

Q&A Summary

Robyn's top tip for new clinicians: You don't always have to be the expert and to have all the answers there and then. Focus on building reciprocal relationships, ask the broad questions and listen to the answers. Authenticity & integrity is key.

Q1. It seems like all the DSM criteria is written in the negative. Why not reframe these traits in the positive as differences?

As clinicians, we often face this dilemma between the neuro-affirming language and the language used in the DSM-5-TR, as we focus on the child's strengths but also rely on the medical language used in the DSM-5. The DSM-5-TR is a revised version to improve it's language, however there is clearly still work to be done. My advice is to talk about the child's differences rather than 'impairments' when explaining the diagnostic criteria to the parents and to continue to be advocates for our families.

Q2. When working in ECI and interdisciplinary space, how can we support parents who are reluctant to engage with us and open up when they seem unaware of their child's possible learning / developmental delays / diagnosis? Do we just keep being professional, having conversations and building reciprocal relationships? how do you know when the family is actually ready for the referral process?

There is a lot of reflection and joint problem solving involved. The fact they continue to come to intervention is quite telling and there is a conflict between their behaviour and perceived reluctance. This may show the parent is fearful in going down that path or about their child's future if diagnosis is met. Patience and timing is key, as well as building that trusting relationship. Sometimes people need to hear things a number of different ways and times before they start to understand and get on board. Take a family-centred and strengths-based approach and be clear that a diagnosis is not a limiting thing as it may have been inaccurately perceived as in the past.

Q3. Does it matter if parents don't want a formal diagnosis?

Ultimately, it is the parents' decision on the next steps, but it is important that as clinicians, we provide the parents with all of the information so they can take control. It's also important that we can communicate the potential benefits that a formal diagnosis can bring. A formal diagnosis can mean the child has better self-understanding and may help form a protective network for them during their development. Of course, parents and therapists can still provide support to the child without the formal diagnosis and it is believed that a formal diagnosis is not required until a child turns to the age of nine, however it can be a timely process, so it is recommended that the diagnostic process begins 1-2 years prior.

Q4. Do you think it is better to get a formal diagnosis if parents are resistant?

Parents need to make that choice to be on board or not, otherwise the formal diagnosis will be met with denial and be discredited. If both parents don't want a formal diagnosis, be flexible in your support and explore alternative pathways, sometimes parents need more processing time and will reconnect down the track when they are ready.

Q5. How do you support parents with the grieving process?

Clinicians are great at being sensitive and reading parents. We need to meet them wherever they are in the grieving process. Listening, acknowledging and holding them in that process. We can support them in their support of their children. We can give them the steps to help their child to achieve and strategies to support their parenting. We can also help them to see their child's achievements and celebrate those milestones with them. Creating a safe space and holding parents in that moment is key.