CanChild: Research Making a Difference

Overview of CanChild Productivity in 2014

Prepared for
Dr. Stephen Collins, Associate Dean Research
Dr. John Kelton, Dean, Faculty of Health Sciences
Dr. Patty Solomon, Associate Dean School of Rehabilitation Science
Dr. Lennox Huang, Chair, Department of Pediatrics

Submitted on behalf of CanChild by
Jan Willem Gorter, Director

July 30, 2015
Table of Contents
Highlights from 2014: ................................................................. 2
Programmes of Research ................................................................. 6
  Autism Spectrum Disorder ............................................................... 6
  Cerebral Palsy ................................................................................. 6
  Developmental Coordination Disorder ............................................. 7
  Epilepsy ......................................................................................... 9
  Family Centred Care ................................................................. 10
  Knowledge Translation ................................................................. 10
  Mild Traumatic Brain Injury .......................................................... 11
  Participation ................................................................................. 12
  Transition to Adulthood ................................................................. 13
Our Team ....................................................................................... 15
  Scientists, Research Associates, & International Collaborators .......... 15
  CanChild Research and Knowledge Translation Support ....................... 17
Publications in 2014: .................................................................. 18
  Published .................................................................................... 18
  Books .......................................................................................... 40
  Book Chapters ........................................................................... 40
CanChild Grant Funding ................................................................. 42
  New Funding for 2014: ................................................................. 42
  Current Ongoing Projects Located at CanChild .............................. 50
Highlights from 2014:

**People:**
Our Team is growing!
- Drs. Briano DiRezze and Wenonah Campbell were offered Faculty positions within the School of Rehabilitation Science. Dr. Mark Ferro was offered a joint Faculty position in the departments of Psychiatry and Behavioural Neurosciences and Pediatrics. All became Scientists with CanChild in 2014.
- Dr. Sandra Hodgetts from the University of Alberta became a CanChild Research Associate in 2014! Drs. Lisa Chiarello, Lynn Jeffries, Alyssa LaForme Fiss, and Sally Westcott McCoy became International Collaborators with CanChild.

**Publications:**
- CanChild members have published over 220 articles in peer-reviewed journals in the areas of child health, childhood disability, measurement and knowledge translation (in 2014).

**Research Funding:**
- A total of 69 grants were funded to CanChild members (as either PI or co-I) in 2014 netting more than $9 million dollars in new grant funding.

**Awards/Recognition:**

**Students**
- CoraLee McLaren was a finalist at the 2014 Holland Bloorview Pursuit Awards in Toronto.
- Michelle Phoenix, CanChild PhD student under the supervision of Dr. Peter Rosenbaum, received the award for ‘outstanding poster presentation’ in the PhD/Fellows category at the Child Health Research Day at McMaster.
- Tram Nguyen (CanChild PhD student under the supervision of Dr. Jan Willem Gorter) and Andrea Cross (CanChild PhD student under the supervision of Dr. Peter Rosenbaum) were both awarded a special training opportunity in integrated Knowledge Translation (iKT) through the Canadian Child Health Clinician Scientist Training Program (CCHCSP) and the Council for Canadian Child Health Research (CCCHR). This training opportunity took place in Vancouver on June 6 - 8th 2014.
- Dr. Keiko Shikako-Thomas, CanChild Post-Doc Fellow, was awarded travel scholarships through CIHR and AACPDM.

**CanChild International Collaborators**
- Dr. Lisa Chiarello was awarded the Catherine Worthingham award through the American Physical Therapy Association.

**CanChild Research Associates**
- Dr. Dana Anaby was awarded a New Investigator Career Award: Junior 1 Research Scholars through the Fonds de recherche du Québec - Santé (FRQS)
- Dr. Gillian King was awarded a Tier 1 Canada Research Chair in Optimal Care for Children with Disabilities.
Dr. Sandra Hodgetts and Autism Research team (40 members) were awarded the President's Excellence Award for Outstanding Achievements in Research from the Alberta Health Services. She also received a teaching award through the Rehabilitation Medicine Students’ Association.

Dr. Sheila Bennett was awarded the Excellence in Public Education Award, District 8 OSSTF Avon Maitland.

Dr. Darcy Fehlings was promoted to Professor, Department of Paediatrics at the University of Toronto.

CanChild Scientists

Dr. Mary Law was named Innovator of the Year at the 2014 Innovation Showcase at McMaster on November 12. This award recognizes her initiatives over the last year to re-vamp the CanChild website and create revenue streams through existing measures and new service offerings. It was acknowledged that this was a team effort from the entire CanChild group!

CanChild Co-Founder and CP-NET Executive Committee Member Dr. Peter Rosenbaum received the Lifetime Achievement Award at the American Academy for Cerebral Palsy and Developmental Medicine (AACPDM) on September 11, 2014! This award acknowledges Peter's "creative contributions of outstanding significance to the field of medicine and for the benefit of patients with cerebral palsy and other childhood-onset disabilities." Dr. Darcy Fehlings, Scientific Director/Lead of CP-NET and First Vice-President of the 68th Annual Meeting of the AACPDM, presented the award.

Dr. Cheryl Missiuna was awarded the John and Margaret Lillie Chair in Childhood Disability Research.

Dr. Eyal Cohen was the winner of the Junior Faculty Award for Clinical Excellence in Paediatric Medical Care through the Department of Paediatrics, University of Toronto, Hospital for Sick Children. He also received the Visiting Innovator Award, Center for Child Health Policy at Stanford University.

Dr. Mark Ferro was awarded the Brain Star Award through the Institute of Neurosciences, Mental Health and Addiction at CIHR. He also received the W. E. Noonan Fellowship, Research Early Career Award through the Hamilton Health Sciences Foundation.

Dr. Virginia Wright was awarded the Circle of Honour Award 2014 for Outcomes Research and Clinical Collaboration from Holland Bloorview Kids Rehabilitation Hospital.

Dr. Mary Law was awarded the Lifetime Membership Award through both the Ontario Society of Occupational Therapists as well as the Canadian Association of Occupational Therapists.
On June 23rd, 2014, CanChild launched its 25th Anniversary Celebrations! McMaster leaders, CanChild friends, families and supporters gathered to congratulate the team! As part of the event, CanChild unveiled the redesign of the CanChild homepage (www.CanChild.ca), the new communications room, and the winners of the Art Contest.

In late September, CanChild members participated in the Climb-a-thon and Accessible Sport Showcase which was run by the Hamilton Accessible Sports Council.

On Saturday November 22, 2014 families of children with disabilities, service providers, researchers and CanChild staff gathered together for a celebratory Family Engagement day - CanChild: What we "CAN" do together on the McMaster Campus. Activities included live entertainment, food, family/youth panel, "hot topic" roundtables, posters and networking. The day was co-funded by McMaster Children’s Hospital Foundation, Holland Boorview Research Institute, the Ontario federation for Cerebral Palsy (OFCP) and an Award from NeuroDevNet, Centre of Excellence in neurodevelopmental disabilities. The day was shared online (live-stream) and recorded: (www.canchild.ca)
**Commercialization**

- In 2014, revenues from the sale of *CanChild* measures netted approximately $37,000.

- *CanChild* was excited to announce the launch of its new Measurement and Analysis Service earlier in 2014. This service, beginning with the Measure of Processes of Care-20 (MPOC-20), provides consultation, electronic data collection, analysis and reporting to organizations for a fee. The new service benefits families by assisting organizations to provide services that are more family-centred, a best practice in pediatric rehabilitation.

- *CanChild* was also delighted to officially open the eStore in late August of 2014! Proceeds from the Store help support our knowledge translation activities to improve the lives of children and families.
Programmes of Research

The following pages outline our programmes of research and our progress through 2014.

Autism Spectrum Disorder


Children with autism spectrum disorder (ASD) face challenges in the development of social communication abilities—one of the hallmark features of the disorder. There is, however, ambiguity and a lack of a consensus definition for the concept of “social communication.” Working collaboratively with parents and professionals, we have developed a novel, strengths-focused classification tool, the Autism Classification System of Functioning: Social Communication (ACSF:SC). The ACSF:SC empowers parents with the type of information they value most – namely, meaningful insights into their child’s functioning. Parents can use such information as they participate with professionals to put appropriate supports in place for their child.

This tool has been under development for the past 3 years with CIHR grant funding. The study team started off by developing the content of the ACSF:SC and field testing it to ensure that it clearly describes preschool aged children with ASD. Since 2013, the team also tested the reliability of the ACSF:SC and is now in the process of examining its validity. We aim to have the participation from 50 parents and 100 professionals (educators and clinicians) at this final development stage. Our goal has been, and continues to be, to address this major practical challenge in the field of ASD – the need for precision and consistency in how we discuss and categorize the functional manifestations and impacts of ASD from a strengths-focused view.

Cerebral Palsy

Cerebral palsy (CP) affects 2-3 children per 1000 in the western world (and many more in the developing world). CP is defined in part as “… a group of permanent disorders of the development of movement and posture, causing activity limitation, that are attributed to non-progressive disturbances that occurred in the developing fetal or infant brain.”[1] (Rosenbaum, 2008)

In 2011, the Ontario Brain Institute funded the Childhood Cerebral Palsy Integrated Neuroscience Discovery Network (CP-NET). The network consists of leading CP researchers from across Ontario including 5 CanChild investigators. The purpose of this program is to further our understanding of CP through partnerships between researchers, industry and patient advocacy groups. In 2013, the project was approved for 5 years of additional funding.
The project consists of 6 platforms: **Clinical Risk Factors** (collects information on risk variables from neonatal and maternal health records); **Neuroimaging Platform** (analyzes neuroimaging records); **Genomics Platform** (collects saliva sample to analyze DNA); **Neurodevelopmental Platform** (assesses children using standardized developmental outcome measures including a neurological exam); **PsychoSocial/Participation Platform** (assessments of mental health and well-being of children and families); and the **Knowledge Translation Platform** (bring together researchers, industry, patient advocacy groups and families to guide the direction of the project).

*CanChild* has been leading the Knowledge Translation activities since the inception of the project. In 2014, we held three Parent Advisory Meetings, developed Knowledge Translation pieces to help people understand how clinical research works, developed a CP-NET newsletter and organized a CP-NET Family and Science day in conjunction with World CP Day.

The new Adolescent and Young Adult project (funded in Phase 2 of the project) is led by Dr. Jan Willem Gorter and is investigating: the course of physical health (fatigue, pain), mental health (anxiety and depression) and well-being among adolescents and young adults (AYA) with CP; explore brain-behaviour connections (emotional regulation and executive function); and the mechanisms of impaired health and well-being – and in particular the role of chronic stress – on brain functioning and development. To date, fifteen participants have consented to taking part in the fMRI brain behaviour protocol. These will be scheduled in mid-to-late 2015.

*CanChild/McMaster* is also playing a key role in recruiting and assessing children from McMaster Children’s Hospital for the other platforms. To date, 28 patients who fit the inclusion criteria have been identified and approached about the study.

### Developmental Coordination Disorder

- **Missiuna, C.** (PI), Pollock, N., Bennett, S., **Camden, C.,** **Campbell, W.,** McCauley, D., Gaines, R., Cairney, J. *Implementation and evaluation of Partnering for Change, an innovative model that will transform health service provision for school-aged children with developmental coordination disorder*. Ministry of Health and Long Term Care. $994,600, 2013-2015.

In Ontario, intervention for children with DCD is typically provided by occupational therapists (OT) in school settings and involves one-on-one assessment followed by intervention (most often involving withdrawal of the child from the classroom) to try and change children’s underlying motor impairment. Waitlists in Ontario are extremely long for “School Health Support Services” (SHSS) and wait-times of 18-24 months for an OT are typical. In fact, children with coordination difficulties are the largest single user group referred to the Ontario home care system across all paediatric and adult populations.

In 2008/09, *CanChild* brought together over 60 stakeholders, including school board administrators, teachers, special educators, government policy analysts from MOHLTC, MEDU, MCYS, health care decision-makers, health care providers and families to share ideas about what
type of health service was actually needed to support these children in school settings. The program of services that resulted, *Partnering for Change*, is evidence-driven (Missiuna et al., 2012a). OTs build capacity through collaboration and coaching with the school becoming the "client", rather than any individual student. This comprehensive program of services is delivered in school settings to meet the needs of children with DCD.

In 2013, CanChild investigators received funding from the Ministry of Health and Long Term Care to continue this work and to evaluate this model with more CCACs and school boards in the province. This project will collect important information that will guide strategic planning and hopefully widespread implementation across Ontario.

The objectives of the current *Partnering for Change* project are to:

- facilitate earlier identification of children with DCD;
- build capacity of educators and parents to manage the needs of these children;
- improve children’s ability to participate successfully in school and home environments;
- facilitate family management to prevent secondary disability.

In the fall of 2013, the Partnering for Change model of service delivery was implemented in 40 schools within three school boards: Peel District School Board, Halton District School Board and the Hamilton Wentworth Catholic District School Board.

In the first school year (November 2013 – June 2014), 15 occupational therapists (OTs) provided service one day/week in 40 schools and offered:

- 385 teacher in-services (formal and informal) to build capacity
- 704 universal design for learning activities at a whole class level; reaching over 17,600 children (based on avg. class size)
- 2980 opportunities to screen small groups of children, trial differentiated instruction and share findings with educators and parents
- 3,329 individual accommodation suggestions for 592 children and shared that knowledge with educators and families

Three hundred and ninety two of the 592 children receiving P4C services were also recruited into the study. Measurement of child, family and educator outcomes is underway using educator and parent pre- and post-standardized measures including: the School Function Assessment (SFA), Child and Family Demographics, DCD-Questionnaire, Strengths and Difficulties Questionnaire, Knowledge Questionnaires, Participation and Environment Measure.

In 2014, qualitative interviews were completed with key stakeholders including 14 school board managers, principals, and special educators; 12 health care coordinators and managers; 5 OTs and 3 research team members after Year 1. Focus groups also were completed with all OTs in Year 1. Additional interviews and focus groups are taking place in the spring of 2015.

Research to date has shown: that this new model is relevant for children who have significant daily motor, self-care, and academic challenges; facilitates equal access to services, eliminates wait lists, and serves large numbers of children with a diverse array of special needs. Moreover, the many stakeholders involved in the research and implementation of this service model have indicated that the core principles and features of P4C are relevant to all health professionals and educators seeking an integrated framework for rehabilitation service provision in Ontario.
This Health Related Quality of Life (HRQL) project is a multi-site longitudinal study with subjects enrolled from pediatrics hospitals across Canada, involving families from British Columbia, Alberta, Manitoba, Saskatchewan, Ontario, and Quebec. A total of 506 participants and their families from across these 6 provinces were be recruited. Through this study we propose to quantify the role of specific biomedical and psychosocial child and family variables that we believe underlie health outcomes that relate to the child’s psychosocial adjustment, participation, and health-related quality of life. This study uses a multivariate longitudinal design to examine simultaneously several determinants of outcomes in childhood epilepsy.

By conducting this study, we hope to identify the variables that are empirically associated with outcomes in children and youth with epilepsy, as well as the relative importance of these outcomes over time. We anticipate being able to identify moderating and mediating factors, including those potentially amenable to intervention. These findings will help clinicians to identify targets for future intervention studies. This in turn, will better enable people to recognize and act on opportunities for primary and secondary prevention of the consequences of childhood epilepsy, in order to manage childhood epilepsy more effectively and holistically.

Over the past year, we have completed study recruitment, as well as the first three sets of follow-up visits. We are now focused on following participants for their remaining two visits. We published our methods paper in August, 2014.

This project explores the relationship between increased physical activity (PA), epilepsy and co-morbidity factors, quality of life and psychological well-being in a pedometer-monitored enhanced walking program combined with motivational strategies.

We plan to (i) undertake a prospective randomized control trial to evaluate the effects of increasing PA levels through a modern pedometer-measured walking program, and (ii) follow this by assessment of the sustainability of the program. Results from the enhanced PA group will be compared to results from the existing PA level of the control group.

We hypothesize that a motivational program to increase the levels of PA over 6 months will result in sustainably enhanced PA. In turn, this will positively and simultaneously influence brain-health and reduce co-morbidities in children with epilepsy, leading to improved health and life quality in childhood, potentially continuing into adulthood.

Evidence from this study could inform significant changes in clinical care in the near future leading to some non-pharmacological new standards of care. These new standards could lead to a reduction in current and future co-morbidities and, at no extra cost to the Provincial Government.

**Family Centred Care**
In 2014, we announced the Measurement and Analysis Service for the Measure of Processes of Care (MPOC-20). This service includes consultation, implementation of an evaluation using the MPOC, data analysis, interpretation and reporting. The Ministry of Children and Youth Services contacted us with a request for CanChild to conduct an evaluation of the Applied Behavioural Analysis (ABA)-based Services and Supports program across Ontario. Over the fall, we engaged in contract negotiations with the ministry with a final contract signed in early 2015.

**Knowledge Translation**
In partnership with Bloorview Research Institute, we launched a call for a joint CanChild – Bloorview Postdoctoral Fellowship (2014-2016). In December 2013, Dr. Coralee McLaren was selected as the inaugural recipient of this award. Dr. McLaren has a background in both nursing and dance, as well as a doctoral degree in rehabilitation science. She is supervised by Drs. Cheryl Missiuna and Barbara Gibson, Cora will conduct her own very exciting research project looking at environments, from all perspectives, for children with disabilities in school settings. In fact, in January of 2014 she was granted a CIHR Operating Grant to investigate how children with diverse dis/abilities respond to dance-play events.

*CanChild has also implemented strategies to increase partnerships with families and youth. Dr. Dianne Russell worked in close collaboration with a parent of three children, one of whom has a disability, as well as a young adult living with a disability to increase awareness of *CanChild* research. This partnership has resulted in the development of the Parents Participating in Research Facebook page. The purpose of this group is to provide input on project planning, research direction, input on the current state of special needs parenting, supports and services as well as how to translate research knowledge to best serve parents and youth living with disability.*
Mild Traumatic Brain Injury

The goal of this project was to develop evidence-based tools to diagnose and manage children with concussion/mild traumatic brain injury in hopes of preventing further injury and returning children/youth to activity safely. In order to facilitate rapid uptake, a Knowledge Broker worked in partnership with 39 family physicians, pediatricians and allied health professionals to implement these tools into practice.

As part of this project a scoping review was complete to gather evidence about mTBI and determine what management strategies are currently in place, and an article outlining the development of Return to Activity Guidelines was also published. The Return to School Guidelines article was also submitted in 2014 (and subsequently published in 2015).


****


The decision regarding return to activity following Mild Traumatic Brain Injury (mTBI)/concussion is one of the most difficult and controversial areas in concussion management for adults and even more complicated for children and youth. Children who sustain a MTBI are being provided with management strategies and return to activity guidelines that have been designed for adult athletes. This population is at high risk for repeat injuries within a short period of time as well as prolonged symptoms affecting their school and leisure participation and success. In January 2014, we received funding from CIHR to evaluate innovative Return to School and Return to Activity guidelines that were recently developed as part of another CanChild KT project. The study is currently at the active recruitment phase.

****


The goal of this Team Grant is to create a culture of national collaboration, data collection and rapid clinical uptake of innovation in discovery. Our overall goal is to enhance our ability to conduct multi-centre research and provide evidence-based care across Canada that will assist in diagnoses and treatment of pediatric MTBI. Two sub-studies are currently underway and CanChild functions as a research site collaborating with other centres across Canada. The first study entitled “Generating Innovation through the use of common data: improving the diagnosis and treatment of child and adolescent MTBI in Canada” aims to establish the feasibility, and utility of collecting common data elements for children and adolescents in 7 pediatric mTBI follow-up programs across Canada. The second study entitled “Comparing Approaches to Rehabilitation for Children and Youth with Persisting Symptoms Following Concussion” focuses on children and youth with persisting concussion symptoms. Both studies are presently at the active recruitment phase.

**Participation**

In 2014, *CanChild’s* Participation research teams engaged in a number of knowledge translation activities related to previous research grants.

The Participation and Environment Measure team focused on activities to increase awareness of and access to the Participation and Environment Measure for Children and Youth (PEM-CY). The PEM-CY User’s Guide was finalized and the measure was added to the *CanChild e-store*. Work has continued on PEM-CY translations, with 11 completed to date. The team is collaborating with a programmer to develop an electronic version of the PEM-CY for use in research and program evaluation. This version, which is based on the successful parent version, will be available in 2015. In addition, the team consulted with a group from the Canadian Association of Pediatric Health Centres (CAPHC) about including the PEM-CY in a national database for children and youth with chronic conditions.

Members of the Participation and Environment Measure team are now working on developing an app for parents based on the PEM-CY’s companion measure for young children – the Young Children’s Participation and Environment Measure. This app will enable parents to set participation goals for their child and develop plans to put the goals into action.

The Participation Intervention Study team completed data analysis and published the findings of their study involving youth with physical disabilities. In this study, youth set participation goals and worked with an occupational therapist to develop strategies that focused on changing the environment and the task to enable them to meet these goals. This team is currently working on a manual to describe this successful therapy approach.
Transition to Adulthood

- **Gorter JW (PI), Punthakee Z (Co-PI), Brill H, Don-Wauchope A, Grant C, Stewart D, Rosenbaum P.** Extension Grant: The utilization, utility and impact of a Transition Coordinator and the Youth Kit© among adolescents with chronic health conditions as they transition to adulthood. A pilot study. Funded by AFP Innovation Grant. $196,493. 2011-2013

Led by Dr. Jan Willem Gorter ([CanChild/Pediatrics]), our research team completed a four-year prospective cohort study that followed youth with a variety of chronic health conditions as they transitioned from pediatric to adult healthcare. TRACE (Transition to Adulthood with Cyberguide Evaluation) was designed to empower youth through the use of two novel transition interventions: the Youth K.I.T. (Keeping It Together), which is an organizational tool for youth, and an online transition mentor. In so doing, the study responded to the established needs for improving transition process (due to the widely reported adverse health outcomes) and for evaluating effectiveness of transition interventions.

One hundred and thirty study visits with 50 participants were completed at two sites (the McMaster Children’s Hospital in Hamilton and the Hospital for Sick Children in Toronto). Nine pediatric clinics in Hamilton and 5 clinics in Toronto were involved in the study. With 20 chronic conditions being represented, this study used a rather unique cross-condition, non-categorical approach. Data collection was complete in October 2013. Results of the study were written up and dissemination activities were carried out through 2014 and a manuscript was submitted to BMJ-Open in December 2014, which was accepted and published in 2015:


The journey from childhood to adult life involves reaching milestones, as well as assuming new roles and responsibilities. For the rapidly growing population of youth with chronic health conditions/disabilities, transition into the adult healthcare system is an important dimension of this journey. Sadly patients and families often describe the transfer of care as 'falling off a cliff' due to the lack of sufficient preparation, information, supports, and skills to facilitate the process.
Although most providers encourage youth with chronic health conditions to assume responsibility for their own health, few discuss transfer to an adult provider and put in efforts to ensure continuity. Moreover, our current health care system is not designed to prevent complications in chronic conditions in youth, and health care providers lack the knowledge and information to assure effective clinical management, and to eliminate health disparities. When youth transitions are met with barriers/challenges, transitioning adolescents are at increased risk for poor health outcomes, most of which are preventable, and financial costs are often incurred by the patient/family and the healthcare system.

A meeting was held on November 14, 2014, that brought together over 30 stakeholders, including patients and parents, to:
- Identify transition “gaps” in Ontario;
- Build an Ontario Transition Research Agenda;
- Develop a methodological platform to address the most urgent research questions.

The group unanimously agreed that we need to develop:
- an approach to improve transition that is collaborative and individualized based on patient need;
- a method of risk stratification to ensure that optimal care is delivered.

Moving forward, our group plans to start building a method of risk stratification by first determining who the adolescents are that are transitioning out of pediatric healthcare system and determining their transition needs, and defining successful and unsuccessful transitions.
Our Team

Scientists, Research Associates, & International Collaborators

McMaster University

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
<th>Department</th>
<th>Discipline</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jan Willem Gorter</td>
<td>Director</td>
<td>Pediatrics</td>
<td>Physiatry</td>
</tr>
<tr>
<td>Peter Rosenbaum</td>
<td>Co-Founder</td>
<td>Pediatrics</td>
<td>Developmental Pediatrics</td>
</tr>
<tr>
<td>Mary Law</td>
<td>Co-Founder</td>
<td>SRS</td>
<td>Occupational Therapy</td>
</tr>
<tr>
<td>John Cairney</td>
<td>Scientist</td>
<td>Family Medicine</td>
<td>Social Psychology</td>
</tr>
<tr>
<td>Wenonah Campbell*</td>
<td>Scientist</td>
<td>SRS</td>
<td>Speech &amp; Language</td>
</tr>
<tr>
<td>Carol DeMatteo</td>
<td>Scientist</td>
<td>SRS</td>
<td>Occupational Therapy</td>
</tr>
<tr>
<td>Briano DiRezze*</td>
<td>Scientist</td>
<td>SRS</td>
<td>Occupational Therapy</td>
</tr>
<tr>
<td>Mark Ferro*</td>
<td>Scientist</td>
<td>Psychiatry and Behavioural Neuroscience/Pediatrics</td>
<td>Epidemiology</td>
</tr>
<tr>
<td>Steve Hanna</td>
<td>Scientist</td>
<td>CE&amp;B</td>
<td>Biostatistics</td>
</tr>
<tr>
<td>Anne Klassen</td>
<td>Scientist</td>
<td>Pediatrics</td>
<td>Health Services Research</td>
</tr>
<tr>
<td>Cheryl Missiuna</td>
<td>Scientist</td>
<td>SRS</td>
<td>Occupational Therapy</td>
</tr>
<tr>
<td>Nancy Pollock</td>
<td>Scientist</td>
<td>SRS</td>
<td>Occupational Therapy</td>
</tr>
<tr>
<td>Debra Stewart</td>
<td>Scientist</td>
<td>SRS</td>
<td>Occupational Therapy</td>
</tr>
<tr>
<td>Brian Timmons</td>
<td>Scientist</td>
<td>Pediatrics</td>
<td>Kinesiology</td>
</tr>
<tr>
<td>Stephen Walter</td>
<td>Scientist Emeritus</td>
<td>CE&amp;B</td>
<td>Biostatistics</td>
</tr>
<tr>
<td>Olaf Kraus de Camargo</td>
<td>Research Associate</td>
<td>Pediatrics</td>
<td>Developmental Pediatrics</td>
</tr>
<tr>
<td>Ronit Mesterman</td>
<td>Research Associate</td>
<td>Pediatrics</td>
<td>Developmental Pediatrics</td>
</tr>
<tr>
<td>Gabriel Ronen</td>
<td>Research Associate</td>
<td>Pediatrics</td>
<td>Child Neurology</td>
</tr>
</tbody>
</table>

Universities & Organizations in Canada

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
<th>Department</th>
<th>Discipline</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dana Anaby</td>
<td>Research Associate</td>
<td>Physical and Occupational Therapy, McGill University</td>
<td>Occupational Therapy</td>
</tr>
<tr>
<td>Doreen Bartlett</td>
<td>Scientist</td>
<td>Physical Therapy, Western Ontario</td>
<td>Physical Therapy</td>
</tr>
<tr>
<td>Sheila Bennett</td>
<td>Research Associate</td>
<td>Teacher Education, Brock University</td>
<td>Special Education</td>
</tr>
<tr>
<td>Jamie Brehaut</td>
<td>Research Associate</td>
<td>Clinical Epidemiology and Biostatistics, University of Ottawa</td>
<td>Cognitive Psychology</td>
</tr>
<tr>
<td>Jan Burke-Gaffney</td>
<td>Research Associate</td>
<td>Hamilton Family Network</td>
<td>Parent Advisor</td>
</tr>
<tr>
<td>Eyal Cohen</td>
<td>Scientist</td>
<td>Hospital for Sick Children</td>
<td>Hospitalist</td>
</tr>
<tr>
<td>Johanna Darrah</td>
<td>Research Associate</td>
<td>Physical Therapy, University of Alberta</td>
<td>Physical Therapy</td>
</tr>
</tbody>
</table>

15 of 51
<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
<th>Department/University</th>
<th>Discipline</th>
</tr>
</thead>
<tbody>
<tr>
<td>Darcy Fehlings</td>
<td>Research Associate</td>
<td>Bloorview Research Institute</td>
<td>Developmental Pediatrics</td>
</tr>
<tr>
<td>Robin Gaines</td>
<td>Research Associate</td>
<td>CHEO Research Institute</td>
<td>Speech &amp; Language</td>
</tr>
<tr>
<td>Barbara Gibson</td>
<td>Research Associate</td>
<td>Bloorview Research Institute</td>
<td>Physical Therapy</td>
</tr>
<tr>
<td>Sandra Hodgetts*</td>
<td>Research Associate</td>
<td>Occupational Therapy, University of Alberta</td>
<td>Occupational Therapy</td>
</tr>
<tr>
<td>Marilyn Kertoy</td>
<td>Scientist</td>
<td>Communication Sciences and Disorders, Western Ontario</td>
<td>Speech &amp; Language Pathology</td>
</tr>
<tr>
<td>Gillian King</td>
<td>Research Associate</td>
<td>Bloorview Research Institute</td>
<td>Social Psychology</td>
</tr>
<tr>
<td>Dafna Kohen</td>
<td>Research Associate</td>
<td>Statistics Canada</td>
<td>Senior Research Analyst</td>
</tr>
<tr>
<td>Lucyna Lach</td>
<td>Research Associate</td>
<td>Social Work, McGill University</td>
<td>Social Work</td>
</tr>
<tr>
<td>Sanjay Mahant</td>
<td>Research Associate</td>
<td>Hospital for Sick Children</td>
<td>Pediatrics</td>
</tr>
<tr>
<td>Nancy Thomas-Stonell</td>
<td>Research Associate</td>
<td>Bloorview Research Institute</td>
<td>Speech &amp; Language</td>
</tr>
<tr>
<td>Virginia Wright</td>
<td>Scientist</td>
<td>Bloorview Research Institute</td>
<td>Physical Therapy</td>
</tr>
<tr>
<td>Lonnie Zwaigenbaum</td>
<td>Research Associate</td>
<td>Pediatrics, University of Alberta</td>
<td>Pediatrics</td>
</tr>
<tr>
<td>Jill Zwicker</td>
<td>Research Associate</td>
<td>Occupational Science and Occupational Therapy, University of British Columbia</td>
<td>Occupational Therapy</td>
</tr>
</tbody>
</table>

**Universities Outside Canada**

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
<th>Department/University</th>
<th>Discipline</th>
</tr>
</thead>
<tbody>
<tr>
<td>Robert Palisano</td>
<td>Scientist</td>
<td>Physical Therapy &amp; Rehabilitation Drexel University, US</td>
<td>Physical Therapy</td>
</tr>
<tr>
<td>Gary Bedell</td>
<td>International Collaborator</td>
<td>Occupational Therapy, Tufts University, US</td>
<td>Occupational Therapy</td>
</tr>
<tr>
<td>Lisa Chiarello*</td>
<td>International Collaborator</td>
<td>Physical Therapy &amp; Rehabilitation Drexel University, US</td>
<td>Physical Therapy</td>
</tr>
<tr>
<td>Wendy Coster</td>
<td>International Collaborator</td>
<td>Occupational Therapy Boston University, US</td>
<td>Occupational Therapy</td>
</tr>
<tr>
<td>Adrienne Harvey</td>
<td>International Collaborator</td>
<td>Royal Children’s Hospital, Australia</td>
<td>Physical Therapy</td>
</tr>
<tr>
<td>Christine Imms</td>
<td>International Collaborator</td>
<td>Australian Catholic University, Australia</td>
<td>Occupational Therapy</td>
</tr>
<tr>
<td>Lynn Jeffries*</td>
<td>International Collaborator</td>
<td>Rehabilitation Sciences, University of Oklahoma, US</td>
<td>Physical Therapy</td>
</tr>
<tr>
<td>Marian Jongmans</td>
<td>International Collaborator</td>
<td>Social and Behavioural Sciences, Utrecht University, Netherlands</td>
<td>Health Psychology</td>
</tr>
<tr>
<td>Marjolijn Ketelaar</td>
<td>International Collaborator</td>
<td>University Medical Center Utrecht, Netherlands</td>
<td>Rehabilitation</td>
</tr>
<tr>
<td>Name</td>
<td>Position</td>
<td>Department/University</td>
<td>Discipline</td>
</tr>
<tr>
<td>---------------------------</td>
<td>---------------------------------</td>
<td>------------------------------------------------------------</td>
<td>--------------------</td>
</tr>
<tr>
<td>Niina Kolehmainen</td>
<td>International Collaborator</td>
<td>University of Aberdeen, Scotland</td>
<td>Occupational Therapy</td>
</tr>
<tr>
<td>Lena Krumlinde Sundholme</td>
<td>International Collaborator</td>
<td>Karolinska Institutet, Astrid Lindgren Children’s Hospital, Sweden</td>
<td>Occupational Therapy</td>
</tr>
<tr>
<td>Alyssa Laforme Fiss*</td>
<td>International Collaborator</td>
<td>Physical Therapy, Mercer University, US</td>
<td>Physical Therapy</td>
</tr>
<tr>
<td>Livia Magalhaes</td>
<td>International Collaborator</td>
<td>Federal University of Minas Gerais, Brazil</td>
<td>Occupational Therapy</td>
</tr>
<tr>
<td>Chris Morris</td>
<td>International Collaborator</td>
<td>Peninsula Cerebra Research Unit, University of Exeter, UK</td>
<td>Orthotics</td>
</tr>
<tr>
<td>Eva Nordmark</td>
<td>International Collaborator</td>
<td>Department of Health Sciences, Lund University, Sweden</td>
<td>Physiotherapy</td>
</tr>
<tr>
<td>Iona Novak</td>
<td>International Collaborator</td>
<td>Cerebral Palsy Alliance, Australia</td>
<td>Occupational Therapy</td>
</tr>
<tr>
<td>Olaf Verschuren</td>
<td>International Collaborator</td>
<td>Rehabilitation Centre de Hoogstraat, Netherlands</td>
<td>Rehabilitation Medicine</td>
</tr>
<tr>
<td>Sarah Westcott McCoy*</td>
<td>International Collaborator</td>
<td>Rehabilitation Medicine, University of Washington, US</td>
<td>Physical Therapy</td>
</tr>
</tbody>
</table>

*Indicated new members in 2014.

CanChild Research and Knowledge Translation Support

**Permanent**

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
<th>FTE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dayle McCauley</td>
<td>Research Coordinator</td>
<td>1.0</td>
</tr>
<tr>
<td>Nathan Nash</td>
<td>Business Development</td>
<td>1.0 (as of Oct)</td>
</tr>
<tr>
<td>Rachel Teplicky</td>
<td>Knowledge Translation/Business</td>
<td>0.4 (as of Sept)</td>
</tr>
<tr>
<td>Development</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Betty Yundt</td>
<td>Knowledge Translation Coordinator</td>
<td>0.2 (until Nov)</td>
</tr>
</tbody>
</table>

**Casual**

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
<th>FTE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dianne Russell</td>
<td>Research &amp; Knowledge Exchange Specialist</td>
<td>0.4 (until Dec)</td>
</tr>
<tr>
<td>Mary Beaudoin</td>
<td>Development Officer</td>
<td>0.4 (until Aug)</td>
</tr>
<tr>
<td>Affaf Ahtisham</td>
<td>Application Developer and Web Manager</td>
<td>0.8 (until Aug)</td>
</tr>
</tbody>
</table>
Publications in 2014:

Published


---

1 Only publications that are relevant to child health, childhood disability or knowledge translation are included in this list.


106. **King, G., et al. (2014).** Developing authentic clinical simulations for effective listening and communication in pediatric rehabilitation service delivery. *Developmental Neurorehabilitation.* Advanced online publication.


114. **Kolehmainen, N., & McAnuff, J. (2014).** "I should have discharged him but I felt guilty": a qualitative investigation of clinicians’ emotions in the context of implementing occupational therapy. *Implementation Science,* 9, 141.


Physical & Occupational Therapy in Pediatrics. Advanced online publication.


131. Lionel, A., +41 authors, Zwaigenbaum, L., +40 authors, & Scherer, S. (2014). Disruption of the ASTN2/TRIM32 locus at 9q33.1 is a risk factor in males for autism spectrum disorders, ADHD and other neurodevelopmental phenotypes. Human Molecular Genetics, 23(10), 2752-68.


146. Muskat, B., Burnham, R., Nicholas, D., Roberts, W., Stoddart, K., & **Zwaigenbaum, L.** (2014). Autism comes to the hospital: The experiences of patients with autism spectrum disorder, their parents and health-care providers at two Canadian


157. Obeid, J., Balemans, A., Noorduy, S., Gorter, J.W., & Timmons, B. Objectively measured sedentary time in youth with cerebral palsy compared with age-, sex-, and season-matched youth who are developing typically: An explorative study.
Physical Therapy, 94(8), 1163-7.


168. Radia George, C., Imms, C., & Taylor, N. (2014). Inter-rater reliability and clinical utility of the Personal Care Participation Assessment and Resource Tool (PC-


**Books**


**Book Chapters**


Wiegerink D, **Gorter JW**, & Roebroeck M. (2014) Sexual development, sexual health, needs,
## CanChild Grant Funding

### New Funding for 2014:

<table>
<thead>
<tr>
<th>Project Name</th>
<th>CanChild Invest.</th>
<th>Funding Source</th>
<th>Amount</th>
<th>Start Date</th>
<th>Duration</th>
<th>Funding Held At</th>
</tr>
</thead>
<tbody>
<tr>
<td>Feasibility and acceptability of a telehealth intervention in adolescents with chronic fatigue syndrome: A pilot randomised controlled trial.</td>
<td>AH</td>
<td>MCRI Emergin Researcher Grant</td>
<td>$22,000 (AUS)</td>
<td>2014</td>
<td>1 year</td>
<td>AUS</td>
</tr>
<tr>
<td>Development and Validation of Distress Screening Tools for use by Canadian Adolescent and Young Adult (AYA) Cancer Patients &amp; Survivors</td>
<td>AK</td>
<td>C17 Research Network</td>
<td>$149,554</td>
<td>2014</td>
<td>2 year</td>
<td>McMaster</td>
</tr>
<tr>
<td>Moving Together: Choreographic mappings of children with diverse dis/abilities and their neurological responses to a dance-play event.</td>
<td>BG, CMcL, CM</td>
<td>CIHR</td>
<td>$180,000</td>
<td>2014</td>
<td>3 years</td>
<td>Bloorview</td>
</tr>
<tr>
<td>NHMRC Centre of Research Excellence in Cerebral Palsy led by Professor Dinah Reddiough</td>
<td>AH</td>
<td>NHMRC</td>
<td>Not available</td>
<td>2014</td>
<td>4 years</td>
<td>AUS</td>
</tr>
<tr>
<td>Exploring parent-health care provider decision making practices for children with complex health care needs receiving home care services: A pilot study.</td>
<td>BG, EC</td>
<td>Norman Saunders Complex Care Initiative</td>
<td>$26,152</td>
<td>2014</td>
<td>1 year</td>
<td>Sick Kids</td>
</tr>
<tr>
<td>Cardiovascular Health in children with chronic inflammatory condition: role of Physical activity, fitness and inflammation: The CHAMPION Study</td>
<td>BT</td>
<td>Heart and Stroke Foundation of Canada Grant-in-Aid</td>
<td>$263,229</td>
<td>2014</td>
<td>2 years</td>
<td>McMaster</td>
</tr>
</tbody>
</table>

---

2 Only grant funding relevant to childhood disability, child health or knowledge translation has been included in this report.
<table>
<thead>
<tr>
<th>Project Name</th>
<th>CanChild Invest.</th>
<th>Funding Source</th>
<th>Amount</th>
<th>Start Date</th>
<th>Duration</th>
<th>Funding Held At</th>
</tr>
</thead>
<tbody>
<tr>
<td>School-age Kids health from early investment in Physical activity: The SKIP Study</td>
<td>BT, JC</td>
<td>CIHR</td>
<td>$769,424</td>
<td>2014</td>
<td>5 years</td>
<td>McMaster</td>
</tr>
<tr>
<td>Safely returning children and youth to activity after concussion.</td>
<td>CDM, BT</td>
<td>CIHR</td>
<td>$591,519</td>
<td>2014</td>
<td>3 years</td>
<td>CanChild/McMaster</td>
</tr>
<tr>
<td>Supporting physical activity in the child care environment: The SPACE Study.</td>
<td>BT</td>
<td>CIHR</td>
<td>$342,801</td>
<td>2014</td>
<td>3 years</td>
<td>Western</td>
</tr>
<tr>
<td>Program evaluation of Specialisterne Employment Model for individuals with ASD</td>
<td>BDR</td>
<td>Ontario Trillium Foundation</td>
<td>$390,000</td>
<td>2014</td>
<td>2 years</td>
<td>York</td>
</tr>
<tr>
<td>Mild Traumatic Brain Injury –Concussion in Children</td>
<td>CDM</td>
<td>Ontario Child Health Support Unit (OCHSU)</td>
<td>$65,454</td>
<td>2014</td>
<td>2 years</td>
<td>CHEO</td>
</tr>
<tr>
<td>A novel assessment method for cognitive function in concussion</td>
<td>CDM</td>
<td>Arts Research Board (ARB), Collab/Partnerships Research - ARB Major Seed Project</td>
<td>$8,946</td>
<td>2014</td>
<td>1 year</td>
<td>McMaster</td>
</tr>
<tr>
<td>Community of Practice on Social Participation for Children and Teenagers with Disabilities (Communauté de pratique Axée sur la Participation Sociale des Enfants-Adolescents (CAPSEA) ayant des incapacités)</td>
<td>CC</td>
<td>FRQSC</td>
<td>$52,742</td>
<td>2014</td>
<td>2 years</td>
<td>Quebec</td>
</tr>
<tr>
<td>CP2: Engaging Community Partners for Children’s Participation (Engager les partenaires communautaires pour favoriser la participation des enfants qui ont la paralysie cérébrale)</td>
<td>KST, CC, LL</td>
<td>REPAR</td>
<td>$35,000</td>
<td>2014</td>
<td>1 year</td>
<td>Quebec (McGill)</td>
</tr>
<tr>
<td>CP2: Engaging Community Partners for Children’s Participation</td>
<td>KST, CC, LL</td>
<td>CIHR</td>
<td>$12,500</td>
<td>2014</td>
<td>1 year</td>
<td>Quebec (McGill)</td>
</tr>
<tr>
<td>Toward a system of Early Identification to Optimize Child Development: Developmental Screening and Surveillance in the Early Years.</td>
<td>JC, CM, WC</td>
<td>Ontario Ministry of Children and Youth Services</td>
<td>$609,628</td>
<td>2014</td>
<td>1 year</td>
<td>McMaster</td>
</tr>
<tr>
<td>Project Name</td>
<td>CanChild Invest.</td>
<td>Funding Source</td>
<td>Amount</td>
<td>Start Date</td>
<td>Duration</td>
<td>Funding Held At</td>
</tr>
<tr>
<td>---------------------------------------------------------------------------------------------------</td>
<td>------------------</td>
<td>---------------------------------------------</td>
<td>------------</td>
<td>------------</td>
<td>----------</td>
<td>-----------------------</td>
</tr>
<tr>
<td>Comment organiser les services pour mieux soutenir les élèves handicapés ou en difficulté d'adaptation ou d'apprentissage (HDDA): Principes et stratégies efficacités.</td>
<td>DA, CC, CM, WC, SB</td>
<td>FRQSC</td>
<td>$59,233</td>
<td>2014</td>
<td>1 year</td>
<td>Quebec (McGill)</td>
</tr>
<tr>
<td>Improving Social Participation for Children with ASD in Elementary School: Proposal Development.</td>
<td>SHod, CM, LZ</td>
<td>Alberta Centre for Child, Family and Community Research</td>
<td>$10,000</td>
<td>2014</td>
<td>1 year</td>
<td>U of Alberta</td>
</tr>
<tr>
<td>Involving families in developing ideas for research, designing collaborative studies, seeking research grants and producing outputs directly useful to families.</td>
<td>ChM</td>
<td>Cerebra</td>
<td>£796,303</td>
<td>2014</td>
<td>5 years</td>
<td>UK</td>
</tr>
<tr>
<td>The use of portable inertial measurement sensors to measure upper limb function in children with cerebral palsy: A validation and reliability study.</td>
<td>CI</td>
<td>Curtin University</td>
<td>$8,000 (AUS)</td>
<td>2014</td>
<td>1 year</td>
<td>AUS</td>
</tr>
<tr>
<td>Québec Knowledge Translation in Rehabilitation Strategic Initiative</td>
<td>AT, DA, KST</td>
<td>REPAR</td>
<td>$20,000</td>
<td>2014</td>
<td>1 year</td>
<td>Quebec (McGill)</td>
</tr>
<tr>
<td>Optimizing life success through residential immersive life skills programs  for youth with disabilities</td>
<td>GK, JWG, DS</td>
<td>SSHRC</td>
<td>$412,867</td>
<td>2014</td>
<td>4 years</td>
<td>Bloorview</td>
</tr>
<tr>
<td>An Exploration of Care Mapping Among Families of Children with Medical Complexity.</td>
<td>EC, SM</td>
<td>Norman Saunders Complex Care Initiative</td>
<td>$24,515</td>
<td>2014</td>
<td>1 year</td>
<td>Sick Kids</td>
</tr>
<tr>
<td>An exploration of care mapping among families of children with medical complexity (CMC).</td>
<td>EC, SM</td>
<td>Associated Medical Services</td>
<td>$20,000</td>
<td>2014</td>
<td>1 year</td>
<td>Sick Kids</td>
</tr>
<tr>
<td>Core set of outcomes for children with severe neuro-disability and gastrostomy tube dependency: A tool of standardized outcomes for clinical research and practice.</td>
<td>EC, SM</td>
<td>Norman Saunders Complex Care Research Grant Competition</td>
<td>$26,500</td>
<td>2014</td>
<td>1 year</td>
<td>Sick Kids</td>
</tr>
<tr>
<td>Project Name</td>
<td>CanChild Invest.</td>
<td>Funding Source</td>
<td>Amount</td>
<td>Start Date</td>
<td>Duration</td>
<td>Funding Held At</td>
</tr>
<tr>
<td>------------------------------------------------------------------------------</td>
<td>------------------</td>
<td>--------------------------------------------------------------------------------</td>
<td>-----------</td>
<td>------------</td>
<td>----------</td>
<td>---------------------</td>
</tr>
<tr>
<td>The experience of caregivers of children with medical complexity receiving blenderized tube feeding: a qualitative study.</td>
<td>EC</td>
<td>Norman Saunders Complex Care Research Grant Competition</td>
<td>$11,730</td>
<td>2014</td>
<td>1 year</td>
<td>Sick Kids</td>
</tr>
<tr>
<td>The EXPLORING SLEEP Study: A Study EXPLORING the Experiences and Perceptions of End-Users in the Development of a SLEEP Promoting Intervention among Family Caregivers of Children who Depend on Medical Technology.</td>
<td>EC</td>
<td>Norman Saunders Complex Care Research Grant Competition</td>
<td>$10,949</td>
<td>2014</td>
<td>1 year</td>
<td>Sick Kids</td>
</tr>
<tr>
<td>Thompson family fund raising for pediatric epilepsy research</td>
<td>GR</td>
<td>Thompson Family Fund Raiser</td>
<td>$50,000</td>
<td>2014</td>
<td>1 year</td>
<td>McMaster</td>
</tr>
<tr>
<td>Engagement in the pediatric rehabilitation intervention process: Its nature, measurement, and role in the determination of outcomes</td>
<td>GK, VW, LC</td>
<td>Canadian Institutes of Health Research</td>
<td>$616,110</td>
<td>2014</td>
<td>5 years</td>
<td>Bloorview</td>
</tr>
<tr>
<td>Solution-focused coaching in pediatric rehabilitation: Investigating transformative experiences for families</td>
<td>GK</td>
<td>Institute of Coaching, McLean Hospital, Harvard Medical School Affiliate</td>
<td>$25,640</td>
<td>2014</td>
<td>1 year</td>
<td>Bloorview</td>
</tr>
<tr>
<td>A trial of coaching with children and youth with cerebral palsy focused on enabling participation in recreation and leisure activities</td>
<td>GK</td>
<td>Canadian Occupational Therapy Foundation</td>
<td>$5,000</td>
<td>2014</td>
<td>1 year</td>
<td>Bloorview</td>
</tr>
<tr>
<td>“A scoping review of the role of parental hope in the delivery of pediatric rehabilitation services,”</td>
<td>GK</td>
<td>SSHRC</td>
<td>$700</td>
<td>2014</td>
<td>1 year</td>
<td>Bloorview</td>
</tr>
<tr>
<td>An arts-mediated program for children with and without disabilities: Service providers’ use of strategies to create an inclusionary space</td>
<td>GK</td>
<td>Centre for Leadership in Participation and Inclusion with the support of the Holland Bloorview</td>
<td>$5,000</td>
<td>2014</td>
<td>1 year</td>
<td>Bloorview</td>
</tr>
<tr>
<td>Project Name</td>
<td>CanChild Invest.</td>
<td>Funding Source</td>
<td>Amount</td>
<td>Start Date</td>
<td>Duration</td>
<td>Funding Held At</td>
</tr>
<tr>
<td>------------------------------------------------------------------------------</td>
<td>------------------</td>
<td>-------------------------------------------------------------------------------</td>
<td>-----------------</td>
<td>------------</td>
<td>-----------</td>
<td>-----------------</td>
</tr>
<tr>
<td>“Family-oriented services for parents of children and youth with disabilities: A scoping review of programs and services to promote caregiver wellness and optimize children's outcomes,”</td>
<td>GK</td>
<td>Centre for Leadership in Participation and Inclusion with the support of the Holland Bloorview Kids Rehabilitation Hospital Foundation</td>
<td>$4,500</td>
<td>2014</td>
<td>1 year</td>
<td>Bloorview</td>
</tr>
<tr>
<td>“Solution-focused coaching in pediatric rehabilitation: Investigating transformative experiences of families and service providers,”</td>
<td>GK</td>
<td>Centre for Leadership in Participation and Inclusion with the support of the Holland Bloorview Kids Rehabilitation Hospital Foundation</td>
<td>$18,000</td>
<td>2014</td>
<td>1 year</td>
<td>Bloorview</td>
</tr>
<tr>
<td>Umbilical cord blood stem cells for treatment of cerebral palsy</td>
<td>IN</td>
<td>Cell Care &amp; Cerebral Palsy Foundation</td>
<td>$872,351 (AUS)</td>
<td>2014</td>
<td>?</td>
<td>AUS</td>
</tr>
<tr>
<td>REACH: Randomised trial of Rehabilitation very Early in Congenital Hemiplegia</td>
<td>IN</td>
<td>NHMRC Project Funding</td>
<td>$939,038 (AUS)</td>
<td>2014</td>
<td>?</td>
<td>AUS</td>
</tr>
<tr>
<td>Making a difference to families caring for children with neurodevelopmental disorders (NDD)</td>
<td>JWG, DM</td>
<td>NeuroDevNet</td>
<td>$29,448</td>
<td>2014</td>
<td>6 months</td>
<td>CanChild</td>
</tr>
<tr>
<td>Project Name</td>
<td>CanChild Invest.</td>
<td>Funding Source</td>
<td>Amount</td>
<td>Start Date</td>
<td>Duration</td>
<td>Funding Held At</td>
</tr>
<tr>
<td>------------------------------------------------------------------------------</td>
<td>------------------</td>
<td>-----------------------------------------------------</td>
<td>--------------</td>
<td>------------</td>
<td>-----------</td>
<td>-----------------</td>
</tr>
<tr>
<td>Transition Research</td>
<td>JWG</td>
<td>OCHSU</td>
<td>$76,608</td>
<td>2014</td>
<td>2 years</td>
<td>CanChild</td>
</tr>
<tr>
<td>Increasing Awareness and Improving Outcomes of Children with Developmental Coordination Disorder in British Columbia</td>
<td>JZ</td>
<td>Michael Smith Foundation for Health Research Scholar Award</td>
<td>$450,000</td>
<td>2014</td>
<td>5 years</td>
<td>UBC</td>
</tr>
<tr>
<td>Policy court: Where participation and policies meet at the MALL (Mall as a Living Lab of Rehabilitation)</td>
<td>KST</td>
<td>Centre de Recherche Interdisciplinaire en Réadaptation (CRIR)</td>
<td>$15,000</td>
<td>2014</td>
<td>6 months</td>
<td>McGill</td>
</tr>
<tr>
<td>Understanding Determinants of Participation in Leisure and Recreational Activities by Children with Physical Disabilities</td>
<td>LC</td>
<td>National Science Council of Taiwan</td>
<td>26,100</td>
<td>2014</td>
<td>1 year</td>
<td>Taiwan</td>
</tr>
<tr>
<td>Neurological Outcome of Hypoglycemia in Neonatal Encephalopathy</td>
<td>JZ</td>
<td>CIHR</td>
<td>$703,747</td>
<td>2014</td>
<td>5 years</td>
<td>Sick Kids</td>
</tr>
<tr>
<td>Mapping the Brain and Improving Outcomes for Children with Developmental Coordination Disorder</td>
<td>JZ</td>
<td>CCHCSP</td>
<td>$25,000</td>
<td>2014</td>
<td>5 years</td>
<td>UBC</td>
</tr>
<tr>
<td>Disclosing their child’s diagnosis of autism spectrum disorder to others: Family processes and perceived outcomes</td>
<td>LZ, SH</td>
<td>Women and Children’s Health Research Institute Innovation Grant</td>
<td>$50,000</td>
<td>2014</td>
<td>2 years</td>
<td>U of Alberta</td>
</tr>
<tr>
<td>Improving Social Participation for Children with ASD in Elementary School: Proposal Development</td>
<td>SH, LZ</td>
<td>Alberta Centre for Child, Family &amp; Community Ressearch (ACCFCR)</td>
<td>$10,000</td>
<td>2014</td>
<td>1 year</td>
<td>U of Alberta</td>
</tr>
<tr>
<td>Autism Treatment Network: Edmonton Site</td>
<td>LZ, SH</td>
<td>Autism Speaks</td>
<td>$420,000 US</td>
<td>2014</td>
<td>3 years</td>
<td>U of Alberta</td>
</tr>
<tr>
<td>Project Name</td>
<td>CanChild Invest.</td>
<td>Funding Source</td>
<td>Amount</td>
<td>Start Date</td>
<td>Duration</td>
<td>Funding Held At</td>
</tr>
<tr>
<td>------------------------------------------------------------------------------</td>
<td>------------------</td>
<td>-----------------------------------------------------</td>
<td>------------</td>
<td>------------</td>
<td>----------</td>
<td>-----------------------</td>
</tr>
<tr>
<td>An Exploratory Examination of the Transition to Adulthood in Autism Spectrum Disorder</td>
<td>LZ</td>
<td>Alberta Centre for Child, Family &amp; Community Research (ACCFCR)</td>
<td>$39,787</td>
<td>2014</td>
<td>1 year</td>
<td>U of Alberta</td>
</tr>
<tr>
<td>DJ Fiero</td>
<td>MKet</td>
<td>De Hoogstraat OnderzoeksFonds RevalidatieFonds</td>
<td>3000€</td>
<td>2014</td>
<td>6 months</td>
<td>Netherlands</td>
</tr>
<tr>
<td>Family Needs</td>
<td>MKet</td>
<td>De Hoogstraat OnderzoeksFonds</td>
<td>3600€</td>
<td>2014</td>
<td>6 months</td>
<td>Netherlands</td>
</tr>
<tr>
<td>Impact of pediatric epilepsy surgery on health-related quality of life</td>
<td>MF</td>
<td>CIHR</td>
<td>$697,290</td>
<td>2014</td>
<td>4 years</td>
<td>Sick Kids</td>
</tr>
<tr>
<td>Mental health of children with chronic illness,</td>
<td>MF</td>
<td>Psychiatry and Behavioural Neurosciences, Startup Grant - McMaster</td>
<td>$60,000</td>
<td>2014</td>
<td>3 years</td>
<td>McMaster</td>
</tr>
<tr>
<td>Psychiatric comorbidity in children with chronic illness: A pilot study</td>
<td>MF, JWG</td>
<td>CIHR Hamilton Health Sciences (HHS), Personnel - Career Awards</td>
<td>$118,656 $50,000</td>
<td>2014</td>
<td>2 years 1 year</td>
<td>McMaster</td>
</tr>
<tr>
<td>Multimorbidity In youth receiving mental health services, Grant, Hamilton Health Sciences, Research - New Project, $50,000.00</td>
<td>MF, JWG</td>
<td>Hamilton Health Sciences, Research - New Project</td>
<td>$50,000</td>
<td>2014</td>
<td>2 years</td>
<td>McMaster</td>
</tr>
<tr>
<td>Depressive symptoms in youth with physical illness during that transition from adolescence to adulthood, Grant, , $37,600.00</td>
<td>MF, JWG</td>
<td>Hamilton Health Sciences, Research - New Project</td>
<td>$37,600</td>
<td>2014</td>
<td>1 year</td>
<td>McMaster</td>
</tr>
<tr>
<td>Clinic to community liaison in child epilepsy care: A feasibility study</td>
<td>NF</td>
<td>Ontario Brain Institute</td>
<td>$250,000</td>
<td>2014</td>
<td>5 years</td>
<td>Western</td>
</tr>
<tr>
<td>Functional recovery in critically ill children.</td>
<td>JWG,</td>
<td>HAHSO</td>
<td>$200,000</td>
<td>2014</td>
<td>2 years</td>
<td>McMaster</td>
</tr>
<tr>
<td>Project Name</td>
<td>CanChild Invest.</td>
<td>Funding Source</td>
<td>Amount</td>
<td>Start Date</td>
<td>Duration</td>
<td>Funding Held At</td>
</tr>
<tr>
<td>------------------------------------------------------------------------------</td>
<td>------------------</td>
<td>--------------------------------------------------------------------------------</td>
<td>---------------</td>
<td>------------</td>
<td>----------</td>
<td>----------------</td>
</tr>
<tr>
<td>Brock-Niagara Assistive Technology Initiative</td>
<td>NF</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The Avon Maitland District School Board Inclusion Coaching Project</td>
<td>SB, KW</td>
<td>Avon Maitland District School Board</td>
<td>$10,000</td>
<td>2014</td>
<td>1 year</td>
<td>Brock</td>
</tr>
<tr>
<td>Evaluation of the effectiveness of robotic gait training and gait-focused</td>
<td>VW, DF, DL</td>
<td>CIHR</td>
<td>$873,105</td>
<td>2014</td>
<td>5 years</td>
<td>Bloorview</td>
</tr>
<tr>
<td>physical therapy programs for children with cerebral palsy: A mixed methods RCT</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Igniting Fitness Possibilities: An inclusive community-based program for</td>
<td>VW</td>
<td>National Bank Children’s Foundation</td>
<td>$100,000</td>
<td>2014</td>
<td>3 years</td>
<td>Bloorview</td>
</tr>
<tr>
<td>youth with disabilities and typically developing youth.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Developing and pilot-testing an inclusive recreational sports program for</td>
<td>VW</td>
<td>SSHRC</td>
<td>$74,133</td>
<td>2014</td>
<td>2 years</td>
<td>Bloorview</td>
</tr>
<tr>
<td>preadolescent children with physical disabilities.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Igniting Fitness Possibilities: A series of pilot implementations of a</td>
<td>VW</td>
<td>Milos Raonic Foundation; Goodlife Kids Foundation</td>
<td>$20,000</td>
<td>2014</td>
<td>2 years</td>
<td>Bloorview</td>
</tr>
<tr>
<td>community-based inclusive physical activity program for youth</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Igniting Fitness Possibilities: A pilot study to develop and test the</td>
<td>VW</td>
<td>SSHRC</td>
<td>$75,000</td>
<td>2014</td>
<td>2 years</td>
<td>Bloorview</td>
</tr>
<tr>
<td>feasibility of a community-based inclusive physical activity program for</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>youth - implementation at University of Toronto Sports Camps</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Igniting Fitness Possibilities: A pilot implementation at Abilities Centre</td>
<td>VW</td>
<td>Ontario Sport and Recreation Fund – Ontario Government</td>
<td>$46,000</td>
<td>2014</td>
<td>1 year</td>
<td>Bloorview</td>
</tr>
<tr>
<td>(Whitby) of a community-based inclusive physical activity program for youth</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Project Name</td>
<td>CanChild Invest.</td>
<td>Funding Source</td>
<td>Amount</td>
<td>Start Date</td>
<td>Duration</td>
<td>Funding Held At</td>
</tr>
<tr>
<td>--------------</td>
<td>-----------------</td>
<td>----------------</td>
<td>--------</td>
<td>------------</td>
<td>----------</td>
<td>-----------------</td>
</tr>
<tr>
<td>Igniting Fitness Possibilities: A pilot implementation at Variety Village of a community-based inclusive physical activity program for youth.</td>
<td>VW</td>
<td>Chillin for Kids - Bloorview Childrens Rehabilitation Hospital Foundation</td>
<td>$58,500</td>
<td>2014</td>
<td>1 year</td>
<td>Bloorview</td>
</tr>
<tr>
<td>Development of the Family Needs Assessment Pediatric Version- Phase I for Acquired Brain Injury</td>
<td>VW</td>
<td>Bloorview Childrens Rehabilitation Hospital Foundation</td>
<td>$6,100</td>
<td>2014</td>
<td>1 year</td>
<td>Bloorview</td>
</tr>
<tr>
<td>Exploring a virtual reality based video game with haptic feedback for sensory-motor rehabilitation of young people with cerebral palsy</td>
<td>VW, DF</td>
<td>BRI-CIRRIS</td>
<td>$22,500</td>
<td>2014</td>
<td>1 year</td>
<td>Bloorview</td>
</tr>
</tbody>
</table>

Total grants funded in 2014 by CanChild Scientists, Research Associates or International Collaborators Total new grant funding in 2014 (CanChild member as PI or co-I): 69 $9,335,299 (CAD); $420,000(US); $1,841,389 (AUS); 27,600 (EURO); 796,303 (GBP)

**Current Ongoing Projects Located at CanChild (funded prior to 2014 and ongoing through 2014):**


