OADD
RESEARCH SPECIAL INTEREST GROUP

25th Annual Research Day
Friday, April 21st, 2017
Hilton Hotel
Niagara Falls, ON

CONFERENCE PROGRAM

Looking Back; Looking Forward:
Celebrating 25 Years of Research

RESEARCH

SPECIAL
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O.A.D.D.

*If you take pictures during the conference or want to live tweet your experiences, please be sure to use the Twitter/Instagram/Facebook hashtag #**OADDRSIG2017** when you post.*

Also be sure to "like" us on Facebook at OADD-RSIG

If you want to become more involved with RSIG, please e-mail oadd.rsig@gmail.com

OADD Research Special Interest Group
25th Annual Research Day

This program contains information about our keynote speaker, as well as abstracts for the two symposium presentations and the two oral presentations. The titles of all poster presentations and authorship are also included in this program. *Full abstracts of poster presentations may be found on the USB keys provided, sorted by poster number*.

Conference Committee

Tina Benevides *Hands, The Family Help Network*	**Marilia Carvalho** *Laurentian University*	**Kelly Coons** *Laurentian University*
Andrea Cross *McMaster University*	**Beth Anne Currie** *Southern Network of Specialized Care*	**Lara Genik** *University of Guelph*
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Kristina Trandovski *Laurentian University*	**Lisa Whittingham** *Brock University*	**Alexandra Zidenberg** *Laurentian University*

Conference Chairs

Chad Sutherland *University of Windsor*	**Shelley Watson** *Laurentian University*

It is our sincere pleasure to welcome you to the 25th Annual OADD – RSIG Conference *Looking Back; Looking Forward: Celebrating 25 Years of Research*.

This conference was designed to bring together researchers, professionals, and other interested individuals working in the field of developmental disabilities to exchange research, ideas, resources, and concerns. The objectives of the conference schedule are to: 1) update research advances in the field and exchange information regarding ongoing research activities, 2) provide networking and collaboration opportunities, and 3) discuss ways to stimulate interest and support for research at the level of institutions, governments, and research funding bodies. To that end, the organizing committee has planned an exciting day of research talks, poster presentations, as well as a round table and panel discussion. We hope you have a great day at the conference.

Keynote Address

Looking Back; Looking Forward: Celebrating 25 Years of RSIG

Rosemary Condillac, Ph.D., C.Psych.
Brock University

Dr. Rosemary Condillac in an associate professor in the Centre for Applied Disability Studies. She is a registered psychologist and a Doctoral-level Board Certified Behavior Analyst. She has been working in the field of disabilities for over 25 years. She earned her Ph.D. in School and Child Clinical Psychology at OISE/UT in 2002, her MA in Applied Developmental Psychology-Clinical at OISE/UT, in 1997 and her undergraduate degree in Psychology from York University in 1988. She is a past-president of the Ontario Association for Behaviour Analysis (ONTABA) and past-chair of the Ontario Association on Developmental Disabilities Research Special Interest Group (OADD-RSIG).

The conference committee would like to thank the following organizations for their generous donations to our conference bags and door prizes:

Brock University
Community Living Toronto
HANDS TheFamilyHelpNetwork.ca
Laurentian University
Southern Network of Specialized Care
Surrey Place Centre
University of Guelph
University of Windsor

JOURNAL ON DEVELOPMENTAL DISABILITIES (JoDD)

Journal on Developmental Disabilities (JoDD) publishes original scholarly work pertaining to the field of developmental disabilities. The goal is to publish articles that increase our knowledge, encourage debate, and have the potential to improve services. Submissions are invited in either French or English and, if accepted, will be printed in the language of submission with an abstract in the other language.
JoDD is publishing a special RSIG issue, including conference abstracts, but authors are also invited to submit full manuscripts or brief reports to the special issue.

SUBMITTING A MANUSCRIPT

Manuscripts must be submitted using the web-based MSTracker system, which can be accessed through the following link: **http://mstracker.com/submit1.php?jc=jdd**
Each submission must include the following three (3) documents: (1) cover letter; (2) abstracts; and (3) manuscripts. Failure to include each of these documents, or to present all requested information in the required format may prevent your manuscript from being processed.
If submitting to the special RSIG issue, please specify in your cover letter. Manuscripts for the special issue are due June 30th, 2017.

The **cover letter** must include all of the following information:

- title of the manuscript (the title should be no longer than 15 words);
- name, affiliation (including position/title, organization), and contact information (including address, city, province/state, country, telephone number and email) for all authors; and
- letter of transmittal indicating that the manuscript represents your original work that has not been published elsewhere and is not currently under review elsewhere.

The **abstract** must:

- include the title;
- be double-spaced, with 1” margins around;
- be no longer than 200 words (no more than 100 words for Brief Reports); and
- not contain any of the author’s identifying information.

A list of three to five key words must also be provided.

The **manuscript** must:

- include the title;
- be prepared according to the Publication Manual of the American Psychological Association (APA), Fifth Edition;
- be double-spaced, with 1" margins around (including tables and references);
- be limited to **3000 words**, excluding references, tables, and figures;
    - Note: Brief Reports can be **up to 1000 words**
- include information about approval from an accredited Research Ethics Board;
- be free of any gender, ethnic, and ability bias;
- use people-first language (e.g., persons with developmental disabilities) in the text, figures, and tables;
- not use footnotes; and
- not contain any of the author’s identifying information.

Further information (i.e., about the peer-review process, copyright information, etc.) can be found on the JoDD website (www.oadd.org; click on the link to the “Journal”).

SYMPOSIUM: EXAMINING THE SOCIAL INCLUSION OF CHILDREN WITH SEVERE DD IN CANADA

Rebecca Shine[1,2], Adrienne Perry[1,2], James Bebko[1,2],
[1]York University, [2] GO4KIDDS

This symposium will be composed of an introduction to the Great Outcomes for Kids Impacted by Severe Developmental Disabilities (GO4KIDDS) CIHR Canadian Team Project's, Social Inclusion study, followed by 2 papers. The first paper, entitled, "Measuring Social Inclusion in Children with Severe DD: Development of the GO4KIDDS Social Inclusion Coding Scheme" will outline the development of the coding scheme, and results from the observations of children with severe DD in school and the community. The second paper, entitled "Examining the Social Inclusion of Children with Sever Developmental Disabilities in School and the Community: A Descriptive Analysis using Multiple Case Studies", will follow with the qualitative interview data from this study. Themes from the interviews of 10 case studies of children with severe DD, some with ASD, will be presented to examine themes present in parent, teacher and community leader interviews.

MEASURING SOCIAL INCLUSION IN CHILDREN WITH SEVERE DD: DEVELOPMENT OF THE GO4KIDDS SOCIAL INCLUSION CODING SCHEME

Rebecca Shine[1,2], Adrienne Perry[1,2], James Bebko[1,2], Patricia Minnes[2,3], Busisiwe Ncube[1,2]
[1]York University, [2] GO4KIDDS, [3]Queen's University

Objectives: Social inclusion and participation has many benefits for children with or without Developmental Disabilities (DD) (e.g., King et al., 2009). Children with Intellectual and Developmental Disabilities are often integrated into "mainstream" settings with typically developing children, however, physical presence in a setting or program does not necessarily equate to actual participation, and children with DD may experience lower rates of social inclusion (e.g., Solish, Perry, & Minnes, 2010; Taheri, Perry, & Minnes, 2016). There is currently limited research on social inclusion of children with severe DD, especially in community settings (Shields, et al., 2014). This presentation will describe the development and implementation of a live observational coding scheme, which allows for the systematic examination of social inclusion experiences of children with Intellectual and Developmental Disabilities in potentially social situations at school and in the community.

Method: We developed the GO4KIDDS Social Inclusion Observational Coding Scheme in order to code *live* observations of children with Severe Intellectual and Developmental Disabilities at school and in the community. Twenty children (aged 6 – 18) were observed for 15 – 30 minutes at a time during unstructured school activities and in the community. Children's opportunities for interactions and actual interactions with peers and adults were coded.

Results: Overall, levels of social interaction were low, despite the presence of others. Children had the opportunity to interact with peers for 86% of the observation intervals, however, the children with DD in the study were only involved in social interaction for a mean of 32% of the observation intervals. Children's cognitive, adaptive and social skill levels were positively correlated with the amount of time children spent interacting with peers.

Discussion/Conclusion: This measure provides an objective indicator of the social inclusion experiences of children with severe Developmental Disabilities in social settings, and is able to be implemented reliably in natural settings with live observations where videotaping is not allowed or practicable. This study showed that despite the opportunity for interaction, typically little interaction occurred.

EXAMINING THE SOCIAL INCLUSION OF CHILDREN WITH SEVERE DEVELOPMENTAL DISABILITIES IN SCHOOL AND THE COMMUNITY:
A DESCRIPTIVE ANALYSIS USING MULTIPLE CASE STUDIES

Rebecca Shine[1], Odette Weiss[1], Adrienne Perry[1], & Patricia Minnes[2]
[1]York University, [2]Queens University

Objectives: Although often present in "inclusive" settings, children with Severe Developmental Disabilities (DD) are at high risk of social exclusion. When they also have ASD, there are even greater difficulties participating in social interactions and maintaining relationships. Themes from multiple case studies of children and adolescents with Severe DD, some with ASD, will be presented. The goal of this study is to gain a better understanding of the social inclusion of children with Severe DD (with and without ASD) in school and community settings.

Method: The parents, teachers and community leaders (e.g., Brownie leader) of 27 children were interviewed to gain their perspectives about the children's social experiences in school and community settings. Children were also observed in potentially social settings, and information was collected surrounding the types of play, and amount of social interaction with peers and adults, as well as observer ratings. This presentation will describe themes from 10 cases with data from multiple sources and settings. Parent, teacher and community leader interviews were examined for emerging themes. The themes were compared across diagnostic groups (with and without ASD), informants and settings.

Results: Several themes emerged across settings, such as child characteristics, environmental characteristics, integration, accommodation/adaptation, staff resources, communication, and societal awareness/stigma. Examples of these themes from various cases will be presented. Agreements and discrepancies in ratings based on the setting and informant will be discussed.

Discussion/Conclusions: These case descriptions and themes provide information surrounding barriers to children's inclusion, and directions for future research in this population. Implications for parents, and clinicians will be discussed.

INTENSIVE COLLEGE ADAPTIVE SKILL TRAINING PROGRAM FOR ADULTS WITH INTELLECTUAL DISABILITIES

Carmen Hall
Fanshawe College, Saybrook University

Objectives: The following study addressed the gap in services for transition-age youth and emerging adults with moderate to severe intellectual disabilities. The study identifies the gaps in the community living, inclusion movement for adults with moderate to severe intellectual disabilities, whereby often a focus on physical inclusion is required but does not necessarily highlight skill building to promote greater access and inclusion, leaving such movements with only mild success (Lamb & Bachrach, 2001; Owen et al., 2015).

The study addressed the following research questions:

1. Does a comprehensive, short-term behavioral treatment package positively influence skill acquisition?
2. How do caregivers and the community rate the treatment package and perceive it in influencing the individuals' quality of life, self-determination, support needs, and independent living skills?

Method: Eighteen participants ages 16 to 33 years old participated in a five-week summer intensive behavior skill building and habilitation training course offered to adults with moderate to severe intellectual disabilities at the local college. Trained ABA therapists taught individuals in natural settings with individualized programs and goals to teach communication, social, and adaptive living skills. A mixed methods approach was utilized. First, a switching replications design was used to measure participant's communication skills, social skills, adaptive living skills, and quality of life from pre- to post-intervention with five published measures. Two groups were formed and each group acted as the others' control. Second, a single-subject, multiple probe across behaviors design measured each participant's social and communication skills across three identified behaviors. Interobserver agreement (IOA) was recorded for 31% of sessions and 96% IOA was obtained. Lastly, a focus group and social validity survey were completed to capture caregivers' satisfaction, concerns, and suggestions.

Results: Final research analysis is being completed, however, preliminary results demonstrated moderate to large increase in skills acquired for participants who were able to learn the three skills within the 5-week intervention in the single-subject design. Maintenance was maintained four months later. In the switching replications design, results demonstrated significantly greater skills in communication, social skills, daily living skills, and quality of life from pre- to post-intervention on two skill-based measures as compared to the control group, increasing on average 8% for communication and social skills and 15.6% for daily living skills. Parents rated the intervention high in social validity with 100% of parents indicating that they strongly agreed with the program, the methods used, and would have their child participate again. In focus groups themes of enjoyment of the program and desperation for a full-time skill teaching program emerged. Parents enjoyed the intensity of teaching and low support to participant ratio.

Discussion/Conclusions: The research highlights the need for intensive, clinical training programs for adults with intellectually disabilities to enhance skill development and thus independence and quality of life. By providing opportunities to learn skills on a daily basis that are individualized, customized, taught to mastery, and generalized into the community, the number of opportunities to be included in the community and enhance quality of life increases.

SYMPOSIUM: AWARENESS REGARDING FETAL ALCOHOL SPECTRUM DISORDER AND AUTISM SPECTRUM DISORDER: PERSPECTIVES OF MEDICAL PROFESSIONALS IN ONTARIO

Shelley L. Watson, Kelly, D. Coons, Golnaz Ghaderi, Celisse Bibr, & Nathaniel Davin
Laurentian University

Health care professionals play a key role in the prevention of Fetal Alcohol Spectrum Disorder (FASD) through their gestational period counselling as well as their recommendations regarding alcohol use during pregnancy; however, findings from Canada, the United States, and Australia indicate that health care professionals often have significant deficits in their knowledge of FASD. Medical practitioners also reveal deficits in their knowledge and self-efficacy regarding the diagnosis and treatment of Autism Spectrum Disorders (ASD). This symposium presents findings from an ongoing mixed methods study examining health care professionals' awareness of FASD and ASD. Physicians, midwives, and nurse practitioners in training, as well as practicing physicians participated in semi-structured interviews and completed questionnaires regarding their self-efficacy and knowledge regarding various disabilities. The symposium will begin with an overview of the larger project and provide results across disabilities (i.e., comparisons of knowledge regarding various types of disability), followed by 2 presentations dealing specifically with knowledge about FASD and ASD.

Results reveal that medical professionals from a variety of disciplines require increased education and support to improve their knowledge of disability, aid in their ability to make an accurate diagnosis, and know when to refer an individual with a disability to another care provider. By understanding the knowledge deficits of health care professionals, these gaps can be targeted and subsequently addressed in education programs for professionals in training as well as in practice. Implications for families and individuals with disabilities are discussed.

"THERE'S ALWAYS LESS. LESS ACCESS. LESS SPECIALISTS.": NORTHERN ONTARIO HEALTH CARE STUDENTS' PERSPECTIVES REGARDING ACCESS TO CARE FOR INDIVIDUALS WITH FETAL ALCOHOL SPECTRUM DISORDER

Kelly D. Coons & Shelley L. Watson

Objectives: Health care providers play a significant role in the lives of individuals with Fetal Alcohol Spectrum Disorder (FASD), as well as in the primary prevention of FASD. Despite some evidence demonstrating increased knowledge of FASD among rural and remote health care providers across Canada, the level of knowledge of FASD within Ontario remains unclear.

Method: Using a two-phase, sequential mixed methods approach informed by social constructionism and self-efficacy theory, 45 Northern Ontario health care students in their final two years (medical, nurse practitioner, and midwifery students) completed two quantitative questionnaires regarding FASD. 21 students participated in a narrative vignette and a semi-structured interview, which were analyzed using Thematic Analysis.

Results: Students highlighted the potential limitations in access to care, both for individuals diagnosed with FASD, as well as pregnant women at risk of having a child with FASD who may require more intensive intervention and support. Students noted that the risk of FASD may be elevated in rural, Northern Ontario communities, given increased rates of alcohol consumption in these communities, as well as the lack of access to regular primary health care. Students also discussed barriers to care, including travel and transportation, and a scarcity of providers who were knowledgeable about developmental disabilities in general, as well as FASD specifically.

Discussion/Conclusions: If health care providers are not confident in providing care to pregnant women or individuals with FASD, they may be unable to recommend appropriate services or supports to their patients. It is especially relevant to focus on under-researched populations, such as nurse practitioner and midwifery students, and those from regions of extremely underestimated numbers of FASD, such as Northern Ontario, given that rural providers will likely have more exposure to individuals with FASD compared to their urban counterparts, attributable to higher prevalence rates of FASD and more generalized practices.

ONTARIO MEDICAL PRACTITIONER'S EXPERIENCES WHEN DIAGNOSING CHILDREN WITH ASD

Golnaz Ghaderi & Shelley L. Watson

Objectives: Children with Autism Spectrum Disorder (ASD) exhibit a range of deficits in their communication and social function, as well as repetitive behaviours and restricted interests (Devlin & Scherer, 2012). Even though the prevalence rate of autism has increased significantly for the past decade (i.e., 1 in 68 children; CDC, 2016), medical practitioners experience barriers such as lack of time and expertise in providing ASD care, especially with diagnosis (Fenikilé et al., 2015). Research shows that such barriers are some of the contributing factors in delay in diagnosis of ASD (Carbone et al., 2010; Nah et al., 2014; Rhoades et al., 2007). On the other hand, factors such as collaboration with other healthcare professionals and parental involvement in the diagnostic process have been identified as facilitators in providing diagnosis for children with ASD (Major et al., 2013). This study aimed to identify Ontario medical practitioner's overall experience in providing diagnosis for individuals with ASD in Ontario, Canada.

Method: A total of 26 medical practitioners including family physicians, paediatricians, developmental paediatricians, psychiatrists and emergency doctors were recruited across Ontario to participate in a two-phase, mixed methods study. During the first phase, participants filled out a questionnaire regarding their knowledge, attitudes and experiences when diagnosing individuals with ASD. The second phase incorporated a semi-structured interview, where five participants answered questions about their experiences with the ASD diagnostic process.

Results: In order to analyze the quantitative results, descriptive analysis, Paired Sample T-Tests, correlations, and Chi-squared tests were used. Thematic Analysis was also utilized to analyze the interviews. The results of this study showed that physicians do not receive sufficient education and training regarding the diagnosis of ASD. Even though physicians reported lack of comfort and expertise in diagnosing individuals with ASD, they stated that working in an interdisciplinary team aids them with this process. Additionally, a significant positive correlation was found between medical practitioners' perceived level of knowledge regarding the diagnosis of ASD and their previous work or volunteer experiences with this population. The results of the qualitative data also revealed that medical practitioners lack knowledge and training with regard to the diagnosis of autism, and they often feel incompetent in this matter (i.e., making a diagnosis). Despite such barriers, the results also showed that factors such as working in a multidisciplinary team and collaborating with parents of children with ASD are some of the facilitating factors for physicians in making the diagnosis.

Discussion/Conclusions: The results of this study provided a better understanding of medical practitioners’ experiences, both in terms of the barriers and facilitators they experience when diagnosing children with ASD. Findings have implications for raising awareness in health care systems regarding the steps that need to be taken in order to enhance the diagnostic process of ASD. These findings are significant in terms of knowledge translation and informing policy makers within both the medical education as well as other health care settings.

COMMON THERAPEUTIC PROCESS FACTORS IN COGNITIVE BEHAVIOURAL THERAPY FOR CHILDREN WITH AUTISM SPECTRUM DISORDER

Carly S. Albaum & Jonathan A. Weiss
York University

Objectives: Common process factors in therapy, such as therapeutic alliance, in-session engagement and program adherence outside of sessions, are important predictors of therapy outcomes for children, regardless of specific therapeutic techniques. Pre-treatment child characteristics have been related to the quality of these common factors, but this relation has not been explored in youth with Autism Spectrum Disorder (ASD). This research aims to understand the association between therapeutic process factors and child pre-treatment factors in a cognitive behaviour therapy intervention for children with ASD.

Method: Data were collected from 55 children with ASD (90.9% male) in the Secret Agent Society: Operation Regulation program. Children were 8 to 12 years of age ($M = 9.65$, $SD = 1.22$) with at least average IQ ($M = 104.33$, $SD = 14.81$, Range: 79-140). Common process factors included therapist report of a) therapeutic alliance with the child, b) child engagement during sessions, and c) program adherence outside of sessions, as indicated by homework completion. Pre-treatment variables included parent report of child psychopathology using the Behavior Assessment System for Children – Second Edition (BASC-2; Reynolds & Kamphaus, 2004), emotion dysregulation using the Emotion Regulation Checklist (ERC; Shields & Cicchetti, 1997), and autism symptom severity, using the Social Responsiveness Scale – Second Edition (SRS-2; Constantino, 2012). Children also provided responses to two single-items assessing their motivation to change and willingness to work, and reported on emotion dysregulation using the Children's Emotional Management Scales (CEMS; Suveg & Zeman, 2004; Zeman, Shipman & Penza-Clyve, 2001) prior to beginning treatment.

Results: Therapeutic alliance was negatively related to child report of emotion dysregulation ($r_s = -.36$, $p = .01$) and approached significance to autism symptom severity ($r_s = -.26$, $p = .06$). Child engagement was positively related to motivation to change ($r_s = .48$, $p = .001$) and willingness to work ($r_s = .27$, $p = .05$), and negatively related to child report of emotion dysregulation ($r_s = -.32$, $p = .02$). Program adherence was negatively related to emotion dysregulation ($r_s = -.42$, $p = .002$), externalizing ($r_s = -.34$, $p = .02$) and internalizing problems ($r_s = -.28$, $p = .05$). The overall model of child pre-treatment characteristics accounted for a moderate portion of variance in child engagement, $R^2 = .26$, $F(3, 44) = 5.03$, $p = .004$, and program adherence, $R^2 = .20$, $F(4, 45) = 2.91$, $p = .03$. Specifically, child motivation to change was a significant predictor of in-session engagement, $\beta = .54$, $t(44) = 3.13$, $p = .003$, and parent-reported emotion dysregulation was a significant predictor of program adherence, $\beta = -.44$, $t(45) = -2.04$, $p = .05$.

Discussion/Conclusions: Pre-treatment characteristics have important implications in the therapeutic process, which may ultimately influence treatment success. To enhance the promote treatment participation and enhance the potential for therapeutic gains, clinicians should work with families to address behavioural concerns prior to beginning treatment, and modify programs as needed throughout the course of therapy. Considering a child's pre-treatment level of emotion dysregulation and psychopathology is important to this end.

NOTES

Awards

Awards Review Process

The 2017 RSIG Conference Awards Committee reviewed all OADD-RSIG Travel Awards and Student Award for Excellence in Research nominations and a recipient was chosen by consensus for each award. Committee members who had known the candidates well (e.g., advisors, lab mates) abstained from participating in the review process.

For the student poster awards, five nominated candidates (nominated by RSIG Abstract Review Committee based on submitted abstracts) gave two-minute presentations to members of the RSIG committee who did not have conflicts of interest, who judged the posters and candidate presentations. Prizes will be awarded to two candidates at the RSIG Conference. *Poster award nominees are indicated with an * in the program.*

2017 Award Recipients:

Student Award for Excellence in Research ($250 prize; opportunity to present at conference)
Stephanie Hayes, University of Alberta, **“**Observing Teacher-Student Interactions Using the Classroom Assessment Scoring System – Secondary (CLASS-S): A Systematic Review, an Application in Alberta, and an International Comparison of Research Findings**”**

Travel Awards *($150 prize)*
Suzanne Ali, University of Windsor
Celisse Bibr, Laurentian University
Nathaniel Davin, Laurentian University
Jenna Jones, University of Windsor
Tara Hughes, Laurentian University

The RSIG Conference Committee would like to thank all applicants for their submissions this year and encourages all students to apply next year.
Thesis advisors and professor – don’t forget to nominate outstanding students for the Student Award for Excellence in Research next year! Current and recently graduated students are eligible for this award.

All awards information can be found on our website at www.oadd.org

Abstract Review Process

A subset of the RSIG 2017 Conference Committee reviewed the abstract submissions for both posters and oral presentations. All identifying information was removed from the abstract submission, in order to ensure a blind review by all committee members. Committee members refrained from reviewing abstracts they may have been biased towards to ensure fair review. Abstracts were judged out of a total of 30 points, based on the purpose, methodology, results, conclusions, and clinical or research implications of the submission. Five selected abstracts were reviewed on the seminar day for the RSIG poster award based on the quality of the submission and their score out of 30.

The RSIG 2017 Conference Committee appreciates all the submissions that were received for this year’s conference.

Data Blitz Talks

1. **WHEN BEING MINDFUL BEATS BEING KNOWLEDGEABLE: AN INTERVENTION FOR PARENTS**
   Sue Hutton & Yona Lunsky

2. **MOBILIZING COMPASSION: IS THAT A THING?**
   Kerry Boyd

3. **THE PROVISION OF INTERPROFESSIONAL CARE FOR ADULTS WITH INTELLECTUAL AND DEVELOPMENTAL DISABILITIES IN PRIMARY CARE: AN EMBEDDED, MULTIPLE CASE STUDY**
   Nicole Bobbette

4. **AUDIOVISUAL INTEGRATION IN ADULTS: USING A DYNAMIC TASK TO MEASURE DIFFERENCES IN TEMPORAL BINDING WINDOWS ACROSS STIMULI**
   Marie Hooper

5. **FURTHER EVALUATION AND DEVELOPMENT OF THE QUESTIONNAIRE FOR UNDERSTANDING PAIN IN INDIVIDUALS WITH INTELLECTUAL DISABILITIES: CAREGIVER REPORT REVISED (QUPID-CR)**
   Lauren Z. Zaretsky, Lara M. Genik, & C. Meghan McMurtry

6. **NONVERBAL MEASUREMENT OF METAMEMORY AND ITS RELATIONSHIPS WITH AUTISM TRAITS**
   Alex Porthukaran

7. **PRACTITIONER TRAINING SURVEY: UNDERSTANDING NEEDS RELATED TO PHYSICAL ACTIVITY FOR PEOPLE WITH PHYSICAL DISABILITIES**
   Alexandra Zidenberg

8. **CORRELATION BETWEEN SEIZURES, SYMPTOMS OF DEMENTIA, AND RECTAL PICKING IN A MAN WITH AUTISM**
   Aamir Khan

9. **APEX: MORE THAN JUST EXERCISE!**
   Chad Sutherland

10. **A NEW APPROACH TO TRANSITION PLANNING FOR TRANSITIONAL AGED YOUTH WITH INTELLECTUAL DISABILITIES**
    Katie McKay

11. **FROM INSTITUTIONS TO ACTION: AN ORAL HISTORY EXPLORATION OF 2 SELF-ADVOCATES' JOURNEYS TO HUMAN RIGHTS**
    Sue Hutton

12. **CARING TO INCLUDE: A RELATIONAL ETHNOGRAPHY OF THE EVERYDAY LIFE OF PEOPLE WITH INTELLECTUAL AND DEVELOPMENTAL DISABILITIES AND THEIR FAMILIAL CAREGIVERS**
    Anna Przednowek

Poster Presentations

1. **THE PARENT ADVISOR MODEL FOR RESEARCH INCLUDING PARENTS OF CHILDREN WITH AUTISM**
   Jenna B. Jones, Marcia N. Gragg, & Brianne E. Drouillard

2. **ACTIVITY ENGAGEMENT AND BARRIERS TO PARTICIPATION IN THE FRANCOPHONE COMMUNITY**
   Busisiwe Ncube, James M. Bebko, Suzanne Murphy, Marilyn Thompson, Margaret Spoelstra, & Layne Verbeek

3. **EXAMINING THE ACTIVITY PARTICIPATION AND FRIENDSHIPS OF YOUNG CHILDREN WITH I/DD**
   Azin Taheri, Adrienne Perry, & Patricia Minnes

4. **10-YEAR FOLLOW UP OF ADOLESCENTS WITH AUTISM WHO RECEIVED IBI AS YOUNG CHILDREN**
   Adrienne Perry & Julie Koudys

5. **FAMILY QUALITY OF LIFE WHEN THERE IS MORE THAN ONE CHILD WITH A DEVELOPMENTAL DISABILITY**
   Alexander Patterson, Rebecca Shine, & Adrienne Perry

6. **The GO4KIDDS School Satisfaction Scale**
   Meisha Charles, Busisiwe Ncube, & Adrienne Perry

7. **REDUCING RECTAL PICKING IN A MAN WITH AUTISM**
   Aamir Khan & Mary Konstantareas

8. **DIAGNOSING AUTISM SPECTRUM DISORDER: EXAMINING DIAGNOSTIC MEASURES AND THE CHILD VARIABLES ASSOCIATED WITH THE DIAGNOSIS***
   Jeffrey Esteves, Azin Taheri, Adrienne Perry, & Julie Koudys

9. **BARRIERS FACED BY PARENTS OF CHILDREN WITH DEVELOPMENTAL DISABILITIES WHEN ACCESSING HEALTH CARE AND DISABILITY SERVICES**
   Melissa Rourke & Adrienne Perry

10. **EVALUATION OF THE QUESTIONNAIRE FOR UNDERSTANDING PAIN IN INDIVIDUALS WITH INTELLECTUAL DISABILITIES: ITEM ANALYSIS***
    Lara M. Genik, Tamlyn Freedman-Kalchman, C. Meghan McMurty, & Lynn M. Breau

11. **SIBLING EXPERIENCES IN FAMILIES OF CHILDREN WITH DOWN SYNDROME OR CYSTIC FIBROSIS**
    Kristina Trandovski & Shelley L. Watson

12. **CHANGES IN CORE COGNITIVE BEHAVIOR THERAPY SKILLS AFTER A BRIEF BEHAVIORAL SKILLS TRAINING SESSION**
    Mahfuz Hassan, Joey Robertson, Kendra Thomson, & Jonathan Weiss

13. **A SYSTEMATIC REVIEW OF EARLY INTENSIVE BEHAVIOUR INTERVENTION AND DEVELOPMENTAL INTERVENTION TREATMENT OUTCOMES FOR CHILDREN WITH AUTISM SPECTRUM DISORDER**
Sarah Davis, Kendra Thomson, & Kirsten Wirth

14. **BEHAVIOURAL SKILLS TRAINING AND TACTILE PROMPTING DEVICES: EVALUATION OF A CAREGIVER TRAINING INTERVENTION TO TEACH SAFETY SKILLS TO CHILDREN WITH AUTISM SPECTRUM DISORDER**
Sarah Davis, Emily Brown, & Chelsea Bastasin

15. **THE EFFECTS OF AEROBIC EXERCISE ON REPETITIVE BEHAVIOURS AND TASK PERFORMANCE FOR ADULTS WITH AUTISM SPECTRUM DISORDER AND AN INTELLECTUAL DISABILITY**
Suzanne Ali, Chad Sutherland, Nadia Azar, & Sean Horton

16. **PSYCHOLOGICAL FUNCTIONING AND ADAPTATION OF CHILDREN WITH AUTISM SPECTRUM DISORDER TRANSITIONING FROM EARLY INTERVENTION TO SCHOOL: A MIXED METHODS APPROACH***
Stephanie Price & Veronica Smith

17. **THE NEXT GENERATION OF CAREGIVERS: WHAT SIBLINGS OF INDIVIDUALS WITH AUTISM SPECTRUM DISORDER WANT US TO KNOW***
Marilia Carvalho & Shelley L. Watson

18. **WHAT WOMEN FROM ONTARIO KNOW ABOUT THE DANGERS OF DRINKING DURING THE GESTATIONAL PERIOD**
Alexandra Zidenberg & Shelley L. Watson

19. **LET'S TALK ABOUT SEX: A REVIEW OF SEXUALITY RELATED ARTICLES IN THE JOURNAL OF APPLIED BEHAVIOUR ANALYSIS**
Rosemary Condillac, Lauren Martell, Rebecca Ensor, & Caitlin Young

20. **RELATIONSHIP OF SEVERITY OF BEHAVIOUR PROBLEMS TO IMPACT ON QUALITY OF LIFE: A PILOT STUDY**
Rosemary Condillac, Meagan Smith, & Whitney Kerr

21. **CHANGES IN EMPLOYMENT SKILLS AND QUALITY OF LIFE FOR ADULTS WITH INTELLECTUAL AND DEVELOPMENTAL DISABILITIES IN A CO-OPEARATIVE MODEL OF EMPLOYMENT**
Lisa Whittingham, Frances Owen, Maureen Connelly, & Danny Tarulli

22. **IMPROVING PRACTICES OF RISK ASSESSMENT AND INTERVENTION PLANNING FOR PERSONS WITH INTELLECTUAL DISABILITIES WHO SEXUALLY OFFEND**
Jason Keller

23. **MINDFULNESS PRACTICE IN CHILDREN WITH AUTISM: CHARACTERISTIC AND THERAPEUTIC CORRELATES***
Karen Black, Julia Martini, Paula Tablon, & Jonathan Weiss

24. MANAGING THE INCESSANT MOUTHING OF A SIX YEAR OLD CHILD WITH ASD
Dalena Anzivina, Mary Konstantareas, Christina Bozzella, & Lisa Kellowan

25. BRIDGING KNOWLEDGE GAPS: RESEARCH INTO THE TRANSITION OF INDIVIDUALS WITH ASD FROM YOUTH TO ADULTHOOD IN ONTARIO
Sarah Lebensold

26. COMPARISON OF SIBLING CHALLENGES IN FAMILIES OF CHILDREN WITH AUTISM SPECTRUM DISORDER, FETAL ALCOHOL SPECTRUM DISORDER, AND DOWN SYNDROME
Tara Hughes & Shelley L. Watson

27. THE KNOWLEDGE AND SELF-EFFICACY OF HEALTH CARE PROFESSIONALS REGARDING AUTISM SPECTRUM DISORDER ACROSS ONTARIO: A CROSS REGIONAL STUDY
*Nathaniel Davin***,** Shelley L. Watson, Golnaz Ghaderi, & Kelly D. Coons

28. KNOWLEDGE AND ADVICE OF NORTHERN ONTARIO MEDICAL SCHOOL STUDENTS ON THE SUBJECT OF FETAL ALCOHOL SPECTRUM DISORDER
*Celisse Bibr***,** Shelley L. Watson, & Kelly D. Coons

Conference Schedule

8:00 am - 9:00 am	Registration
9:00 - 9:45 am	**Poster Session 1** *Poster Judging*
9:45 – 10:00 am	**Opening Remarks** *Shelley Watson, Conference Co-Chair* *JODD Publication Prize; Maire Percy and Ivan Brown*
10:00 – 10:30 am	**Keynote:** **RSIG over the past 25 years** *Rosemary Condillac, Brock University*
10:30 – 10:45 am	**Award for Excellence in Research Presentation** *Shelley Watson, Conference Co-Chair / Stephanie Hayes, University of Alberta*
10:45 – 11:00 am	**Break**
11:00 – 11:45 am	**SYMPOSIUM:** **EXAMINING THE SOCIAL INCLUSION OF CHILDREN WITH SEVERE DD IN CANADA** *Adrienne Perry, James Bebko, and Rebecca Shine* *York University, GO4KIDDS*
11:45 – 12:05 am	**INTENSIVE COLLEGE ADAPTIVE SKILL TRAINING PROGRAM FOR ADULTS WITH INTELLECTUAL DISABILITIES** *Carmen Hall* *Fanshawe College; Saybrook University*
12:05 – 12:30 pm	**NETWORKING ACTIVITY** *Chad Sutherland, Conference Co-Chair*
12:30 – 1:15 pm	**Hosted Lunch** ***Slideshow: Celebrating 25 years***
1:15 – 2:00 pm	**3-minute Data Blitz Talks**
2:00 – 2:45 pm	**SYMPOSIUM:** ***AWARENESS REGARDING FASD AND ASD: PERSPECTIVES OF MEDICAL PROFESSIONALS IN ONTARIO*** *Shelley L. Watson, Kelly D. Coons, Golnaz Ghaderi, Celisse Bibr, & Nathaniel Davin* *Laurentian University*
2:45 – 3:00 pm	**Break**
3:00 – 3:20 pm	**COMMON THERAPEUTIC PROCESS FACTORS IN COGNITIVE BEHAVIOURAL THERAPY FOR CHILDREN WITH AUTISM SPECTRUM DISORDER** *Carly S. Albaum & Jonathan A. Weiss* *York University*
3:20 – 3:35 pm	**Awards Presentation** *Travel awards; poster awards*
3:35 – 4:15 pm	**Panel; Large Group Discussion** *Facilitated by Chad Sutherland, Conference Co-Chair*
4:15 – 5:00 pm	**Poster Session 2** **Wine and Cheese Event** *Door prizes*