

The Safe Environment for Every Kid (*SEEK*) Model Practice and Practical Issues

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on Child and Family Maltreatment

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How *SEEK* has been implemented

- **2 randomized controlled trials**
 - High risk inner city population
 - Low risk suburban population
- Residents, private pediatric practices
- **Training** of professionals
 - **Initial:** in-person, small groups, 4 – 8 hours
 - **Ongoing:** in person, conference calls, 1 hr every 6 mos., discussed targeted problems using cases
- **Support**
 - for professionals, parents – social worker
 - for office staff – project director
- **Materials** – Parent Screening Questionnaire (PSQ), cheat sheets for professionals, customized handouts

How *SEEK* will be implemented

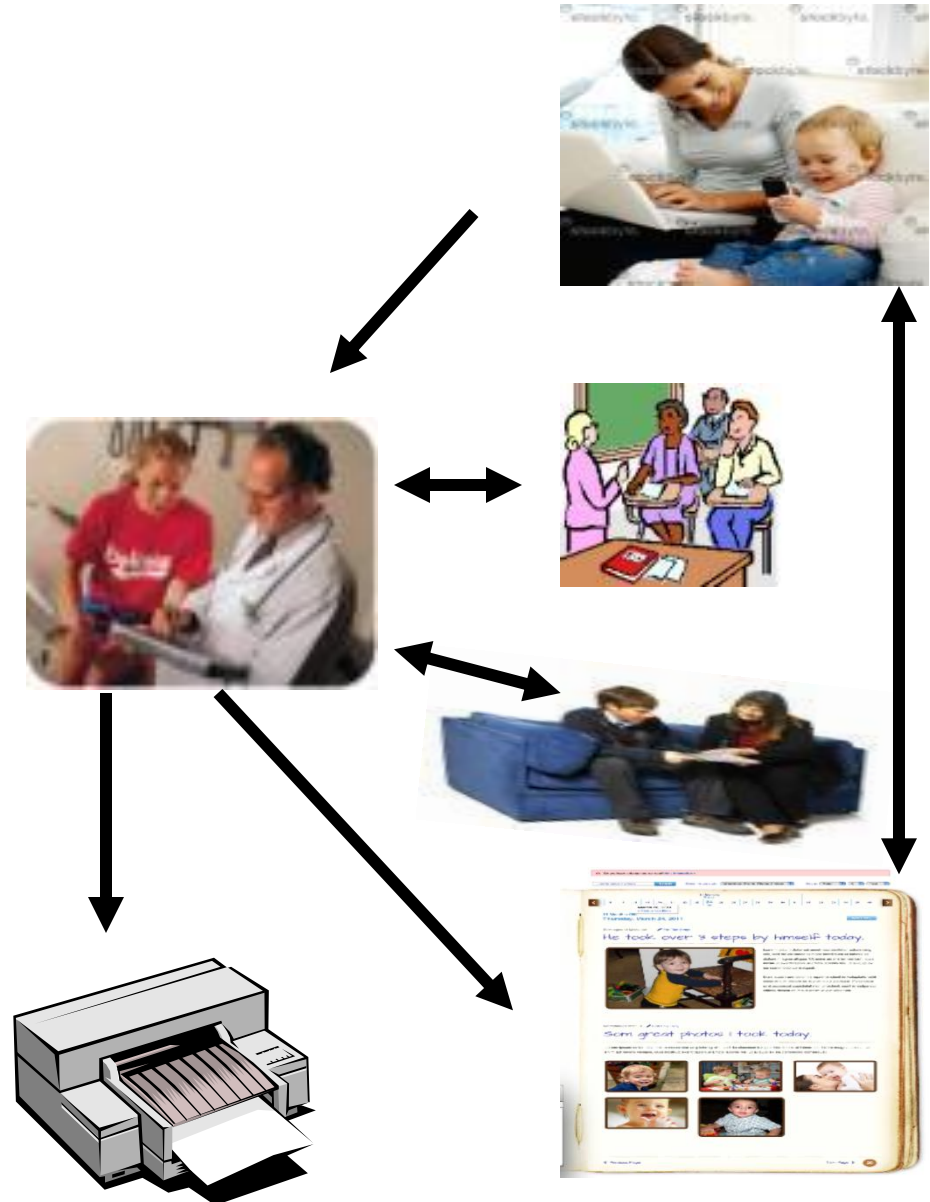
- **Outreach** to primary care practitioners
 - Pediatricians, pediatric nurse practitioners, family medicine
- **Website** - free online training materials
 - Brief videos for each targeted problem (eg, depression)
 - Core and optional materials
 - Parent Screening Questionnaire (PSQ) for download
 - Parent handouts for downloading and customizing
 - Discussion threads: participants and project staff
 - Pre and post tests
- **Webinars** – monthly
- American Board of Pediatrics, MOC, category 4
- Technical support
- Start date: October 2012

Also, *SEEK* via CHADIS

- A web-based screening & decision support system
- Being used by >150,000 families in practices throughout the U.S.
- Helps implement all American Academy of Pediatrics, “Bright Futures” and Medicaid guidelines for preventive education and screening during regular check ups
- The *SEEK* PSQ now on CHADIS

Overview of how CHADIS works

- Parent completes *previsit* online questionnaires
- Clinician reviews results, can consult linked textbook
- Clinician may exchange findings with school or mental health provider online
- Clinician finds relevant resources, handouts from links, & prints for family
- Education materials automatically populate Memory Book & Care Portal



Patient Input Using:



Computer



Phone



Touch Screen

From: Home.....or.....Waiting Room

Touch Screen View



Modified Checklist for Autism in Toddlers (M-CHAT) - Question 19 of 23.

19. Does your child try to attract your attention to his/her own activity?

Yes

No



Next »

Save & Quit

Quit

All Screens for All Ages (>100)

INFANT & YOUNG CHILD

- Ages & Stages Questionnaire®
- Modified Checklist for Autism in Toddlers (M-CHAT) & Follow-up
- Infant Development Inventory (IDI)
- DC:0-3 Infant Mental Health
- PEDS©
- Strengths & Difficulties FA

SCHOOL AGE

- Pediatric Symptom Checklist (17 items)
- Vanderbilt Parent Revised
- Vanderbilt Follow-up, Parent Informant
- Medication, Side effects
- CHADIS – DSM
- SCARED- Parent and Child
- Strengths & Difficulties FA

ADOLESCENT

- Pediatric Symptom Checklist - Youth
- Patient Health Questionnaire for Adolescents (PHQA) and PHQ-9
- Kutcher Adolescent Depression Scale
- CRAFFT
- PSC-Y-17

TEACHER DATA

- Vanderbilt Teacher Revised & Follow-up Informant
- School services & discipline

GENERAL HEALTH SUPERVISION

- CHADIS Important Information About Your Child
- Early Periodic Screening Diagnosis and Treatment (EPSDT)
- Safety & Guidance Topics (Bright Futures)
- CHADIS Adjectives to Describe your Child
- Family Medical History
- Family Cardiac History
- Brenner FIT (Obesity)
- Asthma Control Test

FAMILY / ENVIRONMENT

- **SEEK Parent Screening Questionnaire**
- Edinburgh Postnatal Depression Scale
- Multidimensional Scale of Perceived Social Support (MSPSS)
- McMaster Family Assessment Device, General Functioning Scale
- CHADIS Stressors Checklist
- Adverse Childhood Experiences (ACE)
- Partner Violence Screen

QUALITY IMPROVEMENT

- Provider-level Promoting Healthy Development Survey©
- Child & Adolescent Strengths and Needs

SEEK via CHADIS

- Health professional directs parent to CHADIS prior to or at visit - touch screen, phone
- Parent completes, voluntarily, PSQ
- Responses available to professional
- Computerized guide to **briefly** assess and **initially** address identified problems
- Links to *SEEK* training videos
- E-chapters on targeted problems
- Links to local and national resources (>20,000)
- Supports ABP MOC-4 credits automatically

***SEEK* Parent PSQ in CHADIS**

In the past month, have you often felt down, depressed, or hopeless?

- Yes
- No

In the past month, have you felt very little interest or pleasure in things you used to enjoy?

- Yes
- No

In the past year, have you been afraid of your partner?

- Yes
- No

In the past year, have you had a problem with drugs or alcohol?

- Yes
- No

In the past year, have you felt the need to cut back on drinking or drug use?

- Yes
- No

CHADIS Clinician Worksheet Results Table

CHADIS

doctor | [My Profile](#) | [Help](#) | [Leave Feedback](#) | [Logout](#)

Patients > little baby : Visit on 1/20/12 (Prepared 2012-01-20 17:41:22) [[Summary](#)] [[Detail](#)] [[Interactive](#)]



CHADIS Summary Report

Name	little baby	Reason for Visit	Well-child visit
DOB	9/20/2010	Gender	Female
Report Date	1/20/2012	Report Age	1 year 4 months
Today's Date	1/20/2012	Age Today	1 year 4 months

Visit on 1/20/12

Priorities

- Crying : can cry for two hours and nothing works to stop it

Challenging Parts/Difficulties: Exhaustion

Best Parts/Strengths: What a good eater he/she is

Questionnaires

Alert	Questionnaire	Completed	Respondent	Provisional Result						Responses
				Pass	+/-	Fail	Disorder	Problem	Variation	
*	Ages & Stages Questionnaires®, Third Edition (ASQ-3™): 4 months [?]	1/20/2012	Mother	3	2				1	Preview Include
**	EPSDT (Health Risk) [?]	1/20/2012	Mother						1	Preview Include
	Safety (Ages 0-11 Years) [?]	12/28/2010	Mother						1	Preview Include
*	SEEK - Safe Environment for Every Kid [?] 	1/20/2012	Mother						4	Preview Include

Comprehensive Screening – ASQ Results

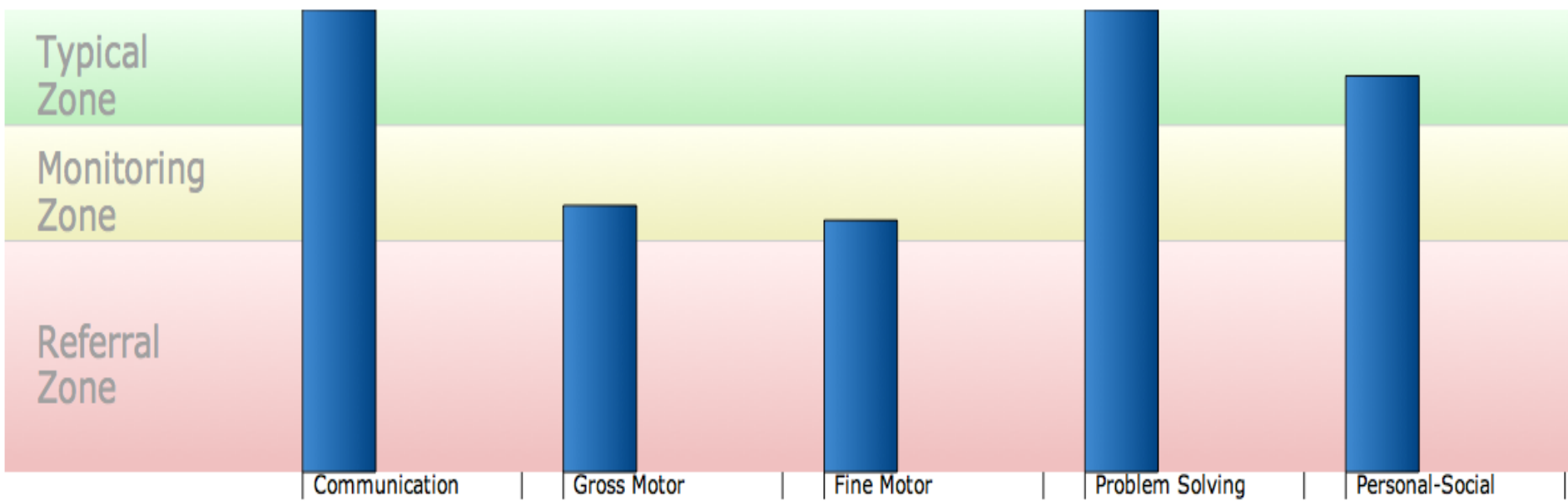
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*	SEEK - Safe Environment for Every Kid [?]	1/20/2012	Mother						4	Preview Include
	Visit Priorities, and Best and Hardest Parts of Parenting [?]	1/20/2012	Mother							Preview Include

Please verify that respondents are the appropriate individuals and the questions were understood

[Show copy-and-paste-friendly version of these results](#)

Charts

Ages & Stages Questionnaires®, Third Edition (ASQ-3™) Comparison Chart



Access to Resources & e-Chapters

Questionnaires

There are 5 questionnaires included in this report, that are being hidden to save space.
You may [display all questionnaires](#) if desired.

Summary of Results

Control of Emotions and Attention (Regulation)

- Parent Concern

Development and Learning

- Passed a Screen

Emotions

Family Life/Social Support

- Challenge determined

Feeding & Eating

- Fact determined

Other Physical/Psychosomatic

- Challenge determined

Past History

Routine Care

Safety

- Challenge determined

Sexuality

Sleeping

Social Development

- Passed a Screen

Substance Use

Mental Health (Emotional)

Family Life/Social Support

Pre-Visit Data

Resources

[Family Life/Social Support](#)
[Local Providers & Programs](#)

[eChapter](#)

Stress

[related resources](#) | [local providers & programs](#) | [eChapter](#)

- ⊕ (Challenge) SEEK Positive Screen: Respondent feels under extreme stress

Parental Mental Illness/Substance Abuse

[related resources](#) | [local providers & programs](#) | [eChapter](#)

Parental Depression

[related resources](#) | [local providers & programs](#) | [eChapter](#)

- ⊕ (Challenge) SEEK Positive Screen: Respondent reports feeling down, depressed, hopeless

- ⊕ (Challenge) SEEK Positive Screen: Respondent reports loss of interest/pleasure

Parent-Child Interaction

[related resources](#) | [local providers & programs](#) | [eChapter](#)

***SEEK* During the Transition**

- *SEEK* training materials, PSQ and parent handouts will be made available
- Training - the responsibility of local “champion”
- Technical support from the *SEEK* team
- *SEEK* available via CHADIS



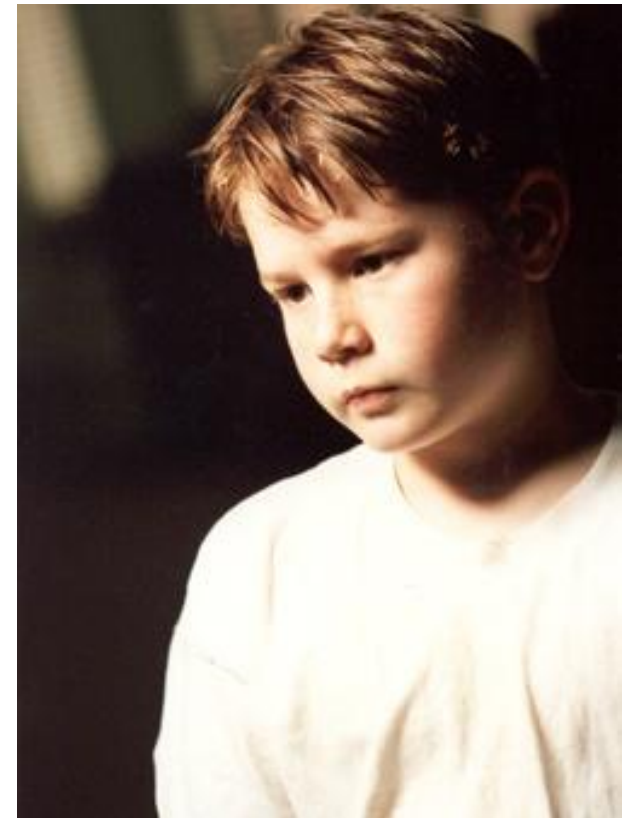
An Example of a *SEEK* Training Module

Addressing one of the targeted problems

Training Primary Care Health Professionals

- **Why** problem is important
 - prevalence, impact
- **How** to briefly assess
 - risk & protective factors
- **What** to do
 - initial management, referrals

Why is depression in a parent an important concern for child health professionals?



Depression is Common

- 12 - 27% of low income women

Institute of Medicine, 2009

- 11-20% postpartum depression (6-8 wks)

CDC, 2008

Effects of Parental Depression

- **Parents**
- **Children**
 - low birth weight
 - FTT
 - behavior problems
 - headaches & stomachaches
 - “accidents”
 - abuse and neglect
- **Society** - \$83 billion / year



There are good brief screens for depression

Whooley et al, *J Gen Intern Med*, 1997
Dubowitz et al, *Pediatrics*, 2007

- There is effective treatment for depression
- It's reasonably available
- Children benefit when a depressed parent is treated

Weissman et al, *JAMA*, 2006

Who says I should screen?

- American Academy of Pediatrics
- Bright Futures – family centered pediatric care

PSQ Depression Questions

- “In the past month, have you often felt down, depressed, or hopeless?”
- “In the past month, have you felt very little interest or pleasure in the things you used to enjoy?”

“How can I do this in 5 minutes?”



Brief Intervention

Reflect

Empathize

Assess

Respond

Reflect

- Raise issue noted by parent on PSQ
- “I see you’ve been feeling down”

Empathize

- *“It must be hard on you and on your kids when you’re feeling down...”*

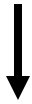
Assess

- Determine if true positive screen
- Briefly clarify nature of problem

Assess if Suicidal

- “This may not apply to you, but some people who feel down think about hurting or killing themselves. Have you felt this way?”
- “Have you received treatment for depression?” Currently?

Reflect



Empathize



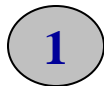
Assess



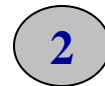
Respond: Suicidal ?



NO



“OK. Please let me or your own doctor know if you ever feel that bad.”



YES

“It’s really important that we find you help now.” Facilitate immediate referral to MH resource (eg, ED)

Possibly Depressed, Not Suicidal

- the vast majority

1

“Even though you’re not feeling so bad, would you like help with how you’re feeling?”

YES

“Here are **good resources** worth checking out.”

NO

Try **motivating**: “you don’t need to feel this way. It’s important for you, and your family, to tackle this problem. I know many parents who’ve been helped a lot. Can I help you?”

YES

NO

“OK, please let me know if I can help”
AND offer a **follow-up** appt.

Probably Depressed, Possibly Suicidal

2

“It’s really important we find you help now. We need to find a professional for you to talk to, today. Can I call someone I know now?”

YES

Call local resource (eg, ED)
Parent waits in office

NO

“It’s so important you talk to someone now. Who can you talk to?”
When appropriate: “I think you need to go to the ED now, at least to assess your situation.”

YES

Call ED to expect parent

NO

Consider probing level of risk*

If high consider calling 911

Factors Increasing the Risk of Suicide

- Previous suicide attempts
- Current plan (eg, chosen method)
- Means to carry out suicide
(eg, access to a weapon, collection of medication)
- Active substance abuse
- Unwilling to access mental health services

Practice Scenario 1

- Ms. Bean indicates possible depression
- She resists help, saying “I’ll be OK”
- You try motivating her to try and accept help
- Ms. Bean agrees to talk to a social worker
- Finally, she agrees to “trying out” a local mental health clinic this week

Practice Senario 2

- Ms. Jordan admits to feeling down
- She is not suicidal
- She is not interested in accepting/getting help
- Efforts to motivate her don't succeed, but
- Ms. Jordan agrees to a follow-up appointment

Frequently Asked Questions (FAQs)

Isn't it hard to talk to parents about preventing child abuse?

- *SEEK* helps address risk factors for child abuse and neglect
- It does **not** directly mention child abuse
- Think of *SEEK* as an approach to:
 - Support parents
 - Strengthen families
 - Enhance children's health, development, safety
 - (And, help prevent child abuse and neglect)

Getting Ready

- Need a physician **champion** in the practice
 - Evidence-based practice
 - Appeal to best ideals: this will help kids
 - This will be good for the practice
 - This is doable, a modest tweak to standard practice
 - Address concern about time requirement
 - AAP policy statements (eg, intimate partner violence, 1988)
- **Buy-in**
 - from other professionals
 - from practice staff

What Will This Involve?

- **Training/support**
 - Initially
 - Ongoing
- **Parents completing the PSQ**
 - Related to selected checkups, not sick visits
 - At home, in the office
- **Responding to parents' responses**
 - Medical professionals
 - Social work
 - Other professionals
- **Identifying local resources**
- **Parent handouts**

Won't parents think that asking about things like intimate partner (domestic) violence is too intrusive?



Mostly not, because

- Many parents are interested in help or advice with psychosocial issues

Kahn RD, Wide PH, Finkelstein JA, et al. The scope of unmet maternal health needs in pediatric settings. *Pediatrics*. 1999;103(3):576-81.

- May be used to questioning about sensitive issues such as substance abuse, stress and coping

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Mostly not, because

- Intro to *SEEK* PSQ frames issues positively
 - *Dear Parent or Caregiver: Being a parent is not always easy. We want to help families have a safe environment for kids. So, we're asking everyone these questions. They are about problems that affect many families. If there's a problem, we'll try to help.*
- Also, they may choose not to answer a question

SEEK I: Assessing Parental Satisfaction

“The doctor asked me questions that were too personal”

	<i>SEEK I</i>	Controls
Initially	0.4%	0.8%
6 mos.	1.0%	0.5%
12 mos.	1.2%	1.0%

What if some health professionals in the practice don't want to participate?

- Ideal if all participate
- Not essential that all do, but a majority should
- The PSQ should **not** be given to parents seeing non-participating clinicians
- Should not affect those participating
- Mostly, a logistical issue

What if some parents don't want to participate?

- It's voluntary
- PSQ makes this clear
- Also, OK to not answer some questions



When should we ask parents to complete the PSQ?

- Family's circumstances can naturally change over time
- Consider not giving it at first visit
 - Good to first establish rapport, may seem intrusive
- Regular checkups 0-5
- Logistically, may be easiest to use at each visit
- Thus far, parents have not complained about completing it repeatedly
- Needs to fit in with other questionnaires in the practice
- Can give at: 2, 9, 15, 24, 36, 48 and 60 months

Should the PSQ only be given to biological parents?

- No
- OK for any primary caregiver who lives with child
- Would not give to a caregiver who has child for part of the day
- Intent is to probe possible problems in the child's family and home environment

Should the PSQ be given to both parents, if they both come in?

- Just one per family
- Suggest that parent who provides most of the childcare complete the PSQ, or
- They can do so together
- Concern: sensitive information
(eg, intimate partner violence)
- Self-censoring seems likely

What if a parent gets upset over the PSQ?



- Concern that it is too intrusive
- Experience has been overwhelmingly positive
- Would convey what's in the PSQ intro
 - These are problems facing many families
 - It's an effort to help families and kids
- Have a way to mark chart so PSQ not given again
- This should be rare

“I’m worried about false positives on the screen”



- A screen is just a screen
- Your brief assessment should quickly clarify whether the screen was falsely positive

What about false negatives?

- Inevitable that some problems will be missed
- Many reasons why someone may choose not to disclose a problem
- These parents may not be amenable to intervention at this time
- Possible that by asking you've shown your interest and sowed a seed. They may disclose in the future

What should we do with the PSQs after the visit?

- Think of this as a good social history
- It's useful information pertinent to the child's wellbeing
- Would include in child's record
- Place in section with similar social info.



What about the other parent accessing the record?

- Has not been a problem to date
- Concern: sensitive info. revealed
- Consider showing only part of record

This will take way too much time!



Time Required for Psychosocial Screening

Average screening time at baseline and during *SEEK* II

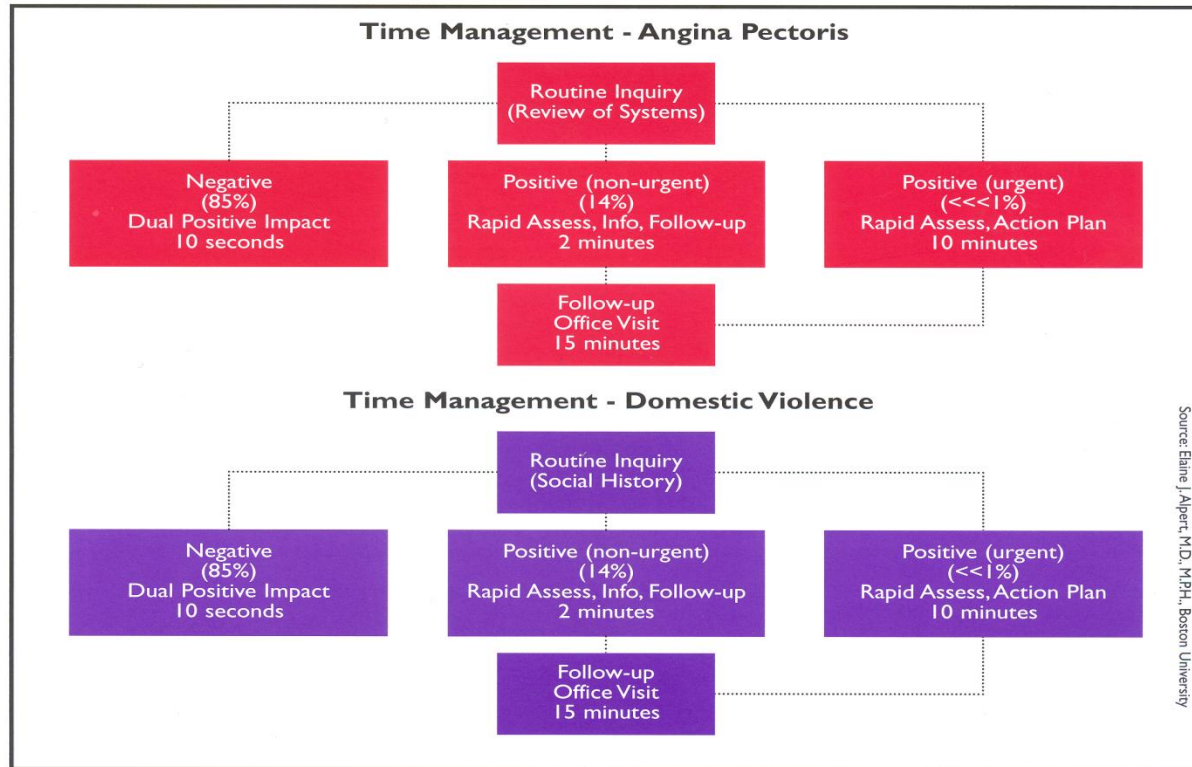
Group	Time Frame	Mean time in seconds (SD)	Range
<i>SEEK</i>	Baseline	84 (93)	2 – 360
	During <i>SEEK</i>	67 (72)	0 – 420
Control	Baseline	81 (118)	3 – 360
	During <i>SEEK</i>	53 (46)	0 – 190

No significant difference

“I just don’t have the time to screen my patients for domestic violence.”

Did you know that an inquiry about a history of domestic abuse generally takes as much time as asking about other life-threatening health problems?

Consider the following:



Know what to ask and where to refer.



Maryland Health
Care Coalition
Against Domestic
Violence

MedChi
The Maryland State Medical Society

Take the time.
Save a life.

**DOMESTIC
VIOLENCE**
MORE THAN BRUISES & BROKEN BONES

1211 Cathedral Street • Baltimore, Maryland 21201 • 410-539-0872

Statewide **1-800-MD-HELPS** (634-3577)

How do I do all this without a social worker?

- In *SEEK* 1 and II, social worker was not often used
 - ~ 6% of visits in *SEEK* II
- **Why not?**
 - Some clinicians prefer addressing the problems themselves
 - Some parents prefer to talk with the professional they have a relationship with
 - Some parents uncomfortable talking to social workers
 - Social worker was often not available on site

Managing without a social worker?

- **Core functions**

- Empathic response, convey interest in helping
- Brief assessment – part of the training
- Initial management
 - Brief encouragement to accept help – part of training
 - Parent handouts
 - Facilitate referral – can be done by office staff

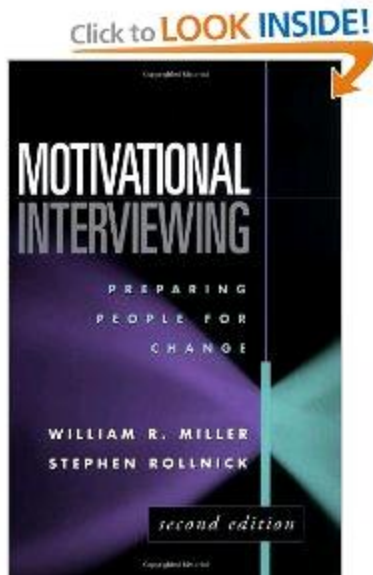
How to Identify Local Resources?

- **Ideal:** social work or similar support
- Office staff can play some of this role
- The *SEEK* team will provide technical support
- Needs local knowledge
- Much can be done via the web
- United Way – 211
- Needs periodic updating



“I find parents often don’t follow through when I suggest community resources”

- *SEEK* training includes key principles to encourage adherence to recommendations
- Principles of motivational interviewing



Should I evaluate our implementation of *SEEK*?

- Ideally, yes
- Useful QI project
- Consider this for ABP MOC category 4
- Relatively straightforward ways
 - Record review: random sample, proportion of visits with screen, prevalence of problems, rate that parents accepted referrals, etc
 - Parent satisfaction with practice
- The *SEEK* team happy to assist

Can I bill for *SEEK* related services?

Date	ID	PatientID	Qty	Description	Tax	Payments	Charges	Balance
07/1/09				Balance brought forward				0.00
08/1/09	All	Florida		Visit - Inclin		60.00	60.00	
08/1/09		187581		Visit payment received	0.00	60.00	60.00	0.00
08/05/09		Florida		Infusion Exam			46.00	
08/05/09		Florida		W/Tax - Adult (Amblyop) in House			25.75	
08/05/09		Florida		Measurement - CP, SNAP			0.00	
08/05/09		Florida		Diocese - Account in House			33.20	
08/05/09		Florida	0.40	Diocese In			23.13	
08/05/09		186828		Visit payment received	0.00	128.83	128.83	0.00
09/00/09		Florida		T BAPT 22.7 TASTE T300 Chewable			20.10	
08/1/09		Florida		Reflex Exam			42.00	
08/01/09		Florida		Define Bonyr Comprehensive 1 Dermat			169.20	
08/01/09		Florida	1	Chiropr - Professional			-10.00	
08/01/09		Florida		Foot Exam in House			33.20	
08/01/09		Florida	1.5	Catheter - Placement & Flush			142.20	
08/01/09		Florida		Hospitalist - Level 1			24.20	
08/01/09		Florida	4	Diocese - Account in House			60.00	
08/01/09		Florida	1.00	Bapt Payment 23 Invoice	0.00	0.00	66.26	66.26
08/01/09		188072						
ACCOUNT SUMMARY								
			Current	Over 30	Over 60	Over 90	Over 120	
			226.36	0.00	0.00	0.00	0.00	
INVOICE SUMMARY								
			Service Chg	St Tax	1st Tax	Payments	Charges	Balance
			0.00	0.00	0.00	169.42	742.79	226.36

- This has not been possible in Maryland
- This may vary by state and insurer
- Need to check locally
- This may change under the Affordable Care Act – “medical home”

What do parents think about *SEEK*?

- *SEEK 1*

- Parents in the *SEEK* group were **more satisfied** with their resident compared to controls

- (17.4 vs. 16.9; $P < .01$)

- *SEEK II*

- Parents in the *SEEK* and control groups were **both overwhelming positive** about their health professional

CHADIS: CONTACT INFORMATION

WWW.CHADIS.COM

**(888) 4-CHADIS
info@CHADIS.com**

**Licenses available from:
TOTAL CHILD HEALTH
6017 Altamont Place
Baltimore, MD 21210**

Thank you

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