DEVELOPMENTAL SCREENING:
Developmental Conversations with Parents/Caregivers

EARLY SCREENING, BETTER OUTCOMES:
Developmental Screening & Referral Toolkit for Pediatric Medical Clinics

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Giving kids the best start

Children's Hospital LOS ANGELES

Developmental Conversations

- Pediatric providers see children many times in the crucial first three years of life.
- Developmental conversations during well-child visits:
  - Support developmental progress.
  - Enhance parent-child relationships.
  - Provide linkage to needed resources.
  - Strengthen connections between families and pediatric providers.

How do you talk to families about their child's development?

What are the hardest parts of those conversations?

What, if anything, slows you down or prevents you having those conversations?

Common Concerns

- “What if I’m wrong?”
- “What if the family gets angry with me?”
- “I don’t know how they will react.”
- “The family isn’t ready yet.”
- “I don’t know where to refer them.”
- “Referrals go into a ‘black hole.’”

What are the benefits of conducting standardized screening and discussing results with parents?

Standardized Screening Facilitates Developmental Conversations

All families benefit . . .

For children with typical development, screening…

- Helps parents learn about child development.
- Assists parents learn ways to support their child's continued progress.
- Provides the opportunity for anticipatory guidance.
- Communicates that the provider is interested in the child's development.
- Provides reassurance when all is well.

Standardized Screening Facilitates Developmental Conversations

All families benefit . . .

For children with delays in development, screening…

- Leads to linkage to early intervention services.
- Helps families move into action.
- Shifts parental expectations and attributions.
- Provides the opportunity for provider to support family in addressing developmental delays.

Standardized Screening Facilitates Developmental Conversations

All providers benefit . . .

For providers with less experience with child development, a standardized tool…

- Helps identify subtle delays.
- Identifies children who might be missed through surveillance.

For providers with extensive experience with child development, a standardized tool…

- Helps frame conversations with parents about identified delays.

Benefits of Early Intervention

- Early intervention services by age 3 show significant developmental gains.
- Early intervention reduces the severity of developmental delay-associated deficits.
- Children with DD who develop language and symbolic play before age 5 are:
  - Likely to be placed in a regular classroom.
  - Show improvements in communication, adaptive skills and social-emotional development.

Frequently Asked Questions regarding Screening Results

Q: What if the caregiver is concerned about development, but the score on standardized screening is normal?

A: The concerns of the caregivers should be taken seriously.

- A discussion with the caregiver will help specify what the concern is and help determine the appropriate follow up.
- It may be that the parent does not have age- or developmentally-appropriate expectations of the child.
- A parent may also see daily behaviors that are concerning but have
  not been addressed by any of the screening questions.

If the caregiver still has concerns after the discussion, determine with the family if a referral to a community agency would be appropriate.

Frequently Asked Questions regarding Screening Results

Q: What if the screening score is abnormal, but the provider feels the child's development is typical?

A: Follow-up by the provider is indicated.

- Provider can review specific items on the questionnaire to see if the parent understood them.
- Provider can explore further through direct assessment of child and/or follow-up questions with parent, to determine if there is a likely delay.
- If in doubt, follow-up in a shorter interval and re-screen.

Guidelines for Talking to Families

www.firstsigns.org

Set the Stage

- Allow sufficient time for screening.
- Talk in-person and in private.
- Start by pointing out something positive, especially something that supports the parent-child relationship. Examples:
  - "I noticed how your child turns to you for comfort."
  - "Your child is so curious and alert."
  - "I can see that you really know your child well."
  - "You've worked so hard to get help for your child."
  - "You're so good at helping your child feel comfortable in this new environment."

Be Direct and Clear

- Remind the parent the purpose of the screening tool:
  - "Just like we track your child's weight and height, we also track their development. We ask all parents to fill out these questionnaires at this age."
- Ask the parent if they have any questions about the screening tool.
- Share the screening results, and share your observations:
  - Begin with areas in which the child is developing typically or are strengths for the child
  - Then share any areas of concern (if applicable)
- Avoid using the words "pass," "fail," "normal," "abnormal:"
  - Instead, talk about strengths and areas where help may be needed.

Listen and Empathize

- Pause and encourage the parent to respond to what they heard
- Ask if this information fits the way they view their child
- If the medical provider raised a concern, ask the parent if they were also concerned about this area, or if other family members have expressed concern
- Listen and be ready for any emotional responses
- If the parent is upset, respond with empathy but do not provide false reassurance:
  - “This is hard to hear”
  - “Even if you were also worried about your child’s language skills, it’s hard to hear me say it”
  - “This is a screening, not a diagnosis; it means that it’s important to get more information to see if there are services that would help your child continue to develop”
  - “You were hoping that I could reassure you; I’m concerned, but I also know there is help available”

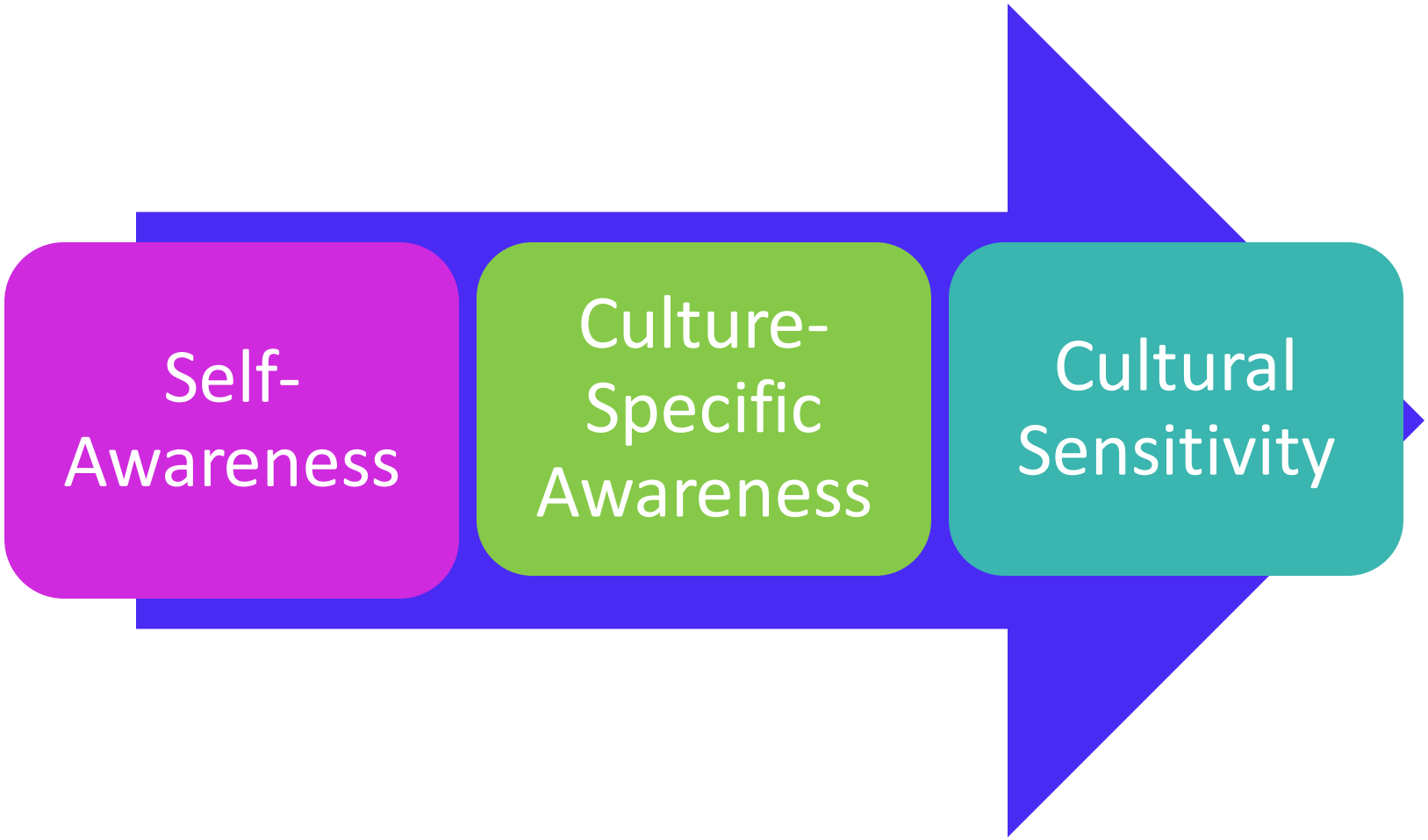
Provide Recommendations and Referrals

- Emphasize the importance of early identification and the availability of early intervention:
  - "Most concerns or delays around language, play and interaction will not go away on their own. They can get worse over time if there is no intervention."
  - "Most children respond well to early intervention; many improve with help and are better prepared for school."
  - "It's important to get the help now while your child is young and developing quickly."
- Follow the referral algorithm to identify the best referral recommendation.
- Provide information in writing:
  - Information Summary of screening measures
  - Referral letter with the specific referral made
  - CDC *Milestones Moments* booklet and/or ASQ Activity Sheets
- If possible, provide an earlier follow-up appointment if there was an area of concern or a referral made.

Cultural Considerations

- Listen to parents' explanation regarding why the child has a delay
  - E.g., "Me echaron mal de ojo."
- Provide parents with a gentle re-frame of why developmental delays occur:
  - Reassure them that they have not caused the delay.
- Discuss services and interventions
  - Reassure parents that they are in charge; they can accept or decline any suggested intervention.
  - Early intervention services can be provided in the home.
  - Early intervention services are provided at no charge to the family.
  - Early intervention providers do not report to immigration.
- Be open to hearing about alternative interventions and alternative healing practices.

Cultural Competence Overview



Racism, Bias and Disparities

- Racism as a social determinant of health:
  - Creates toxic stress
  - Impacts children's health before birth (e.g., AAIMM)
- Black and Latinx diagnosed with developmental delays at older ages.
- Explicit Bias – Consciously accepts prejudice in favor of, or against one group compared with another.

  VERSUS
- Implicit Bias – Unconscious prejudice and stereotypes.

- **Need to create a "culturally safe" place in pediatric settings.**

Racism, Bias and Disparities Resources

- American Academy of Pediatrics. (2020). American Academy of Pediatrics condemns racism, offers advice for families for how to talk to their children. https://services.aap.org/en/news-room/news-releases/aap/2020/american-academy-of-pediatrics-condemns-racism-offers-advice-for-families-for-how-to-talk-to-their-children/
- Bucknor-Ferron, P., & Zagaja, L. (2016). Five strategies to combat unconscious bias. *Nursing, 46*(11), 61-62. https://www.nursingcenter.com/journalarticle?Article_ID=3832944&Journal_ID=54016&Issue_ID=3832735
- Guo, W., & Vulchi, P. (2019). *Tell me who you are.* TarcherPerigree.
- Kemp, C. (2018). Learn how to recognize your own biases and how they may affect child health. *AAP News.* https://www.aappublications.org/news/2018/08/23/nce18racism082318
- Kendi, I. X. (2019). *How to be an antiracist*. One World.
- Lynch, E., & Hanson, M. J. (Eds). (2011). *Developing cross-cultural competence.* Paul H. Brookes Publishing Co., Inc.
- Roth, A. (2019). Bias: Do you see what influences you? *Pediatrics Nationwide*. https://pediatricsnationwide.org/2019/10/10/bias-do-you-see-what-influences-you/
- Schnierle, J., Christian-Brathwaite, N., & Louisias, M. (2019). Implicit bias: What every pediatrician should know about the effect of bias on health and future directions. *Current Problems in Pediatric and Adolescent Health Care, 49*(2), 34-44. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6652181/

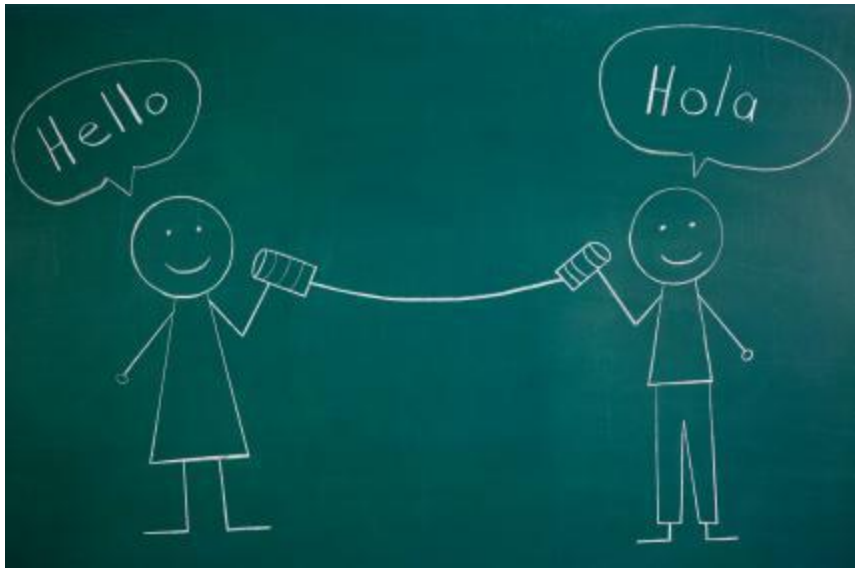
Cultural Competence

- Learn about one's own roots.
- Examine values & behaviors, beliefs and customs of one's own cultural heritage.
- Learn about others' cultures and values.
- Consider diversity within and between cultural groups.
- Make no assumptions about concerns, priorities and resources.

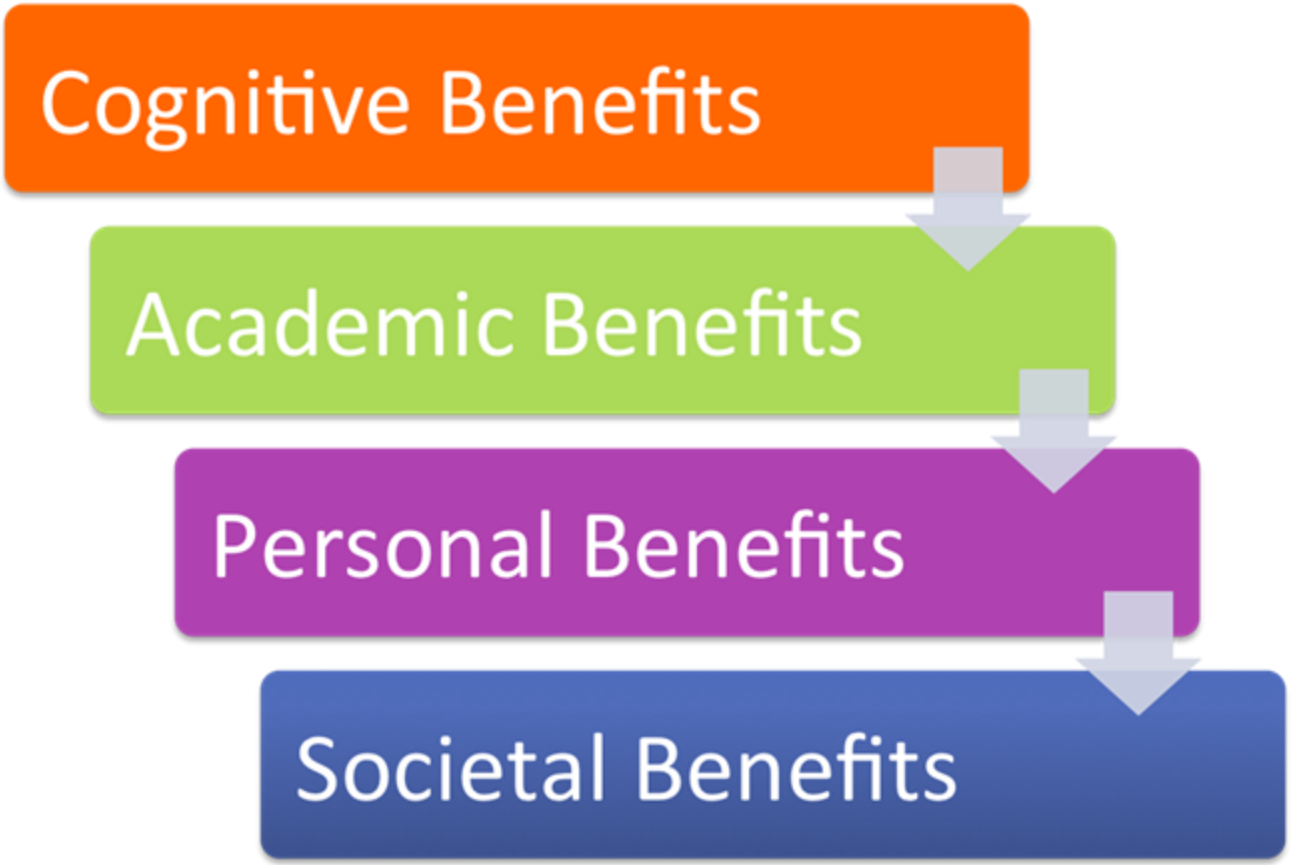
Cultural Considerations

- Consider how we treat each other.
- Show respect for all people.
- Ask questions and avoid assumptions.
- Treat others as you would like to be treated.
- Apologize if you make a mistake or accidentally offend.
- Cultural competence is not a set skill but an ongoing process.
- Reflective practice is a tool for the development of cultural competence.

Screening Bilingual or Non-English-Speaking Children



Bilingual Development



Myths and Facts About Bilingualism

Myth 1

Bilingual children's language development will be delayed.

Fact

Language milestones are the same for bilingual and monolingual children.

- Classic study of 25 Spanish-English bilingual children and 35 from monolingual homes.
- Language milestones were tracked from ages 8 to 30 months.
- Combining vocabulary in both languages, bilinguals had same vocabulary as monolinguals.

If a bilingual child is not reaching typical milestones: seek help! It's not because he or she is being exposed to two languages.

Myth 2

Children are confused by exposure to two languages.

Fact

Some children may show cross-linguistic influence: rules from the more dominant language may get applied incorrectly in the less dominant language. Code-switching between languages is common.

- This is a typical part of bilingual language development.
- Children are good at figuring out when/with whom they should use which language.

Code-switching/code mixing is not a sign of confusion or delay.

Myth 3

Children with developmental delays or autism will have more delays if exposed to two languages.

Fact

Children do not show additional delays when exposed to more than one language.

In studies of children with autism, Down syndrome, and specific language impairment:

- No difference in language development in bilingual vs monolingual children
- **Even if a child has delays, exposure to more than one language is not harmful**

Encourage Bilingual Language Development

Advising parents to switch to a non-native language in the home can:

- Negatively impact family relationships as language is strongly connected with family culture
- Cause communication breakdowns
- Lead to parental stress
- Lead to parents providing a less rich language model for their child

Resources on Bilingualism

Websites:

- American Speech-Language-Hearing Association (The Advantages of Being Bilingual, Teaching Your Child Two Languages, Becoming Bilingual/El Nino Bilingüe): www.asha.org
- Head Start (The Importance of Home Language series): https://eclkc.ohs.acf.hhs.gov/culture-language/article/importance-home-language-series
- The National Literacy Trust (Bilingualism: Frequently Asked Questions): www.literacytrust.org.uk
- Center for Applied Linguistics: http://www.cal.org

Literature:

- Paradis, J., Genesee, F. & Crago, M. B. (2010). *Dual Language Development and Disorders: A Handbook on Bilingualism and Second Language Learning*, 2nd Edition.
- Wharton, Robert H., Levine, Karen, Miller, E., Breslau, Joshua, & Greenspan, Stanley (2000). Children with special needs in bilingual families: A developmental approach to language recommendations. *ICDL Clinical Practice Guidelines*. The Unicorn Children's Foundation: ICDL Press, Pp 141-151.

Practice talking to parents about screening results

Martha, age 9 months

- Martha is a 9-month-old girl.
- Her mother brings her for well-child visit. She does not complete the screening questionnaire. She says, “Martha is a baby, and she’s doing fine.”
- You know that Martha was removed for four weeks from her parents’ care due to domestic violence. She is now reunified with her mother.
- How would you address Martha’s mother’s concerns about completing the questionnaire?
- Practice talking to Martha’s mother about the screening process.

Robert, age 24 months

- Robert is a 24-month-old boy.
- His father completed the ASQ-3 and ASQ-SE:2 during the well-child visit. However, he did not report any concerns about Robert and was not aware that Robert had delays.
- Results from the ASQ-3 indicated delays on the following scales: Communication, Fine and Gross Motor, and Problem-Solving.
- Robert's father became upset when you started sharing the results.
- Practice sharing screening results with Robert's father.

Kathy, age 18 months

- Kathy is an 18-month-old girl.
- Her mother had several concerns with Kathy's development.
- When you score the ASQ-3 and ASQ:SE-2, scores are in the typical range except for the communication domain, which fell in the gray area.
- On the ASQ:SE-2, Kathy's mother checked the box re: concerns about Kathy's behavior.
- Kathy's mother does not agree with the results and insists that the screening missed Kathy's delays. She has particular concerns about Kathy's tantrums and her difficulty communicating, especially when she is upset.