

The Clinical Bulletin

of the

Developmental Disabilities Program

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Annual Dr. Greta T. Swart Essay Competition

An annual essay award is available to an undergraduate medical student at the Schulich School of Medicine & Dentistry, Western University. The essay should describe an experience managing a patient at any stage in the lifespan with a developmental disability. This includes management of physical health, mental health or both, either in the hospital system or in the community, including family medicine.

The winner this year was Salman Hasan Choudhry, please enjoy their essay “Bridging Care and Community: A Holistic Approach to Supporting a Patient with a Developmental Disability”.

Bridging Care and Community: A Holistic Approach to Supporting a Patient with a Developmental Disability

Introduction

Throughout my years of involvement with the Special Olympics, I have had the privilege of mentoring athletes with intellectual and developmental disabilities, an experience that has profoundly shaped my approach to patient care. One patient, whom I will refer to as Adam, stood out. Adam was a 25-year-old athlete with Down syndrome who faced both physical and mental health challenges. He struggled with obesity, uncontrolled type 2 diabetes, and anxiety related to social interactions and medical settings. Managing his health required a holistic approach that extended beyond traditional medical interventions—it required trust, patience, and a deep understanding of his unique needs.

Initial Encounter: Understanding Adam’s Challenges

I first met Adam when he joined our Special Olympics basketball program. While he was enthusiastic about the sport, it became clear that his health issues were limiting his participation. He would fatigue quickly, often needing frequent breaks during drills, and his blood sugar fluctuations led to occasional dizziness and confusion on the court. His weight also made movement difficult, affecting his confidence in participating fully.

Beyond his physical challenges, Adam's social anxiety created additional barriers. He avoided group huddles and preferred staying on the sidelines rather than engaging in team discussions. When I approached him one-on-one, I learned that his anxiety stemmed from years of feeling "different" from his peers, both in school and in medical settings. His mother later confided that Adam had a history of avoiding doctor's appointments, often refusing to get blood tests or discuss his diabetes management. He had developed a distrust of healthcare providers, feeling dismissed or misunderstood in clinical environments. Recognizing these barriers, I knew that improving Adam's health would require more than just encouraging him to exercise. It would require a collaborative, patient-centered approach, integrating both physical and mental health management strategies.

Developing a Holistic Care Plan

Understanding that Adam was more receptive in familiar and comfortable environments, I worked with his family, coach, and Special Olympics staff to integrate health education into his training sessions rather than in a formal medical setting.

We started with small but meaningful adjustments:

1. **Personalized Goal Setting:** Instead of focusing on weight loss, we framed health goals in terms of basketball performance. We set a target for Adam to complete a full quarter without needing an extended break, linking his stamina improvement to healthier food choices and better blood sugar control.
2. **Nutritional Education in a Familiar Setting:** Adam had a history of resisting dietary recommendations from his healthcare team. To address this, we integrated brief, engaging discussions about nutrition between drills, presenting them as "athlete talks" rather than medical advice. For example, I used analogies related to basketball—comparing protein to "defense" and complex carbohydrates to "fuel for the game."
3. **Diabetes Management Through Routine:** We incorporated structured water breaks during practices, where Adam and I would check his blood sugar together. Over time, this helped normalize the process, reducing his anxiety around glucose monitoring.

To address his anxiety regarding medical interactions, we introduced a gradual exposure approach:

- Step 1: Role-playing medical visits, where I would act as a physician and he would practice asking questions about his health.
- Step 2: Shadowing me during my own wellness visits, giving him a sense of control and familiarity.
- Step 3: Scheduling appointments where he could meet his healthcare providers in a low-pressure, non-clinical environment first.

Challenges and Adaptations

Managing Adam's care was not without obstacles. Initially, he resisted changes to his routine, expressing frustration when asked to modify his diet or check his blood sugar more frequently. Rather than pushing him too quickly, I adopted a gradual approach to behavior change:

- **Small wins first:** Instead of completely eliminating sugary drinks, we started with swapping one soda per day for water, then gradually increasing the healthier choices.
- **Building autonomy:** Rather than his mother reminding him to check his blood sugar, I encouraged Adam to set his own phone reminders. Over time, this made him feel more in control of his own health.
- **Reinforcing positive behaviors:** After every practice, we had a small debrief where I highlighted his progress—not just in health, but in his confidence and engagement with the team.

Another challenge was coordinating his care between different providers. Adam saw an endocrinologist, a family doctor, a dietitian, and a mental health counselor, but there was little communication between them. His mother often felt overwhelmed trying to manage multiple appointments and conflicting advice. To address this, I encouraged her to request case conferences with his medical team.

This simple change made a significant impact. By having all his providers communicate directly, we ensured his diabetes management plan aligned with his dietary adjustments and mental health support.

Breakthrough Moments and Progress

Over the course of several months, Adam made remarkable progress.

- **Physically**, he lost weight, gained stamina, and was able to complete full basketball games without frequent breaks.
- **Mentally**, he became more confident in social settings, participating in team huddles and even leading warm-ups for younger athletes.
- **Medically**, he began attending doctor's appointments without resistance and took an active role in managing his diabetes.

One of the most memorable moments was when Adam volunteered to lead a group discussion at practice. He spoke about how learning to take care of his health helped him become a better athlete. His words resonated with many of his teammates who faced similar struggles, and for the first time, he saw himself as a role model. Another defining moment occurred at his next check-up. His family doctor, who had been managing his diabetes for years, noted significant improvements in his A1C levels and was impressed by Adam's willingness to discuss his care. Instead of avoiding conversations about his health, Adam asked his doctor questions about managing his energy levels during games. His progress was more than just medical—it was a transformation in self-advocacy.

Reflections on the Experience

My experience working with Adam reinforced several key principles that I will carry into my medical career:

1. The Power of Patient-Centered Care

- a. Every patient has unique barriers to healthcare, and addressing them requires more than just medical knowledge—it requires understanding their lived experiences. Adam's fear of doctors was not about the medical system itself, but about feeling unheard. Taking the time to validate his concerns and build trust made all the difference.

2. The Importance of Multidisciplinary Collaboration

- a. Adam's story highlighted the need for better communication between healthcare providers. His improved health was not just the result of one intervention but of multiple small changes coordinated across different areas of his life.

3. Advocacy for Inclusive Healthcare

- a. Many patients with developmental disabilities face barriers to care that extend beyond medical treatment. Adam's initial reluctance to engage with healthcare was shaped by years of feeling excluded or misunderstood. As future physicians, we must actively create environments that foster inclusivity and respect.

Conclusion

Adam's journey was a testament to the power of holistic, community-based care. By integrating medical management with his personal interests and support system, we were able to create sustainable, positive changes in his health. This experience reaffirmed my commitment to family medicine, where continuity of care, patient advocacy, and interdisciplinary collaboration are central to practice.

As I continue my medical training, I hope to carry these lessons forward, ensuring that patients with developmental disabilities receive compassionate, individualized care that prioritizes both their medical needs and personal well-being. Adam's progress was a reminder that healthcare is not just about treating conditions—it's about empowering individuals to live healthier, fuller lives.

Salman Hasan Choudhry

Schulich School of Medicine & Dentistry, Western University

Doctor of Medicine (MD) Program

Dr. Benjamin Goldberg Research Award Competition

The **Dr. Benjamin Goldberg Research Award Competition**, hosted by the Developmental Disabilities Program in the Department of Psychiatry at the Schulich School of Medicine & Dentistry, supports innovative research focused on **Intellectual Disabilities (as defined by DSM-5)**. This annual competition encourages projects that advance understanding of Intellectual Disability through basic science, clinical, or applied research. Eligible proposals may explore causes, diagnosis, treatment, or related comorbid conditions such as autism spectrum disorder or Epilepsy provided the research is directly relevant to Intellectual Disability.

Open to undergraduate and graduate students from Western University and other institutions in southwestern Ontario, the award provides up to **\$5,000** per project. Each submission is evaluated on applicant qualifications, project methodology, and relevance to developmental disabilities. Winners are invited to present their findings at the Developmental Disabilities Clinical and Research Rounds or the Annual Developmental Disabilities Academic Research Day.

Congratulations to Our Award Winners!

We are thrilled to celebrate the outstanding recipients of the Dr. Benjamin Goldberg Research Award Competition. These talented researchers have demonstrated exceptional commitment to advancing knowledge in the field of Intellectual Disabilities. Their innovative projects will contribute to improving understanding, diagnosis, and support for individuals with Intellectual Disability and related conditions.

Congratulations to all six winners for their remarkable achievements!

<u>Winner</u>	<u>Project Title</u>
Melanie Burr	Optimizing Genomic Testing Strategies for Patients with Epilepsy and Intellectual Disability: A Comparative Analysis of Chromosome Microarray and Next-Generation Sequencing
Ella Doornaert	Can Early Environmental Enrichment Counter Genetic Risk Factors for Autism Spectrum Disorder and Intellectual Disability?
Gemma Graziosi	Mapping Autism and Intellectual Disability Support Pathways in Ontario: Practitioner Perspectives
Jessica Lammert	Learning through Stories: Investigating Narrative Comprehension and Production in Children with Intellectual Disability
Salonee Patel	Retrospective Analysis of Prescribing Practices in Patients with Intellectual Disability: A Chart Review Study
Kayleigh Tam	A Feasibility Study of Addressing Anxiety in Children with ASD and Intellectual Disability Through the Facing Your Fears Program



Developmental Disabilities Program Spring Continuing Professional Development Day

April 16, 2026

Save the Date!

Annual Spring CPD Day

April 16, 2026

12:00 PM – 5:00 PM

Join us for an engaging half-day event @ Ivey Spencer Leadership Centre starting with a complimentary lunch at 12 PM, followed by three dynamic presentations designed to enhance your professional knowledge and practice.

Registration is FREE and will open soon!

[Visit our event page for details](#)

Department of Psychiatry Grand Rounds

The Developmental Disabilities Program hosts the Grand Rounds for the Department of Psychiatry at the Schulich School of Medicine & Dentistry every September.

Our September 2025 speaker was Dr. Jacqueline Specht.

Dr. Jacqueline Specht is a Professor in the Faculty of Education at Western University and Director of the Canadian Research Centre on Inclusive Education. She also chairs the Applied Psychology Academic and Research Cluster within the Faculty.

The title of her talk was **“All Means All: Inclusive Education and Belonging.”**

You can watch a recording of this presentation [HERE](#)

If you wish to join our distribution list to receive invitations to our online rounds, learn about our other events and more please email me at jason.widdes@sjhc.london.on.ca

Recruiting for a Clinical Fellow in the Psychiatry of Developmental Disabilities

Clinical Fellowship in Psychiatry of Developmental Disabilities The Developmental Disabilities Program in the Department of Psychiatry at Western University in London, Ontario, offers a one-year clinical fellowship in Developmental Disabilities for psychiatrists who have completed their residency. This position is partially funded and, with opportunities for clinical billing, it is expected that the income of fellows during their fellowship will be approximately \$100,000.

The prevalence of Developmental Disabilities (Intellectual Disability and/or Autism Spectrum Disorder) is almost 3% of the Canadian population. In addition to higher rates of all medical problems, people with Developmental Disabilities have increased rates of psychiatric disorders, with some studies suggesting rates up to eight times higher than the general population. Unfortunately, due to a lack of training and services, people with Developmental Disabilities tend to have lower rates of diagnosis and treatment of their mental health problems, leading to significant health care disparities and inequities.

The Psychiatry of Developmental Disabilities is a fascinating, intellectually stimulating, and highly rewarding field. The interplay of mental health, physical health, behaviour, and development is central to the field and necessitates the inclusion of elements of developmental pediatrics, neurology, psychiatry, and rehabilitation medicine.

The fellowship provides fellows with extensive clinical opportunities in psychiatry and related disciplines, allowing fellows to enhance their skills in this underserved area and prepares them for independent practice in the Psychiatry of Developmental Disabilities. Fellows will participate in Psychiatry, Genetics, Developmental Pediatrics, Neurology, and Rehabilitation Medicine Clinics. Rather than using a traditional approach with trainees learning in blocks of time within each specialty, this fellowship uses a novel, longitudinal approach in which fellows will work in the same child psychiatry and adult psychiatry clinics with the same supervisor over the course of the year. This approach, in which trainees see the same patients multiple times over the year, provides the opportunity to develop expertise in the ongoing management of mental health problems in people with Developmental Disabilities.

For more information about the Psychiatry of Developmental Disabilities Fellowship, please feel free to contact my office by email at jason.widdes@sjhc.london.on.ca. I look forward to your inquiries and a chance to discuss our exciting fellowship program with you.



Held the second Wednesday of each month from October to June (academic year).

Information can be found **HERE**.

You can also watch recordings of our Clinical and Research Rounds and our Grand Rounds on our YouTube channel



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Submissions welcome. Articles published or abstracted in this Bulletin do not necessarily reflect the opinions of Western University or the Developmental Disabilities Program.