2018 Child Health Symposium

Presented by
• Faculty of Health Sciences, Western University
• Thames Valley Children’s Centre

May 17 • 8:45 – 4:00 • TVCC

The 'P-Words': Play, Physical Activity, People, Participation, and Possibilities

Program

https://www.uwo.ca/fhs/education/child_health.html
Contents of Program

ABOUT THE 2018 CHILD HEALTH SYMPOSIUM

WELCOME FROM THE ORGANIZING COMMITTEE

PROGRAM AT A GLANCE: MORNING

PROGRAM AT A GLANCE: AFTERNOON

MORNING PRESENTATIONS AT A GLANCE: SESSION 1 (10:40 – 11:35)

AFTERNOON PRESENTATIONS AT A GLANCE: SESSION 2 (1:45 – 2:40)

POSTER SESSION, CONCURRENT ACTIVITIES, AND DEMONSTRATIONS (12:45 – 1:45)

Drumming Circle: Experience the Rhythms
Wheelchair Basketball ‘Have a Go’
Experience a Seated Volleyball Game: Participation and Possibilities
Adapted Fitness Centre: A Conversation and Demonstration
Motion Analysis: A Demonstration of the TVCC Gait Lab
Outdoor Play Garden
Poster Crawl

KEYNOTE ADDRESS

MEET OUR PANEL OF ATHLETES

DESCRIPTIONS OF PRESENTATIONS: MORNING SESSION 1

Session 1: Cluster A. PEOPLE AND POSSIBILITIES: FOCUS ON WELLBEING
Session 1: Cluster B. POSSIBILITIES AND RESILIENCE
Session 1: Cluster C. ASSESSMENT AND THERAPY
Session 1: Cluster D. PARTICIPATION

DESCRIPTIONS OF PRESENTATIONS: AFTERNOON SESSION 2

Session 2: Cluster E. PHYSICAL ACTIVITY: SUPPORTING WELLNESS
Session 2: Cluster F. PLAY AND PEOPLE
Session 2: Cluster G. PARENTS/CAREGIVERS
Session 2: Cluster H. ENVIRONMENT, INNOVATION, AND RESEARCH

DESCRIPTION OF POSTERS: AFTERNOON SESSION
The Child Health Symposium is a collaborative presentation of Western University's Faculty of Health Sciences and the Thames Valley Children's Centre.

It provides an opportunity for youth, family, clinicians, service leaders, researchers, educators, and students from all disciplines to:

- Share their knowledge, ideas, and best practices for service delivery in the area of child health and well-being
- Present current research interests, questions, and findings
- Learn more about the child health and wellness research happening in our community
- Network and build relationships and collaborations with others in our community and across disciplines

Youth, families, and caregivers, service leaders, researchers, educators, students, and clinicians (e.g., behaviour/occupational/recreational/physical therapists, speech language pathologists, social workers, nurses, physicians)

**Keynote Address: Making it Happen: Putting the P-Words in Policy & Practice!**

We are excited to have Dr. Jan Willem Gorter, Director of CanChild Centre for Childhood Disability Research and Scotiabank Chair in Child Health Research, share his knowledge and expertise.

**Panel of Athletes and Coaches: Participation and Possibilities**

Darda Sales and David Willsie, Paralympic athletes, will share their stories and the impact sport and participation has had on their lives.

A brief paper program will be handed out at the Symposium. The electronic version of the full program and the presentation handouts will be posted on the Child Health Symposium website:

[www.uwo.ca/fhs/news_events/child_health.html](http://www.uwo.ca/fhs/news_events/child_health.html)
Location: Thames Valley Children’s Centre
779 Base Line Road East
London, ON  N6C 5Y6

Date/Time: Thursday, May 17, 2018
8:45 a.m. – 4:00 p.m.
Registration opens at 8:00 a.m.

Fees: Free—limited spaces available, catered lunch provided

Parking: Lots are owned by London Health Sciences Centre (LHSC) and operated by Impark. General parking is available in any of the visitor parking lots (P7 is the closest lot to the TVCC main entrance)

Map of parking for TVCC, current rates, and information:
www.lhsc.on.ca/About_Us/LHSC/Maps_Directions/VH/parking.htm

Transit: Routes #6, #24, #1

For more information on the Symposium, contact:

Nicole Chabot
Research Coordinator
nchabot@uwo.ca
519-661-2111 ext. 84736

For inquiries related to registration, contact:

Carrie Connell
Education & Program Coordinator
carrie.connell@tvcc.on.ca
519-685-8700 ext. 53367

Note: This event is sold out and has a wait list. If you are not able to attend, please be considerate of your peers and contact Carrie immediately so your space can be made available to those on the registration wait list.
WELCOME FROM THE ORGANIZING COMMITTEE

We would like to extend a warm welcome to all of the participants and presenters of the fifth Child Health Symposium! Joining us today are youth, families, and professionals from multiple disciplines, including: clinicians (e.g., behaviour therapists, occupational therapists, physical therapists, speech language pathologists, recreational therapists, social workers, nurses, physicians, etc.), service leaders, researchers, educators, and undergraduate and graduate students.

Our goal for today is to continue to connect those who have an interest in building relationships and collaborative opportunities around research and best practices in Child Health and Wellness.

We encourage you to share your experience, research, and best practices ideas with the other attendees. We look forward to the many wonderful conversations that will develop from this day.

2018 Child Health Symposium Organizing Committee Members

Carrie Connell¹
Education and Program Coordinator

Gordon MacDonald²
Research Officer

Janette McDougall¹,²
Researcher

John LaPorta¹
CEO

Karen Faragher¹
Recreation Therapist

Karen Lowry¹
Director of Quality Management

Kevin Shoemaker²
Associate Dean (Research)

Michelle Servais¹,²,³
Researcher

Nicole Turner¹,²
Youth Engagement Leader; Student

Nicole Chabot²
Research Coordinator, Faculty of Health Sciences and Research Development & Services

Shauna Burke²
Associate Professor, School of Health Studies

Sheila Moodie²
Assistant Professor, School of Communication Sciences and Disorders

Trish Tucker²
Assistant Professor, School of Occupational Therapy

¹ Thames Valley Children’s Centre; ² Faculty of Health Sciences, Western University; ³ Chair, CHS Organizing Committee

THANKS!

Special thanks to our keynote speaker, athlete panel members, Thames Valley Children’s Centre staff members and volunteers, and Western University staff and student volunteers, who are helping out during the event!
## PROGRAM AT A GLANCE: MORNING

<table>
<thead>
<tr>
<th>TIME</th>
<th>ACTIVITY</th>
<th>LOCATION</th>
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</thead>
<tbody>
<tr>
<td>8:00</td>
<td>Registration Table Opens, Networking, Refreshments (45 min.)</td>
<td>Foyer outside of Education Suites</td>
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<tr>
<td></td>
<td>Pick up name tag and registration package, network</td>
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<td></td>
<td><strong>Complete:</strong> Individual Reflections page, Section A</td>
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<tr>
<td>8:45</td>
<td>Official Start and Welcome (15 min., Karen Lowry, TVCC)</td>
<td>Full Education Suites</td>
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<td>Orientation to the day; Welcome from:</td>
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<tr>
<td></td>
<td>John LaPorta, CEO, Thames Valley Children’s Centre</td>
<td>South (S)</td>
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<tr>
<td></td>
<td>Kevin Shoemaker, Associate Dean Research, Faculty of Health Sciences,</td>
<td>Middle (M)</td>
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<tr>
<td></td>
<td>Western University</td>
<td>North (N)</td>
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<tr>
<td>9:00</td>
<td>Icebreaker and Networking Activity (20 min., Michelle Servais, TVCC)</td>
<td>Full Education Suites</td>
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<tr>
<td>9:20</td>
<td>Panel of Athletes: Participation and Possibilities (60 min., Karen Faragher, TVCC)</td>
<td>Full Education Suites</td>
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<tr>
<td></td>
<td>Darda Sales, Paralympic Athlete (Swimming, Wheelchair Basketball)</td>
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<td></td>
<td>David Willsie, Paralympic Athlete (Wheelchair Rugby) and Coach</td>
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<tr>
<td>10:20</td>
<td>Break and Networking Opportunity (20 min.)</td>
<td>Full Education Suites and Hallway</td>
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<td>Work on the Networking Activity Page</td>
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<tr>
<td>10:40</td>
<td>Session 1, Concurrent Presentation Clusters (55 min.)</td>
<td>Edu Suites M &amp; S</td>
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<tr>
<td></td>
<td>Cluster A. Presentations (Facilitator: Gord MacDonald, Western)</td>
<td>Edu Suite N</td>
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<tr>
<td></td>
<td>Cluster B. Presentations (Facilitator: Sheila Moodie, Western)</td>
<td>Gym N</td>
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<td>Cluster C. Presentations (Facilitator: Shauna Burke, Western)</td>
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<td>Cluster D. Presentations (Facilitator: Trish Tucker, Western)</td>
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<td><strong>11:35 a.m. move to Poster Teaser Session</strong></td>
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<tr>
<td>11:40</td>
<td>Poster Teaser Session and Afternoon Preview (20 min., Nicole Chabot,</td>
<td>Full Education Suites</td>
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<td></td>
<td>Michelle Servais, TVCC)</td>
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<td></td>
<td><strong>12:00 p.m. move to Lunch</strong></td>
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<tr>
<td>12:00</td>
<td>Lunch and Networking Opportunity (45 min.)</td>
<td>Education Suites, Garden</td>
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<tr>
<td></td>
<td>Get to know someone new over lunch</td>
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</tbody>
</table>
### PROGRAM AT A GLANCE: AFTERNOON

<table>
<thead>
<tr>
<th>TIME</th>
<th>ACTIVITY</th>
<th>LOCATION</th>
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</thead>
<tbody>
<tr>
<td>12:45</td>
<td><strong>Poster Crawl Session, Concurrent Activities, and Demonstrations</strong> (55 min.)</td>
<td>Edu Suites</td>
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<tr>
<td></td>
<td>Learn, play, participate, and experience (activity start times: 12:45, 1:05, 1:25)</td>
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<tr>
<td></td>
<td><strong>Poster Session</strong></td>
<td>Edu Suites</td>
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<td></td>
<td><strong>Drumming Circle</strong></td>
<td>Resource Centre</td>
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<td></td>
<td>(Facilitator: Jess Dickie, Nicole Turner)</td>
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<tr>
<td></td>
<td><strong>Wheel Chair Basketball</strong></td>
<td>Gym N</td>
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<tr>
<td></td>
<td>(Facilitator: Laura Wilson, Katherine Hale)</td>
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<tr>
<td></td>
<td><strong>Seated Volleyball</strong></td>
<td>Gym S</td>
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<tr>
<td></td>
<td>(Facilitator: Karen Faragher)</td>
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<tr>
<td></td>
<td><strong>Adapted Fitness Centre</strong></td>
<td>1st Floor N</td>
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<td></td>
<td>(Facilitator: Liz Lusk, Rachel Ireland)</td>
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<tr>
<td></td>
<td><strong>Gait Lab</strong></td>
<td>1st Floor S</td>
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<td></td>
<td>(Facilitator: Rob Caryn)</td>
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<tr>
<td></td>
<td><strong>Outside Play Garden</strong></td>
<td>1st Floor, Front East</td>
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</tbody>
</table>

1:40 p.m. move to Keynote Speaker Presentation

| 1:45       | **Session 2, Presentation Clusters** (55 min.)                           | Edu Suite M & S               |
|            | **Cluster E. Presentations**                                             | Edu Suite M & S               |
|            | (Facilitator: Trish Tucker, Western)                                     |                               |
|            | **Cluster F. Presentations**                                             | Edu Suite N                   |
|            | (Facilitator: Nicole Chabot, Western)                                    |                               |
|            | **Cluster G. Presentations**                                             | Gym N                         |
|            | (Facilitator: Sheila Moodie, Western)                                     |                               |
|            | **Cluster H. Presentations**                                             | Gym S                         |
|            | (Facilitator: Gord MacDonald, Western)                                   |                               |

2:40 p.m. move to Keynote Speaker Presentation

| 2:45       | **Keynote Speaker: Dr. Jan Willem Gorter** (60 min.)                     | Full Education Suites         |
|            | **Title:** Making it Happen: Putting the P-Words in Policy & Practice!    |                               |
|            | Facilitator: Nicole Chabot, Western University                           |                               |

At the beginning of this session, complete and hand in: Networking Activity page, and Individual Reflections page, Section B

| 3:45       | **Final Plenary Session: Final Thoughts, Door Prizes, Wrap-Up** (10 min.) | Full Education Suites         |
|            | Reflections, Final Thoughts (Karen Lowry, TVCC)                          |                               |
|            | Wrap-Up, Door Prize Draws (Michelle Servais, TVCC)                       |                               |

CHS Evaluation Form: Hand-in
### MORNING PRESENTATIONS AT A GLANCE: SESSION 1 (10:40 – 11:35)

<table>
<thead>
<tr>
<th>A</th>
<th>People &amp; Possibilities: Focus on Well-being</th>
<th>B</th>
<th>Possibilities &amp; Resilience</th>
<th>C</th>
<th>Assessment &amp; Therapy</th>
<th>D</th>
<th>Participation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Edu. Suites Middle/South</td>
<td>Edu. Suite North</td>
<td>Gym North</td>
<td>Gym South</td>
<td></td>
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<tr>
<td><strong>A1.</strong> Mindfulness with Children and Youth: A Scoping Review</td>
<td><strong>B1.</strong> Fostering Post-Traumatic Growth and Resilience in Adolescent Trauma Survivors</td>
<td><strong>C1.</strong> Interdisciplinary Assessment Practices for Psychology and Speech-Language Pathology Student Clinicians at the Child and Youth Development Clinic</td>
<td><strong>D1.</strong> Ontario Wheelchair Sports Association: Accessible and Inclusive Sport for All</td>
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<tr>
<td><strong>A2.</strong> Disability Disclosure, Inclusion, and Workplace Accommodations for Youth with Disabilities: Youth and Employer Perspectives</td>
<td><strong>B2.</strong> Encouraging Education Equity for At Risk Syrian Refugee Students: Challenges and Possibilities</td>
<td><strong>C2.</strong> Developing Meaningful Outcome Measures: The Family Impact of Assistive Technology Scale for AAC Interventions (FIATS-AAC)</td>
<td><strong>D2.</strong> The Universality of Music: Using Creativity to Increase Access to the Benefits of Music!</td>
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<tr>
<td><strong>A3.</strong> What Contributes to Multidimensional Life Satisfaction for Youth with Chronic Health Conditions?</td>
<td><strong>B3.</strong> Presenting Attendant Care Options</td>
<td><strong>C3.</strong> London Paediatric Neuromuscular Research Centre: Progression in Clinical Trials for Duchenne Muscular Dystrophy</td>
<td><strong>D3.</strong> Unheard Minds, Autistic Bodies: Lessons from bloggers</td>
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2018 CHILD HEALTH SYMPOSIUM
## AFTERNOON PRESENTATIONS AT A GLANCE: SESSION 2 (1:45 – 2:40)

<table>
<thead>
<tr>
<th>E</th>
<th>Physical Activity: Supporting Wellness</th>
<th>F</th>
<th>Play &amp; People</th>
<th>G</th>
<th>Parents/ Caregivers</th>
<th>H</th>
<th>Environment, Innovation, &amp; Research</th>
</tr>
</thead>
<tbody>
<tr>
<td>Edu. Suites Middle/South</td>
<td>Edu. Suite North</td>
<td>Gym North</td>
<td>Gym South</td>
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</tbody>
</table>

- **E1.** Balance Confidence and Other Factors Related to Physical Activity Participation in Youth with Cerebral Palsy
- **E2.** The Facilitators and Barriers of Physical Activity Engagement for Youth and Young Adults with Childhood Onset Physical Disabilities
- **E3.** Coaches’ Role in Supporting the Wellness of Their Athletes
- **F1.** A Social Skills Support Program for Children with Down Syndrome and their Typically Developing Siblings: Effect on Coping, Adjustment, and Sibling Relationship
- **F2.** PlayVenture London—Working Together to Ignite Children’s Imaginations and Play
- **F3.** Camps on TRACKS—Creating Meaningful Interactions for Children with Disabilities and their Peers
- **G1.** Identifying Psychosocial Aspects and Stressors in Parents of Children with Inborn Errors of Metabolism
- **G2.** Shared Decision Making Pilot in Pediatric Neurology and Related Clinics
- **G3.** Coaching and/or Education for Parents with Obesity and their Young Children (Ages 2.5-10)
- **H1.** Pedestrian Navigation and Public Transit Training Interventions for Youth with Disabilities: A Systematic Review
- **H2.** Geospatial Analyses of Adverse Birth Outcomes in Southwestern Ontario: Examining Environmental Factors
- **H3.** London Paediatric Neuromuscular Research Centre Study Update: Congenital Myotonic Dystrophy
This session is all about the P-Words in action: play, physical activity, people, participation, and possibilities. Take some time to try some of the P-Words out and learn something new.

Rotate between activities that interest you. Each activity/demonstration will last about fifteen minutes.

Activity/demonstration start times: **12:45 p.m., 1:05 p.m., 1:25 p.m.**

**Drumming Circle: Experience the Rhythms**
(_Resource Centre, main lobby_
Facilitators: Jess Dickie, Music Therapist, and Nicole Turner, Drumming Musician
Experience the healing rhythms of a variety of drums! Music has the power to bring people together, relieve anxiety, elevate moods, and improve physical, cognitive, and socioemotional skills. Join us to gain a sense of how simple and enjoyable hand drumming with a group of people can be, as well as how easy it is to adapt the activity to be inclusive of all abilities. No experience necessary, just come ready to have fun!

**Wheelchair Basketball ‘Have a Go’**
_(Gym north)_
Facilitators: Laura Wilson and Katherine Hale
The Ontario Wheelchair Sports Association is committed to growing opportunities for individuals of all physical abilities to participate in sport and physical activity. Join us to give wheelchair basketball a try, and learn how a sport wheelchair will increase your balance, agility and speed, giving you the tools you need to participate in this fully integrated sport. Wheelchair basketball is a fun, exciting and inclusive sport that can be played by anyone, not just wheelchair users!

**Experience a Seated Volleyball Game: Participation and Possibilities**
_(Gym south)_
Facilitator: Karen Faragher, Recreation Therapist
Making physical activity accessible and inclusive benefits all participants. Join-in for a fun game of seated volleyball—no experience necessary.

**Adapted Fitness Centre: A Conversation and Demonstration**
_(main floor, north)_
Facilitators: Liz Lusk, Physiotherapist and Rachel Ireland, Recreation Therapist
The Adapted Fitness Centre introduces children and youth to a physical activity, exercise and well-being through our accessible fitness centre. Learn about our accessible fitness equipment and individualized services to support each member's unique abilities and fitness goals.
Motion Analysis: A Demonstration of the TVCC Gait Lab  
(main floor, south)

Facilitator: Rob Caryn, Gait Lab Technologist

The TVCC Gait Lab is one of the few spaces in Canada available to accurately measure complex pediatric gait deviations caused by various clinical disease processes. Come learn about how the lab is used in the clinical decision making process to optimize the movement of children with cerebral palsy.

Outdoor Play Garden  
(main floor, exit front east)

Take a few moments to get some fresh air and explore our outdoor play garden. Research has shown that engaging in play contributes to both physical and mental well-being. Try doing a mindful walk around the garden. Take a few moments and try out some of the activities in our “recess box”: try out a hula hoop, throw around a Frisbee, blow some bubbles, or play some bocce ball.

Poster Crawl  
(Full Education Suites)

POSTER 1: London Paediatric Neuromuscular Research Centre Study Update: Spinal Muscular Atrophy

POSTER 2: Impact of a Strength-Based Intervention: Families Experiences and Outcomes with Solution-Focused Coaching (SFC-peds)

POSTER 3: Presentation Pathway: From Awareness to Engagement and Beyond

POSTER 4: A Qualitative Study of Barriers and Facilitators of Active Outdoor Play Among Youth In Grades Six To Eight

POSTER 5: A Systematic Review of Post-Secondary Transition Interventions for Youth with Disabilities

POSTER 6: Applied Behaviour Analytic Interventions for Down Syndrome: A Systematic Review

POSTER 7: Collaborative Integrated Service: Rehabilitation and Autism Therapists in IBI Classrooms

POSTER 8: Exploring Pragmatic Reasoning in Children with Physical Disabilities who use Aided Communication


POSTER 10: An Exploratory Pilot Study on Digital Device Engagement, Social Media, and Child Wellbeing
KEYNOTE ADDRESS

Making it Happen: Putting the P-Words in Policy & Practice!

Jan Willem Gorter, MD, PhD, FRCP(C) Physical Medicine and Rehabilitation, is a Professor in the Department of Pediatrics. He is Director and a scientist at CanChild Centre for Childhood Disability Research (www.canchild.ca) at McMaster University. He holds the Scotiabank Chair in Child Health Research.

Jan Willem has training in pediatric and adult rehabilitation medicine (physiatry) with a special clinical and research interest in transitional services and life course health development. His research focuses on the themes of family, function (daily activities and participation) with a special interest in fitness / active lifestyle and in transitions from adolescence to adulthood (future).

In his work, Jan Willem has found the World Health Organization’s International Classification of Functioning, Disability and Health (ICF) extremely powerful in teaching professionals and families. He recognized the possibility to formulate ideas about the ICF and childhood disability with ‘F-words’. He co-authored the article entitled ‘The ‘F-words’ in childhood disability: I swear this is how we should think!’ which has been downloaded over 12 000 times since its publication in 2011.

Jan Willem leads a research program that advances the knowledge of health development of people with disabilities, and that enhances research capacity through mentoring and training. Jan Willem’s research is frequently published in peer-reviewed publications in leading journals.

Dr. Jan Willem Gorter, MD, PhD, FRCP (C)

Department of Pediatrics, McMaster University, Hamilton, ON Canada

https://www.canchild.ca/en/team_members/1-dr-jan-willem-gorter

https://fhs.mcmaster.ca/pediatrics/jan_willem_gorter.html
MEET OUR PANEL OF ATHLETES

Darda Sales

Paralympian

Darda Sales is a four time Paralympian in two sports (swimming 2000, 2004, 2008, wheelchair basketball 2016), a Gold and Silver medalist and a dual sport World Champion. After losing her leg in a farm accident as a child, Darda went on to discover the joy and challenge of competition in sport, a discovery that has led her to travel the world, meet the love of her life and experience the highest of highs and the lowest of lows. Today, Darda is a mother of 3, a coach with the London Aquatic Club and a PhD Candidate at Western University.

See http://paralympic.ca/darda-sales
David Willsie

Paralympian

David Willsie became a quadriplegic after he was injured in a recreational hockey game in 1995. In his 19-year career on the national team, Willsie has won four World Championship medals, three Paralympic Games medals and countless national championship titles. In 2002, he led the team to gold at the 2002 World Wheelchair Rugby Championships in Gothenburg, Sweden. That victory was caught on tape for the documentary “Murderball.” Domestically, he has received numerous All Star awards and was the MVP at the 2000, 2002 and 2011 Canadian National Championships. He is the player-coach of the Ontario Thunder, which have won the past four national championships.

See http://paralympic.ca/david-willsie
Mindfulness with Children and Youth: A Scoping Review

Kirsten Smith*
Western University

BACKGROUND: Growing evidence supports the use of mindfulness to support individuals with a range of health concerns. The popularity and use of mindfulness is on the rise across clinical groups. In a review that examined mindfulness-based interventions with children and youth, Harnett and Dawe (2012) suggested that mindfulness with children is "an important addition to the repertoire of existing therapeutic techniques" (p.195), noting that some small-scale research on mindfulness programs for youth exist.

PURPOSE: The purpose of the research was to identify, summarize and describe the state of knowledge on mindfulness-based practices for children and youth since the published review by Harnett and Dawe in 2012.

METHODS: The methodological framework for scoping reviews described by Arksey and O’Malley (2005) was adopted for this study. Five databases were searched. Inclusion and exclusion criteria were applied to determine the articles included in the review. Descriptive and thematic analysis of the articles was undertaken.

RESULTS: A significant proliferation of research regarding mindfulness for children and youth has occurred since 2012. Studies of mindfulness have focused on a wide range of clinical groups, including children and youth experiencing chronic pain, learning disabilities, post-traumatic stress and cancer. Further, a body of literature exploring group-based mindfulness practices in non-clinical settings has ballooned since 2012.

IMPLICATIONS: This scoping review helps to contextualize the recent body of literature regarding mindfulness for children and youth while highlighting gaps and areas requiring further research.
Disability Disclosure, Inclusion, and Workplace Accommodations for Youth with Disabilities: Youth and Employer Perspectives

Sally Lindsay*1,2, Elaine Cagliostro*1, Joanne Leck3, Winny Shen4

(1) Bloorview Research Institute, (2) University of Toronto, (3) University of Ottawa, (4) University of Waterloo

Many youth with disabilities find it challenging to disclose their condition and request workplace accommodations. Enhancing the employment of people with disabilities can help support healthy and productive work. The purpose of our study was to explore how young people with disabilities disclose their condition and ask for workplace accommodations, and understand employer accommodation practices including how they create an inclusive environment. A descriptive qualitative study was conducted involving in-depth interviews with a purposive sample of youth and employers. We analyzed our data using an interpretive, qualitative, thematic approach. Our participants included 17 youth with disabilities (11 females and 6 males, aged 15-34) who were employed or looking for work; and 18 employers across various industries who hire youth with disabilities. Youth's strategies for disability disclosure included self-advocacy, being knowledgeable about workplace rights, and accommodation solutions. Challenges to disclosure included the fear of discrimination, lack of employer's knowledge of disabilities and accommodations, and negative past experiences. Most employers encouraged youth to disclose their condition and emphasized the importance of creating an inclusive workplace culture through disability advocacy, mentoring, and diversity training and policies. In conclusion, youth encounter several challenges in disclosing their condition and requesting workplace accommodations, but having an inclusive work environment or employer can help youth to feel more comfortable with disclosing. Formal diversity and inclusion policies for employers can also enhance disability disclosure in the workplace and should be more widely implemented.

“Canadians of all ages need to move their bodies more at work, school and play.”

(https://www.participaction.com/en-ca/programs)
What Contributes to Multidimensional Life Satisfaction for Youth with Chronic Health Conditions?

Janette McDougall*1, 2, 3, Virginia Wright3, 4

(1) Thames Valley Children's Centre, (2) Western University, (3) Bloorview Research Institute, (4) University of Toronto

This presentation examines the differential influences of personal, interpersonal, and environmental level factors on domain-based and overall life satisfaction over one year for youth with chronic health conditions. Baseline and Time 2 follow-up data were used from a study examining quality of life for a sample of 439 youth with chronic conditions, aged 11 to 17 years. The Brief Multidimensional Students’ Life Satisfaction Scale measured youths’ life satisfaction in five domains (i.e., satisfaction with self, family life, friendships, school experiences, where one lives) and in overall life. Six multivariate linear regression analyses were performed, each exploring relations of the hypothesized correlates at baseline with one aspect of life satisfaction at follow-up controlling for youth gender, age, household income, and the corresponding aspect of life satisfaction at baseline. Factors at all three levels were found to be important to some aspect of life satisfaction. Emotional well-being played a notable role in life satisfaction across multiple domains and in overall life satisfaction. Family-related factors were also significantly related to life satisfaction across several domains. Social support from close friends and teachers and the school environment were important to specific domains of life satisfaction. Classmate social support emerged as a key factor related to overall life satisfaction. Implications for practice and future research are discussed.
In recent years, the incidence and acuity of mental illness among young Canadians has drastically increased, resulting in a critical demand for youth psychiatric resources. While biological and psychosocial changes occurring during adolescence significantly modify health trajectories, structural considerations including family and peer relationships, educational opportunities, and household income, may play an even greater role in predicting mental health and wellbeing. It is widely recognized that early trauma exposure strongly predicts chronic health challenges, reduced quality of life, and increased mortality. What is lesser known, however, is that such stressors also have the potential to elicit positive cognitive, emotional, and behavioural changes. This premise forms the conceptual basis of post-traumatic growth, which illustrates the experience of overcoming that occurs when individuals are faced with challenging life circumstances, and the resulting favourable manifestations of this transformation. Resiliency theory offers an explanation for this phenomenon of positive adaptation, and explores the role of internal assets and external resources that work in opposition to risk factors associated with trauma; thereby, demonstrating how such variables may positively alter developmental trajectories and contribute to improved psychosocial wellbeing across the lifespan. Such theoretical underpinnings should guide healthcare providers’ understanding of rehabilitation and recovery among young trauma survivors, so as to support patients in realizing their full potential and attaining optimal health status as they transition to adulthood. Health care providers’ use of trauma-informed care practices may ultimately lead to improved health outcomes and quality of life, despite the deleterious effects of early trauma exposure.
Encouraging Education Equity for At Risk Syrian Refugee Students: Challenges and Possibilities

Abbey Duggal*

Western University

Cultural retention can be achieved by teachers reinforcing and making connections with students’ heritage, values, and traditions which ultimately is beneficial in fostering a sense of pride and inclusion. This study investigated the following research questions: How and why do teachers and principals in four urban, Ontario high poverty schools support elementary students’ academic and social learning? How does the Ontario policy backdrop constrain and/or support the work and capacities of teachers, vice principals, and principals to advance social and academic learning? How does Policy Program Memorandum 119 (Ontario’s Equity and Inclusive Strategy, 2009) reflect and inform the enactment of inclusive education by teachers, vice principals, and principals? Educators who have the knowledge and understanding of working with at-risk Syrian Refugee students living in poverty were studied to learn what successful strategies are used for students to be successful in reaching social and academic inclusion.
Presenting Attendant Care Options

Hibaq Abdi*
Creator of Froshability.com

As an adult with disabilities, there are many concerns regarding the level of care one can receive after the age of 18. Some individuals worry about the level of funding available, the application process, and the extent of waitlists when switching from child to adult personal care services. As a youth with disability approaching adulthood myself, these concerns were at the forefront of my thoughts. For many, including myself, assistance with personal care is not only necessary for maintaining an adequate quality of life, but also my educational future. This led me to research the array of options for attendant care available in London Ontario. This presentation will address these concerns, by discussing all the options available for attendant care for adult disabilities in Southwestern Ontario. We will also compare all the options based on their advantages and disadvantages, in order for each individual to decide which avenue is best for them. Although varied, all the options discussed will help alleviate the barriers of accessing care. Most importantly, we will discuss how independence is possible for all individuals with disability.

"Almost all creativity involves purposeful play."

(Abraham Maslow)
Interdisciplinary Assessment Practices for Psychology and Speech-Language Pathology Student Clinicians at the Child and Youth Development Clinic

Elizabeth Thornley*, Alexandra Cross, Colin King*, Elizabeth Skirving, Lisa Archibald, Vicki Schwean

Western University

The Child and Youth Development Clinic (CYDC) is a new training clinic at Western University serving children and youth from 3 to 18 years of age that provides interdisciplinary clinical training opportunities for students in psychology, speech-language pathology, and social work.

With child development representing a time of significant change and growth for children, interdisciplinary practices represent a promising approach to better understand the variability that exists within individuals and to arrive at a shared conceptual model for assessing, understanding, and supporting an individual child. For many children, the variability in skills and development is often so complex, such that it may only be understood by applying an interdisciplinary assessment approach. Strong interdisciplinary practices are also important given the overlap that exists between possible assessment domains across psychology and speech-language pathology (e.g., language and executive functioning) and the need for a clear and comprehensive assessment plan.

This presentation will present an overview of interdisciplinary assessment practices among our first cohort of psychology and speech-language pathology student clinicians at the CYDC. Using twelve interdisciplinary cases as a focus, the presentation will describe how the shared and unique assessment domains of each discipline have helped to provide an inclusive understanding of each child and their areas of strength and need. Through the use of case studies, the interdisciplinary assessment model will be applied to children with possible Intellectual Disability and Learning Disability profiles to illustrate the potential that exists in better understanding and supporting this population of youth.
Developing Meaningful Outcome Measures: The Family Impact of Assistive Technology Scale for AAC Interventions (FIATS-AAC)

Michelle Servais*, Stephen E. Ryan, Tracy A. Shepherd, Anne Marie Renzoni, Shauna Kingsnorth, Carrie Laskey, Karen Ward, Kim Bradley, Anna Oh

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BACKGROUND: Few parent-report measures exist that are designed to detect augmentative and alternative communication (AAC) outcomes in young people with complex communication needs. To fill this gap in AAC outcomes measurement, clinicians and researchers developed and tested the multidimensional, parent-report FIATS-AAC questionnaire. The purpose of the FIATS-AAC is to detect the functional effects of AAC interventions for young people with AAC needs. Previous research studies showed that the scale has acceptable levels of reliability and validity (Delarosa et al, 2012).

PRIMARY RESEARCH QUESTION: We present findings from a study that investigated whether the FIATS-AAC was responsive to functional change in young people, aged 3 to 16 years, and their families 12 weeks following the receipt of a speech-generating device. We considered a device to be eligible if it stored more than one page of graphic-based vocabulary. Our secondary aims were to study the responsiveness of the FIATS-AAC over a shorter 6 week follow-up period and (re)estimate its test-retest reliability.

RESULTS: Forty-five parents of children with complex communication needs completed phone interviews 4 times: 2 pre-intervention, 2 post-intervention. A repeated measures ANOVA showed a significant mean difference in FIATS-AAC scores over time, and paired t-tests indicated a significant increase in functional outcomes from baseline for both longer and shorter follow-up periods. The FIATS-AAC showed good test-retest reliability (ICC=.94, Time 1 to Time 2). The study provides evidence of the FIATS-AAC as a reliable measure that can detect functional change following AAC interventions for children and youth with complex communication needs.


"Just play. Have fun. Enjoy the game."

(Michael Jordan)
London Paediatric Neuromuscular Research Centre: Progression in Clinical Trials for Duchenne Muscular Dystrophy

Maysaa Assaf*1, Rhiannon Hicks1, Eugenio Zapata-Aldana1, Craig Campbell1,2
(1) London Health Sciences Centre, (2) Western University

INTRODUCTION: Duchenne muscular dystrophy (DMD) is an X-linked recessive, rare neuromuscular disease. It has an incidence varying between 2 to 3 per 10,000 live male births. It is caused by a mutation at Xp21 in the gene coding for the protein dystrophin. It is clinically characterized by progressive deterioration of muscle function and structure resulting in respiratory failure with mortality in the third decade of life. Clinical trials for novel therapeutics have been an important advance in the DMD community.

OBJECTIVE: The objective of this presentation is to outline the advancement of various clinical trials for potential therapies for DMD.

METHODOLOGY: Dating back to 2008, the London Pediatric Neuromuscular Research Centre (LPNRC) has been involved in numerous clinical trials. Both genetic based therapies like antisense oligonucleotide and nonsense mutation readthrough; and non-genetic based therapies such as myostatin inhibition. One of the first DMD clinical trials to launch through LPNRC was the PTC-007 for Ataluren; it has since then been granted conditional approval in the EU but remains available only via special access program in Canada. Currently, LPNRC is participating in 7 DMD specific clinical trials with 3 additional trials to follow in the near future.

CONCLUSION: With the goal of accelerating therapeutic development in the DMD community, the LPNRC has become an internationally recognized site for clinical trial participation. This presentation will give an overview of the various treatment pathways for DMD.
D-1  Ontario Wheelchair Sports Association: Accessible and Inclusive Sport for All
Laura Wilson*, Katherine Hale*
Ontario Wheelchair Sports Association

The Ontario Wheelchair Sports Association is committed to eliminating barriers and growing opportunities for people with physical disabilities to participate in sport, whether they want to play recreationally or have Paralympic aspirations. Wheelchair Basketball in a fun, exciting, strategic and fully integrated sport. This 'sport for all' encourages athletes with a disability and able-bodied athletes to compete together on the same court within a classification system that allows for fair and equitable competition. This presentation will discuss athlete profiles, the classification system, the freedom and mobility benefits associated with using a sport wheelchair, and how we are working towards making sport more accessible and inclusive to benefit everyone.

D-2  The Universality of Music: Using Creativity to Increase Access to the Benefits of Music!
Nicole Turner*
Thames Valley Children’s Centre

Music is often referred to as a “universal language” and offers many benefits to those who have the opportunity to engage with it. From supporting the development of academic skills such as mathematics, to enhancing physical coordination, communication abilities, and empathy, to improving mental health and building social networks, music is a crucial aspect of many people’s lives. However, many young people living with physical disability experience barriers to participation in music classes and community-based musical opportunities. This no longer needs to be the case though! Through this presentation, the audience will have the opportunity to learn more about the impact of having access to participating in the creation of music, various ways of adapting instruments to support inclusion, and a success story highlighting what is possible when barriers are adequately addressed!
**Unheard Minds, Autistic Bodies: Lessons from bloggers**

Christie Welch*, 1, 2, Helene Polatajko1, Patty Rigby1, Margaret Fitch1

(1) University of Toronto, (2) Holland Bloorview Kids Rehabilitation Hospital

Introduction: People with autism are increasingly using blogs to share their experiences (Gillespie-Lynch et al., 2014). This opens exciting opportunities for qualitative research in autism, which to date, has been sparse (Tager-Flusberg, & Kasari, 2013). Objectives: This study is the second phase in a project aiming to build new understanding of autism by exploring insider perspective. Approach: The first phase of this project analyzed memoirs written by three youths with autism. The youths described being unable to control their bodies, as well as experiences of being misunderstood by others. The second phase of research used blog content analysis to explore these concepts in greater depth and with a larger number of people. Analytic methods followed structure proposed by Braun and Clarke (2006): a recursive process of coding, collating, mapping, reviewing, creating clear themes and then reporting using compelling extracts. Practice Implications: Findings have implications pertaining to the intersection of movement control and observable behaviour for people who have autism, and include specific recommendations from bloggers, offered to people who work in the autism field.


"Children understand and remember concepts best when they learn from direct personal experience."

(Joseph Cornell)
Balance Confidence and Other Factors Related to Physical Activity Participation in Youth with Cerebral Palsy

Megan Towns*, Sally Lindsay*, Kelly Arbour-Nicitopoulos*, Avril Mansfield, Virginia Wright

(1) Bloorview Research Institute, (2) University of Toronto, (3) Toronto Rehabilitation Institute

Youth with cerebral palsy (CP) participate in physical activities (PA) less frequently than typically-developing peers. Balance confidence, a person’s belief in their ability to maintain balance in a given activity or situation, may play a role. Through qualitative interviews with youth (8 with CP in Gross Motor Function Classification System (GMFCS) levels I-III and 8 typically-developing youth (9-17 years old)), and 8 parents of youth with CP, we examined the influence of balance confidence on participation in specific PA and environments/scenarios. Youth with CP in GMFCS levels I-II reported decreased balance confidence in several PA/environments, especially team/group PA, PA such as cycling, skating, walking on steep, uneven/loose or slippery surfaces, and more often reported avoiding PA/environments as a result of low confidence than did youth with CP in GMFCS level III or typically-developing youth. Youth with CP in GMFCS level III indicated low balance confidence in fewer activities, but noted that frequent use of equipment, participation in sports designed for youth with physical disabilities, and/or assistance made them feel more confident. Both typically-developing youth, those with CP, and parents reported other physical and social factors, rather than balance confidence, also affect their PA choices, including strength, coordination, previous sporting experience, fear of letting teammates down, and perceived support of and cohesion with coaches/instructors. In summary, the influence of balance confidence and other factors on PA participation may differ between youth with CP and typically-developing youth. Promoting PA participation in youth with CP may require different interventions than for typically-developing youth.

“Play is often talked about as if it were a relief from serious learning. But for children play is serious learning.”

(Fred Rogers)
The Facilitators and Barriers of Physical Activity Engagement for Youth and Young Adults with Childhood Onset Physical Disabilities

Matt Downs*1, Joy MacDermid1, Janette McDougall1, 2, 3

(1) Western University, (2) Thames Valley Children’s Centre, (3) Bloorview Research Institute

This research project will attempt to identify the motivators, experiences and benefits of participation in an exercise class for youth and young adults with childhood onset physical disabilities. By conducting focus groups with both participants of an exercise program at Thames Valley Children’s Centre (TVCC) and a group of clinicians from TVCC, this study seeks to identify the facilitators and the potential barriers youth and young adults (age 12-25) with childhood-onset physical disabilities may experience when attempting to engage in physical activity. This study is also interested in determining if participants enrolled in an exercise program at a children’s treatment centre are motivated to continue with an active lifestyle after they are no longer eligible to participate in such community programs. Lastly, this project will examine the ways in which ongoing physical activity will benefit youth and young adults with childhood-onset physical disabilities in the short and long term. Optimizing physical function while promoting independence and decision making for children and youth are key goals of TVCC and all Ontario Association of Children’s Rehabilitation Centres (OACRS). What we learn from youth answers as well as the feedback from TVCC rehabilitation clinicians will help improve the development of inclusive physical activity programs offered for youth and young adults with childhood onset physical disabilities both before and after transition to adult health services.
Coaches can influence the participation experience of their athletes, which can extend to areas of life outside of the physical activity realm. Coaches have an effect on the wellness of their athletes (Von Guenther & Hammermeister, 2007), and it is clear they have a role in supporting the mental health of their athletes (Mazzer & Rockwood, 2015). However, scholars have yet to explore what other types of wellness concerns are being brought to the attention of coaches by their athletes. Drawing upon the International Sport Coaching Framework (ICCE, 2013), I examine: What wellness concerns are athletes bringing to the attention of their coaches; How do coaches perceive their role in supporting the wellness of their athletes? and; How comfortable and professionally prepared do coaches feel in providing support to their athletes? To collect data, I am in the process of interviewing coaches (~10), with a variety of backgrounds, about their experiences with the wellness concerns of their athletes (Starks & Trinidad, 2007). Data from the interviews will be analyzed to identify the main or most frequently presented wellness issues or themes. The findings of my research will be the first step in the development of wellness resources for coaches, aimed at supporting positive participation experiences for all involved in sport and physical activity. When coaches have the resources they need to support the wellness of their athletes, the experience of all who participate will be improved.
Session 2: Cluster F. PLAY AND PEOPLE

F-1  A Social Skills Support Program for Children with Down Syndrome and their Typically Developing Siblings: Effect on Coping, Adjustment, and Sibling Relationship

Ashley Amicarelli*, Jill Miko*, Nicole Neil
Western University

Typically-developing (TD) siblings are a critical part of lifelong support for individuals with Down syndrome (DS). Children with DS demonstrate deficits in social, communication, and play skills resulting in atypical interactions with others, including siblings. TD siblings experience increased maladjustment such as internalizing difficulties, behavioural problems and increased stress, which can also impact the sibling relationship. The current study is an on-going project examining the effects of a 10-week social support program on the sibling relationship and on the adjustment of the TD siblings. The social support program consists of skills instruction for children with DS, a support group for TD siblings, and inclusive recreation activities for all the children together. During skills instruction, children with DS receive applied behavior analytic interventions to address social, communication, and play skills important for interacting with siblings. During the support group, TD siblings learn about DS knowledge and coping strategies. Recreation time includes stretching, relay races, and cooperative games between siblings. Children are between the ages of 5 and 17, recruited from local DS associations. We will report information on 1) the sibling relationship, evaluated via parent and TD sibling report measures and via observational measures of direct sibling interactions, and 2) social-emotional adjustment of TD siblings, evaluated via parent-report and self-report measures, as well as observational measures of the support group. This program is predicted to improve the sibling relationship and also the coping skills and depression/anxiety symptoms for TD siblings. These results may in turn improve quality of life for the entire family system.
PlayVenture London—Working Together to Ignite Children’s Imaginations and Play

Alan Thomson*¹, Katie Stortz*¹, Other Associations*²


PlayVenture London is a community collaboration igniting meaningful play experiences for children. Through the use of mainly recycled materials, children will have the opportunity to imagine, explore, and create.

Recent research has shown a significant shift in children getting away from active, imaginative, and challenging play towards more passive, indoor, and screen focused choices. PlayVenture London has developed a large activity kit, through Healthy Kids Community Challenge funding and local business donations. The large activity kit will be freely available to local education, recreational, and community organizations for everyday use or for special events with the children using their services. We are working towards igniting an alternative choice of play for children that will encourage them to increase “Power Off and Play” opportunities.

In addition to having the resources available for the community, professional learning opportunities will be offered to educate local professionals, community groups, and the general public about the benefits of this type of self-directed play. Most of us are aware of the play value of a simple cardboard box. Imagine adding tubes, large spools, ropes, blankets, and crates to expand the infinite possibilities that are available to expand children’s play opportunities.
F-3  

Camps on TRACKS—Creating Meaningful Interactions for Children with Disabilities and their Peers

Karen Faragher*, Carmen Hall², Fatima Machado¹, Laurie Quinlan³

(1) Thames Valley Children's Centre, (2) Fanshawe College, (3) City of London

While summer camps and other recreation programs are the perfect settings for social interaction, inclusion as we know it is often not sufficient to help children with disabilities and other social challenges learn social skills and make new friends. Hear how Thames Valley Children’s Centre, Fanshawe College, and the City of London collaborated to create a program called Camps on TRACKS in order to teach campers how to successfully interact with their peers who have disabilities. The presenters will also share preliminary results of an exploratory case study of the Camps on TRACKS program and the research project underway for summer 2018. Findings of this research demonstrate an overall increase in social skills in campers with ASD and an inverse relationship between adult and peer interactions.
Identifying Psychosocial Aspects and Stressors in Parents of Children with Inborn Errors of Metabolism

Prashanth Rajasekar*1, Srinitya Gannavarapu2, Melanie Napier1, Andrew Mantulak3, Narayan Prasad1, Akshya Vasudev1, Beth Potter4, Chitra Prasad1

(1) London Health Sciences Centre, (2) Western University, (3) King’s University College, (4) University of Ottawa

Diagnosis of an inborn error of metabolism (IEM), the associated frequent hospitalizations and medical intervention impact psychosocial functioning in parents. Despite continued research, awareness of psychosocial stressors and strategies of mitigating them remain poor. We interviewed parents of children with IEMs over the course four years to identify stressors they experienced at different time points of their child’s diagnosis. We aimed to better understand specific resources and support systems they sought and gain perspective on how their tumultuous journey impacted their daily lives and overall life choices.

We invited parents whose children were receiving treatment at the London Health Sciences Centre to participate in two-rounds of audio-recorded, narrative-style semi-structured interviews. Our first-round interviews elicited familial experiences while our second-round interviews focused on identifying overarching themes and sub-themes.

The ten parents interviewed represented seven different IEMs. They shared emotional, professional, financial and social struggles they faced throughout the diagnostic process and in managing their child’s IEM. Major themes identified include uncertainty of illness and impact on child’s life quality, reliance on familial, clinical and IEM-specific support systems. Sub-themes explored impact of IEM on parent’s life such as career advancement, parenting unaffected siblings, psychological stressors like deterioration of spousal relationships and use of support systems for self-improvement—personal counselling from professionals and/or religious leaders.

Recognizing and addressing parental psychosocial impacts of IEMs can alleviate negative psychological outcomes in these individuals. Findings from our study highlight effective resources currently in place and open the discussion for other key challenges faced by parents.

"A moving child is a learning child."

(Gill Connell and Cheryl McCarthy)
Shared Decision Making (SDM) environments - where patients, caregivers and health care practitioners (HCPs) make medical decisions together - have been shown to decrease decisional conflict, increase decision satisfaction, improve compliance with treatments and, within certain contexts, improve symptoms. Enhanced patient/caregiver participation represents a shift away from the traditional medical model where clinical decisions are often more hierarchical. The purpose of this pilot is to create a SDM template for patients in Pediatric Neurology and related clinics, and to educate and engage the Children’s Hospital LHSC organization and community in SDM benefits. A needs assessment will take place to identify those medical decisions that are well-suited to a SDM approach. Unbiased structured support services will be offered by a Decision Coach and a toolbox of Decision Aids, and resources will be developed and promoted for access by patients, caregivers and HCPs. Planned evaluation measures include: training and engagement reach, decision satisfaction and conflict scales, coaching and resource utilization metrics, and disease specific outcome measures including questionnaires to assess pre and post coaching knowledge of options. The findings of this pilot will position us to assess the impact of SDM within Pediatric Neurology on patient-centred care; decision conflict; satisfaction; treatment adherence; and to some extent, the course of the disease. This initiative will also enable the sharing of novel Pediatric Neurology Decision Aids and resources as well as facilitate the consideration of other environments that may be conducive to adopting a SDM template.
G-3 Coaching and/or Education for Parents with Obesity and their Young Children (Ages 2.5-10)

Shazya Karmali

Shazya Karmali*, Jennifer D. Irwin¹, Victor Ng¹, Danielle Battram², Shauna Burke³, Dr. Don Morrow¹, Erin Pearson³, Patricia Tucker¹, Tara Mantler¹, Anita Cramp⁴, Robert Petrella¹

(1) Western University, (2) Brescia University College, (3) Lakehead University, (4) Middlesex-London Health Unit

Globally, 42 million young children (under age 5) and 2 billion adults are affected by overweight/obesity. Overweight/obesity are risk factors for many chronic diseases in both adults and children, and result in lower quality of life. Children with parents affected by overweight/obesity are more likely to develop obesity themselves. Parent-child interventions are important for reducing obesity and promoting long-term healthy weights among the family unit.

This ongoing randomized controlled trial aims to identify the impact of coaching plus education (intervention), compared to education only (control) on parents with overweight/obesity and their preschoolers (of any weight). The primary outcome measures are physical activity (PA), dietary intake, and parental motivation to engage in healthy behaviours. Secondary outcome measures are parent Body Mass Index (BMI) and psychosocial impacts (social support, self-esteem, and self-efficacy). A total of 80 dyads are being recruited and randomly assigned, using a 1:1 ratio, into the control or intervention group. Parents in the control group receive 6 webinar-based education sessions focused on PA and nutrition, while parents in the intervention group receive the same webinars and 9, 20-minute telephone-based sessions with a certified coach.

Over the course of this nine-month study, data are being collected at baseline, six weeks into the intervention, immediately post-intervention, and six-months post-intervention. A repeated measures MANOVA and a two-way ANCOVA will be conducted to assess differences within and between groups; and a general linear model utilizing SES as covariate, will be completed. Inductive content analysis will be adopted to identify themes from qualitative data.

"Kids in childcare are 5x more active outdoors than indoors."

(Vanderloo, Tucker, Johnson, & Holmes, 2013, Applied Physiology, Nutrition, and Metabolism)
Pedestrian Navigation and Public Transit Training Interventions for Youth with Disabilities: A Systematic Review

Sally Lindsay*1,2, De-Lawrence Lamprey1

(1) Holland Bloorview Kids Rehabilitation Hospital, (2) University of Toronto

Being able to travel independently, whether as a pedestrian or by taking public transportation, is a critical element to maintaining quality of life and participation in the community. The objective of this systematic review is to understand the best practices and effective components of pedestrian and public transit training interventions for youth with disabilities. Systematic searches of seven international databases identified 29 studies meeting our inclusion criteria. We analyzed these studies based on participant characteristics, methods, results, and quality of evidence. Among the 29 studies, 857 participants (aged 7-34, mean 18.3 years) were represented across 10 countries. Although the intervention outcomes varied across the studies, 24 of them reported an improvement in at least one of the following: pedestrian and general navigation skills, pedestrian safety, landmark recognition, route knowledge, and public transportation skills. Our findings highlight that pedestrian and public transit interventions have the potential to improve the participation and quality of life of children and youth with disabilities. More rigorous, theoretically informed interventions are needed to enhance pedestrian and transit training skills among youth with disabilities.
Geospatial Analyses of Adverse Birth Outcomes in Southwestern Ontario: Examining Environmental Factors

Alexandra Smith*¹, Jason Gilliland², Andrew Clark², Jamie Seabrook¹

(1) Brescia University College, (2) Western University

BACKGROUND: Adverse birth outcomes are associated with infant morbidity and mortality, as well as chronic disease in adulthood. Although the association between socioeconomic status (SES) and birth outcomes is well researched, the influence of physical environmental factors (e.g., green space, traffic, pollution) is lacking.

OBJECTIVES: To test the relative influence of environmental, demographic, medical, behavioural, and SES factors associated with low birth weight (LBW: <2,500 g) and preterm birth (PTB: <37 weeks GA) in Southwestern Ontario (SWO).

METHODS: This study comprised a large sample from SWO. Data were obtained from the perinatal and neonatal databases at London Health Science Centre (LHSC). All singleton newborns born February 2009 and February 2014 at LHSC were included. Maternal postal codes were entered into a Geographic Information System to determine characteristics of patients’ home neighbourhoods. Data on environmental variables were derived for each dissemination area. Logistic regression models were computed on LBW and PTB.

RESULTS: The sample consisted of 25,855 women. Adjusting for demographic, medical, behavioural, and SES factors, for every one-unit increase in sulfur dioxide, the odds of LBW increased by a factor of 3.3 (95% CI: 2.1, 5.2); mothers were also 2.1 times more likely to have a PTB (95% CI: 1.4, 3.0) for every unit increase in sulfur dioxide. Previous PTB was highly associated with LBW and PTB.

CONCLUSION: Women living in areas of high pollution levels have significantly greater odds of a LBW and PTB birth. There is an urgent need to improve air quality in SWO.

"People who are making it to 100 live in environments where they are regularly nudged into physical activity." (Dan Buettner)
Congenital Myotonic Dystrophy (CDM) is an autosomal dominant neuromuscular disorder caused by a CTG expansion in 3’ UTR of the DMPK gene; it is clinically characterized by severe hypotonia at birth, respiratory failure, and gastrointestinal complications, with the necessity of feeding and respiratory support. After the neonatal period, the morbidities include cardiac arrhythmias, intellectual disability, musculoskeletal complications, with myotonia and distal muscle weakness often late manifestations.

Our research group started a Paediatric Surveillance program across Canada during the years 2005 to 2010, where we gathered different information regarding the pregnancy, neonatal period and first 5 years of life; while determining the incidence of CDM and raising awareness of this condition. This information led to a proper understanding and clinical characteristic of CDM. To understand more the natural history of the disease and the main health endpoints, we started the HELP-CDM and TREAT-CDM studies, along with the University of Utah. It is imperative the proper understanding of the clinical characteristics of CDM in order to develop guidelines and validate outcome measures for clinical trials.

Currently the management of patients with CDM is multidisciplinary, and there is no effective treatment. We are soon to start the first clinical trial for patients with CDM (phase 2). AMO-02 is a GSK3B inhibitor which is intended to correct the activity of RNA-binding proteins of DM1.
London Paediatric Neuromuscular Research Centre Study Update: Spinal Muscular Atrophy

Eugenio Zapata-Aldana*, Rhiannon Hicks¹, Maysaa Assaf¹, Diane Love¹, G. Bhullar¹, S. Remtulla¹, Craig Campbell¹, ²

(1) London Health Sciences Centre, (2) Western University

Spinal Muscular Atrophy (SMA) is an Autosomal Recessive disease due to a deletion in 5q13 involving the exon 7 of SMN1 gene, with a prevalence of 1/10,000 Live Births. Clinically characterized by a progressive proximal muscle atrophy pattern, and in the most severe form (type I), it leads to respiratory failure and eventual death.

In June/2017, the antisense oligonucleotide drug Nusinersen was approved in Canada for all types of SMA after clear benefit was demonstrated in two different clinical trials. Since the approval, patients outside the study have had variable access to treatment with Nusinersen while pricing is negotiated. We are currently working in a cohort of these patients where we analyze different clinical aspects, as well the organization involved in the administration of the drug, to characterize these patients outside of the clinical studies.

Patients with SMA, especially type I and II, require multidisciplinary treatment. The management of these patients represents an economic burden for the family, but until now, these aspects haven’t been studied, nor the quality of life from the family or the patients with SMA. We are soon ready to launch a study to explore these aspects of SMA across Canada.

Finally, according to a committee for Newborn Screening (NBS) during the European Human Genetic Society meeting (2017), the two leading reasons to perform NBS are severe disability before the age of 4 and treatable conditions. Since treatment is approved for SMA type I, in conjunction with CHEO (Ottawa) we are submitting a project to start NBS for SMA in Ontario.
Impact of a Strength-Based Intervention: Families Experiences and Outcomes with Solution-Focused Coaching (SFC-peds)

Michelle Servais*, Gillian King, Heidi Schwellnus, Patricia Baldwin

(1) Thames Valley Children’s Centre, (2) Bloorview Research Institute, (3) Holland Bloorview Kids Rehabilitation Hospital, (4) University of Toronto, (5) Independent Consultant

PURPOSE: In this poster presentation we report the findings from a qualitative study that investigated youth and family experiences and outcomes of Solution-Focused Coaching in pediatric rehabilitation (see SFC-peds Model, Baldwin et al., 2013).

METHODS AND PARTICIPANTS: Semi-structured interviews were conducted at two time points (5 months apart) with 9 sets of families (11 participants included 7 mothers, 1 father, 2 youths, and 1 grandmother) who had received SFC-peds intervention within the past 6 months. There were 5 female and 4 male clients, ranging in age from 3 to 21 years, with 4 receiving physical therapy and 5 receiving occupational therapy. Clients had a range of disabilities or presenting problems, including developmental delay, epilepsy, Autism, Cerebral Palsy, and Fetal Alcohol Spectrum Disorder.

RESULTS AND CONCLUSIONS: A thematic analysis was conducted on the interview transcripts. We highlight the key themes that emerged related to family experiences and outcomes of the SFC-peds model. Families confirmed that SFC-peds was a very positive therapy experience for families. Families felt supported emotionally, cognitively, and instrumentally by the therapist. Families reported that the strength-based and solution-focused approached enhanced: child and parent skill development, parent knowledge of their child and options going forward, capacity, community participation, and led to empowered mindsets.

The SFC-peds intervention was experienced as client-driven and highly responsive to youths’ and families’ experiences in real-life situations. The co-construction of meaningful and realistic plans and goals, where goal attainment was celebrated, was experienced as a highly collaborative and goal-oriented process which lead to high levels of client engagement in therapy.

Presentation Pathway: From Awareness to Engagement and Beyond

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The barriers and constraints to participation in sport and physical activity are well known (Rimmer, Riley, Wang, Rauworth & Jurkowski, 2004). What is less clear, is how individuals, families, and communities navigate these challenges to become involved and flourish in sport/physical activity. The Ontario Parasport Collective, a group of parasport organizations, has come together to unite and advance parasport in Ontario. A key objective of the Collective’s mandate is to determine how individuals with a disability become aware, engaged, and remain participating in parasport. We identify the process of becoming, and staying, involved in sport as the ‘participation pathway’. We use the Transtheoretical Model to frame the stages of change an individual with a disability would progress from initiating and remaining engaged in physical activity (Prochaska & Velicer, 1997). Through our research with para-swimming, we develop a comprehensive participation pathway for individuals with a disability looking to engage in swimming. The pathway demonstrates how people become aware, make first contact, begin involvement and remain engaged in physical activity and sport. A phenomenological qualitative approach is utilized to understand the lived experiences of para-swimmers as they have progressed through their own pathway (Starks & Trinidad, 2007). This presentation emphasizes the learnings about the lived experience to understand how para-pathways may be set up more fluidly to ensure broader engagement of individuals with disabilities and for them to remain active in physical activity.
A Qualitative Study of Barriers and Facilitators of Active Outdoor Play Among Youth In Grades Six To Eight

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Canada and other western nations have experienced a steady decline in children’s outdoor play, particularly among youth in Grades six to eight. The purpose of the current study is to identify barriers and facilitators to active outdoor play among youth in Grades six to eight. Data are from six focus groups of youth (n=21) in Grades six to eight and separate focus groups of parents of youth in this age group (n=14). Focus groups were approximately 90 minutes in length. Focus groups were conducted in London and in one local First Nation community. Thematic analyses were used to identify common themes. Ten themes related to barriers to outdoor play were identified such as 'use of electronics', and 'parent attitudes'. Eight themes related to facilitators to outdoor play were identified such as 'having spaces to play' and 'positive attitudes towards outdoors'. The findings from this study highlight important barriers and facilitators for outdoor play that should be considered in interventions seeking to increase outdoor play among this age group.

In 2012, Dr. Rosenbaum and Dr. Gorter published a paper that features six F-words that should be the focus in childhood disability: Function, Family, Fitness, Fun, Friends, and Future.

This holistic approach encourages us to focus on factors that are important to all children's development— their participation, activities, and environment.

A Systematic Review of Post-Secondary Transition Interventions for Youth with Disabilities

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Youth with disabilities often have poor post-secondary education (PSE) enrollment and completion rates. One essential way to reduce the gap in employment for people with disabilities is through obtaining higher education credentials. College readiness and transition programs may be an encouraging way to enhance access to and completion of PSE. This review sought to understand the best practices and effective components of PSE transition programs for youth with disabilities. Systematic searches in six international databases were conducted. The inclusion criteria involved: (1) at least 50% of the sample has a disability; (2) includes participants between 15-30 years of age; (3) an empirical study reporting on PSE preparation program or intervention; (4) published in English, from 1997-September 2017, in a peer-reviewed journal. Studies included in the review were analyzed with respect to the participant characteristics, methodology, results, and quality of the evidence. Our findings involved 18 studies out of a total of 1597 that met the inclusion criteria for this review. Among the 18 studies, 2385 participants (aged 13-28, mean 17.7 years) were represented across three countries. Although the outcomes of the PSE transition interventions varied across the studies, all of them reported an improvement in at least one of the following: college enrollment, self-determination, self-confidence, social and vocational self-efficacy, autonomy, social support, career exploration, and transition skills. The findings demonstrate that PSE interventions have the potential to improve self-determination, transition skills, and PSE outcomes among youth with disabilities.
Applied Behaviour Analytic Interventions for Down Syndrome: A Systematic Review

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Applied behaviour analytic interventions are teaching strategies that utilise the behaviour analytic principles to improve skill acquisition or decrease challenging behaviour by altering the environmental variables responsible for maintaining these behaviours. This systematic review evaluates studies that investigate the application of applied behaviour analytic interventions with individuals with Down syndrome using single-subject research designs. Articles published in English peer-reviewed journals that presented original empirical data on the effect of applied behaviour analytic treatments on individuals with Down syndrome using single-subject research design were selected for review. Seventy-two studies examining the efficacy of applied behaviour analytic interventions on increasing skill acquisition and/or decreasing challenging behaviours in individuals with Down syndrome met inclusion criteria. We will report on the study quality, treatment procedures, treatment outcomes, and certainty of evidence across the studies. The outcomes of this systematic review demonstrate clinical applications for teaching individuals with Down syndrome and will guide future research in the area of applied behaviour analytic interventions and individuals with Down syndrome.
Collaborative Integrated Service: Rehabilitation and Autism Therapists in IBI Classrooms

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We present findings from an evaluation of an innovative pilot program designed to enhance services: pediatric rehabilitation and autism professionals provided integrated services within 5 IBI Classrooms for 6 months (1 OT and 1 SLP were assigned to each classroom for up to a half day per week). Focus groups were held at the end of the pilot to capture team members’ experiences and perceptions of this approach and team members completed 2 questionnaires that explored interdisciplinary collaboration (at 2 and 6 months). Key themes that emerged from the focus group data included the benefits, challenges, and suggestions for moving forward. Team members noted that this was a truly integrated approach: shared information and feedback led to having joint expectations. Staff felt that having a consistent rehabilitation professional in the classroom led to enhanced communication, connection, rapport, and relationships. This model resulted in immense shared learning and increased knowledge and awareness: “I wouldn’t necessarily seek out information, as I don’t know what I don’t know.” Staff liked learning from other disciplines (learned about others’ roles and approaches, and new strategies). Time was a key challenge for therapists, given only one half day per week of dedicated time. To improve efficiencies, such programs should have more dedicated time for therapists. Moving forward staff would like some front-end education/training (to better understand assessments, goals, processes: why disciplines do things that way) and more joint meetings. Both the focus group and questionnaire data also revealed that clinicians highly valued interdisciplinary collaboration and desired continued opportunities to work together.

"We have more possibilities available in each moment than we realize."

(Thich Nhat Hanh)
Exploring Pragmatic Reasoning in Children with Physical Disabilities who use Aided Communication

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Little research is available on the pragmatic reasoning abilities of children with complex communication needs. The purpose of this study was to explore the pragmatic reasoning abilities of children who have severe motor impairments and use augmentative and alternative communication (AAC). Participants were six children who use AAC and five children with typical development (TD) for reference purposes. The children completed 12 pragmatic cartoon tasks depicting common social situations and were videotaped with two cameras. Recordings were transcribed for aided and unaided communication. Children’s responses were coded for success (as precise, too general, too detailed, irrelevant, or no answer) and time (seconds) required to respond to each cartoon. For two children who use scanning, two tasks were further analyzed to understand how these children formulated and delivered their responses. Children who use AAC provided precise responses most frequently, followed by responses that were too general or irrelevant. Children with AAC provided fewer precise responses in reference to children with TD. They complemented their communication aids with gestures and eye-pointing to communicate their responses. Children who use AAC had a large variation in time to respond to cartoon tasks, ranging from 1 to 870 seconds. Children who use scanning took, on average, 6.7 times longer to respond than children who use pointing. This study documents developmental achievements of children using AAC despite the physical, cognitive and linguistic demands involved in using a SGD and suggests they may benefit from more social participation opportunities to further develop their pragmatic language abilities.
“C.H.A.M.P. Families”: Exploring the Impact of a Childhood Obesity Intervention on Family Cohesion, Communication, and Satisfaction

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PURPOSE: The purpose of this study was to evaluate the impact of a group-based, parent-focused pilot intervention targeting childhood overweight and obesity (i.e., “C.H.A.M.P. Families”) on parent-reported family cohesion, communication, and satisfaction.

METHODS: C.H.A.M.P. Families was a 13-week pilot intervention (8 group-based educational sessions) offered to parents (n = 9) of children with overweight and obesity. Family cohesion, communication, and satisfaction were measured using a valid and reliable tool (i.e., FACES IV; Olson, 2011). The instrument was administered to parents at baseline, mid-intervention, and post-intervention. Two focus groups were held with parents on the last day of the program, in which family cohesion, communication, and satisfaction were discussed. Quantitative data were analyzed individually for each participant, with trustworthiness established through inter-subject replication. Qualitative data were analyzed using thematic analysis (Braun & Clarke, 2006).

RESULTS/FINDINGS: Quantitative analysis demonstrated that although the outcomes were not universally positive, increases in parent-reported family cohesion (n = 5), communication (n = 7), and satisfaction (n = 8) were observed. Qualitative analyses revealed that overall, parents perceived that family cohesion and communication improved as a result of the intervention; they also reported common communication- and parenting-related challenges associated with their roles as the primary agents of change in their families.

CONCLUSION: Improving family functioning has important implications for child and family health; this study sheds light on family cohesion, communication, and satisfaction within the context of an innovative parent-focused childhood overweight/obesity intervention. Preliminary knowledge gained will be used to inform the development of future family-based paediatric obesity interventions.

"Life is more fun if you play games."

(Roald Dahl)
An Exploratory Pilot Study on Digital Device Engagement, Social Media, and Child Wellbeing

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Digital technology has altered traditional approaches of accessing information, services, and support across diverse settings and sectors. Although leading research has examined the wellness benefits of digital device engagement among teen, adult, and parent populations, children’s experiences has received limited research attention. However, understanding how young children interact with technological devices and social media applications can have implications for their health, social and learning behaviors/processes, and safety. This exploratory pilot study investigated elementary school children’s self-reported experiences with digital devices and social media. The study used a cross-sectional, non-experimental design, and consisted of face to face survey interviews administered among children 6 to 10 years of age enrolled in primary school grades 1 to 3. Descriptive analyses were conducted on data collected from 42 participants (21 males, 21 females) with an average age of 7.5 years old, from urban areas of London, Ontario. Key findings indicated that participants’ preferred technology devices included tablets (N=30, 71.4%) and smartphones (N=25, 59.5%), and over half of the participants (N=24, 61.5%) reported active social media use. While young children appear to be engaged users of technology and social media, results also point to important implications related to online safety, information sharing and information privacy practices. While the digital health space creates unimaginable potential to support and enhance education, learning and health, the complexity of information access, issues of data privacy demands the development of digital literacy skills. Future research and practice is needed on children’s use of digital technology to fully maximize children’s health outcomes and learning opportunities.