



**YORK UNIVERSITY'S 3rd LILLIAN WRIGHT
MATERNAL-CHILD INSTITUTE:**

GLOBAL MATERNAL- CHILD HEALTH

Organized by the Women's Health Research Chair in
Mental Health in partnership with the Faculty of Health.

Thursday, October 1st, 2015
9:00am to 4:00pm
York University (Keele Campus)
Room: 519 Kaneff Tower

Welcome Note

October 1, 2015



Dr. Harvey Skinner
Dean, Faculty of Health



Dr. Nazilla Khanlou
Women's Health Research
Chair in Mental Health

We welcome you to York University's Third Lillian Wright Maternal-Child Institute. Our first Institute in September of 2011 focussed on methodological approaches in maternal-child health. The Second Institute in September of 2013 examined lab to community based research, exploring the range of settings in which maternal-child health research takes place. This Third Institute takes the field one step further, by examining maternal-child health across disciplines from local to global levels.

Our sincere gratitude to our keynote speakers, Dr. Mireille Jousset from the Université de Montréal, Meg French from UNICEF Canada, and Wanda MacNevin from Jane/Finch Community and Family Centre, for taking time from their busy schedules to present today. We also thank Dr. Beryl Pilkington, Coordinator of the Global Health Program at York University and Co-Organizer of the Third Institute, and Alison Collins-Mrakas, Office of the Research Ethics, York University, for participating in the presentations. We are truly inspired by the huge response to our call for poster presentations by students. Their scholarship represents cutting edge knowledge developments in the maternal-child field.

We thank the Planning Committee (please see last section of this booklet for details) for their insightful contributions to planning the Third Institute and all the staff and students helping with today's event (Babitha Shan, Cassandra Marroccoli, Kamyar Mirzaei, Sadora Asefaw). A special thank you to Dr. Luz Maria Vazquez for her contributions to all stages of planning and organizing the Third Institute with her usual positive approach.

We wish to acknowledge the financial support of the Lillian Meighen and Don Wright Foundation, Women's Health Research Chair in Mental Health Office, and Faculty of Health.

Thank you for being a part of the Third Institute and sharing your knowledge toward promoting maternal-child health from local to global levels.

Harvey Skinner
Dean, Faculty of Health

Nazilla Khanlou
Academic Lead, Lillian Wright
Maternal Child Health Scholars Program

Programme

Time	Item	Speaker
9:30- 10:00	Registration & Light breakfast (coffee & muffins)	
10:00- 10:10	Welcome and Introductions	Nazilla Khanlou, Academic Lead Lillian Wright Maternal-Child Health Scholars Program, York University
10:10- 10:30	Presentation: “Maternal-Child Health: A Human Rights Perspective”	Nazilla Khanlou
10:30- 11:30	Keynote presentation 1: “Parenting that Supports the Universal Need for Self-determination: Benefits for Parents and Children”	Mireille Joussemet, Associate Professor, Département de Psychologie, Université de Montréal
11:30-12:30	Keynote presentation 2 : “Maternal and Child Health – Moving from the MDGs to the SDGs”	Meg French, Chief, International Programs and Public Affairs, UNICEF Canada
12:30- 12:40	Dean Harvey Skinner: “Welcome to the 3rd Lillian Wright Maternal-Child Learning Institute”	Harvey Skinner, Dean, Faculty of Health, York University
12:40- 1:10	Lunch	
1:10- 1:30	Student Poster Presentations	Students
1:30- 2:00	Presentation: “Research Ethics: Research Involving Human Participants”	Alison Collins-Mrakas, Office of the Research Ethics, York University
2:00- 3:00	Keynote Presentation 3: “Women Moving Forward – Breaking the Cycle of Poverty”	Wanda MacNevin, Director of Community Programs, Jane/Finch Community and Family Centre, Toronto
3:00- 3:30	Presentation: “Global Maternal-Child Health: Sketching Issues on the Global Context”	Beryl Pilkington, Global Health Program Coordinator, Faculty of Health, York University
3:30- 4:00	Open Discussion & Wrap up	Victoria Ting, Student Co-Chair of the Lillian Wright Maternal-Child Health Academy of Scholars and Nazilla Khanlou

Speakers



Nazilla Khanlou, RN, PhD

Dr. Nazilla Khanlou is the Women's Health Research Chair in Mental Health in the Faculty of Health at York University and an Associate Professor in its School of Nursing. Professor Khanlou's clinical background is in psychiatric nursing. Her overall program of research is situated in the interdisciplinary field of community-based mental health promotion in general, and mental health promotion among youth and women in multicultural and immigrant-receiving settings in particular. She has received grants from peer-reviewed federal and provincial research funding agencies. Dr. Khanlou was the 2011-2013 Co-Director of the Ontario Multicultural Health Applied Research Network (OMHARN). She is founder of the International Network on Youth Integration (INYI), an international network for knowledge exchange and collaboration on youth. She has published articles, books, and reports on immigrant youth and women, and mental health. She is involved in knowledge translation to the public through media.



Mireille Joussemet, PhD

Dr. Mireille Joussemet received her PhD in Clinical Psychology in 2004 from McGill University, where she conducted research in human motivation with Richard Koestner, guided by her passion for children's motivation, well-being and their social determinants. During her post-doctoral training with Richard Tremblay at the Groupe de recherche sur l'inadaptation psychosociale chez l'enfant, she gained experience with longitudinal methods and developed her interest for developmental psychopathology. As of 2005, she is a professor in the clinical area of the Department of Psychology at the Université de Montréal. Her current research focuses on children's need for self-determination, how socializing agents can satisfy (vs. thwart) this fundamental need and how it influences child development, adjustment and well-being.

Speakers



Meg French, BA, BE, ME

Meg French has over fifteen years experience in international cooperation and leads not only UNICEF Canada's policy and advocacy efforts to promote the protection of child rights internationally but also the organization's work with the UNICEF country offices on a wide-range of child-focused development programs. Meg also heads UNICEF Canada's communications and brand work and the promotion of the Children's Rights and Business Principles with Canadian companies and with the Government of Canada. A former high school teacher who taught in Canada and the Marshall Islands, Meg also worked in the Philippines leading a gender mainstreaming program for a large cooperative in Cebu. Meg has a Bachelor of Arts in International Development and Women's Studies from Trent University and a Bachelor of Education and Masters of Education from the University of Toronto.



Alison M. Collins-Mrakas, MSc, LLM

Alison M. Collins is the Sr. Manager and Policy Advisor, Office of Research Ethics at York University, which is a position she has held for over 12 years. Alison has been teaching for the past two years at Seneca College a research ethics course titled "Ethics and Regulatory Requirements in Clinical Trials". In addition, Alison is the recipient of the 2012 President's Leadership Award for excellence in service to York University. Fun Facts: Alison is a former Municipal Councillor for the Town of Aurora. She writes a column for her local paper on politics in Aurora and has been a competitive rower for over 25 years rowing with the Hanlan Boat Club in Toronto. She loves all things Star Trek! "Live long and prosper"

Speakers



Wanda MacNevin

Wanda MacNevin is the Director of Community Programs for the Jane/Finch Community and Family Centre in Toronto. Wanda has worked in the Jane/Finch community since 1975 in various roles at the Jane/Finch Centre and as a Community Health Worker at the Black Creek Community Health Centre. She has volunteered her time in Jane/Finch over the years and written two books, “From the Edge: A Women’s Evolution from Abuse to Activism” and “If I Only Knew: Stories of Teen Moms”.



Beryl Pilkington, RN, PhD

Dr. Beryl Pilkington is an Associate Professor in the School of Nursing, and Coordinator of the BA/BSc Global Health program in the Faculty of Health at York University. Dr. Pilkington’s nursing practice background is in maternal-newborn and women’s health, including 5 years as a Clinical Specialist in this area. She also worked for a year (1992) as a CUSO ‘cooperant’ in south-east Nigeria in a program for women with obstetric fistulae (a result of prolonged, obstructed labour). Research interests include community-based approaches to promoting health and well-being with marginalized communities. A recently completed study in Dadaab, Kenya is informing the creation of an education model that is accessible to refugees and addresses the need to build healthcare capacity in situations of protracted displacement. Funded by Canada’s International Development Research Centre, this study is affiliated with the multi-partner project, “Borderless Higher Education for Refugees,” in Dadaab, under the auspices of York’s Centre for Refugee Studies (see <http://>

Student Presenters

All student presenters are current or previous Lillian Wright Scholarship Recipients or have worked with the Academic Lead



Kadeen Briscoe, RN, BScN, MScN (Candidate)

Poster Title: Scoping Review of Parents' Information Needs in the Neonatal Intensive Care

Kadeen Briscoe is a graduate student in the School of Nursing at York University. Kadeen's Thesis explores parental needs/ perceptions in the NICU from the parents' and nurses' perspectives; and the relationship between needs and objective measures of illness severity. Her research interests include Maternal and Newborn Health, and Nursing Education.



Lauren Campbell, MSc, PhD (Candidate)

Poster Title: The Contributions of Pre-Needle Anxiety and Caregiver Sensitivity to Preschool Pain-Related Distress

Lauren Campbell is currently completing her doctoral degree in Clinical Developmental Psychology in the Opportunities to Understand Childhood Hurt (O.U.C.H.) laboratory. Her master's research examined the roles of caregiver emotional availability and caregiver proximity on infant pain responding over the infant's first year of life. Building on this research, her doctoral research is examining the developmental predictors and socio-emotional correlates of children's coping with pain at 4 and 5 years of age. Lauren is also interested in the contributing role of caregiver sensitivity.



Candice M. Christmas, MA, PhD (Candidate)

Poster Title: Fostering Resilience as an Ecologic Approach to Preventing Eating Disorders and Depression in Youth

Candice Christmas has a dual major DEC in psychology and philosophy from John Abbott College, a Minor in Political Science from McGill, a BA Honours in History and a Master of Arts in Health Geography from Queen's University. Her Master's research involved the impacts of material and social determinants of health on early childhood development. As a doctoral candidate in Health Policy and Equity at York University, she will use mixed methods to explore the links between depression and anxiety disorders in youth and eating disorders by "deconstructing the social act of eating."



Hanna Gennis, BA, MA (Candidate)

Poster Title: Child Sex Differences in Caregivers' and Health Professionals' Verbalizations During Preschool Immunizations

Hannah Gennis is in her second year of her Master of Arts in Clinical-Developmental Psychology. Hanna completed her undergraduate degree at Dalhousie University, studying pediatric pain. Hannah has continued to pursue her passion for pediatric pain and health research in the OUCH lab at York University. She is currently studying the connection between infant pain regulation, caregiver insensitivity during immunization, and children's mental health outcomes.

Student Presenters



Marina Heifetz, MA, PhD

Poster Title: Mothers with Intellectual Disabilities: Challenges and Resilience

Marina Heifetz has just completed her PhD at York University's Clinical-Developmental Psychology program. She is excited to continue her passion for research on child-maternal health. Her current research focus is to investigate mothers with intellectual and developmental disabilities and the challenges and resilience factors these mothers experience. She is currently a post-doctoral fellow at the Dual Diagnosis Clinic at the Center for Addiction and Mental Health (CAMH).



Attia Khan, MBBS, MSPH, PhD (Candidate)

Poster Title: An Intersectionality-informed Scoping Review of Literature on Mental Health Issues of Immigrant Youth in Canada

Dr. Attia Khan has practiced as a physician and is now pursuing a doctoral degree in Health Policy and Equity at York University. Her doctoral thesis is being supervised by Dr. Nazilla Khanlou, the Women's Health Research Chair in Mental Health in the Faculty of Health at York University. Her research focus is on youth mental health at the intersection of migrant status, social identities and the social determinants of health. Her research interests and experience also span from psychosocial aspects of bariatric surgery, HIV/AIDS community supports, and healthcare service costs.



Theresa HM Kim, BSc, MSc, PhD (Candidate)

Poster Title: The effect of social support around pregnancy on postpartum depression in Canadian teen mothers and adult mothers

Theresa HM Kim is a 4th year PhD candidate at the School of Kinesiology and Health Science, specializing in Epidemiology. She earned her Honours BSc at the University of Toronto, and has worked across Canada as a research assistant/project coordinator for the PRIMA (Pregnancy-Related Issues in the Management of Addictions) project at the Department of Family and Community Medicine, U of T. Her Master's work focused on the effect of social support around pregnancy on postpartum depression in Canadian teen mothers and adult mothers. As a PhD student, Theresa is continuing her research in maternal and child health. One of the objectives of her PhD is examining the characteristics of social support among teen, optimal age, and

Student Presenters



Nida Mustafa, BLS, MHSc, PhD (Candidate)

Poster Title: Health Promotion Needs of Immigrant Mothers of Children with Developmental Disabilities

Nida Mustafa is a research assistant at the Office of Women's Health Research Chair in Mental Health in the Faculty of Health at York University working with Dr. Nazilla Khanlou, and is a PhD student at the Dalla Lana School of Public Health at the University of Toronto. She has completed an Honours Bachelor of Life Sciences specializing in Psychology from the University of Toronto, and a Masters degree in Health Sciences focusing on women's mental health from the University of Ontario Institute of Technology. She has examined eating disor-



Taryn Nepon, MA, PhD (Candidate)

Poster Title: Perfectionism and Concern Over Parenting Mistakes in Depression and Parenting Self-Esteem

Taryn Nepon completed her MA in social-personality psychology at York University under the supervision of Dr. Gordon Flett, and is currently working towards her PhD. Her research focuses on the roles of trait and self-presentational perfectionism in physical and psychological health. She has also been collaborating with Dr. Debra Pepler on a longitudinal study of peer victimization in adolescents. She has presented her work at various conferences, including a project on personality vulnerabilities and worry in the transition to motherhood. Her research has been published in journal articles and book chapters. In her spare time, she enjoys going on walks with her Great



Monica O'Neill, BA, MA, PhD (Candidate)

Poster Title: Caregiver Culture, Caregiver Behaviours, and Infant Immunization Pain 1 Minute Post-needle at 12 Months of age

Monica O'Neill is a second year doctoral student in Clinical Developmental Psychology at York University. She conducts research under the supervision of Dr. Rebecca Pillai Riddell in the Opportunities to Understand Childhood Hurt (OUCH) Laboratory. Her primary research interests include the role of caregiver culture in the infant pain context, and the relationship between pre-school immunization pain and preschool attachment.

Student Presenters



Chang Su, MA, PhD

Poster Title: Social and Emotional Factors Influencing Chinese Immigrant Mothers of Children With Disabilities

Poster Title: Chinese Immigrant Mothers Of Children With Developmental Disabilities: Stressors And Social Support

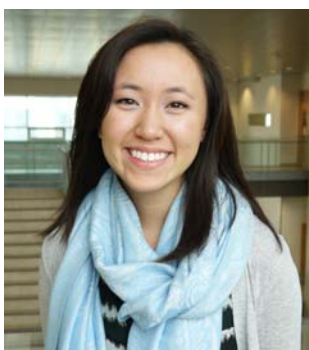
Dr. Chang Su is a research affiliate and a former PhD inaugural Lillian Wright Post Doctoral Fellow of the Office of Women's Health Research Chair in Mental Health in the Faculty of Health at York University. Dr. Su received her PhD in Social and Personality Psychology at York University in 2010 and has over ten years of teaching experience in psychology. Dr. Su has taught psychological courses in both China and Canada including at Ryerson University, York University and University of Northern British Columbia. She has been working with Dr. Gordon Flett on cross cultural comparisons of the relationship between perfectionism, perfectionistic self-presentation and mental health on undergraduate students. They co-authored a series of studies on perfectionism and mental health on Chinese primary school students, high school students and junior high school students in mainland China.



Azin Taheri, PhD (Candidate)

Poster Title: Predictors of Activity Participation for Children and Adolescents with Severe Developmental Disabilities

Azin Taheri is a PhD Candidate in the Clinical Developmental Psychology Program at York University. Her research focuses on children with Autism Spectrum Disorder (ASD) and Developmental Disabilities (DD). In the past, she has examined the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) criteria for ASD. For her Master's thesis, she examined the social participation of children with severe DD and the factors that impact activity participation for this population. She is passionate about applying her existing research and clinical experiences to provide better outcomes for children with ASD and DD, and their families.



Victoria Ting, PhD (Candidate)

Poster Title: Parental Co-Regulation and Expressed Emotion as Predictors of Psychopathology in Children with ASD

Victoria Ting is currently completing her PhD in Clinical Developmental Psychology under the supervision of Dr. Jonathan Weiss. Victoria's research is focused on emotion regulation in children with High Functioning Autism Spectrum Disorder, and investigating parental co-regulation as a potential mechanism of treatment efficacy following cognitive behavioral therapy. Specifically, she will be looking at the changes in children's emotion regulation skills and internalizing/externalizing problems (e.g. anxiety, hyperactivity) in relation to the quality of parent scaffolding and frequency of co-regulation

Student Presenters



Julie Wallis, PhD (Candidate)

Poster Title: Healthy Relationships, Healthy Families: Considerations and Challenges When Supporting Substance-involved Families

Julie Wallis is a senior doctoral student in the Clinical-Developmental Psychology program at York University. Her research interests include relationship-focused interventions, the mother-child relationship, and substance-involved mother-child dyads. She is currently completing an internship at the Hincks Dellcrest Centre.



Jordana Waxman, MS, PhD (Candidate)

Poster title: Development of Cardiovascular Responses to Acute Pain in Preterm Infants: A Systematic Review

Jordana Waxman is currently in the first year of her PhD at York University in the Clinical Developmental Psychology program. Jordana's Master's thesis project was a systematic review that examined the development of the autonomic response to acutely painful medical procedures in the first three years of life. Findings from this systematic review indicate that more attention to covariates and agreement on methodological factors related to cardiac measurement is needed to better understand this physiological response to pain over the first years of life. For her dissertation she hopes to address the above mentioned limitations in the literature by investigating the development of physiological distress regulation and its correlates with infant mental health over the second year of life.



Katherine Wincentak, MA, PhD (Candidate)

Poster Title: Dating Violence Victimization Among Pregnant or Parenting Teens: A Meta-Analytic Review

Katherine Wincentak is a doctoral student in Clinical-Developmental Psychology. Broadly her research is in the field of adolescent development, with a focus on teen dating violence and sexual health. Her current research focuses on promoting resilience among youth who are in the care of child protective services.

Morning Presentations

Maternal Child-Health: A Human Rights Perspective

Presenter: Nazilla Khanlou

The right to health for all is recognized by the Universal Declaration of Human Rights. States are called upon to respect the highest standards of health for their citizens (International Covenant on Economic and Social Rights). Yet within, and across, nations health disparities persist for their peoples. The maternal-child field is no exception, and continues to experience dramatic health inequities to this day. Among the 8 United Nations Millennium Development Goals, 3 focus on reducing child mortality, maternal mortality, and promoting gender equality. A number of perspectives will be considered to address the maternal-child health disparities.

Discussion Questions

1. What are the rights of the child? What are the rights of the mother? Are they both the same?
2. Which perspective do you think would best address maternal-child health disparities?

Parenting that Supports the Universal Need for Self-determination: Benefits for Parents and Children

Presenter: Mireille Joussemet & Genevieve A. Mageau

Parenting research has uncovered that optimal parenting is composed of structure, warmth and autonomy granting. However, most parenting research has focused on the negative pole of this latter dimension, psychological control. It is fruitful to integrate motivation research conducted within Self-determination theory (Deci & Ryan, 2000) as it helps in defining what is autonomy (i.e., self-determination) and describes how to support this universal need in others, even among one's children. The presentation will first focus on the benefits of autonomy support across cultures, life domains and developmental periods. Second, autonomy support will be described more concretely, within parent-child relationships. Finally, applied work with parents (a seven-week program) will be described, as well as its effects on participating parents' and children's mental health.

Discussion Questions:

1. What does it mean to be "self-determined"?
2. How can parents socialize their children while respecting their need for self-determination?

Morning Presentations

Maternal and Child Health – Moving from the MDGs to the SDGs

Presenter: Meg French

The Millennium Development Goals (MDGs) helped drive tremendous progress towards ending the preventable deaths of women and children, but much work still needs to be done. As the world now turns to the Sustainable Development Goals (SDGs) and focuses its attention on a broader set of priorities for the next 15 years, how will we ensure that we truly move beyond averages to ensure the most vulnerable and at-risk women and children receive the health care they need and have the right to, and are not once again left behind?

1. How do we provide health services in fragile states given that this is where the majority of the most vulnerable women and children live?
 2. Can we really afford universal access to health care?
 3. Should health practitioners be making a stronger push for access to water, sanitation and hygiene?
-

Afternoon Presentations

Research Ethics: Research Involving Human Participants

Presenter: Alison Collins-Mrakas

The presentation speaks to research ethics policies, procedures and protocols within the university research context. We will focus on the what, why, who and when of research ethics.

Discussion Questions:

1. How does one address the issue of consent when dealing with participants who may be considered "vulnerable persons"?
 2. What are some issues in relation to privacy and confidentiality of participants and their data?
-

Women Moving Forward – Breaking the Cycle of Poverty

Presenter: Wanda MacNevin

In 2003, local partner organizations in Jane Finch believed that if given holistic, comprehensive support and the opportunity to excel, a young, sole-support mother in one of the lowest income neighbourhoods in Toronto could successfully move herself and her children out of poverty in five years. The Women Moving Forward (WMF): Breaking the Cycle of Poverty presentation will include an historical overview of the program, program successes and challenges, some impacts from a research project on the impact on health, wellbeing, and parenting and lastly, where the program is today.

Discussion Questions:

1. The provincial government has a poverty reduction strategy as has the City of Toronto. Given the success of the program, why is it not adequately funded?
 2. How do you successfully replicate the Women Moving Forward program?
-

Global Maternal-Child Health: Sketching Issues in the Global Context

Presenter: Beryl Pilkington

Two of the eight Millennium Development Goals focused on reducing child mortality and improving maternal health by 2015. Progress toward achieving these goals and remaining challenges are highlighted. Also, the contributions of Canada's Muskoka Initiative to global maternal-child health are reviewed and its shortcomings are critiqued. In addition, the health situation of Canada's aboriginal women and children is considered as an example of the pressing need to improve health outcomes for women and children here in Canada.

Discussion Questions:

1. What is the single-most important issue to address in order to improve the health of women and children everywhere?
2. What are your thoughts on Canada's Muskoka Initiative?

Poster Abstract

Poster Title: Scoping Review of Parents' Information Needs in the Neonatal Intensive Care

Authors and Affiliations:

Kadeen Briscoe RN, BScN, MScN (candidate), School of Nursing, York University, Toronto, ON, kbriscoe@yorku.ca (Principal Investigator, presenting author)

Mina Singh RN, PhD, School of Nursing, York University, Toronto, ON, minsingh@yorku.ca (Co-Principal Investigator, co-author, supervisor)

Background

Improving our understanding of the information needs of parents in the neonatal intensive care unit (NICU) is essential in facilitating the development and implementation of resources to better support and empower parents in becoming equal partners in their infants care.

Objectives

The overall purpose of the scoping study was to identify and describe what is known about the information needs of parents with preterm infants during admission to the NICU.

Method

Arksey & O'Malley (2005) scoping review methodology that was redefined by Levac, Colquhoun & O'Brien (2010) was adopted for the inclusion and analysis of articles, as well as reporting their finding. The scoping study for the period 1991-2014, was performed by an electronic search of the following databases: Cumulative Index to Nursing and Allied Health, Nursing and Allied Health Source, Ovid Medline, Scopus, PubMed, Google Scholar and Google. The key term search strategy was employed using: information needs, parents, parenting, mother, father, neonatal intensive care, pre-term, premature and infant. Data collection included the study citation, type, purpose and objectives, methodology, participants, and the identified information needs.

Results

A total of 150 potentially relevant articles were identified through electronic search and by reviewing the reference lists. Fourteen articles were selected for inclusion, from which 2 were systematic review articles that focused on information and communication needs; 2 provided general guidelines on how to undertake parent education in the NICU; 5 were qualitative research papers that reported on parents perceptions of their NICU experiences; 4 were quantitative, descriptive studies that evaluated parental needs during the infant's hospitalization; and one mix-methods design that explores the nature of parental needs. The results of this scoping review revealed that NICU parents have seven key information needs which changes over time. Parents have ongoing information needs in relation to: 1) their infant's current health condition; 2) the course of treatment; 3) why interventions are implemented; 4) how to get involved in their infant's care; 5) what to expect during the infant's hospitalization; 6) the long-term developmental prognosis; and 7) discharge planning.

Discussion and Conclusion

There appears to be a lack of comprehensive and in-depth analysis that focuses specifically on the information needs of parents across time during their infant's hospitalization. Recognizing and responding to the information needs of parents helps to build their confidence and competence in caring for their premature infant. More importantly, addressing parent's information needs is important in promoting their involvement and to strengthen their ability to make effective decisions surrounding their infants care.

Poster Abstract

Poster Title: The Contributions of Pre-Needle Anxiety and Caregiver Sensitivity to Preschool Pain Related Distress

Authors & Affiliations:

Lauren Campbell MA (PhD Candidate), York University, Hannah Gennis, BA, York University
Rebecca Pillai Rillai Riddell, York University; Hospital for Sick Children; University of Toronto.
Hartley Garfield, Hospital for Sick Children; University of Toronto.
Saul Greenberg, Hospital for Sick Children; University of Toronto.

Email of presenting author: lc15@yorku.ca

Background:

There is a paucity of research taking caregiver sensitivity into account when examining the relationships between pre-needle anxiety and preschool pain-related distress.

Objectives:

- A) Examine the relationships between pre-needle anxiety, caregiver sensitivity and preschool pain-related distress
- B) Examine whether caregiver sensitivity moderates the relationship between pre-needle anxiety and preschool pain-related distress.

Methods:

Caregivers and children between 4 and 5 years of age in the OUCH cohort were videotaped during their preschool immunization (n=80). Videotapes were coded for caregiver sensitivity and child pain-related distress. Child pain-related distress was measured at 3 different 15-second time points: during the needle, 1 minute post-needle, and 2 minutes post-needle. Caregivers reported how much anxiety they thought their child was experiencing pre-needle on a 10-point scale, and children reported their own pre-needle anxiety using the same scale

Results:

Child ratings of pre-needle anxiety did not predict pain-related distress for any of the three pain periods. Caregiver ratings of child pre-needle anxiety predicted pain-related distress during the needle, ($b = 0.78, p < .001$). Caregiver ratings of child pre-needle anxiety predicted pain-related distress 1 minute post-needle, ($b = 0.47, p = .021$). Neither of these relationships were moderated by caregiver sensitivity scores.

Discussion and Conclusion:

Child reports of pre-needle anxiety did not predict subsequent pain-related distress. However, caregiver reports of child pre-needle anxiety predicted greater pain-related distress during the needle and 1 minute post-needle. Caregiver sensitivity did not influence these relationships. Given that child pre-needle anxiety (as reported by the parent) predicted greater subsequent pain-related distress, parents are encouraged to preemptively use relaxation techniques with their children (i.e. deep breathing) prior to the administration of the needle. Additionally, given the established longer-term benefits that have been demonstrated for sensitive caregiving, caregivers should still be encouraged to adopt a sensitive caregiving approach during preschool immunizations.

Poster presented previously: At the International Symposium for Pediatric Pain (ISPP) in May 2015 by Lauren Campbell.

Funding Institution: None

Poster Abstract

Poster Title: Fostering Resilience as an Ecologic Approach to Preventing Eating Disorders and Depression in Youth

Authors & Affiliations: Candice M. Christmas, Doctoral Candidate, Health Policy & Equity, York University (cmc3@yorku.ca)

Background

The material, social and environmental conditions of early life and their effect on childhood development impact propensity to chronic disease later in life. Poorer health for children and youth is a global concern. The prevalence of obesity in children and adolescents has risen dramatically over thirty years. So too have psychiatric disorders, accounting for 23.8% of adjusted life-years in children 15 to 19. Unipolar depressive disorders in children 15 to 19 is the leading cause of global disability at 9.9% adjusted life-years (DALYs): 11.7% for girls, 8.0% for boys (Gore et al., 2011). This twin epidemic of obesity and depression persists despite a plethora of public health and educational interventions.

Objectives

This study aimed to identify the meaningful connections between youths' psychosocial health and what drives youth's choices around eating. A lack of success in preventing obesity or depression in youth calls for alternate approaches better able to deal with these complex drivers.

Methods

A scoping review of the literature on co-morbidity between depressive states and eating disorders identified links between biologic, psychological and social factors. Next, a review of existing public health and educational programming designed to combat obesity revealed whether they addressed psychological and social factors as well as healthy eating and exercise. The Queen's "Summon" database was searched which includes several databases for academic and grey literature, popular literature and media publications. Key terms searched were youth (teenagers, adolescents), health, psychosocial, eating disorders, obesity, depression and anxiety.

Results

A total of 9,698 publications were identified as relevant to the review. Once the search was limited to 2000 to 2015 and searched by academic references only, the number of relevant publications was 51. The articles were hand searched and an additional 16 articles were identified through bibliography searches. A Google Scholar search was also conducted with the same key search terms. This identified 15,800 results. The first 5 pages (50 publications) were hand searched and 13 articles were added to the review. Selected articles were analyzed using an intersectional lens. Studies that addressed psychosocial health, depression and eating disorders (including obesity) were included.

Discussion and Conclusion

In youth, obesity is linked to body image concerns, weight-related teasing, low self-esteem, dieting, eating disorders, binge eating, depression and interpersonal difficulties. Depressive symptoms in males and females are significantly associated with poor weight and body satisfaction scores. Youth view obesity prevention programming as punitive rather than from a health promoting, nourishing perspective. Building resilience and self-reliance as a precursor to healthy eating is an approach used by Aboriginal programmes (UM Today, 2015). The Aboriginal Medicine Wheel serves as a model to balance between physical, emotional, cognitive and spiritual aspects of health. Given evidence that diet and exercise alone have little long term impact on obesity, research is needed to identify the key motivators to address barriers to healthy eating for teenagers. In order to address the twin epidemics of eating disorders and depression in youth, interventions that foster resilience and the social aspects of eating may be more effective than standard healthy eating and physical activity-based interventions. Gendered effects warrant exploration of gender-specific programming.

Poster previously presented? No

Funding Institution: None

Supervisor: Dr. Nazilla Khanlou

Poster Abstract

Poster Title: Child Sex Differences in Caregivers' and Health Professionals' Verbalizations During Preschool Immunizations

Authors and Affiliations: Hannah Gennis, BA, PhD (Candidate), York University. Nicole Racine, MA, York University. Rebecca Pillai Riddell, PhD, York University; Hospital for Sick Children; University of Toronto. Hartley Garfield, MD, Hospital for Sick Children; University of Toronto. Saul Greenberg, MD, Hospital for Sick Children; University of Toronto.

Background: There is evidence of child sex differences in pain responses in childhood (Boerner et al., 2014). In painful situations, research has shown that parent procedural verbalizations increase symptom complaints among children, and the reverse is seen for non-procedural verbalizations (Moon et al., 2011). No research has analyzed the differences in parent verbalizations based on child sex, and their relationship to child pain-related distress behaviours in preschool.

Objectives: 1) Examine caregivers' and health professionals' use of procedural and non-procedural verbalizations during preschool immunizations based on child sex; 2) Examine child sex differences in distress behaviour post-needle; 3) Assess the relationships between verbalizations pre-needle and child distress post-needle.

Methods: In total, 202 children between 4 and 5 years of age (girls = 95; boys = 107) and their caregivers from the OUCH cohort were videotaped during preschool immunizations. Using the CAMPIS-R coding system, videotapes were coded for caregiver and health professionals' use of non-procedural and procedural (positive/neutral and negative) verbalizations pre-needle, and child non-verbal and verbal distress behaviour post-needle (cry, scream, physical resistance, verbal pain, verbal emotion, and verbal resistance duration).

Results: Child sex did not influence caregivers' use of procedural or non-procedural verbalizations. Health professionals used more positive/neutral procedural verbalizations with girls, $F(1, 200) = 7.26, p < .01$, and girls screamed longer than boys post-needle, $F(1, 200) = 7.94, p < .01$. There were no significant relationships between caregiver or health professional behaviour pre-needle and child distress behaviour post-needle, however there was a trend for a positive relationship between parent positive/neutral procedural talk and child verbal pain ($p < 0.1$).

Discussion & Conclusions: There was evidence of child sex differences in child distress behaviour post-needle, with girls screaming for a longer duration. Furthermore, child sex does appear to influence health professionals' use of positive procedural talk, with increased use for girls.

Poster previously presented: Presented at the Canadian Pain Society Annual Scientific Meeting in Charlottetown, PEI by Ms. Gennis in May, 2015.

Funding Institution: This work was supported by awards to Dr. Pillai Riddell from the Canadian Institutes of Health Research (CIHR), the Ontario Ministry of Research and Innovation, and the Canadian Foundation for Innovation. Ms. Gennis and Ms. Racine received awards from CIHR, the Government of Ontario, and the Lillian and Don Wright Foundation. They are both trainee members of Pain In Child Health (PICH), a strategic research training initiative of CIHR.

Supervisor: Dr. Rebecca Pillai Riddell

Poster Abstract

Poster Title: Mothers with Intellectual Disabilities: Challenges and Resilience

Authors & Affiliations: Marina Heifetz, CAMH, marinaheifetz@gmail.com
Hilary Brown, PhD, Women's Health College Hospital.

Background:

Mothers with intellectual disability (ID) are increasingly common in the maternity population. In Ontario, for instance, there were 20.3 live births for every 1,000 women with ID in 2009. Yet, many mothers with ID face challenges in their parenting, including poverty, prejudice, social support, mental health, and practical assistance. Moreover, these mothers are over-represented in child protection systems internationally. Yet, research suggests that some mothers with ID are able to provide adequate care for their children and meet their children's needs, despite these challenges. Increased understanding of these mothers' challenges or barriers along with what these mothers perceive as helpful to supporting their parenting will help in better understanding and supporting parenting services for this population of mothers.

Objectives:

The objective of this study is to provide a voice to mothers with ID and gain an increased understanding of these mothers' needs through the risk and resilience model.

Methods:

A focus group will be conducted with mothers with ID. Utilizing a semi-structured interview approach with the focus group, qualitative information will be obtained about these mothers' challenges and supports. Emerging themes will then be presented.

Results:

I am currently developing this study and plan to recruit participants shortly. Results are forthcoming.

Discussion and Conclusion:

By providing a voice to mothers with ID, rich narrative detail on barriers and supportive factors will be obtained. The findings will increase understanding of these mothers and help guide intervention work for these women.

Poster presented previously: No

Funding Institution: The Health Care Access Research & Developmental Disabilities (H-CARDD) project

Supervisor: Dr. Yona Lunskey

Poster Abstract

Poster Title: An Intersectionality-informed Scoping Review of Literature on Mental Health Issues of Immigrant Youth in Canada

Authors & Affiliations:

Attia Khan, MBBS, MSPH, PhD (Cand.) York University (email: attia.kh@yorku.ca)
Nazilla Khanlou, RN, PhD, York University

Background: Immigrant youth constitute a significant segment of the youth population in major cities (Statistics Canada, 2007). Some youth may be at greater risk of developing mental illness than their Canadian counterparts (Beiser, Hou, Hyman, & Tousignant, 2002), due to greater migration-related stress (Hyman, Vu, & Beiser, 2000), lower socioeconomic status (Beiser, Hou, Hyman, & Tousignant, 2002), and perceived racial (Noh, Beiser, Kaspar, Hou & Rummens, 1999) and systemic discrimination (Shakya, Khanlou & Gonsalves, 2010). To date, no review of the literature on the mental health issues of immigrant and refugee youth in Canada has been informed by an intersectionality framework.

Objectives:

- A) To compile, synthesize and summarize the range, depth and nature of the literature on mental health of immigrant youth in Canada.
- B) To analyze, using an intersectional lens, the current knowledge on mental health issues of immigrant and refugee youth

Methods: This scoping review adopts Arksey, & O'Malley's (2005) five-stage framework to review the literature in published primary research on immigrant youth mental health issues in Canada over the past two decades. Using an intersectional approach to analyze selected articles this study interrogates the effects of interacting social identities, specifically immigrant status, gender, socio-economic status (SES), age, race/ethnicity, and culture at micro, meso and macro levels on immigrant youth mental health.

Results: Fifteen selected studies fulfilled the inclusion and exclusion criteria. Studies with the following criteria were excluded: Study focus was not Canadian immigrants; less than 50 % of study participants were youth (age range 13-24); study focus was on youth with no clear or secure immigration status; study focus was on drug and alcohol addiction. The reviewed studies had settings in British Columbia, Ontario, Quebec and also at national level. Preliminary findings revealed the following themes; race, identity, culture, social supports and resilience as determinants of mental health; differences in mental health by age and status of immigration, ethnicity, and gender; and determinants of access to mental health care.

Discussion and Conclusion: The preliminary findings show that higher levels of ethnic and cultural identity, and family connectedness are associated with higher levels of self-esteem, self-efficacy and self-concept. The findings highlight their protective role on youth mental health.

Poster presented previously: No.

Funding Institution: None

Supervisor: Dr. Nazilla Khanlou

Poster Abstract

Poster Title:

The Effect of Social Support around Pregnancy on Postpartum Depression in Canadian Teen Mothers and Adult Mothers

Authors & Affiliations:

Theresa HM Kim, MSc, PhD Candidate, School of Kinesiology and Health Science, York University (kimthere@yorku.ca). Jennifer A Connolly, PhD, Department of Psychology, York University. Hala Tamim, PhD, School of Kinesiology and Health Science, York University

Background:

Studies have shown that social support may decrease risk of depression during pregnancy, which acts as a proxy for positive health outcomes. Only few studies have observed the relationship between social support and postpartum depression in teen mothers and adult mothers separately.

Objectives:

The objective of this study was to examine the relationship between social support and postpartum depression and identify if the relationship is different for teen mothers (15-19 years old) compared to adult mothers (20+ years old) using the Maternity Experiences Survey database.

Methods:

The study was cross-sectional in design, and analyzed the Maternity Experiences Survey, a nationwide database administered to 6,421 Canadian women. A multivariable logistic regression was conducted with the main outcome as postpartum depression (defined using the Edinburgh Postnatal Depression Scale) and the main independent variable as social support received during pregnancy and after childbirth. Adjusted odds ratios and 95% confidence intervals were reported.

Results:

The results show that although teen mothers had significantly more social support than adult mothers ($p < .05$), teen mothers were still at greater risk for PPD than adult mothers ($p < .0001$). Increase in social support during pregnancy and after childbirth decreased the odds of having PPD, and this relationship was similar for both teen mothers and adult mothers.

Discussion and Conclusion:

Educating mothers on postpartum depression soon after birth should be taken into account, as it acts as a protective factor for postpartum depression.

Poster presented previously:

LaMarsh Annual Student Symposium June 2012, by Theresa Kim

Student Recipient Lilian Wright Maternal-Child Scholarship 2015

Supervisor: Hala Tamim, PhD, School of Kinesiology and Health Science, York University

Poster Abstract

Poster Title: Health Promotion Needs of Immigrant Mothers of Children with Developmental Disabilities

Authors and Affiliations:

Nida Mustafa, PhD Student, University of Toronto. (email: nmustafa@yorku.ca). Nazilla Khanlou, York University. Luz Maria Vazquez, York University.

Background: Parenting children with developmental disabilities (DDs) is both a rewarding and challenging process with mothers often assuming the primary task of caregiving. Little is known about what constitutes relevant health promotion initiatives for immigrant mothers who have children with DDs.

Objectives: The overall goal of the project is to examine what is relevant health promotion for immigrant mothers of children with DDs. For this presentation, there are two main objectives: (i) to present on our preliminary analysis of the Health Promoting Activities Scale, and (ii) to identify the particular health promotion needs of immigrant mothers raising children with DDs.

Methods: Fifteen semi-structured in-depth interviews, conducted with immigrant mothers of children with DDs in the GTA, were analysed. The *Health Promoting Activities Scale* (Bourke-Taylor, H.M., Law, M., Howie, L, & Pallant, J. F., 2013) was applied in each interview and guided a portion of the questions asked. The Scale contains eight questions and each question was asked using the following scale: 1 = never, 2 = 1–3 times per year, 3 = once a month, 4 = 2–3 times a month, 5= once per week, 6 = 2–3 times per week, and 7 = once or more every day. Interview coding and cross analysis were done first on 5 interviews by the three authors, then applied to the remaining interviews.

Results: Analysis of 3 questions from the *Health Promoting Activities Scale* are presented here. Question 1 asks about personal health care tasks; question 2 inquires about physically active things mothers do with other people; and, question 3 asks whether mothers have time out for themselves to spend as they wish. In question #1, 60% of the mothers reported they do the activity “once or more every day” and 13.3% reported doing it “once a month”. For question #2, 46.6% of the mothers “never” did the activity and 26.6% did it “once per week”. For question #3, 46.6% of the participants reported “never” did the activity and 26.6% “once a month”.

Discussion and Conclusion: The preliminary findings point towards mothers having very limited time to carry out activities included in the *Health Promoting Activities Scale*. The questions included in the Scale may therefore need to be adapted further to better understand and identify the health promotion needs of immigrant mothers. In conclusion, this study aims to inform service providers, policy makers, and academics on the particular health promotion needs of immigrant mothers raising children with DDs.

Poster Presented Previously: No

Acknowledgments: We would like to acknowledge the Mothers Advisory Committee of this project and members of the research team.

Funding Institution: Women’s College Hospital – Women’s Xchange. The \$15K Challenge Application for Project Funding.

Poster Abstract

Poster Title: Perfectionism and Concern Over Parenting Mistakes in Depression and Parenting Self-Esteem

Authors & Affiliations:

Taryn Nepon, York University, tnepon@yorku.ca
Cassandra Hall & Gordon Flett, York University
Paul Hewitt, UBC

Background: Extensive research has shown that perfectionism is related to depression, anxiety, and early mortality; however, research exploring the role of perfectionism in parenting competence and distress is limited. It is important to establish these links among mothers because exposure to a distressed parent can negatively impact a child's well-being. More generally, it is believed that the stress inherent in trying to be a perfect parent is highly destructive.

Objectives: The current study examined whether perfectionism is associated with lower perceived parenting competence and elevated depression among mothers. Our particular focus was on a novel construct of parenting concern over mistakes developed for this study.

Methods: A sample of 98 mothers completed self-report questionnaires assessing trait and self-presentational perfectionism, perfectionistic cognitions, parenting self-esteem and satisfaction, and depression. Participants also completed the 13-item Parenting Concern Over Mistakes Scale (e.g., "I think constantly about possible mistakes I may make as a parent").

Results: Parenting concern over mistakes was positively correlated with all dimensions of trait and self-presentational perfectionism, perfectionistic cognitions, and depression. Parenting concern over mistakes was also linked with low parenting self-esteem and satisfaction. A hierarchical regression analysis revealed that parenting concern over mistakes uniquely predicted parenting self-esteem, over and above trait perfectionism and perfectionistic cognitions. Parenting concern over mistakes and socially prescribed perfectionism were unique predictors of low parenting self-esteem.

Discussion and Conclusion: Our findings suggest that perfectionistic mothers who are overly concerned with making mistakes as a parent are at risk for depression and reduced parenting self-esteem and satisfaction. Interventions to help perfectionistic mothers increase their competence may improve their well-being.

Poster presented previously: No.

Acknowledgements: Canada Research Chairs Program.

Funding Institution: None

Supervisor: Gordon Flett

Poster Abstract

Poster Title: Caregiver Culture, Caregiver Behaviours, and Infant Immunization Pain 1 Minute Post-needle at 12 Months of age

Authors & Affiliations: Monica C. O'Neill, York University (email: mconeill@yorku.ca)
Rebecca R. Pillai Riddell, York University; Hospital for Sick Children; University of Toronto
David B. Flora, York University
Hartley Garfield, Hospital for Sick Children; University of Toronto
Saul Greenberg, Hospital for Sick Children; University of Toronto

Background: Presently there are no studies that have synergistically examined the relationship between caregiver culture, caregiver behaviours, and infant pain in one unified model.

Objectives: The present study aimed to examine how caregiver behaviours mediate the relationship between caregiver heritage culture and infant pain 1 minute post-needle.

Methods: Infants ($N = 384$) with immunization data at 12 months of age were selected from the OUCH Cohort. Infant facial expressions of pain were coded at 1-minute post-needle. Caregiver behaviours were coded for emotional availability and proximal soothing. Heritage culture was operationalized from an objectively derived individualism-collectivism rating of the caregiver's self-identified heritage culture and the caregiver's actual strength of cultural identification (i.e., the Heritage Culture Identification and Individualism Index [HCIII]).

Results: A mediation analysis revealed there was significant indirect effect of HCIII scores on infant pain, through caregiver emotional availability ($AB = -.0022$; 95% [-0.0040, -.0010]) and proximal soothing ($AB = .0010$; 95% [.0002, .0023]).

Discussion and Conclusion: Higher HCIII scores (i.e., meaning caregivers had a high identification with a heritage culture that was high on individualism) predicted higher emotional availability, which in turn predicted lower infant pain. In contrast, higher HCIII scores predicted greater proximal soothing, which in turn predicted higher infant pain.

Poster previously presented: Presented at SRCD, March 2015, Monica O'Neill

Funding Institution: This research was funded by awards to Dr. Pillai Riddell from CIHR, OMRI, and CFI. Support to Ms. O'Neill was provided by PICH, the York University Lillian Wright Maternal-Child Health Graduate Scholarship, OGS, and a CIHR CGS Doctoral Scholarship.

Supervisor: Dr. Rebecca Pillai Riddell

Poster Abstract

Title: Social and Emotional Factors Influencing Chinese Immigrant Mothers of Children With Disabilities

Authors & Affiliations: Chang Su, PhD, York University. Nazilla Khanlou, RN, PhD, York University

Statement of problem: Immigrant mothers of children with developmental disabilities (DDs) can experience intense and ongoing stressors associated with both parenting their children with DDs and post-migration resettlement barriers. While a growing body of literature exists on experiences of native born mothers, limited attention has been given to mental health concerns of immigrant mothers of children with DDs in Canada. The purpose of this study was to 1) examine the relationships among parental stress, social support, loss of face, shame, anxiety, depression and self-efficacy, and 2) to explore if shame/loss of face mediates the effect of anxiety on depression among Chinese immigrant mothers of children with DDs in Canada.

Subjects: Sixty-five Chinese immigrant mothers (48: from mainland Chinese; 14 born in Hong Kong, 1 in Macau, one in Vietnam) were recruited into the study. Participants' average age = 44.7; average years of living in Canada: 14.8; average age of children with DDs: 12.3. Recruitment took place through three community organizations and information about the study through York University's media in the Great Toronto Area.

Procedure: After providing their written consent, mothers independently completed all measures which included demographic information, the Parental Stress Index-Short Form, Oslo Social Support Scale, the Experience of Shame, Loss of Face Questionnaire, Social Interaction Anxiety Scale and Social Phobia Scale, Center for Epidemiologic Studies Short Depression Scale, and General Self-efficacy Scale in Mandarin. They received a debriefing form and \$ 10 honorarium for their participation.

Results: Correlational analyses confirmed that shame was positively correlated significantly with loss of face, with social anxiety, social phobia, and depression. Social support was negatively correlated significantly with depression, and marginally loss of face. Loss of face was positively correlated significantly with anxiety, depression. Anxiety was positively correlated significantly with phobia, depression. Self-efficacy was negatively correlated with social phobia. Mediation tests were conducted with the data and the Sobel tests indicated that loss of face significantly partially mediated the effect of anxiety on depression. The experience of shame significantly fully mediated the effect of anxiety on depression.

Conclusions: Chinese immigrant mothers who have more anxiety and more experience of shame and the feeling of loss of face are more likely to have depression symptoms. Our empirical findings confirmed that Chinese mothers of children with DDs experienced social anxieties, depression, and the feelings of shame and loss of face. These findings also highlight the impact of social and cultural factors on the mental health of Chinese immigrant mothers of children with DDs. In terms of implications, first, it will be helpful to support mothers to increase their self-efficacy; second, to provide social support through family members, peers, and neighbours in order to facilitate their mental well-being; and third, to reduce their negative cultural schema through community group programs that focus on seeking services for their children with DDs.

Poster previously presented: No

Funding/ Acknowledgements: Lillian Wright Postdoctoral Fellow

Supervisor: Dr. Nazilla Khanlou

Poster Abstract

Title: Chinese Immigrant Mothers Of Children With Developmental Disabilities: Stressors And Social Support

Authors & Affiliations: Chang Su, PhD, York University, Nazilla Khanlou, RN. PhD, York University

Statement of problem: From 2001- 2006, 14% of Chinese immigrants from the People's Republic of China immigrated to Canada (Census, 2006). The Chinese population constitutes the second largest visible minority group in Canada, making up 4% of Canadian population (Statistics Canada, 2010). Some Chinese immigrants are raising children with disabilities and facing barriers to social support across sectors. To date, limited attention has focused on the experiences of daily stress and its relationship to social support among Chinese immigrant mothers of children with developmental disabilities (DDs) in Canada. To fill the knowledge gap, this qualitative study was conducted to 1) examine experiences of stress and social support among Chinese immigrant mothers of children with DDs; and 2) describe the types of stressors which impact their lives; and 3) explore the buffers that help them to access the needed services.

Subjects: Fifteen mothers (average age: 37.7, average years in Canada: 9.1) of children of DDs (10 boys and 4 girls: Autism; 1 boy: Pervasive Developmental Disorder; 1 boy: Global Developmental Delay; 1 girl: Learning Disability; average age of children: 8.6) were recruited from the Greater Toronto Area through one community organization.

Procedure: Semi-structured in-depth interviews were carried out (14 face-to-face and 1 telephone) on a one-to-one basis and in private settings. Mothers were asked questions about stress, facilitators to social support, and Chinese traditional cultural beliefs. All interviews took place in Mandarin. Transcripts were translated to English and a portion was back-translated to Mandarin to determine accuracy of translation. The study applied a descriptive qualitative approach (Sandelowski, 2000, 2010) and our analyses were guided by House's (1981) classification of social support (structural, instrumental, emotional, and perceptive).

Results: Positive experiences of social support and cultural beliefs included some families receiving government funding, and helpful support and services from the health system, school, church, family, and friends. All mothers were actively seeking treatments for their children and did not have the traditional Chinese "reciprocity thought". However, mothers also expressed their life challenges in accessing services for their children, such as limited financial resources, occupational unemployment, excessive paper work, long waiting times, English as second language, limited knowledge of social services, emotional strain, discrimination, transportation difficulties and dispersed services, mother blaming, feelings of loss of face and avoidance of talking about the family situation.

Conclusions: The findings provide a better understanding of Chinese immigrant mothers' experiences raising children with DDs. Implications of the study are that first, it will be helpful to provide emotional social support to facilitate their mental well-being; second, to reduce their life stress and increase in knowledge and availability of services and appropriate training programs for their children through language specific education workshops is needed; and third, to reduce negative cultural beliefs (such as the traditional cultural stigma associated with disabilities) and community awareness raising initiatives are required.

Poster previously presented: No

Funding Institution/ Acknowledgements: Lillian Wright Postdoctoral Fellow

Supervisor: Dr. Nazilla Khanlou

Poster Abstract

Poster Title: Predictors of Activity Participation for Children and Adolescents with Severe Developmental Disabilities

Authors and Affiliations: Azin Taheri (azint@yorku.ca), York University, Adrienne Perry, York University, Patricia Minnes, Queen's University

Background: Participation in social and recreational activities is an inherent part of a good quality of life. According to the Health and Activity Limitation Survey (Statistics Canada, 1995), the most commonly reported barriers for active participation for those with disabilities were lack of physical ability, high costs, and proximity to facilities or programs. Thus, both individual and environmental factors may influence participation. In the case of children with disabilities, family (especially, maternal) factors are also crucial to examine.

Objectives: The purpose of this study was to examine the child, maternal, and contextual factors that contribute to activity participation of children and adolescents with severe developmental disabilities (DD).

Methods: A total of 197 parents (91% mothers) of children with DD completed The Great Outcomes for Kids Impacted by Severe Developmental Disabilities (GO4KIDDS) Survey. The survey included indicators of a range of variables, alongside a measure of Activity Participation. Hierarchical regression analysis was used to determine Child, Maternal, and Community predictors of Activity Participation

Results: The model significantly accounted for 30% of the variance in Activity Participation ($F_{(10, 197)} = 8.92, p < .01$), with significant predictors in all three domains. More specifically, greater child adaptive skills, greater maternal socialization, and attending integrated school programs predicated greater participation.

Discussion and Conclusion: The proposed model provides an ecological, strengths-based perspective, which focuses on the strengths of individuals and acknowledges the importance of supportive relationships and environments in creating positive outcomes. In addition, strategies can be aimed at tackling some of the factors (e.g., maternal socialization) that are associated with children's activity participation.

Poster presented previously: No

Funding Institution: Ontario Graduate Scholarship and Autism Scholars Award.

Supervisor: Dr. Adrienne Perry

Poster Abstract

Poster Title: Parental Co-Regulation and Expressed Emotion as Predictors of Psychopathology in Children with ASD

Authors & Affiliations: Victoria Ting (victing@yorku.ca), York University, Andrea Maughan, York University, Carly Albaum, York University, & Jonathan Weiss, York University

Background: Individuals with an Autism Spectrum Disorder (ASD) often have comorbid mental health problems. Parental co-regulation (i.e. motivational or emotional scaffolding) has been associated with fewer internalizing and externalizing problems in typically-developing children and those with ASD, 3 to 6 years of age. Low parental negative expressed emotion have been linked with fewer mental health problems in adolescents and adults with ASD. However, expressed emotion and co-regulation have not been studied together, or examined in relation to psychopathology in school-age children with ASD.

Objective: To investigate whether parental co-regulation and expressed emotion were related to externalizing and internalizing problems in children with ASD, 8 to 12 years of age.

Methods: Thirty-six children with ASD (89% male) and their caregivers (81% female) participated in an ongoing treatment trial to improve emotion regulation (ER). Children were 8 to 12 years of age ($M = 9.6$, $SD = 1.2$), with average IQ ($M = 102.9$, $SD = 13.9$, Range: 79-140). Parental co-regulation skills were measured using a behavioural coding scheme, applied to parent behaviours during a standardized Emotion Discussion Task. Expressed emotion was measured using the Autism-Specific Five-Minute Speech Sample. Externalizing and internalizing problems were measured via parent report on the Behavior Assessment System for Children, Second Edition – Parent Rating Scales.

Results: Pearson correlations revealed that child internalizing symptoms were not significantly associated with expressed emotion or parental co-regulation. Child externalizing problems were negatively correlated with parent co-regulation ($r(35) = -.50$, $p = .002$) and positively correlated with expressed emotion ($r = .56$, $p < .001$). A multiple regression analysis significantly predicted child externalizing problems ($F(4,30) = 6.80$, $p = .001$), and overall expressed emotion ($t(30) = 3.04$, $p = .005$) and parent co-regulation ($t(30) = -2.49$, $p = .02$) were significant predictors.

Discussion and Conclusion: Parent co-regulation and expressed emotion may be key factors in understanding child externalizing problems. Future research could explore these parent variables as possible mechanisms of treatment efficacy for children with ASD.

Poster presented previously:

Presented by Victoria Ting and Andrea Maughan at the International Meeting for Autism Research (IMFAR) in May 2015 in Salt Lake City, Utah.

Student Recipient Lilian Wright Maternal-Child Scholarship 2014 and 2015

Supervisor: Jonathan Weiss

Poster Abstract

Poster Title: Healthy Relationships, Healthy Families: Considerations and Challenges when Supporting Substance-involved Families

Authors & Affiliations: Julie Wallis, York University (juliech@yorku.ca), Mary Motz, Mothercraft, Debra Pepler, York University

Background: High-quality maternal caregiving is protective for children of substance-using women and can minimize the impact of environmental and pre-natal risk factors on child well-being (Eiden et al., 2014; Motz et al., 2011); however, substance-using women may experience difficulty providing consistent and sensitive care due to negative experiences in past and current relationships.

Objectives: The objectives of this study were to (1) provide a profile of substance-using women's relationship experiences to contextualize their presenting concerns and treatment needs, and (2) to identify and explore patterns of change in mothers and children's relationship skills and quality of their mother-child relationships after one and two years of intervention.

Methods: Mother-child dyads were recruited from Breaking the Cycle, a relationship-focused intervention that supports substance-using women and their young children (Motz et al., 2006). Sample A comprised 136 mothers and 122 children for whom intake questionnaires were available. Of these dyads, 59 completed a free-play observation approximately one year after intake (Sample B) and 27 dyads completed a second observation two years after intake (Sample C).

Results: The profile of substance-using women in this sample was characterized by high levels of relationship risks. Several patterns of change within the mother-child relationship were observed. Overall, mothers and children were significantly more likely to be concordant in their changes in relationship skills (i.e., both increasing or both decreasing) than discordant indicating that mothers and children develop and change together.

Discussion and Conclusion: Substance-using women present with a complex profile of relationship risk factors and treatment needs. Thus, supporting mothers and children and fostering the mother-child relationship in the interest of promoting both mothers and children's well-being is essential. Further, mothers and children were more likely to be concordant in their changes in relationship skills, highlighting the importance of including both mothers and children in the intervention.

Poster presented previously:

Presented at the LaMarsh Annual Graduate Student Symposium (June 1, 2015), Toronto, presented by Julie Wallis (Student Recipient Lilian Wright Maternal-Child Scholarship 2011-2012)

Funding Institution: None

Supervisor: Dr. Debra Pepler

Poster Abstract

Poster title: Development of Cardiovascular Responses to Acute Pain in Preterm Infants: A Systematic Review

Authors and Affiliations:

Jordana A. Waxman, Department of Psychology, York University, Angelina Pinhasov, York University, Paula Tablon, York University, Rebecca R. Pillai Riddell, York University, Hospital for Sick Children, University of Toronto

Objectives: Cardiovascular indices of infant pain are pervasive; yet longitudinal empirical testing in the hospital setting is lacking. It is currently unknown how physiological pain regulation develops across the first year of life in preterm infants, hindering our ability to understand and manage infant pain. The current systematic review aims to chart the development of cardiovascular responses to acute pain in preterm infants over the first year of life.

Methods: A systematic search was conducted in MEDLINE, EMBASE, PsychINFO, and CINAHL. After removing duplicate articles, 6994 studies were assessed for eligibility to be qualitatively analyzed in the review. Search results were limited to evidence-based methodologies, publication years (1980+), and age group (0-3 years). Thirteen studies were first separated by gestational age (GA) at birth (24-28, 28-32, 32-37 weeks). These groups were then qualitatively synthesized based on age at measurement.

Results: During postnatal week one, a blunted heart rate (HR) response to acute pain was found in those born at 24-28 weeks GA; however, at 1 to 4 months, the response in HR and HR variability (HRV) significantly increased and decreased following painful stimuli, respectively. In those born at 28-37 weeks GA, heart rate was variable over the first 4 months of life, but significantly increased from baseline to painful stimulus. HRV significantly increased following painful stimuli over the first 14 days of life.

Discussion and Conclusion: When examining studies of preterm infants from 0- 4 months of age, cardiovascular responses to acute pain qualitatively differed in those born 24-28 compared to those born 28-37 weeks GA. Longitudinal research examining preterm infants past the age of 4 months is necessary to understand how premature infants' autonomic nervous system responds to pain over time. Research in this area will lead to empirically based evaluation and treatment of preterm infants' pain.

Poster presented previously:: Society of Pediatric Psychology Annual Conference 2015

Funding/Acknowledgements: This research was funded by awards from the Canada Foundation for Innovation, Canadian Institutes for Health Research, and the Ontario Ministry of Research and Innovation awarded to R.P.R. and awards to J.W. from the Lillian Wright Maternal Child Health Scholarship Program and Ontario Graduate Scholarship. J.W. is also a trainee member of Pain In Child Health (PICH), a strategic research training initiative of the Canadian Institutes of Health Research.

Supervisor: Dr. Rebecca Pillai Riddell,

Poster Abstract

Poster Title: Dating Violence Victimization Among Pregnant or Parenting Teens: A Meta-Analytic Review

Authors & Affiliations: Katherine Wincentak, M.A. (kwincent@yorku.ca) Jennifer Connolly, Noel Card

Background: Adolescent girls who have been pregnant or are parenting are at an elevated risk for having experienced dating violence from their partners. This is particularly alarming given the negative physical and mental health consequences for the adolescent girl, and in the case of teen motherhood for her infant. Efforts aimed at prevention and intervention require a clear understanding of the base rate prevalence of this phenomenon as well as the factors that moderate the prevalence rate.

Objectives: The purpose of this study is to use meta-analytic techniques in order to determine the prevalence of physical dating violence victimization among pregnant or parenting adolescent girls, as well as to identify developmental and demographic variables that moderate this prevalence rate.

Methods: A systematic search of the literature was conducted. In order to be included within the meta-analysis articles had to meet the following inclusion criteria: 1) the samples in the articles consisted of adolescents who were pregnant before the age of 18, 2) data regarding the prevalence of physical dating violence victimization was reported, and 3) the study was published in English. A random effects model was used to determine a global effect size. Odds ratios and regression analyses were used to evaluate potential moderators of the rate of dating violence among pregnant and parenting adolescent mothers.

Results: Thirty-nine percent of pregnant or parenting adolescent girls reported violent victimization within a dating relationship. Level of educational attainment was a significant moderator, with teens completing their high school education reporting less victimization. Mean age of the sample and the percent of the sample reporting cultural minority status did not moderate the rate of dating violence victimization reported by the pregnant or parenting girls.

Discussion and Conclusion: Obstetrical and family planning programs servicing adolescent women should include screening for abuse, referral to appropriate services, and must include violence prevention education.

Poster previously presented: The Society for Research in Child Development.

Supervisor: Dr. Jennifer Connolly

Funding Institution: None



York University's 3rd Lillian Wright Maternal-Child
Learning Institute: Global Maternal-Child Health
October 1st, 2015

Organized by Women's Health Research Chair
in Mental Health in partnership with the
Faculty of Health

York University (Keele Campus)
519 Kaneff Tower

4700 Keele St
Toronto, On.
M3J1P3
www.yorku.ca/nkhanlou