Preventing Child Abuse and Neglect: The SEEK Model for Health Care

30th Annual San Diego Conference on Child and Family Maltreatment
January 2016

Howard Dubowitz, MD, MS, FAAP
Conflicts of Interest

• None
Funded by

- Maryland Department of Human Resources
- Office on Child Abuse and Neglect, US DHHS
- US Centers for Disease Control & Prevention
- Doris Duke Charitable Foundation
Learning Objectives

• To know the background for SEEK
• To understand the SEEK model
• To know SEEK’s impact on health professionals
• To know SEEK’s impact on child maltreatment
• To change one’s practice to help prevent child maltreatment
The Potential of Prevention

Effective prevention should yield many benefits, including less child abuse & neglect.
Prevention of child maltreatment

Promotion of children’s health, development and safety
Adjusted prevalence of risk factors by ACE score


Copyright ©2004 American Heart Association
### Adverse Childhood Experiences (ACEs) Study

<table>
<thead>
<tr>
<th>Experience</th>
<th>Multiplier</th>
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</thead>
<tbody>
<tr>
<td>Emotional Abuse</td>
<td>1.7x</td>
</tr>
<tr>
<td>Physical Abuse</td>
<td>1.5x</td>
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<tr>
<td>Sexual Abuse</td>
<td>1.4x</td>
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<tr>
<td>Emotional Neglect</td>
<td>1.3x</td>
</tr>
<tr>
<td>Physical Neglect</td>
<td>1.4x</td>
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<tr>
<td>Domestic Violence</td>
<td>1.4x</td>
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<tr>
<td>Mental Illness</td>
<td>1.4x</td>
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<tr>
<td>Substance Abuse</td>
<td>1.3x</td>
</tr>
<tr>
<td>Household Criminal</td>
<td>1.7x</td>
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</tbody>
</table>

ACEs increase risk of heart disease*

*After correcting for age, race, education, smoking & diabetes

Dong et al, Circulation, 2004;110:1761
Suicide Risk by ACE Score

Adjusted Odds

Number of ACEs

0 1 2 3 4 or more

0 1 1.8 3 6.6 12.2

1 1.8 3 6.6 12.2

1 1.8 3 6.6 12.2
What is Toxic Stress?

**Positive**
Brief increases in heart rate, mild elevations in stress hormone levels.

**Tolerable**
Serious, temporary stress responses, buffered by supportive relationships.

**Toxic**
Prolonged activation of stress response systems in the absence of protective relationships.
Child Maltreatment and Toxic Stress

SEEK Goals

• To help address prevalent psychosocial problems

• To support parents, strengthen families, and promote children’s health, development and safety

• To prevent child abuse and neglect
Pediatric Primary Care: An Opportunity to Promote Children’s Health, Development and Safety

- Well accepted, institutionalized
- Multiple visits (1st few yrs.)
- Goal of prevention
- Concern with child, family
- Special relationship with family
- No stigma
- An opportunity and a responsibility
The SEEK Model

- SEEK trained health professionals (HPs)
- SEEK Parent Questionnaire (PQ)
- Briefly assess problems
- Initially help address problems
- Motivational interviewing
- HP/social worker team - ideal
- SEEK resources – Algorithms, Parent Handouts
- Knowledge of community agencies
Targeted Psychosocial Problems

- Major parental stress
- Depression
- Substance abuse
- Intimate partner (domestic) violence
- Harsh punishment
- Food insecurity
SEEK Parent Questionnaire (PQ)

- evidence-based
- brief
- easy to read
- answer yes/no
- convenient
Seek PQ Intro

• **Empathic**: “Being a parent is not always easy”

• **Universal**: “We’re asking everyone ...”

• **Provide context**: “We want to help families have a safe environment for kids.”

• **Builds on what’s accepted**: injury prevention

• **Voluntary**
The SEEK Model

• SEEK PQ for selected check ups

• Parent completes the PQ in advance of visit

• Health professional has parent’s info at start of check up

• Briefly assess problem(s) - algorithms

• Initially help address problems

• Access to mental health professional - ideal

• SEEK Parent Handouts

• Facilitate referrals to community resources

• Follow-up
Training Health Professionals
An Example of a SEEK Training Module
An Example of a SEEK Training Module

Depression
Addressing one of the targeted problems
Training Health Professionals

• **Why** the problem is important
  – prevalence, impact

• **How** to **briefly** assess

• **What** to do
  – **initial** management
Why is depression in a parent important for child health professionals?
Depression is Common

• 12 - 27% of low income women
  
  *Institute of Medicine, 2009*

• Postpartum depression (6-8 wks)
  
  o ~15% of mothers
  o 10% of fathers

  *CDC, 2008*
  *Paulson et al, Pediatrics, 2006*
Effects of Parental Depression

- **Parents**
- **Children**
  - low birth weight
  - FTT
  - behavior problems
  - headaches & stomachaches
  - “accidents”
  - abuse and neglect

- **Society** - $83 billion / year
Why Screen for Depression?

• It’s prevalent

• There are good brief screens for depression

• There’s effective treatment for depression

• It’s reasonably available

• Children benefit when depressed parent is treated

Whooley et al, J Gen Intern Med, 1997
Dubowitz et al, Pediatrics, 2007
Weissman et al, JAMA, 2006
SEEK PQ
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?”
Reflect on what parent disclosed on SEEK PQ

“I see you’ve been feeling down”
Empathize

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

- Whether true positive screen
- Nature of problem
- Parent’s interest in help
Plan

- Motivational Interviewing
- Tailored to parent’s interest
- Referral for mental health evaluation
- Follow up with own doctor, you
The Evidence
Two Randomized Controlled Trials

• SEEK I
  – Pediatric resident continuity clinic
  – Inner city, low income
  – 558 African American families

• SEEK II
  – 18 private practices
  – Suburban, middle income
  – 1119 mostly white families
Hypothesis I

Training health professionals (HPs) to address targeted problems will significantly improve their:

- Attitudes
- Knowledge
- Comfort level
- Perceived competence
- Practice

Feigelman et al, *Acad Peds*, 2011
SEEK I: HP Self-report
Sense of Competence

Range: 0 - 5
$\alpha = .68$

$P < 0.01$ (pretest - 18 months)
SEEK I: HP Self-report
Practice Behavior

Range: 0 - 5

$\alpha = .72$

$P = 0.03$ (pretest - 18 months)
SEEK II Self-Report
Baseline - 36 months

P values controlling for % of patients on MA in the practice, years HP in practice, baseline scores, and random effect of practice

* \( P < .05 \)
** \( P < .01 \)
Children’s Medical Record Review

• Reviewed all well-child visits for documented screening of targeted problems
  – Prior to study
  – During study
SEEK I: Percent of Visits with Screening for Targeted Problems - based on medical records

**Depression**

- SEEK: 30%
- Control: 5%

**IPV**

- SEEK: 25%
- Control: 2%

Legend:
- Yellow: Before
- Pink: During
SEEK II: Percent of Visits with Screening for Targeted Problems - based on medical records

Substance Abuse

<table>
<thead>
<tr>
<th></th>
<th>Before</th>
<th>During</th>
</tr>
</thead>
<tbody>
<tr>
<td>SEEK</td>
<td>0</td>
<td>25</td>
</tr>
<tr>
<td>Control</td>
<td>10</td>
<td>15</td>
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</table>

Depression

<table>
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</tr>
</tbody>
</table>
Observed Checkups SEEK II

• Observed HPs conducting checkups
  – 3 at baseline
  – 3 at end of study
SEEK II: Percent of Visits with Screening for Targeted Problems - based on direct observations

- Substance Abuse
- Depression

<table>
<thead>
<tr>
<th></th>
<th>SEEK</th>
<th>Control</th>
<th>SEEK</th>
<th>Control</th>
</tr>
</thead>
<tbody>
<tr>
<td>Before</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>During</td>
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</tr>
</tbody>
</table>

- Before 0%
- During 60%
- Before 0%
- During 70%
In Sum

• Improved attitudes and behavior regarding the targeted problems, based on:
  – Self-report
  – Medical records
  – Direct observation

• In SEEK I and II

• Sustained for up to 36 months
Study Hypothesis II

The SEEK model of primary care will help prevent maltreatment, measured by:

• Parent self-report
• Medical record data
• Child protective services (CPS) reports

Study Design

SEEK (Intervention)
Trained HPs, PQ, + social worker

Randomly assign practices
Subset of mothers recruited

Initial Survey
6 Mo. Survey
12 Mo. Survey

Medical Chart & CPS Record Review

Standard Care (Control)
## SEEK I: Conflict Tactics Scale – Parent Child

<table>
<thead>
<tr>
<th>CTS-PC Subscale</th>
<th>SEEK (n = 308)</th>
<th>Control (n = 250)</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psychological Aggression</td>
<td>7.5 (14.9)</td>
<td>9.1 (16.4)</td>
<td>ns</td>
</tr>
<tr>
<td>Physical Assault - Minor</td>
<td>3.5 (8.3)</td>
<td>5.0 (12.4)</td>
<td>ns</td>
</tr>
<tr>
<td>Physical Assault - Severe or Very Severe</td>
<td><strong>0.11 (0.75)</strong></td>
<td><strong>0.33 (1.96)</strong></td>
<td><strong>0.04</strong>*</td>
</tr>
</tbody>
</table>

* One-tailed t-test
SEEK II: CTS-PC
Psychological Aggression

\[ B = -0.16^{**} \]
\[ B = -0.06 \]
\[ B = -0.12^{*} \]

\( P \) values based on a mixed effects regression model, including random effects for family and practice, controlling for child’s race and age, family income, mother’s education and marital status. Std. Bs represent differences between SEEK and controls in SD units.
SEEK II: CTS-PC

Minor Physical Assault

$P$ values based on a mixed effects regression model, including random effects for family and practice, controlling for child’s race, age, family income, mother’s education and marital status. Std. $B$s represent differences between SEEK and control in SD units.
Medical Neglect: Non-compliance\(^1\) based on chart review (SEEK I)

\(^1\)MD documented “non-compliance”

\(\* P < 0.05\)
Medical Neglect: Delayed Immunizations\(^1\) based on chart review (SEEK I)

\(^1\) MD documented

\(* P = 0.002\)
Child Protective Services (CPS) Reports for Abuse or Neglect (SEEK I)

* One-tailed t-test

* $P = 0.04$
“How can I do all this in 5 minutes?”
Time Spent Addressing Psychosocial Issues

Average time at baseline and during SEEK II

- Median Seconds
- Baseline
- During SEEK

SEEK
Control
A Cost Analysis

Lane WG, Frick K, Dubowitz H, Semiatin J, Magder L.

Cost-effectiveness analysis of the SEEK (A Safe Environment for Every Kid) child maltreatment prevention program.

American Public Health Association
139th Annual Meeting and Exposition.
Washington, DC. November 1, 2011.
Cost Analysis

• SEEK: cost $122 per case prevented

• Compare to $14,520 ($1,993 – $21,400) for medical & mental health for one physically abused or psychologically maltreated child

• SEEK is cost saving
Bringing Back the Social History

SEEK Parent Questionnaire (PQ)

- Systematic
- Structured (checklist)
- Targeted
In Sum

• Pediatric primary care offers a good opportunity to address major psychosocial issues facing many children & families

• SEEK offers a practical model to improve pediatric primary care

• Evidence that SEEK can reduce child abuse & neglect and harsh parenting, and .......... and help promote children’s health, development and safety

• SEEK appears cost saving

• Need for cont’d evaluation
And ………

- SEEK recognized as an effective approach to prevent CM
  - The US Agency for Healthcare Research and Quality
  - The California Evidence-Based Clearinghouse on Child Welfare (CEBC) [http://www.cebc4cw.org](http://www.cebc4cw.org)
SEEK

- CME
- MOC 2, 4
- Electronic SEEK
CHADIS
Evidence-based, Shared Decisions.

A comprehensive web-based screening, decision support and patient engagement system.
A unique online Clinical Process Support System

1. **Pre-visit** data collection
   - >200 tools

2. **Visit** - Moment of care support
   - Scored results
   - Graphic displays
   - Patient Specific Templates

3. **Post-visit**
   - **Patient**
     - Individualized education via child’s Memorybook Care Portal
     - Tracking outcomes
   - **Clinician Education**
     - E-chapters, videos
     - QI feedback - MOC-4 credits
     - Webinars, CME
Current Usage

- >1 million parents enrolled
- >40,000 per month
- 49 states, 8 countries
- >7,000 pediatricians
How CHADIS Works

- Parent completes SEEK PQ online *previsit*
- Clinician reviews results
- Clinician may exchange findings with school or mental health provider online
- Clinician finds relevant resources, handouts from links for family
- Educational materials automatically populate Memory Book & Care Portal
Parent Input Options

Computer

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

Phone

Read or heard.... English or Spanish

Tablet

Smartphone
CHADIS SEEK Offers:

- Pre-visit: SEEK Plus
  - Identifies positive screen(s)
  - SEEK Plus probes
    - How problem is affecting child, parent
    - Interest in help
    - Barriers
- Autodocumentation
  - Before and after visit
Clinician Training

Moment of Care Support - “Patient Specific Template”
- Teleprompters
- Hints

Additional optional decision supports before and after visit
- E-chapters
- Videos
- Clinician resources
- MOC-4 credits
In the last year, have you been afraid of your partner?

- Yes
- No
Lots of people have rough times in relationships. We’d like to help. Please tell us more. Please answer a few extra questions.

In the **last 2 months**, which of the following have you experienced from a partner? Please check ALL that apply.

- [x] Physical fighting
- [x] Yells at me, puts me down
- [x] Threatens to hurt me
- [ ] Threatens to hurt the children
- [ ] Controls what I do
- [ ] Forced sex
- [ ] Injury that did not require medical attention
- [ ] Injury that required medical attention
- [ ] Something else
- [ ] None of the above
- [ ] Prefer not to answer

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How much contact do you have with this person?

- Every day or most days
- Every few weeks
- Less than once a month
- No contact
- Prefer not to answer
Have these problems with your partner led to difficulties with any of the following: Please check ALL that apply.

- My sleep
- My eating
- My friends
- My work
- My child/children
- My partner/spouse
- Taking care of my child/children
- Taking care of our home
- Something else [blank]
- Not causing any difficulties [blank]
- Any comments?

Continue »  Save  Quit
Are you getting help dealing with this problem with your partner?

- Yes
- No
Do you want help with this problem with your partner?

- Yes
- No

[Continue] [Save] [Quit]
What is the MAIN THING that makes it hard to get help or want help with this problem with your partner? (Please click on the most important reason. You'll have a chance to pick another reason.)

- I don't know where to get help
- It will get better with time
- I don't have time
- Costs too much
- No transportation
- Don't have child care
- It's not that bad
- My partner might get mad and make things worse
- I'm afraid of losing financial security
- I don't think it is affecting my child/children
- I tried getting help before and it did not work
- It was too hard to find help
- I'd feel embarrassed
- Other reason
- Any comments?

Continue » Save » Quit
**Assessment**

**Safety/Smoking/Other**
Names and relationships of Respondents who responded to Questionnaires used on this visit: Mother (Sarah Jones)
Parent needs the number for poison control: No
Parent needs a smoke detector in the home: No
Does anyone smoke tobacco at home? No
Any other problems the parent would like help with today: No

- **Harsh Punishment Screening Items**
  - Parent often feels the child is difficult to take care of: No
  - Parent sometimes finds need to hit or spank the child: No

- **Stress-Depression Screening Items**
  - Parent often feels under extreme stress: No
  - In the past month, parent has often felt down, depressed, or hopeless: No
  - In the past month, parent has felt very little interest or pleasure in things they used to enjoy: No

- **Food Insecurity Screening Items**
  - In the last year, did parent worry that food would run out before getting money or food stamps to get more: No

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### Harsh Punishment

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td>In the last year, did you worry that your food would run out before you got money or food stamps to get more?</td>
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<tr>
<td>In the last year, did the food you bought just not last and you didn't have money to get more?</td>
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<tr>
<td>Do you often feel your child is difficult to take care of?</td>
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<tr>
<td>Do you sometimes find you need to hit or spank your child?</td>
<td></td>
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<tr>
<td>Do you wish you had more help with your child?</td>
<td></td>
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<tr>
<td>Do you often feel under extreme stress?</td>
<td></td>
<td></td>
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<td>In the past month, have you often felt down, depressed, or hopeless?</td>
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<td></td>
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<tr>
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### Food Insecurity

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
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</thead>
<tbody>
<tr>
<td>In the past year, have you been afraid of your partner?</td>
<td></td>
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</tr>
<tr>
<td>In the past year, have you had a problem with drugs or alcohol?</td>
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</table>
Addressing Barriers

Reflect on cons for change: "I (also) see that you’re worried about your partner getting mad."
Empathize: "(And) You’re right that doing something about the problem has risks."
Reflect on pros for change: "It sounds like while you are in a difficult situation, doing nothing has significant risks. Yet this is important because issues like these are known to be unpredictable and potentially dangerous. And it looks like it is already affecting your sleep, your friends,"
Assess for readiness: "Would you be open to talking to someone who is very experienced at dealing confidentially with difficult partner situations. It is also important to have an Escape Plan for your safety just
"I would like to give you some advice about your struggles with your partner. You do not deserve to be treated this way. Your home should be a place of love, not violence. I worry for your safety and the safety of your children.

It is my job to help parents understand that children are usually aware of problems like this in their parents. Also when children are exposed to fighting, they often start to be aggressive, angry, sad, or withdrawn. Are you interested in learning about possible strategies for your situation before it gets worse?"

**Partner Violence**

**Screening Items**

- Parent reports being afraid of partner within past year: Yes

**Severity/Impact**

- Parent reported partner does the following: Physical fighting, Yells at me, puts me down, Threatens to hurt me.
- Parent contact with partner: Every day or most days
- Problems with partner have affected: My sleep, My friends

**Getting help?**

- Parent is getting help with their partner struggles: No
- Parent wants help with partner struggles: No

**Barriers and Readiness**

- Primary Barrier to getting help with partner struggles: My partner might get mad and make things worse
- Parent will consider help for struggles with partner from: Talking with a mental health professional or counselor, A police "restraining order"

**Substance Use**

**Screening Items**

- Parent reports problem with alcohol and drugs: No
- Parent feels need to cut back on drinking/drugs: No
Plan Hints

“I would like to give you some advice about your struggles with your partner. You do not deserve to be treated this way. Your home should be a place of love, not violence. I worry for your safety and the safety of your children.

It is my job to help parents understand that children are usually aware of problems like this in their parents. Also when children are exposed to fighting, they often start to be aggressive, angry, sad, or withdrawn.

Are you interested in learning about possible strategies for your situation before it gets worse?”

**Recommendations for Discussion about emergency plan?**
- Assure parents that lots of families have trouble with violence at home
- Discuss where parent and child would go if in danger
- Advise parent to make a list of numbers of people they could call for help
- Discuss what neighbor parent could tell about the violence and have that person check-in on parent and children
- Teach children to call 9-1-1
- Encourage parent to get their own bank account and keys and have clothes somewhere else in case leaving is needed
- Use link resource to help parent plan
- Refer to social worker

**Screening items**
- Parent reports being afraid of partner within past year: Yes
- Parent reported partner does the following: Physical fighting, Yells at me, puts me down, Threatens to hurt me.
- Parent contact with partner: Every day or most days
- Problems with partner have affected: My sleep, My friends

**Severity/Impact**
- Parent is getting help with their partner struggles: No
- Parent wants help with partner struggles: No

**Barriers and Readiness**
- Primary Barrier to getting help with partner struggles: My partner might get worse
- Help for struggles with partner from: Talking with a mental counselor, A police "restraining order"

**Substance Use**
- Parent reported Partner Violence resources and careportal notes: Yes
- Discussion about emergency plan?: Yes
- Advice given about domestic violence hotlines?: Yes
- Numbers given for shelter?: Yes
- Advice given about calling police?: Yes
- Parent referred to a social worker for help with partner violence: Yes
Reviewing Care Portal Text

Reflect: "I see from the questionnaire you completed before the visit that you are facing some challenges."
Empathize: "All parents have tough times. It can be hard on you and hard on your kid(s)."
Assess: "May I ask you some questions about these issues? I would like to help. I will keep this confidential."

Please Note: This guided interview and intervention is based on responses by the child's Mother (Sarah Jones) to several personal issues. The 'teleprompters' on the tabs are therefore not appropriate if that

Select one or more Clinician Notes below:

- A note about a number to call if ever unsafe in your home, something all families should know

All families need to know that there are places that can help if they ever feel unsafe in their homes. If you ever feel unsafe and need help, call 1-800-799-SAFE (7233) or 1-800-787-3224 (TTY) or (206) 787-3224 (Video Phone Only for Deaf Callers). If you or your family are ever in immediate danger, call 9-1-1 right away. You can also click Partner Issues Local Resources to check and see if your doctor has recommended local professionals or programs that should be helpful: If not, call the office.

- Dr. Ray Sturner wants you to be sure you know how you can talk to someone by phone who can help you get help for partner difficulties and stay safe. You can also find an escape plan if needed. Get confidential and free help at 1-800-799-SAFE (7233). Click Partner Issues Local Resources to check and see if your doctor has recommended local professionals or programs that should be helpful: If not, call the office.
Mike's Memory Book

3 years, 4 months
November 2011

3 Years, 5 Months
Wednesday, November, 16, 2011

Developmental Milestone | Edit This Entry | Add a Comment | Suggestions

Baby's First Time Grabbing At Clothes

The first time your baby grabbed or scratched at their clothes.

Comments:
- Susan Burgee: "She was wearing a yellow flowered jumper."
# My Resources

<table>
<thead>
<tr>
<th>Type</th>
<th>Name</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Info for Parent</td>
<td>Safety Plan For Victims</td>
<td>Safety Plan For Victims Parent Text</td>
</tr>
<tr>
<td>(From Dr. Ray Stumer)</td>
<td>Parent Text</td>
<td></td>
</tr>
<tr>
<td></td>
<td>SEEK Partner Issues Handout</td>
<td>SEEK Partner Issues Handout</td>
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Do you often feel your child is difficult to take care of? : no
Do you sometimes find you need to hit or spank your child?

**Stress-Depression**

**Screening Items**
- Parent often feels under extreme stress
  - In the past month, have you often felt down, depressed, or hopeless?
  - In the past month, parent has felt very little interest or pleasure in doing things you used to enjoy

**Severity/Impact**
- Feeling stressed, feeling down and/or not enjoying things has been a big problem for me
- Taking care of our home

**Getting help?**
- Parent is getting help with feeling stress/feeling down and/or not enjoying things: no
- Parent does not want help with feeling stress/feeling down and/or not enjoying things.

**Barriers and Readiness**
- Primary Barrier to getting help with feeling stress/feeling down and/or not enjoying things: I don't want to take medications
- Parent will consider help with feeling stress/feeling down and/or not enjoying things from: Other family

**Food Insecurity**

**Screening Items**
- In the last year, did you worry that your food would run out? : no
- Did you run out of money or food stamps to get more? : no

**Barriers and Readiness**
- Parent does not want help with running out of food: no
- Parent will consider help with running out of food from: Other family
Clinician Education

SEEK

Jump to Videos

Reflect: "I see that you’ve been having a tough time with your partner."
Empathize: "Lots of people have this problem. Sometimes these problems can get really bad."
Assess: "Can I try help you? I will keep this conversation confidential."

Intimate partner violence e-Chapter

Using SEEK for Partner Violence

Partner Violence

Screening Items

In the past year, have you been afraid of your partner? Yes No

Severity/Impact
SEEK Intimate Partner Violence

- Physical Health
- Cognitive Development
- Social Development
- Emotional Health

Witnessing IPV
QI Report for MOC-4

Visit Period by End of Week Date

- 8/7/2010
- 8/21/2010
- 9/4/2010
- 9/18/2010
- 10/2/2010
- 10/16/2010

Number of CHADIS reports:
- 0
- 2
- 4
- 6
- 8
- 10
- 12
- 14
- 16
- 18
- 20

Percent of clinical visits with completed SEEK:
- 0.00%
- 10.00%
- 20.00%
- 30.00%
- 40.00%
- 50.00%
- 60.00%
- 70.00%
- 80.00%
- 90.00%
- 100.00%

- SEEK Reports
- Practice %
- Target %
- Linear (Practice %)

8/7/2010
Waiting Room Tablets Implemented
Suggested Changes in Practice

• Improve pediatric primary care to help
  – Promote children’s health, development, safety
  – Prevent child maltreatment

• Address ACEs in pediatric care

• Consider implementing the SEEK approach in pediatric primary care
Thank You!

http://theinstitute.umaryland.edu/SEEK

hdubowitz@peds.umaryland.edu
References


