



## Discussion Group Guide: Improving Screening and Monitoring

The goal of these breakout discussion sessions is for grantees (research, training and state) to brainstorm and have discussion around successes, challenges and lessons learned related to improving screening and monitoring. Use this time to bring together your diverse perspectives that might not otherwise be heard. You will have up to two hours for this discussion session.

The discussion groups will be guided by case studies that present a problem related to improving care and access to care. The guidelines below are intended to be a starting point and loose guide the discussion session.

A facilitator has been assigned to each discussion group; however, we need a volunteer to take notes for each group. There will be a note-taking pod available in each virtual breakout room. The note-taker will be able to type directly into the pod and all attendees in that virtual breakout room will be able to view the notes as they're being typed. Notes from all groups will be compiled and disseminated following the virtual discussion sessions.

---

### Step 1

Introductions

### Step 2

Read the case study. Outline and determine the problem that is presented.

### Step 3

Brainstorm new or existing approaches that could be used to help address this problem. What avenues has your state or program pursued in similar situations? Is there something your state or program has wanted to implement, but hasn't yet due to lack of funding/resources? Are there innovative approaches that could be used?

This time should be used only for brainstorming rather than clarifying the problem or asking questions. Everyone should have the opportunity to contribute ideas; no one person should dominate.

### Step 4

During this last step, the group should engage in dialogue and discussion to explore and clarify the problem and talk about which approaches may be the most feasible and effective for addressing this problem.



## Case Studies: Improving Screening and Monitoring

### *Case Study 1*

Horace is a single father of a 2-year old son, Jackson who is not talking as much as his peers and rarely makes eye contact or engages in typical play. Jackson's daycare teachers say they are concerned that he has developmental delays. At Jackson's 24-month well-child visit, Horace asked the pediatrician about this and said he was worried; the doctor told Horace to "give it time," and was told that children develop at different rates. No developmental screening tool was used during this visit, and Horace didn't know to ask for one. Horace shared this experience with Jackson's daycare, and they called the local early intervention program. The early intervention program scheduled an evaluation appointment with Horace and Jackson, but due to a long waiting list, the appointment isn't for six months. How can we work with pediatricians and parents to better educate them about screening? What can be done to address the long wait period for early intervention services? Are these issues in your state? If so, what is being done to address them?

### Discussion Guide:

1. Read the case study. Outline and determine the problem that is presented.
2. Brainstorm new or existing approaches that could be used to help address this problem. What avenues has your state or program pursued in similar situations? Is there something your state or program has wanted to implement, but hasn't yet due to lack of funding/resources? Are there innovative approaches that could be used?
3. Engage in dialogue and discussion to explore and clarify the problem and talk about which approaches may be the most feasible and effective for addressing this problem.



## Case Studies: Improving Screening and Monitoring

### *Case Study 2*

Some of the children coming to our early intervention program have received an ASD diagnosis from a professional in our community. Others have been seen at a regional specialty developmental center. The content and scope of the evaluations received in these different settings is often quite different. What goes into a quality evaluation for ASD? What should we be looking for in these evaluations, and how can we work with these providers to see that the necessary evaluations / studies are done?

#### Discussion Guide:

1. Read the case study. Outline and determine the problem that is presented.
2. Brainstorm new or existing approaches that could be used to help address this problem. What avenues has your state or program pursued in similar situations? Is there something your state or program has wanted to implement, but hasn't yet due to lack of funding/resources? Are there innovative approaches that could be used?
3. Engage in dialogue and discussion to explore and clarify the problem and talk about which approaches may be the most feasible and effective for addressing this problem.



## Case Studies: Improving Screening and Monitoring

### *Case Study 3*

A director of a community Part C program made the following statement: “We often don’t really see a reason to make an autism diagnosis. It won’t change the IFSP, which is based on need regardless of diagnosis, and it won’t change what services they have access to in their rural community. So, why even tell a family who lives in the middle of nowhere this really challenging news when it won’t change anything?” In a state where a diagnosis does not direct a child to specialized services, what are the reasons for encouraging this director to continue to make a diagnosis of ASD where appropriate? What ethical issues are involved in responding to this director? How do other states achieve specialized services for children with ASD and has that helped?

#### Discussion Guide:

1. Read the case study. Outline and determine the problem that is presented.
2. Brainstorm new or existing approaches that could be used to help address this problem. What avenues has your state or program pursued in similar situations? Is there something your state or program has wanted to implement, but hasn’t yet due to lack of funding/resources? Are there innovative approaches that could be used?
3. Engage in dialogue and discussion to explore and clarify the problem and talk about which approaches may be the most feasible and effective for addressing this problem.



## Case Studies: Improving Screening and Monitoring

### *Case Study 4*

Many states have made great strides at educating and supporting pediatricians to implement universal screening for autism and other developmental disorders. However, there are still children being cared for by family practice or general practice doctors, and it has been much more difficult to capture the attention of general physicians. Doctors are regularly asked to change their practice and screen for another medical condition and children are often not the majority of their practice. How can we educate and support family practitioners to also begin screening? While there is a family practice organization, it is not nearly as tight a group as the American Academy of Pediatrics chapter. Have you had any success in encouraging general practitioners to implement universal screenings? What partnerships or additional strategies might we try?

#### Discussion Guide:

1. Read the case study. Outline and determine the problem that is presented.
2. Brainstorm new or existing approaches that could be used to help address this problem. What avenues has your state or program pursued in similar situations? Is there something your state or program has wanted to implement, but hasn't yet due to lack of funding/resources? Are there innovative approaches that could be used?
3. Engage in dialogue and discussion to explore and clarify the problem and talk about which approaches may be the most feasible and effective for addressing this problem.