SPEAKER:  
You are listening to everyday evidence presented by the American Occupational Therapy Association. Helping the occupational therapy practitioner apply evidence to practice. Here's your host Matt Brandenburg.

MATT BRANDENBURG:  
OK, on today's episode. We are joined by Dr Kate Barlow, associate professor at American International College in Springfield, Massachusetts. And Dr Kris Barnekow, associate Professor and Post Professional Doctor of Occupational Therapy. And implementation Chair at the University of Wisconsin, Milwaukee. Kate and Chris are both ambassadors for the CDC's Learn the Signs Act Early. Thank you both so much for being on the show today.

KATE BARLOW:  
Thank you for having us.

KRIS BARNEKOW:  
Yeah thanks Matt.

MATT BRANDENBURG:  
Of course it's our pleasure. Kate I have to ask to start off. Are you familiar with the book Holes by Louis Sachar?

KATE BARLOW:  
Yes I am.

MATT BRANDENBURG:  
Well, you probably know my follow up question then. About the infamous kissing Kate Barlow. Who's a character featured in that book and film. And I just thought it was cool that you two have the same name.

KATE BARLOW:  
Thank you. Luckily, my kids they're a little young for that or their friends might tease me. But yes I am very familiar with that. Disney made it into a movie.

MATT BRANDENBURG:  
Yes a wonderful book and film, if I say so myself. Thank you again both for being on the show. I know today we're planning on touching on some hard hitting topics. Including the updated CDC developmental surveillance milestone checklists. Along with the research they published with the American Academy of Pediatrics. And question and answer resource document that AOTA has created. There's been a lot of activity on social media and commune OT related to this topic. And before we start, I just wanted to encourage all of our listeners to check out those articles. And those resources in addition to this interview. But let's go ahead and dive right in. You both work with the US Centers for Disease Control and Prevention. As ambassadors for the Learn the Signs Act Early program. Can you tell us about the purpose of this program. And what it means to be an ambassador?

KRIS BARNEKOW:  
Sure, I can take that question may I? Act early ambassadors, expand the reach of the Learn the Signs Act Early program. And they support their respective state work. Toward improving early identification of developmental delays and disabilities, including autism. Since 2011, professionals with medical child developmental disability, special education and early intervention expertise. Have been selected to serve as a state or territorial point of contact. For the national Learn the Signs Act Early program. We also support the work of act early teams and other state or territorial or national initiatives. To improve early identification of developmental delay and disability. And finally, we promote the adoption and integration of Learn the Signs Act Early resources. Into systems that serve young children and their families.

MATT BRANDENBURG:  
Wonderful thank you Chris that's a great summary of the program. Kate was there anything you wanted to add?

KATE BARLOW:  
No that was perfect Chris. I'll take the next question.

MATT BRANDENBURG:  
Perfect how does one become an ambassador?

KATE BARLOW:  
Well, the ambassador is a term for two years. So, every two years the positions will be posted for the states. And the CDC releases the applications. So, actually Chris posted the announcement on commune OT. For the Massachusetts ambassador position back in 2018. And I applied and then my tenure began in March of 2019. Currently, this summer there's going to be applications for a lot of the states for ambassador positions. So, anyone that's interested should be on the lookout.

MATT BRANDENBURG:  
Awesome where could someone find a link to do that application if they're interested?

KATE BARLOW:  
Sure, if you Google learn the signs act early. There's if you scroll up there's a lot of different options. But one of the options is the ambassadors. So, if you just click on the ambassadors, it has all the information.

MATT BRANDENBURG:  
Perfect, I use Google quite a bit. So, hopefully our listeners are as well versed in that technique as I am. How would you say that your experience as occupational therapy practitioners. And researchers motivated you to be interested in serving as ambassadors for this program?

KRIS BARNEKOW:  
I can start just actually my experience. I practiced in early intervention for most of my career. And then as an occupational therapist and in autism diagnostic team. And when I was a director early intervention service provider. I noticed that children were being referred to birth to three. Either shortly before their third birthday or not at all. And this was occurring, because parental concerns were not being addressed. And I wanted to better understand, in addition to the challenges that parents were having. I wanted to also understand why this was happening and what other barriers existed. So, I engaged in research to identify barriers to developmental screening, maternal mental health screening and autism specific screening. And generally, the findings of this research revealed that there were structural barriers. So, there was a lack of payment for screening by none physician providers. There were knowledge barriers. So, there was a lack of knowledge about developmental monitoring.

Using autism specific screeners and how to communicate with families from diverse backgrounds. So, my scope has really changed from individual service provision. To utilizing a public health approach that includes health, communication and family engagement. And that's how I became interested in the CDC ambassador program.

MATT BRANDENBURG:  
Wow thank you Chris. That's a wonderful example of using you know problems that you identified as a practitioner. To motivate you to take action and address them. And create ways that people you work with can overcome those barriers. Kate same question to you. What motivated you to become an ambassador? And if you could share some examples of your work. And how that scope has has changed over time as well?

KATE BARLOW:  
I came at this a little bit differently. My you know 15 year plan long term goal in life is to work for the World Health Organization. So, when I saw this work for the CDC, I just got all excited about it. And I just have seen that my work has changed so much. And that I take such a public health approach now. And my work I work PRN and early intervention. It's really changed how I look at family engagement. But also I wrote a grant to work in Head Start. So, I'm working in Head Start two days a week now. And I'm really sort of working as an ambassador in that role. And I just really love how my career has shaped and taken a different turn since I've become an ambassador.

MATT BRANDENBURG:  
I love that, but it's not every day you get to speak with two go getters like yourselves. Thanks for sharing a little bit of that background with us. So, the CDC recently released or updated the developmental surveillance milestone checklists. I'll be honest, a few things in my limited experience in the OT community. really make a buzz throughout all rehabilitation like this has. I work in outpatient pediatrics and it's been you know the hot topic at the clinic. I've seen practitioners from across the country share concerns and opinions about the update. And it's important to address. And I think hearing from you two, about the process that was involved with the update. Will be very informative for everyone. So, can you tell us about the purpose of these checklists and how they're used?

KATE BARLOW:  
Sure, so the Learn the Signs Act Early program. Has a lot of different free developmental monitoring tools. The campaign uses behavior change theory and traditional social marketing techniques to promote early identification. So, the checklists are a developmental monitoring tool. And this tool serves as a communication tool regarding child development. So, the purpose of the Learn the Signs Act Early milestones checklist. Is to really educate and engage families and other EEC providers, physicians. About the skills and abilities that most children. You know 75% or more would be expected to do by the specific ages on the checklist. So, these checklists support, but do not replace by any means universal developmental screening. That are recommended at the Well Child Health Supervision visits. And the American Academy of Pediatrics recommends a certain schedule of visits. And so we really want to use these checklists to increase the amount of screening that's being done. In between the recommended screenings that the pediatricians are currently doing.

MATT BRANDENBURG:  
I love that thank you Kate. Chris was there anything you wanted to add there?

KRIS BARNEKOW:  
Just as Kate had mentioned. That the campaign uses behavior change theory and traditional social marketing techniques. And that might be a little different from the theories and techniques, that occupational therapists are commonly used to. So, this campaign is really to get the word out. And and so that's a little different approach than I think occupational therapists are typically used to.

MATT BRANDENBURG:  
Absolutely and as Kate mentioned, it's really a tool to educate and engage families. I do want to ask about some of the specifics though. What would you say is the difference between diagnostic evaluations, developmental screenings, developmental surveillance and developmental monitoring? I know that's a loaded question, but if we could touch on those four things. I think that'd be really helpful.

KATE BARLOW:  
OK, I'm going to take a shot at this. But Chris please add in if I forget anything. But there's been a lot of confusion about these terms, so I appreciate you asking. So, I think we need to start sort of at the top. So, pediatricians are recommended to complete developmental surveillance at every visit. Those visits are those scheduled well visits that I just talked about. So, within the surveillance are six steps. One is to review the developmental monitoring checklist and their history. The second is to ask about concerns. The third is to assess strengths and risks. The fourth is observe the child, five is document and then six is share results with others. So, the Learn the Signs Act Early checklists are developmental monitoring tools. Which when completed by other health professionals. Help to bring the concerns to the pediatricians attention. So, developmental monitoring is not at all the same as screening. Developmental monitoring can be done by anyone in the community. It is a public health tool and it occurs over a period of time.

So, developmental monitoring helps to increase the amount of screening being done. Because you're bringing up concerns that the parents may have. So, the evidence has shown it's best practice to really combine developmental monitoring with screening. In order to identify children with dyslaise. As OT's, we know screenings right? They're brief usually 15 minutes or less. And they don't capture the full range of the child's skills or development. And the screens only indicate the possible presence of a delay. They certainly don't diagnose. Developmental screenings also include the use of a reliable and valid screening instrument right? So, I think that's important to note there. And screenings must be followed by a comprehensive formal evaluation process. In order to confirm or disconfirm any concerns raised by the screening procedure.

MATT BRANDENBURG:  
Wonderful thank you Kate. Chris is there anything you wanted to add related to evaluation, screenings or developmental surveillance or developmental monitoring?

KRIS BARNEKOW:  
No, that was perfect and really informative. Thanks Kate.

MATT BRANDENBURG:  
There's a lot of terms and definitions. So, I do appreciate you kind of providing that background information for us. And based on what you have just explained. Where would you say the CDC developmental surveillance milestone checklist fit? And why is that where it fits?

KATE BARLOW:  
OK, so the American Academy of Pediatrics recommends developmental screening for all children. At the nine, 18 and 30 month well visits or any time that a parent has a concern. And then there's also the autism screenings at 18 and 24 months. So basically, there's four times that a child is recommended to be screened. From birth to age five unless there's a concern. So, as OT's we know that there are often a lot of concerns identified before nine months. As well as between the ages of two and a half and five. So, these developmental checklists help to get children additional screenings at those well-child visits. In addition to the ones that are already occurring at the nine, 18, 24 and 30 month visits. So, these checklists are a great communication tool to engage parents, EEC providers, clinicians. Into a conversation about the child's development and any possible concerns that they might be having.

MATT BRANDENBURG:  
I love that and this is very insightful for me as a new practitioner. I'm still constantly learning about our continuum of care. And the interaction between OT providers and pediatricians. So, this is great background information. Chris was there anything you wanted to add there. With how these developmental surveillance milestones checklist fit in in that continuum?

KRIS BARNEKOW:  
No, I really appreciated Kate's comments about how the checklist can actually help support a parent in between those scheduled screenings. Because if a parent has a concern. Then they can use that checklist and talk to their pediatrician about their concern.

SPEAKER:  
We'll get back to our interview right after this quick message. You all know we really try to make research more consumable and applicable on everyday evidence. But did you know that just one minute of your time could help us to improve the show. Improve the resources the American Occupational Therapy Association provides for practitioners. And improve the application of evidence to practice within our whole field. Please take our one minute survey. It's only three questions. And you can find the link in this and every episode's description. And support the AOTA and continued efforts to improve our podcasts. And to improve the translation of research to practice. Now back to the interview.

MATT BRANDENBURG:  
These checklists haven't been updated since 2004. So, it kind of makes sense that it was time for an update. But I did want to ask both of you. Why did the CDC feel the need to update the developmental surveillance milestone checklists at this time?

KRIS BARNEKOW:  
Yeah, I can address that Matt. Since 2004, there has really been an ongoing review of the milestones. In 2019 in particular, there was a paper published in Pediatrics December 1st of 2019. And that paper was titled Establishing New Norms for Developmental Milestones. And this really presented a strong need to revise the milestones. And if for example, in that paper the authors stated that. Each CDC milestone is used to describe a particular behavior. But does not include a specific question for parents. So, they were really looking for more specificity. That would help parents in their communication with their pediatricians. And so they also commented that it was difficult for parents, to know when to act early. And so the conclusions of this paper indicated that there needed to be more specificity in the milestones. And so the CDC wanted to be able to offer a Learn the Signs Act Early milestone checklist for every age. At which there's a scheduled well visit. And also during the time between two months and five years of age.

And so what they did was, they added the 15 and 30 month checklists. It's important to note because there has been some misinformation. Or different thoughts that the changes to the milestones, were not directly related or influenced by the pandemic. And the review of the evidence and revisions were completed in 2019. And parent testing for understanding and reliability was done in the summer of 2020.

MATT BRANDENBURG:  
Thank you so much Chris. You cut out just a little bit at the end there. Could you just repeat that about the timeline of how evidence was used to inform this change between 2019 and 2020?

KRIS BARNEKOW:  
Sure, sorry about that I'm in a very rural area. So, sometimes the connection isn't the best. So, the review of the evidence and revisions were completed in 2019. And then there was extensive parent testing for understanding and reliability. That was done in the summer of 2020. And it's important to note that the parent testing was done with a variety of parents from diverse cultural and ethnic backgrounds.

MATT BRANDENBURG:  
Thank you Chris. So, specificity was a big emphasis for this update. What else can you tell us about the process or method that the CDC used to develop these checklists?

KRIS BARNEKOW:  
Sure. The methods are thoroughly described in a paper recently published by Zubler and colleagues. And I really recommend that practitioners review that paper to understand the full detail of the methods. In general, a team of subject matter experts were convened. And they engaged in following an evidence informed process. So, the first step was to conduct a literature review. And they did that in March of 2019, and they used Medline, Psych info and Eric databases. The subject matter experts nominated and reviewed developmental resources. Including parent resources, professional teaching resources. And commonly used screening and diagnostic evaluation tools. They evaluated the current milestones. And then they did a milestone evaluation of the resources they had collected. And only milestones that received unanimous approval. by the subject matter expert team were included in the revisions.

MATT BRANDENBURG:  
And here at everyday evidence. We love a good literature review and we love when things are evidence informed. So, thank you for that background. Let's go ahead and get a little bit into that nitty gritty of this update. What criteria did the CDC use, to determine if a milestone should be included in the checklist or not?

KRIS BARNEKOW:  
Yeah, that's a great question. The updated Learn the Signs Act Early milestones were chosen to reflect what most children 75% or more. Would be expected to do by a specific age, based on available data. And it was to better identify potential concerns. In the process of the review and revision. Data were not available to support inclusion of all previous milestones. So, milestones with available data to support them were kept. Some had the same age as they previously had been. And some had different ages as described in the pediatrics article. The title of the article is Evidence Informed Milestones for Developmental Surveillance tools. And it was published in pediatrics just recently this month.

MATT BRANDENBURG:  
Absolutely we'll provide a link to this article in our episode description for all of our listeners. Kate is there anything you wanted to add to this point?

KATE BARLOW:  
No, Chris is doing a great job. I told her she could take all the hard questions.

MATT BRANDENBURG:  
Well, absolutely then I think I've got a couple of more hard hitters for you both. Who were the subject matter experts that were consulted throughout this revision process that you've outlined for us Chris?

KRIS BARNEKOW:  
So, the AAP systems of services for children and youth with special health care needs team. Identified and convened its subject matter experts. And these subject matter experts, came from different fields of child development. And they included professionals from developmental, behavioral, neurodevelopmental and general pediatricians. Child and developmental psychologists. A professor of special education and early intervention. All subject matter experts had graduate training and experience. In research methodology and medical decision making. And clinical experience in developmental surveillance, screening and evaluation. One subject matter expert was an editor of an oh excuse me. Two subject matter experts contributed to the American Academy of Pediatrics. Bright Futures Guidelines for health supervision of infants, children and adolescents. And two subject matter experts were lead authors in the AAP's 2020 clinical report. About promoting optimal development, identifying infants and young children with developmental disorders.

Through developmental surveillance and screening.

MATT BRANDENBURG:  
Was there any OT representation among these subject matter experts? And how could OT practitioners advocate to be involved in similar projects?

KRIS BARNEKOW:  
Yeah, that's I think we can really become involved by applying to be an act early ambassador. I also recommend that OT practitioners connect and collaborate with the systems of care. Within their states that serve infants and toddlers. And what I mean by that, is to reach out to early care and learning centers. Local public health departments or woman, infant and children's programs and home visiting. Be engaged with our NIC youths and pediatricians and family practitioners as well. Many of these programs and services are engaging in developmental monitoring and screening. And we can find out, how occupational therapists can use their distinct value. That's understanding parental concerns. To add to their early identification team. What I've noticed in my work as an ambassador in Wisconsin. Is that each geographical area in the state has unique characteristics. So, doing this work of early identification of getting the word out. And being advocates for children and families. Can really vary from location to location.

So, for example, in rural southwest Wisconsin. There isn't a pediatrician for three counties. So, we're actually working through a grant funded by the CDC with a community connector. Who has relationships with child care agencies in these counties and actually is working through agribusiness. So, she's working with the milk trucks because it's a big dairy. There's a lot of dairy and farming that's going on. And so she's working within agribusiness to help do early identification there. So, we can get involved at the national level by working with the CDC in the Act Early Ambassador Program. And we can also be involved more at the community and local level.

MATT BRANDENBURG:  
That's a wonderful example Chris. And I want to ask a follow up for any practitioners who feel very passionately and want to be more involved. What can they do? How can they kind of make those connections to become involved on a national level? I know we use Google as an example previously. Are there any other kind of resources or directions you would recommend. That a practitioner go to make that type of connection?

KRIS BARNEKOW:  
Yeah I think definitely looking at the act early website. Connecting with the act early ambassador in the state too. To see what work they've been doing. And those are ways that we can definitely become involved.

KATE BARLOW:  
I'd like to jump in too and add that, most states that I know of. Have an act early team that is like a board group that volunteers their time. The state of Massachusetts we meet quarterly and it's there's 14 of us. And we all get together and we talk about how to really implement Learn the Signs Act Early within these different state systems. So, we're always looking for people to volunteer who want to be involved in this. So, if you aren't involved in your state. Please definitely, like Chris said you can contact your state's ambassador. And they will definitely know how to be involved with the state team.

KRIS BARNEKOW:  
That's an excellent point Kate. And actually that's how I became involved with the act early Ambassador Program. Was through our act early state team.

MATT BRANDENBURG:  
I love that. Thank you so much for sharing those recommendations for our listeners. I think that's wonderful. What are some of the other changes, that are seen in this 2022 CDC developmental surveillance milestone checklist that you'd like to highlight right now?

KATE BARLOW:  
So previously, the checklist contained milestones around the 50th percentile. On the left hand column of the checklist right? So, there were two sets of checklists. There was the left hand column that were milestones that we were looking for. And they were around the 50th. And then there was also another set of milestones on the right that were in the purple box. And these purple box milestones were the red flag milestones. That were at the 75th percentile or more. Now the checklist only have the 75 percentile or more milestones. So, now if a child is missing one milestone the child is referred. So, before it was confusing as to what to do if a child wasn't reaching the milestones. That were on the right column that were around the 50th. Which facilitated this sort of wait and see approach. So, the updated checklist moved the milestones that were around the 50th to discourage that wait and see like, they're not there. They don't include them anymore. So, I've seen a lot of social media posts stating that the CDC pushed back when children are expected to reach a milestone.

And this is a misunderstanding of how to use the checklists. So, before on the old checklist it was a red flag. If the milestone was not reached, that was in the purple box. And that was at the 75th percentile or more. And the new checklists are also at the 75th percentile or more. So, I feel as though these checklists have greatly improved in clarity and ease of use. And they also reduce the amount of milestones on each checklist, that you're reviewing with families. From around 22 to 13 per checklists. I'm going to just keep going here. But the checklist now, they also have screening reminders on the checklist which I really like. So, when the child's next screening is due. It states on the bottom. There's this new section in blue at the bottom saying. You know your baby's best, don't wait. If your baby is not meeting one or more of the milestones, has lost skills he or she once had. Or you have other concerns act early. Talk with your baby's doctor, share your concerns and ask about developmental screening.

If you or your doctor is still concerned. One ask for a referral to a specialist who can evaluate your baby. And two call your states or territories early intervention program. To find out if your baby can get services to help. Learn more and find the number at the CDC.gov it has the link. So, I really like these new improvements where it's telling the family this is when your next screening is due. If you have a concern, here is how you can find the early intervention program near you.

MATT BRANDENBURG:  
I love that and it sounds like it's really emphasizing the importance of getting those screens done. And if there are concerns providing directions on how those concerns could be addressed. I did want to circle back Kate. You mentioned the wait and see approach. Could you tell me more about that and how it relates to the checklists?

KRIS BARNEKOW:  
I can take that one Matt. And I'm going to take a step back a little bit. And consider the process of early identification. Because the checklists are one piece of that early identification process. And so the very first step is to listen to parental concerns. And I just want to share, like my experience as an early intervention provider. I would encounter parents who voiced concerns about engagement and daily occupational routines. Or challenges with co-occupational participation. So, for example I recall parents saying my child won't calm down. Unless I run water or have background noise. Or my baby screams when they're given a bath. Or my child won't ride in the car seat without crying. Or my baby hits their head on the crib when they're trying to go to sleep. And so as an occupational therapist, these are the considerations I would pay attention to. And if we listen to these concerns, we can understand that these situations are very stressful for parents. And after learning of these concerns.

Then maybe I would want to review a checklist and open up conversation about other concerns that the parent has. And if I were to encounter a parent who expressed concerns. I as an OT would not take a wait and see approach. I believe that the wait and see approach might be related to situations. Where the parents aren't being heard. Or where there are beliefs about the parents due to social, economic, cultural and linguistic differences. So, I really do think that the milestone checklist, especially the revised milestone checklist. Can promote those conversations about development. But the key is to listen to what's happening in everyday life. And who knows that better than occupational therapists. I think we do. And so the relationship between using these checklists. I think it's a little bigger picture than just the checklists alone.

MATT BRANDENBURG:  
Absolutely, I like how you emphasize the importance of the client, the child and the family. As being the main focus and the center of our care. Included in this new checklist, some of the old items are not present. I think crawling is one that has received a lot of attention among the OT community as not being included. What are some reasons that the CDC may have removed some of those items from the new checklists?

KATE BARLOW:  
So, in that process that Crist described where they were reviewing the literature. Some of the data was not available to support inclusion of all the previous milestones. So, it doesn't mean that the milestones were necessarily wrong, that were included previously. It's just that they didn't meet the new criteria that was established for this revision. Zubler and colleagues publication provides the specific reason. Why each and every single milestone was reviewed in this supplemental table seven. Which is free online and available to everyone. I looked at all of the ones that were reviewed. Because crawling, as you said, was a hot button item. And crawling was removed from the revised checklist because of the literature review. There was little or no normative data available to recommend inclusion on a checklist. So, if that article Zubler and colleagues like Chris said It's free and available. And you can go and see and look up every single milestone. And the ones that were removed especially and the reasons why.

MATT BRANDENBURG:  
Absolutely, we want to direct everyone to to look more into that article. I think it is well-accepted within the field of OT, that crawling is a big ticket item. It is an important aspect of development for children. And there is a lot of concern related to how not having crawling on this list could impact referrals. And practitioners having clients sent to them. How would you say that this change influences the practice of our listeners and OT providers?

KATE BARLOW:  
Well, I would like to just point out that we really are trying to be more culturally aware and that crawling is not considered a universal milestone. And the pediatricians that met with the CDC ambassadors to discuss the milestones. Were really emphasizing that not all children crawl. And of course as OT's, we understand how important that is. For so many reasons we can talk about that for an hour in and of itself. But we need to have research to support these checklists. And as I was telling one of my favorite OT's. It's not that the therapists are not going to still look for crawling. We're skilled clinicians. We are still going to screen and evaluate for these motor skills. But these checklists are a public health tool. These checklists are meant for everyone in the community. So, like Chris was saying before. I think we really need to understand the purpose of these tools. And not trying to make them into a pre screener, because that's not the purpose.

MATT BRANDENBURG:  
Thank you Kate. Is there anything you wanted to add there Chris?

KRIS BARNEKOW:  
No, I think that that was very well put by Kate and very well stated. And it is important to remember that this is a public health communication tool. And as Kate said, if a therapist is concerned about crawling. And the parent has other concerns. You know there is no reason why a referral for developmental screening can't occur. And so I think that's important to remember too.

MATT BRANDENBURG:  
I think that's a great point Chris. I think most parents would be willing to vocalize that as a concern when they meet with their pediatrician. If that that case applies to their child. Did the time frame that a child is supposed to achieve certain milestones change at all with this update?

KATE BARLOW:  
You know I'll address this. Interrupt me if I'm incorrect Chris. But I think some of the problems that I've seen on social media. Is people are saying, the CDC has changed when children are supposed to meet milestones from 50 to 75%. And I think it's a misunderstanding of how to use the old checklist. So, the old checklist did have all of the milestones that were listed on that left hand column. As I said, that were the looking for milestones that were on the set you know around 50th percentile. And the new checklists only have milestones at the 75th percentile. The CDC didn't change, when children are expected to do the scale. It's just that the checklist now are only containing milestones listed at the 75th percentile or more. So, I just gave a presentation today and I used the example of rolling. So, rolling was on the four month checklist on the left hand column. For the look for Milestone at the 50th percentile. And it was also in the purple box for the six month checklist as a red flag.

And now the checklist the new checklist rolling is only on the six month checklist. So, if you were confused, you might think. Oh they moved it from 50th to 75 percentile, but that's not really what happened. So, I think when people really dive into the research article and really look at the checklist. I think they'll have a better understanding. And I think they'll be supportive of the milestone checklists.

MATT BRANDENBURG:  
Thank you so much, Kate absolutely. Chris did you want to add anything with that question?

KRIS BARNEKOW:  
No, I think that was an excellent response.

MATT BRANDENBURG:  
Perfect thank you both so much. I've seen various viewpoints and posts like you mentioned Kate, on social media about the checklists. For me as a new practitioner or someone who works with children and youth. What guidance could you give about discussing these milestones and checklists with my colleagues. And with parents of clients I work with?

KRIS BARNEKOW:  
Yeah, that's a great question Matt. And I would encourage occupational therapy practitioners. To explore all of the tools and the CDC and Learn the Signs Act Early website. So, I think again checklists are there to promote conversation about development and developmental milestones. But I'm actually a really strong proponent of using the milestone books. For one, two and three year old's. We have incorporated these books into our family foundations home visiting program. And we found through a quality improvement study. That they're a wonderful way to promote parent child interaction. While increasing the parental awareness of milestones. In addition, I like the growth charts. Because they can be a fun way to measure a child's height and weight. And they have information about immunizations, and there's also information about the milestones. So, there's also an app that families can download on to their phone. And that helps them know when their next well visit is. So, there's a lot of tools out there.

And I think the checklist, it's possible that if OT's are already seeing a child that's referred. My recommendation wouldn't necessarily be to use the checklist. Because at that point I would want to use a more refined evaluation tool. But if an OT is engaging in prevention work and population health work. And working within the community. And then using the checklists, we're developing a pilot program. And where Kate has actually done a lot of this work in Massachusetts. But in Wisconsin, we're developing a pilot program with our WIC programs. And the WIC professionals will be doing the checklists. And so an OT could connect with their WIC program as well. And help that program the WIC program. Understand what early intervention services are available, if they aren't aware of them. So, I would really we've had a lot of focus on the checklists. And I think that's good because people want to know more about the changes. But I also encourage people to look at all of the tools. There's also a sheet that you can print out.

That actually helps parents with language and what to do if their pediatrician comes back with a wait and see attitude. So, if we're working in that prevention space. That handout would be an excellent handout to provide to parents. So, the checklists are one tool. And we can use those in that prevention and public health awareness space. But as far as you know doing intervention after a child has been referred. Then you might want to use the book or some of the other tools that the CDC has.

MATT BRANDENBURG:  
I love that Chris and thank you for emphasizing that point. I think as practitioners, we want to provide a high quality of care. And there's so many more tools and resources that we can use in addition to these checklists to do so. Kate was there anything you wanted to add on to that point?

KATE BARLOW:  
Sure, I actually use the app a lot. But if we think about if you're working in EI. Or even school based or actually even outpatient and the child is not eligible. This is something that you can really help parents with a takeaway. So, although your child is not eligible right now like an EI. Please continue to monitor your child. Here is this tool you can use. You can help set it up on their phone. The app comes in English and Spanish. And in EI you can say and you can come back in six months. If you're still having concerns or in the school system. Continue to monitor your child. Maybe they're three and they didn't qualify, but come back at four. And same with outpatient you know continue to monitor. Come back in a year if you're still having concerns and go speak with your pediatrician. So, sometimes when the children don't qualify for services as they age. The gap gets wider as we know. So, they might not qualify today. But we really want parents to continue to monitor their children.

When you're working in the home too. A lot of times you know there's multiple children. So, if I'm working with a two year old but mom just had a baby, I can help mom set up the app for the newborn that's just been born. So, there's lots of ways that even if you are providing OT services. That you can use these tools in addition to the books. Like Chris said, the books they are awesome. So, check them out if you're not familiar with them.

MATT BRANDENBURG:  
Wonderful thank you so much. We're coming to the conclusion of our interview now. I just have two more questions. One coming from the viewpoint of a pediatric practitioner. You know, we're trained to know how each of these milestones contributes to the development of our clients. Whether it be with the reflex integration, sensory integration, mobility all these types of aspects of performance. Is there a need for practitioners to be concerned with whether they will be witnessing an increase or decrease in referrals? Or people who are referred to them based off of these changes?

KATE BARLOW:  
I think absolutely not. I'm just going to jump in right here. I don't think that there's going to be an increase in referrals based on these checklists. Absolutely not, because the needle hasn't changed. We were referring on the old checklist and the purple box at the 75th or more percentile. And that is still the same for the new checklist. However due to COVID, I think we're going to see an increase in referrals. Because children have not been doing their typical occupations. They haven't been playing, they haven't been going to school. I think we're going to have an increase in referrals because of that.

KRIS BARNEKOW:  
I agree Kate, and I also want to say that you know we do have that expertise. Like you were saying Matt, in development and in motor control and motor learning. And we need to respect our own knowledge base. But again, if we're operating in that more prevention or population health space. There are these excellent tools that can help support us in that work.

MATT BRANDENBURG:  
Perfect thank you so much. I know these are some hard hitting questions and important to the entire OT community. So, I want to thank you both so much for sharing your time. As well as your experience and your expertise with us. I just have one last question for you. This is the question I ask all of our guests. We call it our golden nugget segment. And the question is this. If you could give one piece of advice or one recommendation to our listeners what would you say?

KRIS BARNEKOW:  
I can start I would say embrace a family centered approach. Embrace listening to family's concerns. And also learn more about the families every everyday activities, occupations and co-occupations. And then work to better understand what the strengths are within those. And what the barriers are that are causing some stress for the families.

MATT BRANDENBURG:  
I love that thank you Chris. And Kate if you could send us off with with a golden nugget that you'd like to share as well.

KATE BARLOW:  
I think my golden nugget would be make sure you surround yourself with a good team. Because you know life is short and we work really hard as OT's. And I just feel that if you have a good team with you, it makes work so much more enjoyable. And we spend a lot of time at work. But if you work in a good team, that's the way to go. Just make sure you're surrounding yourself with a good team.

MATT BRANDENBURG:  
I love that. Thank you both so much again for taking the time to do this interview. It's truly been a pleasure speaking with you both.

KATE BARLOW:  
Thanks Matt for having us.

KRIS BARNEKOW:  
Yeah, thank you Matt.

MATT BRANDENBURG:  
Absolutely.

SPEAKER:  
Thanks for listening to Everyday Evidence. Tune in next time for more evidence based practice insights and applications.