Mental Health Matters!

Child Health Symposium

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

May 10 • 8:45 – 4:00 • Western

Program

https://www.uwo.ca/fhs/education/child_health.html
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The Child Health Symposium is a collaborative presentation of Western University’s Faculty of Health Sciences and the Thames Valley Children’s Centre.

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

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

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

**Keynote Address:**

**Functional Abilities Classification Tool (FACT): Identifying Supports that Matter to Inclusion in Schools and Beyond**

**Keynote Speaker: Benjamin Klein** is a Developmental Pediatrician and Medical Director of Lansdowne Children’s Centre (Brantford) and Assistant Clinical Professor in the Department of Pediatrics at McMaster University (Hamilton).

**Panel of Mental Health Experts:**

**Promoting Positive Mental Health Practices**

**Panelist 1: Claire Crooks** is a clinical psychologist and professor at the Faculty of Education (Western University). She is the Director of the Centre for School Mental Health.

**Panelist 2: Paula Jesty** and Misunderstanding.ca have developed 9 online videos to start a conversation on anxiety. These videos are a free resource, used by families, schools and mental health practitioners to increase awareness around the importance of early intervention.

**Panelist 3: Marnie Wedlake** is a Registered Psychotherapist and works as a mental health and wellness scholar, in the School of Health Studies, at Western.
Location:  Arthur and Sonia Labatt Health Sciences Building
            Western University
            1151 Huron Drive
            London, ON  N6A 25K

Date/Time:  Friday, May 10, 2019
            8:45 a.m. – 4:00 p.m.
            Registration opens at 8:00 a.m.

Fees:  Free—limited spaces available, catered lunch provided

Parking:  Parking will be available in the South Valley Lot
          (see http://www.uwo.ca/parking/find/map.html).
          Rate is $1.50 for each half hour of parking up to
          a maximum of $18.00 (Visa, MC and cash are
          accepted). Alternatively, Huron Flats (Stadium) parking
          is up to a maximum of $12.00 per day.

Transit:  Routes to Western University #2, #6, #9, #10, #13

For more information on the Symposium, contact:
          Nicole Chabot
          Research Coordinator
          nchabot@uwo.ca
          519-661-2111 ext. 84736

For inquiries related to registration, contact:
          Carrie Connell
          Education & Program Coordinator
          carrie.connell@tvcc.on.ca
          519-685-8700 ext. 53367

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

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

www.uwo.ca/fhs/news_events/child_health.html
WELCOME FROM THE ORGANIZING COMMITTEE

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

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

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

2019 Child Health Symposium Organizing Committee Members

Carrie Connell¹
Education and Program Coordinator

Gordon MacDonald²
Research Officer

Janette McDougall¹, ²
Researcher

John LaPorta¹
CEO

Karen Faragher¹
Recreation Therapist

Karen Lowry¹
Director of Quality Management

Kevin Shoemaker²
Associate Dean (Research)

Michelle Servais¹, ², ³
Researcher

Nicole Turner
Community Member

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

Shauna Burke²
Associate Professor, School of Health Studies

Sheila Moodie²
Assistant Professor, School of Communication Sciences and Disorders

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

THANKS!

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

<table>
<thead>
<tr>
<th>TIME</th>
<th>ACTIVITY</th>
<th>LOCATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>8:00</td>
<td><strong>Registration Table Opens, Networking, Refreshments</strong> (45 min.) Pick up name tag and registration package, network Complete: Individual Reflections page, Section A</td>
<td>Health Sciences Building (HSB) Lobby (main floor)</td>
</tr>
<tr>
<td>8:45</td>
<td><strong>Official Start and Welcome</strong> (15 min., Sheila Moodie, Western University)</td>
<td>HSB 40</td>
</tr>
<tr>
<td></td>
<td>Orientation to the day; Welcome from:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Kevin Shoemaker, Associate Dean Research, Faculty of Health Sciences, Western University</td>
<td></td>
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<tr>
<td></td>
<td>John LaPorta, CEO, Thames Valley Children’s Centre</td>
<td></td>
</tr>
<tr>
<td>9:00</td>
<td><strong>Icebreaker and Networking Activity</strong> (20 min., Michelle Servais, TVCC)</td>
<td>HSB 40</td>
</tr>
<tr>
<td>9:20</td>
<td><strong>Panel Presentation: Promoting Positive Mental Health Practices</strong> (60 min., Facilitator: Karen Lowry, TVCC) Claire Crooks, PhD, C. Psych., Faculty of Education, Western University Paula Jesty, M.I.understanding Marnie Wedlake, PhD, RP, School of Health Studies, Western University</td>
<td>HSB 40</td>
</tr>
<tr>
<td>10:20</td>
<td><strong>Break and Networking Opportunity</strong> (20 min.)</td>
<td>HSB Lobby</td>
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<tr>
<td></td>
<td>Work on the Networking Activity Page</td>
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</tr>
<tr>
<td>10:40</td>
<td><strong>Session 1, Concurrent Presentation Clusters</strong> (55 min.)</td>
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<tr>
<td></td>
<td><strong>Cluster A. Presentations</strong> (Facilitator: Michelle Servais, TVCC)</td>
<td>HSB 240</td>
</tr>
<tr>
<td></td>
<td><strong>Cluster B. Presentations</strong> (Facilitator: Sheila Moodie, Western)</td>
<td>HSB 236</td>
</tr>
<tr>
<td></td>
<td><strong>Cluster C. Presentations</strong> (Facilitator: Shauna Burke, Western)</td>
<td>HSB 40</td>
</tr>
<tr>
<td></td>
<td><strong>Cluster D. Presentations</strong> (Facilitator: Gordon MacDonald, Western)</td>
<td>HSB 09</td>
</tr>
<tr>
<td>11:35</td>
<td><em>11:35 a.m. move to Poster Teaser Session</em></td>
<td></td>
</tr>
<tr>
<td>11:40</td>
<td><strong>Poster Teaser Session and Afternoon Preview</strong> (20 min., Michelle Servais, TVCC)</td>
<td>HSB 40</td>
</tr>
<tr>
<td>12:00</td>
<td><strong>Lunch and Networking Opportunity</strong> (45 min.) Get to know someone new over lunch (seating in rooms 09, 11, 240, 3rd floor lounge, outside, etc.)</td>
<td>HSB Lobby</td>
</tr>
</tbody>
</table>

*2019 CHILD HEALTH SYMPOSIUM*
## PROGRAM AT A GLANCE: AFTERNOON

<table>
<thead>
<tr>
<th>TIME</th>
<th>ACTIVITY</th>
<th>LOCATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>12:45</td>
<td><strong>Poster Session and Mental Health Activities (55 min.)</strong></td>
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<tr>
<td></td>
<td>Participate in an activity that can contribute to your mental</td>
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<tr>
<td></td>
<td>health and well-being!</td>
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</tr>
<tr>
<td>12:45</td>
<td><strong>Networking</strong></td>
<td>HSB</td>
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<td></td>
<td>(Continue conversations from lunch)</td>
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<tr>
<td>12:45</td>
<td><strong>Poster Session</strong></td>
<td>HSB Lobby</td>
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<td></td>
<td>(Presenters at Posters from 1:10 to 1:35)</td>
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<tr>
<td>12:45</td>
<td><strong>(RE) Boot Camp</strong>*</td>
<td>HSB 40</td>
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<tr>
<td></td>
<td>(Facilitator: Chantelle Diachina, 25 mins.)</td>
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<tr>
<td>12:45</td>
<td><strong>Garden Tour Walk</strong>*</td>
<td>Meet at West Entrance Doors</td>
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<td></td>
<td>* Limited spaces, tickets available at registration desk in a.m.</td>
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<tr>
<td>12:45</td>
<td><strong>Mindful Colouring</strong></td>
<td>HSB 236</td>
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<td></td>
<td>(Facilitator: Michelle Servais, 25 mins.)</td>
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</tbody>
</table>

**1:35 p.m. move to Session 2 Cluster Presentations: E, F, G, H**

<table>
<thead>
<tr>
<th>TIME</th>
<th>ACTIVITY</th>
<th>LOCATION</th>
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<tbody>
<tr>
<td>1:40</td>
<td><strong>Session 2, Presentation Clusters (55 min.)</strong></td>
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<td></td>
<td><strong>Cluster E. Presentations</strong></td>
<td>HSB 09</td>
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<td></td>
<td>(Facilitator: Karen Lowry, TVCC)</td>
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<tr>
<td></td>
<td><strong>Cluster F. Presentations</strong></td>
<td>HSB 40</td>
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<tr>
<td></td>
<td>(Facilitator: Sheila Moodie, Western)</td>
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<tr>
<td></td>
<td><strong>Cluster G. Presentations</strong></td>
<td>HSB 240</td>
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<td></td>
<td>(Facilitator: Janette McDougall, TVCC)</td>
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<tr>
<td></td>
<td><strong>Cluster H. Presentations</strong></td>
<td>HSB 236</td>
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<td></td>
<td>(Facilitator: Gordon MacDonald, Western)</td>
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**2:35 p.m. move to Keynote Speaker Presentation**

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<thead>
<tr>
<th>TIME</th>
<th>ACTIVITY</th>
<th>LOCATION</th>
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<tbody>
<tr>
<td>2:40</td>
<td><strong>Keynote Speaker: Benjamin Klein, MD, FRCP(C) (60 min.)</strong></td>
<td>HSB 40</td>
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<tr>
<td></td>
<td>Title: <em>Functional Abilities Classification Tool (FACT): Identifying Supports that Matter to Inclusion in Schools and Beyond</em></td>
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<tr>
<td></td>
<td>Facilitator: John LaPorta, TVCC</td>
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</table>

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

<table>
<thead>
<tr>
<th>TIME</th>
<th>ACTIVITY</th>
<th>LOCATION</th>
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<tbody>
<tr>
<td>3:40</td>
<td><strong>Final Plenary Session: Final Thoughts, Door Prizes, Wrap-Up (10 min.)</strong></td>
<td>HSB 40</td>
</tr>
<tr>
<td></td>
<td>Reflections, Final Thoughts , Wrap-Up, Door Prize Draws (Michelle Servais, TVCC)</td>
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</tbody>
</table>

**CHS Evaluation Form**: Hand-in or complete online:

https://uwo.eu.qualtrics.com/jfe/form/SV_9ESx9uwn9Q|AYNn
### MORNING PRESENTATIONS AT A GLANCE: SESSION 1 (10:40 – 11:35)

<table>
<thead>
<tr>
<th>A</th>
<th>Targeting Trauma</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>HSB 240</td>
</tr>
<tr>
<td>A1.</td>
<td>The Need for Trauma and Violence Informed Care Workshops for Teachers</td>
</tr>
<tr>
<td>A2.</td>
<td>Trauma and Technology: Presenting Technology-Based Innovations Targeting Youth Resilience</td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th>B</th>
<th>Relationship-Centred Care</th>
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<tbody>
<tr>
<td></td>
<td>HSB 236</td>
</tr>
<tr>
<td>B1.</td>
<td>Parent Voice—Say What?</td>
</tr>
<tr>
<td>B2.</td>
<td>Shared Decision Making in Pediatric Practice: A Pilot Project</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C</th>
<th>Emotional and Social Well-Being</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>HSB 40</td>
</tr>
<tr>
<td>C1.</td>
<td>The Impact of Social Media Use on Youth Mental Health</td>
</tr>
<tr>
<td>C2.</td>
<td>Social Anxiety Among Youth with Chronic Health Conditions</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>D</th>
<th>Research Methods and Mental Health Assessment</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>HSB 09</td>
</tr>
<tr>
<td>D1.</td>
<td>Research Methods with Children: Who has the Right to Choose?</td>
</tr>
<tr>
<td>D2.</td>
<td>Unlocking Mental Health Assessment for Young People With Developmental Disabilities: How CPRI Supports Use of the interRAI Child/Youth Mental Health Assessment —Developmental Disabilities (ChYMH-DD)</td>
</tr>
<tr>
<td>D3.</td>
<td>The PhotoSTREAM Project: Supporting Transition-Readiness in Emerging Adults with Mental Health Challenges Using the PhotoVoice Method</td>
</tr>
</tbody>
</table>

**2019 CHILD HEALTH SYMPOSIUM**
### AFTERNOON PRESENTATIONS AT A GLANCE: SESSION 2 (1:40 – 2:35)

<table>
<thead>
<tr>
<th>E</th>
<th>Addressing Risk and Injury</th>
</tr>
</thead>
<tbody>
<tr>
<td>F</td>
<td>Early Intervention and Mental Health</td>
</tr>
<tr>
<td>G</td>
<td>Participation and Well-Being</td>
</tr>
<tr>
<td>H</td>
<td>Tools and Resources for Mental Health and Communication</td>
</tr>
</tbody>
</table>

#### E1. Trends in Recovery Modifiers Among Children and Youth with Persistent Symptoms following Concussion

#### F1. Collaborating to Develop an Early Intervention to Foster Better Mental Health Outcomes for Children of Parents with a Mental Illness

#### G1. Paving the Way for Outdoor Play: A Mixed-Method Examination of Socio-Environmental Barriers and Facilitators to Children’s Outdoor Play

#### H1. Holistically Viewing the Mental Health of Children With Disabilities and their Families: A Framework and Systematic Review of Screening Tools to Inform Practice

#### E2. Trampoline Park Safety Perceptions of Caregivers of Patients Presenting to the Paediatric Emergency Department in London, Ontario

#### F2. Mental Health Right from the Start

#### G2. The Facilitators and Barriers of Physical Activity Engagement for Youth and Young Adults with Childhood-Onset Physical Disabilities

#### H2. Practice-Based Research in Education to Investigate a Language Assessment Tool

#### E3. Enacting Health Equity—Challenges and Possibilities


#### G3. The Ingredients to Living Well: How Parents Caregiving for a Child with Special Needs Create Opportunities to Experience Well-Being

#### H3. Analysis of Quality of Online Resources for Parents of Children who are Late-to-Talk
POSTER SESSION AND MENTAL HEALTH ACTIVITIES

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.

Poster Session Scavenger Hunt and Networking Time

12:45 – 1:35 (Poster presenters will be at their posters from 1:10 – 1:35, HSB lobby)

Learn about a variety of findings from child health and well-being research. Complete and hand-in the Scavenger Hunt page for your chance to win a prize!

Participate in a (RE) Boot Camp

12:45 – 1:10 (25 minutes, Room HSB 40)

Have no time for yourself? Come and learn simple and effective on-the-go yogic self-care techniques to relieve muscle tension and promote a calmer mind when you only have minutes to spare. Participants will experience how body scanning, adjusting your breathing and minimal stretching can quickly put you at ease. The session will end with a brief meditation to promote a positive mindset and inner peace. No yoga gear or experience required.

Facilitator: Chantelle Diachina, Founder/Principal Stress Manager, Prana Yoga & Wellness

*Limited to 100 people.* First come, first served. Get your ticket at the registration desk upon arrival.

Explore Western’s Gardens with A Guided Nature Walk and Tour

12:45 – 1:30 (45 minutes, rain or shine, meet at the West Entrance doors)

Western Campus is recognized by The Globe and Mail, McClean’s Magazine, and Canada Blooms to be one of the most beautiful landscaped environments in Canada. If you would like to discover Western’s landscaped campus and its garden spaces come and join us for a 45 minute walk with Mike Lunau, Manager, Landscape Services. Mike will guide the tour and reveal secrets about the beauty of Western campus. If you like to connect with nature and its beauty, then this walk is for you.

Facilitator: Mike Lunau, Manager, Landscape Services, Western University

*Limited to 20 people.* First come, first served. Get your ticket at the registration desk upon arrival.

Relax and Relieve Stress through Mindful Colouring

12:45 – 1:10 (25 minutes, Room HSB 236)

You are invited to drop-in and do some mindful colouring. Colouring can help people to relax, be in the present moment, and focus on something other than oneself. Researchers have found many benefits of colouring: colouring has been shown to lower levels of depressive symptoms and anxiety (Flett et al., 2017; Duong, Stargell, & Mauk, 2018), improve mood (Babouchkina & Robbins, 2015), and improve mindful attention and creative cognition (Holt, Furbert & Sweetingham, 2018).

Facilitator: Michelle Servais

2019 CHILD HEALTH SYMPOSIUM
Print your name (first and last) clearly: ________________________________________

**POSTER SESSION SCAVENGER HUNT (HSB LOBBY)**

*Complete this page and enter it in the draw for a chance to win a prize!*

**Instructions:** Find the highlighted letter posted beside each number on the poster display boards and then, if there is a happy face, fill the letter in below to reveal a secret message.

<table>
<thead>
<tr>
<th>Posted Letter</th>
<th>#</th>
<th>Poster Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>1.</td>
<td>Children with Disabilities Engaging In Science, Technology, Engineering and Mathematics (STEM): Exploring the Impact of a Group-Based Robotics Program on STEM Activation</td>
</tr>
<tr>
<td>2.</td>
<td>2.</td>
<td>The Experience of Parents After a Diagnosis of Permanent Hearing Loss: Two Approaches to Data Analysis Yield Similar But Different Results</td>
</tr>
<tr>
<td>3.</td>
<td>3.</td>
<td>Improving Family Education Prior to a Paediatric Epilepsy Monitoring Unit Admission</td>
</tr>
<tr>
<td>4.</td>
<td>4.</td>
<td>A Psychometric Evaluation of the Depressive Severity Index (DSI) among Children and Youth using the interRAI Child and Youth Mental Health (ChYMH) Assessment Tool</td>
</tr>
<tr>
<td>5.</td>
<td>5.</td>
<td>SMA Module of the Canadian Neuromuscular Disease Registry (CNDR)</td>
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<tr>
<td>6.</td>
<td>6.</td>
<td>Trauma Matters: Identification and Treatment for Children and Youth</td>
</tr>
<tr>
<td>7.</td>
<td>7.</td>
<td>Exploring Pediatric Volition Among Children with Autism in a Robotics Program</td>
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<tr>
<td>8.</td>
<td>8.</td>
<td>Unlocking the Mind: Understanding the Effect of Meditation on Cognitive Functioning in Children with ADHD</td>
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<tr>
<td>9.</td>
<td>9.</td>
<td>Fun for Everyone: Identifying and Addressing Barriers to Play</td>
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<tr>
<td>10.</td>
<td>10.</td>
<td>Next Generation Exon Skipping in Duchenne Muscular Dystrophy Patients</td>
</tr>
<tr>
<td>11.</td>
<td>11.</td>
<td>Mental Health Benefits of Physical Activity in Youth With Cerebral Palsy: A Scoping Review</td>
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<tr>
<td>12.</td>
<td>12.</td>
<td>Understanding the Effect of Physical Activity on Executive Functioning in Children with ADHD</td>
</tr>
<tr>
<td>13.</td>
<td>13.</td>
<td>Sports Focused Active Play Influences Motor Skill Sub-Groups Changes During Early-to-Middle Childhood</td>
</tr>
<tr>
<td>15.</td>
<td>15.</td>
<td>Healthy Food for a Better Mood</td>
</tr>
<tr>
<td>16.</td>
<td>16.</td>
<td>Predictors of Positive Mental Health in Canadian Youth</td>
</tr>
<tr>
<td>17.</td>
<td>17.</td>
<td>A Pilot Feasibility Randomized Controlled Trial of a 12-Week E-Mentoring Employment Intervention for Youth with Physical Disabilities</td>
</tr>
<tr>
<td>18.</td>
<td>18.</td>
<td>Evaluating the Effect of Self-Care Management on Health-Related Quality of Life In Adolescents with Chronic Illness</td>
</tr>
<tr>
<td>19.</td>
<td>19.</td>
<td>Disability Disclosure and Workplace Accommodations for People with ASD: A Systematic Review</td>
</tr>
<tr>
<td>20.</td>
<td>20.</td>
<td>Hyoscine Butylbromide (Buscopan) for Abdominal Pain in Children: A Randomized Controlled Trial</td>
</tr>
</tbody>
</table>
KEYNOTE ADDRESS

“Functional Abilities Classification Tool (FACT): Identifying Supports that Matter to Inclusion in Schools and Beyond”

Ben Klein is a developmental pediatrician at Lansdowne Children’s Center in Brantford, Ontario, Canada, and in the division of developmental pediatrics at McMaster University. He is a member of the developmental disabilities and mental health committee of the Canadian Pediatric Society, a steering committee member of Physicians of Ontario Neuro Developmental Advocacy network, and physician in Canada Honduras Child Health Initiative. He completed medical school at the University of Western Ontario, and pediatrics and developmental pediatrics residencies at McMaster University. He has academic interests in developmental pediatric care for vulnerable populations and community agency outreach, applying the International Classification of Functioning, Disability and Health in developmental behavioural pediatrics, and systems of care serving children and families.

Key Web Link
MEET OUR PANEL OF MENTAL HEALTH EXPERTS

“Promoting Positive Mental Health Practices”

Panelist 1

Claire Crooks is a clinical psychologist and professor at the Faculty of Education (Western University). She is the Director of the Centre for School Mental Health. The multidisciplinary team at the CSMH develops, implements, and evaluates mental health promotion and violence prevention programs in a range of school and community settings. Claire conducts research in a number of areas, all looking at the gaps between science, practice and policy related to healthy development of children and youth. In other words, how do effective programs get adapted and implemented in different school and community contexts, and how do we appropriately evaluate these? How do educators and others implement complex and skill-based policies?

As a co-developer of the Fourth R program, an evidence-based healthy relationships program, much of Claire’s research has focused on the evaluation of this program in different contexts. She has a particular emphasis on strengths-based programming for Indigenous youth. In addition to the evidence-based Fourth R that was designed to be implemented in classrooms during health class, her team has developed and evaluated the Healthy Relationships Plus program to teach important social and emotional skills in a small group setting. She was recently awarded a 5-year, $5 million grant from the Public Health Agency of Canada to expand the Healthy Relationships Program with an emphasis on meeting the needs of vulnerable youth. This new project involves the evaluation of the HRP-Enhanced for vulnerable youth (including youth involved with the justice system, child protective services, and children’s mental health services), as well as the HRP for LGBT2Q+ Youth. She and her team are also working with partners to develop two new adapted versions for newcomer youth and Indigenous youth.

In all of her areas of research, Claire is keenly committed to knowledge mobilization and producing tools that will help front line educators and community partners in their roles with youth. She is actively involved with the Promoting Relationships and Eliminating Violence Network (PREVNet) in this regard.

Claire received her B.A. in Psychology from Princeton University and my M.A. and Ph.D. in Clinical Psychology from Queen’s University. She lives in London with her husband and four young children, who provide daily reminders to her that best practices in textbooks and research do not always translate smoothly on the ground level!

Key Web Links

- For more about Claire’s research projects see: https://www.csmh.uwo.ca/research/index.html
- For more about the Fourth R go to: https://youthrelationships.org/
- Whiteboard video describing the Fourth R: https://www.csmh.uwo.ca/research/what-is-the-fourth-r.html
“Promoting Positive Mental Health Practices”

Panelist 2

Growing up with a sister who struggled with mental health, Paula was aware of the challenges that families faced in getting young children help. Stigmas, lack of understanding, and shame keep families from seeking assistance or understanding how to work with the help available. What if there was a communication tool that started that conversation? What if there was a way to better explain to those who might not understand what it’s like having anxiety and how to be more empathetic and understanding?

Paula called on some of her old TV colleagues to give her a hand. These friends had worked for years with Jim Henson, appearing in such programs as the Muppets, Mr. Dress-up, Sesame Street and Disney productions—just the right people to start a difficult conversation. With the support of the Child and Adolescent Mental Health Team at London Health Sciences Centre, M.I.understanding developed 5 videos to start a conversation on anxiety. These videos are a free resource, used by families, schools and mental health practitioners to increase awareness around the importance of early intervention.

M.I.understanding now has 9 videos in their library, all designed to start a conversation. With curriculum developed last year to support the use of the videos in the classroom, M.I.understanding has branched out to work with Vanier Children’s Services to create “Parent understanding” and with the LGBTQ community to develop “Pride understanding”. M.I.understanding has kept the conversation going by creating Community of Support Exhibits, providing families with the tools they need to comfort, encourage and support their children. This past year, M.I.understanding partnered with the Center for Mental Health in Schools at Western University to develop the PIPE program (parents in partnership with Educators). Working with researchers and new graduates, this program was developed to help families create an effective partnership with their children’s school—teachers, support workers, and administration.

One in 5 children are currently struggling with mental health, but 70% of mental health issues can be solved with early diagnosis, support and treatment—ask yourself M.I.understanding?

Key Web Link
Online video resources: www.miunderstanding.ca
“Promoting Positive Mental Health Practices”

Panelist 3

Marnie Wedlake, PhD, RP
School of Health Studies, Western University

Marnie has worked in mental health care since 1986 when, as a summer student, she got her first job at a residential treatment centre for children, in Waterloo County. In community based mental health settings, Marnie’s areas of practice have included direct service, mental health education and health promotion, knowledge brokering and knowledge transfer and exchange, and program evaluation and quality improvement. After completing her PhD in 2014, Marnie started teaching part-time at Western University. And, in December 2018, she started a full-time faculty position, as a mental health and wellness scholar, in the School of Health Studies, at Western.

As a Registered Psychotherapist, Marnie works from a trauma-informed perspective. She has extensive experience providing psychotherapy and counselling to people who, for a variety of reasons, have become burdened by significant struggle, distress and life disruption. Marnie is particularly interested in working with individuals who live with varying degrees of dissociation, depersonalization, and personal dis-integration, occurring in response to traumatic life events.

Through her many years of work in the broader field of mental health care, Marnie has come to see that most people share a fundamental desire to experience a greater sense of overall well-being. She is convinced this is available to everyone. It has been Marnie’s experience that the journey towards well-being can start within some of the humblest spaces, like the ones that are created when two people join in mutual regard, for exploratory conversation that is non-judgmental, and that is guided by a compassionate heart and an open mind.

Marnie’s Honours Bachelor’s and Master’s degrees are in Psychology, and her PhD is in Health Professional Education. She is a Registered Psychotherapist with the College of Registered Psychotherapists of Ontario.

Key Web Link
Faculty Profile: www.uwo.ca/fhs/shs/about/faculty/wedlake_m.html
Session 1: Cluster A. TARGETING TRAUMA

A-1  The Need for Trauma and Violence Informed Care Workshops for Teachers

Christina Amico*, Michelle Phillipe*, Susan Rodger
Western University

ABSTRACT
Teachers play an integral role in the healthy growth and development of their students. Students that have experienced traumatic events, chronic adversity, and structural violence are vulnerable to a myriad of biological, social, emotional, and behavioural impairments (Blaustein, 2013). Problematic classroom behaviour, therefore, could be a reflection of exposure to trauma and violence. As teachers play an important front-line role in the lives of their students (Brunzell, Waters, & Stokes, 2015), it is important that teachers receive relevant and high-quality professional development, particularly in the area of trauma and violence-informed teaching practices. There is a gap in research on effective practices of educators when teaching school-aged children that are impacted by trauma (Alvarez, 2017; Cummings et al., 2017). Trauma and Violence Informed Care (TVIC) workshops will be provided to associate teachers within Thames Valley District School Board in connection with the Faculty of Education at Western University. Participants will be randomly assigned to a Waitlist Control Group, Workshop Group and Resources-Only Group. Pre and Post-tests consisting of the following scales: Attitudes Related to Trauma Informed Care (Baker, Brown, Wilcox, Overstreet & Arora, 2016) Mental Health Literacy (Rodger, 2018), and Teacher Well Being (Collie, Shapka, Perry & Martin, 2015) will be administered and then compared. Voluntary semi-structured interviews will take place following the workshop. An improvement in scores and interview responses will indicate the efficacy of TVIC workshops.
Trauma and Technology: Presenting Technology-Based Innovations Targeting Youth Resilience

Christine Wekerle¹*, Paul Frewen²*

(1) McMaster University, (2) Western University

ABSTRACT

Research has shown that youth who have experienced adversity may be at increased risk of poor health and relational outcomes; including dating violence perpetration and victimization, substance use, sexual risk taking, emotion dysregulation, difficulties with affect control, and poor mental health. Adolescence is a key developmental period for mental health and resilience promotion. With the rise in technology use among youth populations, technology-based interventions and tools aimed to increase positive affect, decrease trauma symptoms, and galvanize internal resilience merit further exploration. Constructed from research, resilience literature and youth-input, Dr. Christine Wekerle and team have developed the JoyPop app as a daily tool to assist youth in managing daily stressors, promote positivity and bolster resilience in youth. Dr. Paul Frewen has developed a 4-D trauma model and a virtual reality-based intervention, which is currently undergoing testing. These technology-based innovations will be tested together as a resilience toolkit for youth who have experienced challenges.
A Preliminary Evaluation of the Parenting Traumatized Youth Program

Tanja Samardzic¹*, Jennifer Voth²*, Bethany King²
(1) University of Windsor, (2) Hôtel-Dieu Grace Healthcare’s Regional Children’s Centre

ABSTRACT

Previous research suggests that over 60% of children and youth have witnessed or experienced a traumatic event (Finkelhor et al., 2009). This has implications for the development of internalizing (e.g., depression, anxiety) and externalizing (e.g., aggression, violence) behaviours (Ghosh Ippen et al., 2011), which have consequences for both the child and their family. When trauma has occurred, it presents challenges for family members, particularly parents, to understand and adequately parent their child(ren). The Parenting Traumatized Youth group is an 8-week trauma-informed psychoeducation program for parents with children who have experienced a traumatic event. A mixed-methods program evaluation was employed to assess whether the program met the following aims: (a) increasing perceived parental self-efficacy, (b) increasing knowledge about trauma and trauma impact, and (c) improving the parent-child relationship. Parents (comprised of biological, step, foster, and/or grand-parents) from two intervention groups with an average age of 37.8 years (N = 23) completed measures of parental competency, self-compassion, and attunement to children’s experiences. Pre/post data were analyzed to assess self-reported changes in the key aspects of the parent-child relationship as well as parental competency. As well, a content analysis was conducted on archival qualitative data to inform the evaluation strategy and recommendations for the program. Preliminary results indicate a trend of program effectiveness. Recommendations from parents include longer sessions, the option for a follow-up course, and adaptation for dissemination in the community. Plans for further evaluation and implications are discussed.

Deal with Negative Thinking

Your focus and attention determines how you feel and act. Hopeful thoughts release chemicals in your body that help you feel happy and calm. Negative thoughts release chemicals that make you feel stressed and sad. Watch “3 Quick Steps to Stop Negative Thinking Now!” by Daniel Amen, M.D., (2015):

https://www.youtube.com/watch?v=ksB0lXhM-Vc
Parent Voice—Say What?

Jennifer Banting*, Andrea Orsini*
Thames Valley Children’s Centre

ABSTRACT
Parent Mentors are a peer to peer support system that has been successful since 2008. 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 workshop 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
Abstract

Children’s Hospital is committed to creating as positive a patient and family-centred experience as possible. Investing in the creation of a shared decision making environment offering decision coaching support services to patients and families demonstrates this commitment. Access to a Decision Coach and shared decision making (SDM) resources supports patients and families in gaining knowledge; evaluating benefits and drawbacks; and clarifying priorities which are all integral to a comprehensive approach to making challenging medical decisions. The opportunity to improve decision skills and providing greater support to families navigating treatment and care decisions is of particular importance to those patients and families facing recurrent challenging health care decisions.

There are few Canadian pediatric departments that have made a systematic approach to creating a SDM environment. This pilot fills a gap through development of sustainable and validated decision supports which can be widely integrated into other pediatric clinics. The pilot is innovative in that the proposed model involves unbiased decision support from outside the patient’s direct circle of care, laying the foundation for comparison to models where practitioners directly involved provide the decision coaching.

This project is providing children, youth and families with support across a range of challenging decisions at critical times in their health care journey.

Project parameters include: needs assessment, literature review, tool box, stakeholder engagement, education and training, communication, change management, evaluation and sustainability.

The pilot is entering its second year of implementation.

Practice Mindfulness

Research suggests that mindfulness and meditation practices can help reduce stress, improve well-being, and decrease aches and pains. Try out different practices until you find some that are right for you. Here are some guided meditations:

https://soundcloud.com/mindfulmagazine
ABSTRACT
Thames Valley Children’s Centre has been using a Solution Focused Coaching approach with clients and families as part of Relationship Centred Care for more than 10 years. Solution-Focused Coaching in pediatric rehabilitation (SFC-peds) has been defined as a “strengths-based, relational, and goal-oriented approach...that uses positive reframing and strategic questions to assist clients in envisioning a preferred future and developing practical solutions to move toward this vision” (Baldwin, King, Evans, McDougall, Tucker, & Servais, 2013, p. 468). This presentation will provide an overview of a new model for Solution Focused Coaching coming out of the Canadian Centre for Brief Coaching, and share how this has impacted our practice both clinically and when orienting new staff to Solution Focused Coaching. We will work through examples of how to use the model and the process of video review with microanalysis in order to deepen learning.

Change your Perspective
How you choose to look at something can not only change your perspective, it can change your attitude, energy, and emotions. To change your perspective, practice reframing, such as looking for strengths. Watch the optimism video called “The Greatest”: http://www.values.com/optimism
The Impact of Social Media Use on Youth Mental Health

Chantal Singh*, Richard Booth, Kim Jackson
Western University

ABSTRACT
In a digital age, the use of social media has infiltrated our daily lives and the way in which we connect with one another in a societal context. The creation of social media platforms such as Facebook, Instagram, Snapchat and Twitter have changed the way we communicate, reducing challenges with other forms of communication such as geographical location and response time. Social media allows for discussion among individuals and facilitates the sharing of content and media in a timely manner worldwide.

Children and adolescents are especially immersed in the culture of social media use as many are exposed to technology from early on in life, due to current societal practices. In parallel, youth populations also encounter many challenges through their stages of growth and development around self-image, self-esteem and perception by their peers. Youth populations are particularly influenced by how they believe they are perceived by their peers namely in terms of appearance and popularity. Social media platforms facilitate connection with other youth on a constant basis, and generate a sense of “immediate feedback” among peer groups. While interactions among social media users can positively influence the mental health, these platforms also have the potential to negatively affect youth in the context of negative interactions online, causing feelings of anxiety, negative self-image, and low self-esteem.

This presentation will outline current available literature on this topic, and a current study to inform paediatric nursing practice and develop appropriate health promotion resources for this population to enhance health and support youth through these critical years of growth and development.
Social Anxiety Among Youth with Chronic Health Conditions

Janette McDougall*1,2, Virginia Wright3,4

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

ABSTRACT

A significant concern for children with chronic health conditions of a physical, neurological, or genetic nature is the potential development of secondary conditions, such as mental health problems. Nationally representative population-based studies have consistently demonstrated an increased risk for developing mental health problems among these children. Moreover, these studies have indicated that these children are more likely to exhibit symptoms of internalizing problems, such as anxiety, depression, and social functioning difficulties rather than symptoms of externalizing problems, such as conduct disorder. This inclination toward experiencing shyness, anxiety, and social problems, such as peer difficulties and being bullied, is also supported by qualitative research. However, very little research has focused specifically on “social anxiety” in children with chronic health conditions. Social anxiety disorder is described by the DSM-5 as being “fearful or anxious about or avoidant of social interactions and situations that involve the possibility of being scrutinized.” This study examined trajectories of social anxiety symptoms among a sample of children and youth with chronic conditions (N= 439) over a period of three years and identified related factors. Three distinct trajectory groups were found, with social anxiety remaining stable over time for each group. Gender, cognition, peer support, social participation, and family functioning were factors that distinguished those youth with “low and stable” social anxiety from those with “moderate and stable” or “high and stable” social anxiety. Findings support a biopsychosocial, comprehensive approach to service provision for youth with chronic conditions who experience social anxiety symptoms.
Making Mindfulness Matter (M3): A Randomized Controlled Trial of a Community-Based Family Intervention for Children with Epilepsy

Klajdi Puka1,2*, Karen Bax1,2,3, Andrea Andrade1,2, Margo Devries-Rizzo4, Hema Gangam5, Simon Levin1,2, Maryam Nouri1,2, Narayan Prasad1,2, Mary Secco5, Guangyong Zou1, Kathy N. Speechley1,2

(1) Western University, (2) Children’s Health Research Institute, Lawson Health Research Institute (3) Mary J. Wright Centre (4) Children’s Hospital at London Health Sciences Centre, (5) Western University Windsor Campus, (5) Epilepsy Southwestern Ontario

ABSTRACT
BACKGROUND: Epilepsy extends far beyond seizures; up to 80% of children with epilepsy (CWE) have comorbid cognitive or mental health problems, and up to 50% of parents of CWE are at risk for major depression. Past research has also shown that family environment has a greater influence on patients’ and parents’ health-related quality of life (HRQOL) and mental health than epilepsy-related factors. There is a pressing need for low-cost, innovative interventions to improve HRQOL and mental health.

RESEARCH OBJECTIVES: We are currently conducting a randomized controlled trial (RCT) to evaluate whether a family treatment program, Making Mindfulness Matter (M3), positively affects CWE’s and parents’ HRQOL and mental health (specifically, stress, behavioral, depressive and anxiety symptoms).

STUDY DESIGN AND INTERVENTION: This parallel RCT will be recruiting CWE (ages 4-10) and their parents, who will be randomized to the 8-week intervention or waitlist control condition. Participants will be followed over 18 weeks. In conjunction with our community-partners, the intervention will be delivered concurrently to parents and children in a group setting, by non-medical staff. The intervention, M3, incorporates mindful awareness, social-emotional learning skills, neuroscience, and positive psychology. It is modeled after the validated school-based MindUP program and adapted for provision in the community and to include a parent component.

SIGNIFICANCE: This RCT will determine whether this low-cost, community-based intervention is feasible and effective for CWE and their parents. The proposed intervention may be an ideal vector to significantly improve HRQOL and mental health for CWE and their parents.
D-1 Research Methods with Children: Who has the Right to Choose?

Katherine Westwood*, John Ravenscroft, Kristina Konstantoni
The University of Edinburgh

ABSTRACT
The United Nations Convention on the Rights of the Child describes the right to participation as an ongoing dialogue between adults and children based upon mutual respect. This creates opportunity for children to have their voices valued; ultimately challenging power relationships. Recognizing this right within research significantly impacts researchers’ data collection. Methodologies have attempted to incorporate this right but selection of methodology by researchers can be viewed inherently as a limitation of children’s uninhibited participation. This can be magnified in children with disabilities, as varying abilities can pre-dispose researchers to exclude certain populations and select methods on children’s behalf.

Detailed review of existing methodological literature was undertaken, and subsequent gap-analysis identified lack of co-participation in methodology selection as a notable omission. To construct quality data alongside children with a range of abilities, preferences, and communication skills, an inclusive, co-participatory and flexible methodology was paramount. An approach was developed by merging ethnographic and Mosaic approaches, while mandating child co-participation in selecting their desired methodology.

I draw examples from my graduate research examining how children with disabilities navigate participation in extracurricular physical activities in order to examine the qualities and limits of this fully participant-driven methodology.

Engaging children as experts on their voice via co-selecting preferred involvement in research enables a higher level of co-participation than traditional methods. Challenges include limited data cross-comparability, and varying requirements of the researcher. Full consideration of children’s participation rights by researchers can help to cultivate rich and impactful data, and thus far has proven feasible.
Unlocking Mental Health Assessment for Young People With Developmental Disabilities: How CPRI Supports Use of the interRAI Child/Youth Mental Health Assessment - Developmental Disabilities (ChYMH-DD)

Maggie McKnight*, Katharine Moody, Laura Lambert
Child and Parent Resource Institute

ABSTRACT
Mental Health matters, but where to begin? Careful assessment is key. For example, traumatic symptoms in children/youth with developmental disabilities may look different from other children/youth and therefore may not be recognized (Charlton et al., 2004).

interRAI, known internationally for adult assessments, partnered with the Child and Parent Resource Institute (CPRI) to improve outcomes for young people. This partnership led to creation of the interRAI child/youth suite of instruments, including the Child and Youth Mental Health- Developmental Disabilities (ChYMH-DD), a comprehensive assessment designed specifically to tell the unique story of a young person with a developmental disability and mental health needs.

The ChYMH-DD is not a supplement to an assessment for the general population. It is a standalone specialized assessment aimed to improve quality of life for young people with developmental disabilities and mental health issues. The ChYMH-DD includes evidence-informed population-specific treatment recommendations in the form of Collaborative Action Plans (CAPs) that can help clinicians and caregivers focus on areas of need.

To support embedment into clinical practice, CPRI developed companion resources for supporting information sharing with caregivers, streamlining assessment for targeted purposes, and sharing results in a format that is useful for clinical decision makers. This presentation will explain how CPRI has supported use of the ChYMH-DD to tell a person’s story, help an agency stay on target, and inform a sector.

Deep breathing reduces stress hormones in your body. Try the “Breath Ball” breathing exercise (scroll half-way down the page to find the Hoberman sphere):
https://www.mindful.org/meditation/mindfulness-getting-started/
ABSTRACT
The transition from adolescence to adulthood brings with it many new challenges and stressors that may negatively impact psychosocial wellbeing. While it has long been recognized that continuity of care is of paramount importance for the transitional-aged youth (TAY) population, the disjointed progression from paediatric and adult psychiatric services leaves many emerging adults vulnerable to its deleterious sequelae, including social isolation, self-harm, substance use, and suicidal ideation. As devised, the Canadian mental health sector is ill-equipped to meet the care demands of TAY, resulting in undue suffering. Current evidence validates the need for clinical practice reform and policy revision to address this issue, yet the perspectives of young people are consistently underrepresented in conversations regarding youth-oriented psychiatric program development, despite a desire to share their personal narratives.

The PhotoSTREAM Project sought to explore the mental health care experiences of youth (aged 18-24) who have transitioned from paediatric to adult psychiatric services within the province of Ontario. Through a combination of photography, focus group discussions, and qualitative interviews, the PhotoVoice method was employed to illuminate TAY interactions with the mental health system; thereby, highlighting the strengths and shortcomings of existing policies and practices that impact continuity of care for this age demographic. Insights gathered using this collaborative, participatory, and action-oriented research framework will contribute to an enhanced awareness of psychiatric service delivery gaps experienced by emerging adults, and advocate for seamless and supportive transitions that more effectively meet the mental health care needs of the TAY population.
Connor

E-1  **Trends in Recovery Modifiers Among Children and Youth with Persistent Symptoms following Concussion**

Jacqueline Ogilvie¹²³*, Sara Somers³*, Janice Gray³*, Mary Ellen Kendall³, Janette McDougall²³

(1) London Health Sciences Centre, (2) Western University, (3) Thames Valley Children's Centre

ABSTRACT

Current understanding regarding recovery from concussion indicates that 70% of youth recover within four weeks (Zemek, RL., et al 2016). To explore possible contributors to persistent symptoms in the remaining 30%, we examined multiple pre-existing factors hypothesized to impact recovery in a large clinical sample of clients referred to an outpatient paediatric brain injury program. PABICOP is a sub-acute, needs based program, and clients with persistent symptoms following concussion are inherently over represented.

Method: A retrospective chart review (2012-2018) was conducted to explore the prevalence of multiple recovery modifiers which have been associated with slower recovery following concussion (Lumba-Brown, A., Yeates, K.O., et al 2018).

Results: Of 875 referrals, 82% were concussion (55% females versus 45% males). 67% of concussion referrals were identified as having persistent symptoms. Of those, 68% had at least one recovery modifier present. Among females in this group, half identified symptoms of anxiety. 52% of males versus 18% of females were identified as having pre-existing learning issues. Prevalence of family stress was 30% among females and males.

Discussion: Clinical experience with this resource intensive population in a multidisciplinary program will be further explored. Children/youth with persistent symptoms following concussion have high medical and psychosocial complexity; increasing recognition of these factors will improve future clinic service models.
Trampoline Park Safety Perceptions of Caregivers of Patients Presenting to the Paediatric Emergency Department in London, Ontario

Caleb Van de Kleut, Kristine Van Aarsen, Saba Cheema, Olivia McCuaig, Jessica Mammoliti, Matthew Dinunzio*, Tim Lynch
London Health Sciences Centre

ABSTRACT
INTRODUCTION: Trampoline parks have similar rates of injury as home trampolines, and an increased likelihood of injuries warranting hospital admission. This study aimed to determine the public perspective of trampoline park safety in order to provide a basis for addressing the current lack of safety recommendations around trampoline parks.

METHODS: Parents/caregivers of children seeking care in the PED were approached to participate in a survey regarding trampoline safety. Caregivers of patients with severe injury/illness were excluded. Questions included demographics, safety perceptions of both home trampolines and trampoline parks as well as awareness of the CPS statement regarding trampoline use. The survey was completed in the Research Electronic Data Capture System.

RESULTS: To date, 68 participants have completed the survey. 66% of participants (45/68) were aware of the new trampoline parks recently opening in the community. 31/68 (46%) of caregivers had allowed their child to visit a trampoline park. Comparing the perception of the relative safety of trampoline parks found that 31% of participants (21/67) considered home trampolines “safe/very safe” while 39% of participants (26/66) considered trampoline parks “safe/very safe.” The median [IQR] age at which caregivers thought children could safely play at trampoline parks was 10 [3-15]. 43% of respondents (29/67) thought the current CPS statement about backyard trampolines should apply to trampoline parks, and 93% of respondents (62/67) thought the Ontario government should institute mandatory standards for trampoline parks.

CONCLUSION: Preliminary data suggest that caregivers consider trampoline parks to be safer than backyard trampolines, and perceive that young children can safely participate in trampoline park activities. Our work supports a call for adjustment of CPS guidelines and public policy.

Do you sit at your desk for long periods of time? Make sure you take a movement break each hour. Try this 8-minute movement break:

https://youtu.be/E-gEO12BVNU?list=RDE-gEO12BVNU
Enacting Health Equity—Challenges and Possibilities

Abbey Duggal*
Western University

ABSTRACT

Elementary students in high-poverty schools have diverse learning needs and their academic and social learning, in particular, varies between students—especially so for those students from culturally non-dominant backgrounds. In 2009, the Ontario Ministry of Education mandated that all school boards in Ontario develop and implement equity education policies, as specified in Policy/Program Memorandum No. 119: Developing and Implementing Equity and Inclusive Education Policies in Ontario Schools (2009).

This dissertation explores the enactment of Ontario’s Equity Strategy in three high-poverty elementary schools within one district school board in Ontario. This case study investigated the following research questions: 1. How and why do teachers, vice principals, and principals in three urban, Ontario high-poverty schools support elementary students’ academic and social learning? 2. How does the Ontario policy backdrop constrain and/or support the work and capacities of teachers, vice principals, and principals to advance academic and social learning? How does Policy Program Memorandum 119 (Ontario’s Equity and Inclusive Strategy, 2009) reflect and inform the enactment of inclusive education by teacher’s vice principals and principals?

Wellness Activities

Mindful Breathing Exercise:
https://ggia.berkeley.edu/practice/mindful_breathing

Find Silver Linings Exercise:
https://ggia.berkeley.edu/practice/finding_silver_linings

Three Good Things Exercise:
https://ggia.berkeley.edu/practice/three-good-things

Meaningful Photos Exercise:
https://ggia.berkeley.edu/practice/meaningful_pictures

Gratitude Letter Exercise:
https://ggia.berkeley.edu/practice/gratitude_letter

Savouring Walk Exercise:
https://ggia.berkeley.edu/practice/savoring_walk
Collaborating to Develop an Early Intervention to Foster Better Mental Health Outcomes for Children of Parents with a Mental Illness

Jennifer Voth1*, Stacey Slobodnick1*, Rachel Gough1, Marla Jackson1, Tammy Drazilov1, Donna Dordevski2, DJ MacNeil1, Naty Ramirez-Reyes1, Kelly Farrugia3

(1) Hôtel-Dieu Grace Healthcare’s Regional Children’s Centre, (2) Children’s Aid Society of Windsor-Essex, (3) Windsor-Essex County Health Unit

ABSTRACT

Over 12% of Canadian children under the age of 12 live with a parent who has one or more mental disorders (Gladstone et al., 2014). These children and youth are among the most vulnerable in our communities (Reupert & Maybery, 2007). For example, compared to their peers, children affected by parental mental illness are at significant risk of adverse social, emotional, and behavioural outcomes (Farahati, Marcotte, & Wilcox-Gok, 2003; Maughan et al., 2007). Research shows that parental mental illness represents one of the most powerful risk factors for future psychiatric disorders (World Health Organization, 2004), with estimates suggesting that more than 50% of children and youth who have a parent with a serious mental illness develop a mental illness of their own (Rasic et al., 2013). Unfortunately, many of the existing early interventions targeting children of parental mental illness have resulted in varying levels of success and uptake (e.g., Bee et al., 2014), and few programs or resources have been developed in collaboration with and informed by youth and parents with lived experience to address and serve their specific needs. We will describe how a unique community-based research partnership came together to examine the needs of families affected by parental mental illness in the Windsor-Essex community through the design and execution of a series of workshops that gathered information about the needs, perspectives, and experiences of children, youth, parents, and service providers and recommendations for effective intervention strategies directly from the people who would use and provide these services.

Strategies for Happiness

The Action for Happiness Calendar is packed with actions that you can try out daily to help create a happier and kinder world. The focus for this month is Meaningful May:

https://www.actionforhappiness.org/calendars
Mental Health Right from the Start

Katie Stortz*, Tanja Linkes*
London Children’s Connection

ABSTRACT
Well-Being is one of the four foundations in the document How Does Learning Happen? Ontario’s Pedagogy for the Early Years. As early learning professionals we recognize that mental health is to be addressed right from the start. As we support young children in developing strong self-regulation skills, we are setting the stage for mental health and well-being. Through this presentation we will discuss the impact of stress on self-regulation, share best practices used by early learning professionals to help reduce stress, and discuss how we help children find ways to cope with stress. Educators are a key part of this process and their own pro social self-regulation skills set the stage for supporting children’s healthy mental well-being. We will be touching on successful co-regulation strategies, as well as looking critically at being a “stress detective” to help support self-regulation skills in all developmental domains.
Preventing Depression Before Birth: Assessing the Potential Treatment Effects of Exercise During Pregnancy on Prenatal Depression

Taniya S. Nagpal1*, Marina Vargas-Terrones2, Maria Perales2, Harry Prapavessis1, Ruben Barakat2, Michelle F. Mottola1

(1) Western University, (2) Technical University of Madrid

ABSTRACT

Up to 20% of pregnant women experience prenatal depression and this can significantly increase the risk for maternal and fetal complications, including future depression risk for the child. Exercise has been identified as a viable treatment option in non-pregnant populations. The purpose of this study was to determine if exercise can have a treatment effect for prenatal depression. Women <16 weeks pregnant were randomized to an exercise group (EG) or standard care control group (CG). The EG participated in group fitness classes three times per week. All participants completed the Centre for Epidemiologic Studies Depression scale (CES-D) at baseline and at the end of the intervention (36-38 weeks gestation). Women who scored greater than 16 on the CES-D at baseline (at risk for depression) were included in the current analysis. Pre- and post-intervention CES-D scores were compared between the EG and CG. Thirty-six women in the EG and 25 women in the CG (n=61) scored above 16 on the CES-D at baseline. Post-intervention, the EG had a significantly lower mean CES-D score (14.4±8.6) than the CG (19.4±11.1; p<0.05). Additionally, more women had a decrease in their score in the EG (n=30, 83.3%) than the CG (n=14, 56%; p<0.05) however there was no difference in the number of women who scored below the 16 point cut-off between the two groups. Results of the current study suggest that exercise may treat prenatal depression. Treating depression during pregnancy can have a preventative effect for future depression risk for both the mother and child.

Positive Emotions

Researchers have found that experiencing positive emotions, paying attention to these emotions, and savouring positive experiences contributes to your mental health, physical health, and overall well-being. Try to schedule experiences in your week that could result in experiencing some positive emotions. So, go ahead and do something you enjoy! For a quick dose of positive emotions, we recommend viewing the Random Acts show on Youtube:

https://www.youtube.com/channel/UCvDiA12g_fZAQyufDA9MS9w
Session 2: Cluster G. PARTICIPATION AND WELL-BEING

G-1  Paving the Way for Outdoor Play: A Mixed-Method Examination of Socio-Environmental Barriers and Facilitators to Children’s Outdoor Play

Janet Loebach*, Tara Elton-Marshall
The Centre for Addiction and Mental Health

ABSTRACT
This presentation will present findings from a mixed method study of the outdoor play habits and perceptions of Canadian children to isolate the key determinants influencing their time and activities outdoors, including the role of social, cultural and environmental conditions.

Western children’s time and freedom to play outdoors has plummeted in recent decades, limited by a number of socio-cultural factors such as children’s increased engagement in structured activities, decreased independent mobility, changing neighbourhood conditions, and higher prevalence of digital media activity. This decline in time spent playing outdoors and in nature has been linked to negative outcomes for child physical and mental health, including troubling increases in youth depression, anxiety, feelings of helplessness and suicidal behaviours. Playing outdoors can have significant benefits for children’s health, well-being, as well as their social and cognitive development. Understanding the social and environmental barriers and facilitators influencing children’s outdoor play, particularly those which may be amenable to change, is key to directing effective environmental interventions and policy shifts. Child and parent focus groups, as well as a comprehensive outdoor play survey delivered to more than 1000 children and 900 parents in the London region, helped to identify key social and environmental influences on children’s outdoor play behaviours, as well as common barriers restricting outdoor play such as high involvement in structured activities, poor neighbourhood resources and engagement with digital devices. Findings from the study will help to inform recommendations for environmental and policy interventions designed to facilitate children’s outdoor play in Canada.
The Facilitators and Barriers of Physical Activity Engagement for Youth and Young Adults with Childhood-Onset Physical Disabilities

Matt Downs1*, Joy MacDermid1,2,3, Janette McDougall1,4, Denise Connelly1

(1) Western University, (2) McMaster University, (3) St. Joseph’s Health Care, (4) Thames Valley Children’s Centre

ABSTRACT

This research explored the motivators, experiences and challenges of youth and young adults with childhood-onset physical disabilities with respect to engaging in and sustaining physical activity. A focus group was conducted with youth (n = 6) who were current or past clients of recreational programs offered through a pediatric rehabilitation centre. Youth also completed a Personalized Exercise Questionnaire. A separate focus group was conducted with centre clinicians (n = 7). Data were analyzed through an interpretive description approach. A positive outlook towards physical activity was found among all participants. Youth recognized the physical, mental and social benefits of continued physical activity. Clinicians supported youth and families with a ‘can do’ approach to physical activity. Findings can help improve the development of inclusive physical activity programs for individuals with childhood-onset physical disabilities both before and after transition to adult health services.
The Ingredients to Living Well: How Parents Caregiving for a Child with Special Needs Create Opportunities to Experience Well-Being

Jaymieson O’Neill*

Niagara Children's Centre, Brock University

ABSTRACT

In Canada over 8 million Canadians 15 years old and above will provide care to a friend or loved one in their lifetime (Statscan.com, 2012). Of those 8 million people, 29% will provide care in the province of Ontario. By understanding the impact a caregiving lifestyle has on one’s experience of well-being we can better support and fulfill the needs of this demographic.

Throughout my Master of Arts degree in Applied Health Sciences at Brock University I researched the experience of Niagara based families living with and caring for a child with special needs. By using a phenomenological approach to qualitative research I was able to develop a clear sense of the unique perspectives of various parent caregivers. Interestingly, in Canada, 51% of family caregivers are caring for a person living with a developmental delay or disability and spending over 10 hours per week providing holistic care (Statscan.com, 2012). More specifically, 29% of the family caregivers are parents caring for their child with a disability and spending 30 hours or more providing care (Statscan.com, 2012). The interviews I conducted with my research participants showcased and uncovered their experiences balancing a caregiving and leisure lifestyle. The findings that emerged I have coined as "the ingredients to living well". The four ingredients are as follows, 1) values-based parenting and family life, 2) the acceptance of disability in family life, 3) leisure a source of positivity and connection and 4) leisure as self-care in a caregiving lifestyle. The “ingredients to living well” including the ability of a caregiving family to look beyond the limitations of the child with a disability, acceptance of the child as a contributing family member, using leisure to connect as a family with the child with a disability and establishing self-care practices for parents to maintain balance are foundational aspects of creating well-being in the highly demanding lives of parent caregivers.

I have used these ingredients to support the development of best practice services in my role as a Recreation Therapist at the Niagara Children's Centre. In my 'mini lecture' I will address a summary of the findings from my research and how these findings have helped to construct best practice services using a family centred approach to care.

Highlights include: resources developed, guidelines to structuring a leisure lifestyle, and identifying ways to fit leisure into a busy, and sometimes, chaotic lifestyle.

H-1  **Holistically Viewing the Mental Health of Children With Disabilities and their Families: A Framework and Systematic Review of Screening Tools to Inform Practice**

Shannon E. Scratch\(^{1,2,*}\), Michelle Phoenix\(^{1,3,4}\), Gillian King\(^{1,2,5}\), Sara A. Stevens\(^{1}\), Amy McPherson\(^{1,2}\), Shauna Kingsnorth\(^{1,2}\), Marilyn Ballantyne\(^{1}\), Yani Hamdani\(^{1,2}\), Heidi Schwellnus\(^{1,2}\), Nancy Searl\(^{1}\), Sam Pezzulo\(^{1}\)

(1) Holland Bloorview Kids Rehabilitation Hospital, Bloorview Research Institute
(2) University of Toronto, (3) CanChild Centre for Childhood Disability,
(4) McMaster University, (5) Western University

**ABSTRACT**

Countries with a universal or single payer healthcare system have typically adopted a biopsychosocial health care model. However, for children with disabilities, their physical health has traditionally been prioritized and their mental health needs have being ignored or given secondary consideration. This is concerning given that 30-50% of children with disabilities have concurrent mental health challenges. We will present a practical framework for pediatric rehabilitation hospitals to meet the health care needs of children and their families in a more holistic way. Elements and recommendations from current clinical guidelines and national strategy documents were incorporated into this framework and an agency-based service integration approach was used to develop a two-phase biopsychosocial framework for care. The framework begins with Phase 1 reactive care to mental health concerns and shifts to proactive care and mental health wellbeing in Phase II. Emphasis is placed on the importance of investigation of parent mental health and family functioning within the framework. As such, we will also present results from a recent systematic review of mental health screening tools appropriate for parents of children with disabilities. A two-stage systematic review aligned with the PRISMA checklist and inclusive of rapid review principles was used to generate an inventory of robust and clinically relevant parent mental health screening tools suitable for a pediatric rehabilitation context. 294 articles were included after full text review and these identified 84 unique screening tools. We will present the top 10 most frequently used tools and review their clinical relevance.

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**Wellness Tips and Activities**

The Greater Good Magazine contains links for science-based tips, tools, and wellness activities that you can learn about and try out (published by the Greater Good Science Center at UC Berkeley):

[https://greatergood.berkeley.edu/](https://greatergood.berkeley.edu/)
Practice-Based Research in Education to Investigate a Language Assessment Tool

Meghan Vollebregt\textsuperscript{1*}, Lisa Archibald\textsuperscript{1}, Anila Punnoose\textsuperscript{2}, Nancy Sarlo\textsuperscript{2}, Sharon McConney Ellis\textsuperscript{2}, The Kindergarten Committee\textsuperscript{2}

(1) Western University, (2) Durham District School Board

ABSTRACT
The gap between research and best practices in health care and education is widely acknowledged. One approach to conducting research that eliminates this gap is practice-based research. Practice-based research (PBR) involves gathering information from practice, to answer questions arising from practice in order to inform future practice. PBR involves researchers engaging with stakeholders throughout the research process. In partnership with speech-language pathologists (SLPs) from a school board in Ontario, the current PBR project investigated questions regarding a kindergarten assessment tool that was designed by the clinicians for use in their practice. Together the researchers and SLPs developed the research questions and collected data. In the first stage of this project, children requiring language intervention (n = 108), and their typically developing peers (n = 120) completed the assessment tool at the beginning and end of one school year. After a revision was made to the assessment tool, stage two of the project was completed which involved validating the assessment tool. Forty kindergarten students with a range of language abilities completed a battery of standardized assessments that assessed skills including phonological awareness, narrative retell, and working memory. They also completed the assessment tool designed by the SLPs. Results revealed significant correlations between the assessment tool and the standardized measures. This project serves as an example of PBR in education that involved effective collaboration between clinicians and researchers. This research was supported by a SSHRC partnership-development grant to Lisa Archibald.

Gratitude Revealed by Louie Schwartzberg is a video containing stunning time-lapse photography, accompanied by powerful words from Benedictine monk, Brother David Steindl-Rast. This video serves as a meditation on being grateful for every day.

https://www.youtube.com/watch?v=2egMSliB8DE
https://movingart.com/gallery-gratitude/
Analysis of Quality of Online Resources for Parents of Children who are Late-to-Talk

Caitlin Coughler*, David Purcell, Shauna Burke, Janis Oram Cardy
Western University

ABSTRACT

Internet usage worldwide has become a primary source of health-related information and is popular with parents seeking advice on their child’s development. Healthcare professionals have limited knowledge about the quality of this online information. We evaluated the quality of online resources accessible to parents of children who are late-to-talk. Fifty-four webpages were evaluated for usability and reliability using the LIDA instrument, and readability using the Flesch Reading Ease Score and Flesch-Kincaid Grade Level. Most websites scored within the moderate range (50-90%) for usability and low range for reliability (<50%). Significantly higher scores on reliability were found for sites with HONcode certification. Readability typically fell within the standard range for reading ease but a higher-than-recommended grade level. The largest proportion of websites were American, written by speech-language pathologists, and targeted to parents, with the most common topics being milestones, tips and strategies, and red flags. Overall, sites provided fairly accurate facts regarding typical speech and language milestones, however, some discrepancies and misinformation were seen about risk factors/causes. Further studies examining online resources would inform improvements to publicly available clinical information.


**P-1**  
*Children with Disabilities Engaging In Science, Technology, Engineering and Mathematics (STEM): Exploring the Impact of a Group-Based Robotics Program on STEM Activation*

Sally Lindsay¹ ², Kendall Kolne¹ *, Anna Oh¹, Elaine Cagliostro¹  
(¹) Holland Bloorview Kids Rehabilitation Hospital, Bloorview Research Institute  
(²) University of Toronto

**ABSTRACT**  
Children with disabilities encounter many barriers to engaging in science, mathematics and technology (STEM) courses, including discriminatory attitudes and inaccessible classes, which can limit their educational and future employment opportunities. Fostering an early interest in STEM disciplines can help to improve personal well-being among individuals with disabilities, expanding their career options and earning potential. This study investigated impact of an adapted, group-based robotics program on STEM interest and engagement among children with disabilities. Children (n=33) aged 6-14 completed a pre- and post-STEM learning activation survey, which assesses STEM fascination, values, competency belief, and scientific sense-making, and is a predictor of STEM career preferences. Our results showed that while children’s STEM activation scores did not significantly improve overall from the beginning to the end of the program, there was a significant improvement in STEM activation among children who participated in the program more than once (n = 18). Moreover, qualitative findings of children’s experience in the programs show that they liked building, programming and learning about robots. These findings suggest that persistence in the robotics program is associated with increased interest and engagement in STEM, and it is worthwhile to engage children with disabilities in STEM programs.

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**Shift Your Perspective**

One mental health strategy is to find different ways to change how you think about things. Read “4 Steps to Shift Perspective and Change Everything. How to Reframe Situations so they Create Less Stress”:

The Experience of Parents After a Diagnosis of Permanent Hearing Loss: Two Approaches to Data Analysis Yield Similar But Different Results

Danielle DiFabio*, Jessica Cekan, Paul Tremblay, Sheila Moodie
Western University

ABSTRACT
Most babies born D/deaf or hard of hearing (Dd/HH) are born to parents where both parents have typical hearing levels and they were not expecting it (Mitchell & Karchmer, 2004).

For many parents of children identified with permanent hearing loss in infancy, the pace at which decisions about hearing aids, cochlear implants, and language development pathways have to be made creates stress and parents may feel a lack of knowledge upon which to base decisions. The future for their newborn child feels uncertain and unpredictable and parents express the need for timely supports (Henderson, Johnson, & Moodie, 2014).

The objectives of this research were: (1) to explore the self-described experiences of parents after their child’s diagnosis of permanent hearing loss; and (2) to use two approaches to data analysis to compare/contrast the results. We accessed archival data from the Hands & Voices website (handsandvoices.org), a publicly available parent-to-parent support website in North America for parents of children who are Dd/HH and obtained 18 ‘blog’ posts representing 20 different parents. One blog was written from the perspective of the father, fifteen blogs were written from the perspective of the mother and two blogs were written from both parent’s perspectives.

For data analysis purposes we: (1) analyzed emotions and categorized them based on Parrott’s Socio-Psychological Model of Emotions (Parrott, 2001); and then (2) used a more traditional open coding, narrative theme analysis. Results show that important differences from a mental health and well-being perspective were obtained using a more traditional approach to data analysis and these will be discussed.

References:


Improving Family Education Prior to a Paediatric Epilepsy Monitoring Unit Admission

Michelle Kregel Gratton¹*, Armela Hadzic¹*, Tracy Robinson¹*, Andrea Andrade²*, Margo DeVries-Rizzo¹*

(1) Children’s Hospital, London Health Science Centre, (2) Western University

ABSTRACT

The diagnosis of epilepsy in a child is difficult for families and may be accompanied with fear, anxiety and uncertainty. Gold standard diagnostic testing for this diagnosis is video EEG, which requires multi-stage preparation and expected behaviors during the EMU admission. We aimed to determine if a simplified, visually engaging and family focused educational package improves family preparation and decreases anxiety prior to admission.

A quality improvement (QI) framework was implemented to design and evaluate a new education package and compare it to the existing one. Based on feedback from the first group and resources from other programs, a modified education package was created. The new package consisted of a 1-page flyer and a visually appealing and interactive presentation for younger children.

The study took place in the second largest paediatric EMU in Ontario. A total of 18 families were surveyed over a 13-week period, consisting of 9 families in each group. A comparison of quantitative survey results between the two groups showed a trend in improvement of understanding and readiness, and decreased anxiety.

While this QI project did not employ statistical sampling, families report they were better equipped for an EMU admission. Our hope is that this type of education package will be used in other centers to increase understanding, readiness and decrease anxiety. These findings add to a body of knowledge that does not currently exist and future research should be conducted over a longer period of time with a larger population and a validated survey tool.

Savour

Savouring means considering good events in such a way that you willfully generate, intensify, and prolong your heartfelt enjoyment of them. So, practice savouring: slow down, pay attention, and appreciate moments of joy, contentment, and peace.

Barbara Fredrickson (2009, see book: Positivity)
A Psychometric Evaluation of the Depressive Severity Index (DSI) among Children and Youth using the interRAI Child and Youth Mental Health (ChYMH) Assessment Tool

Sarah Babcock¹*, Yixian Li¹*, Shannon Stewart¹, John Hirdes², Vicki Schwean¹

(1) Western University, (2) University of Waterloo

ABSTRACT

Mental health issues among children and youth are pervasive in North America, with one in five children experiencing a mental health concern such as depression, anxiety, or attention-deficit hyperactivity disorder. Sadly, only approximately 25% will receive the treatment and support that they need.

interRAI is a not-for-profit organization of expert clinicians and researchers who develop integrated assessment systems to improve evaluation and outcomes for vulnerable populations. The interRAI Child and Youth Mental Health (interRAI ChYMH) suite provides a systematic approach to early identification through standardized assessment, promoting communication among professionals and establishing a common approach to assessment and care planning. It was developed to focus on children with mental health issues and builds a comprehensive picture of the child’s functioning, needs, and areas of risk.

The present study assesses the psychometric properties of the Depressive Severity Index (DSI), which is embedded in the ChYMH instrument. Data from 6093 children aged 4-18 across Ontario mental health agencies were obtained. The scale demonstrated good inter-item reliability with high inter-item correlations and Cronbach’s alpha of 0.86. It also showed good convergent validity when tested against DSM-IV mood disorders diagnosis, Child Behaviour Checklist (CBCL) Internalizing scores, and Behaviour Assessment System for Children, Third Edition (BASC-3)- Depression scores. Further, using receiver operating characteristic (ROC) analysis, findings suggested that children’s DSI scores were significantly predictive of their self-injury attempts and suicidal intent, showing good criterion validity. Overall, results support the reliability and convergent and criterion validity of the DSI in detecting depressive symptoms in child populations.
SMA Module of the Canadian Neuromuscular Disease Registry (CNDR)

Diane Love, Victoria Hodgkinson, Lawrence Korngut, Maryam Oskoui, Said M’Dahoma, Cheryl Scholtes, Craig Campbell (1) Children’s Hospital London Health Sciences Centre, (2) University of Calgary, (3) Hotchkiss Brain Institute at University of Calgary (4) McGill University (5) Thames Valley Children’s Centre, (6) Western University, (7) Children’s Health Research Institute

ABSTRACT

Spinal muscular atrophy (SMA) is a rare neuromuscular disease characterized by progressive muscle weakness and results in shortened lifespan in many patients. Nusinersen (Spinraza) is a new drug treatment changing the course of this disease. Children treated with Nusinersen have significant improvement in motor milestones and respiratory outcomes. With the Health Canada approval of Nusinersen, comprehensive and systematic data collection of the effectiveness and safety of SMA in patients has become critical. An opportunity to quickly mobilize a more robust capture of safety and efficacy data existed for the Canadian Neuromuscular Disease Registry (CNDR) – an established platform already housing an SMA dataset for Canadians. The CNDR is a Registry with over 4,000 pediatric and adult participants from across Canada. Ninety-three of these participants are under the age of 18 years old currently living with a diagnosis of SMA. The CNDR’s working group of SMA expert neurologists expanded the existing SMA dataset in 2017. Children’s Hospital - London Health Sciences Centre, is one of 23 neuromuscular clinics across Canada recruiting and updating medical data collected from participating patient’s clinic visits through the CNDR secure webpage. The expanded dataset collects: genetic tests, motor and respiratory function, interventions and medical history including drug administration, comorbidities, hospitalizations, electrophysiology and biomarkers, socioeconomic and patient reported outcome measures. Researchers securing approval for a CNDR approved study can leverage the SMA expanded dataset to enable further study to provide greater insights as we venture into promising new territory with this devastating disease.
**ABSTRACT**

Acknowledging trauma when addressing issues of mental health in children/youth is important as research has shown that exposure to adverse childhood events increases risks of poorer mental health outcomes across a wide variety of domains (Cook et al., 2017). Early identification and treatment is crucial to mitigate the negative physical and mental health outcomes that could result (Felitti et al., 1998).

Many children/youth accessing mental health services in Ontario have experienced adverse life events. From a sample of 4719 children/youth who had an interRAI Child and Youth Mental Health (ChYMH) assessment completed in 2017-2018, 78% had experienced at least 1 adverse life event, and 56% had experienced 2 or more adverse life events.

Specifically, approximately half (47%) of children/youth had experienced being a victim of bullying. Death or loss of other close family members (29%), witnessing domestic violence (29%), and victim of emotional abuse (27%) were among the most commonly experienced adverse life events.

Furthermore, 51% of children/youth were identified for potential traumatic stress or immediate safety concerns. For those identified with these areas of risk, guidelines and recommendations are available to assist in immediate safety planning and intervention through interRAI’s Traumatic Life Events Collaborative Action Plan document.

Evidence shows that many children/youth using mental health services in Ontario have experienced trauma-related events. These experiences can impact treatment outcomes if not addressed appropriately. The interRAI ChYMH assessment can serve as an important tool to support clinicians and caregivers to both identify and treat trauma to encourage more positive outcomes in later life.

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**Gratitude in Health Care**

The Greater Good Science Center aims “to both raise awareness about the benefits of gratitude in health care settings—such as healthier patients, more resilient staff, and more collaborative organizations—and provide health care professionals with practical tools that can help put gratitude research into practice”. Check out the Gratitude as Medicine Survival Kit:

[https://ggsc.berkeley.edu/what_we_do/major_initiatives/expanding_gratitude/gratitude_partnerships/health_care](https://ggsc.berkeley.edu/what_we_do/major_initiatives/expanding_gratitude/gratitude_partnerships/health_care)
Exploring Pediatric Volition Among Children with Autism in a Robotics Program

Sukyoung Hong¹,²*, Sally Lindsay¹,²

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

ABSTRACT

BACKGROUND: Play is crucial for children’s development. Children with autism spectrum disorder (ASD) often have less opportunities to participate in play with typically developing children because of children with ASD’s repetitive play behaviors and preference to play by themselves. One promising play-based intervention is through LEGO® robotics which embeds technology into a playful activity.

OBJECTIVE: The objectives of this study were: a.) To understand whether pediatric volition among children with ASD participating in an adapted robotics program changes before and after engagement in the program. b.) To explore how distractions change among children with ASD during an adapted robotics program.

METHODS: This study used a mixed method design with video recorded and structured observations of each workshop (6 workshops, 2 hours each). Paired-sample t-test were used to assess differences in pediatric volition between time 1 and time 2. The sample involved 2 groups consisting of 14 youth aged 6-10 with autism.

RESULTS: The pediatric volition showed no statistically significant change in total mean score from time 1 to time 2. On the other hand, the number of statistically significant distractions decreased from the beginning to the end of the program. From qualitative observations, participants decreased their pediatric volition sub-scores due to asking too many questions, refusing to complete the task, or losing focus. On the other hand, participants moved around and showed a lot of distracted behaviors during workshop1, whereas, no moving and less distracted behaviors were observed during workshop5.

CONTRIBUTION: Using a robotics program has potential to promote pediatric volition through playful robotics activity.
Unlocking the Mind: Understanding the Effect of Meditation on Cognitive Functioning in Children with ADHD

Marcus Gottlieb*, Barbara Fenesi, Hannah Bigelow, Alex McKenzie
Western University

ABSTRACT

The study that will be presented will explore mindfulness meditation as a potential treatment for Attention Deficit Hyperactive Disorder (ADHD) in children. While medication is the most common treatment for children with ADHD, it has notable limitations that may interfere with quality of life. Thus, there is an urgent need to identify alternative behavioural treatments that target ADHD symptoms and support overall well-being. We will discuss an ongoing study that experimentally investigates the impact of an acute mindfulness meditation session on cognitive functioning and learning in 20 children with ADHD and 20 age-matched controls (ages 10-14). We utilize a pre-post within-subjects design whereby participants first complete a battery of cognitive tests assessing attention, working memory, inhibitory control and learning. Then, participants engage in 10mins of a guided mindfulness meditation (experimental group) or silent reading (control group), followed by the cognitive tests immediately after, 10mins after, and 30mins after. Using functional near infrared spectroscopy (fNIRS), we also evaluate whether changes in neural activity within the prefrontal cortex during pre-post cognitive testing mediate any association between mindfulness meditation and cognitive assessments. It is anticipated that mindfulness meditation will significantly improve performance on the cognitive assessments, and this effect will be the most pronounced 10mins after the intervention occurs. These findings will allow us to better understand how mindfulness meditation impacts cognitive functioning in children with ADHD and what the underlying neural processes may be.
**Fun for Everyone: Identifying and Addressing Barriers to Play**

Laura Theall¹*, Kim Arbeau¹, Shannon L. Stewart²

(1) Child and Parent Resource Institute, (2) Western University

**ABSTRACT**

Play is a key component for positive mental health as it unlocks a child’s potential and brings joy. Engaging in play allows the opportunity to be active, explore, and develop and practice new skills. Children/teens with developmental disabilities can have difficulty playing spontaneously, socially and/or independently.

A sample of 551 children/teens with developmental challenges (ages 4-18) were assessed using the interRAITM Child and Youth Mental Health and Developmental Disability tool (ChYMH-DD). Collaborative Action Plans (CAPs) are developed in collaboration with international experts and are key features of the ChYMH-DD assessment system. CAPs identify children/teens in need of interventions and provide evidence-informed guidelines for improving functioning and life quality. In this sample, 443 (80%) children/teens were flagged by the Play and Leisure CAP as needing support for inclusion and participation in play.

Potential barriers to play were identified by other CAPs flagged at assessment: Of those needing support in play and leisure, 95% also require support for communication difficulties, 71% for injurious behaviours, and 70% for accessibility/mobility challenges. To overcome barriers, the Play and Leisure CAP advocates for treatment plans to include individualized attention, peer education, and physical modifications for activities (Theall et al., 2016). It is important for clinicians to consider enhancing play as a priority when flagged, and to help children/youth with complex needs work towards greater inclusion and participation at the same time as other areas of need are addressed.

**Next Generation Exon Skipping in Duchenne Muscular Dystrophy Patients**

Maysaa Assaf¹*, Gina Bhullar¹, Jennifer Petzke¹, Emma Jayne¹, Cheryl Scholtes⁴, Wendy McDonald⁴, Sulaiman Al-Mobarak¹, Rhiannon Hicks¹, Craig Campbell¹²³⁴

(1) Children’s Hospital London Health Sciences Centre, (2) Western University, (3) Child Health Research Institute, (4) Thames Valley Children’s Centre

**ABSTRACT**

Duchenne muscular dystrophy (DMD) is an X-linked recessive, rare neuromuscular disease. It has an incidence varying between 2 to 3 per 10,000 live male births. It is caused by a mutation at Xp21 in the gene coding for the protein dystrophin. It is clinically characterized by progressive deterioration of muscle function resulting weakness and loss of motor function including respiratory and cardiac failure with mortality in the third decade of life.

Exon skipping is one of the most promising therapeutic approaches that aim to restore the translation of the dystrophin protein, a protein lacking in the DMD patient population. With this strategy, sections of the genetic code are “skipped” allowing for the production of a truncated yet functional dystrophin protein. Exon skipping as a therapeutic modality is done using antisense oligonucleotides, which have various backbone nucleotide chemistries that underpin their efficacy. The London Pediatric Neuromuscular Research Centre (LPNRC) has been involved in numerous clinical trials for novel therapeutics for DMD including several that involve exon skipping. Most recently, the LPNRC was the first in Canada to initiate enrollment in the next generation, first-in-human, phase one, exon skipping trials from Sarepta Therapeutics and Wave Life Sciences which both focus on exon 51 skipping. The next generation chemistry modifications improve muscle tissue penetration and efficacy.

Currently, LPNRC is actively participating in 8 DMD trials 5 of which are focusing on exon skipping. With the goal of accelerating therapeutic development in the neuromuscular community, the LPNRC has flourished into an internationally recognized site for clinical trial participation.

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**Change Your Focus**

In this funny TED Talk, Shawn Achor provides strategies to help us rewire our brains for success. He notes that if we can change our lens (how we view the world, what we focus on), we can change our reality:

https://www.ted.com/talks/shawn_achor_the_happy_secret_to_better_work#t-718125
Mental Health Benefits of Physical Activity in Youth With Cerebral Palsy: A Scoping Review

Jessica Starowicz*, Laura Brunton
Western University

ABSTRACT
Youth with Cerebral Palsy (CP) are at a higher risk of developing psychological disorders compared to youth who are developing typically. Although physical activity (PA) may be an effective treatment strategy for this issue, as evidenced by numerous studies on the general population, few studies have sought to examine the relationship between PA and mental health in this population and no studies have synthesized the results. This study describes a scoping review of research using the Arksey & O’Malley methodological framework to map the documented mental health benefits associated with PA interventions for youth with CP. This review will include studies examining the mental health benefits of interventions measuring PA in any form in youth with CP aged 2-18 years. The search for articles was conducted in February 2019 using the CINHAL, Medline, and PsycINFO databases including all literature available to date. The scoping review involved an initial screening of 240 titles. A second stage involved screening the abstracts of the remaining 158 articles and the final stage was to review the remaining 62 manuscripts in full. Articles that had no measured PA or mental health component, or did not present separate results for youth or CP were excluded. A data extraction form was created to document the relevant information from all included full manuscripts. The expected results are intended to inform prevention and treatment of psychological conditions experienced by youth with CP, using PA. It is also expected that the results will highlight the need for more primary research on how PA can assist in the management of specific aspects of mental health in youth with CP.

Random Acts of Kindness
These short videos show how kindness can spread to lift many up:
Orly Wahba’s TED Talk on Kindness:
https://www.youtube.com/watch?v=yn9VxUPIC5g
Life Vest Inside—Kindness Boomerang—"One Day":
https://www.youtube.com/watch?v=nwAYpLVyeFU
Random Acts of Kindness–The Science:
https://www.randomactsofkindness.org/the-science-of-kindness
P-12  *Understanding the Effect of Physical Activity on Executive Functioning in Children with ADHD*

Hannah B. Bigelow*, Marcus Gottlieb, Alexander Mckenzie, Barbara Fenesi
Western University

**ABSTRACT**
Attention Deficit Hyperactivity Disorder (ADHD) is the most common neurodevelopmental disorder in children, effecting approximately 6% of the population. ADHD is characterized as a deficit in executive functioning (EF), including sustained attention, inhibitory control, and working memory. Pharmacological intervention is the most common treatment available, but it has notable limitations. The proposed research intends to gain a more comprehensive understanding of how physical activity (PA) can be implemented as a potential intervention for ADHD. This study will investigate the impact of an acute bout of PA on EF in 20 children with ADHD and 20 age-matched controls (ages 10-14). We will utilize a within-subjects design with participants engaging in two different sessions separated by 1-week: a PA session and a control session. The PA session will include a 10min bout of moderate-intensity biking, with a pre-post battery of cognitive assessments testing changes in EF after the intervention. The control will consist of 10min of silent reading in place of the physical activity. Pre/post changes in oxygenated hemoglobin concentration within the prefrontal cortex will be assessed using functional near infrared spectroscopy as an index of neural activation within the region. It is suspected that a 10min bout of moderate physical activity will improve performance on the cognitive and psychological battery, and that this effect will last beyond 10min. This research will provide much-needed evidence for how physical activity impacts cognitive and brain function in children with ADHD, in hopes that it will further elucidate alternative behavioural treatments for this prevalent disorder.

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**Reframe Language**

“Our view of the world tends to tilt toward the negative...it’s far harder to shift your thinking from negative towards the upside.”
Watch this TED Talk by social psychologist, Alison Ledgerwood, to learn how reframing how we communicate can be the key to unlocking a more positive outlook:

[https://www.ted.com/talks/alison_ledgerwood_a_simple_trick_to_improve_positive_thinking?language=en](https://www.ted.com/talks/alison_ledgerwood_a_simple_trick_to_improve_positive_thinking?language=en)
Sports Focused Active Play Influences Motor Skill Sub-Groups Changes During Early-to-Middle Childhood

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ABSTRACT

INTRODUCTION: It is well documented that during late childhood there is a positive relationship between physical activity (PA) participation in structured programs and improved motor skill (MS) competency (Goodway & Branta, 2003; Deli et al., 2006; Stodden et al., 2008; Cliff et al., 2009; Rosenkranz et al., 2011; Eveline et al., 2012). During early-middle childhood this relationship between PA and MS competency is not well understood (Goodway & Branta, 2003; Eveline et al., 2012).

OBJECTIVE: To determine if a sports-focused active play program can elicit changes in MS competency during early-middle childhood by: i) quantifying children’s PA participation (kcal; METS) during sports focused active-play, such as football, basketball, soccer, and handball; and ii) determining their impact on the MS competency for both locomotor (LOC) and object control (OC) skills.

METHODS: Thirty-three children (17 boys, and 16 girls; age 5-8 yrs) were recruited from a summer camp to participate one-hour day in sport focused active play program, five days a week, for seven weeks. Participants wore ActiGraph GT3X+ accelerometers to assess PA. MS sub-groups were assessed with the Test for Gross Motor Development-2 (TGMD2). SPSS statistical analysis identified relationships between gender, age, PA, and MS.

RESULTS: PA participation averaged 176.8+48.3 kcal/session and 39.7+11.7 % time at moderate-vigorous PA (%MVPA) for all sports throughout the program, with no differences among the sports (p>0.05). On average boys showed greater PA participation, kcal/session and %MVPA, (p<0.01) than girls. Regarding MS sub-groups, boys improved LOC percentile (p<0.05), and girls improved OC scores (p<0.05). There were positive relationships between PA participation and changes in the MS sub-groups, which varied for both genders.

CONCLUSION: PA participation (kcal/session and %MVPA) should be considered when considering MS sub-groups during early-middle childhood.


Assessing Emotion Regulation in Infants of Women Receiving Three Different Diet and Exercise Interventions in Pregnancy: A Research Proposal

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ABSTRACT

The prenatal development of complex neural networks facilitates emotion regulation, the way in which an individual adapts their emotions to reach long-term goals. Nutrition and exercise interventions during pregnancy may play a role to promote optimal neuroanatomical and neurochemical processes that underlie emotion regulation. An ongoing randomized controlled trial, the Nutrition and Exercise Lifestyle Intervention Program (NELIP) aims to investigate the impact of integrated nutrition and exercise programs during pregnancy, with each intervention introduced at varying time periods (group A: nutrition only up to 24 weeks and exercise added from 25 weeks to term, group B: exercise only up to 24 weeks and addition of nutrition 25 weeks to term, group C: nutrition and exercise simultaneously) on gestational weight gain. A follow up to this program will investigate if timing of gestational interventions results in better infant emotion regulation capacity at 1-year of age. It is hypothesized that the NELIP intervention delivered simultaneously (group C) will lead to optimal infant emotion regulation. Thirty mother-infant pairs at 12-months postpartum who participated in the NELIP will be recruited. Resting brain waves will be measured simultaneously in mother and baby via electroencephalogram (EEG) and heart rate activity through electrocardiogram (ECG). A Toy Removal Task will be conducted as an observed measure of emotion regulation and data will be collected to determine infant temperament using the Infant Behavioural Questionnaire Revised. It is expected that women in group C will have infants who demonstrate more positive emotion regulation and self-regulatory capacity at 1-year of age.

Cultivating A Positive Mindset

Read “What is Positive Mindset: 89 Ways to Achieve a Positive Mental Attitude”: https://positivepsychologyprogram.com/positive-mindset
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Healthy Food for a Better Mood

Samantha DeWit*

Western University

ABSTRACT

Inpatient and Outpatient units at London Health Sciences Centre provide an array of great programs and services for patients with mental health disorders. Patients are supported by a number of health care professionals including psychiatrists, nurses, and social workers. However, there is a lack of focus towards healthy eating when caring for and educating patients. It is imperative that people eat nutritious foods in order to maintain brain health and cognitive function. Not only is a healthy balanced diet improving cognition but it is also greatly influencing our mood. Dopamine, serotonin, and norepinephrine are the three main neurotransmitters in the brain responsible for regulating mood. Our diet can either lower or increase levels of these chemicals, changing the way we feel and make food choices. There is a clear bidirectional relationship between food we eat and our mood levels. The purpose of this poster is to share information and current research on the importance of health eating for people with mental health disorders. This poster will also present a new approach to care for the health care professionals in order to improve the physical and mental health of their patients.

Thrive

Ryerson University has created resource packages containing exercises proven to be effective in increasing life satisfaction, happiness, and resilience. Pick a topic that interests you and give it a try:

- ThriveRU Weekly Workbook–Facilitator’s Guide, Weekly Workbook, 4-Seasons Workbook, 10 Tips for Resilience:
  https://www.ryerson.ca/thriveru

- ThriveRU: Resilience Flashcards:
  https://www.ryerson.ca/content/dam/thriveru/resources/SAThriveRU-Cards-web.pdf
Predictors of Positive Mental Health in Canadian Youth

Valbona Semovski*
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ABSTRACT

Mental health concerns are one of the greatest burdens for the adolescent population. At present, approximately 1.2 million Canadian children and youth experience a mental health concern. Literature surrounding youth mental health and wellbeing has traditionally focused on causes of mental illness rather than factors that foster an adolescent’s positive mental health. It is well established in the literature that positive mental health during adolescence influences outcomes in adulthood. This study will use secondary data collected from 2024 individuals, aged 15 to 19 years, who participated in the Canadian Community Health Survey, Mental Health Component (2012) conducted by Statistics Canada. This study aims to investigate if sex, household income, social interactions, spirituality and having a chronic health condition predicts positive mental health in this sample. To test the influence of the independent variables on positive mental health, a multiple linear regression model will be utilized. An improved understanding of what contributes to an adolescent’s positive mental health has the potential to improve the existing health and social delivery of programs and interventions geared towards this population.
A Pilot Feasibility Randomized Controlled Trial of a 12-Week E-Mentoring Employment Intervention for Youth with Physical Disabilities

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ABSTRACT

Youth with disabilities are at high risk of unemployment and social exclusion compared to youth without disabilities. They often encounter challenges in accessing vocational programs that meet their needs. One promising approach that could help to address barriers that youth encounter is through electronic mentoring (e-mentoring). This study assessed the acceptability and initial impact of an online peer e-mentor employment intervention for youth with physical disabilities. The ‘Empowering youth towards employment’ intervention was evaluated using a pilot randomized controlled trial (RCT). Youth, aged 15-21 years with physical disabilities were randomly assigned to an intervention (i.e., mentored) or control (i.e., non-mentored) group. Trained mentors with a physical disability led the online intervention group discussion forum and provided peer support and resources for 12 modules (1 topic per week over 12 weeks). Primary outcomes focused on self-determination, career maturity and social support. We also explored program adherence and dosage, participant satisfaction and areas for improvement. Thirteen youth (mean age 17.3, 1.88 (SD), 54% female) completed the RCT (intervention n= 9, control n=4). Participants reported satisfaction with the program and that it was feasible and acceptable. Participants mean engagement level with the program was 5.22, 2.48 (SD) for the intervention group and 5.40, 4.56 (SD) for controls. Participants in the intervention group demonstrated significant improvements in self-determination, t 2.49 (P <0.04) compared to the control group. No adverse events were reported. The ‘Empowering youth towards employment’ is a promising intervention that enhances self-determination among youth with physical disabilities.
Evaluating the Effect of Self-Care Management on Health-Related Quality of Life In Adolescents with Chronic Illness

Kelly Kennedy*, Kim Jackson, Marilyn Evans
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ABSTRACT
As medical advancements and treatment options continue to develop, the life expectancy of children living with a chronic illness is improving, and more are living into their adult years (Ladores et al., 2015). Unfortunately, living a longer life with a chronic illness means more hospital visits, health complications, and a poor health-related quality of life (HRQOL) (Ravens-Sieber, 2014). Children with chronic illness are at greater risk for mental difficulties as they cope with the fact that they have been diagnosed with a disease that is incurable and can worsen with time (American Academy of Children & Adolescent Psychiatry, 2015). Physical and social disadvantages are common (Emerson et al., 2016) and it is estimated that children living with chronic illness are about twice as likely to experience behavioural or emotional troubles than their healthy peers (Gannoni & Shute, 2009).

In Canada, data is lacking on the self-reporting of children living with various chronic illnesses, along with their ability to process, self-manage, and cope with their illness (Bal et al., 2016). Most research in this field is from the parent’s or sibling’s perspective and only partly coincides with the child’s experiences (Gannoni & Shute, 2009). Therefore, there is a growing need for the empowerment of child participation in research to understand the authenticity of their experiences (Olsen, Jensen, Larsen, & Sorensen, 2016). Conducting this research is imperative for the pediatric world of medicine, in order to improve the emotional, physical and psychosocial well-being of adolescents living with chronic illness.
Disability Disclosure and Workplace Accommodations for People with ASD: A Systematic Review

Sally Lindsay*1, Victoria Osten1, Mana Rezai1, Sunny Bui2

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ABSTRACT

PURPOSE: The objective of this systematic review is to critically appraise the literature on disclosure and accommodations for people with autism spectrum disorder (ASD).

METHODS: Systematic searches of 7 international databases revealed 26 studies meeting our inclusion criteria. We analyzed these studies with respect to participant demographics, methodology, results and quality of the evidence.

RESULTS: Among the 26 studies, 7006 participants (aged 13-75, mean 28.1 years) were represented across seven countries. Our findings showed that rates of disclosure and receiving workplace accommodations varied considerably. Benefits of disclosing in the workplace included greater acceptance/inclusion, receiving accommodations, increasing awareness about ASD. Limitations of disclosing to employers involved experiencing stigma and discrimination. Factors affecting decisions to disclose included age at diagnosis, social demands of the job, and workplace policies. Types of accommodations that were received or desired included adjustments to the job interview process, schedules (i.e., flexibility, working from home), job content or working conditions, environment (i.e., lighting, quiet space); support with communication and social skills; and disability awareness training for their workplace colleagues.

Factors helping younger adults (mean age 22.4 years) with ASD to transition into work included: organizational support, advice and support from co-workers, supportive leadership, environmental modifications, iPods, communication stories and mock employment interviews.

CONCLUSIONS: Our findings highlight that disclosing an ASD condition in the workplace and requesting accommodations is complex. More research is needed to explore processes of disclosing and accommodation in context of current economic conditions and how these processes vary by ASD sub-type, gender, and industry type.

Mindset

Our mindsets matter. Reframing what you tell yourself can change your health and well-being. In this TED Talk, Dr. Alia Crum describes the power of mindset, “Change your Mindset, Change the Game”:

https://www.youtube.com/watch?v=0tqq66zwa7g
Hyoscine Butylbromide (Buscopan) for Abdominal Pain in Children: A Randomized Controlled Trial

Olivia McCuaig*, Naveen Poonai, Sharlene Elsie, Kriti Kumar, Kamary Coriolano, Shaily Brahmbhatt, Emily Dzongkowski, Holly Stevens, Priti Gupta, Michael Miller, Dhandapani Ashok, Gary Joubert, Andreana Butter, Samina Ali
Western University

ABSTRACT
BACKGROUND: Abdominal pain is one of the most frequent reasons for an emergency department (ED) visit. Most cases are functional and no therapy has proven effective.

OBJECTIVE: We sought to determine if hyoscine butylbromide (HBB) (BuscopanTM) is effective for children who present to the ED with functional abdominal pain.

METHODS: We conducted a randomized, blinded, superiority trial comparing HBB 10 mg plus acetaminophen placebo to oral acetaminophen 15 mg/kg (max 975 mg) plus HBB placebo using a double-dummy approach. We included children 8-17 years presenting to the ED at London Health Sciences Centre with colicky abdominal pain rated > 40 mm on a 100 mm visual analog scale (VAS). The primary outcome was VAS pain score at 80 minutes post-administration. Secondary outcomes included adverse effects; caregiver satisfaction with pain management using a five-item Likert scale; recidivism and missed surgical diagnoses within 24-hours of discharge. Analysis was based on intention to treat.

RESULTS: 236 participants were randomized (116 acetaminophen; 120 HBB). The mean (SD) age was 12.4 (3.0) years and 153/236 (64.8%) were female. The median (IQR) duration of pain prior to enrollment was 2 (4.5) hours and analgesia was provided to 129/236 (54.7%) of participants. The mean (SD) pre-intervention pain scores in the acetaminophen and HBB groups were 62.3 (16.5) mm and 60.3 (17.9) mm, respectively. At 80 minutes, the mean (SD) pain scores in the acetaminophen and HBB groups were 30.1 (28.8) mm and 29.4 (26.4) mm, respectively and there were no significant differences adjusting for pre-intervention scores (p=0.96). The median (IQR) caregiver satisfaction was high in the acetaminophen [5 (2)] and HBB [5 (1)] groups (p=0.79). The median (IQR) length of stay between acetaminophen [236 (99.75)] and HBB [230.5 (102.5)] was not significantly different (p=0.91). In the acetaminophen and HBB groups, 6 and 8 participants returned to a health provider, of which 4/6 and 6/8 returned with abdominal pain, respectively. There were no missed surgical diagnoses. The most common adverse effect was nausea (9% per group) and there were no significant differences in adverse effects between acetaminophen (28/116, 24.1%) and HBB (32/120, 26.7%) (p=0.57).

CONCLUSIONS: For children with presumed functional abdominal pain who present to the ED, both acetaminophen and HBB produce a clinically important (VAS < 30 mm) reduction in pain and should be routinely considered in this clinical setting.