



Year 2 Winter 2024

SCSD 614 – Literacy Across the Lifespan

Number of credits: 3 credits

Course Time: Monday 9:00 – 12:15

Location: SCSD Room 862

Instructors

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COURSE DESCRIPTION/OVERVIEW:

A clinically oriented review of typical reading development and processing followed by S-LP practice for individuals with developmental reading disorders and acquired reading and writing disorders.

LEARNING OBJECTIVES (COMPETENCIES):

UNIT ONE: Basic Requirements (Audiology and Speech-Language Pathology)

The audiologist and speech-language pathologist demonstrate basic knowledge of:

1.2 Neuroanatomy and Neurophysiology

1.2.i The structure and function of the nervous system.

1.2.iii Neurological substrates of speech, language, cognition (e.g., attention, memory, speed of processing), hearing, and balance, throughout the lifespan.

1.2.iv Hemispheric asymmetry and specialization, including plasticity throughout the lifespan.

1.3 Genetics and Human Development

1.3.i Normal human genetics and embryological development, and their relationship to congenital and later-onset disorders that affect communication, swallowing, and balance.

1.3.ii Infant, child, and adolescent development.

1.3.iii Adult development and the aging process.

1.4 Counselling and Applied Psychology

1.4.iii Cultural and linguistic factors that may affect clinical relationships, assessment, and treatment outcomes; including but not limited to race, ethnicity, and gender identity.

1.4.iv The psychosocial effects of communication disorders on the client and significant others, including stigma.

1.5 Psycholinguistics and Linguistics

1.5.iii The nature and theories of bilingual and second language development.

1.5.iv The nature and theories of reading and writing and their acquisition and changes over the lifespan.

UNIT TWO: Knowledge Expert

The speech-language pathologist demonstrates knowledge of:

2.3 Developmental Language Disorders

2.3.i Normal language development and literacy acquisition, and their application to clinical practice, including relationships between typical first language acquisition, typical simultaneous or sequential multilingual language acquisition, and spoken and written developmental language disorders. Developmental language disorders include developmental language disorder (DLD) and dyslexia.

2.3.ii Factors and processes associated with the development of normal language and acquisition of literacy (e.g., motor, perceptual, cognitive, affective, environmental, and cultural).

2.3.iii Different theoretical frameworks relevant to spoken and written language disorders.

2.3.iv Characteristics of oral and written developmental language disorders for different age levels. These include phonologic, morphosyntactic, semantic, and pragmatic abilities in oral language, reading, and writing.

2.3.v Profiles of special populations at risk for developmental language disorders (e.g., autism spectrum disorder, hearing impairment, Down syndrome).

2.3.vi The impact of developmental language disorders on learning and educational achievement.

2.3.vii The impact of developmental language disorders on psychosocial development, and vocational opportunities of the client.

2.4 Acquired Language and Cognitive-Communication Disorders

2.4.ii The neurology and neurophysiology of acquired language disorders (aphasia) and cognitive-communication disorders associated with acute, chronic, and progressive neurological and other medical disorders.

2.4.iii Factors associated with recovery or dissolution of language and cognitive-communication skills. Theoretical frameworks relevant to acquired language and cognitive-communication disorders.

2.4.iv The clinical and functional characteristics of acquired language and cognitive-communication disorders across the lifespan.

2.4.v The associated perceptual, motor, cognitive, and affective problems and their impact on communication.

2.4.vi The psychosocial, educational, and vocational impact of communication disorders.

2.10 Hearing Disorders and Related Speech-Language Disorders

2.10.vii The psychosocial, educational, vocational, cognitive and other health consequences of hearing impairment.

UNIT THREE: Clinical Expert - Cross-Cutting Assessment and Intervention Standards

The speech-language pathologist demonstrates the ability to:

3.1 Identify individuals requiring speech-language pathology services:

3.1.i Collect and review information from relevant sources (e.g., referrals, reports, consultation) to determine an individual's need for a speech-language pathology assessment.

3.2 Plan, conduct, and adjust an assessment:

3.2.i Collect and analyze pertinent information prior to the assessment, including intake information and previous reports.

3.2.ii Use principles of assessment to develop assessment plans (e.g., tools, strategies, resources, environment) that reflect background information about the client (including personal and environmental factors), known or suspected primary and concomitant disorders (e.g., medical, emotional), knowledge of normal and disordered communication or swallowing as well as risk factors for communication or swallowing disorders; modify this plan when appropriate.

3.2.iii Demonstrate knowledge of principles underlying clinical assessment, including standardized and nonstandardized procedures and their advantages, disadvantages, limitations, representativeness, and applicability to the individual management plan.

3.3 Analyze and interpret assessment results:

3.3.i Analyze formal, informal, quantitative, and qualitative assessment results, including accurate scoring and interpretation of standardized tests.

3.3.ii Formulate a diagnostic statement about the client's communication or swallowing skills, including the impact on daily activities and educational, vocational, and psychosocial needs; include functional prognosis, as appropriate.

3.5 Develop and implement a realistic, evidence-informed, and measurable intervention plan:

3.5.i Utilize a biopsychosocial framework (e.g., the World Health Organization International Classification of Functioning, Disability, and Health) to establish and prioritize intervention aims that reflect the client's strengths, needs, values, expectations, and constraints.

3.5.ii Develop specific, measurable, realistic, time-limited targets to reach the aims.

3.5.iii Demonstrate knowledge of different approaches to intervention (including assistive devices/systems), the evidence and theoretical bases behind the approaches, their advantages, disadvantages, limitations.

3.5.iv Select and apply an appropriate intervention approach and service delivery model (e.g., periodic review, consultation, facilitator training, direct 1:1 therapy, direct group therapy, home/school program, interdisciplinary therapy) that is applicable to the client context.

3.5.v Develop and implement appropriate clinical activities and environmental supports for meeting treatment targets and facilitating generalization and maintenance of skills and strategies, including use of appropriate modalities, materials, and technologies, use of feedback and modelling, and provision of education, support, training, and counselling to the client, family and/or significant others.

3.5.ix Provide training, tasks, and feedback to support personnel to meet the clinical objectives, as appropriate to the jurisdiction, clinical activity, and individual competencies.

3.6 Share knowledge of concepts and strategies for prevention of communication and swallowing disorders across the lifespan (e.g., primary, secondary, and tertiary preventive strategies).

3.7 Consider sociodemographic and sociocultural factors in all aspects of assessment and intervention, including but not limited to factors such as race, ethnicity, gender identity, and differential access to services by Indigenous and other underserved populations; and intersections among these factors, communication, and swallowing.

UNIT FOUR: Clinical Expert - Disorder-Specific Assessment and Intervention Standards

The speech-language pathologist demonstrates the ability to:

4.3 Developmental Language Disorders

- 4.3.i Develop assessment plans that include the impact of monolingual versus multilingual language development.
- 4.3.ii Assess spoken and written language, including phonology, morpho-syntax, semantics, and pragmatics.
- 4.3.iii Develop and implement outcome measures to evaluate progress on ongoing basis (e.g., meeting IEP goals)

4.4 Acquired Language and Cognitive-Communication Disorders

- 4.4.i Assess phonology, orthography, morpho-syntax, semantics, and pragmatics in different genres (e.g., discourse, conversation, narrative, and expository speech), and cognitive functions related to language (e.g., aspects of memory, attention, executive functions)

4.10 Hearing Disorders and Related Speech-Language Disorders

- 4.10.vi Formulate a clinical conclusion incorporating the importance of hearing health for psychosocial, educational, and vocational well-being.
- 4.10.vii Modify management plans to accommodate varying degrees of hearing loss.
- 4.10.viii Implement strategies for managing hearing loss and associated speech-language communication difficulties.

UNIT FIVE: Communication

The speech-language pathologist and audiologist demonstrate the ability to:

5.1 Communicate respectfully and effectively using appropriate modalities (spoken, written, gestural):

- 5.1.i Use language appropriate to the client and context, taking into account all aspects of diversity (e.g., age, culture, gender identification, linguistic abilities, education level, cognitive abilities, emotional state).
- 5.1.ii Employ environmental and communication strategies to minimize barriers to successful communication, including the use of appropriate modes of communication (e.g., spoken, non-verbal, written, sign, electronic) and by using translators/interpreters, as required.
- 5.1.iii Adapt communication in response to verbal and nonverbal cues from communication partners.
- 5.1.iv Communicate in a socially appropriate and respectful manner that is comfortable for the client and demonstrates empathy and openness.
- 5.1.v Participate respectfully in challenging conversations.

5.2 Complete documentation thoroughly and accurately, in a timely manner:

- 5.2.ii Ensure reports clearly integrate results, client input, analysis, recommendations, goals, and outcomes, in a manner understandable to the target audience(s).

UNIT SIX: Collaboration

The speech-language pathologist and audiologist demonstrate the ability to:

6.1 Establish and maintain effective team collaborations to optimize client outcomes:

- 6.1.i Interact effectively and positively with all team members.

- 6.1.ii Communicate one's professional roles, responsibilities, and scope of practice in collaborative interactions.
- 6.1.iv Participate actively and respectfully in shared responsibilities and decision-making.
- 6.1.v Manage misunderstandings, limitations, and conflicts to enhance collaborative practice.

UNIT EIGHT: Scholarship

The speech-language pathologist and audiologist demonstrate the ability to:

8.1 Maintain currency of professional knowledge and performance in order to provide optimal care:

- 8.1.i Identify one's own professional strengths and areas for development.
- 8.1.iii Develop a plan and implement strategies, including selecting appropriate resources (e.g., literature, mentorship, continuing professional education), for continued development in all competency roles.

EXPECTATIONS FOR STUDENT PARTICIPATION

- Attend all class sessions, unless ill or other exceptional circumstance
- Notify the instructor(s) of absences, per the [SCSD absence policy](#)
- Complete required readings before class
- Use MyCourses to ask questions, on the instructor-moderated discussion board
- Engage in class discussions
- Signal any issues related to the course to the instructor(s) in a respectful and timely manner
- Engage in respectful interactions/communications with instructors and colleagues.

COURSE MATERIALS

Required and optional readings and other materials (podcasts, etc.) are available on myCourses, organized by week.

Intellectual Property of Course Materials

Copyright: Instructor-generated course materials (e.g., handouts, notes, summaries, exam questions) are protected by law and may not be copied or distributed in any form or in any medium without explicit permission of the instructor. Note that copyright infringements can be subject to follow-up by the University under the Code of Student Conduct and Disciplinary Procedures.

Readings in bold are required reading before that day's class; other readings are optional and/or for your future reference. Readings and course content are subject to change. Students will be notified of changes.

COURSE SCHEDULE

| WEEK/ INSTRUCTOR | | |
|--------------------------------------|--------------|---|
| Week 1 January 8 Laura | Topic | Introduction to literacy and literacy acquisition, Ehri's phase theory |
| | Readings | <p>Castles, A., Rastle, K., & Nation, K. (2018). Ending the Reading Wars: Reading Acquisition From Novice to Expert. <i>Psychological Science in the Public Interest</i>, 19(1), 5–51.</p> <p>Ehri, L. (2021, May 25). How beginning reading instruction teaches word reading skill. The Reading Forum.</p> |
| | Lab activity | Review of sections of NRP executive summary, in small groups, and whole-group discussion |
| Week 2 January 15 Laura | Topic | Reading disabilities including dyslexia; diagnostic criteria, Response to Intervention (RTI) model for addressing reading disabilities |
| | Readings | <p>Snowling, M., Hulme, C., & Nation, K. (2020). Defining and understanding dyslexia: Past, present and future. <i>Oxford Review of Education</i>, 46(4), 501-513.</p> <p>Miciak J. & Fletcher J., (2020). The critical role of instructional response for identifying dyslexia and other learning disabilities. <i>Journal of Learning Disabilities</i>, 53(5), 343-353.</p> <p>Catts, H.W., McIlraith, A., Bridges, M.S., & Nielsen, D. (2017). Viewing a phonological deficit within a multifactorial model of dyslexia. <i>Reading and Writing</i> 30, 613–629 (2017).</p> <p>Adlof S. M. & Hogan, T. P. (2018). Understanding dyslexia in the context of developmental language disorders. <i>Language Speech and Hearing Services in Schools</i>, 49(4), 762-773.</p> |
| | Lab activity | Review literacy screening tools, practice administration and interpretations in pairs |
| Week 3 January 22 Laura | Topic | Procedures for assessing reading disabilities, including dyslexia; reading difficulties in a second language |
| | Readings | <p>Catts, H. W. & Petscher, Y. (2021). A cumulative risk and resilience model of dyslexia. <i>Journal of Learning Disabilities</i>.</p> <p>Geva E., Xi Y., Massey-Garrison A., Mak J.Y. (2019). Assessing reading in second language learners: Development, validity, and educational considerations. In: Kilpatrick D., Joshi R., & Wagner R. (Eds.) <i>Reading development and difficulties</i> (pp. 117-155). Springer, Cham.</p> <p>Share, D. L. (2021). Common misconceptions about the phonological deficit theory of dyslexia. <i>Brain Sciences</i>, 11(11), 1510.</p> |
| | Lab activity | Review assessment tools, create an assessment plan based on case descriptions, practice administration and interpretation in pairs (begin work on Assignment 1). |

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| Week 4 January 29 Laura | Topic | Literacy interventions: phonological awareness interventions, phonics interventions |
| | Readings | <p>Al Otaiba, S., Rouse, A. G., & Baker, K. (2018). Elementary grade intervention approaches to treat specific learning disabilities, including dyslexia. <i>Language, Speech, and Hearing Services in Schools</i>, 49(4), 829-842.</p> <p>Kemp, N., & Treiman, R. (2022). Learning to Spell Words. In M. J. Snowling, C. Hulme, & K. Nation (Eds.), <i>The Science of Reading</i> (1st ed., pp. 165–185). Wiley. (p. 177 to the end)</p> <p>Joshi, R. M., Treiman, R., Carreker, S., & Moats, L. C. (2009). <i>How Words Cast Their Spell</i>. American Educator.</p> |
| | Lab activity | Review intervention materials, create intervention plan based on assessment reports in pairs (begin work on Assignment 2) |
| | DUE | Assignment 1: assessment planning |
| Week 5 February 5 Laura | Topic | Literacy interventions: morphology, syntax, & comprehension interventions |
| | Readings | <p>Fallon, K & Katz, L. (2020). Structured literacy intervention for students with dyslexia: Focus on growing morphological skills. <i>Language Speech and Hearing Services in Schools</i>. 51(2), 336-344.</p> <p>Catts, H. (2022). Rethinking how to promote reading comprehension. American Federation of Teachers. (Alternatively, in podcast form)</p> <p>Nelson, N. W. (2013). Syntax Development in the School-Age Years: Implications for Assessment and Intervention. <i>Perspectives on Language and Literacy</i>, 39(3), 9-15.</p> |
| | Lab activity | Review intervention materials, create intervention plan based on assessment reports in pairs (continue work on Assignment 2) |
| Week 6 February 12 Laura | Topic | The role of SLPs in literacy, current literacy-related issues in schools |
| | Readings | <p>Hogan, T. P. (2018). Five Ways Speech-Language Pathologists Can Positively Impact Children With Dyslexia. <i>Language, Speech, and Hearing Services in Schools</i>, 49(4), 902–905.</p> <p>Hanford, E. Hard words: Why aren't kids being taught to read? APM Reports. (also available as a podcast)</p> <p>Kale, S. (2020, Sep 17). The battle over dyslexia. <i>The Guardian</i>.</p> <p>Ontario Human Rights Commission (2022). Right to read: Public inquiry into human rights issues affecting students with reading disabilities [Executive Summary]. Toronto: Government of Ontario.</p> |
| | Lab activity | Discussion with guest Melanie Brethour: the unique perspective of a resource teacher and parent of a young person with dyslexia |
| | DUE | Assignment 2: intervention planning |
| | Quiz | Released on MyCourses: Quiz – literacy acquisition and dyslexia |

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| Week 7 February 19 Tanya | Topic | Literacy in special population: Deaf and Hard of Hearing & Autism |
| | Readings | TBD |
| | Lab activity | Small Group Discussion Review guidelines and begin work on assignment 3 |
| | DUE | Quiz – literacy acquisition and dyslexia |
| Week 8 February 26 Tanya | Topic | Literacy in Special Populations: Marginalized Groups & Individuals with Intellectual Disabilities |
| | Readings | TDB |
| | Lab activity | Right to Read video and class reflection and discussion |
| <i>March 4-8 – Spring Break</i> | | |
| Week 9 March 11 Tanya Remote | Topic | Digital Literacy: SLPs role in the digital age & understanding the digital divide |
| | Readings | TBD |
| | Lab activity | Explore free digital software for reading and writing in small groups Upload group discussion summaries: advantages and disadvantages |
| | DUE | Assignment 3: special populations |
| Week 10 March 18 Geneviève | Topic | Theoretical model(s) of skilled reading & writing; neural substrates for written language processing; assessment of acquired reading & writing disorders |
| | Readings | TBD |
| | Lab activity | Exploration of different assessment tools in small groups |
| Week 11 March 25 Geneviève | Topic | Acquired dyslexia/dysgraphia: Patterns of impairment & treatment (central processes) |
| | Readings | TBD |
| | Lab activity | Analysis of characteristics of word lists in assessment tools (small groups and class discussion) |
| (April 1 – no classes) | | |
| Week 12 April 8 Geneviève | Topic | Acquired dyslexia/dysgraphia: Patterns of impairment & treatment (peripheral processes) |
| | Readings | TBD |
| | Lab activity | Start working on assignment 4: based on a clinical case and assessment results, elaborate a clinical conclusion and develop an intervention plan in pairs |
| Week 13 Thursday April 11 Geneviève | Topic | Navigating the digital age with aphasia; technology & its potential for compensation |
| | Readings | TBD |
| | Lab activity | Continue working on assignment 4 |
| April 22 | DUE | Assignment 4: clinical conclusion & treatment planning |

EVALUATION

| Component | Targeted Competencies | Due Date | % of Final Grade |
|---|------------------------------|-------------|------------------|
| Assignment 1 | 2.3, 3.2, 4.3, 6.1 | January 29 | 15 |
| Assignment 2 | 3.3, 3.5, 4.3, | February 12 | 15 |
| Quiz: literacy acquisition and dyslexia | 1.4, 1.5, 2.3, 3.6, 3.7 | February 19 | 15 |
| Assignment 3 | 5.1i, 5.2ii, 6.1iv., 8.1i | March 11 | 20 |
| Assignment 4 | 2.3, 2.4, 3.2, 3.3, 3.5, 4.4 | April 22 | 25 |
| Class participation | -- | ongoing | 10 |

MCGILL POLICY STATEMENTS

- Language of submission
 - “In accord with McGill University’s [Charter of Students’ Rights](#), students in this course have the right to submit in English or in French written work that is to be graded. This does not apply to courses in which acquiring proficiency in a language is one of the objectives.” (Approved by Senate on 21 January 2009)
 - « Conformément à [la Charte des droits de l’étudiant](#) de l’Université McGill, chaque étudiant a le droit de soumettre en français ou en anglais tout travail écrit devant être noté, sauf dans le cas des cours dont l’un des objets est la maîtrise d’une langue. » (Énoncé approuvé par le Sénat le 21 janvier 2009)
- Academic integrity : McGill University values academic integrity. Therefore, all students must understand the meaning and consequences of cheating, plagiarism and other academic offences under the [Code of Student Conduct and Disciplinary Procedures](#)” See [McGill’s guide to academic honesty](#) for more information.
- Charter of Students’ Rights: Additional policies governing academic issues that affect students can be found in the [McGill Charter of Students’ Rights](#).
- In the event of extraordinary circumstances beyond the University’s control, the content and/or evaluation scheme in this course is subject to change.
- Inclusive learning environment: As the instructor of this course, I endeavor to provide an inclusive learning environment. However, if you experience barriers to learning in this course, do not hesitate to discuss them with me and/or [Student Accessibility and Achievement](#).