SCREENING FOR CHILD ABUSE IN PRIMARY CARE: AN INVESTIGATION INTO THE SEEK MODEL

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Impact of Child Abuse

- Societal costs
  - Individual, family, public health system
  - More than 3.3 million reports involving ~6 million US children/year

- Patient consequences
  - Injuries, neurologic impairment, death, psychosocial disorders, learning difficulties and conduct disorders

- Long term effects
  - Increased risk for victims as adults for depression, suicide, substance abuse, poor health
Why Primary Care?

- Well accepted, institutionalized
- Goal of prevention
- Concern with child, family
- Special relationship with family
- No stigma
- Multiple visits
- An opportunity, responsibility
Barriers to Prevention/Treatment

- **Recognition**
  - Lack of knowledge and training
  - Psychological barriers
  - Family racial and socioeconomic factors

- **Reporting**
  - Type of maltreatment
  - Physician specialty
  - Family racial and socioeconomic factors
  - Previous experience with CPS
  - Time consuming

Flaherty 2005
Current Resources

- Direct questioning
  - Lists of open ended questions for both parents and children
  - Must be age appropriate
  - Time consuming

- Screens
  - No universal standardized screen
Why screen?

Child abuse is unfortunately a very common problem. More than 3 million cases of child abuse and neglect are reported in the US each year.

The effects of child abuse and neglect are far reaching, including emotional, physical, and interpersonal problems that can last a lifetime. The ACE study (Adverse Childhood Events) is an ongoing prospective study of Southern California Kaiser patients, with tens of thousands of records now on file. Multiple adult medical problems have been shown to be directly related to the number of adverse childhood events.

In a report from 1997 from the CDC, the United States had the highest child homicide, suicide and firearms-related deaths of 26 developed countries.

Children who grow up with violence learn that violence is an acceptable way to relieve stress, get what they want, and interact with the world and the people they love. They then incorporate these behaviors into their future lives.

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Screening Children

Read Ethics and Privacy. It is recommended to look at the overall picture from multiple sources, and not make a conclusion from a single piece of information. Initially interview parent and child together, but if abuse is suspected, ask parent permission to interview child separately. If parent refuses, this is a red flag and document.

Asking parents

- Do you feel that your child is safe at school (or at daycare, or at the babysitter's)?
- Is your child behaving differently lately in a way that concerns you?
- Have you noticed, or has your child complained about, any new physical symptoms lately?

Pre-verbal/pre-school children

Note clues in Signs & Symptoms as well as how children act during play or what they draw. Are they physically abusive of dolls or materials? Do dolls hurt each other, or play sexually? What is the interaction between parent and child?

Verbal children - asking questions

Avoid asking leading questions. If sexual abuse is suspected, leave detailed questions for professional interviewers. It is best to have a general conversation where the child discloses
Verbal children - asking questions

Avoid asking leading questions. If sexual abuse is suspected, leave detailed questions for professional interviewers. It is best to have a general conversation where the child discloses spontaneously, and note the child’s voice changes, eye contact, breathing patterns and change of subject when describing situations or people. Limit your questions to only what is necessary for you to feel there is reasonable suspicion to make a report, so that the child isn’t put through multiple extensive interviews.

- To assess neglect, ask child to describe a typical day – what they eat, who makes the food, where do they play, who comes to or leaves the house and when, do they have electricity, etc.
- Does any place on your body hurt?
- What happens when you do something your parents don’t like?
- What happens at your house (or daycare) when people get angry?
- Do people ever hit? Who do they hit? What do they hit with? How often does it happen? Is it scary?
- Are you afraid of anyone?
- What happens when you take a bath?
- Where do you sleep? What happens when you go to sleep?
- Has anyone touched you in a way you didn’t like?
Pediatric Primary Care to Help Prevent Child Maltreatment: The Safe Environment for Every Kid (SEEK) Model
Howard Dubowitz, Susan Feigelman, Wendy Lane and Jeongeun Kim

Pediatrics 2009;123;858
DOI: 10.1542/peds.2008-1376
Model

- Train residents to address targeted risk factors
- Brief Parent Screening Questionnaire (PSQ)
- Resident-social worker team to address concerns

- Hypothesis: SEEK model would significantly reduce maltreatment rates
Methods

Intervention families

Model care
- Trained pediatricians, Parent Screening Questionnaire, social work intervention; all patients in these practices receive model care

Standard care
- All patients in these practices receive standard pediatric primary care

Control families

Randomly assign clinic days to condition

Subset of mothers recruited at practices

Study protocol

Medical chart and CPS record review
Methods

1118 parents approached

389 (35%) excluded or refused to participate

729 (65%) agreed to participate

406 received model care (intervention)

98 (24%) did not complete protocol

308 completed study protocol; all included in data analyses

323 received standard care (control)

73 (23%) did not complete protocol

250 completed study protocol; all included in data analyses
## Methods

### TABLE 1 Demographic Characteristics of the Intervention and Control Group Families

<table>
<thead>
<tr>
<th></th>
<th>Intervention Families (N = 308)</th>
<th>Control Families (N = 250)</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Child</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Age, median (interquartile range), mo(^a,b)</td>
<td>6.0 (13)</td>
<td>8.0 (17)</td>
<td>.03</td>
</tr>
<tr>
<td>Black, n (%)</td>
<td>285 (93)</td>
<td>234 (94)</td>
<td>.74</td>
</tr>
<tr>
<td>Female, n (%)</td>
<td>143 (46)</td>
<td>127 (51)</td>
<td>.30</td>
</tr>
<tr>
<td><strong>Parent</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Age, mean (SD), y</td>
<td>25.3 (6.8)</td>
<td>25.3 (7.3)</td>
<td>.94</td>
</tr>
<tr>
<td><strong>Caregiver relationship, n (%)</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mother</td>
<td>287 (93)</td>
<td>231 (92)</td>
<td>.47</td>
</tr>
<tr>
<td>Father</td>
<td>13 (4)</td>
<td>15 (6)</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>8 (3)</td>
<td>4 (2)</td>
<td></td>
</tr>
<tr>
<td><strong>Marital status, n (%)</strong></td>
<td></td>
<td></td>
<td>.98</td>
</tr>
<tr>
<td>Single</td>
<td>268 (87)</td>
<td>216 (86)</td>
<td></td>
</tr>
<tr>
<td>Married</td>
<td>26 (8)</td>
<td>22 (9)</td>
<td></td>
</tr>
<tr>
<td>Separated/divorced/widowed</td>
<td>14 (5)</td>
<td>12 (5)</td>
<td></td>
</tr>
<tr>
<td><strong>Education, n (%)</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>&lt;High school</td>
<td>112 (36)</td>
<td>104 (42)</td>
<td>.11</td>
</tr>
<tr>
<td>High school or GED</td>
<td>111 (36)</td>
<td>96 (38)</td>
<td></td>
</tr>
<tr>
<td>At least some college</td>
<td>85 (28)</td>
<td>50 (20)</td>
<td></td>
</tr>
<tr>
<td>Employed, n (%)</td>
<td>95 (32)</td>
<td>86 (35)</td>
<td>.47</td>
</tr>
<tr>
<td><strong>Family</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No. of children in home, mean (SD)</td>
<td>2.2 (1.4)</td>
<td>2.5 (1.4)</td>
<td>.04</td>
</tr>
<tr>
<td>No. of adults in home, mean (SD)</td>
<td>2.2 (1.2)</td>
<td>2.2 (1.1)</td>
<td>.65</td>
</tr>
<tr>
<td><strong>Medical Assistance, n (%)</strong></td>
<td>270 (93)</td>
<td>224 (92)</td>
<td>.78</td>
</tr>
</tbody>
</table>
Methods

- All parents of children ages 0-5 years invited
- Parents told the study “aimed to help pediatricians help families with problems and concerns of maltreatment would be referred to Dept of Social Services”
- 90 min appt to complete protocol in lab
  - Measures of parent discipline, substance abuse and depression
- $55 compensation
Resident Training

- 2.5 days
- How to address targeted risk factors for maltreatment
  - Maternal depression, alcohol and substance abuse, IPV, harsh punishment, and major stress
- Relevance and how to briefly address them
- “Booster” sessions every 6 mos
- Laminated pocket cards for residents
REAP Approach

- Reflect
  - “it looks like you’ve been feeling down lately”

- Empathize
  - “it must be hard on you, and on your kids, feeling this way”

- Assess
  - Triage: characterize nature of the problem and assess possible barriers in getting help

- Plan
  - Motivational interviewing and planning intervention
PQ

- 15 items to screen for target risk factors
- Parents completed while waiting for physician

Parent Questionnaire (PQ)

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.

Please answer the questions about your child being seen today for a checkup. If there's more than one child, please answer "yes" if it applies to any one of them. This is voluntary. You don't have to answer any question you prefer not to.

Today's Date: ___/___/____   Child's Name: ____________________________
Child's Date of Birth: ___/___/____
<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you need the phone number for Poison Control?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you need a smoke detector for your home?</td>
<td></td>
<td></td>
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<tr>
<td>Does anyone smoke tobacco at home?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>In the last year, did you worry that your food would run out before you got money or Food Stamps to buy more?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>In the last year, did the food you bought just not last and you didn’t have money to get more?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you often feel your child is difficult to take care of?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you sometimes find you need to hit/spank your child?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you wish you had more help with your child?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you often feel under extreme stress?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>In the past month, have you often felt down, depressed, or hopeless?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>In the past month, have you felt very little interest or pleasure in things you used to enjoy?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>In the past year, have you been afraid of your partner?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>In the past year, have you had a problem with drugs or alcohol?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>In the past year, have you felt the need to cut back on drinking or drug use?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are there any other problems you’d like help with today?</td>
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<td></td>
</tr>
</tbody>
</table>

Please give this form to the doctor or nurse you’re seeing today. Thank you!
Residents and parents chose whether to involve a social worker.

Guidance and support in the clinic and referrals to community agencies.
Results

- SEEK model associated with diminished child abuse and neglect
- Fewer CPS reports in intervention families
- Fewer problems related to possible neglect
  - Fewer instances of non-adherence to medical care and delay in immunizations
- Fewer reported instances of severe or very severe physical assault
Conclusions

- The SEEK model is a promising and innovative model of pediatric primary care based intervention that can help prevent child maltreatment.
SEEK II

- Same model in private practices in central Maryland
- Similar results
Child abuse and neglect are enormous problems with far-reaching ramifications. There is a clear need to prevent children from being maltreated. One way is through pediatric primary care with its focus on prevention and early identification of problems.

*The Safe Environment for Every Kid (SEEK) model offers primary care professionals a practical and evidence-based approach to help address prevalent psychosocial problems:*
Patient Handouts

DISCIPLINE

Being a parent can be hard. We all want kids to learn to behave.

*Discipline is a way to teach your child that bad behavior has consequences.*

*Kids learn to manage feelings and disappointments when discipline is clear and consistent.*

*It takes self-control, patience and time on your part.*

Set up a discipline plan for your family:

- Decide what behaviors are OK - what do you want your kids to do?
- Decide what **rewards** to give for good behavior.
- Decide what **consequences** follow bad behavior.
- **Keep it simple.** Let children know what to expect.
- Set **clear rules,** remind your child what they are and what will happen if they break rules.
- **Be firm and consistent.** Let other caregivers know how you discipline your kids so everyone is doing the same thing.
Quick tips to keep in mind:

- Remain **calm**. Correct the bad behavior when it happens, unless you’re too upset.
- Even though some behaviors can be a **little** annoying, most bad behaviors are minor and are best **ignored**.
- **Telling** your children how to behave is important, but **showing** them how to behave is being a good **role model**.
- **Catch** your kids being **good**. Give them rewards for the behaviors you **want** to see.
- Show your kids you love them. **Hug them a lot.** Tell them you are proud of them. **Praise** is powerful. Remember that your children are just learning about their world, and need your guidance and support.
- Don’t lose your **cool**. The best way to handle your child’s anger is to handle your own. We all lose it sometimes; when that happens, take a time-out yourself to cool-off before going back to your child.

**If you’d like to talk about discipline, please talk to your child’s nurse or doctor.**
Helpful Resources

The National Parent Helpline | www.nationalparenthelpline.org
If you need someone to listen to you, call the National Parent Helpline®. The Helpline is open to parents and caregivers of children of all ages. Call 1-855-427-2736, Monday through Friday from 10 am to 7 pm PST. A trained advocate is ready to:

- listen to you
- help you problem-solve
- encourage you to take care of yourself
- work with you to get connected to local services
- help you build on your own strengths and continue to be a great parent

If you’re interested in reading more about discipline:

- “How to Talk so Kids Will Listen, How to Listen so Kids Will Talk” by Faber and Mazlish; First Avon Books, 1999.

ADD INFO ON LOCAL RESOURCES
AND/OR ON PRACTICE SITE
**Resources**

- Flaherty, Emalee, MD; Sege, Robert, MD, PhD. “Barriers to Physician Identification and Reporting of Child Abuse”. *Pediatric Annals*; May 2005; 34, 5; ProQuest Nursing and Allied Health Source; pg. 349.

- Dubowitz, Howard, et. al. “Pediatric Primary Care to Help Prevent Child Maltreatment: The Safe Environment for Every Kid (SEEK) Model”. *Pediatrics* 2009; 123; 858


- Kairys, MD, Steve. “Getting Pediatric Practices to Prevent Child Abuse and Neglect”.