From 05/06/19 06:40 AM To 05/06/19 08:09 AM Hawaii
From 05/06/19 08:40 AM To 05/06/19 10:09 AM Alaska
From 05/06/19 09:40 AM To 05/06/19 11:09 AM Arizona
From 05/06/19 09:40 AM To 05/06/19 11:09 AM Pacific
From 05/06/19 10:40 AM To 05/06/19 12:09 PM Mountain
From 05/06/19 11:40 AM To 05/06/19 01:09 PM Central
From 05/06/19 12:40 PM To 05/06/19 02:09 PM Eastern
From 05/06/19 01:40 PM To 05/06/19 03:09 PM SA E
From 05/06/19 05:40 PM To 05/06/19 07:09 PM W Europe
From 05/06/19 06:40 PM To 05/06/19 08:09 PM C Europe
From 05/06/19 06:40 PM To 05/06/19 08:09 PM Israel

Description:
Live Chat with Linda Watson - 5/6/2019

---Begin Transcript---

Liz Ehrstein is the facilitator.

This is now a moderated meeting.

(1) Liz Ehrstein: Welcome, everyone, to today's Live Chat with Linda Watson.

(2) Liz Ehrstein: If you are reading this message, you are logged into the chat. You don’t need to do anything else to “sign in.”

(3) Liz Ehrstein: Chats are text based, so there is no audio. The chat is also moderated, so when you post a question it is added to the moderator’s queue. It may take several minutes for your question to be posted to the main chat window, so don't worry if you don't see it immediately.
(4) Liz Ehrstein: We’ll begin at 1:00 PM, Eastern time.

(5) Liz Ehrstein: Do you notice that there’s no box next to your name in the participant list? That is by design! The purpose of those boxes is to invite *other participants* to private chats.

(6) Liz Ehrstein: Please refrain from sending private messages to the presenter. To extend the metaphor of the “chat room,” the presenter is now “speaking at the podium” and should not be disturbed.

(7) Liz Ehrstein: After today’s chat session is over, you can record your CEUs for this session by going to “CE Information” and following the instructions provided.

(8) Liz Ehrstein: Hello, everyone. We’ll get started in about 10 minutes, but please go ahead and start posting your questions now. That way, they’ll be in the queue when we’re ready to begin.

(9) Liz Ehrstein: Hello again and welcome everyone. We’re ready to begin today’s live chat with Linda Watson. Please type your questions or comments into the message text area and hit post.

(10) Liz Ehrstein: Just as a reminder, today’s chat is moderated, so don’t worry if you don’t see your question immediately. Please type your questions or comments into the message text area, hit the post button, and we’ll get to it in turn.

(11) Liz Ehrstein: Please note that if you are posting a question in response to something that’s being discussed already, please provide some context (so we’ll know what you mean, in case there is a question in between yours and the one you were referencing). Referencing the number of the post is helpful.

(12) Liz Ehrstein: Thanks so much for taking the time to chat with us today, Linda!

(13) Linda Watson: So glad to be with you!

(14) Liz Ehrstein: Here’s our first question...
(15) Rebecca Lambson: Thank you for your great presentation! I have found it helpful to tell my EI families who are concerned about either their child getting an ASD diagnosis or not getting an ASD diagnosis, that regardless, our team will be there to help facilitate the child's needs whether they have the diagnosis or not. Is there any reason, aside from funding and medicare issues where an early diagnosis can help the child with services? I feel that the people I work with all have an intuition for who will eventually receive an ASD diagnosis, but that is rarely changes the services we are doing with the child in EI anyways...

(16) Linda Watson: 15 Rebecca, in almost all states now, there are autism insurance mandates. The specifics vary, but for some families these can provide access to more intensive services...

(17) Linda Watson: Also, children receiving services thru Medicaid can generally get access to more intensive services, covered by Medicaid, with a diagnosis...

(18) Linda Watson: Families can be dismayed if their child gets a later ASD diagnosis when they've been seen in EI for a time - i.e., why didn't anyone tell me?...

(19) Linda Watson: And also, the diagnosis can alert service providers to the need to address certain goals that are important to promote later progress in children with ASD that might not be as commonly included among EI goals.*

(20) Andrea Scheppler: In regards to question 15, what do you recommend if the Pediatrician is not "on board" with an early diagnosis, but you and other professionals see many signs of an Autism diagnosis?

(21) Linda Watson: 20 Andrea, this is going to depend on the specifics of your position and the family...

(22) Linda Watson: You can ask the parent's permission to speak with the pediatrician....

(23) Linda Watson: The primary care providers who have participated in our research complained about referring kids to EI and never knowing what happened after that...

(24) Linda Watson: If you share your observations about ASD symptoms with the PCP, then s/he may be more willing to pursue the issue than if s/he is relying only on his/her own observations or parent concerns...
(25) Linda Watson: Also, if you know the parent is concerned already, then try to empower them to go back to the pediatrician, perhaps with ASD screening results that you have provided them with...

(26) Linda Watson: And if the pediatrician is not on board, parents can still self-refer to state EI programs and have the right to an eligibility assessment. So they need to know that. *

(27) Debbie Lipton: Thank you for your presentation. You gave so much valuable information. I was interested if the FYI will be published in the near future?

(28) Linda Watson: 27 Debbie, we are making good progress now on the revision after several years of very slow progress. I am hopeful that we will have it published in the next year, but cannot promise!

(29) Chris Kevitt: In typical development, what is the expected age range of using the hand or body of another to accomplish a task? When do typical children stop using their parents' hand?

(30) Linda Watson: 29 Hi Chris, I haven't seen any good age benchmarks for this, but it is not a behavior we see used frequently even in young typically developing children...

(31) Linda Watson: I would probably focus not only on the use of another person's hand but also look at what other gestures the child is using...

(32) Linda Watson: For example, for a typically developing child, even if s/he is using the parent's hand, we would expect to see coordination of eye gaze directed to the adult along with gestures - not necessarily every time but at least frequently...

(33) Linda Watson: And we wouldn't expect that hand leading would be the child's only nonverbal strategy for making a request....

(34) Linda Watson: e.g., We should see some reaching while checking back with the parent, coordination of vocalizations with a gesture, handing an object to a parent to get help, pointing (especially as the child approaches 12 months)*
(35) Charissa Lansing: Thank you for an excellent session. How can academic programs better prepare graduate students for their roles in offering emotional support to parents and families.

(36) Linda Watson: Charissa, great question! Some clinical programs are making greater use of actors playing the role of patients in order to give students the opportunity to practice in a context where the stakes are not too high...

(37) Linda Watson: I was in Israel last year, and participated in a workshop where this was used effectively with actors playing the roles of parents of young children and the SLP students bringing up concerns to the parent about ASD...

(38) Linda Watson: I also think that we can include in our course content more enactive learning strategies, such as doing what I suggested in this session of writing out a script and then role-playing the script with other students in the class...

(39) Linda Watson: This is one of the more challenging roles, in my experience, that I have had to play as an SLP, and perhaps it is more of a "soft skill" that is hard to teach...

(40) Linda Watson: So as educators, it is worth investing some effort into the scholarship of teaching to identify what are effective strategies for building these types of competencies in having difficult conversations with clients and/or parents and family members of clients. *

(41) Linda Watson: I want to share a resource that came out shortly after I recorded my session for this conference...

(42) Catherine Adams: Thanks for a great presentation. You mentioned with one of the videos that it may be difficult to tell if a child is just fussy or if there may be some evidence of Autism. Would you recommend sitting down with the child/parent a second time to see if the behaviors persist? That way you could rule out fussiness.

(43) Linda Watson: In the April ASHA Leader, Megan Roberts had an excellent article about raising concerns about ASD with families. Please check it out!
42 Linda Watson: Catherine, definitely! And one advantage that SLPs who are providing EI services often have is to take the opportunity for more observation.

43 Linda Watson: That is, if you are seeing a child and family on a weekly basis, and you have just begun to have concerns about ASD, then taking some time to observe, and preparing the parent by discussing your mutual observations and interpretations of the child's behaviors in a few meetings before specifically talking about ASD is a reasonable strategy.*

45 Stacy Lampman: As an EIM at the County level, I am wondering if you think it would be worthwhile to ask evaluation teams to incorporate some type of autism screen for all children referred to the EIP that are 18 months, regardless of their reason for referral. I am wondering if this would help normalize the discussion with parents about the evaluation results for kids that might be meeting showing red flags at the time of evaluation?

46 Linda Watson: 46 Stacy, that sounds like a great idea to me. We know that many children eventually diagnosed with ASD get some EI services based on delays in communication and/or other developmental domains prior to dx...

47 Linda Watson: So children who are in EI services are going to be much more likely to be eventually diagnosed with ASD than children in the general population...

48 Linda Watson: I also like your idea of trying to normalize the discussion with parents...

49 Linda Watson: That is, EI eligibility assessments, at least in our state, are not very in-depth. So it would be great to be able to describe to parents that part of the purpose of the assessment is to determine eligibility and another purpose is to determine if the child might need more in-depth evaluation that would be relevant to developing his or her IFSP.*

51 Tara Johnson: At what age are ASD teams typically willing to diagnose now? I have several children on my caseload who the pediatrician or our EI team have screened and referred for ASD evaluation, but it seems that the evaluators still want to wait and see for a while, at least until age two, before diagnosing. They may document red flags, but still won't give a definitive DX, and want to follow-up with the child.

52 Linda Watson: 51 Tara, you have identified what is often an issue...
(53) Linda Watson: And I think this depends very much on the team and agency...

(54) Linda Watson: Within our state EI program, which has never had ASD-specific teams, the agencies have moved away from providing ASD diagnosis...

(55) Linda Watson: We have an ASD-focused agency in NC, TEACCH, that will provide early diagnosis, at whatever age they feel the child meets the clinical criteria for a dx...

(56) Linda Watson: And there also are some ASD specialty teams elsewhere in the state that will do so...

(57) Linda Watson: But it can be hard to be certain about early ASD dx, which is why I would love to see policy changes whereby children could be eligible for ASD services based on some type of "best estimate diagnosis" such as in the research I described in SC...

(58) Linda Watson: If clinicians didn't feel like they were providing a definitive dx but were able to say, "Based on the assessment results, it is highly probable this child has ASD," then maybe they would be more willing*

(59) Melissa Williams: I worked with a family in EI that received a diagnosis of ASD for their child from the Developmental Pediatrician around age 2. However, this particular family further became concerned regarding future stigma and social concerns with their child having this diagnosis and how it might limit him in the future or keep him from obtaining other accolades and had the diagnosis removed from his medical record. I felt conflicted about this and I did continue working with this child privately after he aged out of EI and the family chose not to have him transition to the Preschool Disabled Program, he is currently still homeschooled at age 7. Have you had any experience with this in terms of the family understanding and agreeing with the diagnosis and wanted their child to have services but wanting it to be kept private and not part of the medical record???

(60) Linda Watson: 59 Melissa, definitely I have known families who felt this way...

(61) Linda Watson: Often it is with children whose overall developmental level is close to or within the average range or even above...
(62) Linda Watson: And whereas I also feel conflicted, I recognize this as a choice that parents should be able to make about their child...

(63) Linda Watson: What I strive to do is to remain objectives, be sure the family has the information about evidence, be honest about what evidence we do not have (e.g., we don't really know a lot from research about the impact of stigma attached to ASD dx)...

(64) Linda Watson: Give the parent a chance to talk out their thoughts about the pros and cons with you, which they will be more willing to do if they feel you are not prejudging them and therefore they are in the position of defending their decision...

(65) Linda Watson: And then leave the decision in their hands.*

(66) Lesley Lieb: Do you find that a suspected ASD diagnosis very early in life causes a high incidence of over diagnosis? What are the odds of a child who is diagnosed ASD early in life developmentally outgrowing the diagnosis later down the road? I was taught it is best to "wait" until after the child becomes more mature and is in therapy targeting those marker areas and THEN decide whether a Diagnosis would be appropriate. To avoid over diagnosing and getting the label stigma. Is this an outdated approach, what does the research say?

(67) Linda Watson: 66 Lesley, my answer to this question is going to be from two directions...

(68) Linda Watson: If an clinician experienced in diagnosing ASD in general and ASD in young children in particular determines that a child meets the criteria for an ASD diagnosis, even as early as 12 months or shortly thereafter, the diagnosis is quite stable...

(69) Linda Watson: I'm not saying that the child will never "grow out" of the symptoms, or perhaps benefit from EI services based on the early dx, but in the vast majority of these cases, the child will continue to meet dx criteria...

(70) Linda Watson: What is more controversial is how many young children in whom we suspect ASD early on but who do not fully meet the diagnostic criteria will go on to be diagnosed....
Linda Watson: One study by Sally Ozonoff and her team of infant siblings of children with ASD found that even though all children had dx assessments at 18, 24, and 36 months, there were many children who were diagnosed at 36 months that had not met criteria for a dx at 24 months.

Linda Watson: So I do not want to give the impression that it is an easy matter to get an early diagnosis in all cases even when we are alerted to the child having a higher likelihood of a later ASD dx.

Liz Ehrstein: And with that, I think we've reached the end of our chat session!

Linda Watson: Many thanks for the great questions, and even more for your work in EI!

Liz Ehrstein: We have a lot of questions in the queue still, so if your question wasn't addressed during the chat, please feel free to post it to the topic lecture thread. (Conference Hall)

Liz Ehrstein: Linda, thanks so much, and thank you all very much for participating!

Liz Ehrstein: You may earn credit for attending the full 60-minute live chat, even if your question is not reviewed during the allotted time and even if you experienced some connectivity issues.

The transcript of this chat will be available in an hour or so. You'll be able to find it in Additional Resources under Live Chats Transcripts.

You can record your participation in this session by going to “CE Information” and following the instructions provided.

Linda Watson: 75 Liz, yes, I will continue to check that thread and respond.

This meeting is now closed.

---End Transcript---