

**The Clinical Bulletin**  
of the  
**Developmental Disabilities Program**

[www.ddp.uwo.ca](http://www.ddp.uwo.ca)

ISSN; 2369-9604

Vol 34/Issue 1

Winter 2023

## **Annual 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.

This competition is open for the 2023 year. To find information about this competition or to apply, please visit the UME office [website](#).

One of the submissions from the Spring 2022 competition came from Zachary Chuang. It is featured below.

### **To Learn, to Grow and to be Open**

I had just spent the better part of a month in the cold confines of the operating room, rounding out my sixth week of clerkship. My psychiatry rotation was quickly approaching and although I wasn't sure what to expect, I was looking forward to the change in scenery – and hopefully a window! When our rotation assignments arrived, I couldn't wait to see where I was headed! I recalled ranking my psychiatry selectives earlier that year; I imagined the cool cases I would encounter in forensics, the places I would go on the assertive community treatment (ACT) team and the people I would meet in the Prevention and Early Intervention Program for Psychosis (PEPP). I opened the email. Forensics first. Nice! Inpatient next. Sick! Developmental Disabilities... I read it again... Developmental Disabilities. What? How could that be? That wasn't even in my top 5! That was my last choice! I was instantly

flushed with nerves. I had never worked with anyone with a disability before. Frankly, I wasn't even sure where to start! A slurry of questions, and I'll admit, preconceived notions, flowed through my mind like a river. Do I slow my speech? Do I simplify my words? Do I ignore repetitive behaviors? What if I make a fool of myself? This was going to be a disaster! Little did I know, I was about to have an experience that would change my perspective forever.

Heading to Parkwood on my first day, I still didn't know what to expect. I quickly learned that this workplace attracted a special group of people. Remarkably, I found one of the most supportive learning environments I had ever experienced. The physicians, nurses and allied health staff that I had the privilege of working with were so patient, experienced and effortless in their duties. They knew how tough the transition to working with this unique population could be. Each of them had a genuine and caring nature about them, unparalleled by any other service. The team worked together, truly as equals, sharing in the care of their patients with actual concern for their wellbeing and outcomes. As a medical student, I was primarily involved in the medical aspects of care of course, but I had the opportunity to learn from each of the allied health team members as well. Early in the rotation, I did more observation than anything, but as I got more comfortable and confident, the team gave me more and more responsibility. About halfway through my rotation, I met Trevor, an 18-year old young man whose name has been changed to protect confidentiality.

Trevor was transitioning from a pediatric psychiatry program to an adult care team. He was new to the adult program and thus a full consult was needed. The new clerks; time to shine! A recent COVID surge had necessitated a switch to virtual consults and thus, we were set to meet over videoconference. When the call started, I saw Trevor and his foster parents on screen. Others, who were also familiar with Trevor, joined the call from other locations. I could see Trevor looking closely at everyone on the screen, smiling brightly. It was time to put everything I had learned to the test! I started by introducing myself and greeting Trevor directly. We eased into the conversation by speaking briefly about his school, his favourite things and what he does for fun. While fairly goal-directed, he could be distractible

and occasionally tangential. As the conversation continued, I learned to adjust my speech and questioning as his responsiveness waxed and waned. After several minutes, I asked Trevor if we should engaged with some of the other people on the call. He agreed and we did a round of introductions before the collateral history began. As Trevor listened in, I encouraged him to speak, if there was anything he wanted to say.

First the group spoke about Trevor's current health and behaviors. I tailored my questions to get a sense of Trevor as a person, including his strengths and weaknesses. He carried diagnoses of autism spectrum disorder (ASD), a moderate intellectual disability and fetal alcohol spectrum disorder (FASD). Although these were documented, my preceptor had taught me to question diagnoses and to work from a blank slate; ensuring that I understand my patient and come to my own diagnostic conclusions. He had taught about the power that labels have once applied, and how they are often carried indefinitely with subsequent impacts on treatment plans, living situations, government funding and more. As I probed on topics like social-emotional reciprocity, social communication and interests, an impression of ASD began to take shape. He struggled to communicate, he was "selfish" in play, made very rash decisions, had trouble with delayed gratification, hated loud sounds and was mesmerized by shiny objects. As I began to transition from presenting issues to more remote history, one of Trevor's aides asked to take him on a "movement break". This gave us the opportunity to cover topics known to upset him.

Trevor had been in the care system nearly his entire life. Not much was known about his father or his mother, aside from some severe alcohol use disorders. Shortly after his birth, he lived with his step-grandmother and grandfather, who suffered from PTSD. Trevor's father had zero contact and his mother only slightly more than that. Aggression, outbursts and temperament issues dominated his early years, giving way to caregiver burnout. Trevor quickly ended up in his first group home. For over a decade, he was passed from group home to group home like clockwork, each place burning out faster than the last. His one constant was his grandfather, who, despite his own challenges, maintained a

decent relationship with Trevor. He passed away when Trevor was in his mid-teens and as his next of kin, his step-grandmother became his trustee. Unfortunately, she lacked any emotional interest in Trevor and made little effort to maintain a relationship after his grandfather's passing. In fact, she seemed somewhat afraid of Trevor after an incident that occurred at Thanksgiving dinner a few years prior. Trevor never handled transitions well and the loss of his grandfather plunged him into an obsession with death, which manifested as "seeing" and dreaming about death. He had not had any meaningful contact with any family in nearly 2 years. Given his family dynamics, multiple group home relocations and frequent staffing changes, it's no surprise that Trevor developed issues with attachment and abandonment. Sadly, these seemed to be the themes of his life. More of Trevor's story has been withheld, due to the sensitive nature of the content.

Fortunately, Trevor was under the care of an amazing foster organization that helped him renew his lease on life. He was living in an extensive 2:1 care environment, with no other clients in the home. He had been there for nearly 3 whole years; far longer than any other placement before. Both Trevor and his foster parent were quite proud of this accomplishment. He still had issues with aggression, outbursts and the occasional soiling episode, but he was responding really well to a newly implemented positive reinforcement system. His behaviors (often his only way of expression), had been relatively calm and stable. His self-care was improving, he had been less disruptive in school, and nearly 2 years had passed since there was any police involvement (he had previously threatened to slit a teachers throat). This foster program was providing the stability that Trevor needed. They were doing some truly amazing work.

When Trevor came back from his movement break, he was quite happy to rejoin our call. He showed me his new watch, talked about his big plans of going to Burger King and about his teacher at school. As he began to lose interest, the interview naturally came to a close. As we said our goodbyes, I saw Trevor smiling and waving enthusiastically. Just before the call disconnected, I saw Trevor skipping away, heading off to play a game with his foster parent.

After this call, I reflected on the biopsychosocial perspective, for which Trevor proved the ideal model. In his case, his “biology” was only part of the story. Throughout the interview, I came to understand that his reactions and behaviors truly stemmed from his lived experiences, his trauma and the environments in which he lived, both good and bad. I soon learned that long with his transition to adult psychiatry, Trevor would soon move to an adult group home in a nearby community. Yet another big transition for him to face, after finally getting to a good place. His foster parent had hoped that his new medical team would become a new constant, going forward.

In just a matter of days, my time at the Developmental Disabilities program came to an end. All these months later, I can’t help but think about Trevor. Patients like him are a true inspiration. After all the hurt and all the emotional pain, he maintained a remarkably positive lease on life. He found joy in simple pleasures, enjoys every day and never let his past hold him down. Trevor embodies resilience, optimism and hope in a world riddled with pessimism and dejection. I expected to learn about medicine on this rotation, but I never expected one of my patients to become a role model.

Although I didn’t pick this rotation, I strongly believe there’s a reason this rotation picked me. Reflecting on my time, I could not believe how much I enjoyed it and how much I had learned. I emerged, so much more confident and capable of working with patients with a disability, learned how to be a better communicator and developed a stronger appreciation for allied health. This rotation reinforced the idea that medicine really is a team sport that requires multidisciplinary professionals, a broad range of expertise and the genuine desire to make a difference. It also helped me recognize that throughout my medical training, I have been extremely fortunate to have had so many amazing mentors – not all of them physicians. Perhaps most importantly, it reminded me to stay openminded and to relish in the opportunities I am given to learn and grow, as a person. Our time in medical school may be short, but the lessons we learn will last a lifetime.

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## Annual Dr. Benjamin Goldberg Research Grant Competition



The Developmental Disabilities Program is excited to announce the call for submissions for the Annual Dr. Benjamin Goldberg Research Grant Competition.

### **Deadline for Proposals: March 31.**

This grant is meant to facilitate research specific to intellectual disabilities (as defined by DSM 5). Proposals may involve investigations of causes, diagnosis, and/or treatment of intellectual disabilities (ID). Proposals may also involve conditions that are comorbid with ID (such as Autism Spectrum Disorder or Epilepsy), but the project must ultimately be directly about ID.

**Eligibility criteria:** This competition is open to any student (undergraduate or graduate) registered at other Universities or Colleges in southwestern Ontario. In all cases, a member of the Western University faculty (who is eligible to hold research funds) must be listed as a Supervisor.

Applications from all academic departments will be accepted, without preference to any department, school, or faculty.

Value of an award may range up to \$5,000, with the actual value of each award being determined by the number of funded proposals and the quality of each proposal. The awards are not limited in scope – rather they are for any and all research projects which are of relevance to the understanding of the causes, diagnosis, and treatment of intellectual disabilities.

For submission instructions, more information around criteria and submission evaluation, please visit our website here: [Research Grants](#).

## 21st Annual Developmental Disabilities Spring CPD

The 21st Annual Developmental Disabilities Spring CPD will be held on March 22, 2023. This educational event dedicated to medical issues in people with developmental disabilities is from 1:00pm-4:30pm.

This annual event will be presented using a hybrid model (in person and online). Participants will be able to attend this event in person at the Ivey Spencer Leadership Centre or attend online via Zoom.

A complimentary lunch will be provided at 12pm for those who attend in person.

This year, we are thrilled to welcome:

1. **Dr. Mary Jenkins, MD, FRCPC.** “Movement Disorders Neurology – A Case Based Review.”
2. **Dr. Caitlin Cassidy, MD, FRCPC.** “Transition to Adulthood.”
3. **Dr. Jennie Wells, MD, FRCPC.** “Update on Diagnosis and Treatment of Alzheimer’s Dementia (AD) in Persons with Down Syndrome”.

In person registration is limited to 75 seats, so early registration is encouraged.

[Register for your in person spot or your virtual spot today.](#)

## Developmental Disabilities Clinical and Research Rounds

The Developmental Disabilities Clinical and Research Rounds will continue until June of 2023. These talks happen on the second Wednesday of each month at 4pm. They continue to be offered as virtual events only. Visit our [website](#) for more information about this and for links for each webinar.

Our speakers for the rest of the academic year are as follows:

**March 8, 2023.** Faraj Haddad, Ph.D. Interdisciplinary Medical Sciences Program in the Department of Physiology and Pharmacology at the Schulich School of Medicine & Dentistry.

**April 12, 2023.** Dr. Ashan Veerakumar, Resident, Department of Psychiatry, Schulich School of Medicine & Dentistry.

**May 10, 2023.** Dr. John Heng, Departments of Philosophy and Disability Studies, Kings University College, Western University.

**June 14, 2023.** Dr. Clare Mitchell and Dr. Farah Abdulsatar, Department of Paediatrics, Schulich School of Medicine & Dentistry.

If you have any suggestions for future rounds topics or speakers, please email Sarah O'Flanagan at [sarah.oflanagan@lhsc.on.ca](mailto:sarah.oflanagan@lhsc.on.ca)



## Grand Rounds, Department of Psychiatry, Schulich School of Medicine & Dentistry.

We are thrilled to welcome **Madison Tevlin** as our invited speaker for the Department of Psychiatry's Grand Rounds in September of 2023.

Madison is the host of the CBC Gem show "[Who Do You Think I Am?](#)". On this show, she chats with misrepresented, misinterpreted, and misperceived people. She gets to the heart of her guests' stories and has everyone feeling like they've been heard, seen, and are sitting in good company.

Madison is also one of the stars of the movie "Champions".



For more information about these rounds, visit the department of psychiatry's [website](#).

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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.*