

2017

## Child Health Symposium

*Presented by*

- Faculty of Health Sciences, Western University
- Thames Valley Children's Centre

May 26 • 8:45 – 3:45 • UWO



*Optimizing Child Health: Address Stress for Success*

# Program



Western  
HealthSciences

Thames Valley  Children's Centre



## Contents Of Program

<b>PROGRAM AT A GLANCE: MORNING .....</b>	<b>4</b>
<b>PROGRAM AT A GLANCE: AFTERNOON .....</b>	<b>5</b>
<b>MORNING PRESENTATIONS AT A GLANCE: SESSION 1 (10:30 – 11:25) .....</b>	<b>6</b>
<b>AFTERNOON PRESENTATIONS AT A GLANCE: SESSION 2 (1:30 – 2:25) .....</b>	<b>7</b>
<b>POSTER SESSION SCAVENGER HUNT (12:45 – 1:30) .....</b>	<b>8</b>
<b>ABOUT THE 2017 CHILD HEALTH SYMPOSIUM.....</b>	<b>9</b>
<b>ABOUT THE SPEAKERS: KEYNOTE AND PARENT PANEL .....</b>	<b>11</b>
<b>BRIEF DESCRIPTIONS OF MORNING SESSION 1 .....</b>	<b>13</b>
Session 1:       Cluster A. MENTAL HEALTH AND YOUTH .....	13
Session 1:       Cluster B. NEUROMUSCULAR RESEARCH .....	13
Session 1:       Cluster C. PSYCHOSOCIAL RESEARCH, STRESS .....	14
Session 1:       Cluster D. PHYSICAL ACTIVITY .....	14
Session 1:       Cluster E. CLIENT/FAMILY INTERVENTION .....	15
<b>BRIEF DESCRIPTION OF AFTERNOON SESSION 2 .....</b>	<b>15</b>
Session 2:       Cluster F. PARTICIPATION AND COMMUNICATION .....	15
Session 2:       Cluster G. POLICY, PUBLIC HEALTH, SOCIAL MEDIA .....	16
Session 2:       Cluster H. MENTAL HEALTH .....	16
Session 2:       Cluster I. KNOWLEDGE TRANSLATION .....	17
Session 2:       Cluster J. INTERVENTION AND CLINICAL PRACTICE.....	17
<b>BRIEF DESCRIPTIONS OF POSTERS: POSTER CRAWL SESSION .....</b>	<b>18</b>
<b>FULL DESCRIPTIONS OF ORAL PRESENTATIONS (WITH ABSTRACTS): MORNING SESSION 1 .....</b>	<b>21</b>
<b>FULL DESCRIPTIONS OF PRESENTATIONS (WITH ABSTRACTS): AFTERNOON SESSION 2.....</b>	<b>30</b>
<b>FULL DESCRIPTIONS OF POSTERS (WITH ABSTRACTS): POSTER CRAWL SESSION .....</b>	<b>38</b>



## PROGRAM AT A GLANCE: MORNING

TIME	ACTIVITY	LOCATION															
8:00	<b>Registration Table Opens, Networking, Refreshments</b> (45 min.) Pick up name tag and registration package, network <u>Complete:</u> <i>Individual Reflections page, Section A</i>	HSB Lobby															
8:45	<b>Official Start and Welcome</b> (15 min.) Orientation to the day Welcome from <b>Helene Berman</b> , Associate Dean, Faculty of Health Sciences, Western Welcome from <b>John LaPorta</b> , CEO, Thames Valley Children's Centre	HSB 40															
9:00	<b>Ice Breaker/Networking Activity</b> (15 min.)	HSB 40															
9:15	<b>Service Provider Panel: Addressing Stress for Success</b> (55 min.) 1. <b>Vanessa Pedden</b> , Clinical and School Psychologist, Private practice and with the Thames Valley District School Board 2. <b>Kim Benincasa</b> , Occupational Therapist, Family and Community Services, Thames Valley Children's Centre 3. <b>Melanie-Anne Atkins</b> , Wellness Coordinator, Wellness Education Centre, Western University	HSB 40															
10:10	<b>Break and Networking Opportunity</b> (20 min.) <u>Work on</u> the <i>Networking Activity Page</i>	HSB Lobby															
10:30	<b>Session 1, Concurrent Presentation Clusters</b> (55 min.)  <table> <tr> <td>Cluster A. Mental Health and Youth</td><td>(Facilitator: Nicole Chabot, WU)</td><td>HSB 40</td></tr> <tr> <td>Cluster B. Neuromuscular Research</td><td>(Facilitator: Gord MacDonald, WU)</td><td>HSB 9</td></tr> <tr> <td>Cluster C. Psychosocial Research, Stress</td><td>(Facilitator: Sheila Moodie, WU)</td><td>HSB 11</td></tr> <tr> <td>Cluster D. Physical Activity</td><td>(Facilitator: Kristen Reilly, WU)</td><td>HSB 236</td></tr> <tr> <td>Cluster E. Client/Family Intervention</td><td>(Facilitator: Michelle Servais, TVCC)</td><td>HSB 240</td></tr> </table>	Cluster A. Mental Health and Youth	(Facilitator: Nicole Chabot, WU)	HSB 40	Cluster B. Neuromuscular Research	(Facilitator: Gord MacDonald, WU)	HSB 9	Cluster C. Psychosocial Research, Stress	(Facilitator: Sheila Moodie, WU)	HSB 11	Cluster D. Physical Activity	(Facilitator: Kristen Reilly, WU)	HSB 236	Cluster E. Client/Family Intervention	(Facilitator: Michelle Servais, TVCC)	HSB 240	
Cluster A. Mental Health and Youth	(Facilitator: Nicole Chabot, WU)	HSB 40															
Cluster B. Neuromuscular Research	(Facilitator: Gord MacDonald, WU)	HSB 9															
Cluster C. Psychosocial Research, Stress	(Facilitator: Sheila Moodie, WU)	HSB 11															
Cluster D. Physical Activity	(Facilitator: Kristen Reilly, WU)	HSB 236															
Cluster E. Client/Family Intervention	(Facilitator: Michelle Servais, TVCC)	HSB 240															
<i>11:25 a.m. move to Poster Teaser Session</i>																	
11:30	<b>Poster Teaser Session</b> (30 min.)	HSB 40															
<i>12:00 p.m. move to Lunch</i>																	



## PROGRAM AT A GLANCE: AFTERNOON

TIME	ACTIVITY	LOCATION
<b>12:00</b>	<b>Lunch, Networking Opportunity, and Poster Crawl Session</b> (90 min.) Get to know someone new over lunch  12:45—Poster Presenters will be at their posters, complete <b>Scavenger Hunt page</b> (hand-in for door prize draw)	HSB Lobby
<b>1:30</b>	<b>Session 2, Presentation Clusters</b> (55 min.)	
	<b>Cluster F. Participation and Communication</b> (Facilitator: Trish Tucker, WU)	HSB 9
	<b>Cluster G. Policy, Public Health, Social Media</b> (Facilitator: Kristin Reilly, WU)	HSB 11
	<b>Cluster H. Mental Health</b> (Facilitator: Sheila Moodie, WU)	HSB 236
	<b>Cluster I. Knowledge Translation</b> (Facilitator: Janette McDougall, TVCC)	HSB 40
	<b>Cluster J. Intervention and Clinical Practice</b> (Facilitator: Karen Lowry, TVCC)	HSB 240
	<b>2:25 p.m. move to Keynote Speaker Presentation</b>	
<b>2:30</b>	<b>Keynote Speaker: Dr. J. Bruce Morton</b> (60 min.)  <b>Title: The Impact of Early Life Stress on Long-Term Health</b>  At the beginning of this session, <b>complete and hand in:</b> <i>Networking Activity page; Individual Reflections page, Section B; and Scavenger Hunt page</i>	HSB 40
<b>3:30</b>	<b>Final Plenary Session</b> (10 min.) Reflections, Final Thoughts (Sheila Moodie) Wrap-Up, Door Prize Draws (Michelle Servais)  <b>CHS Evaluation Form:</b> Hand-in or complete online at:  <b><a href="https://uwo.eu.qualtrics.com/jfe/form/SV_9ESx9uwn9QIAYNn">https://uwo.eu.qualtrics.com/jfe/form/SV_9ESx9uwn9QIAYNn</a></b>	HSB 40



Visit the CHS Website to Retrieve Presentation Hand-Outs and the Full Program:

**[www.uwo.ca/fhs/news\\_events/child\\_health.html](http://www.uwo.ca/fhs/news_events/child_health.html)**

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



## MORNING PRESENTATIONS AT A GLANCE: SESSION 1 (10:30 – 11:25)

<b>A</b> <b>Mental Health and Youth</b> <b>HSB 40</b>	<b>B</b> <b>Neuromuscular Research</b> <b>HSB 9</b>	<b>C</b> <b>Psychosocial Research, Stress</b> <b>HSB 11</b>	<b>D</b> <b>Physical Activity</b> <b>HSB 236</b>	<b>E</b> <b>Client/Family Intervention</b> <b>HSB 240</b>
A1. MedWise: Stress Less About Monitoring for Medication Side Effects	B1. London Pediatric Neuromuscular Research Centre - Clinical Trial Update	C1. The Association between Adversity and Reward Processing is Mediated by Ventral Striatal Sensitivity to Rewards	D1. A Process Evaluation of the Supporting Physical Activity in the Childcare Environment (SPACE) Study	E1. Impacts on Practice: Solution-Focused Coaching in Pediatric Rehabilitation
A2. Exploring Interventions for Youth Anxiety Disorder	B2. Perinatal Findings in a Congenital Myotonic Dystrophy Cohort	C2. Learning About Bullying from Children with Disabilities: A Literature Review	D2. The Benefits of Prescribing Exercise to Children and Adolescents in Order to Reduce Symptoms of Depression While Improving Overall Mental Health	E2. Let's Talk About Sex: Supporting Youth with Disabilities in Understanding, Exploring, and Discussing Sexuality
A3. Factors Related to Symptoms of Social Anxiety in Youth with Cerebral Palsy	B3. Understanding Decision Needs for Respiratory Interventions in Pediatric Neuromuscular Disorders	C3. The Good, the Bad, and the Ugly: Pediatric Cancer Experiences	D3. Change in Preschoolers' Health-Related Quality of Life Following the Implementation of a Childcare Physical Activity Intervention	E3. The Transitional and Lifelong Care (TLC) Program



## AFTERNOON PRESENTATIONS AT A GLANCE: SESSION 2 (1:30 – 2:25)

<b>F</b> <b>Participation and Communication</b> <b>HSB 9</b>	<b>G</b> <b>Policy, Public Health, Social Media</b> <b>HSB 11</b>	<b>H</b> <b>Mental Health</b> <b>HSB 236</b>	<b>I</b> <b>Knowledge Translation</b> <b>HSB 40</b>	<b>J</b> <b>Intervention and Clinical Practice</b> <b>HSB 240</b>
<p>F1. Four Girls with Rett Syndrome Using Eye Tracking Technology for Communication: Goal Attainment, Psychosocial Impact, and Device Satisfaction</p>	<p>G1. An Interpretive Policy Analysis of School Board Concussion Policies in Ontario</p>	<p>H1. A Look at the Adverse Life Events Experienced by Children and Youth Receiving Mental Health Services in Ontario</p>	<p>I1. PeelThinkShare: Addressing Knowledge Translation Needs of Community Based Organizations</p>	<p>J1. A Clinical Perspective: Reciprocal Crawling - A Foundational Building Block for Motor Control, Coordination and Balance</p>
<p>F2. Physical Activity and Sedentary Time among Preschoolers in Centre-Based Childcare: A Systematic Review</p>	<p>G2. Encouraging Equity for New Canadians – Challenges and Possibilities</p>	<p>H2. You Can't Pour From an Empty Cup – How the interRai ChYMH Can Be Used to Identify and Support Caregivers Experiencing Stress</p>	<p>I2. How Do Individuals with Cerebral Palsy and their Families Prefer to Receive and Use Evidence-Based Information to Individualize Services to Optimize Outcomes?</p>	<p>J2. Therapeutic Interventions: Can Sick Kids Have Fun at the Hospital?</p>
<p>F3. "On With the Show"—Exploring Participation Experiences of Young People with and without Disabilities</p>	<p>G3. The Effects of Perinatal Cannabis Exposure on Health Outcomes: A Content Analysis of Twitter Messages</p>	<p>H3. Adverse Life Events Algorithm (ALEA) – Identifying Mental Health Needs in Children and Youth for Timely Interventions and Support</p>	<p>I3. Engaging in Research as a Young Clinician: Lessons Learned</p>	<p>J3. Three-Dimensional Gait Analysis for Cerebral Palsy and Its Role in the Clinical Decision Making Process</p>





## POSTER SESSION SCAVENGER HUNT (12:45 – 1:30)

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

**Instructions:** Find the letter posted beside each number on the poster display boards and then **if there is a frog character, fill the letter in below** to reveal the secret message (*hint: stress reduction technique*).

Posted Letter	#	Poster Title
	1.	A Systematic Review of Disability Disclosure and Accommodations for Youth in Post-Secondary Education and Employment
	2.	Factors Associated with Health-Related Quality of Life in Children with Congenital Myotonic Dystrophy
	3.	Subjective Quality of Life for Youth with Spina Bifida
	4.	Thames Valley Children's Centre Research Program: Informing Clinical Practice and Optimizing Quality of Life for Children and Families
	5.	A Qualitative Exploration of Social Support Provided in an E-Mentoring Intervention for Employment Readiness of Youth with Physical Disabilities
	6.	Findings and Best Practices from an Educational Intervention to Enhance Listening Skill Development of Clinicians
	7.	Parents' Perceptions of Physical Literacy and the Resources Required to Enhance it in Children: An Exploratory Study
	8.	Defining and Predicting Dropout from Children's Mental Health Services: A Novel Need-Based Definition of Dropout
	9.	Building Healthy Brains to Build a Healthy Future - A Community Partnership Campaign
	10.	Meaningful Occupations of Young Adults with Muscular Dystrophy and Other Neuromuscular Disorders
	11.	Factors Associated with Fatigue in Children and Adolescents with Duchenne Muscular Dystrophy: A Canada-Wide Cross-Sectional Survey
	12.	Risk Factors and Mitigation of Influenza Among Indigenous Children in North America, Australia, and New Zealand: A Systematic Review
	13.	Peer-Mediated Social Skills Training in A City-Wide, Inclusive Summer Camp
	14.	Decorin Over-Expression by Uterine Decidua: A Predictive Plasma Biomarker in Pre-Eclampsia
	15.	Pathways to Praxis: The Experience of Two White Social Workers at an Indigenous Social Service Agency
	16.	Clinician's Experiences Using Solution-Focused Coaching in Pediatric Rehabilitation
	17.	Frosh Ability – Connecting You With Resources that Will Help You Gain Independence

Print your name (first and last) clearly: \_\_\_\_\_



## ABOUT THE 2017 CHILD HEALTH SYMPOSIUM

### Optimizing Child Health: Address Stress For Success

# Child Health Symposium 2017

## Optimizing Child Health Address Stress For Success

Bringing together clinicians, service leaders, researchers, educators and students from all disciplines to share knowledge, ideas, research and best practices for service delivery.

**Friday, May 26, 2017**  
**8:45 a.m. - 3:45 p.m.**

- Western University
- Arthur and Sonia Labatt Health Sciences Building
- Check-in begins at 8:00 a.m.

### For more information

Nicole Chabot – [nchabot@uwo.ca](mailto:nchabot@uwo.ca)



### For Registration and Details:

[http://www.uwo.ca/fhs/  
news\\_events/child\\_health.html](http://www.uwo.ca/fhs/news_events/child_health.html)



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 clinicians, service leaders, researchers, educators, and students from all disciplines to:

- Share their knowledge, ideas, and best practices for service delivery
- Present current research interests, questions, and findings
- Learn more about the child health research happening in our community
- Network and build relationships and collaborations with others (e.g., youth, families, students, service providers, educators, researchers) in our community in the area of child health

### WELCOME FROM THE ORGANIZING COMMITTEE

We would like to extend a warm welcome to all of the participants and presenters of the fourth 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.

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.



## 2017 Child Health Symposium Organizing Committee Members

**Carrie Connell<sup>1</sup>**  
Education and Program Coordinator

**Michelle Servais<sup>1,2,3</sup>**  
Researcher

**Gordon MacDonald<sup>2</sup>**  
Research Officer

**Nicole Turner<sup>1, 2</sup>**  
Youth Engagement Leader; Student

**Helene Berman<sup>2,3</sup>**  
Associate Dean (Research)

**Nicole Chabot<sup>2</sup>**  
Research Coordinator, Faculty of Health Sciences  
and Research Development & Services

**Janette McDougall<sup>1,2</sup>**  
Researcher

**Sheila Moodie<sup>2</sup>**  
Assistant Professor, School of Communication  
Sciences and Disorders

**John LaPorta<sup>1</sup>**  
CEO

**Trish Tucker<sup>2</sup>**  
Assistant Professor, School of Occupational Therapy

**Karen Lowry<sup>1</sup>**  
Director of Quality Management

**Kristin Reilly<sup>2</sup>**  
Student, Faculty of Health Sciences

---

<sup>1</sup> Thames Valley Children's Centre, <sup>2</sup> Faculty of Health Sciences, Western University

<sup>3</sup> CHS Organizing Committee Co-Chairs

Special thanks to our keynote speaker, service provider panel members, Thames Valley Children's Centre staff members, and Western University student volunteers, who are helping out during the event!

## For More Information on the 2017 Child Health Symposium

Visit the CHS Website:

[www.uwo.ca/fhs/news\\_events/child\\_health.html](http://www.uwo.ca/fhs/news_events/child_health.html)

Contact:

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

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



## ABOUT THE SPEAKERS: KEYNOTE AND PARENT PANEL

### About the Keynote Speaker



#### J. Bruce Morton, PhD

Professor, Department of Psychology, Western University  
Associate Scientist, Children's Health Research Institute

Dr. J Bruce Morton is an Associate Scientist at Children's Health Research Institute. He has served as a Professor in Department of Psychology at the University of Western Ontario since 2002, is a Principal Investigator at Western's Brain and Mind Institute, and a core faculty member of Western's Graduate Neuroscience Program. Dr. Morton's interests concern the development of self-regulation behavior in children.

#### *The Impact of Early Life Stress on Long-Term Health*

Many children in the world today endure highly stressful experiences such as exposure to family violence, natural catastrophes, war and famine, and/or abuse. There is a growing understanding that stressful early life experiences of this kind can have a lasting negative impact on the physical and psychological health of the affected individual. My talk will provide an overview of what we know about the long-term health implications of early life stress and discuss why it is that stress early in development can have a lasting impact the physical and psychological make-up of the individual. I will conclude with some ideas about how we might buffer children against the potentially "toxic" impact of early life stress.

### Meet Our Service Provider Panel



#### Dr. Vanessa Pedden, C. Psych

*Clinical and School Psychologist*

Dr. Vanessa Pedden is a Psychologist who divides her time between private practice and the Thames Valley District School Board. She works with children and adolescents providing psychoeducational assessments, consultation services and intervention to youth with social-emotional, learning and behavioural needs. Dr. Pedden received her Ph.D. in Clinical Psychology from the University of Western Ontario (2012). Her pre-doctoral internship was completed at Holland Bloorview Kids Rehabilitation Hospital where she provided psychological services to youth with physical disabilities and autism spectrum disorder.







## Kim Benincasa

*Occupational Therapist, Family and Community Services, Thames Valley Children's Centre*

Kim is an Occupational Therapist with a background that ranges from psychiatry to neurorehabilitation to employment support. Her clinical passion for the last 10 years has been working with youth preparing for transition with the Youth Discovery program at Thames Valley Children's Centre. She was introduced to Solution Focused coaching as part of that work, and has continued to deepen her understanding of that approach over the years. Kim currently works both as a clinician within the Youth Discovery Program and as a Clinical Practice Coach, and OT Professional Practice Leader at TVCC.



## Melanie-Anne Atkins, PhD

*Wellness Coordinator, Wellness Education Centre, Western University*

Dr. Melanie-Anne Atkins is the Wellness Coordinator at Western University in London, Ontario. In this role, she acts as a key contact for university student leaders, faculty, and staff members seeking inclusive interpersonal, pedagogical, or systemic strategies to promote mentally healthy learning environments. She also supervises a team of student leaders who run the Wellness Education Centre, a central hub at Western University providing students with a caring, personalized way to navigate and explore the mental health and wellness resources available at the university and in the community. Dr. Atkins obtained her Honors Bachelor of Science degree in Life Sciences from Queen's University, and her Bachelor of Education, Masters of Education, and PhD in Education from Western University. Dr. Atkins' areas of experience in research, teaching, and leadership are focused on three main areas: the engagement, inclusion, and achievement of students with traditionally stigmatized identities, mental health literacy, and graduate student professional development. In her spare time, she sings and dances in a Broadway show choir with Kim Benincasa.



## BRIEF DESCRIPTIONS OF MORNING SESSION 1

10:30 – 11:25 Session 1: Concurrent Session Clusters A, B, C, D, and E (choose one)

### Session 1: Cluster A. MENTAL HEALTH AND YOUTH

#### **A-1** *MedWise: Stress Less About Monitoring for Medication Side Effects*

Laura Theall<sup>\*1</sup>, Chad Downes<sup>1</sup>, Jenn Pearce<sup>1</sup>, Keith Willoughby<sup>1</sup>, Ross Evans<sup>1</sup>, Dr. Ajit Ninan<sup>1, 2</sup>

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

#### **A-2** *Exploring Interventions for Youth Anxiety Disorder*

Kirsten Smith<sup>\*</sup>, Stephanie Garrett, Renee LaRose, Jessica Chuang, Tonya Ellis

Western University

#### **A-3** *Factors Related to Symptoms of Social Anxiety in Youth with Cerebral Palsy*

Janette McDougall<sup>\*1,2,3</sup>, Virginia Wright<sup>3</sup>

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

### Session 1: Cluster B. NEUROMUSCULAR RESEARCH

#### **B-1** *London Pediatric Neuromuscular Research Centre - Clinical Trial Update*

Eugenio Zapata Aldana<sup>1\*</sup>, Craig Campbell<sup>1,2,3,4</sup>, Rhiannon Hicks<sup>3</sup>

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

#### **B-2** *Perinatal Findings in a Congenital Myotonic Dystrophy Cohort*

Delia Ceballos-Saenz<sup>\*1</sup>, Eugenio Zapata-Aldana<sup>1</sup>, Rhiannon Hicks<sup>3</sup>, Craig Campbell<sup>1,2,3,4</sup>

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

#### **B-3** *Understanding Decision Needs for Respiratory Interventions in Pediatric Neuromuscular Disorders*

Diane Love<sup>\*1</sup>, Gracia Mabaya<sup>1</sup>, Sherri Katz<sup>2</sup>, Margaret Lawson<sup>2</sup>, April Price<sup>1</sup>, Dhenuka Radhakrishnan<sup>2</sup>, Jean K. Mah<sup>3</sup>, Lawrence Korngut<sup>4</sup>, Hugh J. McMillan<sup>2</sup>, Cheryl Scholtes<sup>5</sup>, Allyson Shephard<sup>2</sup>, Lynda Hoey<sup>2</sup>, Melissa Heletea<sup>2</sup>, Craig Campbell<sup>1,5,6,7</sup>

(1) Children's Hospital London Health Sciences Centre, (2) Children's Hospital of Eastern Ontario, (3) Alberta Children's Hospital at University of Calgary, (4) Hotchkiss Brain Institute at University of Calgary, (5) Thames Valley Children's Centre, (6) Western University, (7) Children's Health Research Institute

**C-1** *The Association between Adversity and Reward Processing is Mediated by Ventral Striatal Sensitivity to Rewards*

Niki H. Kamkar<sup>\*1</sup>, Daniel J. Lewis<sup>1</sup>, Wouter van den Bos<sup>2</sup>, J. Bruce Morton<sup>1</sup>

(1) Western University, (2) Max-Planck Institute for Human Development

**C-2** *Learning About Bullying from Children with Disabilities: A Literature Review*

Isabel Eisen<sup>\*1</sup>, Wenonah Campbell<sup>1,2</sup>

(1) McMaster University, (2) CanChild

**C-3** *The Good, the Bad, and the Ugly: Pediatric Cancer Experiences*

Monica L. Molinaro<sup>\*1</sup>, Paula C. Fletcher<sup>2</sup>

(1) Western University, (2) Wilfrid Laurier University

**D-1** *A Process Evaluation of the Supporting Physical Activity in the Childcare Environment (SPACE) Study*

Molly Driediger<sup>\*1</sup>, Trish Tucker<sup>1</sup>, Leigh Vanderloo<sup>1</sup>, Shauna Burke<sup>1</sup>, Jen Irwin<sup>1</sup>, Andrew Johnson<sup>1</sup>, Anca Gaston<sup>1</sup>, Brian Timmons<sup>2</sup>

(1) Western University, (2) McMaster University

**D-2** *The Benefits of Prescribing Exercise to Children and Adolescents in Order to Reduce Symptoms of Depression While Improving Overall Mental Health*

Andrew Hanna<sup>\*1</sup>, Ken Kirkwood<sup>1</sup>, Jane Thornton<sup>2</sup>

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

**D-3** *Change in Preschoolers' Health-Related Quality of Life Following the Implementation of a Childcare Physical Activity Intervention*

Stephanie Truelove<sup>\*1</sup>, Andrew Johnson<sup>1</sup>, Shauna Burke<sup>1</sup>, Jennifer Irwin<sup>1</sup>, Anca Gaston<sup>1</sup>, Leigh Vanderloo<sup>1</sup>, Molly Driediger<sup>1</sup>, Brian Timmons<sup>2</sup>, Patricia Tucker<sup>1</sup>

(1) Western University, (2) McMaster University



**E-1** *Impacts on Practice: Solution-Focused Coaching in Pediatric Rehabilitation*Michelle Servais<sup>\*1,2</sup>, Heidi Schwellnus<sup>3</sup>, Gillian King<sup>4,5</sup>, Patricia Baldwin<sup>1</sup>

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

**E-2** *Let's Talk About Sex: Supporting Youth with Disabilities in Understanding, Exploring, and Discussing Sexuality*

Nicole Turner\*

Thames Valley Children's Centre

**E-3** *The Transitional and Lifelong Care (TLC) Program*Elizabeth Hardy<sup>1</sup>, April Zehr<sup>1</sup>, Caitlin Cassidy<sup>\*1,2</sup>

(1) St. Joseph's Health Care London, (2) Western University

## BRIEF DESCRIPTION OF AFTERNOON SESSION 2

1:30 – 2:25 Session 2: Concurrent Sessions Clusters F, G, H, I, and J (choose one)

**F-1** *Four Girls with Rett Syndrome Using Eye Tracking Technology for Communication: Goal Attainment, Psychosocial Impact, and Device Satisfaction*Kelli Vessoyan<sup>1\*</sup>, Barb Easton<sup>1\*</sup>, Gill Steckle<sup>1</sup>, Megan Nichols<sup>1</sup>, Victoria Mok Siu<sup>2,3</sup>, Janette McDougall<sup>1,3,4</sup>

(1) Thames Valley Children's Centre, (2) London Health Sciences Centre, (3) Western University, (4) Bloorview Research Institute

**F-2** *Physical Activity and Sedentary Time among Preschoolers in Centre-Based Childcare: A Systematic Review*

Kathleen O'Brien\*, Stephanie Truelove, Leigh Vanderloo, Brianne Bruijns, Trish Tucker

Western University

**F-3** *"On With the Show"—Exploring Participation Experiences of Young People with and without Disabilities*Kelli Vessoyan<sup>\*1</sup>, Beata Batorowicz<sup>1,2</sup>, Gill Steckle<sup>1</sup>

(1) Thames Valley Children's Centre, (2) Western University

**G-1** *An Interpretive Policy Analysis of School Board Concussion Policies in Ontario*

Amy E. Robinson\*, Jeffrey D. Holmes, Sandra Regan, Jacqueline A. Specht, Jacob J. Shelley, Andrew M. Johnson

Western University

---

**G-2** *Encouraging Equity for New Canadians – Challenges and Possibilities*

Abbey Duggal\*

Western University

---

**G-3** *The Effects of Perinatal Cannabis Exposure on Health Outcomes: A Content Analysis of Twitter Messages*

Hana Dakkak\*<sup>1</sup>, Rachel Brown<sup>1</sup>, Kimberly Charbonneau<sup>1</sup>, Jamie Seabrook<sup>1,2,3</sup>

(1) Brescia University College, (2) Western University, (3) London Health Sciences Centre

---

**H-1** *A Look at the Adverse Life Events Experienced by Children and Youth Receiving Mental Health Services in Ontario*

Kim Arbeau\*<sup>1</sup>, Rachael Jones-Chick<sup>1</sup>, Shannon L. Stewart<sup>2</sup>

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

---

**H-2** *You Can't Pour From an Empty Cup – How the interRai ChYMH Can Be Used to Identify and Support Caregivers Experiencing Stress*

Kaylan Bartholomew\*, Katharine Moody

Child and Parent Resource Institute

---

**H-3** *Adverse Life Events Algorithm (ALEA) – Identifying Mental Health Needs in Children and Youth for Timely Interventions and Support*

Naila Meraj\*<sup>1</sup>, Richard Zayed<sup>1,2</sup>, Kim Arbeau<sup>1</sup>, Tom Ketelaars<sup>1</sup>, Shannon Stewart<sup>2</sup>

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

---





---

**I-1** ***PeelThinkShare: Addressing Knowledge Translation Needs of Community Based Organizations***

Selma Tobah\*<sup>1</sup>, Anita Kothari<sup>1</sup>, Nicole Britten<sup>2</sup>, Karen LeMoine<sup>2</sup>

(1) Western University, (2) Regional Municipality of Peel

---

**I-2** ***How Do Individuals with Cerebral Palsy and their Families Prefer to Receive and Use Evidence-Based Information to Individualize Services to Optimize Outcomes?***

Tianna D. B. Deluzio\*, Doreen Bartlett

Western University

---

**I-3** ***Engaging in Research as a Young Clinician: Lessons Learned***

Nicole Turner\*

Thames Valley Children's Centre

---

---

**J-1** ***A Clinical Perspective: Reciprocal Crawling - A Foundational Building Block for Motor Control, Coordination and Balance***

Lisa Corbeil\*

Thames Valley Children's Centre

---

**J-2** ***Therapeutic Interventions: Can Sick Kids Have Fun at the Hospital?***

Sarah Pol\*<sup>1</sup>, Michelle Hart<sup>2</sup>, Christine Loveday<sup>2</sup>

(1) Western University, (2) Children's Hospital at London Health Sciences Centre

---

**J-3** ***Three-Dimensional Gait Analysis for Cerebral Palsy and Its Role in the Clinical Decision Making Process***

Rob Caryn\*, Cheryl Sholtes\*

Thames Valley Children's Centre

---



## BRIEF DESCRIPTIONS OF POSTERS: POSTER CRAWL SESSION

---

### Poster 1 *A Systematic Review of Disability Disclosure and Accommodations for Youth in Post-Secondary Education and Employment*

Sally Lindsay\*<sup>1,2</sup>, Elaine Cagliostro<sup>1</sup>, Gabriella Carafa<sup>1</sup>

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

---

### Poster 2 *Factors Associated with Health-Related Quality of Life in Children with Congenital Myotonic Dystrophy*

Stephanie Rogers\*<sup>1,2</sup>, Basmah El-Aloul<sup>1</sup>, Delia Ceballos-Saenz<sup>1</sup>, Rhiannon Hicks<sup>1,4</sup>, Eugenio Zapata-Aldana<sup>1</sup>, Karen Bax<sup>1</sup>, Evan Pucillo<sup>2</sup>, Deanna Dibella<sup>2</sup>, Nicholas Johnson<sup>2</sup>, Craig Campbell<sup>1,3,4,5</sup>

(1) Western University, (2) University of Utah, (3) Children's Health Research Institute, (4) London Health Sciences Centre, (5) Thames Valley Children's Centre

---

### Poster 3 *Subjective Quality of Life for Youth with Spina Bifida*

Janette McDougall\*<sup>1,2,3</sup>, Megan Nichols\*<sup>1</sup>, Karen Lowry<sup>1</sup>

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

---

### Poster 4 *Thames Valley Children's Centre Research Program: Informing Clinical Practice and Optimizing Quality of Life for Children and Families*

Janette McDougall\*<sup>1,2,3</sup>, Michelle Servais<sup>1,2</sup>

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

---

### Poster 5 *A Qualitative Exploration of Social Support Provided in an E-Mentoring Intervention for Employment Readiness of Youth with Physical Disabilities*

Celia Cassiani<sup>1,2</sup>, Emily Nalder<sup>2</sup>, Jennifer Stinson<sup>2,3</sup>, Sally Lindsay\*<sup>1</sup>

(1) Bloorview Research Institute (2) University of Toronto, (3) Hospital for Sick Children

---

### Poster 6 *Findings and Best Practices from an Educational Intervention to Enhance Listening Skill Development of Clinicians*

Linda Bolack\*<sup>1</sup>, Michelle Servais<sup>2,3</sup>, Gillian King<sup>4,5</sup>, Tracy Shepherd<sup>2,6</sup>, Colleen Willoughby<sup>2</sup>, Sheila Moodie<sup>3</sup>, Debbie Strachan<sup>1</sup>, Patricia Baldwin<sup>2</sup>, Kerry Knickle<sup>5</sup>, Madhu Pinto<sup>4</sup>, Kathryn Parker<sup>7</sup>, Nancy McNaughton<sup>5</sup>, Diane Savage<sup>7</sup>

(1) Independent Consultant, (2) Thames Valley Children's Centre, (3) Western University, (4) Bloorview Research Institute, (5) University of Toronto, (6) Centralized Equipment Pool, (7) Holland Bloorview Kids Rehabilitation Hospital

---

---

**Poster 7** *Parents' Perceptions of Physical Literacy and the Resources Required to Enhance it in Children: An Exploratory Study*

Kristen C. Reilly\*, Shauna M. Burke, Dalia Hasan  
Western University

---

**Poster 8** *Defining and Predicting Dropout from Children's Mental Health Services: A Novel Need-Based Definition of Dropout*

Kimberly Dossett\*, Graham Reid  
Western University

---

**Poster 9** *Building Healthy Brains to Build a Healthy Future - A Community Partnership Campaign*

Heather Bywaters\*, Ruby Brewer, Sarah Ingram  
Middlesex-London Health Unit

---

**Poster 10** *Meaningful Occupations of Young Adults with Muscular Dystrophy and Other Neuromuscular Disorders*

Sally Lindsay<sup>1,2</sup>, Elaine Cagliostro\*<sup>1</sup>, Laura McAdams<sup>1</sup>  
(1) Holland Bloorview Kids Rehabilitation Hospital, (2) University of Toronto

---

**Poster 11** *Factors Associated with Fatigue in Children and Adolescents with Duchenne Muscular Dystrophy: A Canada-Wide Cross-Sectional Survey*

Basmah El-Aloul\*<sup>1,2</sup>, Yi Sally Wei<sup>1,2</sup>, Kathy Speechley<sup>1,2,3</sup>, Craig Campbell<sup>1,2,3,4</sup>  
(1) Western University, (2) Children's Health Research Institute, (3) London Health Sciences Centre, (4) Thames Valley Children's Centre

---

**Poster 12** *Risk Factors and Mitigation of Influenza Among Indigenous Children in North America, Australia, and New Zealand: A Systematic Review*

Crystal McLeod\*  
Western University



---

**Poster** *Peer-Mediated Social Skills Training in A City-Wide, Inclusive Summer Camp*

**13**

**Karen Faragher\***<sup>1</sup>, Carmen Hall<sup>2</sup>, Laurie Quinlan<sup>3</sup>, Beth Landowski<sup>3</sup>, Amanda Morrison<sup>3</sup>, Alyssa Robertson<sup>1</sup>, Fatima Machado<sup>1</sup>, Sydney Lusk<sup>4</sup>

(1) Thames Valley Children's Centre, (2) Fanshawe College, (3) City of London, (4) Beyond the Door

---

**Poster** *Decorin Over-Expression by Uterine Decidua: A Predictive Plasma Biomarker in Pre-Eclampsia*

**14**

**Pinki Nandi\***<sup>1,2</sup>, Genevieve Eastabrook<sup>1,2</sup>, Barbra de Vrijer<sup>1,2</sup>, Victor K M Han<sup>1,2</sup>, Peeyush K Lala<sup>1,2</sup>

(1) Western University, (2) Child Health Research Institute

---

**Poster** *Pathways to Praxis: The Experience of Two White Social Workers at an Indigenous Social Service Agency*

**15**

**Evan Wick\***<sup>1,2</sup>, Cassandra Hunter<sup>2</sup>

(1) University of Western Ontario, (2) Indigenous social service agency

---

**Poster** *Clinician's Experiences Using Solution-Focused Coaching in Pediatric Rehabilitation*

**16**

**Michelle Servais\***<sup>1,2</sup>, Heidi Schwellnus<sup>3</sup>, Gillian King<sup>4,5</sup>, Patricia Baldwin<sup>1</sup>

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

---

**Poster** *Frosh Ability – Connecting You With Resources that Will Help You Gain Independence*

**17**

**Hibaq Abdi \***

Independent

---

## FULL DESCRIPTIONS OF ORAL PRESENTATIONS (WITH ABSTRACTS): MORNING SESSION 1

10:30 – 11:25 Session 1: Concurrent Session Clusters A, B, C, D, and E (choose one)

### Session 1: Cluster A. MENTAL HEALTH AND YOUTH

#### **A-1** *MedWise: Stress Less About Monitoring for Medication Side Effects*

Laura Theall<sup>\*1</sup>, Chad Downes<sup>1</sup>, Jenn Pearce<sup>1</sup>, Keith Willoughby<sup>1</sup>, Ross Evans<sup>1</sup>, Dr. Ajit Ninan<sup>1, 2</sup>

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

Properly prescribed medications have helped many children and youth. Because side effects can occur with any medication, engaging youth and caregivers in close monitoring is important. Communicating if/when adverse effects occur helps prescribers to weigh the risk-benefit ratio for their young patients and ensure safety and efficacy. Hearing from children/youth and caregivers is essential for the treatment team to make therapeutic decisions to optimize medication therapy to ensure best practice in service delivery.

To respond to this identified need related to child/youth health, a physician-pharmacist team created checklists for psychotropic medication monitoring based on a thorough review of literature for commonly prescribed psychotropic medications. An evaluation demonstrated that using these checklists for children/youth in residential care led to significant improvements in staff's awareness of side effects, and their beliefs about the importance of medication monitoring (Ninan et al., 2014).

To expand use of this tool within the child health circle of care, an app linked to a responsive website has been developed to empower children/youth and caregivers to monitor for possible side effects, and easily communicate concerns with their prescriber to improve patient safety. This presentation will discuss the transformation of the evidence-based checklists into an app called MedWise, involving:

- A rigorous literature search to update possible side effects
- Consultation with potential users, including youth, caregivers, support staff and prescribers to design ideal features and functionality for the app
- A pilot study with caregivers and youth participants to test the efficacy of MedWise and inform future improvements

#### **A-2** *Exploring Interventions for Youth Anxiety Disorder*

Kirsten Smith<sup>\*</sup>, Stephanie Garrett, Renee LaRose, Jessica Chuang, Tonya Ellis

Western University

While occupational therapists have been providing mental health services since the dawn of the profession, specific evidence-based treatment strategies are not clear. The purpose of this scoping review was to explore the current literature available regarding treatment approaches for youth with anxiety disorders that occupational therapists could implement in practice. In addition, the study aimed to identify which approaches are most commonly utilized and which require further study. A scoping review was conducted utilizing the methodological framework proposed by Arksey and O'Malley (2005). Five major databases were searched. The key search terms were broken into three main concepts: anxiety, youth and interventions. The inclusion criteria required participants to be between 6 and 18 years old and have a DSM-V diagnosis of anxiety, and the studies

needed to describe a treatment approach. After multiple screening phases, 28 articles were included in the study. Researchers collated and charted the data from each article and engaged in content analysis to describe the different treatment approaches for youth with anxiety. Following examination of the 28 articles included in the scoping review, four major themes highlighting the different treatment approaches were identified: (1) One-to-one direct treatment; (2) group treatment; (3) parent-involved treatment; and (4) parent-only treatment. Overall, the majority of studies included in this scoping review utilized cognitive-behavioural therapy as the primary treatment approach. However, other promising treatment approaches were also found to be used to target youth anxiety, including: attention bias modification, multimodal music therapy, parent coached exposure therapy, and psychoanalytic child therapy.

---

### **A-3** *Factors Related to Symptoms of Social Anxiety in Youth with Cerebral Palsy*

Janette McDougall\*<sup>1,2,3</sup>, Virginia Wright<sup>3</sup>

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

**BACKGROUND:** Research indicates children and youth with cerebral palsy experience internalizing symptoms such as anxiety, and report social problems such as peer relationship difficulties, isolation, and being bullied. This is the first study to examine factors related to symptoms of social anxiety subtypes for youth with cerebral palsy.

**METHODS:** A random sample of youth aged 11 to 17 years (n=153) with cerebral palsy participated. Youth were recruited from eight children's rehabilitation centres across Ontario. They completed questionnaires, with the support of a health professional. Social anxiety was measured using the Social Anxiety Scale for Children - Revised (SASC-R). The SASC-R is a validated measure comprised of three separate subdomains (fear of negative peer evaluation, fear of new social situations, generalized social anxiety). Measures of hypothesized correlates included the Social Support Appraisals Scale, the Child and Adolescent Scale of Participation, and the Scale of School Environment.

**RESULTS:** Significant negative correlates with youth symptoms of fear of negative peer evaluation included classmate support, close friend support, and ability to carry out advanced daily activities. Significant negative correlates with youth symptoms of fear of new social situations included classmate support and ability to carry out advanced daily activities. Significant factors negatively correlated with youth symptoms of generalized social anxiety included classmate support, close friend support, social participation, and school belongingness/safety.

**CONCLUSIONS/SIGNIFICANCE:** This study provides preliminary cross-sectional evidence that subtypes of social anxiety are related to unique factors for youth with cerebral palsy, and that a biopsychosocial approach to addressing social anxiety symptoms for youth is indicated.



**B-1** *London Pediatric Neuromuscular Research Centre - Clinical Trial Update***Eugenio Zapata Aldana<sup>1\*</sup>**, Craig Campbell<sup>1,2,3,4</sup>, Rhiannon Hicks<sup>3</sup>

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

Clinical trial research continues to be an integral part of the pediatric neuromuscular community, including patients with two of the most common pediatric neuromuscular diseases Duchenne Muscular Dystrophy (DMD) with an incidence of 1/3500 live male births and Spinal Muscular Atrophy (SMA) with an incidence of 1/10,000 live births. Both diseases involve progressive muscle degeneration that leads to respiratory failure with mortality in the second and third decade of life.

The London Pediatric Neuromuscular Research Centre (LPNRC) has been involved in clinical trials since 2005. In recent years there has been an increase in novel therapy development for rare diseases including antisense oligonucleotides, and nonsense read-through therapies. This past year has been very promising for the neuromuscular community with 3 drugs receiving conditional approval in the US and European Union for DMD and SMA, and two therapies available to Canadian patients through the special access program in Canada. LPNRC was involved in trials with 2 of these products. LPNRC has evolved into an internationally recognized site for clinical trial participation as well as investigator initiated studies that are building a foundation for clinical outcomes to be used in future clinical trials. Currently the Centre is participating in 7 clinical trials, 6 DMD trials and 1 trial in SMA with several additional investigator initiated natural history studies.

LPNRC continues to play an integral part in the development of the Canadian Neuromuscular Disease Registry (CNDP), a national registry that aids in informing the neuromuscular community about current research opportunities and collects longitudinal clinical data, and the Canadian Neuromuscular Disease Network (CAN-NMD) enhancing collaboration and accelerating therapeutic development in the neuromuscular community.

---

**B-2** *Perinatal Findings in a Congenital Myotonic Dystrophy Cohort***Delia Ceballos-Saenz<sup>\*1</sup>**, Eugenio Zapata-Aldana<sup>1</sup>, Rhiannon Hicks<sup>3</sup>, Craig Campbell<sup>1,2,3,4</sup>

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

**INTRODUCTION:** Congenital Myotonic Dystrophy (CDM) is the harshest form of Myotonic Dystrophy type 1 (DM1, OMIM #160900). The mode of inheritance is autosomal dominant, and results from a microsatellite expansion in DMPK with an incidence of 2.1:1000,000 live births in Canada.

**OBJECTIVE:** To describe the main findings of CDM in the perinatal period.

**METHODOLOGY:** A five year prospective cohort study from 2005 to 2010 of eligible incident cases of CDM was performed via the Canadian Pediatric Surveillance Program (CPSP).



**RESULTS:** We obtained 43 questionnaires, 22 female and 21 male (F:M ratio of 1.04:1). Average CTG repeat size (CGTrs) was 795.67 (250-2300). The main complication during the prenatal period was polyhydramnios (n=20). The majority of the patients (n=27) had full term pregnancy and with normal birth weight (n=25). Average Apgar was 4 at 1' (range 1-9), and 6 for 5' and 10'. Intubation was required in 29/43 of the cases, with an average hospital stay of 43.5 days. Nutritional support (ie ng feeds) was required in 34/43, and it was longer than 14 days in 21 patients. Nine patients died, 6 of them due to respiratory failure. Four deaths were withdrawal of life support.

**CONCLUSION:** We found that the necessity of multiple nutritional interventions was the most frequent neonatal complication (79%), respiratory complications remains as the principal cause of death (66.6%).

Nutritional and respiratory assessments should be prioritized, and nutritional interventions may extend for long periods of time.

---

### **B-3** *Understanding Decision Needs for Respiratory Interventions in Pediatric Neuromuscular Disorders*

**Diane Love**<sup>\*1</sup>, Gracia Mabaya<sup>1</sup>, Sherri Katz<sup>2</sup>, Margaret Lawson<sup>2</sup>, April Price<sup>1</sup>, Dhenuka Radhakrishnan<sup>2</sup>, Jean K.Mah<sup>3</sup>, Lawrence Korngut<sup>4</sup>, Hugh J. McMillan<sup>2</sup>, Cheryl Scholtes<sup>5</sup>, Allyson Shephard<sup>2</sup>, Lynda Hoey<sup>2</sup>, Melissa Heletea<sup>2</sup>, Craig Campbell<sup>1,5,6,7</sup>

(1) Children's Hospital London Health Sciences Centre, (2) Children's Hospital of Eastern Ontario, (3) Alberta Children's Hospital at University of Calgary, (4) Hotchkiss Brain Institute at University of Calgary, (5) Thames Valley Children's Centre, (6) Western University, (7) Children's Health Research Institute

Pediatric patients with Duchenne muscular dystrophy (DMD) or spinal muscular atrophy (SMA) and their caregivers are often faced with the decision to choose lung volume recruitment (LVR), non-invasive ventilation (NIV) or a combination of the two interventions to mitigate the effects of progressive muscle weakness of the respiratory system. These decisions can be challenging and impact quality of life. The objective of this study is to identify needs and preferences to guide the development of evidence-based decision supports to facilitate quality shared decisions. In collaboration with the Canadian Neuromuscular Disease Registry (CNDR), comprehensive parent and patient questionnaire packages were sent to eligible patients. To date, 19 completed questionnaires have been received. In this ongoing study, initial findings from 14 parent questionnaires suggest: 9/14 parents made the respiratory decision with or for their child while 3/14 involved or deferred to the health care provider (HCP). Decision aid tools were provided in 4 cases. Knowing treatment option benefits and drawbacks was rated by 13/14 as "Very Necessary." Of 10 respondents, half agreed or strongly agreed they had enough support from others to make the decision. Regarding whether the decision made was in line with their religious beliefs or cultural values, 5/13 respondents disagreed or strongly disagreed. Opportunity exists to offer a degree of relief to families navigating decisions associated with Neuromuscular Disorders through the provision of timely decision making supports. Enhancing the shared decision making experience can provide further application opportunities for HCPs to support patients and families with future decision needs.





**C-1** *The Association between Adversity and Reward Processing is Mediated by Ventral Striatal Sensitivity to Rewards*Niki H. Kamkar<sup>\*1</sup>, Daniel J. Lewis<sup>1</sup>, Wouter van den Bos<sup>2</sup>, J. Bruce Morton<sup>1</sup>

(1) Western University, (2) Max-Planck Institute for Human Development

Exposure to adversity early in life impacts many aspects of physical and psychological development, heightening the risk for substance abuse, addiction, and obesity among other things. While the influence of adversity on the calibration of the stress system is well-established, less is known about how adversity impacts the reward system. Developmental and evolutionary theories suggest that the reward system is sensitive to early-life experiences, with early-life experiences having the potential to become “biologically embedded” in the developing brain thereby exerting a lasting influence on the physical and psychological health of the affected individual. Few studies however, have directly investigated the relationship between adversity and the reward system in children. The present study therefore examined the links between adversity exposure and reward processing both at the behavioural and neural level in children. The overall objective of this study was to examine whether adversity is associated with differences in children’s reward-learning and decision-making; and further, to test whether the association between adversity and reward processing is explainable by differences in the reward system’s functional response to rewards. Our results show that adversity is associated with impulsive decision-making and potentiated learning from rewards. We then show via functional magnetic resonance imaging that the link between adversity and reward processing is partially mediated by differences in ventral striatal response to rewards. The findings suggest that early-life adversity is associated with alterations in the brain’s sensitivity to rewards accounting, in part, for the link between adversity and altered reward processing in children.

---

**C-2** *Learning About Bullying from Children with Disabilities: A Literature Review*Isabel Eisen<sup>\*1</sup>, Wenonah Campbell<sup>1,2</sup>

(1) McMaster University, (2) CanChild

**PURPOSE:** Children with disabilities are two to three times more likely to be bullied than their classmates without disabilities. Understanding the perspectives of children with disabilities who have been bullied is essential to building better supports and interventions that counter this risk. This literature review summarizes themes from qualitative studies in which children with disabilities discussed their personal bullying experiences and described their coping strategies.

**METHOD:** Online databases were searched including PsycINFO (OVID), CINAHL, and ERIC. Inclusion criteria for articles included: (1) written in English; (2) peer-reviewed; (3) primary research; (4) participants below the age of 21 with a disability; and (5) qualitative research about the children’s first-hand bullying experiences in their own words.

**RESULTS:** Of the 223 articles found, 11 met the inclusion criteria. Several themes emerged from the analysis of the articles, including: (1) children with a variety of identified disabilities experience many forms of bullying; (2) children with disabilities have ideas about why they are bullied; (3) bullying has an emotional impact on children with disabilities; (4) children with disabilities have different ways to cope with being bullied; and (5) children with disabilities can identify ways that others can support them when they are bullied.

**CONCLUSION:** Children with different disabilities have similar experiences with being bullied and report using similar coping mechanisms. Given the many commonalities across their experiences, these results suggest a potential supportive role for universal strategies for bullying awareness and prevention.

---

### **C-3** *The Good, the Bad, and the Ugly: Pediatric Cancer Experiences*

Monica L. Molinaro\*<sup>1</sup>, Paula C. Fletcher<sup>2</sup>

(1) Western University, (2) Wilfrid Laurier University

Pediatric cancer is devastating to both children and their families. While the child is undergoing treatment and experiencing a myriad of physical, psychological, and social effects, family members are also affected in multiple ways. The purpose of this research was to understand the lived experiences of pediatric cancer survivors and their primary support persons. Guided by van Manen's (1984) "new" interpretive phenomenology, interviews were conducted with ten pediatric cancer survivors and nine of their support persons to gain a more holistic understanding of the pediatric cancer experiences of children and their families. While multiple themes emerged from the data, this discussion regarding their past experiences during treatment was particularly rich in data. Survivors and their support persons reflected on their past experiences of pediatric cancer. Survivors experienced a variety of negative effects during and after treatment, such as hair loss, infections, loss of strength, and bullying from their peers. Support persons explained the emotional upheaval they experienced while caring for their children. Further, all individuals recalled positive memories throughout their journeys. The results of this study provide health care professionals with insight into how the family unit experiences and copes with the pediatric cancer process. These findings also provide information to school administrators concerning the difficult transitions children with cancer face when returning to school after diagnosis and/or treatment. Additionally, this study may allow others undergoing similar journeys to relate to the lived experiences of the pediatric cancer survivors.



**D-1** *A Process Evaluation of the Supporting Physical Activity in the Childcare Environment (SPACE) Study*

Molly Driediger\*<sup>1</sup>, Trish Tucker<sup>1</sup>, Leigh Vanderloo<sup>1</sup>, Shauna Burke<sup>1</sup>, Jen Irwin<sup>1</sup>, Andrew Johnson<sup>1</sup>, Anca Gaston<sup>1</sup>, Brian Timmons<sup>2</sup>

(1) Western University, (2) McMaster University

A process evaluation was conducted to assess the feasibility of the SPACE intervention. The 8-week intervention aimed to improve the physical activity (PA) levels of children in centre-based childcare through the implementation of: 1. PA training for educators, 2. new, portable PA equipment, and 3. shorter, more frequent daily outdoor periods. Educators (N = 49) from 11 childcare centres, delivered the intervention to preschoolers in their classrooms. Attendance, adherence, dose delivered, feasibility, context, perceived impact, and satisfaction were examined. Attendance at training was recorded, and educators logged the number of outdoor sessions offered daily to indicate adherence. Educators' enjoyment, perceived effectiveness and feasibility of the intervention were assessed by the Program Evaluation Survey (n = 41), elaborated on during post-intervention interviews (n = 7). Percent adherence and descriptive statistics were calculated. Qualitative data were coded inductively. Adherence was high for training attendance (96%) and outdoor sessions provided (90%). Equipment and training were considered valuable and feasible, whereas challenges concerned the outdoor schedule, with increased transitions noted as the biggest barrier. Educators highlighted solutions they employed to overcome barriers, resulting in high rates of adherence, and providing evidence that the SPACE intervention is viable in centre-based childcare. These findings will help inform expanded implementation of the SPACE intervention, as well as PA policy and programming in childcare centres.

The trial is funded by the Canadian Institutes of Health Research (grant #133559).

---

**D-2** *The Benefits of Prescribing Exercise to Children and Adolescents in Order to Reduce Symptoms of Depression While Improving Overall Mental Health*

Andrew Hanna\*<sup>1</sup>, Ken Kirkwood<sup>1</sup>, Jane Thornton<sup>2</sup>

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

The benefits of incorporating physical activity as a method to treat various chronic diseases has been well documented; however, clinical practice fails to utilize these benefits to treat conditions such as depression. In order to improve the possibility and integration of prescribing physical activity as a means of treating depression, a nuanced understanding of patient and clinician attitudes towards physical activity is needed. Furthermore, the use of antidepressant medications in child/adolescent populations has been heavily debated with regards to both safety and efficacy. As such, alternative first-line treatment methods, such as exercise, should be considered in clinical care for this population in order to reduce drug-related side-effects while also improving other health-related outcomes associated with antidepressant medications – such as obesity.



---

## **D-3** *Change in Preschoolers' Health-Related Quality of Life Following the Implementation of a Childcare Physical Activity Intervention*

**Stephanie Truelove**\*<sup>1</sup>, Andrew Johnson<sup>1</sup>, Shauna Burke<sup>1</sup>, Jennifer Irwin<sup>1</sup>, Anca Gaston<sup>1</sup>, Leigh Vanderloo<sup>1</sup>, Molly Driediger<sup>1</sup>, Brian Timmons<sup>2</sup>, Patricia Tucker<sup>1</sup>

(1) Western University, (2) McMaster University

**BACKGROUND:** Being active offers many physical and emotional benefits contributing to a higher health-related quality of life (HRQOL); however, this relationship remains unexplored among preschoolers. The purpose of this study was to examine the impact of the Supporting Physical Activity in the Childcare Environment (SPACE) intervention on preschoolers' HRQOL. It was hypothesized that preschoolers who received the physical activity (PA) intervention would have higher HRQOL.

**METHODS:** This randomized control trial included 22 childcare centres (n = 11 experimental and 11 control) in London, Ontario. Preschoolers' HRQOL was measured using the Pediatric Quality of Life Inventory 4.0 pre-intervention, at the end of the 8-week intervention, as well at 6- and 12-month follow-up. A mixed-effect model was used to determine if preschoolers in the experimental condition displayed an increased HRQOL post-intervention and at follow-up compared to preschoolers in the control group.

**RESULTS:** While 336 preschoolers enrolled in the SPACE intervention, only preschoolers' that had HRQOL data at baseline and one additional time-point were included in the analysis. Although the intervention was successful at improving PA levels of preschoolers' in the experimental group, no statistically significant effect on preschoolers' HRQOL was observed ( $p > .05$ ).

**DISCUSSION AND SUMMARY:** Although the findings contradict our hypothesis, the intervention was not specifically designed to improve HRQOL. As the intervention only took place during childcare hours, preschoolers' behaviour may not translate to their home setting. More research is needed to explore the relationship between PA participation and HRQOL in the preschool population.

---

## **Session 1:** **Cluster E. CLIENT/FAMILY INTERVENTION**

### **E-1** *Impacts on Practice: Solution-Focused Coaching in Pediatric Rehabilitation*

**Michelle Servais**\*<sup>1,2</sup>, Heidi Schwellnus<sup>3</sup>, Gillian King<sup>4,5</sup>, Patricia Baldwin<sup>1</sup>

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

**BACKGROUND:** Therapists, clients, and families want effective approaches used in rehabilitation that enhance their experience and encourage client and family-centred service (CFCS). CFCS involves being respected, being involved in decision-making, and being involved in a collaborative relationship. Coaching is a goal-oriented means of facilitating client engagement and is distinct from more traditional impairment-focused or problem-based methods. Solution-focused coaching (SFC) is a form of brief coaching that emphasizes clients' strengths, re-frames the focus of intervention towards what is working, and assists clients in envisioning their preferred future and generating unique solutions for their situation. SFC in Pediatric Rehabilitation (SFC-peds, Baldwin et al., 2013) is a theoretical service delivery model based on existing coaching models, research on therapist expertise, and pediatric service delivery models. This study enhances our understanding of how SFC-peds affects service providers.

**METHODS:** This qualitative study involved in-depth open-ended interviews with 6 experienced service providers working with a solution-focused approach (average of 18 years in clinical practice). The interviews were analyzed using a thematic analysis.

**RESULTS:** The key themes that emerged from this study focused on the clinicians' perceived impact of SFC-peds on their: a) clinical practice, b) attitudes, and c) clients and families. Themes included clinicians being more responsive to clients/families (e.g., followed families' wishes and worked at the family's pace). Clinicians said they developed greater trust in the client's/family's abilities and reported a greater sense of freedom in their role (e.g., not needing to be the expert/"liberating"). Finally, clinicians described families as less-stressed and more engaged, empowered, and hopeful about their future. SFC-peds encourages specific behaviors that foster and enhance CFCS.

---

## **E-2** *Let's Talk About Sex: Supporting Youth with Disabilities in Understanding, Exploring, and Discussing Sexuality*

**Nicole Turner\***

Thames Valley Children's Centre

Recently, there appears to be a significant increase in dialogue surrounding disability and sexuality. Academically, researchers are working to address the historically scarce amount of literature on the topic, while traditional and social media is showcasing more people living with disabilities as sexual beings. However, students enrolled in special education continue to experience exclusion from adequate sex education. Even those with special needs who participate in mainstream classes may feel marginalized or uncomfortable because the information provided may apply to them differently. Recognizing healthy intimacy and sexuality is key to personal well-being, the Youth Engagement Facilitators of Thames Valley Children's Centre developed a curriculum around healthy relationships and sexuality called "Let's Talk about Sex!" in order to address this education gap. Unlike some other specialized Sex-Ed programs, the curriculum is sex positive and aims to empower young people to pursue healthy, meaningful relationships. This presentation will address the format and content of the program, special considerations, similarities and differences to other curriculums, and the perceived impact on participants. Recommendations on how to address systemic barriers to adequate sex education for youth with disabilities will also be shared.

---

## **E-3** *The Transitional and Lifelong Care (TLC) Program*

Elizabeth Hardy<sup>1</sup>, April Zehr<sup>1</sup>, Caitlin Cassidy<sup>\*1,2</sup>

(1) St. Joseph's Health Care London, (2) Western University

Over the last several decades, much has been written about the need to develop dedicated protocols and programming to address the needs of patients with chronic conditions transitioning from paediatric to adult based care. Despite there being consensus about the necessity of addressing transitional care needs, relatively little has been published about the existence or effectiveness of clinical transition programs.

The Transitional and Lifelong Care (TLC) Program was established in 2015. The intent of the TLC is to provide chronic rehabilitative services and care coordination through and beyond transition for teenagers and adults with cerebral palsy, spina bifida, and other paediatric onset conditions which result in disability. It is staffed by a Physiatrist, Nurse Practitioner, Social Worker, Physiotherapist, Occupational Therapist, Therapeutic Recreation Specialist, Speech and Language Pathologist, Registered Dietitian, and Rehabilitation Therapist. In two years of operation, the TLC has welcomed approximately 400 patients from all over southwestern Ontario. The TLC model is presented here as an example of a thriving transitional care program. Discussion regarding the program's strengths and challenges will be encouraged, as will discussion of how other areas may be able to take steps towards establishing similar programs of their own.

## FULL DESCRIPTIONS OF PRESENTATIONS (WITH ABSTRACTS): AFTERNOON SESSION 2

1:30 – 2:25 Session 2: Concurrent Sessions Clusters F, G, H, I, and J (choose one)

### Session 2: Cluster F. PARTICIPATION AND COMMUNICATION

#### **F-1** *Four Girls with Rett Syndrome Using Eye Tracking Technology for Communication: Goal Attainment, Psychosocial Impact, and Device Satisfaction*

Kelli Vessoyan<sup>1\*</sup>, Barb Easton<sup>1\*</sup>, Gill Steckle<sup>1</sup>, Megan Nichols<sup>1</sup>, Victoria Mok Siu<sup>2,3</sup>, Janette McDougall<sup>1,3,4</sup>

(1) Thames Valley Children's Centre, (2) London Health Sciences Centre, (3) Western University, (4) Bloorview Research Institute

The primary objective of this study was to assess whether using eye tracking technology, with ongoing support from augmentative and alternative communication clinicians, can help girls with Rett syndrome meet individualized goals related to communication. Two secondary objectives were to examine participants' parents' perspectives of (a) the psychosocial impact on the participants of using the technology, and (b) satisfaction with using the technology.

A non-experimental multiple case study design was employed. Four girls with Rett syndrome participated in the study over the course of 12 months (three data collection time points). During this time the girls worked towards meeting two communication goals developed using Goal Attainment Scaling. The parents completed measures of psychosocial adjustment and satisfaction related to using the eye tracking technology. Additional descriptive information was collected and compared to the quantitative findings related to psychosocial adjustment and satisfaction.

All participants made some improvement on their goals. Both the quantitative measures and the descriptive information indicated that the eye tracking technology had a positive psychosocial impact on the girls and that parents were highly satisfied with the device and the clinical services received.

This study provides initial evidence that eye tracking is a worthwhile and highly satisfactory technology that, with ongoing clinical support, can assist girls with Rett syndrome to communicate meaningfully with others and improve their psychosocial adjustment.

The purpose of this presentation is to share findings of this relevant research, made possible through funding from the rehabilitation center where the participants received services.



---

## **F-2** *Physical Activity and Sedentary Time among Preschoolers in Centre-Based Childcare: A Systematic Review*

Kathleen O'Brien\*, Stephanie Truelove, Leigh Vanderloo, Brianne Bruijns, Trish Tucker  
Western University

**BACKGROUND:** Physical activity and sedentary time among preschool-aged children have been widely examined and discussed in the literature. Analyzing activity levels in childcare is important given the large amount of time that preschoolers spend in this environment. In light of the significant amount of recent research conducted in this field, the purpose of this systematic review was to provide insight into the physical activity and sedentary time of preschoolers in centre-based childcare.

**METHODS:** Eight electronic databases were searched for primary articles that objectively assessed physical activity and/or sedentary behaviours of preschoolers aged 2.5-5 years in centre-based childcare. Additional studies were identified via manual searching techniques (i.e., hand searching and citation tracking). No restrictions to study design were applied. Articles underwent critical appraisal based on the checklist proposed by Downs and Black, which allowed for the identification of high and low quality evidence.

**RESULTS:** Preliminary results of this review will be presented at the the Child Health Symposium. Measurement tools and data collection protocols will be discussed, and inconsistencies across the studies will be explored.

**DISCUSSION:** A plethora of research has been conducted exploring physical activity and sedentary time in childcare centres. Inconsistent findings have been observed, but given the propensity for young children to be enrolled in these centres, a better understanding of activity levels among preschoolers is necessary to inform interventions and policies targeting children in this environment.

---

## **F-3** *“On With the Show”—Exploring Participation Experiences of Young People with and without Disabilities*

Kelli Vessoyan\*<sup>1</sup>, Beata Batorowicz<sup>1,2</sup>, Gill Steckle<sup>1</sup>

(1) Thames Valley Children's Centre, (2) Western University

The importance of inclusive community-based programs for children with disabilities has been widely recognized, yet we still know little about the experiences of children and youth who participate in such programs. The purpose of this study was to explore the experiences of children and youth with and without disabilities who jointly participated in a week long community-based theatre camp and to link those experiences to opportunities offered by this setting. Eleven youth aged 14 to 19 years, four with communication and physical impairments who used augmentative and alternative communication and seven youth without disabilities

completed the Self-reported Experiences of Activity Setting (SEAS) questionnaire and a follow-up electronic interview. The environmental opportunities were evaluated using the Measure of Environmental Qualities of Activity Settings (MEQAS). This presentation will report on findings of this study, which provide insights into designing future inclusive programs geared towards particular developmental and health benefits.





**G-1 *An Interpretive Policy Analysis of School Board Concussion Policies in Ontario***

**Amy E. Robinson\***, Jeffrey D. Holmes, Sandra Regan, Jacqueline A. Specht, Jacob J. Shelley, Andrew M. Johnson

Western University

In March 2014, the Ontario Ministry of Education was the first ministry in Canada to institute a formal concussion policy. Within this document, the ministry recognizes that student long-term health and safety are essential preconditions for learning and that concussions can negatively impact cognitive, physical, emotional, and social development. Policy/Program Memorandum (PPM) No. 158 requires all school boards and school authorities to establish a policy on concussions, with Ontario Physical Education Safety Guidelines considered the minimum standard. Each board developed a concussion policy within their local context while addressing concussion awareness, prevention, identification, management, and training. School boards, administrators, educators, staff, students, parents, volunteers, and community-based organizations were encouraged to participate in policy development as stated in PPM No. 158. At the present time, it is unknown how PPM No. 158 has been enacted or how various stakeholders were engaged in the development of these policies. The purpose of this presentation is to present preliminary findings from an interpretive policy analysis of publicly available English-language concussion policies and administrative procedures. Publicly available concussion policy documents and related administrative procedures from 64 Ontario school boards and authorities were qualitatively analyzed to understand how concussion policies in Ontario were developed and implemented across different local contexts. Supporting texts from the Ontario Legislative Assembly, Ontario Ministry of Education, Ontario Physical and Health Education Association, Parachute Canada, Ontario Neurotrauma Foundation, minutes of school board meetings, and peer-reviewed literature provide context for this research. Implications for promoting safe and healthy learning environments will be discussed.

**G-2 *Encouraging Equity for New Canadians – Challenges and Possibilities***

**Abbey Duggal\***

Western University

Elementary school students have varied learning needs and their academic learning, which contrasts between students - especially so for those students from culturally non-dominant backgrounds. This study will investigate the following research questions: This case study posed the following questions: 1. How and why do teachers, vice principals, and principals in four 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 social and academic learning? 3. How does Policy Program Memorandum 119 (Ontario's Equity and Inclusive Strategy, 2009) reflect and inform the enactment of inclusive education by teachers, vice principals, and principals? (Ministry of Education, 2009)? Existing literature addresses the multiple challenges (e.g. poor nutrition, inadequate health services, mental health challenges, high rates of illiteracy, socio-economic status, etc.) teachers and principals face working in high-poverty schools (Kozol, 1991, 2005, 2007; Leithwood, 2006, Levin, 2007). Educators who have the





knowledge and understanding of working with at-risk children of poverty will be studied to learn what it is they do that enables children from poverty to be successful. The data to be gathered will consist of semi-structured interviews with principals, and teachers, document analysis, and observations of teachers. The findings from this study have the potential to illuminate teaching approaches that are ultimately intended to create more equitable classrooms for students and more broadly, further contribute to the development of teaching and leadership in elementary schools, and teacher education in Ontario.

---

### **G-3** *The Effects of Perinatal Cannabis Exposure on Health Outcomes: A Content Analysis of Twitter Messages*

Hana Dakkak<sup>\*1</sup>, Rachel Brown<sup>1</sup>, Kimberly Charbonneau<sup>1</sup>, Jamie Seabrook<sup>1,2,3</sup>

(1) Brescia University College, (2) Western University, (3) London Health Sciences Centre

**BACKGROUND:** Cannabis is the most commonly used illicit drug during pregnancy, with prevalence rates of 5-27%. Since many cannabis users also use alcohol and tobacco, previous research has not examined the independent effects of cannabis use on maternal and infant health outcomes. Given limited research on cannabis use during the perinatal period, examining messages portrayed in social media is important, as more mothers are turning to social media as a source of health information.

**OBJECTIVE:** To determine the types of messages being disseminated on Twitter about cannabis use and maternal and infant health outcomes.

**METHODS:** Our search strategy included various hashtag combinations (e.g., #marijuana #pregnancy, #marijuana #breastfeeding) of publicly available tweets from the inception of Twitter (2006) until April 2017. All tweet content was coded independently for themes by two authors. If the tweets included hyperlinks, these links were examined to investigate the source of the messages and to clarify the user's intent.

**RESULTS:** As of February 2017, n=121 tweets, 49% of which were related to pregnancy, 31% breastfeeding, and 20% included pregnancy and breastfeeding. Detrimental effects were reported in 49% of tweets related to pregnancy and 40% to breastfeeding. The most commonly reported effects were neuro-developmental delays, altered brain and motor function, low birth weight, poor sucking and lower quantity of breastmilk.

**CONCLUSIONS:** Until large studies are conducted that account for confounding variables, which may also be associated with maternal and postnatal outcomes, information that mothers receive on cannabis use during the perinatal period remains inconclusive in social media.

---

## **Session 2: Cluster H. MENTAL HEALTH**

### **H-1** *A Look at the Adverse Life Events Experienced by Children and Youth Receiving Mental Health Services in Ontario*

Kim Arbeau<sup>\*1</sup>, Rachael Jones-Chick<sup>1</sup>, Shannon L. Stewart<sup>2</sup>

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

**OBJECTIVE:** Adverse life events can have a long-term impact on an individual's functioning, and research has reported that the greater number of adverse experiences can increase the likelihood of mental and physical health issues (e.g., Felitti et al., 1998). The purpose of the current study was to examine adverse life events in children/youth receiving mental health services.

**METHODS:** A sample of 18,426 children/youth (51% males) aged 4 to 18 years (Mage=12.36, SD=3.77) receiving mental health services in Ontario were assessed using the interRAI Child and Youth Mental Health - Screener

(ChYMH-S). The following adverse life events were examined: death or loss of a parent/primary caregiver, victim of sexual assault/abuse, victim of physical assault/abuse, victim of emotional abuse, victim of bullying, witnessed domestic violence, parental addiction/substance abuse.

**RESULTS:** Findings revealed that 46% of children/youth receiving mental health services were bullied. Parental addiction/substance abuse, witnessing domestic violence, victim of emotional abuse, and death or loss of a parent/primary caregiver were each experienced by approximately 20% of children/youth. Sixty-nine percent had experienced at least 1 adverse life event, with 40% experiencing multiple.

**CONCLUSIONS:** This study demonstrates that a majority of children/youth receiving mental health services have experienced potentially traumatic events, with a substantial experiencing multiple adverse life events.

---

## **H-2** *You Can't Pour From an Empty Cup – How the interRAI ChYMH Can Be Used to Identify and Support Caregivers Experiencing Stress*

**Kaylan Bartholomew\***, Katharine Moody

Child and Parent Resource Institute

When developing strategies to support young people on the path to improved mental wellness, it is important to consider the role of the caregiver as a support and driver of those strategies. When stress is present, it may impact a caregiver's ability to utilize or implement support strategies impacting the young person's mental health.

In other words, assisting caregivers to identify and manage stress will increase the likelihood of positive outcomes for the young person.

The interRAI Child and Youth Mental Health Assessment (ChYMH) is a multisource assessment designed to tell a comprehensive story of the young person's needs. The ChYMH has the ability to objectively identify caregivers who are experiencing increased levels of caregiver distress as well as provide evidence informed best practice guidelines for professionals to support them through Collaborative Action Plans (CAPs) that are triggered through the completed ChYMH assessment.

We will introduce how the interRAI ChYMH;

- **Helps identify caregiver distress objectively**
- **Includes caregiver stress as an important factor in supporting a child's mental health needs**
- **Uses CAPs to provide evidence based information on addressing caregiver distress to clinicians**
- **Uses CPRI developed Caregiver CAPs to share these evidence based strategies with non-professionals**
- **Allows clinicians to identify broader areas of improvement secondary to the primary reason for referral that may reduce the amount of stress the caregiver faces**

In conclusion, the ChYMH offers identification of caregiver distress through objective reporting, which allows for a matching of these observations with literature to maximize the use of evidence based recommendations.



---

## **H-3** ***Adverse Life Events Algorithm (ALEA) – Identifying Mental Health Needs in Children and Youth for Timely Interventions and Support***

**Naila Meraj<sup>\*1</sup>**, Richard Zayed<sup>1,2</sup>, Kim Arbeau<sup>1</sup>, Tom Ketelaars<sup>1</sup>, Shannon Stewart<sup>2</sup>

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

Childhood negative life events play a significant role in adult outcomes contributing to complex symptomatology in adulthood more strongly than adult trauma (Caspi et al., 2016; Cloitre et al., 2009). Return on investment may be better attained through responsive early-years interventions to ameliorate the effect of childhood adverse experiences, potentially leading to better outcomes in adult life (Caspi et al., 2016).

The Adverse Life Events Algorithm (ALEA) was created using the interRAI Child and Youth Mental Health (ChYMH) instrument. It was designed to gather an exhaustive history of adverse life events from clients with the goal of collecting a comprehensive history of events that could lead to trauma. By understanding the kinds of adversities one has experienced in early life, and their impact on the developing brain, we may be able to better understand later negative health outcomes.

The Adverse Childhood Experiences (ACE) questionnaire, a widely used standardized adverse experiences tool was used as an initial guide in selecting items for the ALEA. Further item selection was research, data and clinician driven. The ALEA contains 18 subcategories of adversities that each generates a score, including categories that capture childhood maltreatments.

In this presentation we will:

- **Present ALEA as a novel approach for identification of adverse childhood experiences.**
- **Highlight how ALEA may assist in identification of associated mental health problems in children/youth.**
- **Discuss the importance of ALEA as a beneficial tool to help guide interventions with children and families.**

---

### **Session 2: Cluster I. KNOWLEDGE TRANSLATION**

## **I-1** ***PeelThinkShare: Addressing Knowledge Translation Needs of Community Based Organizations***

**Selma Tobah<sup>\*1</sup>**, Anita Kothari<sup>1</sup>, Nicole Britten<sup>2</sup>, Karen LeMoine<sup>2</sup>

(1) Western University, (2) Regional Municipality of Peel

**OBJECTIVES:** In 2013, PeelThinkShare, a knowledge translation (KT) intervention to strengthen the abilities of community based organizations (CBOs) working within the scope of youth violence prevention to access and apply research for the purposes of evidence-informed decision making, was created. This was in response to a 2012 needs assessment conducted to investigate the KT needs of CBOs. The purpose of this research was to gauge the success of the PeelThinkShare intervention and which elements could be improved. Research questions were: 1) How were CBOs using the intervention? and 2) Was the capacity of CBOs to use research in decision-making influenced by the intervention?

**METHODS:** Within a mixed methods design, results from a semi-structured survey were used to inform focus group and interview discussions with CBO managers and staff members. Survey results from the 20 CBOs that participated in both the needs and outcome assessments were compared.

**RESULTS:** Survey results demonstrated varied capabilities in acquiring, assessing, adapting, and applying evidence. Focus group and interview responses further informed the survey responses by contextualizing and describing that CBOs required further assistance in order to access and apply research. The KT strategy

supported the planning and practice of evidence-based services. It also supported the evaluation of our user organization's own services.

**CONCLUSION:** An inclusive KT approach with CBOs rather than the traditional, isolated approach to research dissemination is warranted.

---

## **I-2     *How Do Individuals with Cerebral Palsy and their Families Prefer to Receive and Use Evidence-Based Information to Individualize Services to Optimize Outcomes?***

**Tianna D. B. Deluzio\***, Doreen Bartlett

Western University

The literature shows a clear need for why children with a disability and their families need relevant and accurate information; however, there is a gap in the literature in terms of how families prefer to receive this information. This research will help to address this gap by collaborating with children and their families to understand how information can be provided in a way that will effectively contribute to optimal development.

The main objectives of this research project were: (1) to describe the specific format in which children and youth with cerebral palsy (CP) and their parents prefer to receive evidence-based information about their children's development, obtained from the Move & PLAY and OnTrack studies; (2) to understand how children and youth with CP and their parents intend to use evidence-based information pertaining to their children's development; and (3) to gain insight on how children and youth with CP wish to be represented in information in terms of being both comprehensive and respectful.

Ten participant pairs were recruited, consisting of children with CP and their parents or legal guardians. Semi-structured interviews were conducted and analyzed using a grounded theory approach. Eight themes became apparent related to the type and format of information preferred by children with CP and their parents. Overall, the results of this study provide a next step for disseminating the individualized information obtained in the OnTrack study, as well as for narrowing the gaps that currently exist in the literature related to information preferences of children with CP and their families.

---

## **I-3     *Engaging in Research as a Young Clinician: Lessons Learned***

**Nicole Turner\***

Thames Valley Children's Centre

Quite often, there is a tendency to draw a dichotomy between frontline clinicians and researchers. However, significant achievements can be attained when these groups collaborate and feed off of each other's expertise. This presentation explores the experience of a Youth Engagement Facilitator (YEF) who was involved in a research project at Thames Valley Children's Centre to assist with the development of a Teen Quality of Life (T-QOL) survey. In this stage, the YEF supported recruitment of youth and co-facilitated two focus groups, one with youth and the other with clinicians, in order to assess the tool's face and content validity. Challenges such as self-perceived inadequacy when interviewing well-seasoned professionals and over-identification with youth participants will be discussed, in addition to personal, professional, and research-related benefits. Finally, recommendations regarding how to best support young clinicians in engaging in research will be shared.



---

**J-1** *A Clinical Perspective: Reciprocal Crawling - A Foundational Building Block for Motor Control, Coordination and Balance***Lisa Corbeil\***

Thames Valley Children's Centre

Some children, especially those who are neurologically vulnerable, who dislike, or who have been exposed to limited 'tummy time' and the prone position with upper extremity weight bearing during the first year of life may skip and/or avoid crawling and/or present with early gross motor delays. We will explore how reciprocal four-point crawling, as a skill and a therapeutic facilitation strategy, impacts a child's ability to walk, motor control, balance and coordination. We will discuss clinical strategies to help evaluate, facilitate and promote early protective responses, upper extremity weight bearing in prone, core control, crawling and climbing skills in children.

---

**J-2** *Therapeutic Interventions: Can Sick Kids Have Fun at the Hospital?***Sarah Pol\*<sup>1</sup>**, Michelle Hart<sup>2</sup>, Christine Loveday<sup>2</sup>

(1) Western University, (2) Children's Hospital at London Health Sciences Centre

Hospitalization is a potentially stressful experience for paediatric patients and their families. Injured or ill children who require hospitalization, are removed from their daily routine and placed in an often frightening hospital environment, which can cause anxiety. Child life specialists are health care professionals trained in reducing the stress of paediatric patients through the use of therapeutic interventions (TIs), such as recreational play, crafts and activities. These activities help to normalize the hospital experience, enhance the emotional well-being of the patient, moderate the patient's anxiety; and decrease the possibility that hospitalization will disrupt the patient's normal development. The objective of this project was to investigate the impact that TIs have in reducing stress in patients and their families as well as the ability to normalize the hospital experience. A variety of TIs (including games, crafts and activities) were used during interactions with patients on the B6 Inpatient unit at Children's Hospital at London Health Sciences Centre. Qualitative observations were made comparing the affect of the patient before the intervention and on completion of the intervention. Upon first meeting the patients, it was evident that hospitalization is a stressful experience for most patients, however after the activities the patients appeared to be having fun and they were less anxious. This project supports findings by other researchers that show that TIs can normalize the hospital experience, moderating the patient's anxiety and enhancing the emotional well-being of hospitalized children.



---

## **J-3** *Three-Dimensional Gait Analysis for Cerebral Palsy and Its Role in the Clinical Decision Making Process*

**Rob Caryn\*, Cheryl Sholtes\***

Thames Valley Children's Centre

The purpose of this session will be to orientate the audience to what 3-D gait analysis is, and its role in the clinical decision making process in pediatric populations with cerebral palsy. Children with cerebral palsy have damage to the central nervous system, typically a result of a static injury to the developing brain. This type of injury results in abnormal motor control, with associated delay in the onset of walking and an abnormal gait pattern. Three-dimensional gait analysis techniques have been used extensively to provide objective information to be used for treatment decision making. Current evidence from the literature will be presented regarding client outcomes and parental satisfaction with surgery endorsed by 3-D gait analysis.

---

### **FULL DESCRIPTIONS OF POSTERS (WITH ABSTRACTS) POSTER CRAWL SESSION**

---

#### **Poster 1** *A Systematic Review of Disability Disclosure and Accommodations for Youth in Post-Secondary Education and Employment*

**Sally Lindsay\*<sup>1,2</sup>**, Elaine Cagliostro<sup>1</sup>, Gabriella Carafa<sup>1</sup>

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

**PURPOSE:** This systematic review critically appraised the literature on disability disclosure and accommodations in post-secondary education (PSE) and employment for youth with disabilities.

**METHOD:** Systematic searches of eight international databases identified 58 studies meeting our inclusion criteria. These studies were analyzed with respect to the characteristics of the participants, methodology, results of the studies and the quality of the evidence.

**RESULTS:** Among the 58 studies, 22 focused on employment representing 18,623 participants (mean age 24) across five countries; and 36 studies focused on PSE representing 5174 participants (mean age 26.4) across six countries. Barriers to disability disclosure and requests for accommodations included stigma and discrimination, disability type, severity, and poor self-esteem. Facilitators of disclosure included being knowledgeable about supports available, effective communication, self-advocacy, knowledge of and positive attitudes towards people with disabilities. There was little consensus on the processes and timing of how disability should be discussed in PSE and the workplace for youth with disabilities.

**CONCLUSIONS:** Our findings highlight the complexities of disability disclosure for youth with disabilities. More research is needed to explore issues of PSE and workplace disclosure and accommodations for young people to improve disclosure strategies and the process of providing appropriate accommodations.





---

## Poster *Factors Associated with Health-Related Quality of Life in Children with Congenital Myotonic Dystrophy*

**2** **Stephanie Rogers**\*<sup>1,2</sup>, Basmah El-Aloul<sup>1</sup>, Delia Ceballos-Saenz<sup>1</sup>, Rhiannon Hicks<sup>1,4</sup>, Eugenio Zapata-Aldana<sup>1</sup>, Karen Bax<sup>1</sup>, Evan Pucillo<sup>2</sup>, Deanna Dibella<sup>2</sup>, Nicholas Johnson<sup>2</sup>, Craig Campbell<sup>1,3,4,5</sup>

(1) Western University, (2) University of Utah, (3) Children's Health Research Institute, (4) London Health Sciences Centre, (5) Thames Valley Children's Centre

Congenital myotonic dystrophy (CDM) is a genetic neuromuscular disease that significantly reduces health-related quality of life (HRQoL). However, the relationship between disease manifestations in CDM and HRQoL has not been well-characterized. The objective of this study was to evaluate the relationship between HRQoL and neuropsychological function, physical capacity, and disease severity in children with CDM.

Children with CDM aged 0-13 years were enrolled. PedsQL™ Generic Core Scales and Neuromuscular Module Parent Proxy-Reports were used to measure HRQoL. Neuropsychological function, physical capacity, and disease severity were assessed. Spearman correlation coefficients and the Kruskal-Wallis test were used to assess associations between patient characteristics and HRQoL in Stata 13.0. Forty-eight participants with CDM were enrolled. Greater daytime sleepiness was significantly associated with poor overall HRQoL determined by generic ( $\rho=-0.41$ ,  $P=0.007$ ) and neuromuscular ( $\rho=-0.40$ ,  $P=0.01$ ) measures, as well as psychosocial HRQoL ( $\rho=-0.46$ ,  $P=0.002$ ). Higher adaptive functioning was significantly associated with better HRQoL determined by the neuromuscular module: communication ( $\rho=0.39$ ,  $P=0.03$ ), daily living skills ( $\rho=0.54$ ,  $P=0.002$ ), and socialization ( $\rho=0.52$ ,  $P=0.005$ ). Higher physical capacity was associated with better physical ( $\rho=0.37$ ,  $P=0.04$ ) but not overall HRQoL. An increased number of comorbidities was associated with poor overall HRQoL determined by generic ( $\rho=-0.40$ ,  $P=0.009$ ) and neuromuscular ( $\rho=-0.32$ ,  $P=0.05$ ) measures. CTG repeats and IQ did not correlate with HRQoL.

This study has identified several factors that are associated with HRQoL in children with CDM. Daytime sleepiness, adaptive functioning, and higher comorbidities had the most pronounced effect on HRQoL. These may be promising factors to target in treatment plans.

---

## Poster *Subjective Quality of Life for Youth with Spina Bifida*

**3** **Janette McDougall**\*<sup>1,2,3</sup>, **Megan Nichols**\*<sup>1</sup>, Karen Lowry<sup>1</sup>

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

**PURPOSE:** This research examined the subjective quality of life (SQOL) of youth with spina bifida (SB) by: a) comparing SQOL scores of these youth with the scores of youth with other chronic conditions; b) comparing youth SQOL mean scores as reported by themselves and by one of their parents; and c) exploring cognitive and physical functioning as correlates of youths' SQOL.

**METHODS:** Thirty-six youth aged 11 to 17 years with SB participated. Youth were recruited from rehabilitation centres in Ontario. Both youth and parents completed questionnaires. SQOL was measured using the Student Life Satisfaction Scale. Analysis of variance examined mean differences in scores among youth with different conditions. A t-test assessed mean differences in youth and parent scores. Multivariate linear regression identified correlates of youth SQOL.

**RESULTS:** No significant differences existed regarding SQOL scores among youth by chronic condition. The group mean for youth with SB indicated that, on average, they 'moderately agree' their life is going well. Youth scored significantly higher than parents regarding their SQOL. Cognitive functioning was significantly and negatively related to youth SQOL.

**CONCLUSIONS:** Given that, on average, youth with SB moderately agree their life is going well, and 31% score below that average, it is important for their SQOL be assessed routinely to identify those at risk. It would also be useful to assess both youth and parent perspectives, as each offers unique insights. Cognitive functioning was negatively associated with youth SQOL, emphasizing the importance of examining cognition of youth with SB, in addition to physical status.

---

## **Poster 4** *Thames Valley Children's Centre Research Program: Informing Clinical Practice and Optimizing Quality of Life for Children and Families*

**4** Janette McDougall<sup>\*1,2,3</sup>, Michelle Servais<sup>1,2</sup>

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

Over the past three decades, the Thames Valley Children's Centre's (TVCC) Research Program has worked to inform clinical and everyday practice and make a difference in the lives of children and families served by TVCC and other Ontario Association of Children's Rehabilitation Services centres. In that time, over 160 research studies have been completed. Many of those projects have been carried out in collaboration with other OACRS centres. More than 180 peer-reviewed publications have resulted on topics such as outcome measures, clinical decision-making, transition planning, children's participation and their quality of life. In addition, over 100 easy-to-read summaries of research studies and topics relevant in pediatric rehabilitation, as well as books, book chapters, and outcome measures have been published. The TVCC Research Program has assembled a wealth of knowledge over the past decades that families, clinicians, and researchers alike can benefit from. This poster will: a) provide a brief history of the Program and its focus; b) describe the process that clinicians and researchers should follow to carry out research at TVCC; c) provide a listing of various types of resources available to families, clinicians, and researchers, including research journal publications, books, easy-to-read summaries, outcome measures and other tools. Examples of recent publications, easy-to-read summaries, and measures will be made available to conference participants.

---

## **Poster 5** *A Qualitative Exploration of Social Support Provided in an E-Mentoring Intervention for Employment Readiness of Youth with Physical Disabilities*

**5** Celia Cassiani<sup>1,2</sup>, Emily Nalder<sup>2</sup>, Jennifer Stinson<sup>2,3</sup>, Sally Lindsay<sup>\*1</sup>

(1) Bloorview Research Institute (2) University of Toronto, (3) Hospital for Sick Children

**BACKGROUND:** Youth with physical disabilities are under-represented in the workforce compared to their typically developing peers. Although some employment readiness interventions are available, they often lack social support components and are difficult for youth to access. Peer e-mentoring is a promising and accessible approach to address these issues and is a method of delivering social support. However, the nature of social support in online groups is not fully described within the literature for youth with physical disabilities. This study aimed to describe the nature of social support exchanged within an online group intervention for employment readiness, compared between two online peer groups of participants; a mentored (i.e., experimental group), and a non-mentored group (i.e., control group).

**METHODS:** Using a qualitative method, textual data from discussion forums of two groups (i.e., experimental versus control) of an online employment readiness intervention were analyzed. Both groups were exposed to 12-weeks of evidence based employment readiness resources and teaching components fully online. The mentored group was led by a peer mentor that participated in discussion, and the non-mentored group solely contained peer participants. An inductive content analysis was applied to the data to understand the content of the discussions and provide a description of social support interactions between participants over time in each group.



**RESULTS:** The mentored group consisted of nine youth aged 15-21, and the non-mentored group with seven youth aged 14-16, all with physical disabilities. Three main themes of social support types provided across the mentored and non-mentored groups emerged from the data; solution-focused support, shared experiences, and emotional support. Compared to the non-mentored group, the mentored group offered greater breadth of support in areas of solution-focused support and emotional support.

**SUMMARY:** Social support is the provision of guidance for the benefit of another individual thus group e-mentoring and peer support groups are a method of providing social support. In this study, youth with physical disabilities participated in an employment readiness focused online intervention, under two different conditions, where an mentored skill-based environment allowed for more varied forms of social support to be provided than a non-mentored environment.

---

## Poster *Findings and Best Practices from an Educational Intervention to Enhance Listening Skill Development of Clinicians*

6

Linda Bolack\*<sup>1</sup>, Michelle Servais<sup>2,3</sup>, Gillian King<sup>4,5</sup>, Tracy Shepherd<sup>2,6</sup>, Colleen Willoughby<sup>2</sup>, Sheila Moodie<sup>3</sup>, Debbie Strachan<sup>1</sup>, Patricia Baldwin<sup>2</sup>, Kerry Knickle<sup>5</sup>, Madhu Pinto<sup>4</sup>, Kathryn Parker<sup>7</sup>, Nancy McNaughton<sup>5</sup>, Diane Savage<sup>7</sup>

(1) Independent Consultant, (2) Thames Valley Children's Centre, (3) Western University, (4) Bloorview Research Institute, (5) University of Toronto, (6) Centralized Equipment Pool, (7) Holland Bloorview Kids Rehabilitation Hospital

**BACKGROUND:** Listening and communication form a large part of every clinical and interprofessional encounter and are essential skills for health professionals— impacting clinical practice, the quality of health care, and client outcomes. In this poster presentation, we present research findings from a mixed-methods pilot study (King, et al., 2015) that assessed the impact and procedures of a comprehensive listening skill educational intervention for clinicians. This innovative intervention exemplifies current best practices in knowledge mobilization, including multifaceted learning opportunities (e.g., self-evaluation, feedback on performance, interdisciplinary group discussion, simulation and experiential learning, self and guided critical reflection) to enhance the listening skills of clinicians.

**METHODS:** Six clinicians participated in group observation and discussion of 6 inter-professional 3- to 5-minute video simulations of clinical listening scenarios, along with 2 individual solution-focused coaching sessions on personal listening goals. A validated self-report measure of listening skill (ELICS, King, et al., 2012) was administered pre- and post-intervention, and at a 2-week follow-up, observer-rated listening skills were captured in three live simulations, and qualitative information was gathered in individual interviews.

**RESULTS:** The intervention was found to significantly impact clinicians' listening behaviours: significant change on self-reported listening skills was found from pre- to post-test to follow-up, and statistically significant correlations were found for overall ratings of observed listening skills by debriefers versus standardized clients. Participants described the intervention as an intense learning experience that resulted in immediate changes to their clinical and inter-professional practice.

**CONCLUSIONS:** Listening and communication skills are essential for health professionals and impact clinical practice, the quality of health care, and client outcomes. We highlight the key features of the intervention reported by clinicians that contributed to learning and share our current work developing a listening curriculum.

---

## Poster 7 *Parents' Perceptions of Physical Literacy and the Resources Required to Enhance it in Children: An Exploratory Study*

Kristen C. Reilly\*, Shauna M. Burke, Dalia Hasan

Western University

**BACKGROUND AND PURPOSE:** Physical literacy (PL) has been defined as the knowledge, confidence, motivation, and physical competence to engage in physical activity for life (Whitehead, 2010). The purpose of this study was to: (1) explore parents' understanding of PL and its importance in their families; and (2) identify parents' perceptions of the resources and opportunities required at both family and community levels to improve children's PL.

**METHODS:** Parents of children aged 16 years and younger, living in Ontario, were recruited to take part in this survey-based study via social media. Participants completed an online questionnaire containing Likert-scale ( $n = 3$ ) and open-ended ( $n = 4$ ) questions. Descriptive statistics were calculated to describe participant demographics and responses to Likert-scale questions. Qualitative data collected via the open-ended questions were analyzed using the thematic analysis methodology described by Braun and Clarke (2006).

**RESULTS:** Participants ( $n = 79$ , MAge = 39.4 years) were predominantly White (77.2%), female (91.2%), and married (79.7%). Participants agreed (26%) or strongly agreed (74%) that PL was important to them, however most respondents (77.3%) believed that PL could be improved in their families. The primary themes from participants' responses to the question "What does PL mean to you?" were health (subthemes: body awareness, benefits, lifestyle) and physical activity (subthemes: cognitive, affective, capacity, behavioural, maintenance). With regard to the resources and/or opportunities required to improve PL in their child(ren) at the family level, parents expressed the need for inclusive family-friendly exercise programs, as well as financial and time management support. At the community level, parents reported that affordable, accessible, and diverse physical activity opportunities, as well as improved physical education opportunities in schools, were required to improve PL among children.

**CONCLUSION:** Parents agreed that PL is important for their families, and most noted that it could be improved. Several important resources and opportunities were highlighted, in both home and community environments, that could be targeted in interventions and/or resources designed to enhance PL in children. Potential implications and future directions related to parents' perceptions and suggestions related to PL will be presented.



---

## **Poster 8** *Defining and Predicting Dropout from Children's Mental Health Services: A Novel Need-Based Definition of Dropout*

**Kimberly Dossett\***, Graham Reid

Western University

Dropout from children's mental health services (CMHS) has negative impacts on children, families and mental health agencies. To reduce dropout, it is essential to correctly define individuals as treatment dropouts, and understand predictors of dropout. The goal of this study was to develop a novel definition of dropout from CMHS that would rectify issues with existing definitions and suggest a data-driven alternative. Secondary data analyses were conducted using data from a larger study on patterns of service use across Ontario children's mental health agencies. The current study proposed a need-based definition, which suggests the optimal number of sessions required should vary based on an individual's level of need at intake. Dropout is then defined as receiving significantly lower than the optimal number of sessions. The need-based definition was compared to existing definitions of dropout and found to categorize individuals similarly, but distinctly from existing definitions. Predictors of dropout were examined using the need-based definition and compared to predictors of dropout using existing definitions on the same sample, as well as findings from previous reviews of the dropout literature. Predictors of dropout using the need-based definition differed from other definitions. In particular, caregiver needs was a strong predictor of dropout using the need-based definition. Results suggest the need-based definition is a valuable method for categorizing individuals as dropouts or completers. Findings can guide interventions designed to improve service retention by helping to identify and target risk factors associated with dropout.

---

## **Poster 9** *Building Healthy Brains to Build a Healthy Future - A Community Partnership Campaign*

**Heather Bywaters\***, Ruby Brewer, Sarah Ingram

Middlesex-London Health Unit

Middlesex-London boasts an array of professionals, agencies and community groups concerned about optimizing Early Childhood Development and preventing children from "falling through the cracks". The Community Early Years Partnership formed when a number of these like-minded organizations came together and realized that by sharing resources and working collaboratively, we could make a more significant impact. Members provide services related to prevention and promotion, developmental screening, education and diagnosis through to intervention. Our "Building Healthy Brains to Build a Healthy Future" Campaign capitalizes on our Partnership's diverse knowledge, expertise and circles of influence.

Just as effective family-centred care must be relationship based, we believe that close, collaborative relationships amongst community partners is essential to achieve best outcomes. We have come to understand the importance of recognizing each organization's unique role in a complex and often fragmented system and believe "We're Better Together".

The Middlesex-London Community Early Years Partnership has developed a multi-faceted campaign that includes awareness, education, skill building, community mobilization and advocacy with the goal of improving infant and early childhood mental health and optimizing child developmental outcomes. Strategies have been targeted to families, caregivers, healthcare providers and other interested community partners. Our "Building Healthy Brains to Build a Healthy Future" Campaign illustrates key components that contribute to healthy brain development and mental health. Thus far we have launched phases related to Attachment, Resiliency and Social/Emotional (Mental) Health. This broad, population-based campaign allows each member of the Partnership to contribute to the achievement of our common goal while still fulfilling their own organization's mandate.

---

## Poster 10 *Meaningful Occupations of Young Adults with Muscular Dystrophy and Other Neuromuscular Disorders*

Sally Lindsay<sup>1,2</sup>, Elaine Cagliostro\*<sup>1</sup>, Laura McAdams<sup>1</sup>

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

**BACKGROUND:** Youth with Duchenne muscular dystrophy and other neuromuscular disorders are living well into adulthood and need help engaging in meaningful occupations.

**PURPOSE:** We explored their engagement in meaningful occupations from the perspectives of youth, parents, and clinicians.

**METHOD:** The sample included 26 participants (11 parents, 8 youth, 7 clinicians), aged 19-28 (mean 22.3 years). Data were obtained from semi-structured interviews and analyzed using an interpretive approach.

**FINDINGS:** Applying the Person-Environment-Occupation model we found issues at the person level included: managing in(dependence), coping, motivation, and psychological well-being. At the environment level, the focus was on supports and accommodations, along with (in)accessible environments that either helped or hindered their engagement. Finally, in the occupation component of the model we found a wide variation in youth's engagement in meaningful vocations.

**IMPLICATIONS:** Clinicians should consider what youth value as important and connect them to appropriate resources so they can achieve their goals.

---

## Poster 11 *Factors Associated with Fatigue in Children and Adolescents with Duchenne Muscular Dystrophy: A Canada-Wide Cross-Sectional Survey*

Basma El-Aloul\*<sup>1,2</sup>, Yi Sally Wei<sup>1,2</sup>, Kathy Speechley<sup>1,2,3</sup>, Craig Campbell<sup>1,2,3,4</sup>

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

**BACKGROUND:** Fatigue is frequent and disabling in adults with neuromuscular disorders, but not well characterized in paediatric neuromuscular disorders. Recently, fatigue was reported to be associated with poor health-related quality of life in children with Duchenne muscular dystrophy (DMD). Determinants of fatigue—a modifiable symptom—have not been studied in DMD. Our objective was to explore risk factors for fatigue in children with DMD.

**METHODS:** Patients aged 4–17 years identified via the Canadian Neuromuscular Disease Registry (CNDR) received mailed questionnaires. Fatigue was assessed using the PedsQL Multidimensional Fatigue Scale (child self-report and parent proxy-report). Standardized measures for depressive symptoms, sleep disturbances, functional ability and physical activity were used. Patient medical histories were retrieved from the CNDR database. Descriptive statistics, Spearman's correlation coefficients, Wilcoxon rank-sum tests, and Kruskal-Wallis tests were computed in Stata 13.0.



**RESULTS:** Of 194 eligible patients, 71 have responded. DMD patients reported greater fatigue than healthy controls from published data. Depressive symptoms were associated with greater fatigue, by child self-report ( $\rho=-0.46$ ,  $P<0.001$ ) and parent proxy-report ( $\rho=-0.44$ ,  $P=0.005$ ). Sleep disturbances were associated with greater fatigue, by child self-report ( $\rho=-0.42$ ,  $P=0.003$ ) and parent proxy-report ( $\rho=-0.51$ ,  $P=0.002$ ). Greater functional ability was associated with less fatigue, by parent proxy-report only ( $\rho=0.25$ ,  $P=0.04$ ). Physical activity level, ambulatory status, cardiorespiratory function (left ventricular ejection fraction and forced vital capacity), scoliosis and age were not associated with fatigue.

**CONCLUSIONS:** Fatigue is a significant issue in DMD. Depressive symptoms and sleep disturbances are associated with fatigue, warranting attention in therapeutic strategies to reduce fatigue.

---

## Poster 12 *Risk Factors and Mitigation of Influenza Among Indigenous Children in North America, Australia, and New Zealand: A Systematic Review*

Crystal McLeod\*

Western University

**BACKGROUND:** Indigenous children of Australia, Canada, United States, and New Zealand experience disproportionately high rates of respiratory infections. A notable example of this disparity is the disease burden created by influenza, which gained global attention during the 2009 pandemic year, and continues to appear in greater incidence among Indigenous children.

**OBJECTIVE:** This review considers prominent risk factors and mitigation strategies of influenza among Indigenous children worldwide.

**METHODS:** A systematic search of 6 electronic databases and grey literature from the period of 1997- 2017 was completed. Articles selected for inclusion discussed the presence of influenza within Indigenous peoples. Ancestry searches of articles matching the study criteria were also undertaken to discern seminal topic research.

**RESULTS:** From review of twenty-three primary research studies, marked risk factors and mitigation strategies of influenza among Indigenous children were identified. Notable risk factors included age under four years, smoke exposure, presence of a chronic illness, crowded living conditions, and diminished access to vaccination. Successful mitigation of influenza in Indigenous communities included strategies to improve vaccine coverage, provide health education to remote Indigenous communities, and policy change to improve Indigenous peoples' quality of life. Majority of literature was derived from an Australian epidemiological context.

**CONCLUSIONS:** Health promotion programming is urgently required to prevent future outbreaks, and halt the evolution of increasingly invasive forms of influenza within this population. Utilizing existing public health infrastructure and collaborating with culturally unique Indigenous groups, preventive action for Indigenous children at significant risk of contracting influenza can be realized.



---

## Poster *Peer-Mediated Social Skills Training in A City-Wide, Inclusive Summer Camp*

13

Karen Faragher\*<sup>1</sup>, Carmen Hall<sup>2</sup>, Laurie Quinlan<sup>3</sup>, Beth Landowski<sup>3</sup>, Amanda Morrison<sup>3</sup>, Alyssa Robertson<sup>1</sup>, Fatima Machado<sup>1</sup>, Sydney Lusk<sup>4</sup>

(1) Thames Valley Children's Centre, (2) Fanshawe College, (3) City of London, (4) Beyond the Door

Camps on TRACKS is a peer-mediated social skills intervention program that provides all children in summer camp with the skills to interact with one another effectively, and how to create an environment of acceptance, understanding, and friendship. To encourage peer-to-peer interactions, camp counselors are taught to prompt through peers, rather than always directly assisting campers with disabilities and/or other social challenges, in order to build a camp environment where all children are included and are meaningful participants. Campers are taught skills using a child-friendly TRACKS acronym representing five common behavioral strategies typical in peer-mediated approaches: Try again (persistence), Right thing (correcting), Assist (prompting), Congratulate (reinforcement), Keep trying (persistence), and Show (modeling). Thames Valley Children's Centre, in collaboration with Fanshawe College and the City of London has received an Ontario Trillium Grant for 3 years to make the information from the Camps on TRACKS program available throughout Ontario. A mixed-method design was utilized demonstrating promising results and will not only add to the existing literature gap, but it will allow professionals in the field to access a resource that can change the way clinicians typically approach including children with disabilities in summer camps.

---

## Poster *Decorin Over-Expression by Uterine Decidua: A Predictive Plasma Biomarker in Pre-Eclampsia*

14

Pinki Nandi\*<sup>1,2</sup>, Genevieve Eastabrook<sup>1,2</sup>, Barbra de Vrijer<sup>1,2</sup>, Victor K M Han<sup>1,2</sup>, Peeyush K Lala<sup>1,2</sup>

(1) Western University, (2) Child Health Research Institute

**OBJECTIVE:** We reported that decorin (DCN), a leucine-rich proteoglycan produced by pregnant decidua limits invasion and endovascular differentiation of extravillous trophoblast (EVT) cells by binding to multiple tyrosine-kinase receptors, specially, VEGFR-2. Many studies reported an association of poor EVT invasion and endovascular differentiation with pre-eclampsia (PE). Present study tested whether DCN over-expression in the chorionic villi and/or basal decidua is associated with PE, and whether elevated blood DCN level is a predictive biomarker for PE.

**METHODS:** DCN mRNA expression was measured with qPCR and in situ hybridization (ISH) in healthy and PE placentas (14 each, 23-40 weeks gestation). Tissue sections were immuno-stained for DCN protein. Furthermore, we conducted retrospective measurements of plasma DCN during the second trimester (15-25 weeks) in BMI-matched pairs of control and PE subjects (28 each).

**RESULTS:** DCN mRNA expression at the tissue level in chorionic villi did not differ significantly between control and PE placentas. In contrast, cell-specific DCN mRNA expression, measured with ISH exhibited profoundly higher expression in basal decidua, but not in villus mesenchyme, within PE placentas than control placentas at all gestational ages. These findings were validated with immuno-staining for DCN protein. Retrospective measurement of plasma DCN levels during the second trimester in 28 BMI-matched pairs of control and PE subjects revealed significantly elevated plasma DCN in all PE subjects.

**CONCLUSION:** DCN over-expression by basal decidua is associated with hypo-invasive phenotype and poor endovascular differentiation of EVT cells in PE, and elevated plasma DCN is a novel predictive biomarker for PE.



---

## **Poster 15** *Pathways to Praxis: The Experience of Two White Social Workers at an Indigenous Social Service Agency*

**Evan Wick**<sup>\*1,2</sup>, Cassandra Hunter<sup>2</sup>

(1) University of Western Ontario, (2) Indigenous social service agency

The social work profession is rooted in reflective and reflexive practice of its members in hopes that we form connections to disenfranchised communities and resist oppressive social institutions. As social workers belonging to the dominant white society practicing within an Indigenous social service agency, the necessity of praxis is vital to our role. The need for social work practitioners in the field to share their experiences and knowledge within the literature is of great importance for the future of quality mental health care within the Indigenous community. At a time of rapid change in Canada's Indigenous communities, our responsibilities to practice as ethical decision-makers is paramount.

This poster shares our experience as two child and youth social workers on our progressing, never-ending journey along the path of allyship. Our experience came to fruition by engaging in a scholar-practitioner approach to our work, relational communication with our coworkers, and utilizing the organizational structure of our agency. It is our hope that by recording and sharing our professional and personal experience to practice in a culturally competent, culturally safe manner within the Indigenous community we can generate discussion and new ideas within the social work profession, specifically with children's mental health. Moreover, we hope to suggest a map for other social workers, to assist in beginning a conversation to have a sound and informed approach to praxis.

---

## **Poster 16** *Clinician's Experiences Using Solution-Focused Coaching in Pediatric Rehabilitation*

**Michelle Servais**<sup>\*1,2</sup>, Heidi Schwellnus<sup>3</sup>, Gillian King<sup>4,5</sup>, Patricia Baldwin<sup>1</sup>

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

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). SFC-peds is a possibilities-oriented approach where client empowerment takes precedence, where client change is facilitated by working with client strengths and resources, where strategic questions are used to co-construct intervention and develop meaningful goals and plans that align with client hopes, priorities, and readiness for change. In pediatric rehabilitation, service providers and families have traditionally experienced a problem-focused, therapist-led intervention. Research to investigate the clinical impact of the SFC-peds approach is lacking. In this poster presentation, we describe the key elements of the SFC-peds Model and share the findings from a qualitative study that focused on enhancing our understanding of the perceived benefits and the clinical impact of this approach.





We conducted interviews with 6 experienced clinicians who use the SFC-peds approach in their clinical practice (these service providers had a minimum of 20 hours of SFC-peds training and have used SFC-peds approach for a minimum of 2 years). We highlight the key themes that emerged from this study, focusing on clinicians' perceived impacts on their: a) clinical practice, b) attitudes, and c) clients and families. Clinicians reported that their practice was more responsive to clients/families (e.g., followed families' priorities, changed their pacing, and improved collaboration, communication, and quality of interactions). Clinicians said they had developed greater trust in the client's/family's abilities and reported a greater sense of freedom in their role (e.g., not needing to be the expert/ "liberating"). Finally, clinicians described families as less-stressed and more engaged, empowered, and hopeful about their future.

---

## **Poster 17** *Frosh Ability – Connecting You With Resources that Will Help You Gain Independence*

**Hibaq Abdi \***

Independent

Froshability.com

This website was created out of my experience when preparing for university and college as a person with severe physical disabilities. Unlike able-bodied students who can rely on Maclean's magazine for rating post-secondary institutions, there was no resource that also took into consideration the necessities needed by students with physical disabilities. Furthermore, I had to contend with finding attendant care, housing, and equipment for this next stage of my life. This led to two years of painstaking research to find information about each Canadian university before deciding on which university to attend. Although there are some resources that provide limited information, there is no central location where individuals with disabilities can find expansive information needed to transition into independent adult life. For this reason, in the summer of 2014, I started work on Froshability.com with the sole aim of providing those with all disabilities with up-to-date information in a central place. After contacting different organizations, I have organized the website into six specific sections designed to guide the user through the essential steps to live an independent life.