



# ASD Connector

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## INSIDE

- Medications for Autism.....p 2**
- The Importance of Routine.....p 5**
- The Big Deal of Having Few Interests.....p 7**
- OAP: Foundational Family Services...p 9**
- Survey: Readiness for the Safe and Successful Return to School .....p 10**
- Check It Out.....p 11**
- Research: Your Experiences with Ontario Autism Services.....p 12**
- ASD Clinic Archived Webinars.....p 13**
- CPRI Professional Education, 2020 – 2021.....p 14**

To say that we are living in extraordinary times does not seem to sufficiently capture the enormity of changes in the world since the onset of the COVID-19 pandemic and the resulting prevention and management restrictions.

Considering that change often is an area of difficulty for those with autism and other neurodevelopmental disorders, current conditions seem to be multiply impacting for them as they require extra precautions as a vulnerable, at-risk group for the virus; they have and continue to experience many service interruptions and adjustments within education and/or with involved supports and professionals; and daily routines are significantly altered to accommodate required safety restrictions and protocols.

As we all navigate through these uncharted waters, may we continue to practice patience, kindness and generosity towards each other, and may we keep the needs of those most vulnerable at the forefront.

### **CPRI Mission:**

**Our mission is to provide specialized, trauma-responsive mental health and developmental services to achieve best possible outcomes for Ontario’s children and youth.**

# CPRI

CHILD & PARENT  
RESOURCE INSTITUTE

**Child and Parent Resource Institute (CPRI)  
Interdisciplinary Autism Services (IAS)**  
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# MEDICATIONS FOR AUTISM SPECTRUM DISORDER

By Dr. Rob Nicolson, Child Psychiatrist, Interdisciplinary Autism Service

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Until recently, the understanding of the brain abnormalities involved in Autism Spectrum Disorder (ASD) was very limited. Consequently, there were no pharmacological (medication) treatments used to treat the specific underlying neurobiological abnormalities responsible for these disorders. Rather, medications have traditionally been used to reduce interfering, maladaptive behaviours seen in some children or adolescents with ASD, such as aggression, hyperactivity, and impulsivity. However, in recent years, there has been an increased understanding of the differences in brain structure and function related to these disorders. As a result of this increased knowledge, the possibility of pharmacological interventions used specifically to treat ASD, rather than just treating associated behaviour problems, has also grown. This has led to much excitement and anticipation among researchers. Below, I will describe the process of discovery and development of possible specific pharmacological treatments for ASD.

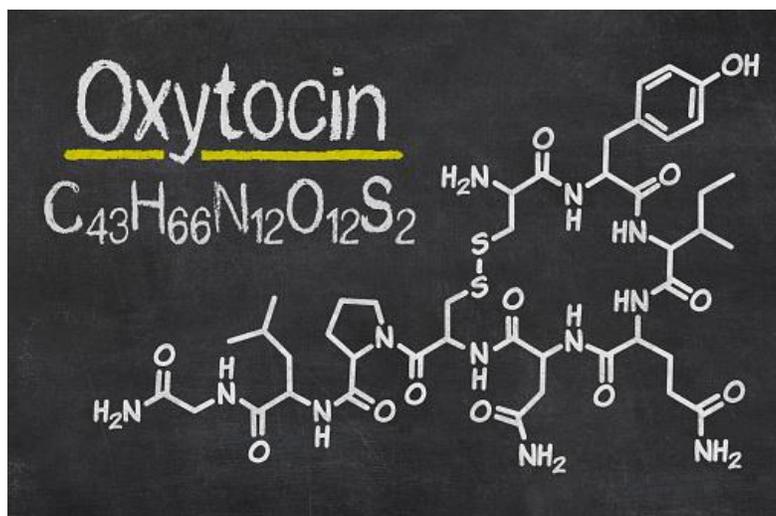
Before talking about ASD, though, it might be helpful to describe what seems to be the best example of how a greater understanding of structural and chemical differences in the brain can lead directly to the development of medications to target such a difference. Fragile X syndrome (FraX) is the second most common genetic cause of Intellectual Disability (ID) after Down Syndrome and is caused by a change in a gene (called FMR1) on the X chromosome. Although not specifically related to ASD, there is an increased rate of ASD seen in people with FraX. Through research in both humans and in mice (in whom it is possible to create genetic abnormalities similar to that seen in humans), the structure of brain cells in FraX has been found to be different from what is typically seen, and this results in impairments in the functioning of these brain cells. Using mouse models, a number of different compounds have been investigated as possible treatments for this brain cell dysfunction with the goal ultimately being the ability to treat FraX. While the results thus far have not been as promising as might have been hoped for, the fact that medications have been developed to treat the underlying brain abnormalities in FraX and have been tested in humans is an incredibly promising and exciting development.

Although the brain abnormalities involved in ASD are not as clearly understood as in FraX, there has been a tremendous increase in the understanding of the causes of the disorder in the last decade and, along with this increase, the possibility of more targeted treatments for ASD has emerged.



One of the first examples of this process, in which brain research has led to potential treatments for ASD is oxytocin, a brain chemical which appears to be important for social affiliation. Animal research has demonstrated that species with higher levels of social relatedness may have differences in the genes responsible for oxytocin and a greater number of receptors in the brain for oxytocin. Based on the social impairments seen in ASD, researchers have done studies using a technique called functional magnetic resonance imaging (fMRI). Using fMRI, past studies have shown that people with ASD have a weaker response to human faces in the part of the brain typically used for facial recognition and are also less likely to show activity in this specialized brain region. In one study of oxytocin, people with ASD were either given a single dose of oxytocin or a placebo (a sugar pill) prior to entering an MRI scanner. When shown faces while in the MRI scanner, people with ASD who had received the oxytocin showed greater activity in the brain region used for facial recognition than people who had received a placebo. The finding of more typical brain responses to faces following a single dose of oxytocin in people with ASD has led to proper clinical trials of this compound. In the first trial, children and adolescents who received oxytocin for 2 months demonstrated a greater increase in social behaviours than children and adolescents who had received a placebo for 2 months. While the results of this study were very encouraging, that study was very small. Consequently, larger studies involving several centres across North American are now underway to confirm the finding of the first preliminary trial.

With oxytocin, then, the observation of increased social affiliation in animals with greater oxytocin led to brain imaging research of its effects on social behaviour and positive results from the first study in children and adolescents with ASD.

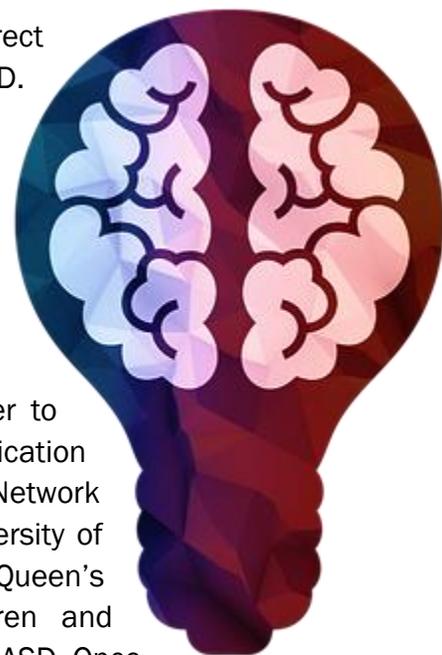


A second line of possible development of medication treatments for ASD comes more directly from the results of biological studies of ASD. Activity of the brain is regulated by brain chemicals and involves a delicate balance of activity and inhibition. The brain is never completely dormant or inactive. Instead, there are greater and lesser levels of brain activity, but there is always some activity. Brain chemicals regulate this activity by either telling brain cells and brain regions to be more active (this is referred to as excitation) or less active (this is referred to as inhibition). Different brain chemicals have very specific roles of either excitation or inhibition.

Based on a number of clinical observations of people and studies of genetics, brain chemistry, and brain function, it has been proposed that this balance is not properly maintained in ASD and that there is an excess of excitation (the brain being told to do more too often). This theory, called the Excitation/Inhibition Imbalance Theory, could certainly account for some symptoms of ASD including some of the social difficulties and difficulties with sensory modulation. Studies of different medications designed to address this imbalance in ASD began about five or six years ago. Several studies have

been conducted with a medication called riluzole, but the effect on the core symptoms of ASD has been limited at best.

Currently, I am involved in a study of a medication which works to correct the excitation/inhibition imbalance and thus may be beneficial in ASD. This medication, called arbaclofen, increases the chemicals and parts of the brain responsible for inhibition (telling the brain to do less of something), which seems to be dysfunctional in people with ASD. One preliminary study suggested improved overall functioning and particularly improved social functioning in children and adolescents with ASD who were given the medication.



However, that study was small and had some design flaws. In order to assess truly the benefits of arbaclofen in ASD, a well-designed medication study is required. As a result, our research network, called the POND Network (<https://pond-network.ca/>), which consists of researchers at the University of Western Ontario, McMaster University, the University of Toronto, and Queen's University, has started a rigorous study of arbaclofen in children and adolescents with ASD. In total, we plan to include 100 participants with ASD. Once the study is completed, the results will hopefully be described in this newsletter.

Additionally, pharmaceutical companies have become more interested in ASD and the potential for social improvements through correction of the Excitation/Inhibition Imbalance. Hopefully, this interest will lead to further innovation and medications specifically for ASD. In the next few months, one of the world's largest pharmaceutical companies will be starting a worldwide study of a medication for ASD and our research network will also be involved in that study.

In summary, the last decade has seen a remarkable increase in our understanding of the brain abnormalities underlying ASD. With this greater knowledge, we are now able to develop and test potential pharmacological treatments targeted at the underlying causes of ASD. The possibility of specific treatments for ASD is incredibly exciting and allows us to look forward with anticipation of better, more effective treatments for people with ASD.

If anyone would like further information or to discuss the ongoing trials, please contact my research office at London Health Sciences Centre (519-685-8427) or by email (Rnicolso@uwo.ca).

# THE IMPORTANCE OF ROUTINE

By Joan Gardiner, Speech-Language Pathologist, Interdisciplinary Autism Service

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Recently, my family introduced a new member to our household....a puppy. While this was a planned decision and we were aware it would bring new work for all our family members, what we failed to anticipate was how it would change our current family routine (and create a corresponding feeling of chaos that comes with not having a routine). Pre-puppy, each of the members of our household was largely responsible for him or herself and we navigated daily tasks with little effort (i.e., everyone knew what needed to happen and in what order; no extra cognitive effort was required for planning or incorporating extra new tasks). Post-puppy, there has been a shift so that someone always must be supervising our new little fellow to ensure that he is not chewing on something he should not be or eliminating in our house. What this has meant though, is that the routine of our day-to-day has changed; and, in the absence of a familiar and predictable routine, it feels like family members no longer have a strong sense of where to be and when (i.e., is this my time “off” or am I supposed to be supervising?). This has resulted in an experience of disarray, making it difficult to anticipate what will come next (e.g., do I have time to do what I usually do now or am I required to be supervising and entertaining the puppy?) and to know when preferred events will happen (e.g., do I have time to make dinner or do I need to be supervising the puppy? ). As a result of this loss of routine, there is an overall sense of dysregulation amongst my family members; an experience that I did not expect and that makes life harder than it otherwise would be.



In reflecting on the experience that a new puppy (and the corresponding loss of predictability) has brought to my family, I have come to appreciate the significance of *routine* in day-to-day life. While I have always advocated that “routine is important”, particularly for children and adolescents with ASD, I believe that I have underestimated its value. As such, as I write this article, my new appreciation for routine guides me.

Most communicators have access to skills that help them to navigate the tasks and activities of daily life. These skills include spoken language, which can be used to inform one another about what has happened, what is happening or what will happen. The other is theory of mind, which refers to the ability to consider the perspective of another person and to use this perspective to understand what others say and do. Theory of mind is necessary to appreciate why something can or cannot happen, when it is likely to happen, and to anticipate what it will look like when it does happen. With the

support of spoken language skills and theory of mind ability, most communicators navigate through the events of the day with little difficulty.

In the absence of strong spoken language skills and/or theory of mind skills however, children or adolescents with ASD are at a significant disadvantage. They are missing the sources of information that can support their understanding about what to expect and when good things will be available. As such, they need a different anchor to help them feel oriented and in control. This anchor then, can come from routine (and, from forms of communication that explicitly identify routine such as visual schedules).

The inclusion of routine in the daily activities of children and adolescents with ASD can serve many roles. First and foremost, routine can **inform**. It can help children to know *what* events will be included in the day and *when* these events will happen (e.g., I really like snack. I know that snack will occur twice during my day, right after gym). Secondly, routine can **motivate**. This is particularly important for children and adolescents with ASD who likely must exert more effort than most people throughout all daily activities (i.e., life is harder when one has ASD). Motivation comes from knowing when the “good parts” of the day will be available; working toward the “good parts” makes working through the “hard parts” more tolerable (e.g., tolerating gym class is difficult but I know that snack time is always after gym). Thirdly, routine can **calm**. That is, when one can anticipate what will happen and when good things will be available, it is easier to feel more settled and relaxed overall (e.g., I don’t have to worry about whether there will be time for a snack because snack always happens at the same time each day). And, when one feels more settled and relaxed, a sense of regulation supports one’s cognitive availability for other things (e.g., I don’t have to spend my time thinking about snack time because I am confident about when this will occur. This means I can think about the task at hand).

The importance of routine then, is not something to be taken lightly or for granted. Rather, it is a powerful tool that can support everyone. When routine is available as an anchor throughout the day, all communicators (e.g., children and youth with ASD, caregivers of a new puppy, or anyone else) are likely to feel better (i.e., settled, calm), to have greater availability for success, and consequently, to enjoy more thoroughly the experiences in which they have the opportunity to participate. Who could ask for more?



# THE BIG DEAL OF HAVING FEW INTERESTS

By Patty Petersen, Board Certified Behaviour Analyst, Interdisciplinary Autism Service

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A common concern regarding children with ASD is that they have few interests (i.e. few safe and socially okay activities that they participate in readily and easily). The two groups of diagnostic characteristics for ASD (i.e. those associated with social communication and interaction and those associated with restricted, repetitive patterns of behaviour, interests or activities) both can contribute to this common concern of few interests.

Children who have challenges with social communication and interaction are more likely to have difficulty initiating, imitating, sharing and learning about potential interests by watching and interacting with others; they also are less likely to learn by getting social feedback about what is okay and not okay to do. Children who are less flexible and more rigid about what happens are going to be less likely to try new interests; instead they are more likely to remain with what is predictable and familiar (i.e. insist on sameness). However, if they have few interests and do the same activity over and over, there is the risk of that activity becoming less stimulating over time (i.e. boredom or habituation occurs). When this happens, that less stimulating activity may be dropped and not replaced, with the child then having even fewer interests!

So what's the big deal with having only a few interests?

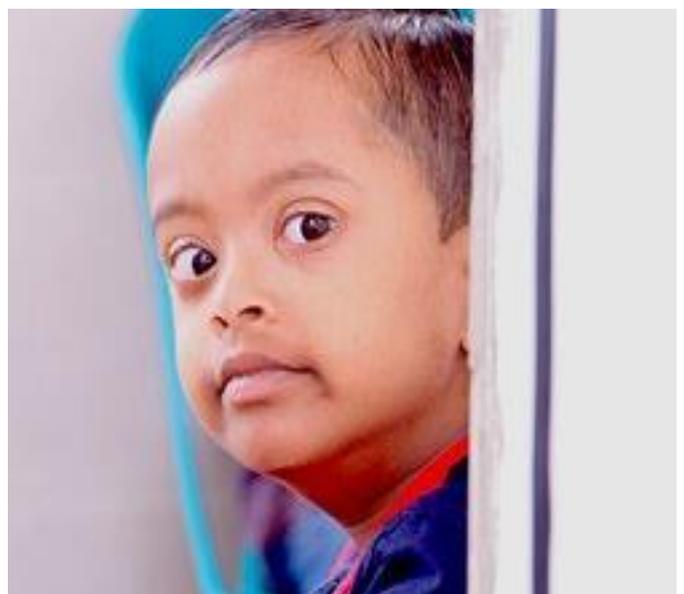
Having few interests means that, for children with ASD, there are fewer experiences for them to:

- have as building blocks for future learning
- motivate participation (i.e. to receive as incentive to do those more frequent difficult, uncomfortable or unpredictable activities)
- share in common with others
- practice the skill of transitioning (i.e. ending one activity and beginning another)

and fewer experiences to do:

- that are enjoyable, safe and socially okay
- when waiting
- during a break
- during structured free-time
- when bored (i.e. instead of self-stimulation behaviour)
- when events cannot happen as planned (i.e. unpredictability occurs)
- when having short attention requires more structured activities to fill a day

Having few interests is a big deal!

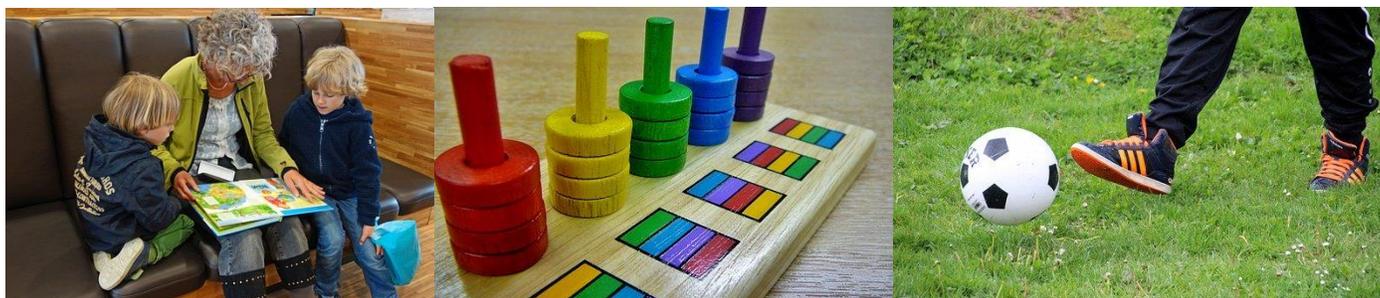


However, those same characteristics associated with an ASD diagnosis, that result in limited interests, also interfere with expanding the interests of a child with ASD. Just providing ‘more stuff’ is unlikely to be enough to overcome this challenge. Rather, the child requires systematic teaching of new interests, something that typically doesn’t need to happen for children without ASD and can require more effort and persistence than usual skills that need to be taught. Yet, when a variety of such learned activities become mastered (i.e. the activities become familiar, predictable and participated in readily and easily) they are more likely to become preferred interests for those with ASD.

Here are some considerations for teaching new activities that may become new interests:

- select activities that are within the child’s ability to learn
- begin with teaching 1-2 new activities at a time
- break learning of the new activity into small learning steps
- ensure each activity has a clear beginning and end for the child
- provide needed prompts for learning
- as new learning initially is likely to be unpredictable and difficult for the child, tangibly reinforce participation of those smaller learning steps
- repeatedly practice the new activity, with gradually fewer prompts, until it becomes easy, familiar and predictable for the child to do
- gradually increase the number of steps for the child to do until eventually the child is participating to the best of their ability in the activity
- continue to expand interests until the child has a variety of activities with which to participate, including those: to do by themselves and with others; that are active and passive; and that occur at home and in the community
- to keep activities adequately stimulating once a variety of interests are established:
  - avoid scheduling the same activity repeatedly within the child’s routine
  - rather than having all activities out and available at the same time for the child, rotate activities by having some available while others are put away (i.e. out of sight) then switch between those put away and those available at a pace matched for the child
  - continually teach new activities that may become new interests

Having few interests is a big deal for children with ASD, adversely impacting many aspects of their lives. In turn, directly teaching a variety of new interests, repeatedly practicing until such activities are easy, familiar and predictable, can benefit many aspects of their lives. The benefits definitely are worth the extra effort and persistence required!



# OAP: FOUNDATIONAL FAMILY SERVICES

Beginning August 7, 2020, the Ontario Autism Program (OAP) started offering Foundational Family Services (FFS), provided free of charge to families of children/ youth registered with the OAP. FFS aims to give parents and caregivers more tools to work with their child or youth and to participate in their ongoing learning and development through services and supports that are:

- informed by evidence
- delivered by a range of professionals
- responsive to the family's changing needs over time and their child's needs, strengths and developmental stage
- offered in a variety of ways, including virtual, self-directed, in-person or group-based
- tailored to the unique regional, language and cultural needs in different communities
- offered by organizations using collaborative, innovative and interprofessional approaches to work with other partners in your community

The first phase of Foundational Family Services builds on the virtual service delivery models introduced during the COVID-19 outbreak. Options may vary during the first phase of implementation as providers continue to build their services and capacity. Service providers will continue to increase and broaden their offerings over time as Ontario moves toward expanding services to gradually include in-person support when it is safe to do so and based on public health requirements.

Services may include the following types of options:

- Family and peer mentoring – share experiences in a supportive, informative and social atmosphere
- Caregiver workshops and follow-up coaching sessions – information, education and resources on a variety of topics
- Brief targeted consultations – direct support to help address a specific need and support your child's skill development
- Transition supports – help preparing for your child's personal and educational transitions as well as transitions to adulthood
- Family resource and clinic days – brainstorm, consult and problem-solve with professionals

Whether your child or youth is on the OAP waitlist, has received interim one-time funding or a childhood budget, or has an existing Ontario Autism Program behaviour plan, you and your family can access these services and supports. You can choose to access these services at any point based on your needs, at no cost. There are no limits to the number of times you can register for these services.

You can access Foundational Family Services from any of the 34 providers listed – regardless of where you live. You can also choose to access services from multiple providers to meet your family's needs, including virtual and in-person services, where available. Go [here](#) for more information or to contact a service provider.

# FINDINGS FROM THE 2020 AUTISM ONTARIO EDUCATION SURVEY

Access to the survey summary is available [here](#)

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Autism Ontario conducted an education survey this past summer, with information collected from parents or caregivers of children and youth on the autism spectrum within the education system in Ontario. Survey questions focused on gathering experiences of school closures earlier this spring in response to the COVID-19 pandemic, along with concerns and perspectives for the return to school this fall. More than 2,500 children were represented by the participants who responded.

Survey findings and recommendations include:

- The spring school closure increased caregivers' already high workloads and stress related to caring for their child and managing their education and resulted in worrisome losses to social development and academic progress.
- Technology-related barriers including limited Internet bandwidth are substantially higher in Northern Ontario—this needs to be accommodated in plans to support remote learning.
- There is a need for flexibility in how parents are allowed to participate in education-based meetings, to accommodate their preferences and needs for meeting face-to-face versus remotely.
- Addressing COVID-19 safety will be important for addressing both caregiver and child anxieties about returning to school.
- Successful transitioning back to school for children with autism will require increased school-based supports and services, and individualized transition plans for each child.
- Reopening scenarios should be designed with the unique and varying needs of families of children with autism in mind—such as the need for all children in the household to have the same schedule to minimize family stress.
- For many children, plans will need to promote routine, consistency, and predictability with respect to scheduling.
- COVID-19 has exacerbated the already acute needs within the education system to enhance internal supports, and allow external supports into schools for learning, skill development, behaviour and mental health.



## CHECK IT OUT



Autism Ontario is currently offering a variety of online events, support groups and webinars for the whole family. Whether you're interested in learning, connecting with others, or just want to have fun, they've got something for everyone! Check them out [here](#).



**International Virtual Symposium**

Nov 11th - 13th

Since 1986, Geneva Centre for Autism has been hosting an international conference on autism, focusing on the leading research and clinical practices in the field of autism. This fall their International Symposium is available to watch on demand from November 11th to November 15th. Learn more [here](#).

## Ontario Autism Program

Ontario

If you have further questions about current childhood budgets or eligible and ineligible expenses, contact an Ontario Autism Program representative at: Ontario Autism Program, Ministry of Children, Community and Social Services, P.O. Box 193, Toronto, ON M7A 1N3, 1-888-444-4530, [oap@ontario.ca](mailto:oap@ontario.ca). More information is available [here](#).



Professional Practice  
in ABA Series

ONTABA has recently made available the first phase of training materials developed by the MCCSS Project working group. Check out their *Understanding ABA* quick reference guide [here](#).

UC DAVIS  
HEALTH

MIND  
INSTITUTE

The UC Davis MIND Institute is a collaborative international research center, committed to the awareness, understanding, prevention, and treatment of the challenges associated with neurodevelopmental disabilities. Check out their distinguished lecture series available [here](#).

## PAST AND FUTURE EDITIONS

To be notified when future editions of the ASD Connector become available online, please [add your email here](#).

The ASD Connector, with archived editions from 2010, is available at the CPRI website [here](#).

If there are topics you would like to see in future editions of the ASD Connector, let us know. Submit contributions for this next edition by February 5, 2021, by any of the following methods:

- e-mail to [Patty.Petersen@ontario.ca](mailto:Patty.Petersen@ontario.ca)
- call 519-670-7138

*Newsletter content is for your information. Inclusion of websites, articles and viewpoints does not imply endorsement nor does exclusion indicate lack of endorsement by CPRI.*

THIS PROJECT HAS BEEN REVIEWED BY THE RESEARCH ETHICS BOARD  
FOR COMPLIANCE WITH FEDERAL GUIDELINES FOR RESEARCH  
INVOLVING HUMAN PARTICIPANTS (REB#20-07-020)

# VOLUNTEERS NEEDED

Are you the parent of a child with autism?

## **WE WANT TO HEAR FROM YOU!**

We want to hear both parents' perspectives on accessing support and learn about your experiences with Ontario autism services.

What will you be asked to do?

- You will be invited to complete a 30 minute online survey
- Enter for a chance to win \$25!\*

INTERESTED? WANT TO FIND OUT MORE?

VISIT: [https://uoguelph.eu.qualtrics.com/jfe/form/SV\\_73eJOltCZ1O7iHX](https://uoguelph.eu.qualtrics.com/jfe/form/SV_73eJOltCZ1O7iHX)

If you have any questions or concerns, please contact the Principal Investigator: Dr. Tricia van Rhijn at [tricia.vanrhijn@uoguelph.ca](mailto:tricia.vanrhijn@uoguelph.ca)

**\*Each participant will have the opportunity to enter the draw for 1 of 2 \$25 prizes. The approximate odds of winning are 1 in 50.**

*Presentations are approximately two hours in duration and are intended for parents or family members, as well as front-line professionals (teachers, early childhood educators, developmental services workers), students, or anyone else with interest in this topic.*

**Click on each title number to access link or go to the OTN Webcasting Centre website for public archived events to search each author**

## **1** **Diagnosis and Pharmaceutical Treatment for ASD** **Presented by: Dr. Rob Nicolson, Psychiatrist**

The first part of this presentation explains the clinical assessment for the diagnosis of ASD, including a review of symptoms (as outlined in the [DSM-5](#)) and a description of how some of the symptoms present in children. The second part of the presentation describes medications commonly used to treat interfering behaviours (aggression, inattention, hyperactivity and anxiety) associated with Autism Spectrum Disorder, and includes information about current evidence-based treatments.

## **2** **The Language and Social Communication of ASD** **Presented by: Joan Gardiner and Mandy Harloff,** **Speech-Language Pathologists**

This presentation is intended to provide information about how some of the characteristics of ASD influence communication. Issues reviewed include what skills are needed for effective communication and why, when these are impaired for children/youth with ASD, difficulties may occur. General information about intervention approaches to support communication development also is presented.

## **3** **Motor Development and Sensory Processing** **in Children with ASD** **Presented by: Renee Ellis, Occupational Therapist**

This presentation includes information about motor and sensory differences that may be present in children with ASD. It includes a review of behaviours that may be related to motor difficulties and over-responsiveness/ under-responsiveness to sensory input. General information and strategies to support improved participation in daily activities are discussed.

## **4** **The Link Between ASD and Problem Behaviour** **Presented by: Patty Petersen,** **Board Certified Behaviour Analyst**

This presentation begins by exploring basic principles of human behaviour, including the nature of reinforcement, behaviour function, and how behaviour is strengthened to increase the likelihood that it will happen again. Then examined is how the symptoms associated with an ASD diagnosis can contribute to problem behaviour. Finally, a behaviour change plan is described with ways to improve care providers' overall well-being along with the well-being of the person with ASD; strategies for preventing problem behaviour; ways to teach alternative behaviours; and what to do when problem behaviour occurs to reduce the likelihood of strengthening it.

## **5** **Understanding ASD** **Presented by: Dr. Craig Ross, Psychologist**

This presentation includes information about how all of the symptoms associated with ASD create the profile of skills and challenges for children/youth with this diagnosis. The presentation is intended to review and integrate information discussed from other presentations to support a better understanding of the diagnosis of ASD.

# CPRI PROFESSIONAL EDUCATION 2020-2021



The professional education opportunities listed below are organized by the Child and Parent Resource Institute (CPRI) in partnership with the Volunteer Organization of CPRI (VOCPRI). Proceeds from registration fees go to VOCPRI.

- **Understanding Children and Youth Who Have Been Sex Trafficked**, Wednesday November 18, 2020, 9a – 4p, presented by: Jennifer Richardson MSW RSW, Director of Provincial Anti-Human Trafficking Coordination Office (MCCSS)
- **Screen Time, Sexting, and Safety: Promoting digital health and well being for children and families**, Thursday February 11, 2021, 9a – 2:30p, presented by: Dr. Michelle Ponti, Dr. Patricia Jordan, and Toni Wilson from Western University's Centre for School Mental Health
- **Behavioral Phenotypes in Genetic Disorders Associated with Developmental Delay**, Wednesday March 3, 2021, 9a – 12p, presented by: Dr. Victoria Siu
- **It Takes a Village: Supporting the Journey to Healing for Children and Youth Exposed to Early Relational Trauma**, Thursday May 13, 2021, 9a – 4p, presented by: Members of CPRI's Attachment Education & Consultation Service
- **Integrative Medicine and Psychiatry: Does Improving Nutrition, Exercise, Sleep and Stress Management Actually Improve Mental Health?** Wednesday June 23, 2021, 9a – 4p, presented by: Dr. Linda Plowright

For further information or to register for a workshop, go to the [\*\*\*CPRI Education Calendar\*\*\*](#).  
Sign up to receive notifications about events and newly added resources through [\*\*\*Constant Contact\*\*\*](#).  
Questions? Contact [CPRI.Educate@Ontario.ca](mailto:CPRI.Educate@Ontario.ca).