

Episode: 19**Title: Paediatric Diagnosis – The OT Role****Hosts: Mahek Bansal & Larissa Ferrari****Mahek Bansal**

Hi, everyone. Welcome back to the New PossibilOTs podcast. We are very excited to be back with you again for the third episode of our series, Understanding the Paediatric Population. In this episode, we are going to be talking about the different diagnoses in paediatric occupational therapy and the OT role in navigating and supporting clients with different diagnoses. We might just get straight into it, Larissa. As paediatric occupational therapists, we support children from 0 to 18 and regardless of their diagnosis. No matter, you know, what diagnoses they've got or whether they don't have a diagnosis, we can support these clients. It does change depending on where you work. Some clinics and practices might have a more specific focus or a specific population that they're more equipped and resourced to support. And in our clinic, we see quite a whole range of different clients with different support needs and functional goals and levels of participation. What role, then does a diagnosis play in our OT process?

Larissa Ferrari

Mahek, it's amazing how you pick my brain. I was just going to say something that you've mentioned that I think it's really important for us to flag. We are here sharing our experience based on two occupational therapists that work in a clinic with a group of occupational therapists that work with kids from eight [months] to 18 years old with different conditions, not specific diagnosis. Not all of the children we work with are diagnosed. They might have a delay or an impact on their participation. But I'm assuming that some OTs out there might have a big role in diagnosing kids or supporting diagnostic in a multidisciplinary team. However, what we're going to share here today is based on our role as OT practicing in that setting that I've just explained, just to make it clear. In saying that I feel like, again, as you said, Mahek, our main concerns are related to functional participation and functional impacts in participation, and that could be in all areas - relationships, social skills in there's social communication, and that's when we partnership with other professionals. In school, daily living routine, how they're performing and how they're achieving the goals that they want or they expected to achieve. This is what we do and our, what we work with our children in partnership, I would say. I don't see how much a specific diagnosed would change that.

Of course, it brings us a lot of information about what's going on with that child, and probably it gives us some more insight of what's behind what we see but the actual presentation of what we see is actually what we work on. Does that make sense?

Mahek Bansal

Definitely. When we're working with the function and the participation, it's more important for us, especially as early career OTs, while we're building our skills to first develop a good understanding and a strong clinical reasoning around how we can support function and participation in different areas of a child's life. Whilst the diagnosis is, you know, as you said, providing more information, our main priority lies in the function, lies in understanding the strengths of this child and how we can use the strengths to further support them in all areas of life. And as you said, that doesn't necessarily change with a diagnosis or not. But is it still important then, Larissa, to have an understanding of these diagnoses?

Larissa Ferrari

Well, definitely, yes, that's my opinion. And the more we know about them, the more we can

Episode: 19**Title: Paediatric Diagnosis – The OT Role****Hosts: Mahek Bansal & Larissa Ferrari**

help the families. And I think there's a few factors here involved. Maybe I can bring some and then Mehak you can help me and compliment here. the first one is to have a better understanding of, like, what in a specific diagnose means. Like what are the diagnostic criteria to meet for a child to receive a diagnose so we can understand, number one, if we're missing something, if there's something else, we should be looking in that child and what we are observing and working with. And number two, if we can support the family, if they have any concerns. Let's think maybe if we think of examples that will help.

Let's think of a mum that recently got the child diagnosed as ASD. She might feel concerned about the future, the prognostics or how this is what else she might be missing. If this is something that she couldn't foresee, and that's when our understanding of the diagnosis can help us to guide her and help her understand what's the criteria and prognostics and share a little bit of our experience and knowledge. And I think that's my point number one, would you like to add point number two here?

Mahek Bansal

Yes, having a good understanding of the different diagnoses and as you said, their diagnostic criteria would help us to support a family going through a diagnostic journey. I think later on we'll talk about some situations when a diagnosis is beneficial or provides positives for a family. But in those situations, it's up to us sometimes to start bringing these concerns and validating them and putting together what we think might be a good step forward in the diagnostic journey. For example, as you said, a mom with a child and who is, you know, demonstrating difficulties with functional participation in multiple areas of their daily life, a parent might not know they're not a medical professional, they might not know the diagnostic criteria or that any of these concerns could be related to a diagnostic criteria. It might be.

It's up to us as well to have that in the back of our minds so that we can start collaborating with these families and getting them the supports that they need or starting a diagnostic journey if it's appropriate.

Larissa Ferrari

That would be the third point I was going to bring. I think, combined with knowing the diagnosis and its criteria. the other thing is understanding a little bit of our public health system and education system to help the family to advocate for their rights. I know in Australia, some funding and supports are related to some diagnostics. Having an understanding of what supports are these and what are the diagnostics related to these supports can help us to help the families as well.

Mahek Bansal

That leads in then well then to our next point Larissa, because a diagnosis does not change our OT process, and it doesn't change how we view a child, it doesn't change our intervention approaches, it doesn't change how we support a child and their family. However, there are times where having a diagnosis or going through a diagnostic journey would support a child to receive access to the level of support that they needed in different environments. One of the things that I can think of, like an example, is here in Australia, we have access to the National Disability Insurance Scheme. However, there is a legibility

Episode: 19**Title: Paediatric Diagnosis – The OT Role****Hosts: Mahek Bansal & Larissa Ferrari**

criteria to receive funding through the scheme, and one of them is having a certain range, one of a certain range of diagnoses.

For a family who financially requires funding to support them, to have their child access services, and potentially our knowledge of the diagnostic criteria might suggest that we feel that there could be an underlying diagnosis, it would potentially be an appropriate conversation to have, because having a diagnosis or going under the diagnostic journey may allow this child to access the support that they need.

Larissa Ferrari

Yeah, and I think the same happens with our public health system, like with Medicare. Some specific conditions, we will allow the parents to have specific funding rebates in the supports they need, like therapy supports, for example. And I think the public education systems also like that. Depending on the diagnostic, we can support the family in having the right to have appropriate supports at school to help the child to have an improved participation in that setting.

Having an understanding about what are these diagnosis, what are the criteria for a child to receive the diagnosis and do they meet this criteria, in our opinion, we can make appropriate referrals, but most of all, we could start this journey with the families in a very empathic and kind way because it's not an easy journey. Because for us, I think as an occupational therapist, we are trained to see the functional impacts. For us, sometimes we feel like diagnosis, it's just a name we give for what we see.

We might not have these feelings, strong feelings behind it, but for a parent, when you actually put a name on it can be actually quite hard for them and it brings a lot of feelings, mixed feelings, and it's important for us to be there holding their hands and using a little bit of our empathy to support them too. Right?

Mahek Bansal

Exactly. And I think, you know, for a parent on this journey, they are living it minute by minute. Whereas, as OTs, as you said, we are trained to see and we have experience in seeing a functional, a wide functional impact which give us, gives us, a bit of a bigger picture view. And, when you're experiencing it every second, it's hard to step back and look at that bigger picture. So we can bring some of that empathy and some of that understanding and our experience to support the family and the client through the journey and bring our neuro affirming approach to show the strengths and the interest and these things that don't change with a diagnosis and how. We can all sort of team together to support.

Larissa Ferrari

And again, I think when we understand those diagnostic criteria, they can also help us to see other sides of what we already see. Let's say if the family comes or the child, if they can, come with a functional goal for us to work on and we see all the things being impacted or skills being impacted or behaviours that are impacting the child to achieve that goal, when we understand the diagnostic criteria, we can then think, oh, maybe I haven't considered that this is an, for example, this specific behaviour is expected in a child with this syndrome. These things can help us with our clinical reasoning. We gave a big picture, like you said, of why it's important for us to take into consideration diagnosis and diagnostic criteria. Right?

Episode: 19**Title: Paediatric Diagnosis – The OT Role****Hosts: Mahek Bansal & Larissa Ferrari****Mahek Bansal**

Definitely. And our OT role within that. I think something, maybe we could share our experiences and maybe some tips are when we have to start having these conversations with families, how to navigate that as, as a therapist, because it can be quite challenging. It can feel like a difficult conversation. You know, we're being, trying to be aware of the perspective of the family and not wanting to, you know, cause any uncomfortable feelings and wanting to be really supportive and strengths based and, you know, keep a strong on relationship. These things, it can make it feel like a difficult situation. Maybe, Larissa, we could share some experiences or some tips on how we could navigate that conversation.

Larissa Ferrari

Yes, that would be great, I think. So my tip number one, and I think that will be my tip number one for a lot of episodes. It will be make sure you have a great relationship with the child and the carers of the child. If it's the mother that's bringing the child, build a relationship with the mother. If it's the father, if it's a carer, if it's a grandparent, if it's a neighbour, I don't know. Whoever is bringing that child to the session, build a strong relationship with them so they can trust you. Show that you can have an active listen. You are listening to their concerns, because I think once you're ready to start having that difficult conversation with a parent, they can strongly rely on you to have their back as well. My tip number one, build this relationship first.

Mahek Bansal

Tip number two would be to consider time and place. Often, we see our clients, and we give feedback to the parents at the end of the session, but, you know, the client is there, and it's sort of, you know, 5-10 minutes of a quick discussion, or the parent is with us in the session when we're treating a client. These might not be the right time or the right place to have conversations like this. We want to have the conversation where the parent can feel regulated, we can have each other's full attention, we can have time to really talk through it and not feel pressured by, you know, only a short amount of time. My suggestion would be to plan ahead, set up a time to meet either in person or over Zoom or whatever works for your situation where it's not stressful, and you can have an open conversation and, yeah, listen to each other and things like that.

Larissa Ferrari

Great. My tip number three would be to make sure you are investigating if the child is already seeing a paediatrician or another allied health professional, if they are investigating anything. Maybe that would be a good way to open the conversation, because it might be that the paediatrician has already mentioned something, it could be that the teachers are already suggesting the parents to go under an investigation, and then this could be a great opportunity for the parents to start opening up about what's going on in the other settings.

Mahek Bansal

My next tip leads on to that, and that is to consider how you start the conversation and to avoid setting up a meeting and just going ahead with the conversation without having already sort of started small, you know, seeds of these types of conversations before. Otherwise, parents might get caught off guard or feel like it's sort of coming out of nowhere.

Episode: 19**Title: Paediatric Diagnosis – The OT Role****Hosts: Mahek Bansal & Larissa Ferrari**

If that's the first time you've talked to them about it. No one else has really said anything, and then, it can be quite overwhelming. For example, like you said, Larissa, talking about whether they've seen a paediatrician is a good way to start planting a seed or talking about, you know, if there's any supports in place at school or in other environments, you know, if they've looked at different funding models or if they need funding support. All these conversations can start to plant seeds and lead to the conversation rather than jumping straight in.

Larissa Ferrari

I would agree with you. So, with these little seeds, it sometimes can be during the sessions, as well. Whenever I can, I invite the parents to join the session if it's what I think it's appropriate for that child or the carer, and I usually ask some questions. So, for example, if I have an understanding of a diagnostic criteria that I think that child might meet, but I'm not sure yet, then I'll start asking the parents - Oh, I've noticed this in the session. How is this at home? I've noticed this in my session. How is that happening out of here? This is also, like, the similar thing you're talking about, because it's almost like, first, I want to see what's the parent's opinion on that and how they're perceiving this. Number two, I'm getting them to pay attention to it.

And then it's almost like we've noticed this. We've noticed that. We've noticed that. Maybe it's time for us to ask for a paediatrician's opinion or maybe to go under an assessment to check if we might be missing something. It's not that, like, we have to say that way, but that's my reasoning, behind it.

Mahek Bansal

Do you have any other tips, Larissa?

Larissa Ferrari

Well, that's it. Because then once it comes to the time for you actually action it, it's just from my experience back, I don't know yours, but from my experience, all these four steps will probably get the parent to open up a lot to you. If they are aware of the things that you're mentioning or if they're not going through some emotional response in regard to this thing. If they are on board with you and with what's going on, most of the cases, the parents will start opening up a lot. And by the time we have that conversation about should we, can I talk to the paediatrician, can I talk to the teachers? Or should we go under an assessment or further investigate this? Then the parents are already on board with us. Like on the same page.

Mahek Bansal

Yeah, definitely. I think those really help set the foundations and I think sometimes you do those things and then you have the conversation and the parent tells you that they don't want to go down that route. That's not, you know, and that's okay. You've had the conversation, you're on the same page. It's completely their choice and it doesn't impact our OT process. And that's okay if you get to that point and that's what is decided and you use that conversation then to talk about what your next steps are and how you're going to keep supporting this family and supporting the child.

I think either way, if you take the time and you need to have some patience and some

Episode: 19**Title: Paediatric Diagnosis – The OT Role****Hosts: Mahek Bansal & Larissa Ferrari**

understanding, empathy, active listening, all of these things, then you're really setting up for a really positive collaborative relationship, no matter what the outcome is.

Larissa Ferrari

Exactly. And thank you for bringing the other side because that's true. Sometimes the parent just prefers not to go down the road and that's okay. I think it's more about our responsibility to let them know. And then again, we can still work on our functional goals. That won't be a problem. I think it's just a last thing that it might be important for us to mention is that even though for us as an OT, we see the big picture, it is very important that we raise those flags or that we consider understanding more about diagnosis. Because thinking of us all as a society, this is very important for us. There are institutions that will research this and understand the demographics of a society. They'll try to understand what are the better supports, how we can prevent something from happening, if that's possible.

So I think society wise and evidence based wise, it is very important for us to consider this diagnosis and understand about diagnosis, but in our practice, it's just considering that our main goal is the functional participation of the child and their goals they want to achieve.

Mahek Bansal

I think that's a good spot to leave everyone. I've really enjoyed this series and having that, as we say, bigger picture of the people that we work with and the people that we support. Larissa and I are going to do a little recap episode as well of our whole series, stay tuned if you got to this far and then are now thinking, oh, I don't actually remember much about what the first and second episode in this series was, stay tuned for our recap. But in the meantime, please feel free to connect with us. We'd love to hear from you, any of your comments or thoughts, your experiences in paediatrics, the people in the populations you work with, and Larissa and I look forward to meeting with you again in our next episode. Bye.