



McGill

Faculty of
Medicine and
Health Sciences

School of
Communication Sciences
and Disorders

Year 2 Fall 2022

**SCSD 644 - Acquired Language
Disorders**

Number of credits: 3 Credits

Course Time: Tuesday 9am - 11am

Instructors

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COURSE DESCRIPTION/OVERVIEW

From the eCalendar: Various classificatory systems and appropriate assessment and remediation principles for brain-damaged individuals will be covered. Theoretical and clinical issues relevant to treatment of aphasic, neuromotor, and memory disorders will be considered.

This course covers theoretical and clinical issues as well as principles relevant to the assessment and treatment of adults with acquired neurogenic language and cognitive-communication disorders (aphasia, cognitive communication disorders following a stroke of the right hemisphere, dementia and traumatic brain injury).

Clinical labs are designed to expose students to clinical materials and practice in assessment and therapy through case examples. Labs will parallel the typical sequence of the clinical process (i.e., chart review, assessment, education/counselling and therapy) and will be coordinated with lectures and hands-on activities.

LEARNING OBJECTIVES/OUTCOMES (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.iii Adult development and the aging process.

1.4 Counselling and Applied Psychology

1.4.i Biopsychosocial frameworks such as the World Health Organization International Classification of Functioning, Disability, and Health; as they relate to communication, swallowing, and balance.

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.

1.4.v The psychosocial effects of health conditions that may include a communication disorder (e.g., stroke, cancer), including the implications of acute versus chronic illness, stable versus progressive conditions, and congenital versus acquired conditions.

1.4.viii Interviewing and counselling methods for clients, their caregivers, and their significant others, in the context of family-centered care.

1.5 Psycholinguistics and Linguistics

1.5.i Normal and abnormal communication behaviour throughout the lifespan in both auditory and visual modalities (e.g., sign language) in the following areas: phonetics and phonology, morphology and syntax, semantics, pragmatics, nonverbal communication, and sociolinguistics.

1.5.ii Methods of observation and analysis useful for describing in the description of communicative behaviour in the following areas: phonetics and phonology, morphology and syntax, semantics, pragmatics, nonverbal communication, and sociolinguistics.

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

1.7 Instrumentation

1.7.ii Virtual delivery of services.

1.7.iii Digital health-related platforms (e.g., online communication platforms, eHealth platforms) used in clinical practice.

1.9 Research Methodology

1.9.v How to critically evaluate research using principles of evidence-based practice.

1.9.vi Systematic evaluation of the reliability and validity of assessment procedures, and of treatment efficacy.

UNIT TWO: Knowledge Expert

The speech-language pathologist demonstrates knowledge of:

2.2 Motor Speech Disorders

2.2.v Numerous neurological or developmental disorders that may accompany motor speech disorder (e.g., amyotrophic lateral sclerosis, Parkinson disease, Down Syndrome) and their impact on assessment, intervention and prognosis.

2.4 Acquired Language and Cognitive-Communication Disorders

2.4.i Typical changes in language and cognitive-communication function throughout the lifespan, related factors and processes (e.g., motor, sensory, perceptual, cognitive, affective, cultural) and their application to clinical practice.

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.

2.8 Augmentative and Alternative Communication

2.8.i Various low- and high-tech communication devices, symbols, visual and written aids, gestures, strategies, and techniques that are components of an augmentative and alternative communication (AAC) system.

2.8.v Methods for evaluating skills and abilities that may impact effective and efficient oral and written communication while using an AAC system (e.g., cognitive, linguistic, sensory, motor, visual, and hearing abilities).

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.

3.2.iv Conduct a clinical interview with the client and other pertinent individuals that is relevant to the diagnosis, presenting complaints, and management of the communication or swallowing disorder.

3.2.v Administer valid, accurate, and reliable assessment measures and/or procedures (quantitative and/or qualitative), as appropriate to the client and circumstances, and accurately listen to, observe, and document all responses and observations.

3.2.vi Assess the impact of the client's personal and environmental factors (e.g., coping style, housing) in the client's environment (home, community, school, work) on communication or swallowing needs and effectiveness.

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.

3.4 Develop and share recommendations based on assessment results:

3.4.i Develop evidence-informed recommendations, including potential referrals to other professionals, based on the assessment findings and available resources.

3.4.ii Discuss the assessment results, recommendations, and implications with the client and other relevant individuals, as permitted by the client.

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.vi Develop and implement outcome measures to evaluate progress on an ongoing basis.

3.5.vii Modify or discontinue the intervention (goals, approach, service delivery model) in keeping with outcomes and client feedback.

3.5.viii Refer to other healthcare or educational professionals as required; identify and recommend alternative services when client needs are beyond the professional limitations of the speech-language pathologist.

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.

3.7 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:

4.4 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)

4.8 Augmentative and Alternative Communication

4.8.iii Assess language, speech, symbol, and literacy needs.

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.i Accurately document informed consent, services provided, and outcomes.

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.

6.2 Collaborate with the client during all stages of care:

6.2.i Engage and support the client in identifying concerns, priorities, values, beliefs, assumptions, expectations, and desires in order to inform assessment and intervention.

6.2.ii Demonstrate respect for the client's rights, dignity, uniqueness, and equal opportunity.

6.2.iii Recognize and adapt to all aspects of client diversity (e.g., age, culture, gender identification, linguistic abilities, education level, cognitive abilities, emotional state).

6.2.iv Promote and support the client's (or substitute decision maker's) participation in decision-making.

UNIT SEVEN: Advocacy

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

7.1 Advocate for necessary services and resources that support an individual client.

7.2 Provide information and support to promote a client's self-advocacy.

7.3 Identify the need for, plan, and deliver promotion and education programs and activities related to communication and/or swallowing disorders, and speech-language pathology services.

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.ii Determine one's own goals for competency 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.

UNIT NINE: Management

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

9.1 Manage the clinical setting:

9.1.i Balance competing demands to manage time, caseload, resources, and priorities.

9.1.iii Apply appropriate precautions, risk management, and infection control measures, as required.

UNIT TEN: Professionalism

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

10.1 Maintain professional demeanor in all clinical interactions and settings:

10.1.i Obtain informed consent, protect client privacy, and maintain confidentiality (e.g., follow consent procedures to share information with other parties).

10.1.ii Demonstrate professionalism in managing conflict.

10.1.iii Maintain personal and professional boundaries in relationships with clients, colleagues, and other professionals.
10.1.iv Recognize and respond appropriately to the inherent power differential in the client-clinician relationship.
10.1.v Demonstrate professionalism in all communications, including those involving electronic platforms.
10.1.vi Demonstrate responsible, reliable behaviour, and accountability for actions and decisions.

INSTRUCTIONAL METHODS

This course consists of lectures, practical activities, and assignments.

Labs

Labs consist of practical, clinical activities conducted in class.

REQUIRED COURSE MATERIALS

All book chapters, scientific papers and slides will be made available on myCourses.

Participation in some activities done in class may require access to an electronic device (laptop, cellphone, tablet) and myCourses.

OPTIONAL COURSE MATERIALS

Both textbooks are available from McGill library and at the SCSD front desk.

- Chapey, R. (2008). *Language Intervention Strategies in Adult Aphasia* (5th Ed.). Baltimore: Williams & Wilkins.
- Brookshire, R.H. & McNeil, M. R. (2015). *Introduction to Neurogenic Communication Disorders* (Eighth Edition). St. Louis: Mosby.

COURSE CONTENT

This course includes class meetings and labs that present:

- Theoretical and clinical issues relevant to the assessment and treatment of adults with acquired neurogenic language and cognitive communication disorders;
- Principles of clinical assessment and intervention;
- Clinical materials and methods using case examples.

Week	Date	Lectures	Other Activities
1	Sept. 6, 22	Clinical setting and the role of the SLP Neuroanatomy Etiology, prognosis, and recovery	
2	Sept. 13, 22	Fluent aphasia Non-fluent aphasia Information for people with aphasia	Instructions for the assignment on written material for people with aphasia discussed in class and groups assigned
3	Sept. 20, 22	Initial contact, case history, unconscious bias, bilingualism Assessing auditory comprehension Assessing oral expression	
4	Sept. 27, 22	Assessing written language comprehension Assessing written language expression Other communication abilities and functional assessment of communication	Quiz #1 assigned, Due Sept. 30, 22 at 5pm on My Courses
5	Oct. 4, 22	General treatment principles Setting goals and planning treatment	Assignment on written material for people with Aphasia due at 5pm on MyCourses
Fall Reading Week			
No class on Tuesday, October 11			
Make-up day: Friday, October 14 , from 9:00 to 11:00; lab from 11:15 to 12:15			
6	Oct. 14, 22	Language-focused treatment SFA & PCA VNeST CILT	
7	Oct. 18, 22	Cognitive-focused treatment TUF	

		ACT & CART	
8	Oct. 25, 22	Functional and social participation treatment Communication Partner Training and Script Training Group Interventions	Quiz #2 assigned, Due Oct. 28, 22 at 5pm on My Courses
9	Nov. 1, 22	Comparison of treatment approaches Measuring efficacy	
10	Nov. 8, 21	Cognition: An overview Cognitive Communication Disorder Following a Stroke of the Right Hemisphere: Introduction	
11	Nov. 15, 22	Assessment of CCD Treatment of CCD	
12	Nov. 22, 22	Traumatic Brain Injury: Introduction Assessment Treatment	Quiz #3 assigned, Due Nov 25, 22 at 5pm on My Courses
13	Nov. 29, 22	Dementia: Introduction Assessment to provide a clinical opinion Assessment to provide an intervention Impairment-based intervention Social participation interventions and counselling with clients and families	Final take-home exam made available, due Friday, December 16, 22 at 5pm on myCourses

LAB SCHEDULE

Week	Date	Content
1	Sept. 6	Introduction and general organization of labs Working with/talking to adults with acquired language disorders
2	Sept. 13	Assessment of aphasia
3	Sept. 20	Interpreting assessment results and making clinical conclusions – Part 1
4	Sept. 27	Interpreting assessment results and making clinical conclusions – Part 2
5	Oct. 4	Setting long-term and short-term goals
6	Oct. 14	Setting short-term goals
7	Oct. 18	Treatment planning and delivery – Part 1
8	Oct. 25	Treatment planning and delivery – Part 2
9	Nov. 1	Tracking progress and adapting goals
10	Nov. 8	Cognitive Communication Disorders
11	Nov. 15	Assessment and intervention in Right Hemisphere Disorder
12	Nov. 22	Assessment and intervention in Traumatic Brain Injury
13	Nov. 29	Assessment and intervention in Dementia

EVALUATION

Active Participation in Lab Activities

Active participation is based on attendance and engagement in lab activities. It is worth 10% of your final grade.

Quizzes

The quizzes will cover the content from the learning modules. They will consist of multiple-choice questions and will be made available on myCourses. Quizzes will be due by the end of the week that they are assigned (Fridays) at 5 PM.

There are a total of 3 quizzes to complete. Students are expected to complete quizzes individually (see McGill Policy Statements below). The total score obtained on all quizzes is worth 30% of the final grade.

Assignment on Written Material for People with Aphasia

In teams of 4 or 5, students will use guidelines and their knowledge of aphasia and communication difficulties to create written material for people with aphasia.

The assignment is due on October 4th at 5pm and must be submitted in the Assignment section on myCourses (see Submitting Assignments on myCourses below). One person per team will be responsible for submitting the assignment. It is worth 25 % of the final grade.

Final Take Home Exam

The final take-home exam will be made available right after the last course on November 29th. It will cover content presented in lectures and labs throughout the semester. It will include multiple-choice questions, short answer questions (a few words or a sentence), short essay questions (5-10 lines), and long essay questions (half a page). Students are expected to complete this exam individually (see McGill Policy Statements below). It must be submitted by 5 pm on Friday, December 16th in the Assignment section on myCourses (see Submitting Assignments on myCourses below). It is worth 35% of the final grade.

Submitting Assignments on myCourses

The Quizzes, Written Material Assignment and Final Exam must be submitted using myCourses. Please consult [FAQs for students using myCourses: Assignments](#) for help on submitting assignments on myCourses.

Name of Assignment or Exam	Targeted Competencies	Due Date	% of Final Grade
Active participation in lab activities	1.4.i; 1.4.iii; 1.4.iv; 1.4.v; 1.4.viii; 1.5.i; 1.5.ii; 1.5.iv; 1.7.ii; 1.7.iii; 2.2.v; 2.4.i; 2.4.ii; 2.4.iii; 2.4.iv; 2.4.v; 2.4.vi; 2.8.i; 2.8.v; 3.1.i; 3.2.i; 3.2.ii; 3.2.iii; 3.2.iv; 3.2.v; 3.2.vi; 3.3.i; 3.3.ii; 3.4.i; 3.4.ii; 3.5.i; 3.5.ii; 3.5.iii; 3.5.iv; 3.5.v; 3.5.vi; 3.5.vii; 3.5.viii; 3.5.ix; 3.7; 4.4.i; 4.8.iii; 5.1.i; 5.1.ii; 5.1.iii; 5.1.iv; 5.1.v; 5.2.1; 5.2.ii; 6.1.i; 6.1.ii; 6.2.i; 6.2.ii; 6.2.iii; 6.2.iv; 7.1; 7.2; 7.3; 8.1.i; 8.1.ii; 8.1.iii; 9.1.i; 9.1.ii; 10.1.i; 10.1.ii; 10.1.iii; 10.1.iv; 10.1.v; 10.1.vi; 10.2.ii; 10.2.iii; 10.2.iv; 10.2.v; 10.3.iii.	Each week	10%
Assignment on written material for people with aphasia	1.4.i; 1.4.iii; 1.4.iv; 1.4.v; 1.4.viii; 1.5.i; 1.5.ii; 1.5.iv; 1.9.v; 1.9.vi; 2.4.i; 2.4.ii; 2.4.iii; 2.4.iv; 2.4.v; 2.4.vi; 2.8.i; 2.8.v; 3.1.i; 3.2.i; 3.2.ii; 3.2.iii; 3.2.iv; 3.2.v; 3.2.vi; 3.3.i; 3.3.ii; 3.4.i; 3.4.ii; 3.5.i; 3.5.ii; 3.5.iii; 3.5.iv; 3.5.v; 3.5.vi; 3.5.vii; 3.5.viii; 3.5.ix; 3.7; 4.4.i; 4.8.iii; 5.1.i; 5.1.ii; 5.1.iii; 5.1.iv; 5.1.v; 6.1.i; 6.1.ii; 6.2.i; 6.2.ii; 6.2.iii; 6.2.iv; 7.1; 7.2; 7.3; 10.2.ii; 10.2.v; 10.3.iii	Oct. 4, 22	25%

Quizzes	1.2.i; 1.2.iii; 1.2.iv; 1.3.iii; 1.4.i; 1.4.iii; 1.4.iv; 1.4.v; 1.4.viii; 1.5.i; 1.5.ii; 1.5.iv; 1.9.v; 19.vi; 2.2.v; 2.4.i; 2.4.ii; 2.4.iii; 2.4.iv; 2.4.v; 2.4.vi; 2.8.i; 2.8.v; 3.1.i; 3.2.i; 3.2.ii; 3.2.iii; 3.2.iv; 3.2.v; 3.2.vi; 3.3.i; 3.3.ii; 3.4.i; 3.4.ii; 3.5.i; 3.5.ii; 3.5.iii; 3.5.iv; 3.5.v; 3.5.vi; 3.5.vii; 3.5.viii; 3.5.ix; 3.7; 4.4.i; 4.8.iii; 5.1.i; 5.1.ii; 5.1.iii; 5.1.iv; 5.1.v; 6.1.i; 6.1.ii; 6.2.i; 6.2.ii; 6.2.iii; 6.2.iv; 7.1; 7.2; 7.3; 10.2.ii; 10.2.v; 10.3.iii.	The Friday after it is assigned	30%
Final take-home exam	1.4.i; 1.4.iii; 1.4.iv; 1.4.v; 1.4.viii; 1.5.i; 1.5.ii; 1.5.iv; 1.9.v; 19.vi; 2.2.v; 2.4.i; 2.4.ii; 2.4.iii; 2.4.iv; 2.4.v; 2.4.vi; 2.8.i; 2.8.v; 3.1.i; 3.2.i; 3.2.ii; 3.2.iii; 3.2.iv; 3.2.v; 3.2.vi; 3.3.i; 3.3.ii; 3.4.i; 3.4.ii; 3.5.i; 3.5.ii; 3.5.iii; 3.5.iv; 3.5.v; 3.5.vi; 3.5.vii; 3.5.viii; 3.5.ix; 3.7; 4.4.i; 4.8.iii; 5.1.i; 5.1.ii; 5.1.iii; 5.1.iv; 5.1.v; 5.2.1 5.2.ii; 6.1.i; 6.1.ii; 6.2.i; 6.2.ii; 6.2.iii; 6.2.iv; 7.1; 7.2; 7.3; 8.1.i; 8.1.ii; 8.1.iii; 9.1.i; 9.1.iii; 10.1.i; 10.1.ii; 10.1.iii; 10.1.iv; 10.1.v; 10.1.vi; 10.2.ii; 10.2.iii; 10.2.iv; 10.2.v; 10.3.iii.	Dec. 16, 22	35%

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 any 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.

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](#). (Approved by Senate on 29 January 2003) (See [McGill's guide to academic honesty](#) for more information).

L'université McGill attache une haute importance à l'honnêteté académique. Il incombe par conséquent à tous les étudiants de comprendre ce que l'on entend par tricherie, plagiat et autres infractions académiques, ainsi que les conséquences que peuvent avoir de telles actions, selon le Code de conduite de l'étudiant et des procédures disciplinaires (pour de plus amples renseignements, veuillez consulter le [guide pour l'honnêteté académique de McGill](#)).

Content warning: Please be aware that some of the course content may be disturbing for some students. It has been included in the course because it directly relates to the learning outcomes. Please contact the instructor if you have specific concerns about this.

McGill University is on land which has long served as a site of meeting and exchange amongst Indigenous peoples, including the Haudenosaunee and Anishinabeg nations. We acknowledge and thank the diverse Indigenous people whose footsteps have marked this territory on which peoples of the world now gather.

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 the [Office for Students with Disabilities](#), 514-398-6009.

Many students may face mental health challenges that can impact not only their academic success but also their ability to thrive in our campus community. Please reach out for support when you need it; many [resources](#) are available on-campus, off-campus and online.

End-of-course evaluations are one of the ways that McGill works towards maintaining and improving the quality of courses and the student's learning experience. You will be notified by e-mail when the evaluations are available. Please note that a minimum number of responses must be received for result to be available to students.

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In the event of extraordinary circumstances beyond the University's control, the content and/or evaluation scheme in this course is subject to change.

COVID 19

Please refer to the McGill COVID page for information regarding COVID 19 policies and procedures. <https://www.mcgill.ca/return-to-campus/>

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