

Interpreting Screening Tests to Families and Encouraging Follow Through

1. Prepare parents for screening in a positive way. When making phone calls or sending reminder letters about upcoming well-visit appointments, explain in an encouraging manner that the visit represents an opportunity to view how children are coming along developmentally and behaviorally and to provide parents suggestions about addressing any difficulties children are experiencing. This should help families keep these critical appointments and better prepare them for screening.
2. For parents with expressed concerns for which additional screening or referral is the best response, prepare them by affirming the value of their worries and their careful observations of their child (e.g., *Your concerns are important and we need to look further at how your child is doing. This will help us decide whether additional help is needed.*)
3. Inform parents about the purpose for each test prior to administering screening tools. This should help ensure that parents understand what is happening and better prepare them for the results.
4. Use euphemisms rather than diagnostic labels when interpreting screening tests. Phrases like "may be delayed", "may be behind other kids", "seems to be learning more slowly", "could be having difficulty learning" are all terms which do not connote a child in a wheelchair or one with multiple genetic anomalies. They are effective terms but not devastating ones. They seem to encourage families to seek additional evaluations without causing paralytic fear.
5. Provide telephone numbers and descriptions of services. It is likely that families who have the necessary information to follow through are better able to do so. Descriptions of programs may enable families to visualize themselves participating and increase the chance they actually will.
6. Write non-medical recommendations on a prescription pad or on letterhead. This is a powerful tool for affirming the importance of a recommendation and confirms the need for families to treat this as seriously as other medical interventions.
7. Offer ongoing support. Parents will often be faced with family members who have minimal investment in your recommendations for further evaluations and services. This may be because they were not present during the original encounter and only hear the recommendation second-hand. It may also be a result of observing the problem but rationalizing its meaning, (e.g., "his dad was just like that as a boy and he's doing fine now"... "It's just a phase, she'll grow out of it"). One way to approach this is to help the parent who accompanied the child anticipate and deal with resistance. Acknowledge their fears and the likelihood that they will have a bout of wishful thinking (e.g., observing their child very carefully for signs that contradict delays). It is also helpful to invite parents to return with dissenting family members in tow so that you can re-explain your findings. Finally, you might let parents know that if they get "cold feet" and decide not to go that you want to be informed, (e.g., "It's just as if I prescribed medicine and you decided not to give it to him, I'd want you to talk with me about it. Treat this prescription/recommendation in the same way. Don't be afraid to talk with me if you have reservations about following through.")
8. Consider referrals to parent support groups or give parents the names and phone numbers of parents who successfully experienced the process of developmental/behavioral screening and diagnosis. This is particularly important for parents who are observably anxious or have numerous other life stressors. However, parents may not always reveal when they are distressed and it is probably best to have a uniform approach to offering parents on-going support.
9. Avoid giving screening results over the telephone. If this is not possible, alert parents that they may be confused and invite them to call back later if they have questions. This should reduce misinformation and resultant confusion and anxiety. Whether conveying results in person or over the phone, provide written information (e.g., a brochure about the referral source, a copy of the referral letter you write, etc.). This should help ensure that parents understand the results and implications.
10. Provide accurate written and verbal information. Communication about positive screening test results should clearly indicate that screens only tell whether a child is *more likely* to have a problems and that screens, while often correct, are not perfect: Children with true difficulties may not be identified and children who are coming along normally may fail a screen. Specifically, parents who raise significant concerns but whose children perform well on screening should benefit from being told that you will follow their children carefully for any emerging problems and that you will give them some suggestions about how to help in the interim (e.g., a parent education sheet on how to stimulate children's language). In this way, you have prepared parents for the possibility that screens may over- as well as under-identify difficulties, and you will have capitalized on a "teachable moment" by giving parents guidance in how to promote their child's development.
11. Find social workers to help with families who are likely to have multiple barriers to following through with recommendations (e.g., single parents with low incomes and multiple life stressors).

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