Screening with the Smart ESAC

This document provides: 1) a description of the smart technology used in the Early Screening for Autism and Communication Disorders or Smart ESAC and Autism Navigator® electronic communication system or E-Co-System developed by the FIRST WORDS® Project; 2) a description of resources and tools for families in the E-Co-System; and 3) a script for sharing screening results of the Smart ESAC with families that incorporates family-centered and motivational interviewing techniques to help engage the family in acting on the next step.

Description of the Smart ESAC and the FIRST WORDS® Project E-Co-System

The components of the FIRST WORDS® Project E-Co-System—Smart ESAC, Provider Portal, and Parent Portal—are illustrated below and described next, followed by the script for sharing screening results.
The Smart ESAC is an online screening tool designed as a universal screen for children 9-30 months of age in primary care settings based on parent report that is part of the Autism Navigator E-Co-System. It utilizes “smart” technology, first offering a brief 10-question broadband screen for communication delay. If the ESAC-10 is positive for communication delay based on parent response, it is seamlessly followed by 20 more questions to screen for autism. Thus, the ESAC-30 is a screener for both communication delay and autism.

The Smart ESAC begins with a brief introductory video explaining the importance of early detection and features of the Smart ESAC, and invites parents to become part of a research network. Following the Smart ESAC screener, there is a series of questions about the parents, child, family history of learning problems, and child’s health and development. It takes parents about 15-20 minutes to complete all 3 sections—the intro video with research permission, Smart ESAC, and Family and Child Information. The smart technology provides automated scoring so the primary care physician or other healthcare provider has the screening results immediately and can generate a screening report to share with parents and save in an electronic health record. Parents can complete the Smart ESAC at home or in the waiting room but need to get the screening results from their provider.

The Smart ESAC is part of the FIRST WORDS® Project E-Co-System that helps providers gather and share information efficiently with families and to engage families in screening and referral. The E-Co-System offers a Provider Portal and Parent Portal, as well as e-monitoring and auto-remind features. If a child has a negative communication delay or autism screen, an automated message and web link will be sent to invite parents to complete the Smart ESAC at the next target age between 12-30 months. These ages correspond with well-child visits when providers can share results with families.

The E-Co-System will invite parents of children with both positive and negative screens to access one or more of a collection of 5 online resources and tools, described at the end of this document. Providers can manage a parent’s access to these resources and tools in the provider portal when generating the screening report, or at a later time. The E-Co-System guides the provider by automatically selecting resources and tools based on the Smart ESAC results, but the provider can override the auto-selected resource or tool when sending the invitation to a parent. For other tools, the provider can decide if and when to invite parents.

The E-Co-System will also send monthly e-monitoring questions, tailored to the screening results, about the next steps taken by the parent, which are summarized in a screen for the primary care physician in the Provider Portal.

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**Smart ESAC Screening Results and Links to E-Co-System Resources and Tools**

**Auto-Selected Invite:**
- Negative Screen
- Positive Screen for Communication Delay
- Positive Screen for Autism & Communication Delay

**Provider-Selected Invite:**
- Suspect Autism
- Parent Concern about Autism

**Links to E-Co-System Resources and Tools:**
- FIRST WORDS Project—Resources & 16 by 16 Series
- Social Communication Growth Charts
- About Autism in Toddlers
- ASD Video Glossary
- How-To Guide for Families

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The E-Co-System will also send monthly e-monitoring questions, tailored to the screening results, about the next steps taken by the parent, which are summarized in a screen for the primary care physician in the Provider Portal.
Given that a diagnosis of Autism Spectrum Disorder (ASD) can be made by 18 months, improving early detection is within our reach. Reducing the time between initial screening and diagnosis would greatly accelerate entry into intervention and improve lifelong outcomes and cost to society. The earliest signs of ASD include delays in social communication milestones that appear by 18 months of age, and yet to the untrained eye these signs can be easily missed. Autism Navigator® is a collection of web-based professional courses and tools for families. Autism Navigator uses extensive video illustrations of early signs of ASD from the video library of the FSU Autism Institute to build the capacity of communities to improve early detection. The Smart ESAC was developed by the FSU FIRST WORDS® Project to address limitations of existing screeners and challenges integrating autism screening into the workflow of busy primary care practices.

Below is a brief description of each of the 5 Resources and Tools available to families in the E-Co-System. Learning about autism is important for all families because every child should be screened for autism. Keep in mind that the word autism may be scary for some families or they may think it is not relevant for them if they do not yet recognize early signs in their child. For this reason, Autism Navigator resources and tools may not be the best first place to send families. Instead, the FIRST WORDS® Project website will help families learn about early developmental milestones and ways they can support their child, and can be an effective way to engage families and help them figure out that they need more information and support.

**FIRST WORDS® Project**
The FIRST WORDS® Project website is a resource designed for all families. A link to this website will be auto-selected in the provider portal to invite parents of children with either negative or positive screens. The website is available to the public at [www.FirstWordsProject.com](http://www.FirstWordsProject.com) and includes resources and tools that are not specific to autism. This is a good first place for families to go to find resources about what it takes for children to learn to talk. Families can learn about our “16 by 16” Series designed to launch language and learning by 24 months, which includes 16 Gestures by 16 Months that are explained in Autism Navigator for Primary Care Unit 3. From the FIRST WORDS Project website, families can access a print version of the Social Communication Growth Charts, information on how to support children’s social communication development in everyday activities, the importance of early detection and early intervention for developmental delays, and the early signs of autism. These documents are also available within the Autism Navigator for Primary Care in Tools > Family Materials.

**Social Communication Growth Charts**
The Social Communication Growth Charts is an online tool for all families who complete the Smart ESAC. A link will be auto-selected in the provider portal to invite parents of children with either negative or positive screens. The Growth Charts cover 5 domains of development: language, play, social competence, emotional regulation, and self-directed learning. Most parents and doctors are aware of early motor milestones—that all children should be sitting up at around 6 months, crawling at 9 months, walking at 12 months. However, few parents or professionals know the key early social communication milestones. These milestones offer a critical window into the wellbeing of infants and toddlers and are the earliest signs of healthy development and school readiness. Parents can select from two functions in the Growth Charts. The Explore function allows parents to select a domain and 2-month age interval from 9-24 months and then watch video clips illustrating each milestone. There are companion clips with commentary explaining how each parent is supporting development of the milestone. The Chart function invites parents to indicate whether their child demonstrates each milestone and the system charts their child’s growth. The chart available to parents illustrates growth so parents can see what milestones their child has reached. Providers are able to generate more detailed graphs charting the child’s growth relative to what is expected for that age and can review these at well-child visits from 9-24 months. The Growth Charts will help parents learn these early milestones so they can celebrate achievements and be better equipped to notice small gaps in their child’s development early, instead of waiting until their child is delayed in talking. This tool will also help parents share concerns at well-child visits, if their child has not met expected developmental milestones. And the Growth Charts will help providers have conversations with families about their child’s social communication development.
About Autism in Toddlers
About Autism in Toddlers is an online resource that is free to the public (www.AutismNavigator.com) and was designed for families, professionals, and anyone interested in learning about ASD. A link will be auto-selected in the provider portal to invite parents of children with a positive screen for autism on the Smart ESAC. About Autism in Toddlers includes 29 slides with many video players selected from units in the Autism Navigator for Primary Care course. It illustrates the early signs of autism using the new DSM-5 diagnostic framework with video clips of 15 different toddlers, most between 18 and 20 months of age. Parents can watch side-by-side video clips comparing typical development and early signs of autism. Parents can also watch videos illustrating change with intervention for 8 different toddlers so they can see early intervention in action and how much progress a toddler with autism can make in a year or two. One important message is there is hope for families of children with autism. Autism can be a scary diagnosis, but if caught early, the outcomes can be very promising, and children with autism can develop many strengths. We want to help families get services early and we want those families to feel that they can be the impetus for changing their children's outcomes.

ASD Video Glossary
The ASD Video Glossary is an online tool that was created to help families and professionals learn more about the early warning signs of autism. The ASD Video Glossary was developed by the Autism Institute at Florida State University in collaboration with First Signs and Autism Speaks and has been available to the public free of charge since 2007. The ASD Video Glossary is now part of the Autism Navigator Collection of Tools and is being updated both in content and in design and programming for contemporary mobile devices. The Glossary contains over 100 brief video clips illustrating the diagnostic features of ASD based on the DSM-5 diagnostic framework. Side-by-side video clips show typical behaviors in contrast with those that are red flags for autism. The Glossary contains 100 additional brief video clips to illustrate the different types of treatments available for young children with autism. The ASD Video Glossary may be particularly useful for families of children who may have ASD to build consensus about the early signs of ASD and the need for early intervention, after they have viewed About Autism in Toddlers. Providers who think a parent would benefit from this tool can initiate an invitation from the provider portal with a link to the ASD Video Glossary in the parent portal.

How-To Guide for Families
The How-To Guide for Families is a web-based course for parents of toddlers who are suspected of having ASD and may also help parents of children with a positive autism screen on the Smart ESAC who are waiting for an evaluation or intervention services. This online course will put in the hands of families hundreds of video illustrations of evidence-based intervention techniques. The interactive program teaches parents how to embed learning supports and strategies into everyday activities they are already doing with their toddler. Parents can get started right away learning how to support their child’s learning and development. Families often suspect a child has a language delay or signs of autism long before the child is diagnosed. Additionally, there may be long delays before intervention begins once the child is diagnosed. The How-To Guide for Families helps bridge this gap in service delivery. It can also be instrumental for early intervention providers to use with families they are coaching in early intervention. Providers who think a parent would benefit from this tool can initiate an invitation from the provider portal with a link to the How-To Guide in the parent portal.

We hope the Smart ESAC and FIRST WORDS Project E-Co-System with the collection of resources and tools for families will help make it viable for providers in primary care settings to implement universal screening, connect families with information and support, and engage families in acting on referrals for further evaluation and early intervention services.

The next section provides information and detailed scripts for sharing screening results of the Smart ESAC with families. We have incorporated family-centered and motivational interviewing techniques into this script to help engage families in acting on the next step.
Sharing Screening Results of the Smart ESAC with Families

It is important to consider who will share the screening results with the family and how this information is shared, particularly for a positive screen. We recommend that one or more providers who have completed all units in the Autism Navigator for Primary Care course be designated to share screening results for a practice or agency. This may be the primary care physician, or the physician may give the parent the screening result and have a nurse or other staff prepared to make referrals and answer questions for the family.

Following are scripts for sharing a negative screen, positive screen for communication delay, and positive screen for communication delay and autism. As you screen younger children, parents may be less aware of developmental delays and signs of autism, and therefore, may not be ready to act on the next steps after a positive screen—referral for an evaluation and referral to determine eligibility for early intervention. Family-centered and motivational interviewing techniques have been incorporated into this script to help engage families in acting on next steps so that the time between initial screening and entry into intervention can be shortened. Motivational interviewing (MI) is a collaborative conversational style for strengthening a person’s own motivation and commitment to change (Miller & Rollnick, 2012). For more information on MI, go to www.motivationalinterviewing.org. There is a strong evidence-base for MI from many randomized controlled trials with different populations and health issues. This application of MI is somewhat new, but learning MI techniques may help you work with families about a range of health conditions and challenges.

MI is a collaborative conversation about change—it can help to engage families and work through ambivalent feelings by identifying and strengthening their own reasons to make positive change (Miller & Rollnick, 2012). Parents can have many different emotional reactions to learning that their child might have a communication delay or autism spectrum disorder (ASD). They can feel anxious, sad, upset, or angry, or they can be ambivalent or in denial. All of these emotions are normal and necessary as families adjust to learning that their child may have a developmental disability. Their emotional response will be influenced by many factors including the support and resources available to them, other family stress and challenges, the power structure of decision-making in the family, and cultural expectations about development and early child behavior. Building consensus with families on what their child can and can’t do and then what this means is a good place to start to engage families in talking about their child’s developmental problems. Telling a family that they need to act on a screening result can lead to ambivalence or resistance for many different reasons that can range from the family not understanding what the problem is to that parent not having the power within the family to make the decision to take the next step. This first conversation is very important to discover what the family thinks and wants and what the pros and cons are in their minds about next steps.

Following are guiding principles of MI (Miller & Rollnick, 2012):

- MI is a collaborative conversational style to strengthen a person’s motivation and commitment to change.
- The overall style is one of guiding, which lies between elements of directing and following.
- Ambivalence is a normal part of getting ready for change and a place where a person can get stuck.
- Using a directing style to argue for change with someone who is ambivalent will bring out the person’s opposite arguments to push back.
- People are more likely to be persuaded by what they hear themselves say.

There are four general processes of MI (Miller & Rollnick, 2012):

1. Engaging – involving the family in talking about issues, concerns and hopes, and establishing a trusting working relationship.
2. Focusing – narrowing the conversation to identify family goals and to highlight working together toward those goals.
3. Evoking – collaborating with the family on developing motivation for change by increasing the family’s sense of the importance of acting early, confidence about next steps, and readiness to move forward.
4. Planning – developing the practical steps with families to implement the changes they want and to strengthen their confidence that they can follow through.

Reference:
SCRIPT FOR NEGATIVE SCREEN

1. Introduction:
Thank you for completing the ESAC—which stands for the Early Screening for Autism and Communication Disorders for CHILD’S NAME. The information you provided on the ESAC is used to screen for signs of a communication delay or autism. It won’t tell us whether CHILD’S NAME has a communication delay or autism, but it can tell us whether we need to gather more information about your child’s communication abilities and behaviors, based on what you reported.

2. Ask permission to share information:
I have the results from the ESAC that you just completed. May I share them with you?

3. Share screen results (Use A. for a negative screen OR B. for below average communication):

   A. For parents of children with a negative screen:
   Based on the information you provided on the ESAC, CHILD’S NAME is currently communicating as expected for his or her age. You will be invited to repeat this screening every 3 to 6 months until your child is 30 months. You are in the best position to notice milestones that your child reaches and to support your child’s development. We will be here to help follow your child’s development as new skills emerge. You can learn about social communication milestones at www.firstwordsproject.com.

   B. For parents of children 9-13 months of age with a negative screen but below average communication:
The ESAC scores range from as expected for age, below average for age, or below what is expected for age. Based on the information you provided on the ESAC, CHILD’S NAME is currently communicating below average for his or her age and is at risk for a communication delay. Therefore, it is recommended that your child be carefully monitored. Your decision to do this screen was very important at this particular time because now we know and can closely monitor and prevent bigger communication delays as CHILD’S NAME develops. You will be invited to repeat this screening every 3 to 6 months until your child is 30 months. It is very important to follow your child’s development as new skills emerge. You play a critical role in noticing milestones that your child reaches and in supporting your child’s development. Small lags in early development can get bigger and become communication delays. You can learn about social communication milestones at www.firstwordsproject.com.

4. Check in:
How does that fit with your view of CHILD’S NAME?

5. For referral to the FIRST WORDS Project website and Social Communication Growth Charts:
You are the best judge of how CHILD’S NAME is doing, in noticing milestones that your child reaches, and in supporting your child’s development. You can learn about developmental milestones and how to support your child’s social communication development at www.firstwordsproject.com. You can find documents to read and learn about the 16 by 16 Series. You will also be invited to use the Social Communication Growth Charts, an online tool where you can explore developmental milestones from 9 to 24 months. You can see video examples that show how to support these milestones. You can also chart your child’s growth- and next time you come in we can look at these charts together. I will be sending you links to these resources and tools.

6. Check in:
What questions do you have about that? IF NONE, THEN ASK: How are you feeling (or, what are you thinking) about all of this?
SCRIPT FOR POSITIVE SCREEN FOR COMMUNICATION DELAY

1. Introduction:
Thank you for completing the ESAC—which stands for the Early Screening for Autism and Communication Disorders for CHILD’S NAME. The information you provided on the ESAC is used to screen for signs of a communication delay or autism. It won’t tell us whether CHILD’S NAME has a communication delay or autism, but it can tell us whether we need to gather more information about your child’s communication abilities and behaviors, based on what you reported.

2. Find out what parent already knows and thinks:
What do you know about communication delays and autism? (MATCH EVERYTHING THAT COMES NEXT TO THAT IN THE CONTEXT OF WHAT A SCREEN MEANS, WHY SCREENING IS IMPORTANT, AND WHAT HAPPENS NEXT.)

3. Ask permission to share information:
I have the results from the ESAC that you completed today. May I share them with you?

4. Share positive communication delay screen results:
The ESAC scores range from as expected for age, below average for age, or below what is expected for age. Based on the information you provided on the ESAC, CHILD’S NAME is currently communicating below what is expected for his or her age. Therefore, it is recommended that your child be carefully monitored. You will be invited to repeat this screening every 3 to 6 months until your child is 30 months. It is very important to follow your child’s development as new skills emerge. You are in the best position to notice milestones that your child reaches and to support your child’s development. We will be here to help follow your child’s development as new skills emerge. You can learn about social communication milestones at www.firstwordsproject.com.

5. Check in:
How does that fit with your view of CHILD’S NAME?

6. For referral to the FIRST WORDS Project website and Social Communication Growth Charts:
You are the best judge of how CHILD’S NAME is doing, in noticing milestones that your child reaches, and in supporting your child’s development. You can learn about developmental milestones and how to support your child’s social communication development at www.firstwordsproject.com. You can find documents to read and learn about the 16 by 16 Series. You will also be invited to use the Social Communication Growth Charts, an online tool where you can explore developmental milestones from 9 to 24 months and see video examples that show how to support these milestones and you can chart your child’s growth.

7. Check in:
What questions do you have about that? IF NONE, THEN ASK: How are you feeling (or, what are you thinking) about all of this?
1. Introduction:
Thank you for completing the ESAC—which stands for the Early Screening for Autism and Communication Disorders for CHILD’S NAME. The information you provided on the ESAC is used to screen for signs of a communication delay or autism. It won’t tell us whether CHILD’S NAME has a communication delay or autism, but it can tell us whether we need to gather more information about your child’s communication abilities and behaviors, based on what you reported.

2. Find out what parent already knows and thinks:
What do you know about communication delays and autism? (MATCH EVERYTHING THAT COMES NEXT TO THAT IN THE CONTEXT OF WHAT A SCREEN MEANS, WHY SCREENING IS IMPORTANT, AND WHAT HAPPENS NEXT.)

3. Ask permission to share information:
I have the results from the ESAC that you completed today. May I share them with you?

4. Share positive communication delay and autism screen results:
As you know, the ESAC is a way to screen children to determine if they may be at risk for autism. Screening at this age is key to early intervention to provide the best chances for brain and social development of the child. What do you know about Autism? (WAIT FOR ANSWER AND THEN SHARE SCREENING RESULTS AND WHAT THEY MEAN AND WHAT THEY DO NOT MEAN.) Based on the information you provided on the ESAC, CHILD’S NAME is currently communicating below what is expected for his or her age and may be at risk for autism. Therefore, it is recommended that your child be referred for a developmental evaluation. A developmental evaluation can determine if your child has a communication delay or shows signs of autism spectrum disorder. The evaluation may include an observation of your child at home in a familiar setting and an assessment by professionals in a clinical setting. This evaluation will provide information for planning the next steps to support you and your child.

5. Check in:
How does that fit with your view of CHILD’S NAME?

6. For referral to the FIRST WORDS Project website and Social Communication Growth Charts:
You are the best judge of how CHILD’S NAME is doing, in noticing milestones that your child reaches, and in supporting your child’s development. You can learn about developmental milestones and how to support your child’s social communication development at www.FirstWordsProject.com. You can find documents to read and learn about the 16 by 16 Series. You will also be invited to use the Social Communication Growth Charts, an online tool where you can explore developmental milestones from 9 to 24 months and see video examples that show how to support these milestones and you can chart your child’s growth.

7. For referral to the Autism Navigator website to link to About Autism in Toddlers:
You will also be invited to an online tool called About Autism in Toddlers at www.AutismNavigator.com. You can learn about autism and watch side-by-side video clips comparing typical development and early signs of autism. You can also watch videos illustrating change with intervention for 8 different toddlers so you can see early intervention in action and how much progress a toddler with autism can make in a year or two. The really good news is that your child is still really young. If autism is caught early, the outcomes can be very promising, and children with autism can develop many strengths.

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8. For referral for a developmental evaluation:
The next step for children who fall in the range of concern on this screener [OR The next step for children who have difficulty with insert whatever specific area that child is having difficulty with] is a more thorough developmental evaluation.

9. Ask permission to share information about the evaluation:
I would like to share more information about the process and would like to hear what you are thinking and feeling about all of this. Would that be ok?

Remember that the purpose of a screening tool like the ESAC is to get a big picture of whether or not further evaluation is needed, just like a blood pressure check. A developmental evaluation can determine if your child has a communication delay or shows signs of autism spectrum disorder. The evaluation may include an observation of your child at home in a familiar setting and an assessment by professionals in a clinical setting. This evaluation will provide information for planning the next steps to support you and your child. Once you are referred, they should call you back within 72 hours and schedule an evaluation within 45 days.

10. Check in:
What questions do you have about that? IF NONE, THEN ASK: How are you feeling (or, what are you thinking) about all of this? (REFLECT THEIR AGREEMENT/CONCERN ABOUT THEIR CHILD’S COMMUNICATION DELAY OR POSSIBLE RISK FOR AUTISM.)

11. Ask about next steps:
I can call the EI system or I can give you a phone number? How does that sound to you?

12. For parents who have concerns about autism after receiving a positive autism screen, ask permission to share the ASD Video Glossary:
I can share more resources about autism that you can use to learn more about the early signs and to teach you how to start supporting your child’s development right away. Would you like to hear more about these? I can also send you a link to the ASD Video Glossary, an online tool with 100 video clips showing the early signs of autism and 100 video clips that illustrate a variety of intervention techniques for children with autism to give you an idea of the range of interventions available. Would you like a link to the ASD Video Glossary?

13. For parents who have concerns about autism after receiving a positive autism screen and you or the parent suspect their child might have autism, ask permission to share the How-To-Guide for Families:
I can share one more resource about autism—the How-To Guide for Families. Would you like to hear more about this? This is an interactive program that teaches parents how to embed learning supports and strategies into everyday activities you are already doing with your toddler. You can get started right away learning how to support your child’s learning and development and move through the course at your own pace. You can use this while you are waiting for an evaluation because the strategies would be helpful for all children. You can also use this if your child is eligible for intervention. Your early intervention provider will be teaching you these strategies and so having this online course will help you as you are coached.
Motivational interviewing (MI) is a collaborative, goal-oriented conversation about change. It is designed to elicit and explore a person’s own reasons for change within an atmosphere of acceptance and compassion. MI is most useful when a person is ambivalent about change: he or she has reasons to change and reasons not to change, simultaneously.

Basic components and skills of MI include:

- The MI Spirit
- Basic Skills
- Change and Sustain Talk
- Providing Information.

The MI Spirit is the set of heart and mind with which one enters into the practice of MI. Components of the Spirit include: **Partnership, Acceptance, Compassion, and Evocation**. It is not expected that one will have mastered the Spirit prior to practicing MI. Rather, the practice of MI skills fosters the development of the Spirit. As the Spirit develops, the practice of specific skills becomes more natural or easier.

- **Partnership**
  - MI is not done to or on someone; it is done for and with someone
  - MI is collaborative and is conducive, rather than coercive to change
  - A person’s own motivation and resources are activated

- **Acceptance**
  - Acceptance does not mean approval
  - MI practitioners are non-judgmental
  - MI practitioners accept
    - a person’s absolute worth
    - a person’s right and capacity for self-direction
    - the difficulty of change
  - MI practitioners seek and acknowledge a person’s strengths

- **Compassion**
  - MI practitioners
    - Actively promote a person’s welfare
    - Give priority to a person’s needs
    - Work for another’s benefit

- **Evocation**
  - MI practitioners
    - Evoke a person’s own motivation and reasons for change
    - Focus on strengths; do not probe for deficits

Core Skills are the foundational skills of MI and include **Open Questions, Affirmations, Reflective Listening**, and **Summaries**. These skills do not constitute MI, but are essential prerequisite skills for proficient practice. What characterizes MI is the way the skills are used strategically to help people move in the direction of change.

- **Open Questions**
  - Invite elaboration
  - In contrast to closed questions, cannot be answered with yes or no and are not multiple choice
• Affirmations
  o Statements that accentuate the positive
  o Acknowledge inherent worth, support, encourage
  o Highlight abilities that can lead to change

• Reflective Listening (Reflections)
  o Repeat part of what was said or makes a guess about the meaning
  o Allows people to hear and consider their thoughts and feelings again
  o Good reflective listening
    ▪ keeps people talking, exploring, considering
    ▪ is selective and strategic

• Summaries
  o Collect material that has been offered
  o Link something just said with something discussed earlier
  o Draw together what has happened and transition to a new task

Other important components of MI include recognizing **change** and **sustain talk** as well as **providing information** in an MI adherent manner.

• Change Talk
  o Statements favoring change, recalled with the acronym DARN CAT
    ▪ **Desire**: I want to…
    ▪ **Ability**: I can…
    ▪ **Reasons**: I should because…
    ▪ **Need**: I need to…
    ▪ **Commitment**: I will…
    ▪ **Activation**: I’m ready to…
    ▪ **Taking Steps**: I did…
  o The more a person voices change talk, the more likely he or she is to change
  o Professionals can influence the amount of change talk a person voices
    ▪ When MI practitioners hear change talk, it should be reflected, and more change talk will likely result

• Sustain Talk
  o Statements favoring the status quo, against change
    ▪ Things are okay now because…
    ▪ I don’t want to change because…
  o The more sustain talk a person voices, the less likely he or she is to change

• Providing Information
  o As helpers, we often overestimate the amount of information people want
  o In order to facilitate change, MI practitioners provide information following these guidelines:
    ▪ **Elicit**
      • Ask permission to share information
      • Ask a person what he or she wants to know
    ▪ **Provide**
      • Provide information without jargon, in small amounts
    ▪ **Elicit**
      • Ask for a response
      • Check in on a person’s understanding
For parents who are ambivalent or uncertain about proceeding with the evaluation, we have generated example scenarios from the FIRST WORDS Project covering issues that may arise at this screening/referral stage. These are examples to illustrate how to incorporate techniques based on MI and family-centered practice. The idea is that the provider asks questions in order to hear the parent’s reasons for wanting to proceed. The provider should not give reasons about why the parent should proceed. With each scenario, this gives the family the opportunity to talk him/herself into change, rather than the provider doing the convincing. This approach is more likely to lead to family action.

**Scenario 1**

Background: The child shows red flags for autism spectrum disorder. The clinician is concerned and it is unclear whether the parent is concerned.

Parent: “*My mother in law is a speech therapist and doesn’t have any concerns about Bobby’s development.*”

- **Do try to:**
  - Understand/clarify whether the parent is concerned
  - Express your concerns when the parent is ready to hear them
- **Don’t try to:**
  - Convince the parent the mother-in-law is wrong
  - Express your concerns before the parent is ready to hear them
- **Options for responding with MI**
  - **Simple Reflection:** “*Your mother in law is not concerned about Bobby.*”
    - **Danger:** Parent will likely respond with all the reasons the mother is not concerned.
      - This may be important to understand, but may be difficult to manage.
    - **Reflection of Feeling:** “*It’s confusing to have one person saying there is nothing to be concerned about and another saying there is something to be concerned about.*”

- **Let’s try it:**

  Parent: *My mother-in-law is a speech therapist and doesn’t have any concerns about Bobby’s development.*
  
  Clinician: *It’s confusing that one person is saying there is nothing to be concerned about and another saying there is something to be concerned about.* (Reflection of feeling)

  Parent: *Yes, but my mother-in-law spends a lot of time with him. She would notice if something was wrong.*
  
  Clinician: …*and you’re worried that after such a brief evaluation, we don’t have an accurate view of what he is really like.* (Complex Reflection, continuing the paragraph)

  Parent: *Right. How could you know this after just a few hours of testing?*

  - One option, Clinician: *I’d be happy to tell you more about our evaluation process. Before I do that, though, I was hoping to better understand your concerns about Bobby’s development. What is it that concerns you?* (Open question)
  - A second option, Clinician: *I completely understand your uncertainty. Would it be okay if I shared more information with you about the evaluation, what we look for, and how it works?* (Asking permission to share information)

- Then, the way is paved to later ask about the parent’s concerns (if you choose option 2) and ask permission to share your concerns about Bobby’s development.

**Scenario 2**

Background: The results of the ESAC completed by the parent at the pediatrician’s office suggest further evaluation is warranted and the parent earlier expressed slight concerns about her daughter’s speaking abilities. The pediatrician or nurse makes a recommendation for further evaluation.

Parent: “*I am so busy running kids around town, there is no way I’ll have time to take her to another appointment.*”
Do try to:
- Empathize
- Understand/highlight the parent’s values
- Discuss any areas of slight concern mentioned previously
- Move towards the possibility of considering an evaluation

Don’t try to:
- Convince the parent that the evaluation will not be inconvenient.
- Scare the parent by sharing the potential consequences of not participating in further evaluation.

Options for responding with MI:
- Reflections of being busy and not having time:
  - Your schedule is packed! It’s not possible to fit this in.
  - Danger: Parent will likely respond with information about her busy schedule and lack of time, convincing herself not to proceed with the evaluation.
    - This may be important to understand, but may be difficult to manage.
- Reframe and Affirmations
  - Making sure the kids have everything they need really takes a lot of time and energy! You are a devoted mom!

Let’s try it

Parent: I am so busy running kids around town, there is no way I’ll have time to take her to another appointment.

Doctor/Nurse: Making sure the kids have everything they need really takes a lot of time and energy! You are a devoted mom! (Reflection, Reframe Affirmation)

Parent: Yes, they keep me very busy. I can barely keep up, but I do it for them.

Doctor/Nurse: So I see why you are in a bit of a tough spot here. On the one hand, it’s completely overwhelming to think of adding one more thing to your schedule, and at the same time, you’re a little worried about Suzie’s language and taking care of her is really important to you. (Double sided reflection)

Parent: Yes, she should be talking by now and that worries me a little. I want her to be okay.

Doctor/Nurse: It’s a bit unsettling and you’re not sure what’s going on. (Reflection)

Parent: Right.

Doctor/Nurse: Can I tell you a bit about the referral I mentioned a minute ago and how it might give us some answers to the questions and concerns you have? (Asking permission to share information)

Parent: That would be very helpful and might ease my mind.

Doctor/Nurse: Getting more information will help you to know for sure how your child is doing which might help you sleep better at night (Reflection)

Scenario 3

Background: The clinician has expressed concerns about Billy’s behavior, for example difficulty with transitions, rigid adherence to routines, and insistence on sameness, and has identified them as potential symptoms of autism spectrum disorder. However, the parent attributes Billy’s difficulties to lack of discipline. The clinician’s recommendation is to continue with further evaluation for ASD.

Parent: “I see what you are saying, but it probably is just that he needs more discipline. I never say no to him.”

Do try to:
- Recognize reasons behind this response:
  - The parent may be trying to find a more comfortable explanation for the child’s behavior.
  - The parent may genuinely believe that discipline is the primary problem.
- Highlight and reflect the parent’s agreement with your concerns (I see what you are saying)
- Move towards discussion of further evaluation
Don't try to:
- Convince the parent that discipline is likely not the primary problem.
- Disagree with the parent that the child does not need discipline.
- Ignore the parent’s concerns about discipline.

Options for responding with MI:
- Simple reflection (rephrase):
  - One thing that’s been on your mind is wanting to do something different about discipline and you also have other specific concerns about his routines and rituals.
  - Notice the order of the reflection. The likelihood, if the reflection is accurate, is that the parent will follow up with comments about routines and rituals.
- Reflection + Open question
  - You have a few different concerns. One is that you wonder if you need to discipline differently. Another is concern about Billy’s routines and rituals. What is it about his routines and rituals that has you worried?

Let’s try it:

Parent: I see what you are saying, but it probably is just that he needs more discipline. I never say no to him.
Clinician: You have a few different concerns. One is that you wonder if you need to discipline differently. Another is concern about Billy’s routines and rituals. What is it about his routines and rituals that has you worried? (Reflection, Open Question)

Parent: Well, it worries me that he completely melts down if things aren’t just right…if he’s not the one to open the front door; if one of his toys is out of line; if we don’t read Go, Dog! Go! before bedtime…so then I try to distract him or give in to avoid a struggle. I know I’m not supposed to do that so I just need to be better at saying no to these demands and this stuff will probably go away. It’s just got to stop.

Clinician: You’ve thought a lot about this and really want to figure it out. (Affirmation, Reflection)

Parent: Yes.
Clinician: …figure out why Billy has his routines and meltdowns and figure out what to do about them.
Parent: Right.
Clinician: What would be helpful to you, at this point, in figuring this out? (Open question)

Three possible outcomes here:

First Outcome: increased parent interest in hearing about the evaluation

Parent: I have no idea. I guess trying new discipline, like not giving in when he has a meltdown…see if that works. Other than that, I don’t know. That testing you have here, that you talked about earlier, I don’t know if that could tell us anything.

Clinician: You’re wondering whether that would be helpful. (Reflection)

Parent: Well, I don’t know. Would it?
Clinician: I’d be happy to tell you more about that testing, if you’re interested. (Asking permission)

Second Outcome: continued reluctance by the parent and the clinician coming alongside, resulting in more change talk

Parent: I have no idea. I guess trying new discipline, like not giving in when he has a meltdown…see if that works. Other than that, I don’t know. What I do know, though, is that I don’t have time to fit in more testing right now. I just can’t.

Clinician: It might make more sense for your family right now, to take a wait and see approach, rather than add more stress with more appointments. (Coming Alongside)

Parent: Yes, it would be so much easier. But, I’m afraid of what will happen if we don’t do something. What if that is the wrong choice? (Change talk following from the preceding reflection)

Clinician: It’s a tough decision. On one hand it is stressful to imagine adding any more to your schedule and on the other hand, you’re worried it’s the wrong decision to wait. Maybe Billy needs attention now. (Reflection)

Parent: I don’t know. Tell me a little about that testing you mentioned, and I’ll decide from there. Maybe I’ll just have to figure it out.
Third Outcome: continued reluctance by the parent and the clinician coming alongside, resulting in continued reluctance.

Parent: I have no idea. I guess trying new discipline, like not giving in when he has a meltdown…see if that works. Other than that, I don’t know. What I do know, though, is that I don’t have time to fit in more testing right now. I just can’t.

Clinician: It might make more sense for your family right now, to take a wait and see approach, rather than add more stress with more appointments. (Coming Alongside)

Parent: Yes, it would be so much easier on all of us. The stress of adding more would not be good for any of us.

Clinician: This just isn’t a good time for you to move forward with this. (Coming alongside)

Parent: It’s not. I can’t.

Clinician: Would it be okay if I called you in a month, to check on you and your daughter and to see if we can be of any help to you then? In the mean time, you are more than welcome to call with questions or concerns about your visit today or about anything that comes up with Billy over the next few weeks.

It’s not ideal for parents not to move forward. But, through the use of reflections, we have avoided confrontation, formed a collaborative relationship, and have left the door open for contact in the near future and possibly a chance to further evaluate the child.

Scenario 4

Background: The parents agree and understand that their child has social communication deficits and exhibits restricted interests and/or repetitive behaviors. However, they have repeatedly expressed concern about the diagnostic label “autism spectrum disorder” and it is unclear whether or how this will impact their follow-through with referrals for intervention.

Parent: “I don’t want him labeled.”
  o Do try to:
    ▪ Respect their fear of the consequences of a diagnostic label.
    ▪ Understand what the parents fear the consequences of the label/diagnosis will be.
    ▪ Elicit from the parents reasons the diagnosis may be helpful.
  o Don’t try to
    ▪ Insist they “accept” the diagnosis.
    ▪ Convince the parent of the usefulness of the diagnostic label.

Options for responding with MI:
  o Reflection (of emotion):
    ▪ You’re worried about how the diagnosis, the label, will impact him.

  • Let’s try it:

Parent: I don’t want him labeled.

Clinician: You’re worried about how the diagnosis, the label, will impact him. (Reflection of emotion)

Parent: Worried?! Yes, I’m worried! I do not want that label going anywhere in his file. It’s going to follow him everywhere and that’s not who he is. He’s not just a kid with autism. There’s so much more to him than that.

Clinician: He has a lot of other qualities that make him who he is. (Reflection)

Parent: Of course he does…and those are the things that really matter. He’s silly and smart and loving. He loves to play and be outside. But once people see that label, they won’t see any of that. They’ll automatically think he’s weird and won’t even give him a chance.

Clinician: He’ll be excluded, miss out on all kinds of opportunities. (Reflection)

Parent: Yes. I just won’t let that happen.

Clinician: You’re determined to help him fit in, to help him be the best he can be. (Affirmation, Reflection)

Parent: Yes

Clinician: And you are worried that the diagnosis, the label, will get in the way of that. (Reflection)

Parent: It certainly won’t help.
Clinician: I’m glad you brought that up and was wondering if we might talk about that. *(Asking permission)*

Parent: About what?

Clinician: About how the label will help, or not help, Johnny fit in and be his best. *(Continuing to ask permission)*

Parent: Okay…

Clinician: Well, what I understand so far, is that you have many concerns about the diagnostic label, and the impact it will have on Johnny. You are worried people will overlook his good qualities, the things that make him so special to you, worried he’ll be excluded and that people will think he is weird. *(Summary)*. What did I miss? *(Open question)*

Parent: Nothing. That about sums it up.

Clinician: So with all of those concerns, of course you are reluctant to have this diagnosis go into his file. At the same time, I'm wondering what purpose or benefits you may be able to imagine about the diagnostic label…wondering what about that is consistent with helping him be the best he can be. *(Open question)*

Parent: I guess that’s something that I don’t see…the usefulness of it.

Clinician: It’s hard to see how it could be helpful. *(Reflection)*

Parent: Other than maybe help us get treatment somehow, but I don’t even know if that would happen.

Clinician: So one possibility is that the diagnosis might be helpful in getting treatment for Johnny. How so? *(Reflection, Open question)*

Parent: Well, I’m not completely sure. But I think I’ve heard that there are special treatments or services for kids with autism. And I guess without the label, he can’t get those.

Clinician: You bring up some really good points. You’re right that there are specific treatments and services designed specifically for kids with autism. You’re also right that being diagnosed can open a lot of doors for services that other kids are not eligible for. Can I tell you a little bit more about what those are? *(Reflection, Asking permission)*

Parent: Sure

Clinician: Early intervention services should offer coaching for you to learn how to support your child’s development. They might also include therapies to work directly with your child to help him/her catch up and to address behavior problems.

Clinician: What do you think about all of that? *(Open question)*

Parent: It’s interesting. I didn’t know that. But, I’m so worried about who is going to see this and what people are going to say. It’s just not necessary for everyone out there to know his diagnosis.

Clinician: Some people need to know, others don’t. *(Reflection)*

Parent: Right. I don’t want it in the wrong hands.

Clinician: …and the decision about who to share it with and when is completely up to you. Nobody, not us, not the doctor, can share Johnny’s diagnosis or the report without your permission. It’s completely up to you. *(Emphasizing personal choice/control)*

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**Scenario 5**

Background: The family has an older child (Charlie) with severe autism. According to parent report on the ESAC, the younger sibling (Timmy) is showing red flags. The parent does not agree with the ESAC results and does not see that further evaluation is necessary.

Parent: “I know you’re saying that the answers I gave on the computer say he has red flags for autism. But that’s wrong. I never said he had symptoms of autism. I’ve seen autism with my older son. This is not it.”

- Do try to:
  - Understand that she has a view of what autism is and it is not what she sees in her younger son.
  - Have a conversation about concerns she has about her younger son.
  - Elicit from the parent the benefits of proceeding with further evaluation.

- Don’t try to
  - Immediately explain that the symptoms of autism vary in their presentation and severity between children.
  - Convince her that she needs to be concerned about her younger son.
• Options for responding with MI:
  o Reflection of emotion
    ▪ You don’t think these results are accurate.
  • Danger: This invites the parent to describe all the reasons the results are inaccurate and may be difficult to manage. The focus will likely be on the inaccuracy of the measure and the clinician. It’s important to understand this perspective, but try this instead:
    o Reflection
      ▪ These behaviors we are talking about don’t fit with your experience and what you know about autism.
  • Better: It guides the conversation towards the parent’s experience and her children, rather than an attack on the measure and clinician.

Let’s try it:

Parent: I know you are saying that the answers I gave on that computer show he has red flags for autism. But that is wrong. I never said he had symptoms of autism. I’ve seen autism with my older son. This is not it.

Clinician: These behaviors we are talking about don’t fit with your experience and what you know about autism. (Reflection)

Parent: No, I’m telling you, Timmy is so much different than Charlie, even at this age. Timmy is saying a few words, which Charlie never did. He responds when we call him. I mean, we had Charlie’s hearing tested when he was Timmy’s age because we thought he couldn’t hear us! He’s not bothered at all by brushing his teeth, which has Charlie screaming for an hour. I could go on forever.

Clinician: The things that were so obvious early on, and had you so worried about Charlie, you’re just not seeing in Timmy. (Reflection)

Parent: They are two totally different kids.

Clinician: …and then of course it doesn’t make any sense when I say that Timmy may be showing red flags. (Reflection of emotion)

Parent: No, it really doesn’t.

Clinician: I could see how that would be confusing. Would you be willing to look at the results of the ESAC, the computerized questions, with me, so we can figure out what is going on? (Asking permission)

Parent: That would be fine. I probably just clicked on the wrong answer to a question.

Clinician: One way to do this is to talk about the overall score and what that means. We can also start by talking about individual questions, and talk about your answers to those. Which sounds best to you?

Parent: Let’s look at the questions. Those are the red flags you’re talking about anyway, right?

Clinician: Right. Okay, let’s take a look at this one. We can see here that when Timmy plays with toys, he does not yet look at you to see if you are watching him.

Parent: Right, and I don’t see that as a very big deal. I mean, at least he’s playing. All Charlie would do is carry them around and not do anything with them. It’s actually kind of nice. He’ll sit and play all by himself for an hour if we let him. Timmy and his puzzles…and we’d better not get in his way! It’s honestly a nice break for me.

Clinician: He’s pretty focused on them, enjoys them a lot.

Parent: I suppose you’re going to tell me that this is a problem.

Clinician: At this point I’m more interested in your perspective and whether you really view it as a problem.

Parent: Well, I didn’t, obviously…and that’s not really it either. It’s not really a problem. Charlie coming in and messing up Timmy’s puzzles, or the dog running over them and mixing up the pieces, that’s the problem! He completely freaks out.

Clinician: It’s not that he can play quietly with his puzzles that bothers you, it’s more of his reaction if he’s interrupted. (Reflection)

Parent: I’ll admit, it’s extreme. But really, that doesn’t mean he has autism.

Clinician: You’re exactly right. It’s much more complicated than that. So, one potentially concerning thing, one thing that raised the question of red flags, was how interested he becomes with his toys and for you, the bigger issue is his outburst when he’s disrupted. (Summary) Let’s look at another question, if that’s okay with you, that may have raised the question of red flags. I see here that Timmy is not yet doing some of these, like giving or showing you things, waving, or pointing.
Parent: No, not yet…but he’s still so young…(Becoming worried) but that’s a problem too?
Clinician: I can see this is becoming a bit upsetting. (Reflection of emotion)
Parent: It is very upsetting! I see these things that you are talking about, but he’s not at all like Charlie. I just can’t see that this means he has autism.
Clinician: Once again, you are right on. It doesn’t mean that he has autism. But I’m wondering what ideas you have about what it might mean, at this point. (Open question).
Parent: Well, we’ve been through it before. It probably means that we need to keep a close eye on him, make sure it doesn’t get worse.
Clinician: …and if you are open to it, we can help you keep an eye on him. (Open question)
Parent: Well how can you do that?
Clinician: Describes connection with and evaluation through First Words.

Scenario 6

Background: Jack is at his pediatrician’s office for a well-child visit. He is 18 months old, within the age when screening for autism and developmental disabilities is recommended by the American Academy of Pediatrics. Jack’s mom brought him to the appointment, along with Jack’s 3 and 5-year-old siblings. His mom does not want to complete the Smart ESAC because she feels it will be difficult to complete while trying to attend to the other children.

Parent: “This just isn’t a good day for me to do that thing on the computer. The kids will all want to play with it and it will be a mess. Plus, nobody has napped today, so I need to keep my eyes on them so they don’t get into everything. I won’t even be able to focus on the questions! I’ll have to do it on a different day.”

Do try to:
- Work with mom to develop a plan for completion of the Smart ESAC
- Be supportive and empathic about her concerns

Don’t try to:
- Express your views on the importance of mom completing the screening
- Convince mom that it will only take a few minutes

Options for responding with MI
- Complex Reflection:
  - You have your hands full today! You’d really rather do this at a time when you can better focus on it.

- Note: There does not appear to be disinterest/hesitation about the measure itself, rather it is the logistics of completing it today. If mom is willing to complete it, just not under these circumstances, we can focus on managing the barriers in a way that works best for mom.

- Let’s try it:

Parent: This just isn’t a good day for me to do that thing on the computer. The kids will all want to play with it and it will be a mess. Plus, nobody has napped today, so I need to keep my eyes on them so they don’t get into everything. I won’t even be able to focus on the questions! I’ll have to do it on a different day.

Clinician: You have your hands full today! You’d really rather do this at a time when you can better focus on it. (Complex Reflection, Simple Reflection)

Parent: Yes, definitely. It will just be too much today.

Clinician:
- Three options:
  1. Continue to reflect her desire/interest in doing it on a different day and move to making a plan to do that. No need to spend too much time reflecting her willingness to schedule a future date, if her willingness is high. That is a time to move into planning.
  2. May also consider sharing information/offering support to assist the mom in completing it that day, if support is available
  3. Combine the two and ask for mom’s input

Clinician (option 3): You mentioned being willing to complete the form on a different day and I can certainly help to arrange that. Can I share with you another possibility and then you can decide what will work best for you? (Reflection, Emphasize Personal Choice)
Parent: Okay.
Clinician: If it would be easier for you, we can certainly watch the children for 10 minutes in another exam room, so you can give it adequate attention and complete the questions today. Or, we can move forward in scheduling another time for you to come in, on a day when it will be easier for you to give the questions the attention you want to give them. Which sounds better to you? (Provide information, Elicit response)

Then move forward with the option mom chooses.

Scenario 7

Background: As part of her daughter’s well-child check-up, Sophia’s mother has been asked to complete the Smart ESAC. She does not appear opposed to the screening, but is opposed to having her family’s and daughter’s information used for research.

Parent: “I’ve heard about those guidelines for screening kids for autism. That’s fine, but we aren’t little research guinea pigs for all of you poke at! She’s just a baby! Plus, all of that sounds very time consuming and I don’t have a whole lot of extra time right now.”

Do try to:
- First, understand mom’s concerns
- Then, once there is an understanding of her concerns, build on mom’s statement of “that’s fine” as it relates to screening her daughter
- Eventually, but not immediately, clarify issues related to research procedures and time commitment

Don’t try to:
- Immediately explain research procedures and time-commitment
- Convince mom to participate by sharing the potential benefits

Options for responding with MI
- Simple reflection:
  - “There are a few things that concern you here, including the time involved in participating and you don’t want to feel like some sort of lab animal!”
- Double-sided reflection:
  - “There are at least a few things about this research that are concerning to you and you are also on board with doing some type of developmental screening for Sophia.”
    - This may be more useful at a slightly later point in the conversation, once we more fully understand Sophia’s mom’s concerns about the research.

Let’s try it:

Parent: I’ve heard about those guidelines for screening kids for autism. That’s fine, but we aren’t little research guinea pigs for all of you poke at! She’s just a baby! Plus, all of that sounds very time consuming and I don’t have a whole lot of extra time right now.”

Clinician: There are a few things that concern you here, including the time involved in participating and you don’t want to feel like some sort of lab animal, being examined under a microscope! (Reflection)

Parent: Yes, it just doesn’t feel right to have my baby as a research subject.

Clinician: That’s particularly unsettling. (Reflection of Emotion)

Parent: Well, of course it is. I mean, research has never been something we really care to be a part of. We’re not going to share all of this private information with someone we don’t even know to be used for who knows what. Plus, she’s just a baby. She should be able to decide whether she wants to do this and she can’t do that yet.

Clinician: Because she can’t make these decisions for herself yet, you want to be cautious, be really sure you are doing things in her best interest. (Reflection)

Parent: Yes, and I don’t see how this is in her best interest. Seems like a lot of unnecessary paperwork with a lot of details about our personal lives that you don’t need to know.
Clinician: *It seems excessive to you.* *(Reflection)*
Parent: *Definitely*
Clinician: *What topics, in particular, stand out to you in that way?* *(Open Question)*
Parent: *Well, for starters, all that family health information you want. These are sensitive, stressful issues, that we’ve gone over dozens of times.*
Clinician: *…and you don’t want to have to go through that stress again* *(Continuing the Paragraph)*
Parent: *No, I don’t, really.*
Clinician: *So, one area that you don’t want to go into is the family health history. What other topics stand out to you as being unnecessary or stressful?* *(Reflection, Open Question)*
Parent: *That’s the big one. A really big one. But also all of Sophia’s health information you are going to ask about. Medications, eating, sleeping, sickness, crawling…seems a bit over the top to me.*
Clinician: *Like an unnecessary invasion of your privacy…and Sophia’s.* *(Reflection)*
Parent: *Yes.*
Clinician: *Would it be helpful for me to share with you a little information about why we ask those questions?* *(Asking permission to share information)*
Parent: *Sure.*
Clinician: *Which would you like to talk about first, the family health information or Sophia’s medical information?*
Parent: *Family health first, because that’s just something I don’t want to go into.*
Clinician: *Okay, you are correct that we have some questions about family health and mental health history. The primary reason we ask about that is that some of those problems, like autism or anxiety, tend to run in families. Gathering information about families, then, sometimes helps us better understand some of the behaviors that we see in children. How does that sound to you?* *(Share information, Elicit with open question)*
Parent: *Well, it makes sense. I didn’t really know that, but I still don’t want to talk about it.*
Clinician: *That is perfectly fine. Those are difficult topics and whatever information about family history that you decide to share or not to share is completely up to you.* *(Emphasizing personal choice)*
Parent: *So what about all of those questions about Sophia? Is it the same thing as with family history? All of those questions about medication, eating, sleeping, crawling just help you understand her behavior?*
Clinician: *That’s exactly right. They are all like pieces to a puzzle and help us get a clear picture of Sophia, what she is like, what she struggles with, and what she is great at. Then we are better able to work with you to monitor her development to be sure she is on track. What do you make of that?* *(Share information, Elicit with open question)*
Parent: *Well, when you put it that way, it makes sense…*
Clinician: *Makes it seem more relevant and little less like she’s a guinea pig!* *(Complex Reflection)*

Now, the conversation can continue, asking the parent about other concerns, such as the time commitment, and asking how she would like to proceed, in a manner consistent with the example above. Eventually, the clinician can say:

- *At the beginning of our conversation today, you mentioned that you were familiar with the recommendations to screen children for autism at Sophia’s age. What is it you’ve heard about that? …and then continue to assess her desire and reasons for wanting Sophia screened, then in combination with her reduced worry about sharing information and reasons for screening for her daughter, plan for her involvement if she is ready.*