Children in Context: Optimizing Environments in a Changing World to Support Child and Youth Health and Well-Being

2021 Program

#ChildHealthSymposium
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WELCOME FROM THE ORGANIZING COMMITTEE

While this is the seventh year that we have held the Child Health Symposium, we would like to welcome you to our first virtual symposium. What a year it has been! One positive result of holding a virtual conference is that we have colleagues joining us from across Ontario, Canada, and international locations.

We are so excited about our line-up of presenters this year! We have a mix of both new and seasoned scholars and clinicians across many different disciplines who want to share their ideas, research findings, and best practices with you about child and youth health and well-being. We are looking forward to the many different perspectives and the wealth of expertise that we will encounter.

Our hopes for the 2021 CHS are that you will learn something new that you can apply to your own practice and share with others. We hope that you will have an opportunity to meet and connect with others from many different backgrounds. And finally, we hope that you will enjoy the event. We look forward to interacting with you on Thursday, May 20, 2021.

2021 CHS Organizing Committee Members

**Carrie Connell**  
Education and Program Coordinator, TVCC

**Gordon MacDonald**  
Research Officer, Faculty of Health Sciences, Western University

**Janette McDougall**  
Researcher, TVCC; Adjunct Professor, Western University

**Janis Cardy**  
Associate Dean (Research), Faculty of Health Sciences, Western University

**Jill Craven**  
CEO, TVCC

**Karen Lowry**  
Director of Quality Management, TVCC

**Meghan Vollebregt**  
Student, Western University

**Michelle Servais**  
Researcher, TVCC; Adjunct Professor, Western University; Chair, CHS Organizing Committee

**Nicole Chabot**  
Research Coordinator, Faculty of Health Sciences, Western University

**Nicole Turner**  
Community Member

**Shauna Burke**  
Associate Professor, School of Health Studies, Faculty of Health Sciences, Western University

**Sheila Moodie**  
Associate Professor, School of Communication Sciences and Disorders, Faculty of Health Sciences, Western University

**Trish Tucker**  
Associate Professor, School of Occupational Therapy, Faculty of Health Sciences, Western University
ABOUT THE 2021 CHILD HEALTH SYMPOSIUM

Purpose of the CHS Collaborative Partnership

The Child Health Symposium (CHS) is a collaborative presentation of Western University's Faculty of Health Sciences and TVCC.

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 and youth 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

New for 2021

2021 CHS Virtual Event on Whova and Zoom

This year the CHS is collaborating with many different disciplines and programs to highlight some of the research and work that is being done in child and youth health and well-being.

• Child Health Research Day (CHRD) will be held on Wednesday, May 19 (9:30 a.m.-5:30 p.m. EST).
• The CHS will be held on Thursday, May 20 (9:00 a.m.–3:30 p.m. EST).
• The CHRD and the CHS will be hosted virtually through the Whova app. Attendees will have access to all content on both days.
• All CHS sessions (e.g., expert panel, oral presentations, keynote address, etc.) will be live on Zoom, and will not be recorded.

Joint Child Health Poster Sessions on Wednesday, May 19

• The Joint Child Health Poster Sessions are hosted exclusively on Whova. Each poster presentation has an attached poster and some also include a short video introduction. You can browse posters at your leisure starting Monday, May 17. To interact with the poster presenters during the Poster Sessions on May 19, please use the Q & A button found on each individual presentation page.

This poster session is co-presented by: Department of Paediatrics, Child and Adolescent Mental Health, Children's Health Foundation, Children's Health Research Institute, Children's Hospital London Health Sciences Centre, Western's Collaborative Graduate Specialization in Developmental Biology, Developmental Disabilities Program, Paediatric Surgery, Schulich Medicine and Dentistry, TVCC, Western University's Faculty of Health Sciences, and Western University.
2021 CHS Highlights

Theme: Children in Context: Optimizing Environments in a Changing World to Support Child and Youth Health and Well-Being

We are taking a broad perspective of the environment, which may include attitudes, social supports and relationships, policies, technology, natural environment, service systems, communities of practice, et cetera. We also like CanChild's description of the importance of the environment:

"What is the environment and why is it important? When considering the environment, the first thing that usually comes to mind is the physical environment (e.g., the presence of elevators and ramps, access to buildings and public transportation). However, a person’s environment includes many other things, such as the social environment (e.g., family and peer support), attitudes of others, and institutional policies (e.g., availability and cost of programs, waiting time). In many situations, especially those involving children with lifelong health conditions, changing the environment can be a much more practical way to enable participation than trying to change the child’s physical characteristics and/or abilities. As such, the environment is recognized as an important area of focus for families, researchers and clinicians."


Keynote Address: Collaborating for Children’s Health: Optimizing Environments through Community Geography

- Dr. Jason Gilliland is an award-winning teacher and researcher who is known internationally for his research on urban planning and public health issues, particularly for the novel ways he applies geographical tools such as GIS mapping to child health issues.

Panel Presentation: Optimizing Home, School, Community, and Natural Environment to Support Child Health and Well-Being

- Panelist 1: Dr. Colin King is a School and Clinical Child Psychologist and the Director of the Child and Youth Development Clinic (CYDC) at Western University. Colin has trained and worked in a variety of community, hospital, and mental health settings with children and youth.

- Panelist 2: Dr. Trish Tucker is an Associate Professor in the School of Occupational Therapy and the Director of the Child Health and Physical Activity Lab at Western University. Trish’s lab is committed to improving the physical activity levels of young children in Canada, specifically in childcare settings.

- Panelist 3: Samadhi Mora Severino is parent of two children—one with complex needs and severe disabilities. She is an emerging equity researcher in the areas of health and disability services/policy. She has worked in a leadership role in Ontario to support and advocate for parents of children with disabilities navigating the Ontario Health care system.
CHS FULL PROGRAM AT A GLANCE (MAY 20)

9:00  SESSION 1: Official Start and Welcome (75 minutes)

Panel Presentations: Optimizing Home, School, Community, and Natural Environment to Support Child Health and Well-Being
1. Colin King, Western University, Faculty of Education
2. Trish Tucker, Western University, School of Occupational Therapy
3. Samadhi Mora Severino, York University, Health Policy and Equity

10:15  Break (20 minutes)

10:35  SESSION 2: Presentation Clusters (70 minutes)
A. COVID-19 and Children's/Youth's Mental Health
B. Inclusive Education, Intervention, and Assessment
C. Youth Transitions and Intervention
D. Infants, Childhood, and the Environment

11:45  Lunch (30 minutes)

12:15  SESSION 3: Networking Opportunities and Activities (30 minutes)
1. Afternoon Yoga: Rest, Relax, and Refuel (Facilitator: Meghan Vollebregt)
2. ACT Flexible: Using Psychological Flexibility to Help You Be Present and Do What Matters (Facilitators: Brianna Anderson, Karla Schoots-McAlpine)
3. Come Chat: I’m a Clinician Interested in Research: What are My Options? (Facilitators: Janis Cardy, Sheila Moodie)
4. It’s Time to Network: Start or Join a Chat Room Discussion

12:45  Break (15 minutes)

1:00  SESSION 4: Presentation Clusters (70 minutes)
E. Virtual Care Delivery and COVID-19
F. Healthcare Provider Perspectives
G. Youth and Parent Perspectives
H. Physical Activity and Determinants of Health

2:10  Break (10 minutes)

2:20  SESSION 5: Keynote Address on Collaborating for Children’s Health: Optimizing Environments through Community Geography (50 minutes)
1. Jason Gilliland, Western University, Children's Health Research Institute, Lawson Health Research Institute

3:20  Closing Remarks, Announcements, Door Prizes (10 minutes)

3:30  End, Complete CHS Feedback Form: www.tinyurl.com/3p9kw7fe
# CHS PROGRAM AT A GLANCE: MORNING

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<tbody>
<tr>
<td>9:00</td>
<td><strong>SESSION 1: Official Start, Welcome, and Panel Speakers (75 min., May 20)</strong></td>
<td>Zoom Link 1</td>
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<td></td>
<td>Welcome and Orientation to the Day (Michelle Servais, 15 min.)</td>
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<td>Panel Session (60 mins.)</td>
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<td></td>
<td><em>Optimizing Home, School, Community, and Natural Environments to Support Child Health and Well-Being (60 min.)</em></td>
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<tr>
<td></td>
<td>• Colin King, PhD, Western University</td>
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<td>• Trish Tucker, PhD, Western University</td>
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<td>• Samadhi Mora Severino, PhD Student, York University</td>
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<td>Moderator: Meghan Vollebregt</td>
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<td>10:15</td>
<td>Break (20 min.)</td>
<td>No screen time</td>
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<td>10:35</td>
<td><strong>SESSION 2: Concurrent Presentation Clusters (70 min.)</strong></td>
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<td></td>
<td><em>Cluster A. COVID-19 and Children's/Youth's Mental Health</em></td>
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<td>Moderator: Janis Cardy</td>
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<td><em>Cluster B. Inclusive Education, Intervention, and Assessment</em></td>
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<td>Moderator: Meghan Vollebregt</td>
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<td><em>Cluster C. Youth Transitions and Intervention</em></td>
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<td>Moderator: Michelle Servais</td>
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<td><em>Cluster D. Infants, Childhood, and the Environment</em></td>
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<td>Moderator: Karen Lowry</td>
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<td>11:45</td>
<td>Lunch Break (30 min.)</td>
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2021 Child Health Symposium
# CHS Program at a Glance: Afternoon

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<thead>
<tr>
<th>Time</th>
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<tr>
<td>12:15</td>
<td><strong>SESSION 3: Networking Opportunities and Activities (30 min.)</strong></td>
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<td></td>
<td><em>Afternoon Yoga: Rest, Relax, and Refuel</em></td>
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<td>Facilitator: Meghan Vollebregt</td>
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<td></td>
<td><em>ACT Flexible: Using Psychological Flexibility to Help You Be Present and Do What Matters</em></td>
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<td>Facilitators: Brianna Anderson, Karla Schoots-McAlpine</td>
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<td><em>Come Chat: I’m a Clinician Interested in Research: What are My Options?</em></td>
<td>Zoom Link 8</td>
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<td>Facilitators: Janis Cardy, Sheila Moodie</td>
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<td><em>It’s Time to Network! Start or Join a Chat Room Discussion</em></td>
<td>Whova</td>
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<td>12:45</td>
<td><strong>Break (15 min.)</strong></td>
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<td>1:00</td>
<td><strong>SESSION 4: Concurrent Presentation Clusters (70 min.)</strong></td>
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<td></td>
<td><em>Cluster E. Virtual Care Delivery and COVID-19</em></td>
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<td>Moderator: Michelle Servais</td>
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<td></td>
<td><em>Cluster F. Healthcare Provider Perspectives</em></td>
<td>Zoom Link 10</td>
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<td>Moderator: Meghan Vollebregt</td>
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<td></td>
<td><em>Cluster G. Youth and Parent Perspectives</em></td>
<td>Zoom Link 11</td>
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<td>Moderator: Sheila Moodie</td>
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<td></td>
<td><em>Cluster H. Physical Activity and Determinants of Health</em></td>
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<td>Moderator: Gord MacDonald</td>
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<td>2:10</td>
<td><strong>Break (10 min.)</strong></td>
<td>No screen time</td>
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<td>2:20</td>
<td><strong>SESSION 5: Keynote Address (60 min.)</strong></td>
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<td><em>Collaborating for Children’s Health: Optimizing Environments through Community Geography</em></td>
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<td>• Jason Gilliland, PhD, Western University</td>
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<td>• Moderator: Shauna Burke</td>
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<td>3:20</td>
<td><strong>Final Plenary Session: Final Thoughts, Door Prizes, Wrap-Up (10 min.)</strong></td>
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<td></td>
<td>Michelle Servais</td>
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<td><strong>Complete CHS Feedback Form:</strong> <a href="http://www.tinyurl.com/3p9kw7fe">www.tinyurl.com/3p9kw7fe</a></td>
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Panelist 1: Colin King, PhD, C. Psych.

Associate Professor - Western University, Faculty of Education
Psychologist and Director of the Child and Youth Development Centre (Western University)

Dr. Colin King is a School and Clinical Child Psychologist and the Director of the Child and Youth Development Clinic (CYDC) at Western University, an interdisciplinary training clinic for graduate students in school, counselling, and clinical psychology, and social work professional programs across Western.

Colin has trained and worked in a variety of community, hospital, and mental health settings with children and youth experiencing learning, behaviour, and social-emotional difficulties. Prior to arriving at Western, he worked in private practice and as a Psychologist and Coordinator of Psychological Services in the Thames Valley District School Board. As a parent to two young boys, he is always striving to follow the same recommendations he provides for other caregivers, with a keen awareness that "knowing" and "doing" are often two different pathways.

Profile: https://www.edu.uwo.ca/faculty-profiles/colin-king.html
**Panelist 2: Trish Tucker, PhD**

*Associate Professor, Western University, School of Occupational Therapy*
*Director, Child Health and Physical Activity Lab (Western University)*

Dr. Trish Tucker is an Associate Professor in the School of Occupational Therapy and the Director of the Child Health and Physical Activity Lab at Western University. Dr. Tucker’s expertise are in the broad areas of health promotion, physical activity, and childhood obesity prevention. Her primary area of research is the measurement and promotion of physical activity with a particular focus on preschool-aged children. Trish’s current research includes: (1) identifying and modifying environmental influences on young children’s physical activity and sedentary time at childcare; (2) exploring the effects of introducing physical activity policies in childcare centres; and (3) developing and testing an online physical activity training module for implementation during early childhood educators’ pre-service schooling.

Profile: [https://www.uwo.ca/fhs/ot/about/faculty/tucker_t.html](https://www.uwo.ca/fhs/ot/about/faculty/tucker_t.html)

**Panelist 3: Samadhi Mora Severino, MA**

*PhD Candidate, York University, Health Policy and Equity: Examining the Intersections of MAiD, Home Care Access and Palliative Care Access for People with Disabilities in Canada*
*Board Member - Public Health Ontario Research Ethics*

Samadhi Mora Severino is parent of two children—one with complex needs and severe disabilities. She is an emerging equity researcher in the areas of health and disability services/policy. Additionally, she is an advisor for VPS which advocates for safeguards with medical assistance in dying (MAiD) for people with disabilities in Canada. Samadhi’s experience includes research with children with complex disabilities, adults with disabilities, and Indigenous People with disabilities living in Ontario. As a PhD student at York University, she uses mixed methods and participatory-action methodology in relation to MAiD, home care access, and palliative care access for people with disabilities in Canada. Prior to this, she completed a Master’s degree in critical disability studies where she conducted primary qualitative research on the inequities of accessing home care supports for the Unpaid Caregivers of Children with Medical Complex Needs in Ontario. Since 2014, she has worked in a leadership role in Ontario to support and advocate for parents of children with disabilities navigating the Ontario Health care system. She has also served as a member of the technical working group for the Ministry of Health and Long-Term Care to develop a provincial program for self-directed funding for children with medical complexity in Ontario. Finally, she is currently a community board member for the research ethics board at Public Health Ontario.

LinkedIn Profile: [www.linkedin.com/in/samadhi-mora-severino-a7003a9b](http://www.linkedin.com/in/samadhi-mora-severino-a7003a9b)
A: COVID-19 and Children's/Youth's Mental Health

Session Moderator: Janis Cardy

- **Presentation A-1:** The COVID-19 Pandemic and Social Anxiety in Youth with Chronic Conditions: What Do We Know and Where Do We Go?
  
  Janette McDougall

- **Presentation A-2:** Understanding the Impact of COVID-19 on Children's and Families' Mental and Physical Health
  
  Alexis Winfield, Carly Sugar

- **Presentation A-3:** Facilitators for Coping with the COVID-19 Pandemic: A Qualitative Study Comparing Youth with and without Disabilities
  
  Sally Lindsay, Hiba Ahmed

- **Presentation A-4:** How the Pandemic Environment has Impacted the Mental Well-Being of Children and Youth
  
  Bekki Grieve, Amanda McIntyre

B: Inclusive Education, Intervention, and Assessment

Session Moderator: Meghan Vollebregt

- **Presentation B-1:** Optimizing Inclusion of Children and Youth at School: Insights from a Realist Synthesis of Tiered Approaches to Rehabilitation Services
  
  Wenonah Campbell

- **Presentation B-2:** Perspectives of Children and Youth with Disabilities and Special Needs Regarding their Experiences in Inclusive Education—A Meta-Aggregative Review
  
  Tithi Paul

- **Presentation B-3:** Evaluation of the Secret Agent Society Small Group Program for Autistic Children
  
  Vivian Lee

- **Lightning Round Presentation B-4:** Bridging the Gap: Building Collaborative Psychoeducational Assessment Practice
  
  Sarah E Babcock
C: Youth Transitions and Intervention

Session Moderator: Michelle Servais

- **Presentation C-1**: Barriers and Facilitators of Paediatric to Adult Care Transition Practices for Patients with Chronic Illness: A Narrative Rapid Review
  Jalesa Martin

- **Lightning Round Presentation C-2**: Individuals with Autism and Intellectual Disabilities Transitioning to Adulthood
  Richa Mehta

- **Lightning Round Presentation C-3**: Transition to Adulthood for Youth with Medical Complexity: A Qualitative Case Study
  Lin Li

- **Presentation C-4**: “I Have Something to Say”: Highlights of Youth and Parent Feedback on Youth Services Prior To and During the COVID-19 Pandemic
  Michelle Servais

- **Presentation C-5**: A Review of Youth Services: Implementing Best Practices in Youth Service Delivery
  Karen Faragher, Merlin Thomas

D: Infants, Childhood, and the Environment

Session Moderator: Karen Lowry

- **Presentation D-1**: Prematurity, Socioeconomic Status, and Childhood Asthma: A Canadian Study
  Crystal McLeod

- **Presentation D-2**: Baby on the Move: A Review of Healthcare Professional Experiences of Early Healthcare Transitions of Acutely Ill and Preterm Infants in Intensive Care
  Megha Rao

- **Presentation D-3**: Influences of Intimate Partner Violence on Key Breastfeeding Behaviours in Canadian Women
  Cara Davidson

  Lívia C Magalhães
SESSION 3: NETWORKING OPPORTUNITIES AND ACTIVITIES

Thursday, May 20, 12:15 – 12:45 p.m. EST

This session is all about taking some time out to do an activity that can contribute to your mental health and well-being. Take some time to try something new.

Afternoon Yoga: Rest, Relax, and Refuel

Facilitator: Meghan Vollebregt, Western University

Zoom Link 6

ACT Flexible: Using Psychological Flexibility to Help You Be Present and Do What Matters

Facilitators: Brianna Anderson, TVCC

Karla Schoots-McAlpine, TVCC

Zoom Link 7

Come Chat: I’m a Clinician Interested in Research: What are My Options?

Facilitators: Janis Cardy, Western University

Sheila Moodie, Western University

Zoom Link 8

It’s Time to Network! Start or Join a Chat Room Discussion

Visit the conference Whova Conference App: https://whova.com/portal/webapp/chrd_202110/
E: Virtual Care Delivery and COVID-19

Session Moderator: Michelle Servais

- **Presentation E-1**: Virtual Care: A Quality Improvement Project on the Experience of LHSC Affiliated Pediatric Physicians During the COVID-19 Pandemic
  Emma McCrady

- **Presentation E-2**: Improving Virtual Care Delivery in Pediatric Complex Care During COVID-19
  Haniah Shaikh, Rakhshan Kamran

- **Presentation E-3**: Candidacy for Virtual Care with Audiology Patients
  Danielle DiFabio

- **Lightning Round Presentation E-4**: Telehealth in School-Based Health Services: A Protocol for a Scoping Review
  Erin Knobl

F: Healthcare Provider Perspectives

Session Moderator: Meghan Vollebregt

- **Presentation F-1**: Paediatric-Specific Continuing Education for Rural and Remote Healthcare Professionals
  Crystal McLeod

- **Presentation F-2**: FIRST: Online Resources to Support Rehabilitation Professionals to Deliver Tiered Services in Schools
  Wenonah Campbell, Cheryl Missiuna

- **Presentation F-3**: Healthcare Providers' Perspectives with Addressing Sex and Sexuality within Pediatric Rehabilitation: A Qualitative Study
  Sally Lindsay

- **Presentation F-4**: Exploring Factors Influencing MindUP Implementation from Implementor Perspectives
  Maria Jelic
G: Youth and Parent Perspectives

Session Moderator: Sheila Moodie

- **Presentation G-1**: The Experience of Being a Parent of a Child with Medical Complexity: A Case Study Approach
  Vanessa Rocchese

- **Lightning Round Presentation G-2**: The Parent Voice: Defining Parent Mentorship
  Sharrie Hennessy

- **Lightning Round Presentation G-3**: Exploring the Experience of Managing Type 1 Diabetes in Canadian Adolescents
  Kelly Kennedy

- **Lightning Round Presentation G-4**: Child/Teen Adherence to Psychotropic Medication in the Context of the Family Environment
  Laura Theall

- **Presentation G-5**: Impact of Completing FACE-Q Craniofacial Module Scales that Ask About Appearance on Children and Young Adults: An International Study
  Lucas Gallo

H: Physical Activity and Determinants of Health

Session Moderator: Gord MacDonald

- **Presentation H-1**: Mandated to Move: Teacher Identified Barriers, Facilitators, and Recommendations to Classroom-Based Physical Activity
  Lauren Martyn

- **Presentation H-2**: The Psychosocial and Physical Effects of Therapeutic Horseback Riding for Children with Cerebral Palsy
  Karen Pratt

- **Presentation H-3**: Individual Differences in Lifestyle Factors and the Effects of an Acute Exercise Intervention on Executive Functioning in Children and Youth with ADHD
  Jasmyn Skinner

- **Presentation H-4**: A Childcare Physical Activity (PLAY) Policy: Influences on Toddlers’ and Preschoolers’ Physical Activity Levels
  Monika Szpunar
Collaborating for Children’s Health: Optimizing Environments through Community Geography

Jason Gilliland, BA (Hon), MA, MArch, PhD

Dr. Jason Gilliland is an award-winning teacher and researcher who is known internationally for his research on urban planning and public health issues, particularly for the novel ways he applies geographical tools such as GIS mapping to child health issues. In 2012 he was honored with the ESRI Canada Award for Excellence in GIS for “innovation in the field of Geographic Information Systems”, and in 2009 he was recognized with the prestigious Julian M. Szeicz Award from the Canadian Association of Geographers for significant research achievement by an early career scholar for his contribution to research on children in the city. In 2012 he was awarded the title of “Faculty Scholar” at Western for "sustained excellence in all scholarly activities". His current research examines the relationship between modern urban planning and development practices and various children’s health issues such as healthy eating, physical inactivity, mental health, and injury, and his work has appeared in leading international journals such as the American Journal of Public Health, Health & Place, and the American Journal of Preventive Medicine.

Dr. Gilliland believes that by gaining a better understanding of how environmental characteristics influence population health and well-being, we can better inform public policymakers and city planners of how to make effective changes to public policy and neighbourhood design to promote the health and quality of life of vulnerable populations. As part of their training in the Human Environments Analysis Lab (HEAL), Dr. Gilliland insists that his graduate students regularly engage with him in community-engaged learning and knowledge exchange activities with key policymakers, decision-makers, and stakeholder groups. Dr. Gilliland is also deeply committed to building links between the University and the community at large, and regularly applies his knowledge and expertise while serving on numerous boards and committees of governmental and non-profit organizations in Canada. In 2010 he won an ‘Angel Award’ for his ongoing community service in the Old East Village of London, and in 2019 the HEAL was selected as a finalist for the Pillar Community Innovation Award for its positive impact on community.

Profile: [http://theheal.ca/team/dr-jason-gilliland](http://theheal.ca/team/dr-jason-gilliland)

The Human Environments Analysis Laboratory: [www.theheal.ca](http://www.theheal.ca)
CHRD PROGRAM AT A GLANCE FOR WEDNESDAY, MAY 19

Child Health Research Day (CHRD) and the Joint Child Health Poster Sessions

10:30  Joint Child Health Poster Session 1: Trainees’ Basic, Medical, and Clinical Research Presentations (Whova App)
   • Posters can be viewed on Whova starting Monday, May 17, 2021
   • Presenters are available during Poster Session times to answer questions

12:00  Keynote Address: From Genetics to Genomics: Implications in Clinical Care

Dr. Daniel Kastner is currently the Scientific Director of the Division of Intramural Research of the National Human Genome Research Institute, National Institutes of Health

1:10   Oral Presentations (see Whova App for presentation details)

2:40   Oral Presentations (see Whova App for presentation details)

4:10   Joint Child Health Poster Session 2: Multi-Disciplinary Perspectives on Child and Youth Health (Whova App)

5:15   Evening Speaker: What Drives Activism? The Intersections Between Climate Activism and Child Health Advocacy

Emma Lim is a climate activist and the founding member of Climate Strike Canada

5:30   Closing Remarks
POSTER SESSION 1 AT A GLANCE

Wednesday, May 19, 10:30-11:30 a.m. EST on Whova

Joint Child Health Poster Session: Trainees’ Basic Medical and Clinical Research Presentations

• **AM - POSTER 1:** Paediatric Serum Sickness-Like Reaction: A 10-Year Retrospective Cohort Study  
  Blanca Rosa Del Pozo-Magana

• **AM - POSTER 2:** Not Every White Spot is Vitiligo  
  Blanca Rosa Del Pozo-Magana

• **AM - POSTER 3:** Validation of ICD-10 Codes for the Identification of Paediatric Out-of-Hospital Cardiac Arrest Patients  
  Katelyn Gray

• **AM - POSTER 4:** Carbamazepine-Induced Liver Injury in an 11-Year-Old Female: Case Report and Review of the Literature  
  Kiersten Amos

• **AM - POSTER 5:** The Role of Chest MRI in Guiding Treatment Decisions in Ataxia Telangiectasia: A Case Report  
  Sara Glazer

• **AM - POSTER 6:** "Reduced to My Race Once Again": Perceptions about Underrepresented Minority Students Admitted to Medical School in North America  
  Hailey Barootes

• **AM - POSTER 7:** Genetic Ablation of Negative Regulators of Shh Signaling Suppressor of Fused or Never in Mitosis Kinase 2 Causes Altered or Loss of Neural Cell Fate  
  Danielle Spice

• **AM - POSTER 8:** Extremely Low Gestational Age Neonates and Resuscitation: Perspectives of Canadian Neonatologists  
  Stacie Wood

• **AM - POSTER 9:** Baseline Body-Mass-Index is Predictive of Glucocorticoid-Induced Obesity in Children with Rheumatic Disease  
  Renee Pang

• **AM - POSTER 10:** Aromatase Deficiency in an Ontario Old Order Mennonite Family  
  Sun Young Kim
• **AM - POSTER 11:** Provision of Non-Pharmacologic Analgesia to Children by Prehospital Providers in Southwestern Ontario: A Cross-Sectional Study
  Charlotte Mace

• **AM - POSTER 12:** Ductal Stent Fracture in a Child with Underlying Tetralogy of Fallot with Pulmonary Atresia Presenting with Systemic Desaturation.
  Annie Li

• **AM - POSTER 13:** Loss of Kindlin-1 Enhances Migration in Squamous Carcinoma Cells
  Naomi Mishan

• **AM - POSTER 14:** Moyamoya in an Infant with Aicardi-Goutières and Williams Syndrome
  Rahul Verma

• **AM - POSTER 15:** Pragmatic Recommendations for Children with Medical Complexity Requiring Aerosol-Generating Medical Procedures in School During the COVID-19 Pandemic: A Narrative Review
  Rahul Verma

• **AM - POSTER 16:** Implementation of a Quality Improvement Initiative to Reduce Pain and Anxiety Associated with Needle-Related Procedures in a Canadian Paediatric Emergency Department
  Shaily Brahmbhatt

• **AM - POSTER 17:** The ATRX Chromatin Remodeller is Required in Astrocytes for Long-Term Recognition Memory.
  Miguel A. Pena-Ortiz

• **AM - POSTER 18:** Isolated Small Bowel Disease and Multiple Lung Nodules: An Unusual Initial Presentation of Pediatric Crohn’s Disease
  Nicole S. Wiebe

• **AM - POSTER 19:** Ablation of ATRX in Embryonic Excitatory Neurons Leads to Atypical Behaviours in Male Mice
  Katherine Quesnel

• **AM - POSTER 20:** An Analysis of Automated Cell-Type Labelling Methods.
  Erik Christensen

• **AM - POSTER 21:** Identifying an Acinar Cell Autonomous Role for ATF3 in Acinar to Duct Cell Redifferentiation
  Mckenzie Martin

• **AM - POSTER 22:** TMExplorer: A Tumour Microenvironment (TME) Single-Cell RNAseq Database and Search Tool
  Erik Christensen

• **AM - POSTER 23:** Long-Term Behavioral Problems in Adolescents with Child-Onset Epilepsy
  R Grace Couper
• **AM - POSTER 24:** Evaluation of Local Paediatric Out-of-Hospital Cardiac Arrest and Emergency Services Response in London-Middlesex County
  Kate McKenzie

• **AM – POSTER 25:** Hunkering Down: How Children with Complex Health Care Needs and their Families Are Impacted by Temperature and Weather Extremes
  Sarah Howard

• **AM - POSTER 26:** Effects of Infantile Hydrocephalus on Executive Function and Brain Network Connectivity in Children at School-Age
  Ramina Adam

• **AM - POSTER 27:** Making Mindfulness Matter ©(M3): An Initial Evaluation
  Melissa Read, Christina Amico, Alyssa Mueller, and Amal Baobaid

• **AM - POSTER 28:** Oleic Acid Restores Autophagic Changes by Palmitic Acid in Mouse Preimplantation Embryos
  Zuleika Leung

• **AM - POSTER 29:** Anti-Inflammatory, Antioxidant and Anti-Atherosclerotic Effects of a Combination of Natural Supplements on Patients with FMF Related AA Amyloidosis: A Non-Randomized 24-Weeks Open Label Interventional Study
  Micol Romano

• **AM - POSTER 30:** Mechanisms of Janus Kinase 1 Mutation Cooperativity with PU.1/Spi-B Deletion in Precursor B Cell Acute Lymphoblastic Leukemia
  Mia Sams

• **AM - POSTER 31:** Long-Term Self-Affect in Children with Epilepsy
  Hallie (Wing Yan) So

• **AM - POSTER 32:** Epidemiology and Outcomes of Rheumatologic Manifestations in Paediatric Inflammatory Bowel Disease: A Systematic Review
  Aaisham Ali

• **AM - POSTER 33:** The Acute Effect of Inhaled Hypertonic Saline on the 6-Minute-Walk Test in Paediatric Patients with Cystic Fibrosis
  Shauna Peng

• **AM - POSTER 34:** A Live-Online Mindfulness-Based Intervention for Children Living with Epilepsy and Their Families: Protocol and Update on the Making Mindfulness Matter© Randomized Control Trial
  Klajdi Puka

• **AM - POSTER 35:** Evaluation of the Impact of Systemic Glucocorticoid Therapy on Quality of Life in Children with Chronic Disease: A Scoping Review
  Renee Pang
• **AM - POSTER 36**: Case Report: Concomitant BRCA1 & BRCA2 Gene Mutations in an Adolescent with Global Developmental Delay
  Arash Algouneh

• **AM - POSTER 37**: Post-Intensive Care Syndrome - Pediatrics: A Systematic Review of Literature
  Komal Jariwala

• **AM - POSTER 38**: A Story That Begins Three Years Too Soon: A Case of a Girl with Untreated Anti-Methyl-D-Aspartate Receptor Encephalitis for Fourteen Years
  Sean Leonard

• **AM - POSTER 39**: Defining the Function of SPCA2C-Calumin Interaction in Pancreatic Calcium Homeostasis
  Petra Samardzija

• **AM - POSTER 40**: Severe Myopia in a Patient with Heterozygous OTX2 Mutation
  Snow Wangding

• **AM - POSTER 41**: Molecular Mechanism Regulating Decidual Insulin-Like Growth Factor Binding Protein-1 (IGFBP-1) Secretion/Phosphorylation in Intrauterine Growth Restriction (IUGR)
  Chloe Jang

• **AM - POSTER 42**: Anxiety Symptoms Ten Years After Diagnosis of Childhood-Onset Epilepsy: Prevalence and Correlates
  Onyebuchi Omodon

• **AM - POSTER 43**: Investigating the Role of Nicotinamide Adenine Dinucleotide Synthesis in Early Kidney Development
  Andrew Bell

• **AM - POSTER 44**: IGFBP-1 Hyperphosphorylation: An Early Maternal Circulatory Potential Biomarker for Prediction in Human Fetal Growth Restriction
  Violet Patterson

• **AM - POSTER 45**: Defining Pathways for Regulating Cellular Calcium Levels in the Pancreas
  Melissa Fenech

• **AM - POSTER 46**: The Phenotypic Spectrum of AMER1-Related Osteopathia Striata with Cranial Sclerosis: The First Canadian Cohort
  David Heikoop

• **AM - POSTER 47**: Intra-Osseous Use and Performance in Paediatric Patients During Inter-Facility Transport
  Michael Bravo

• **AM - POSTER 48**: Effectiveness of Pediatric Crawford Tube Implants When Endoscopically Assisted by ENT Surgeons
  Karan Gandhi
• **AM - POSTER 49:** The Impact of the COVID-19 Pandemic on Children and Families Undergoing Epilepsy Surgery  
  Melissa Chavez-Castillo

• **AM - POSTER 50:** Lactate and Cell Fate: A New Approach to Cellular Reprogramming  
  Alexandra Kozlov

• **AM - POSTER 51:** The Role of Shroom3 in Cardiac Morphogenesis and Post-Natal Function  
  Jennifer Carleton

• **AM - POSTER 52:** Extraverts and Performance: An Unlikely Factor in Surgical Skills Acquisition  
  Claire Wilson, PhD

• **AM - POSTER 53:** Number of Episodes Can be Used as a Disease Activity Measure in Familial Mediterranean Fever  
  David Piskin
POSTER SESSION 2 AT A GLANCE

May 19, 4:10-5:10 a.m. EST on Whova

Joint Child and Health Poster Session: Multi-Disciplinary Perspectives on Child and Youth Health (Whova App)

- **PM - POSTER 54**: Next Generation Sequencing Based Multiplex Long-Range PCR for Routine Genotyping of Autoinflammatory Disorders
  Erkan Demirkaya

- **PM - POSTER 55**: Demographic Features in a Cohort of 101 Childhood Onset Familial Mediterranean Fever Patients with Renal Amyloidosis
  David Piskin

- **PM - POSTER 56**: Mental Health Related Emergency Department Visits Among Children and Youth in Ontario: A Linked Population and Health Administrative Data Study
  Jinette Comeau

- **PM - POSTER 57**: COVID-19—What Type of Swab is Actually Being Performed?
  Brenna Chen

- **PM - POSTER 58**: Shared Decision Making (SDM) Best Practices for Pediatric Service Delivery “Impact on Patients & Families”
  Bonnie Wooten

- **PM - POSTER 59**: Exploring Teachers’ Perspectives on Child Anxiety: Opportunities to Promote Anxiety Management Skills in the Classroom
  Sydney Coleman

- **PM - POSTER 60**: Individual Differences in Executive Functioning and Psycho-Emotional Well-Being and the Impact of Acute Exercise in Children with ADHD
  Madeline Crichton

- **PM - POSTER 61**: Improving Health Service Access for Youth with Cystic Fibrosis
  Keri Durocher

- **PM - POSTER 62**: Decolonizing Research with Indigenous Communities to Explore Youth Narratives on Life Promotion, Mental Wellness, and Resilience
  Trehani Fonseka, Claude Olivier
• **PM - POSTER 63**: Understanding Service Gaps in the Treatment of Childhood Anxiety While Identifying Key Components of Parent Supported Intervention Models
   Chelsey Masson

• **PM - POSTER 64**: Using Airborne LiDAR to Map Sidewalk Encroachment and Accessibility: Enhancing Inclusion for Children and Youth
   Sally Lindsay

• **PM - POSTER 65**: Exploring the Experiences of Women Accessing Care During A Pandemic: A Qualitative Phenomenological Study
   Mary Ntochukwu Ndu

• **PM - POSTER 66**: Parenting Concerns During the COVID-19 Pandemic: Results from A Canadian Crowdsourced Sample
   Mila Kingsbury

• **PM - POSTER 67**: Mental Health Walk-in Clinics: A National Feasibility Study
   Catalina Sarmiento

• **PM - POSTER 68**: Validation of the Child and Adolescent Scale of Environment (CASE): Youth with Chronic Health Conditions
   Janette McDougall

• **PM - POSTER 69**: Exploring the Impact of Trauma-Informed Training and MindUP On Teacher Attitudes and Burnout
   Sue Kim

• **PM - POSTER 70**: Collaborating with Clinical Stakeholders to Develop and Implement New Assessment Tools
   BJ Cunningham

• **PM - POSTER 71**: Coping Mechanisms Among Youth and Young Adults with Autism Spectrum Disorder in Competitive Employment
   Abirami Vijayakumar

• **PM - POSTER 72**: Designing A Study to Examine Children’s Understandings of Chronic Pain and Coping
   Kristina Ferreira

• **PM - POSTER 73**: S3 Case Study: An Informal STEM and Social Skills Program for Students with Autism Spectrum Disorder
   Kailee Liesemer

• **PM - POSTER 74**: Mental Health Recovery Among Refugee Children and Youth in Canada: A Scoping Review
   Taylor Lund
Session 2, Cluster A: COVID-19 and Children's/Youth's Mental Health

A-1

*The COVID-19 Pandemic and Social Anxiety in Youth with Chronic Conditions: What Do We Know and Where Do We Go?*

Janette McDougall

TVCC, Western University

**ABSTRACT**

Social anxiety is described as: being “fearful or anxious about or avoidant of social interactions and situations that involve the possibility of being scrutinized”; these fears can be triggered by perceived or actual negative evaluation from others (DSM-5, 2013). Lack of social interaction during the COVID-19 pandemic may serve to maintain or increase social anxiety due to lack of exposure to social situations. It is important to focus on social anxiety in children and youth with chronic health conditions due to their restricted participation opportunities related to environmental barriers, increased risk for peer issues, and anxiety-related concerns in general. This presentation will: a) discuss the concept of social anxiety and results of a recent study examining social anxiety symptoms in youth with chronic health conditions; b) consider the impact of the COVID-19 pandemic on social anxiety in these youth; and 3) consider approaches for supporting youth with chronic conditions who have social anxiety symptoms as they return to daily activities and social participation.

Access an eprint of an article examining social anxiety symptoms in children with chronic health conditions at:

Understanding the Impact of COVID-19 on Children's and Families' Mental and Physical Health

Alexis Winfield, Carly Sugar, Barbara Fenesi, Jasmyn Skinner

Western University

ABSTRACT

Background: The ongoing study aims to identify the impact that the Coronavirus Disease (COVID-19) Pandemic has had on children’s and families' physical and mental health, and to compare families with children diagnosed with Attention Deficit Hyperactive Disorder (ADHD) to families with typically developing children. We aim to better understand the barriers each group faces when it comes to participating in physical activity and maintaining optimal mental health during this unprecedented time. Approximately 4-7% of school-aged children meet diagnostic criteria for ADHD (Larson et al., 2011) with 67% of this clinical population having an additional impairing comorbidity (Larson et al., 2011), potentially impacting their experience of life stress.

Hypothesis: It is expected that these two groups will identify common challenges related to their mental and physical health throughout the COVID-19 Pandemic, although, families with an ADHD diagnosis are expected to discuss unique barriers and supports related to the diagnosis.

Methods: Semi-structured interviews with children and parents/guardians who lived through the COVID-19 Pandemic are currently being conducted. For group comparison, half of the families had at least one child with an ADHD diagnosis and half of the families had typically developing children.

Analysis: Participant interviews will be transcribed and qualitatively analyzed for common themes using an iterative data-driven approach.

Impact: The findings from this study can help researchers understand the challenges faced by families during this time of crisis and inform ways in which we can better support their needs.
Facilitators for Coping with the COVID-19 Pandemic: A Qualitative Study Comparing Youth with and without Disabilities

Sally Lindsay1, 2, Hiba Ahmed1, Demitra Apostolopoulos1

1 Holland Bloorview Kids Rehabilitation Hospital
2 University of Toronto

ABSTRACT

Background: The Coronavirus Disease (COVID-19) pandemic has greatly impacted people’s mental health. Youth with disabilities are at particular risk for the psychological implications of the pandemic. Although much attention has been given to the pandemic-related mental health challenges that youth have encountered, little is known about the facilitators for coping with the stresses of the pandemic and how this varies for youth with and without disabilities.

Objective: The purpose of this paper was to understand facilitators for helping youth with and without disabilities to cope and maintain mental health during the COVID-19 pandemic.

Methods: This qualitative study involved in-depth interviews with 34 youth (17 with a disability; 17 without), aged 16-29 (mean age 23.2). A narrative, thematic analysis of the transcripts was performed.

Results: Our findings revealed several similarities and some differences between youth with and without disabilities regarding facilitators for maintaining mental health during the pandemic. Enablers of coping included: (1) social support; (2) financial support, (3) keeping busy (i.e., having a daily routine, working to keep the mind occupied, volunteering to boost mental health, focusing on school work), and (4) work-life balance (i.e., reduced commute, more time for exercising, going outdoors, cooking, sleeping better, and reflection on life’s purpose).

Conclusions: Our findings highlight how having coping strategies could help youth deal with pandemic-related stress. Youth with disabilities may need some additional support in accessing resources, exercising and going outdoors to help enhance their coping strategies.
How the Pandemic Environment has Impacted the Mental Well-Being of Children and Youth

Bekki Grieve¹, ², Amanda McIntyre³, ⁴

¹ TVCC
² Fanshawe College
³ Western University
⁴ Parkwood Institute Research

ABSTRACT

This presentation starts with a brief review of environmental factors that enhance children's well-being and contribute to positive mental health. For example, a stable, predictable schedule is known to facilitate mental well-being. In the past year, these environmental factors have been impacted by the COVID-19 pandemic. This presentation will explore how environmental changes to home and families have impacted children and youth. How have their lives changed? What are some potential outcomes of these environmental changes?
Session 2, Cluster B: Inclusive Education, Intervention, and Assessment

B-1

**Optimizing Inclusion of Children and Youth at School: Insights from a Realist Synthesis of Tiered Approaches to Rehabilitation Services**

Wenonah Campbell¹, Sandra VanderKaay¹, Leah Dix¹, Cheryl Missiuna¹, Stella Ng², Sandra Sahagian Whalen¹, Isabel Eisen¹, Christiane Kyte², Michelle Phoenix³, Sheila Bennett³, Jacqueline Specht⁴, Jennifer Kennedy¹, Dayle McCauley¹

¹ McMaster University
² University of Toronto
³ Brock University
⁴ Western University

ABSTRACT

School-based rehabilitation services are evolving from pull-out interventions focused on remediation for children and youth with disabilities to whole-school tiered approaches focused on supporting health, well-being, and participation. Although some discipline-specific practice models for school-based tiered services currently exist, it is not known how best to optimize delivery of tiered approaches across all rehabilitation services.

We conducted a realist synthesis of 52 articles identified from a systematic literature review to determine: What are the outcomes of successful tiered approaches to rehabilitation services for children and youth in education settings, in what circumstances do these services best occur, and how and why?

Our qualitative analyses revealed several contextual characteristics that create optimal environments for implementing tiered rehabilitation services in schools. For example, tiered services work best when: (1) they are situated within an inclusive education system; (2) policies and guidelines for delivering tiered services are aligned with an inclusive mandate; and (3) therapists have adequate time, funding, and material support to deliver services across tiers. In such contexts, three practices are activated that explain how and why tiered services work: fostering collaborative relationships, delivering authentic services, and building capacity for all. Through these practices, positive outcomes are achieved at student, parent, professional, and systems levels.

In summary, this realist synthesis advances understanding of the contexts and processes that support successful outcomes in tiered approaches to rehabilitation services in schools. Our findings can provide guidance for new programs involving tiered rehabilitation services in education or reflecting on current models of service delivery.
Perspectives of Children and Youth with Disabilities and Special Needs Regarding their Experiences in Inclusive Education—A Meta-Aggregative Review

Tithi Paul, Briano Di Rezze, Peter Rosenbaum, Peter Cahill, Annie Jiang, Eileen Kim, Wenonah Campbell

McMaster University

ABSTRACT

Inclusive education is important in order to achieve high-quality education for all; however, there is an important gap in the literature surrounding inclusive education, namely the perspectives of children and youth with disabilities and special needs. In this study, we used a meta-aggregative approach to qualitative evidence synthesis to synthesise systematically the perspectives of these children and youth regarding their experiences in inclusive education, and to generate recommendations for action. After selecting and critically appraising the methodological quality of eligible studies, we extracted the findings from the results sections of 27 studies with children and youth with various diagnoses and special needs. We aggregated the findings to develop 19 categories, which we further synthesized into six overarching synthesized statements pertaining to: i) teachers’ and education workers’ support and attitudes; ii) implementation of support and accommodations; iii) need for safe and accommodating physical environment; iv) preparation for high school transitions; v) friendships and peer interactions; and vi) participants’ own views of themselves. Some implications of our findings for the system to consider are: i) there is a need for strong leadership at the school level, and government agencies and school leadership are urged to provide opportunities for teachers to train and collaborate with other professionals; and ii) flexibility is necessary at schools, for which educators require training and experience. Children have profound personal understanding of their strengths and needs, their condition, and its effect on their lives, and are able to provide insightful information when given the opportunities.
**Evaluation of the Secret Agent Society Small Group Program for Autistic Children**

Vivian Lee, Nisha Vashi, Teresa Sellitto, Flora Roudbarani, Ava Pouyandeh, Jonathan A. Weiss

York University

**ABSTRACT**

Emotional regulation and mental health problems are concerns that impact the well-being of children with autism and support often involves the use of cognitive behaviour therapy (CBT). There are, however, knowledge gaps in the clinical utility of CBT that can prevent the successful implementation of group CBT in publicly funded community-based service providers. For example, although there is efficacy to using a spy-themed CBT program, the Secret Agent Society, with autistic children, research is still needed on its use when delivered by Canadian providers, under real world ecologically valid conditions. The current study aims to investigate the feasibility and acceptability of implementing a virtual-based SAS small group program by multiple autism service providers. The study currently includes 7 public agencies in Ontario that provide autism-based services, and data collection is ongoing. Preliminary findings from 10 parent-child dyads across two agencies who have completed the program indicates improvements in parent-reported child emotional regulation and social skills ($p=0.03$, $d=0.78$), and high ratings of satisfaction and acceptability. Understanding the clinical utility of such programs is an important step in evidence-based decision making and practice.

See research team website: [https://ddmh.lab.yorku.ca/](https://ddmh.lab.yorku.ca/)
Bridging the Gap: Building Collaborative Psychoeducational Assessment Practice

Sarah E Babcock, Don Saklofske

Western University

ABSTRACT

Identification of unique learning challenges in children is multifaceted, but typically involves a school psychologist’s assessment. And while cognitive ability assessment is an integral and informative part of the process, one major concern is that the integration of teacher and parent observations into the psychoeducational diagnostic process has, thus far, been neglected. The absence of communication between key parties has consequences; with assessments completed in isolation of teacher and parent input, background information is limited and testing time is lengthened. Ultimately, this puts a strain on resources and can delay support. Moreover, this scarcity of collaboration creates misalignment between observed everyday behaviours and the individualized education plan proposed based on assessment.

While there have been previous attempts to build these alliances, a unified process is still lacking. Therefore, evidence-based tools are needed to streamline the process and integrate teacher and parent observations. Teachers capture evidence from a pedagogical daily functioning perspective, and parents from the perspective of everyday skills and abilities; psychological assessments show the patterns of strengths and weaknesses in both academic and applied capacities. Therefore, combining data sources is an essential component for improving the process.

The purpose of this research program was to identify specific, observable behaviours to develop Home and Classroom Screening tools that align with current cognitive measures (i.e., WISC-V). These tools serve to inform psychologists as to how the child functions at home and in class, and creates the opportunity for more meaningful dialogue and a common language for diagnosis, support, and progress monitoring.
Session 2, Cluster C: Youth Transitions and Intervention

C-1

Barriers and Facilitators of Paediatric to Adult Care Transition Practices for Patients with Chronic Illness: A Narrative Rapid Review

Jalesa Martin, Shannon L. Sibbald

Western University

ABSTRACT

Transitions from paediatric to adult care are a complex process that involves the planned and purposeful movement of adolescents from paediatric to adult-centred care. To our knowledge, there are no systematic reviews that aimed to examine the barriers and facilitators to transition for patients with chronic illnesses as one entity. The prevalence of adolescents with chronic illnesses is increasing around the world, highlighting the need for better identification of barriers and facilitators to care. A review was needed considering the potential negative and long-term consequences that an unsuccessful transition can have on young adults. We conducted a narrative rapid review to analyze the current evidence surrounding the barriers and facilitators to best practices for transitions from paediatric to adult care for patients with chronic illness. Inclusion criteria included articles that were English, published within the past three years, and mentioned chronic illness, paediatric patients, and transition practices. Exclusion criteria included articles that did not mention patient perspectives and focused on post-transition. A search of Scopus, PubMed and Cochrane was done. 15 articles were selected and a thematic analysis was conducted. Evidence suggests that the two main barriers are access to care and transition readiness. The two main facilitators are improving education and program implementation that is patient-centred. The evidence suggests that barriers lead to more unsuccessful transitions, while patient perspectives should be further addressed. Institutions that set standards of practice for this population must establish a consensus for measuring the impact of barriers, to negate their effect on transition outcomes.
C-2

*Individuals with Autism and Intellectual Disabilities Transitioning to Adulthood*

Richa Mehta¹, Jessie Wilson¹, Rob Nicolson¹, ²

¹ Western University,
² London Health Sciences Centre

ABSTRACT
Currently, in Canada 1 in 66 children are diagnosed with Autism Spectrum Disorder (ASD) and 28% of them also have a dual diagnosis of Intellectual Disability (ID). As much of the focus is on early intervention, there is a lack of support for these individuals with ASD and ID when they transition into adulthood. Many experience decreased access to higher education and job opportunities compared to their typically developed peers. Due to the challenges in gathering information from these individuals, much of the current research excludes their direct voice. This study aims to explore the usefulness of the current transitional resources and supports from the view of youth with ASD and ID transitioning into adulthood. The secondary aim is to understand the usefulness of these tools and how they can be utilized to get direct voices from these youth. The current study will be conducted through a social constructivist paradigmatic position to explore the topic from a variety of different world views. To address the communication limitation, the team has developed a picture based visual consent form to aid the formal consent process. As participants may have different communication styles and abilities, the researchers will conduct each interview to fit the participants' abilities and strengths. The current methodology used will help shape future research by providing tools that can be implemented to allow this under-served population to have a direct voice. Funding was sourced from The C. Kingsley Allison Research Grant/Award.
C-3

**Transition to Adulthood for Youth with Medical Complexity: A Qualitative Case Study**

Lin Li, Nancy Carter, Jenny Ploeg, Jan Willem Gorter, Patricia Strachan

McMaster University

ABSTRACT

This presentation will describe an ongoing study on the transition to adulthood for youth with medical complexity (YMC) and their families. YMC have fragile health conditions that profoundly impact their lives and those of their families. They often rely heavily on full-time support from family caregivers for things like feeding, bathing, toileting, and managing medications and medical technologies. They also need the support of many health care and other service providers in order to thrive. Recent advances have helped extend the lifespan of many YMC, leading to a new generation who are surviving into adulthood. Now, their families are forced to navigate the transition from pediatric services to more fragmented and unfamiliar adult services. Rather than a gradual and seamless transition, families experience an abrupt “transfer” of services that leaves them feeling abandoned, overwhelmed, and unsupported. In this qualitative case study, we aim to learn how to best support these families during transition. Through semi-structured interviews, we will ask families to share their stories about transition, as well as any documents (e.g., tools and resources) that supported them during transition. We expect to learn what works for families, what does not, and what support they need most at this time. Study findings will inform the timely development of tailored solutions that capitalize on family and community strengths and support families where they need it most. This study is funded by the Norman Saunders Complex Care Initiative in the Division of Paediatric Medicine at the Hospital for Sick Children.
“I Have Something to Say”: Highlights of Youth and Parent Feedback on Youth Services Prior To and During the COVID-19 Pandemic

Michelle Servais, TVCC Youth Services Review Team

TVCC, Western University

ABSTRACT

As part of an evaluation of TVCC’s Youth Services we invited youth with disabilities and their families to share their perspectives on TVCC’s Youth Services. The purpose of collecting feedback was to listen to our clients’ voices, determine how TVCC could better meet clients’ needs, and help us improve and shape the future development of services provided to youth. A variety of methods were used to elicit feedback from both youth and their parents/caregivers including online surveys and focus groups. We asked respondents to share their experiences with Youth Services, which parts of service were most important to them, what they liked about services, what would make services better, what could be done differently, and how would they design services for youth. In total, 83 people provided feedback: 13 youth provided feedback on their own, 48 youth provided feedback with the assistance of a parent/caregiver, and 22 parents/caregivers provided feedback from their own perspective. The COVID-19 pandemic struck just after we had begun collecting feedback and resulted in pausing for several months. Data collection resumed approximately 4-months later, providing service providers with an opportunity to examine youth and parent feedback about in-person and virtual services. In this presentation we highlight what aspects of services are valued most by youth and their parents/caregivers, what services they would like to see, and their experiences of services during the COVID-19 pandemic. Client feedback was an essential component for helping service providers to redesign services for youth.
A Review of Youth Services: Implementing Best Practices in Youth Service Delivery

Karen Faragher¹, Merlin Thomas¹, ², TVCC Youth Services Review Team

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ABSTRACT

TVCC engaged in a vigorous review of the services that are provided to youth (aged 12-21 or school exit) with disabilities, their families, and their communities. This review helped to guide the reflection on current services and engage service providers in a process of consultation and redesign of services that will best fit the unique needs of youth across TVCC’s catchment area. The overall TVCC Youth Services Review was divided into three phases: (1) Preparation, (2) Consultation and Co-Design, and (3) Prioritization and Implementation. In the initial phase, three key themes were identified as areas to focus on for a literature review: Transition to Adulthood Supports, Intake/Getting Started, and Capacity Building. In phase 2, a combination of online surveys, focus groups, and telephone interviews were used to gather information from our youth, their families, and their communities. The final phase of the review resulted in a recommended plan for services and included the development of an Implementation Team to work towards refining plan details and working with leadership and staff to implement the plan. In this presentation, we will highlight findings from the research literature, from our consultations, and share our ideas for enhancing services for youth and their families.
Prematurity, Socioeconomic Status, and Childhood Asthma: A Canadian Study

Crystal McLeod¹, Richard Booth², Penny Tryphonopoulos²

¹ London Health Sciences Centre
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ABSTRACT

Introduction: Preterm birth (PTB) and socioeconomic status (SES) have both been associated previously with the onset of childhood asthma in high income countries. Yet, these factors have been studied minimally outside of an exposure or confounded relationship, and amongst the Canadian population.

Methods: Merging household interview data from Cycles 2 to 5 of the Canadian Health Measures Survey, this study analyzed data from weighted respondents in early (3-5 years, n = 1,096,609) and middle (6-11 years, n = 2,112,059) childhood. Bivariate, stepwise logistic regression, and logit decomposition were performed using STATA software. Intersectionality guided the study’s methodology.

Results: PTB and measures of SES (p < 0.05) were significantly associated with childhood asthma until entered into a multivariable regression. Instead, male sex, low household income, absence of siblings, and middle childhood were found to be the major predictors of childhood asthma in Canada. The relationship of PTB with childhood asthma was found to also be partially mediated by SES during logit decomposition, but this indirect effect was relatively small.

Conclusions: Study findings acknowledge the interaction between biological and social influences of childhood asthma, and are meaningful to forthcoming studies of asthma within the Canadian context. Implications of results direct healthcare systems to adopt multipronged approaches that reach beyond the confines of healthcare to diminish the onset of childhood asthma.

The authors have no conflicts of personal or financial interest to declare. No funding was provided towards the creation of this presentation.

Megha Rao, Jessie Wilson, Angela Dyan Mandich

Western University

ABSTRACT

Background: Preterm and acutely ill infants may undergo multiple transitions during their illness-health trajectory given the prevalence of short-term and long-term health sequelae following birth. Possible reasons include: regionalization, specialized care, designation of facilities, and continuity of care. The objective of this review was to examine the nature and extent of evidence focusing on the experiences of healthcare professionals who facilitate transitions.

Methods: This scoping review was conducted using the methodological steps outlined by Arskey and O’Malley (2005). In doing so it utilizes the Preferred Reporting Items for Systematic Reviews and Meta-Analyses-Scoping Reviews (PRISMA-ScR) checklist. Relevant studies were identified through a comprehensive search strategy of five scientific and two grey literature databases. Inclusion criteria encompassed a focus on preterm and acutely ill infants, transition, and healthcare professional experiences.

Results: A total of 4,045 records were retrieved, 37 full-text articles reviewed and nine articles synthesized that represented a total sample of 173 healthcare professionals. Healthcare professionals reported on their experiences in facilitating infant transition within and between hospitals and across levels of neonatal intensive care, intermediate and community hospital care. Five studies utilized qualitative methods and three studies utilized quantitative methods. Four key themes were identified: that of communication between healthcare professionals as well as parent-caregivers, overworked and under resourced clinicians, organizational components, and documentation needs.

Conclusion: Findings from this review resulted in two broader considerations focused on early healthcare transitions within the field of neonatology. Future research should focus on transition interventions based on healthcare professional needs and parent role capacity-building.
Influences of Intimate Partner Violence on Key Breastfeeding Behaviours in Canadian Women

Kim Jackson, Cara Davidson, E. Siwik, Tara Mantler

Western University

ABSTRACT

Objective: Human breastmilk is the optimal source of nutrition for infants; however, preliminary research suggests that women who experience intimate partner violence (IPV) are less likely to attain their breastfeeding goals. Self-efficacy is a known, important facilitator to the achievement of breastfeeding goals and attainment of optimal maternal-infant health outcomes. This paper aims to determine how experiencing IPV impacts key breastfeeding outcomes for Canadian mothers, an understudied population.

Design: As part of a cross-sectional, quantitative study, 129 women completed an online survey.

Setting: This study recruited women from Ontario, Canada.

Participants: A stratified sample of women with children under the age of two years was recruited (half had experienced IPV and half had not).

Methods: Presence of IPV was determined by the Abuse Assessment Screen and revised, short-form Composite Abuse Scale. Breastfeeding was assessed using multiple-choice questions and the Breastfeeding Self-Efficacy Scale (short form). Non-parametric tests and correlations were used to determine how IPV impacted breastfeeding outcomes and self-efficacy.

Results: In total, 72.3% (n=94) of women in this sample breastfed their child(ren). Experiencing IPV significantly impacted women’s breastfeeding self-efficacy (W = 768, p = 0.05481 with a moderate effect size (r = 0.32 [95% 0.06,0.55])). This relationship was especially pronounced for psychological abuse.

Conclusion: This study provides novel evidence that experiencing IPV of any type can meaningfully impede breastfeeding self-efficacy, with psychological abuse potentially being the most detrimental. This can jeopardize maternal breastfeeding goals and result in the loss of critical maternal and infant health benefits.

Connect with researchers on Twitter: @CaraADavidson and @DrKimJackson

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ABSTRACT
COVID-19 affects all individuals, socially, economically and emotionally. Maternal and child healthcare must be prioritized, as women and children, in the perinatal period, have unique needs and are vulnerable to risks, possibly exacerbated at this time. There is a need to listen to women to learn about their perceptions on the changes imposed by the pandemic on prenatal care, childbirth planning and breastfeeding, as well as on precautions regarding contagion, in order to assist them in caring for themselves and the baby and supporting them in maternity occupations. Aiming to know the woman's experience in relation to pregnancy and puerperium in the context of the pandemic, this qualitative study was conducted in a reference Hospital for low-income mothers in Minas Gerais, Brazil. Eighteen pregnant women and mothers of newborns admitted to the intensive care unit or being followed up in an outpatient clinic participated. Data from semi-structured interviews were submitted to thematic content analysis. Preliminary results indicate that the measures to control COVID-19 had repercussions on the mothers’ daily lives, with restrictions on social participation and leisure. The absence of visits weakened the social support network during hospitalization. Moreover, there were adaptations in caretaking and mother-baby interactions, such as avoiding physical contact and intensified hand hygiene. The findings indicate the need to build up strategies to support mothers in caring for their babies, as well as changes in healthcare practices and institutional routines to meet the singularity of the moment experienced by pregnant women and new mothers during the pandemic.
E-1

**Virtual Care: A Quality Improvement Project on the Experience of LHSC Affiliated Pediatric Physicians During the COVID-19 Pandemic**

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Western University, Children’s Hospital LHSC

ABSTRACT

This QI initiative sought to qualify the virtual care (VC) experience of LHSC affiliated pediatric physicians during the COVID-19 pandemic, with the intention of implementing VC clinical practice changes at the department level.

The Donabedian SPO model for healthcare QI was used to evaluate VC experience through an online survey. All department affiliated pediatricians (including generalist and subspecialists in both surgery and medicine) were invited to participate via email. Results were collated and descriptive statistics were applied.

Of 195 pediatric physicians, 63 responded (32.3%). Pre-pandemic, only 30.1% used VC and saw <10% of patients virtually. During March-May 2020, 93.8% transitioned to VC; with >50% seeing over 75% of patients virtually. By summer 2020, VC use declined, but remained higher than pre-pandemic (53.6% seeing <25% of patients). Platforms most used were OTN (32.8) and telephone (28.6%).

VC experience was considered positive by most physicians (73.6%). Only 18.8% found VC difficult to use despite technical difficulties reported by 41.5%. Physicians with ≥5 years in practice were most likely to find VC convenient (93.8%). Challenges with VC included lack of physical exam, diagnostic uncertainty, lower patient volumes and poor patient VC etiquette.

Regardless of practice location, specialty, years in practice, and prior experience, 96% would continue VC to 25% of patients, ideally for patients who live far away (90.2%) and for follow-ups/established diagnoses (73.1%). VC experience at LHSC could be improved with greater patient education. Future research is needed to improve practice efficiency, and to inform regulatory guidelines for VC.
Improving Virtual Care Delivery in Pediatric Complex Care During COVID-19

Haniah Shaikh, Rakhshan Kamran, Shelby Deibert, Charlene Rae, Anne Klassen, Audrey Lim

McMaster University

ABSTRACT

Background: Children with medical complexity, medical frailty, and technology dependency (CMCMFTD) are the most vulnerable children in society. When the COVID-19 pandemic began, all in-person clinic appointments for CMCMFTD transitioned to virtual clinic (VC) appointments at McMaster Children’s Hospital, with little knowledge on how to best implement VC in this population.

Objectives: Conduct a Plan-Do-Study-Act (PDSA) cycle to improve VC delivery for CMCMFTD.

Design/Methods: Primary caregivers (PCs) of CMCMFTD were recruited to complete a patient-reported experience measure (PREM). The PREM consists of three scales measuring satisfaction with: healthcare team, VC, and COVID-19 information. Healthcare provider perspectives on VC were collected through focus groups.

Results: One PDSA cycle with 20 PCs has been completed. For the VC satisfaction scale, a total of 8 respondents disagreed that VCs provide the same quality of care as in-person clinics, and 6 respondents preferred in-person clinics over VCs. The COVID-19 information scale had the greatest dissatisfaction, with a total of 9 respondents who were dissatisfied with information on integrating back into the community and 9 respondents who were dissatisfied with instructions received if exposed to COVID-19. The healthcare provider sample (n=11) identified limitations in conducting physical assessments, and scheduling and administrative burden with VC. Based on feedback, changes were implemented: introduction of digital stethoscopes, revised clinic templates addressing COVID-19 information, and VC summary sheets for PCs.

Conclusion: The PDSA cycle was useful in identifying solutions to improve VC. Additional rounds of PDSA will be completed to evaluate implemented changes and identify other areas for improvement.

Team website: www.qportfolio.org
Candidacy for Virtual Care with Audiology Patients

Danielle DiFabio, Robin O’Hagan, Sheila Moodie, Danielle Glista

Western University

ABSTRACT
COVID-19 has made accessing timely health care appointments challenging. Technological innovations and advancements in audiology have made delivering virtual audiology care a reality. Virtual care is a service delivery model alternative to in-person care, including technology-enabled interaction between one or more care providers, with the goal of providing services to a client directly or including facilitator support. Virtual care can improve access to services and continuity of care during the pandemic, therefore, it is imperative that audiologists adapt their services to include virtual services. A focused effort is needed to convert current knowledge around virtual service provision into audiology practice to mitigate the immediate and wider effects of the COVID-19 pandemic. This adobe animate virtual submission will highlight the findings of a scoping review on patient candidacy for virtual care. We will discuss how these findings can be applied to the field of audiology to provide patient centered care for families with children who are Deaf or hard of hearing. This virtual presentation using adobe animate will discuss how the following variables influence patient candidacy for virtual care: demographic variables (e.g., age); technology variables (e.g., access); patient variables (e.g., Attitude about virtual care); and provider variables (e.g., Bias). The findings from this research will inform future research projects conducted by a research team at the National Center of Audiology at Western University and these projects will be discussed.
Telehealth in School-Based Health Services: A Protocol for a Scoping Review

Erin Knobl, Briano Di Rezze, Michelle Phoenix, Wenonah Campbell

McMaster University, CanChild

ABSTRACT

Prior to the recent global pandemic, telehealth was rarely used or accepted in school health service provision. In light of public health guidance, telehealth has become more widely used and a necessary tool for continued therapy and schooling. The purpose of this presentation is to share plans for a scoping review on knowledge relating to telehealth use for school-based health services. A scoping review is a type of knowledge synthesis designed to map the breadth and depth of research around a particular topic. Our aim in conducting this review is to explore the available literature to determine key priorities for future research given the recent uptake in technology use due to the global pandemic. Specifically, we will address the following research question: How do health professionals use telehealth in the delivery of school-based health services in kindergarten to grade 12 schools, and what factors influence its use? We plan to search the literature within 5 databases using a comprehensive search strategy. Following the database search, articles will be selected based on their relevance and inclusion criteria. Finally, data pertaining to the research question of use of telehealth in school health services will be extracted and synthesized. There have been many shifts in service provision given COVID-19 and we hope this study will contribute to enhanced service provision post-pandemic. Our proposed research aligns well with the theme of the conference in optimizing environments in a changing world to support child health and well-being.
Paediatric-Specific Continuing Education For Rural and Remote Healthcare Professionals

Crystal McLeod

London Health Sciences Centre

ABSTRACT

Rural and remote healthcare professionals are often described as generalists, responsible for the care of all populations within their local community. Ill or injured children are no exception, but pose unique challenges to professionals working within rural and remote healthcare facilities. Most notably, healthcare professionals in rural and remote regions often report feeling less knowledgeable of acute paediatric care. Paediatric-specific continuing education, which has been associated with improved competence and confidence among healthcare professionals in larger, urban healthcare settings, may then be a meaningful intervention in rural and remote healthcare. This oral presentation, drawing on what is currently known about paediatric-specific continuing education in rural and remote healthcare through a scoping review format, discusses the challenges, value and future research opportunities in this emerging topic area. Implications for practice revolve around previously successful approaches to paediatric-specific continuing education in rural and remote contexts.
F-2

**FIRST: Online Resources to Support Rehabilitation Professionals to Deliver Tiered Services in Schools**

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**ABSTRACT**

Children’s school-based rehabilitation services are increasingly being provided via needs-based, tiered models of service. In tiered models, universal services are provided to support all children’s engagement and participation, with targeted and/or individualized services offered to children who require additional support. Rehabilitation services are provided in context and are integrated within children’s existing school routines and environments. To support the clinical community, researchers developed evidence-based, multi-media, online resources to enable school-based speech-language pathologists, occupational therapists, and physiotherapists to learn about and adopt this change in practice.

Research funded by the Ontario government enabled the development of two online resources: a six module, self-paced course (the FIRST Course), and a ready-to-use implementation toolkit (FIRST KIT). The toolkit was developed by establishing a working group of nine school board speech-language pathology managers who reviewed and informed the format and content. The managers advised that the materials should be quick to review, practical, ready to use “in-the-moment,” and should indicate what the resource is, who it targets, and how and why it would be used. The resources within the FIRST KIT follow that format. A third resource, responses to Frequently Asked Questions about tiered services (FIRST FAQs), was recently added. All resources are provided for free upon registration with machealth.ca.

In this session, materials from each FIRST resource will be shared to facilitate learning about tiered approaches and strategies for successful implementation and to illustrate how researchers can utilize expertise in knowledge translation to build resources that support continued professional development.
Healthcare Providers’ Perspectives with Addressing Sex and Sexuality within Pediatric Rehabilitation: A Qualitative Study

Sally Lindsay
Holland Bloorview Kids Rehabilitation Hospital, University of Toronto

ABSTRACT

Although having a sexual and reproductive life is a fundamental human right, people with disabilities, especially youth, often have many unaddressed needs. Healthcare providers commonly report lacking knowledge and training in how to address sexual-related topics with youth. The purpose of this study was to explore the perspectives of pediatric rehabilitation care providers in addressing sex and sexuality among youth with disabilities.

Method: This qualitative study involved an analysis of interviews with 21 participants (18 women, 2 men, 1 trans man) from a range of pediatric rehabilitation disciplines. An open-coding thematic analysis of the transcripts was performed.

Findings: The results highlighted the following themes regarding healthcare providers’ perspective of addressing sex-related issues within pediatric rehabilitation: (1) lack of attention to sex-related issues (i.e., taboo topic); (2) coping with clients disclosing sexual identity (i.e., unpreparedness, addressing discrimination and mental health issues, creating a safe space); and (3) navigating parental concerns (i.e., resistance to sex-related issues, privacy and confidentiality, youth’s reliance on parents for managing menstruation).

Conclusions: Pediatric rehabilitation healthcare providers encounter challenges in providing health services and advice to youth with disabilities regarding sex-related issues and may need further training.
Exploring Factors Influencing MindUP Implementation from Implementor Perspectives

Maria Jelic, Susan Rodger

Western University

ABSTRACT

Developing feasible universal school-based programs that help children develop social and emotional competencies is crucial for the development of better mental health in children. Educators need to be motivated to implement such programs with high quality so that intended outcomes occur, but a variety of both internal and external factors can thwart this process. The present study will explore these factors by exploring the perceptions of implementors and support staff who were involved in a social-emotional learning program called MindUP. A thematic analysis was conducted to unveil factors that affected implementation. Themes that emerged were: systemic factors, individual factors, outcomes, and developing competence. The findings suggest that having a supportive school culture, being willing to learn and internalize the MindUP philosophy, seeing a difference in the classroom, and comprehending the evidence-based concepts and curriculum, all have an influence on implementation. The significance of this study is that it conceptualizes what internal and external factors need to be present for implementors to implement MindUP effectively.
Session 3, Cluster G: Youth and Parent Perspectives

G-1

The Experience of Being a Parent of a Child with Medical Complexity: A Case Study Approach

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ABSTRACT

Parental caregivers of children with medical complexity (CMC) experience the overwhelming role of being not only a parent but also their child’s primary advocate. Their experiences have been mentioned in current literature solely in relation to interventions regarding their child’s health and well-being or in pilot studies and has not been specifically studied or examined in different contexts. This single-case study aimed to 1) examine experiences of parental caregivers of CMC as they navigate healthcare and social systems; and 2) examine the role of geography on their caregiver experiences. Participation in this qualitative study involved completing an online questionnaire followed by a semi-structured phone interview. The demographics from the questionnaire were used to frame the contexts of participants. The propositions created during the literature review were used as a foundation to generate themes while coding interview transcripts. An intersectional lens was used throughout and the role of power and privilege in parental interactions was analyzed. The Conceptual Model of HRQoL was used to explore the HRQoL of the parents. This study revealed that during times of transition, parental decision-making is driven by their need to improve their child’s HRQoL, despite negative impacts on their own HRQoL that may result from placing their child’s well-being above their own.
**The Parent Voice: Defining Parent Mentorship**

Sharrie Hennessy, Andrea Orsini, Sue-Ann Collins

TVCC

**ABSTRACT**

Parent Mentors are a peer to peer support system that has been a successful TVCC program since 2010. Parent Mentors empower families with knowledge to improve and support family/caregivers strengths and promote positive partnerships between parents and their child’s school team. Parent Mentors have children with a disability, offering parents/caregivers the connection to a parent with lived experience.

Parent Mentors collaborate with the Thames Valley District School Board and the London District Catholic School to support positive parent advocacy.

Parents of children with disabilities are relied upon to advocate for their child. Parents did not sign up for this job and often times become the reluctant advocate.

By sharing a family’s hopes and fears we hope to further provide insight and help with the balance of understanding.

This presentation will:

- Provide insight into the balance of parenting and advocacy
- Identify the possible barriers family’s face when trying to advocate
- Support the audience in learning how to strengthen partnerships and build better relationships by hearing the parent voice
Exploring the Experience of Managing Type 1 Diabetes in Canadian Adolescents

Kelly Kennedy, Kim Jackson, Marilyn Evans

Western University

ABSTRACT

As medical advancements and treatment options continue to improve, healthcare professionals are developing a better understanding of complex diagnoses, resulting in prolonged lifespans for children and adolescents living with chronic illness (Lerch & Thrane, 2019). Among the different pediatric chronic illnesses, adolescents with diabetes are at risk for major physical and psychological burden along with poor quality of life as they experience social stigmatization, social disruption, and unexpected future outcomes (Strand et al., 2019). To prevent diabetes complications from occurring, it is recommended that an adolescent can independently manage their diabetes before they transition to adult medical care (Tuohy et al., 2019).

Although previous research has examined adolescents’ general experiences of living with T1D, there is a paucity of research, especially in Canada, exploring perceived adolescent readiness to assume self-management responsibility from their parents. Therefore, the purpose of this study is three-fold: 1) to explore, from the perspective of the parent, adolescent and healthcare provider, the processes in determining adolescent readiness to increase self-management responsibility, 2) to gain a greater understanding of the barriers and facilitators associated with the process of transferring diabetes management responsibility and 3) to develop a model which will describe how varying perceived levels of adolescent readiness influences an adolescent’s ability to effectively manage their diabetes. Ultimately, the development of this model will be used to create interventions that are aimed at addressing the deficiencies in the transfer of care process with a long-term goal of improving transition preparation for adolescents living with T1D.
Child/Teen Adherence to Psychotropic Medication in the Context of the Family Environment

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ABSTRACT

Background: Psychotropic medications can be an effective component in treatment plans for children/teens with complex needs. Efficacy depends in large part on successful adherence to prescribed regimens. Previous research found parental involvement is a key factor in children/teens being adherent to psychotropic medications (Dean et al., 2011). The current study investigated family dynamics associated with medication non-adherence in children/teens with complex needs.

Method: The sample included 18694 children (M age=12.38, 56% male) from 57 Ontario agencies, assessed with the interRAI Child and Youth Mental Health (ChYMH) and ChYMH-Developmental Disabilities. Specific responses were examined in the following areas related to family dynamics to investigate the presence of any correlated variables in predicting medication adherence: Caregiver distress, family access to informal support, family feeling overwhelmed by child/teen’s condition, and family persistently hostile/critical of child/teen. Preliminary analysis indicated age differences in non-adherence, so children (4-11 years) and teens (12-18) were considered separately.

Results: Multiple logistic regression analyses indicated that elevations in ChYMH areas of caregiver distress and family overwhelmed by the child/teen’s condition were significant predictors of medication non-adherence. Persistent hostility of family toward teens (but not younger children) also predicted non-adherence. In contrast, the presence of external sources of informal support for the family did not predict non-adherence.

Implications: Optimal medication benefits require adherence. Findings indicate the family environment plays a key role in medication adherence for children/teens with complex needs. Understanding family dynamics related to non-adherence can assist care planning that engages the support system for children/teens to achieve best possible outcomes.
Impact of Completing FACE-Q Craniofacial Module Scales that Ask About Appearance on Children and Young Adults: An International Study

Lucas Gallo, Rakhshan Kamran, Charlene Rae, Anne Klassen

McMaster University

ABSTRACT

Background: The FACE-Q is a patient-reported outcome measure (PROM) designed to measure outcomes that matter to pediatric and adult patients with a diverse range of craniofacial conditions. The aim of this presentation is to describe the impact of completing the FACE-Q and identify factors associated with reporting a negative impact.

Methods: A field-test was conducted for the FACE-Q craniofacial module that included patients 8 to 29 years of age with a facial difference. Participants were asked 3 questions devised by the research team at the end of the module to explore the impact of completing the PROM. The three patient groups were compared using chi-square analysis or ANOVA to determine differences between patient groups.

Results: The sample included 1209 craniofacial patients, 163 orthodontic patients, and 309 clinical patients without facial differences. For craniofacial patients, most patients responded as neutral for all 3 impact questions: Negative responses had the lowest frequencies across the questions. In patients with craniofacial conditions, factors associated with impact for all three questions included: country ($p<=0.004$), age ($p<=0.001$), and 4 FACE-Q scale scores ($p<=0.001$).

Conclusion: A small minority of participants reported a negative impact of completing the FACE-Q. These participants scored lower on the appearance distress, face scale, and HR-QoL scales. Patients who score low on these scales should be followed up with by a member of the healthcare team to: 1) assess the impact of completing the FACE-Q; 2) address concerns in their scale scores; and 3) ensure that patients are referred appropriately for further supports.

See the team website: http://qportfolio.org/
Session 3, Cluster H: Physical Activity and Determinants of Health

H-1

*Mandated to Move: Teacher Identified Barriers, Facilitators, and Recommendations to Classroom-Based Physical Activity*

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ABSTRACT

Ontario elementary school teachers are mandated to implement 20 minutes of physical activity into classroom instruction each day under the Ontario Daily Physical Activity policy but are riddled with barriers. Effective implementation is an essential contribution to school-aged children's daily physical activity recommendation and, ultimately, the physical, cognitive and emotional benefits that coincide. The present study engaged 13 teachers across Ontario who teach in elementary schools through small virtual focus groups. Discussion on the facilitators, barriers and recommendations to incorporating physical activity in the classroom was explored through the social-cognitive and social-ecological frameworks. A thematic analysis revealed teachers most frequently identified barriers related to the institution, students and time. The most frequently identified facilitators were associated with students, intrapersonal and institutional factors. To improve implementation, teachers recommended training, resources, and community partnerships. The data highlights multi-level factors that influence successful implementation. Implications for improving future implementation are discussed.
H-2

The Psychosocial and Physical Effects of Therapeutic Horseback Riding for Children with Cerebral Palsy

Karen Pratt, Laura Brunton

Western University

ABSTRACT

Background: Participation in specialized adapted activities such as therapeutic horseback riding (THR) is critical for children with cerebral palsy (CP) as they are at increased risk for lower habitual physical activity levels, social exclusion and mental health conditions. The benefits of THR for children CP are unclear despite positive anecdotal evidence. Purpose: The aim of the study is to explore the effects of THR for children with CP across multiple domains of health (psychological, social and physical). Specifically, overall well-being including mental health, perceived independence, social inclusion and presence of fatigue and pain in children with CP. Method: This will be an embedded mixed method design with ongoing qualitative data collection. Quantitative data will be collected at two time points separated by 9-12 weeks. Purposive sampling will be used to ensure a representative sample across age (5-12) and gross motor function levels (I-IV). The anticipated benefit of the study is to identify which factors in THR have the greatest impact for children with CP. This will allow clinicians to make more informed recommendations for physical activity participation for their clients with CP and families to better understand how this adapted activity can benefit their child.
Individual Differences in Lifestyle Factors and the Effects of an Acute Exercise Intervention on Executive Functioning in Children and Youth with ADHD

Jasmyn Skinner, Hannah Bigelow, Marcus Gottlieb, Barbara Fenesi

Western University

ABSTRACT

Attention-Deficit Hyperactivity Disorder (ADHD) is a prevalent neurodevelopmental disorder among children and youth. Individuals with ADHD typically experience executive functioning deficits that negatively impact their working memory, inhibitory control, and task-switching. Exercise interventions have been identified as a potential supplemental treatment to help ameliorate ADHD symptomology. Research has demonstrated that exercise interventions can enhance executive functioning among children and youth with ADHD. However, little to no research has investigated how individual differences in lifestyle factors may impact a child’s reactivity to acute exercise interventions. The current study focused on the role of three individual difference factors (medication status, physical fitness level, physical activity behaviours), and how they impact the relationship between acute exercise and executive functioning in children and youth with ADHD. Participants diagnosed with ADHD between the ages of 10-14 engaged in two sessions, an exercise session and a control session. During the exercise condition, participants completed a 10-minute bout of moderate-intensity stationary biking in addition to a pre-post battery of executive functioning assessments. The control condition consisted of 10-minutes of silent reading. Following a 10-minute bout of exercise, we found that regardless of medication status, physical fitness level, or physical activity behaviours, all individuals performed similarly well on each measure of executive functioning. Despite similar performance across groups, the pattern of data suggests that physical fitness level may impact the relationship between acute exercise and executive functioning among children and youth with ADHD. However, further research with a greater sample size is needed to fully unravel this issue.
H-4

A Childcare Physical Activity (PLAY) Policy: Influences on Toddlers’ and Preschoolers’ Physical Activity Levels

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ABSTRACT

Purpose: To examine the impact of the Childcare Physical Activity (PLAY) policy on the objectively measured physical activity levels of young children (2-5 years) in childcare. With 8 recommendations, the Childcare PLAY policy was an evidence-informed, institutional-level document targeting children’s physical activity, outdoor play, and sedentary behaviours.

Methods: Nine childcare centres in London, Ontario participated in the cluster, randomized controlled trial. Centres in the control condition (n = 4) continued their typical daily routine, while centres in the intervention condition (n = 5) implemented the Childcare PLAY policy for 8 weeks. To assess activity levels, toddlers and preschoolers wore ActiGraph wGT3X-BT accelerometers for 5 consecutive days during childcare hours at baseline, mid- and post-intervention, and at 6-month follow-up. Raw accelerometry data were converted to 15s epochs and age- and device-specific cut-points were applied. Participants with 2+ days of > 5 hrs of wear-time at baseline and at one additional time point were included in the linear mixed effects modeling. An adjusted alpha (p < .017) was used to account for multiple comparison bias.

Results: A total of 148 young children (31.92 ± 7.41 months) had valid accelerometry data. The interaction between group and time was statistically significant for light physical activity, (+1.07 min/hour, an 11.16% increase; p = 0.0017). No significant effect on total physical activity, moderate-to-vigorous physical activity, or sedentary time was obtained.

Conclusion: The findings indicate the Childcare PLAY Policy was effective at increasing toddlers’ and preschoolers’ light physical activity. This pilot intervention appears promising for supporting some degree of physical activity among children in childcare settings; however, additional investigations are needed to explore the feasibility and effectiveness with larger and more diverse samples.
Hunkering Down: How Youth and Families of Children with Complex Healthcare Needs Change their Activities during Temperature and Weather Extremes

Sarah Howard, Anna Gunz, Jacqueline Ogilvie

Western University

ABSTRACT

Climate change is associated with an increased number and severity of weather events as well as an increased frequency of extreme temperatures. Children with complex health care needs are projected to be disproportionately affected, but there is little research exploring the experiences of families and children with complex health needs during these periods. We conducted semi-structured, in-depth interviews with parents of children with complex health care needs living in Southwestern Ontario, to better understand how weather impacts their children. Grounded theory methodology informed our design and interpretation of the data. Questions were framed using the International Classification of Function. Interviews were transcribed and subsequently coded by the research team. Several common themes emerged; caregivers described that high temperatures can cause significant respiratory distress, dehydration and sunburns during regular activities and outings. For some children, underlying health conditions (e.g. Seizures) were exacerbated by temperature extremes. Children’s activities were limited and participation was reduced compared to siblings and peers, which in turn had notable effects on the child’s mood. Parents expressed frustration at the preparations and adaptations that are required to overcome physical and accessibility barriers related to severe weather – especially snow. Several families expressed fear for their child’s future, as weather and temperature extremes increase with climate change. In summary, children with complex health care needs experience a burden of temperature and weather extremes, for which they have made many adaptations. As the climate in Canada warms, further research should explore these measures to improve climate resiliency for this population.
PM Poster Session-58


Bonnie Wooten

Children’s Hospital LHSC

**ABSTRACT**

Pediatric patients and their families may struggle to make a range of medical treatment decisions throughout their lifetime. This is particularly true of decisions with uncertain outcomes. The demand on patients and caregivers to make treatment and care decisions can be unrelenting over their lifetime. Shared Decision Making is an innovative program delivering an important best practice patient-centred care clinical service. The program focuses on measuring knowledge, decisional satisfaction, decisional conflict and readiness before and after the SDM coaching intervention.

This innovative model of shared decision making is based on choice, option and decision talk. The model has three steps: a) introducing choice and integrating evidence, b) describing options, by integrating the use of patient decision support, and c) helping patients explore preferences and make preferred decisions. This model rests on supporting a process of deliberation, and on understanding that decisions should be influenced by exploring and respecting “what matters most” to patients as individuals.

Since implementation in 2018, this model, offered through the Children’s Hospital Western Ontario has impacted a number of pediatric clinical practices by facilitating accessible collaborative, open and respectful decision-making services via a Decision Coach to patients, caregivers, and Health Care Providers (HCPs) at Children’s Hospital. A presentation poster will offer a visual representation and a guide that depicts shared decision-making as a process that has taken place over the past three years with implications for the continuation of shared decision making over time.

See research team website: [https://www.lhsc.on.ca/shared-decision-making](https://www.lhsc.on.ca/shared-decision-making)
PM Poster Session-59

Exploring Teachers’ Perspectives on Child Anxiety: Opportunities to Promote Anxiety Management Skills in the Classroom

Sydney Coleman, Colin King

Western University

ABSTRACT

Due to the increasing prevalence of anxiety disorders among children and youth, several government reports highlight the importance of schools in supporting students with anxiety. However, educators have voiced concerns about feeling ill-equipped to support students. Research consistently demonstrates that cognitive behavioural therapy (CBT) is the most effective treatment for anxiety disorders. However, research has not yet examined educators’ perspectives about employing CBT techniques.

This poster will present the methodology and preliminary findings from a Master’s thesis project that was designed to address these research gaps. Specifically, focus groups were conducted with classroom teachers in London, Ontario to examine how educators identify and support students with anxiety in the classroom as well as perspectives about implementing CBT techniques. Although the study is still underway, preliminary results from thematic analyses suggest that teachers are experiencing increased demands to support the mental health needs of students, often without additional mental health education or training. Furthermore, preliminary findings outline a range of potential opportunities and barriers that educators identified with regards to implementing CBT techniques in the classroom. This poster will present the implications of these findings as they apply to the field of education.
Individual Differences in Executive Functioning and Psycho-Emotional Well-Being and the Impact of Acute Exercise in Children with ADHD

Madeline Crichton, Hannah Bigelow, Marcus Gottlieb, Barbara Fenesi

Western University

ABSTRACT

Attention-deficit/hyperactivity disorder (ADHD) is one of the most common neurodevelopmental disorders in childhood. ADHD is characterized by deficits in executive functioning (EF), which includes cognitive skills such as inhibition, working memory, and cognitive flexibility. Even single, short bouts of exercise have been shown to lead to immediate improvements in EF, and therefore exercise has been proposed as an intervention for children with ADHD. However, children with ADHD are not a homogeneous group and individual differences may impact the effectiveness of exercise interventions for this population. This study investigated the impact of individual differences in cognitive and psycho-emotional functioning on the effect of acute exercise in children with ADHD. In a within-subjects design, 16 children with ADHD (age 10-14) completed a 10-minute moderate intensity exercise session and a control session (silent reading) one week apart. Measures of mood and self-efficacy were collected at the beginning of each session. Participants completed a measure of inhibitory control pre-intervention, post-intervention, and after a 10-minute delay. Participants with lower inhibitory control at pre-intervention appeared to benefit more from exercise than participants with higher inhibitory control. Participants’ mood state impacted the effect of exercise on inhibitory control, whereas participants’ self-efficacy did not. This study demonstrates that individual differences in cognitive and psycho-emotional functioning can alter the impact of exercise on children with ADHD.
PM Poster Session-61

Improving Health Service Access for Youth with Cystic Fibrosis

Keri Durocher¹, Jamie Crawley²

¹ Western University
² University of Windsor

ABSTRACT

Cystic Fibrosis (CF) is a complex, genetic condition that most commonly impacts respiratory, gastrointestinal, and reproductive systems. Improvements in health through technological advances and research have increased the global life expectancy for youth with CF. A review of ten research articles including quasi-experimental, cohort, and qualitative studies, as well as expert opinion articles, highlight that despite these advances, access to health services for youth remains sub-optimal. While these articles provide the most up-to-date evidence on issues for youth with CF, current research remains limited.

Nurses are key advocates for assisting youth populations with CF to better access health-enhancing services while minimizing potential barriers to care. When nurses plan care for youth with CF, factors that impact access to vital health services must be considered. Treatment complexity, nearby care facilities, family involvement and mental health factors can impede or enhance the overall well-being of youth with CF. Nurses are key advocates to support policy change through life-enhancing medication funding, and increasing access to health services that improve health outcomes for youth with CF.
PM Poster Session-62

Decolonizing Research with Indigenous Communities to Explore Youth Narratives on Life Promotion, Mental Wellness, and Resilience

Trehani Fonseka¹, Claude Olivier¹, Leslie McGregor²

¹ Western University
² Family Well-Being Program, Whitefish River First Nation

ABSTRACT

**Background:** In Canada, Indigenous youth have one of the highest rates of suicide, which can occur 5-7x more often as compared to non-Indigenous youth. Yet limited strategies address Indigenous suicide from a culturally-informed lens.

**Objective:** We will provide an overview of our experience, as a case example, of collaborating with the Whitefish River First Nation (WFRFN) community in Northern Ontario to co-create, with Indigenous youth authors, a storybook compiling personal narratives on life promotion, and factors that confer mental wellness and resilience. The presentation will provide an overview of the study alongside ethical considerations for working with Indigenous communities, as per OCAP (Ownership, Control, Access, and Possession) principles. The presentation will address the process of engaging Indigenous communities in the co-design process and integrating research methods that support decolonization.

**Methodology:** Participants (ages 10-30) will use storytelling to share personal narratives (written and/or visual) on life promotion. Narratives will discuss factors supporting mental wellness and resilience (i.e. protective factors), particularly Indigenous traditions, culture, spiritual healing, and community. Narratives will be showcased at a community exhibit to improve local understanding and facilitate community dialogue. Project approval has been obtained from WFRFN.

**Anticipated Outcomes:** The presentation aims to increase knowledge on conducting ethical and culturally-informed research with Indigenous communities. The use of culturally-informed methods supports decolonization by increasing connection to culture/tradition and fostering power within Indigenous youth. Participants will have a voice within a community dialogue to increase local knowledge and community capacity toward positive social change that can influence local social conditions.
Understanding Service Pathways in the Treatment of Childhood Anxiety while Identifying Key Components of Parent Supported Intervention Models

Chelsey Masson, Colin King

Western University

ABSTRACT

Globally, anxiety disorders represent the most prevalent mental health disorders in children and youth (Polanczyk et al., 2015), with an increasing number of these children and youth perceiving the need for professional help (Georgiades et al., 2019). It is unclear, however, where families are seeking help from. Previous literature suggests that when professional help is accessed for problematic anxiety, the treatment is often not evidence-based and the process of seeking help has significant barriers for clients (Collins et al., 2004). To better understand barriers to care and support models that could support families seeking help for anxiety, the current project used two methods to investigate possible treatment support models. First, a questionnaire was used to identify patterns in parental help-seeking behaviours and outline perceived barriers to professional help. Second, a scoping review was completed to understand the key components of parent/caregiver treatment models for childhood anxiety. From the questionnaire, frequency of services accessed, service satisfaction ratings of families, and number of perceived barriers identified by parents/caregivers of children with anxiety in the London, Ontario area will be presented. Key elements from the interventions in the scoping review will also be outlined and compared with key elements in step-care intervention models. Findings from both components will then be available to guide clinicians looking to increase inclusion of parents/caregivers in children with anxiety when developing treatment plans.
Using Airborne LiDAR to Map Sidewalk Encroachment and Accessibility: Enhancing Inclusion for Children and Youth

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¹ University of Guelph
² Holland Bloorview Kids Rehabilitation Hospital
³ University of Toronto

ABSTRACT

Accessible sidewalks are important for Canadians with mobility limitations. Despite laws to ensure accessible sidewalks, many people encounter barriers in using them. Using a mixed method design, we identified problematic conditions of sidewalk barriers from the lived experiences of youth with disabilities, which informed the development of a workflow using airborne laser scanning (LiDAR) data at a city scale. Then, we used ground-truthing methods to assess the accuracy of the LiDAR dataset. Sidewalk encroachments outlined from youth’s lived experiences were classified using our custom LiDAR processing workflow for a 236 square-km area covering the City of London, ON. In total, nearly 356,000 objects encroaching on the sidewalk corridor were mapped within LiDAR dataset. Classification accuracy was assessed by comparison with manually mapped encroached objects for eight 1 square-km areas, including five residential sites and three downtown sites. Manual classification was based on a combination of ground truthing and air photo interpretation. This analysis showed that the percentage of correctly classified encroached objects within residential areas ranged from 57.5% to 89.3% (mean = 72.6%) and from 69.0% to 73.6% (mean = 71.5%) in the downtown sites. The majority of accurately classified encroachments were over-grown shrubs and hedges planted near sidewalk corridors and parked cars on residential sidewalks. The main source of error resulted from mis-alignment of the sidewalk data layer with the actual sidewalk position. Mapping problematic sidewalk barriers can help to increase the efficiency of manual sidewalk inspections of accessibility compliance while ultimately enhancing the inclusion youth with disabilities.
PM Poster Session-65

Exploring the Experiences of Women Accessing Care During a Pandemic: A Qualitative Phenomenological Study

Mary Ntochukwu Ndu, Elysée Nouvet

Western University

ABSTRACT

Women of childbearing age represent about forty-five percent of Nigeria’s population. It is unclear what effect the pandemic is having on this population's health-seeking behaviour in the country. As a result, it is also unclear how best to support these women’s healthcare access during the pandemic. Since evidence from the past decades suggests that pandemics will likely continue to occur, and women and children’s vulnerability increase during infectious disease pandemics, researchers must begin to explore ways to decrease women and children’s vulnerability while seeking health care services during pandemics. Hence, the need to examine women’s experiences accessing health care during the pandemic to generate people-centred evidence that will inform future pandemic response preparedness both in Nigeria and globally. This study will document and explicate the experiences of women interacting with primary health care during a pandemic to draw evidence and learn lessons for future health planning. The conceptual framework derives its foundation from the WHO concept of health systems responsiveness developed with the underlying reasoning that health systems, like other social systems, are expected to have the people’s needs as their core goal.
Parenting Concerns During the COVID-19 Pandemic: Results from a Canadian Crowdsourced Sample

Mila Kingsbury, Rubab Arim, Leanne Findlay

Statistics Canada

ABSTRACT

Early research suggests that the COVID-19 pandemic and associated public health measures have had a significant impact on families with children. The purpose of this study was to examine parental functioning during the pandemic and to explore the characteristics of families who may be particularly vulnerable to parenting concerns. Data collected in June 2020 from an online crowdsourcing survey of parents of children under age 15 in Canada (N = 32,228) revealed that many parents were very or extremely concerned about managing child behaviour (61%) and having less patience with, scolding, or yelling at their children (46%). Family characteristics, including working from home, age of children, number of adults in the home, and child disability were associated with these parenting concerns.
PM Poster Session-67

**Mental Health Walk-In Clinics: A National Feasibility Study**

Catalina Sarmiento, Kimberly Dossett, Graham J. Reid

Western University

**ABSTRACT**

**Background:** Canadian child and youth mental health (CYMH) organizations are struggling to meet a rising demand for services with limited resources. To address this issue, researchers and policymakers have called for changes to service delivery models. One model that has gained increasing interest and traction is mental health walk-in clinics. Mental health walk-in clinics provide unscheduled, immediate support and enhance efficiency as they are sufficient for a substantial number of clients.

**Objective:** Explore the availability of mental health walk-in clinics in Canadian CYMH organizations.

**Methods and Results:** Organizations were identified and contact information obtained using publicly available databases, including Children’s Mental Health Ontario and Kids Help Phone. Organizations were asked to complete a 5-minute survey over the phone or online. Almost three-quarters (72.7%; N=44) of the organizations offered mental health walk-in clinics. Implementation of mental health walk-in clinics varied across organizations.

**Conclusions and Implications:** Mental health walk-in clinics are widely used by CYMH organizations in Canada. Findings from this study are being used to guide further projects to better understand their implementation by organizations and use by families.
Validation of the Child and Adolescent Scale of Environment (CASE): Youth with Chronic Health Conditions

Janette McDougall1,2, Gary Bedell3

1 TVCC
2 Western University
3 Tufts University

ABSTRACT

Purpose: This poster presents validation testing of the Child and Adolescent Scale of Environment (CASE) with a sample of youth with chronic health conditions. The CASE was developed to identify barriers in the environment to children's activity and participation.

Methods: Baseline data (n=430) were analyzed from a longitudinal study on quality of life for youth with chronic conditions ages 11–17 in Ontario, Canada. Internal consistency and structure, and convergent and discriminant validity were examined via Cronbach’s alpha (α), exploratory factor analyses, correlation analyses and ANOVA.

Results: The CASE had high internal consistency (α = 0.89). A three-factor solution was produced with 55% variance explained: (1) Community/Home Resources, (2) School Resources and (3) Physical Design/Access). CASE total and factor scores were significantly correlated with scores from measures of impairment and participation (i.e. youth with more problematic environments had more severe impairment and more restricted participation). Significant differences in CASE scores existed for primary condition and impairment severity, but not for age or gender.

Conclusion: Results provide additional CASE validation evidence. Further testing is needed with more diverse and representative samples.
Exploring the Impact of Trauma-Informed Training and MindUP on Teacher Attitudes and Burnout

Sue Kim¹, Claire Crooks¹, Karen Bax¹, Mostafa Shokoohi²

¹ Western University
² University of Toronto

ABSTRACT

Given the high prevalence of childhood trauma and adversity, trauma-informed practices need to be integrated into school settings. Trauma-informed training for teachers may lead to paradigm shifts in their understanding of classroom behaviour exhibited by adversity-affected students. In addition, social-emotional learning (SEL) programs, such as MindUP, may help adversity-affected students regain developmental trajectories. Combining trauma-informed training with a classroom-based SEL intervention may reduce teacher burnout associated with meeting the needs of students who have experienced trauma and adversity. The purpose of the study was to investigate the impact of trauma-informed training and MindUP implementation on educators’ attitudes and burnout levels. A total of 17 semi-structured focus groups were conducted with 59 educators who participated in trauma-informed training and incorporated MindUP into their teaching practices. After attending training and implementing MindUP, educators reported higher endorsement of trauma-informed attitudes, improvement in sense of personal accomplishment, and reduction in emotional exhaustion. Our results suggest that infusing trauma-informed training with an existing SEL intervention may be effective in creating trauma-informed schools and enhancing teacher well-being.
Collaborating with Clinical Stakeholders to Develop and Implement New Assessment Tools

BJ Cunningham, Julianna Head, Janis Oram Cardy
Western University

ABSTRACT

Aim: This study aimed to pilot a new clinical data collection tool called the Profile of Preschool Communication (PPC) to collect stakeholder feedback, assess usability and utility, and identify barriers to implementation.

Method: The study was conducted in two phases. In phase 1, 23 speech-language pathologists at three community sites used the PPC for 2-3-months and collected data for 260 preschoolers with communication difficulties and disorders. Speech-language pathologists recorded data and gave feedback about each component of the tool. In phase 2, 18 of the 23 speech-language pathologists completed online surveys to rate usability and utility and to identify implementation barriers.

Results: Speech-language pathologists reported some difficulties completing each section of the PPC, but most were noted within one section, particularly for data related to maternal education and family history of mental health concerns. Usability and utility were generally rated favorably, but some items were rated as neutral. Major barriers to implementation included time to complete the PPC, the requirement to ask personal questions, the paper format, and the perception by some that the PPC did not collect data that were clinically useful. Identified implementation facilitators were that the PPC was easy to use, an improvement over the current standard of care, and helpful for planning.

Conclusions: Engaging clinical stakeholders in research can facilitate the development of tools that can be useful to both researchers and clinical programs. The PPC will be revised to support implementation, clinical usefulness, and research utility.
Coping Mechanisms Among Youth and Young Adults with Autism Spectrum Disorder in Competitive Employment

Abirami Vijayakumar, Melanie Penner, Shannon Scratch, Sally Lindsay

University of Toronto, Holland Bloorview Kids Rehabilitation Hospital

ABSTRACT

Successful integration into employment is often an ongoing issue for individuals with autism spectrum disorder (ASD). A primary barrier to successful employment includes being unable to cope with the social demands of work because people with ASD are more likely to experience higher levels of stress and anxiety. The purpose of our study was to explore how youth and young adults with ASD cope with stress and anxiety (i.e., normal/typical anxiety) in competitive employment. A phenomenological qualitative study was conducted involving in-depth interviews with a purposive sample of 12 youth and young adults with ASD aged 15-30 who were employed or had work experience. We analyzed our data using interpretative phenomenological analysis. Findings indicated that stress and/or anxiety inducers for participants in the workplace included: challenges with social communication at work, tasks at work, impact of COVID-19 on employment experiences, past trauma/experiences impacting ability to work, and experiences with disability disclosure. Participants reported using the following coping strategies to combat work-related stress and/or anxiety: (1) problem-focused, (2) emotion-focused, and/or (3) resilience. Participants also identified workplace barriers and facilitators, which may impact future occurrences of stress or anxiety. Uncovering stress and/or anxiety inducers in a workplace setting can help employers be better informed of the potential barriers that are present for employees with ASD, which can lead to better inclusion on the job. The findings from this study have the potential to improve employment outcomes, transition skills, and overall mental health among youth and young adults with ASD in competitive employment.

See the team’s website: https://hollandbloorview.ca/research-education/bloorview-research-institute/research-centres-labs/trail-lab-research
PM Poster Session-72

Designing a Study to Examine Children’s Understandings of Chronic Pain and Coping

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¹ Western University
² University of Calgary

ABSTRACT

Less than fifty years ago, it was believed that children feel pain differently than adults, and thus pain medications were seldom given to children for medical procedures. This failure to recognize children’s sensitivity to painful stimuli caught the attention of child advocates and researchers, prompting the field of pediatric pain research to grow exponentially over the ensuing years. Nevertheless, much like other health fields, pediatric pain research has focused primarily on the objective quantification of pain states and traits. Accordingly, less research has aimed to produce knowledge of children’s own perspectives of living with chronic pain. To begin addressing this knowledge gap, this qualitative study will specifically examine how children with chronic pain portray their experiences and coping strategies in relation to pain flares. To achieve this objective, a critical social science lens will be combined with arts-based methods to generate data with young people aged 6-18 years who have lived experience of chronic pain. Participants will be invited to draw (or write) what comes to mind following the prompts: “On a good pain day I…” and “When my pain gets worse I…” and subsequently asked to discuss their illustration and their meanings in an open, dialogue-style interview. The study results will contribute to novel understandings of pain from children’s perspectives and provide insights that can inform best practices. Further, an animated graphic storybook will be produced to share the study results in an engaging mode with children and youth.
PM Poster Session-73

S3 Case Study: An Informal STEM and Social Skills Program for Students with Autism Spectrum Disorder

Nicole Neil, Anton Puvirajah, Avery Harte, Meagan Koufis, Kailee Liesemer

Western University

ABSTRACT

Students with Autism Spectrum Disorder (ASD) experience barriers to participation in science, technology, engineering and mathematics (STEM), in both formal and informal school (Fleury et al., 2014; Hendricks & Wehman, 2009). Informal afterschool STEM programs have provided opportunities to encourage students from underrepresented groups to participate in STEM (Dierking et al., 2003), however, there is a lack of research on informal STEM afterschool programs for students with ASD. Our interdisciplinary team recently developed a STEM and Social Skills (S3) program informed by approaches drawn from applied behavioural analysis (ABA) and education research to meet the needs of students with ASD. The program aimed to enhance participating students’ attitudes towards STEM through relevant, engaging, and authentic learning experiences, while simultaneously embedding social skills learning via group-based video modelling. Using a case-study approach, a group of students (n = 5) ages 9 to 13 years old took part in the first iteration of our 10-week S3 program. Many lessons were learned, as well as successes and challenges recognized via qualitative reflections by facilitators and feedback provided by students and caregivers. These results will help to inform future iterations of the S3 program, as well as aid in an overall understanding of the usefulness of authentic and engaging learning experiences as a context for developing complex social skills that are needed to progress within the field of STEM.
PM Poster Session-74

Mental Health Recovery Among Refugee Children and Youth in Canada: A Scoping Review

Reem Bagajati, Taylor Lund, Justine Mayne, Sam Roy, Jessica Szlapinski

Western University

ABSTRACT

Background: In Canada, more than half of refugees are children under the age of 18. The consequences of war trauma may manifest as psychological conditions or maladaptive behaviours which may have lifelong consequences in the areas of quality of life, productivity, and social interactions. As a result, it is imperative for Canada to understand the mental health needs of vulnerable refugee children to facilitate development, resettlement, and mental health recovery.

Purpose: To explore and synthesize the existing literature on how mental health recovery is conceptualized among refugee children in Canada.

Methods: A scoping review following the methodological framework provided by Arksey and O’Malley (2005), using electronic databases, grey literature, and a hand-search of the included studies was used. Inclusion criteria was based on study focus, population, and a definition of recovery as defined herein.

Results: Nine studies were included, and although they did not articulate recovery explicitly, mental health recovery among Canadian refugee children was conceptualized under three themes: adaptation, symptom reduction, and identity formation. These studies suggest the process of recovery is dynamic and influenced by protective and/or oppressive factors.

Conclusions/Implications: The concept of recovery among this population has been elusive but is necessary to promote well-being. Occupational therapists are well suited to support refugee children and their families given their enablement skills and holistic lens. This research reiterates the need to consider the multifactorial areas of recovery to facilitate well-being. Occupational therapists can facilitate this by enabling healthy adaptation, social connectedness, and identity formation.
INSTRUCTIONS FOR ACCESSING THE 2021 CHILD HEALTH SYMPOSIUM (CHS)

- **Child Health Symposium (CHS): Thursday, May 20 (9:00 – 3:30 EST)**
- CHS and the Child Health Research Day (CHRD): are collaborating and will be hosted virtually on Whova. Attendees will have access to all content on both days.
- Note that the CHRD is on Wednesday, May 19 (9:30-5:30 EST)
- All CHS sessions (e.g., expert panel, oral presentations, keynote address, etc.) will be live on Zoom, and will not be recorded.
- The Joint Poster sessions are hosted exclusively on Whova. Each poster presentation has an attached poster and some also include a short video introduction. You can browse posters at your leisure starting Monday, May 17. To interact with the poster presenters during the Poster sessions on May 19, please use the Q&A button found on each individual presentation page.

**All CHS Sessions on May 20 are Live on Zoom**

- We suggest that you **connect to Zoom directly for the CHS sessions** (rather than accessing Zoom via Whova) and we will send you the Zoom links on Tuesday, May 18.
- CHS Zoom sessions will use the chat feature to take audience questions.
- Western University attendees should **access the Zoom sessions directly through the Zoom App** rather than through the browser link.

**Accessing the CHS Event on Whova**

- If you have not already downloaded Whova app, please go to the App or Google store on your device to download it.
- You can also view the event by going to [https://whova.com/portal/webapp/chrd_202110/](https://whova.com/portal/webapp/chrd_202110/).
- To gain access to the event, once it is open, **you will need to login to Whova with the same email address you registered with in Eventbrite** (this information is being sent to that email address). If you are unsure of what email address you registered with, contact:
  - Carrie Connell, CHS Eventbrite contact: Carrie.Connell@tvcc.on.ca
  - Kayla Walter-Connoy, CHRD Coordinator: Kwalte3@uwo.ca
- You should receive an email inviting you to download the Whova Mobile App (you can also access the Web Platform in your browser). In case this invitation is sent to your spam folder, attendees will have access to the CHS event on Whova starting on Monday, May 17).
- If you do not receive access on Monday, you may have used a different email address to the one you registered with and should contact Carrie.Connell@tvcc.on.ca (CHS) to resolve the issue.
Using Whova: Features

- Once you have access to the event you can use the navigation buttons to access the home page, agenda, attendees list, community, and your messages. Below is a brief outline of what you can find on each of those pages:

- **Home** provides the event description as well as other resources you can access

- **Agenda** displays the entire agenda for both Child Health Research Day on May 19 and Child Health Symposium on May 20. You can click into each session to read more about them, access any session hand-outs, interact with the presenters through their individual Q & As, and add sessions you would like to attend to your personal calendar

- **Attendees** allows you to interact with individual attendees and see who is attending the event

- **Community** allows you to interact with the entire community and is another way to find presentation specific Q & A sessions, you can also interact with the organizers through the community page

- **Messages** is where any messages sent to just you can be found

**CHS/CHRD Conference Preparation Checklist**

1. Download the Zoom app.
2. Download the Whova app. Attendees will have access to Whova on Monday, May 17.
3. Once you have logged into Whova, you can change/edit your Profile Information (there are various methods for different devices: click on the button with the first letter of your name, or click on your name, and select edit your profile).
4. Explore Whova: see who is attending, make your own agenda for the sessions you plan to attend, start networking, visit a poster and leave a question, post a comment.

**Thanks to the Many People Who Contributed to the 2021 CHS!**

Special thanks to our keynote speaker, panelists, presenters, TVCC staff members and volunteers, and Western University staff, students, and volunteers, who have all contributed to make the 2021 CHS a success!