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Announcements from the Developmental Disabilities Program.

Dr. Rob Nicolson, chair of the Developmental Disabilities Program, was awarded the Canadian Academy of Child and Adolescent Psychiatry's (CACAP) Certificate of Special Recognition 2017, along with Dr. Robin Friedlander from the University of British Columbia. This award is designed to recognize a person or an organization that has made outstanding contributions and provided important leadership in the field of children's mental health. Congratulations to Drs. Nicolson and Friedlander.

Dr. Bruce McCreary

The program is also sad to pass on the following announcement regarding Dr. Bruce McCreary (December 30, 1939 – November 15, 2017), a pioneer in the medical field, committed to caring for people with Developmental Disabilities.

Dr. Bruce McCreary passed away at Kingston General Hospital on November 15, 2017.

Raised on a farm near Smiths Falls Ontario, a summer job at the Rideau Regional Centre led to a lifelong passion for working with the developmentally disabled. Bruce attended Queen's University for medical school and pursued a residency in psychiatry. There he met his wife Carolyn and they began their life together.

Bruce was committed to his patients and their families and conducted clinics across eastern Ontario for 50 years, as well as at home in Kingston. At Queen's, Bruce was Professor Emeritus in the Department of Psychiatry. He was teaching medical students until he became too ill to do

so this fall. In 2003, the Canadian Psychiatric Association awarded Bruce the Roberts Award, recognizing him for his clinical work and leadership in the field of developmental disabilities.

Bruce was even more committed to his family and former colleagues. They are grieving his loss. Bruce will be missed by his wife Carolyn, his children Rick (Lois), Janet (Bernard), Alison (Martin) and Andrew (Paula). Awesome Grandpa to Alison, Kevin, Liam, Jacob and Ruby. Bruce is also survived by his brother Robert.

A ceremony to mark the passing of Bruce was held at Ongwanada Community Resource Centre, 191 Portsmouth Avenue in Kingston on Sunday November 19, and was followed by a reception in Ongwanada's atrium.

Dr. McCreary will be missed.

Student Awards

The Annual Dr. Greta T. Swart Essay Competition

An annual essay award is available to both undergraduate medical students and postgraduate medical residents 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 year we had 5 applicants. Each essay will be published in an upcoming issue of our clinical bulletin. The essay by Dr. Bethany Oeming, a resident in the department of Anesthesia & Perioperative Medicine at the Schulich School of Medicine & Dentistry at Western University was featured in our Summer 2017 issue. The essay by Joshua Friedland, MD Candidate, 2019 – Schulich School of Medicine & Dentistry, Western University, was featured in our Fall 2017 issue.

In this issue, we are featuring the entry **Dr. Rickinder Sethi**, a Resident in the Department of Psychiatry, Schulich School of Medicine & Dentistry at Western University.

It was a cold, blustery, winter day in Southwestern Ontario, a foreshadow of the tumultuous chaos of my upcoming on-call shift in the psychiatric emergency department. This day started off like any other, with wishful prayers and superstitious rituals to provide some form of comfort. This frequent trepidation became the norm for a resident physician; however, over time, the angst would transmute into excitement. The past few years as a resident physician have provided rich and ample clinical opportunities for assessment, diagnosing and management within the realm of mental health. At the time, the diversity of clinical experiences had created an unwavering self-confidence for new patient challenges.

On this particular evening, I was referred to assess a 42-year-old gentleman who had lived in assisted care housing for the past 2 years. He presented to the emergency department with new onset agitation in the form of physical aggression towards co-residents and staff. For the past 3-4 days, there were episodes of increasing self-injurious behaviours and a clear disruption in his daily activities. The client, Mr. Brown, was described as “challenging” and “difficult to elicit information”. At the time of the referral, I believed myself to be a self-proclaimed Rosetta Stone, deciphering and unlocking the barriers of communication during an acute crisis in the ER. I undoubtedly accepted the challenge without gathering further data – unbeknownst to me, this task would prove to be much more difficult than I had envisioned.

After I entered Mr. Brown’s private room, where the large-build client sat rocking on the edge of the bed, while another gentleman was sitting in the corner, quietly perusing through a magazine. I introduced myself and understood the second gentleman was Mr. Brown’s support worker from the group home. As I kneeled by Mr. Brown and tried to elucidate any interaction, I failed miserably as he barely recognized my presence. I could not even elicit a verbal response,

let alone any consistent eye-contact. The slide reel of differential diagnoses was flipping through my mind: was this gentleman's presentation on the psychosis spectrum? Or perhaps, the drug-induced spectrum? Or conversely, intentional avoidance? I tried to collect my thoughts, as my repertoire of rapport-building skills was based solely on some form of acknowledgment of my existence.

After fifteen grueling minutes, my armory of tools suddenly plummeted to none. The previously conquered feelings of on-call angst started to seep into my psyche. The feeble feelings intensified, as I began to have thoughts of being unequipped for this challenge. I wondered if there was a consultation service that could swoop in and provide more guidance? Then the floodgates opened, and I felt vulnerable. As a health care provider, I felt like I was in quicksand, slowly losing all options. Here I am, as a resident physician, expected to complete an assessment and create a management plan, and yet my mind went completely blank. I kept peering at my watch, as the snail-paced second hand ticked; it boldly proclaimed ten hours remaining of my shift, and it was not going to pass any quicker.

After what felt like an eternity, the patient support staff ruptured my awkward one-sided conversation and asked if we could chat in private; a lifeline I gladly latched onto. I stumbled out of the room with him, still in shell-shock. He revealed to me that Mr. Brown was on the autism spectrum, with an intellectual disability. In addition, he described difficulties with sensory processing, namely, Mr. Brown required hearing devices which were not present. The client had verbal expressive challenges that were limited to brief, repetitive grunting tones when agitated. The light in my head started to illuminate gradually, like an eco-friendly light bulb, and I started to inquire about modalities of communication that were useful in the past. The support worker described a list of unconventional strategies, including physical prompting for orientation to the interaction, to a personalized adaptation of sign language. After obtaining further pertinent information, I asked if he could assist in our interview. Within 30 seconds, an attentive friendly giant arose with grunts, movement, and expression of his experience. We were able to elicit enough information that Mr. Brown pointed to regions of his body, which further prompted investigations. After a few minutes, we were able to collaboratively determine that Mr. Brown was experiencing abdominal discomfort, secondary to constipation. The encounter suddenly shifted into an opportunity for Mr. Brown to relay his side of the story and an opportunity for us health care providers to appreciate his non-verbal mode of behavioural communication.

As I left the consultation, the words "challenging" and "difficult to elicit information" encroached in my mind; I was in complete agreement with these statements. Though, this largely was based on my own communication capabilities. For instance, how would I be able to understand my clients without engaging with them on their own level of communication? I had spent time refining my interaction style based on the simple premise that the client can hear and talk. Mr. Brown was my first exposure to an intellectually disabled client who was experiencing agitated behaviours in the context of sensory impairments and thus, was labeled as a psychiatric case. This experience prompted me to evaluate my framework of assessments. I had to revisit the fundamentals of sensory perception, cognitive processing, and communication; disarming my false presumptions of cognitive capacity. To become a more effective clinician, I had to expand my spectrum of engagement to best understand my clients and provide appropriate care.

This encounter expanded my insight on my assessment and communication abilities, to which I could apply throughout the realm of cognitive impairments. In no way was this an easy task, in fact, I cannot even say that I have since mastered it by any means. However, I can say

that I have since been able to enlighten myself of the opportunities to connect with clients through different modalities by gaining experience with the heterogeneous population who are labeled as being intellectually disabled.

Since my encounter with Mr. Brown, I have been involved in various community clinic practices, where I had the objective to build my repertoire for assessing the nuances of individual client needs. Recently, I became involved in the psychiatric care of different gentleman, Mr. Smith, who also experiences intellectual disabilities and is challenged with mutism. Furthermore, Mr. Smith also experiences significant impediments in regards to executive functioning related to exacerbations of his co-morbid mood disorder. The most common misconception regarding this case is that people believe that Mr. Smith exhibits a hearing impairment. This results in significant daily frustrations with his social interactions, and subsequently his living arrangements. His assumed sensory aphasia consequently created a social platform of continuous invalidation resulting in expression through physical aggressions, the primary referral reason to our clinic. Given these challenges, as the consulting psychiatric team, we were able to provide psychoeducation to his principal healthcare team and develop a personalized care plan for Mr. Smith. This involved deconstructing his behaviours with assistance from his support staff. This subsequently helped us in developing a comprehensive plan for not only treatment but also rehabilitation and improvement in the quality of life for Mr. Smith.

The heterogeneity of individuals with intellectual disabilities can be diverse and has the potential to impose feelings of inadequacy for health care providers. This has been a commonality expressed in my experience by other clinicians. The overwhelming feeling of where to begin, coupled with a lack of clinical experience, can compound to evoke frustrations and feelings of vulnerability, as I noticed in my initial exposure to this patient population. Subsequently, this, unfortunately, can result in a general lack of comfort and avoidance of this population as a whole. Further supporting a larger divide for this underserved population with limited accessible services.

In reflection, I have experienced successful interactions and collaborations with interdisciplinary health teams. For example, my positive experience with support staff helped to guide me in the direction of being able to successfully communicate with Mr. Brown. This, in turn, helped to defuse feelings of inadequacy and helped to nurture exploration of improved communication. Furthermore, a team management approach can assist in understanding the behavioural minutia of the clients, providing the ability to preventatively intervene. It is often observed that clients present to primary health teams or the emergency room setting for increasing physical violence to others or self due to limited expressive capacity. Common ailments contributing to these encounters warrant basic workups to detect inexpressible conditions such as constipation or a urinary tract infection. A systematic approach to assessing these challenging patients could aid in improvement in care and overall confidence for clinicians. Therefore, it would be prudent to understand subtleties of assessing and communicating with individuals with cognitive impairment in order to ensure health care equity. Advocating for this large heterogeneous population is crucial for the improvement of the quality of lives of the individual and their families. This experience with Mr. Brown, Mr. Smith, and many other clients with developmental disabilities has been very humbling for me in my current and future career; these lessons learned have positively impacted my personal development, as well as the care I can provide to my patients and their families.

Upcoming Conferences in Developmental Disabilities

The Ontario Association on Developmental Disabilities will hold their annual conference in Kingston Ontario, from April 10 – 13th, 2018.

The theme of the Conference is "*Working Together: Innovative Ideas for Complex Care*". Registration will open in January 2018. For more information, and for more details on registration, email oadd@oadd.org.

Upcoming Events in the Developmental Disabilities Program

The Program will be introducing a new educational series in 2018. This series of educational talks will be entitled; "*Developmental Disabilities; Assessment and Treatment".* The target audience for these talks is Family Physicians and Paediatricians. This series will aim to increase confidence and level of comfort in assessing and treating people with DD/ID that these physicians see in their practices.

More detailed information about these talks will be available soon on our website; http://www.schulich.uwo.ca/ddp/education/continuing_professional_development.html

*This education series has been accredited by the Royal College of Physicians and Surgeons, and is awaiting final accreditation from the College of Family Physicians of Canada.

Developmental Disabilities Clinical and Research Rounds

The Developmental Disabilities Clinical and Research Rounds will continue on through the end of the 2017/2018 academic year. This series of rounds was designed and implemented by the Administration of the Developmental Disabilities Program, to start to bridge the gap between basic science and clinical care in Developmental Disabilities. This is our second year delivering these rounds. Each session is held on the second Wednesday of every month, at 4pm, at the Child and Parent Resource Institute, 600 Sanatorium Road, London Ontario. It features a rotating schedule of basic science presentations and clinical case presentations. These rounds are accredited by both the Royal College of Physicians and Surgeons, and the Canadian Psychological Association.

Each talk is live-streamed using zoom software, and there is no fee to attend in person or watch as a webinar.

The full schedule for this academic year is as follows;

Wednesday October 11, 2017. Dr. Jennifer McLean

Dr. Jennifer McLean is a faculty member in the Departments of Paediatrics and Psychiatry at the Schulich School of Medicine & Dentistry at Western University, and her clinical practice as a Developmental Paediatrician is at the Child and Parent Resource Institute. Dr. McLean has published extensively on Developmental Coordination Disorder, and spoke about DCD in her October 11 talk.

Wednesday November 8, 2017. Dr. Caitlin Cassidy.

Dr. Cassidy is currently an Assistant Professor in the Departments of Physical Medicine and Rehabilitation and Paediatrics at Western University. Dr. Cassidy's main clinical focus is in the Transitional and Lifelong Care (TLC) Program, housed primarily at Parkwood Institute. The program provides long term rehabilitative care to people with chronic and sometimes complex conditions of childhood onset, including Cerebral Palsy, Spina Bifida and others. Dr. Cassidy's other clinical responsibilities include regular electrodiagnostic clinics at St. Joseph's Health Care, specialty teen clinics at Thames Valley Children's Centre, and inpatient coverage of the Musculoskeletal Rehabilitation unit at Parkwood Institute.

Dr. Cassidy gave a talk entitled; "Rett Syndrome: Care Through the Transition to Adulthood and Beyond".

Wednesday December 13, 2017. Dr. Rob Nicolson and Ms. Joan Gardiner

Dr. Nicolson is the Chair of the Developmental Disabilities Program in the Department of Psychiatry, and a member of the Division of Child and Adolescent Psychiatry at the Schulich School of Medicine & Dentistry at Western University. He is a Clinician-Scientist, and his clinical practice at both the Child and Parent Resource Institute and Victoria Hospital focuses on Autism Spectrum Disorder.

Ms. Joan Gardiner is a Speech Language Pathologist at the Child and Parent Resource Institute, a faculty member in the Developmental Disabilities Program in the Department of Psychiatry at the Schulich School of Medicine & Dentistry at Western University, and a lecturer in the School of Communication Sciences & Disorders at Western University.

The title of the December talk is; “Thought, Language, Autism, and Psychosis”

Wednesday January 10, 2018. Dr. Lisa Archibald

Dr. Lisa Archibald is an Associate Professor in the School of Communication Sciences & Disorders at Western University. Her research interests focus on the interaction between language and memory in typical and atypical development and the role of memory in communication disorders.

Wednesday February 14, 2018. Dr. Bruce Morton

Dr. Morton is a Professor in Department of Psychology at the University of Western Ontario, and is also a faculty member of the Graduate Programme in Neuroscience, and a member of the Centre for Brain and Mind. Dr. Morton’s research interests concern the development of cognitive control and its association with changes in prefrontal cortex function.

Wednesday March 14, 2018. Dr. Susanne Schmid

Dr. Schmid is an Associate Professor in the Department of Anatomy and Cell Biology at Western University. Her research focuses on finding out how the mammalian brain processes sensory information in order to generate the appropriate behavioural response. Her research also looks at habituation; a form of sensory filtering and an essential form of implicit learning, and at prepulse inhibition; our startle responses are inhibited by a preceding non-startling stimulus, considered to represent an ubiquitous sensory filter mechanism our brain that protects the processing of sensory stimuli. An impairment of PPI is one of the major symptoms in schizophrenia and other neurological disorders. She explores neurotransmitters, receptors and second messenger pathways that mediate PPI in rodents.

Wednesday April 11, 2018. Mr. Darren Rene

Darren Rene is a clinical social worker at Regional Support Associates, as well as a Clinical Supervisor. He has contributed significantly to the creation of many resource manuals and best practice guidelines for adults with developmental disabilities.

Wednesday May 9, 2018. Dr. Marc Joanisse

Dr. Joanisse is a Professor in the Department of Psychology at Western University, and the Associate Chair, Graduate Affairs. His research focuses on language acquisition, language processing, and connectionist models. He is primarily interested in how children acquire their first language, and how language is represented in the brain. This includes work on developmental disorders of language and

reading, such as specific language impairment (SLI) and dyslexia. He is also involved in research using brain imaging techniques such as functional MRI to better understand the brain bases of speech perception, reading and grammatical morphology. This research includes using connectionist models to derive predictions for behavioural and imaging studies, and using these models to better understand how general constraints on articulation, perception and statistical learning influence how humans learn and process language.

Wednesday June 13, 2018. **Dr. Shiva Singh.**

Dr. Shiva Singh is a Professor in the Department of Biology at Western University. His research program on genetic variation, including human molecular genetics deals with genetic and epigenetic factors associated with complex diseases and phenotypes with a focus on neurogenomics. It uses whole genome based methods (microarrays; expressed, SNPs and methylation specific oligonucleotide microarrays and complete genome sequences) in studies on Schizophrenia, Alcoholism, Fetal Alcohol Syndrome and Cancers.

The full speaker schedule is also available on our website;
http://www.schulich.uwo.ca/ddp/education/continuing_professional_development.html

*Often these talks are recorded, and available for viewing after the fact on our website at the link above.

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