heilman, K. M.; Libon, D. J. Neurology, Vol 65(3), Aug 2005, 376-382. doi: 10.1212/01.WNL.0000168877.06011.15 27. Alzheimer's "Other Dementia" By Libon, David J.; Price, Catherine C.; Heilman, Kenneth M.; Grossman, Murray Cognitive and Behavioral Neurology, Vol 19(2), Jun 2006, 112-116. doi: 10.1097/01.wnn.0000209870.69522.a3 28. Guidelines for the Evaluation of Dementia and Age-Related Cognitive Change By Task Force to Update the Guidelines for the Evaluation of Dementia and Age-Related Cognitive Decline Adopted by the APA Council of Representatives on February 18, 2011, no doi.

Week	Readings
7	**Possible explanations: White matter and network accounts** 29. Neuropsychology of vascular dementia. By Price, C. C., Nguyen, P., Lamar, M., Libon, D. In Neuropsychology of Cardiovascular Diseases (in press) Psychology Press. 30. Selective effects of aging on brain white matter microstructure: a diffusion tensor imaging tractography study. Michielse S, Coupland N, Camicioli R, Carter R, Seres P, Sabino J, Malykhin N. Neuroimage. 2010 Oct 1;52(4):1190-201. Epub 2010 May 17. PMID: 20483378 31. Aging gracefully: compensatory brain activity in high-performing older adults. Cabeza R, Anderson ND, Locantore JK, McIntosh AR. Neuroimage. 2002 Nov;17(3):1394-402.PMID: 12414279 32. Structure-Function Correlates of Cognitive Decline in Aging. By Persson, Jonas; Nyberg, Lars; Lind, Johanna; Larsson, Anne; Nilsson, Lars-Göran; Ingvar, Martin; Buckner, Randy L. Cerebral Cortex, Vol 16(7), Jul 2006, 907-915. doi: 10.1093/cercor/bhj036

Week	Readings
8	**The cognitive neuropsychology of depression in the elderly** 33. The cognitive neuropsychology of depression in the elderly LUCIE L. HERRMANN, GUY M. GOODWIN and KLAUS P. EBMEIER Psychological Medicine / Volume 37 / Issue 12, pp 1693 -1702 DOI:10.1017/S0033291707001134 34. Geriatric depression and cognitive impairment. By Steffens, D. C.; Potter, G. G. Psychological Medicine: A Journal of Research in Psychiatry and the Allied Sciences, Vol 38(2), Feb 2008, 163-175. doi: 10.1017/S003329170700102X 35. Pathways linking late-life depression to persistent cognitive impairment and dementia. Butters MA, Young JB, Lopez O, Aizenstein HJ, Mulsant BH, Reynolds CF 3rd, DeKosky ST, Becker JT. Dialogues Clin Neurosci. 2008;10(3):345-57. 36. Depression and risk for Alzheimer disease: systematic review, meta-analysis, and metaregression analysis. Ownby RL, Crocco E, Acevedo A, John V, Loewenstein D. Arch Gen Psychiatry. 2006 May;63(5):530-8.PMID: 16651510 37. How late-life depression affects cognition: neural mechanisms. Crocco EA, Castro K, Loewenstein DA. Curr Psychiatry Rep. 2010 Feb;12(1):34-8. Review.PMID: 20425308

Week	Readings
9	**Stress-diathesis models of cognitive aging: Sample case of post-operative cognitive dysfunction** 38. Post operative cognitive disorders. Price, C. C., Tanner, J., Monk, T. G. In G. Mashour (Ed), Neuroscientific Foundations of Anesthesiology, Oxford University Press.(in press). 39. Defining postoperative cognitive dysfunction. Rasmussen LS. Eur J Anaesthesiol. 1998 Nov;15(6):761-4. PMID: 9884870 406. Detection of postoperative cognitive decline after coronary artery bypass graft surgery is affected by the number of neuropsychological tests in the assessment battery. Lewis MS, Maruff P, Silbert BS, Evered LA, Scott DA. Ann Thorac Surg. 2006 Jun;81(6):2097-104. PMID: 16731137 41. Predictors of cognitive dysfunction after major noncardiac surgery. Monk TG, Weldon BC, Garvan CW, Dede DE, van der Aa MT, Heilman KM, Gravenstein JS. Anesthesiology. 2008 Jan;108(1):18-30. PMID: 18156878 42. Interactive effects of stress and aging on structural plasticity in the prefrontal cortex. Bloss EB, Janssen WG, McEwen BS, Morrison JH. J Neurosci. 2010 May 12;30(19):6726-31. PMID: 20463234 43. Cognitive reserve. Stern Y. Neuropsychologia. 2009 Aug;47(10):2015-28. Epub 2009 Mar 13. PMID: 19467352

Week	Readings
10	**Cardiovascular function and its role in cognitive aging: Sample case from the laboratory of Ronald Cohen** 44. Cognitive profiles in heart failure: A cluster analytic approach. doi: 10.1080/13803395.2012.663344 By Miller, Lindsay A.; Spitznagel, Mary Beth; Alosco, Michael L.; Cohen, Ronald A.; Raz, Naftali; Sweet, Lawrence H.; Colbert, Lisa; Josephson, Richard; Hughes, Joel; Rosneck, Jim; Gunstad, John Journal of Clinical and Experimental Neuropsychology, Vol 34(5), Jun 2012, 509-520. 45. Obesity is associated with reduced white matter integrity in otherwise healthy adults. doi: 10.1038/oby.2010.312 By Stanek, Kelly M.; Grieve, Stuart M.; Brickman, Adam M.; Korgaonkar, Mayuresh S.; Paul, Robert H.; Cohen, Ronald A.; Gunstad, John J. Obesity, Vol 19(3), Mar 2011, 500-504. 46. Longitudinal cognitive performance in older adults with cardiovascular disease: Evidence for improvement in heart failure. By Stanek, Kelly M.; Gunstad, John; Paul, Robert H.; Poppas, Athena; Jefferson, Angela L.; Sweet, Lawrence H.; Hoth, Karin F.; Haley, Andreana P.; Forman, Daniel E.; Cohen, Ronald A. Journal of Cardiovascular Nursing, Vol 24(3), May-Jun 2009, 192-197. 47. The Relationship Between Frontal Gray Matter Volume and Cognition Varies Across the Healthy Adult Lifespan. doi: 10.1097/01.JGP.0000238502.40963.ac By Zimmerman, Molly E.; Brickman, Adam M.; Paul, Robert H.; Grieve, Stuart M.; Tate, David F.; Gunstad, John; Cohen, Ronald A.; Aloia, Mark S.; Williams, Leanne M.; Clark, C. Richard; Whitford, Thomas J.; Gordon, Evian The American Journal of Geriatric Psychiatry, Vol 14(10), Oct 2006, 823-833.

Week	Readings
11	**Stroke: Cognitive sequelae** 48. American Heart Association. Heart Disease and Stroke Statistics — 2010 Update 49. Worldwide stroke incidence and early case fatality reported in 56 population-based studies: a systematic review. Feigin VL, Lawes CM, Bennett DA, Barker-Collo SL, Parag V. Lancet Neurol. 2009 Apr;8(4):355-69. Epub 2009 Feb 21. PMID: 19233729 502. Review of longer-term problems after disabling stroke John Young, Jenni Murray and Anne Forster Reviews in Clinical Gerontology / Volume 13 / Issue 01, pp 55 -65 DOI:10.1017/S0959259803013157 (About DOI) 51. Screening patients with stroke for rehabilitation needs: validation of the post-stroke rehabilitation guidelines. Edwards DF, Hahn MG, Baum CM, Perlmutter MS, Sheedy C, Dromerick AW. Neurorehabil Neural Repair. 2006 Mar;20(1):42-8. PMID: 16467277 52. Domain-specific cognitive recovery after first-ever stroke: A follow-up study of 111 cases Nys, GMS; Van Zandvoort, MJE; De Kort, PLM; et al. JOURNAL OF THE INTERNATIONAL NEUROPSYCHOLOGICAL SOCIETY, 11 (7): 795-806 NOV 2005 53. Evolution of Cognitive Impairment After Stroke and Risk Factors for Delayed Progression BY del Ser, Teodoro MD, PhD; Barba, Raquel MD, PhD; Morin, Maria M. MD; Domingo, Julio MD; Cemillan, Carlos MD; Pondal, Margarita MD; Vivancos, Jose MD Stroke, Volume 36(12), December 2005, pp 2670-2675

Week	Readings
12	**Parkinson's disease: Cognitive sequelae** 54. Cognitive dysfunction in Parkinson's disease: the role of frontostriatal circuitry. Owen AM. Neuroscientist. 2004 Dec;10(6):525-37. Review.PMID: 15534038 55. The progression of Parkinson disease: a hypothesis. Lang AE. Neurology. 2007 Mar 20;68(12):948-52.PMID: 17372132 56. The distinct cognitive syndromes of Parkinson's disease: 5 year follow-up of the CamPaIGN cohort. Williams-Gray CH, Evans JR, Goris A, Foltynie T, Ban M, Robbins TW, Brayne C, Kolachana BS, Weinberger DR, Sawcer SJ, Barker RA. Brain. 2009 Nov;132(Pt 11):2958-69. Epub 2009 Oct 7.PMID: 19812213 57. Neurotransmitter changes in dementia with Lewy bodies and Parkinson disease dementia in vivo. Klein JC, Eggers C, Kalbe E, Weisenbach S, Hohmann C, Vollmar S, Baudrexel S, Diederich NJ, Heiss WD, Hilker R. Neurology. 2010 Mar 16;74(11):885-92. Epub 2010 Feb 24.PMID: 20181924 58. DLB and PDD boundary issues: diagnosis, treatment, molecular pathology, and biomarkers. Lippa CF, Duda JE, Grossman M, Hurtig HI, Aarsland D, Boeve BF, Brooks DJ, Dickson DW, Dubois B, Emre M, Fahn S, Farmer JM, Galasko D, Galvin JE, Goetz CG, Growdon JH, Gwinn-Hardy KA, Hardy J, Heutink P, Iwatsubo T, Kosaka K, Lee VM, Leverenz JB, Masliah E, McKeith IG, Nussbaum RL, Olanow CW, Ravina BM, Singleton AB, Tanner CM, Trojanowski JQ, Wszolek ZK; DLB/PDD Working Group. Neurology. 2007 Mar 13;68(11):812-9. PMID: 17353469 59. Deep Brain Stimulation and the Role of the Neuropsychologist. By Okun, Michael S.; Rodriguez, Ramon L.; Mikos, Ania; Miller, Kimberly; Kellison, Ida; Kirsch-Darrow, Lindsey; Wint, Dylan P.; Springer, Utaka; Fernandez, Hubert H.; Foote, Kelly D.; Crucian, Gregory; Bowers, Dawn The Clinical Neuropsychologist, Vol 21(1), Jan 2007, 162-189. doi: 10.1080/13825580601025940

Week	Readings
13	**Physical exercise interventions** 60. Neurocognitive aging and cardiovascular fitness: recent findings and future directions. Colcombe SJ, Kramer AF, McAuley E, Erickson KI, Scalf P. J Mol Neurosci. 2004;24(1):9-14. Review.PMID: 15314244 61. Capitalizing on cortical plasticity: influence of physical activity on cognition and brain function. Kramer AF, Erickson KI. Trends Cogn Sci. 2007 Aug;11(8):342-8. Epub 2007 Jul 12. Review.PMID: 17629545 62. The effects of physical exercise on depressive symptoms among the aged: a systematic review. Sjösten N, Kivelä SL. Int J Geriatr Psychiatry. 2006 May;21(5):410-8. Review.PMID: 16676285 63. Fitness Effects on the Cognitive Function of Older Adults : A Meta-Analytic Study By Stanley Colcombe and Arthur F. Kramer Psychological Science 2003 14: 125, DOI: 10.1111/1467-9280.t01-1-01430
14	**Cognitive interventions** 64. Enrichment effects on adult cognitive development: Can the functional capacity of older adults be preserved and enhanced? By Hertzog, Christopher; Kramer, Arthur F.; Wilson, Robert S.; Lindenberger, Ulman Psychological Science in the Public Interest, Vol 9(1), Oct 2008, 1-65. 65. Intervening with Late-Life Cognition: Lessons from the ACTIVE Study. Marsiske, M. Monograph published by the American Society on Aging, San Franciso: CA. (2009). 66. Can training in a real-time strategy video game attenuate cognitive decline in older adults? Basak, Chandramallika; Boot, Walter R.; Voss, Michelle W.; Kramer, Arthur F. Psychology and Aging, Vol 23(4), Dec 2008, 765-777. doi: 10.1037/a0013494 67. Kueider AM, Parisi JM, Gross AL, Rebok GW (2012) Computerized Cognitive Training with Older Adults: A Systematic Review. PLoS ONE 7(7): e40588. doi:10.1371/journal.pone.0040588 68. Susanne M. Jaeggi, Martin Buschkuehl, John Jonides, & Walter J. Perri (2008). Improving fluid intelligence with training on working memory. PNAS May 13, 2008 vol. 105 no. 19 6829-6833, doi: 10.1073/pnas.0801268105

Week	Readings
15	**Mechanisms of Age-Related Cognitive Change and Targets for Intervention** 69. Kenneth S. Kosik, Peter R. Rapp, Naftali Raz, Scott A. Small, J. David Sweatt, and Li-Huei Tsai (2012) Mechanisms of Age-Related Cognitive Change and Targets for Intervention: Epigenetics J Gerontol A Biol Sci Med Sci 2012 67: 741-746 70. Charles DeCarli, Claudia Kawas, John H. Morrison, Patricia A. Reuter-Lorenz, Reisa A. Sperling, and Clinton B. Wright (2012) Mechanisms of Age-Related Cognitive Change and Targets for Intervention: Neural Circuits, Networks, and Plasticity. J Gerontol A Biol Sci Med Sci 2012 67: 747-753 71. Suzanne Craft, Thomas C. Foster, Philip W. Landfield, Steven F. Maier, Susan M. Resnick, and Kristine Yaffe (2012) Mechanisms of Age-Related Cognitive Change and Targets for Intervention: Inflammatory, Oxidative, and Metabolic Processes J Gerontol A Biol Sci Med Sci 2012 67: 754-759. 72. William S. Kremen, Margie E. Lachman, Jens C. Pruessner, Martin Sliwinski, and Robert S. Wilson (2012) Mechanisms of Age-Related Cognitive Change and Targets for Intervention: Social Interactions and Stress. J Gerontol A Biol Sci Med Sci 2012 67: 760-765 73. Eric M. Reiman, Roberta Diaz Brinton, Russell Katz, Ronald C. Petersen, Selam Negash, Dan Mungas, and Paul S. Aisen (2012). Considerations in the Design of Clinical Trials for Cognitive Aging. J Gerontol A Biol Sci Med Sci 2012 67: 766-772

Acceptable Collaboration

On Collaboration

What constitutes acceptable levels of collaboration in this class? Please just treat this as "continuing education". It is here for your reference, but if (after reading this) you feel like you may have gone beyond acceptable and want to discuss it, please get in touch with me or one of the teaching assistants at your convenience.

The short answer about how much collaboration is acceptable is "As specified in the syllabus, and in the UF Honor Code". Let's review those items quickly, and then go a little deeper.

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1. UF Honor Code:

A key phrase in this honor code relates to "ambiguity": "It is the responsibility of the student to seek clarification on whether or not use of materials or collaboration or consultation with another person is authorized prior to engaging in any act of such use, collaboration or consultation. If a faculty member has authorized a student to use materials or to collaborate or consult with another person in limited circumstances, the student shall not exceed that authority. If the student wishes to use any materials or collaborate or consult with another person in circumstances to which the authority does not plainly extend, the student shall first ascertain with the faculty member whether the use of materials, collaboration or consultation is authorized. "

http://regulations.ufl.edu/chapter4/4041-2008.pdf

Key phrasing with regard to collaboration:

(a) Plagiarism. A student shall not represent as the student's own work all or any portion of the work of another. Plagiarism includes but is not limited to:

1. Quoting oral or written materials including but not limited to those found on the internet, whether published or unpublished, without proper attribution.

2. Submitting a document or assignment which in whole or in part is identical or substantially identical to a document or assignment not authored by the student.

(b) Unauthorized Use of Materials or Resources ("Cheating"). A student shall not use unauthorized materials or resources in an academic activity. Unauthorized materials or resources shall include:

1. Any paper or project authored by the student and presented by the student for the satisfaction of any academic requirement if the student previously submitted substantially the same paper or project to satisfy an academic requirement and did not receive express authorization to resubmit the paper or project.

2. Any materials or resources prepared by another student and used without the other student's express consent or without proper attribution to the other student.

3. Any materials or resources which the faculty member has notified the student or the class are prohibited.

4. Use of a cheat sheet when not authorized to do so or use of any other resources or materials during an examination, quiz, or other academic activity without the express permission of the faculty member, whether access to such resource or materials is through a cell phone, PDA, other electronic device, or any other means.

(c) Prohibited Collaboration or Consultation. A student shall not collaborate or consult with another person on any academic activity unless the student has the express authorization from the faculty member.

1. Prohibited collaboration or consultation shall include but is not limited to:

a. Collaborating when not authorized to do so on an examination, take-home test, writing project, assignment, or course work.

b. Collaborating or consulting in any other academic or co-curricular activity after receiving notice that such conduct is prohibited.

c. Looking at another student's examination or quiz during the time an examination or quiz is given. Communication by any means during that time, including but not limited to communication through text messaging, telephone, e-mail, other writing or verbally, is prohibited unless expressly authorized.

2. It is the responsibility of the student to seek clarification on whether or not use of materials or collaboration or consultation with another person is authorized prior to engaging in any act of such use, collaboration or consultation. If a faculty member has authorized a student to use materials or to collaborate or consult with another person in limited circumstances, the student shall not exceed that authority. If the student wishes to use any materials or collaborate or consult with another person in circumstances to which the authority does not plainly extend, the student shall first ascertain with the faculty member whether the use of materials, collaboration or consultation is authorized.

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2. Syllabus:

The syllabus says:

"On all work submitted for credit by students at the University of Florida, the following pledge is either required or implied:

"On my honor, I have neither given nor received unauthorized aid in doing this assignment".

It is desirable and expected that take home assignments will stimulate conversation among classmates, and that classmates may actually mentor one another in the work. Students are also likely to discuss elements of the assignment with the instructor. It is expected, however, that **submitted** work will **solely** reflect the student's own efforts. Students are expected not to collaborate in thinking through slides, outlining slides, sharing slides, or preparing slides. The instructors will regularly check for "unusual congruence" in answers, and will discuss concerning instances with students involved. Where collaboration has been found, a zero grade will be assigned."

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If you feel, based on the foregoing, that you are engaging in excessive levels of collaboration, and you believe this is because what you REALLY need is more instructional support, please let us know.

Please be aware that excessive collaboration can trigger a process that none of us wants to trigger! I'm copying a link below. In the interests of self-protection, we urge each of you to draw a clear firewall between YOUR work, and the work of other students in the class.

http://www.dso.ufl.edu/sccr/faculty/