

The SEEK Newsletter

Summer 2021

SEEK's Mission

Strengthen families, support parents and parenting, promote children's health, development and safety, and prevent child maltreatment

www.SEEKwellbeing.org

The National SEEK Study is still recruiting practices

The National SEEK Study will recruit practices through 2021. There are several benefits from participation including free training and credits, access to the SEEK Helpline managed by our SEEK social worker, possibly increased revenue, and, the study demands are modest. If you know of pediatric or family medicine practices not yet implementing SEEK that may be interested in joining the Study, please connect them with the SEEK Study team to learn more - Rose Belanger, PhD (rbelanger@som.umaryland.edu).

SEEK and Phreesia

SEEK is now available for electronic administration via Phreesia's intake platform! Phreesia is the nation's leader in patient intake, offering streamlined clinical screening and collecting patient-reported outcomes. Phreesia has a provider-facing document with patient/parent results, a patient/parent-facing resource guide, atrisk alerting on the Phreesia Dashboard and analytics through their Patient Question Insights report. To learn more about implementing SEEK via Phreesia, please visit the Phreesia-SEEK Integration webpage here.

SEEK Parent Pamphlet

We've created a simple Parent Pamphlet that contains information about SEEK. This can be given to parents before they've completed the Parent Questionnaire-R (PQ-R). The pamphlet briefly describes SEEK, the PQ-R, what happens after a parent completes the PQ-R, and there's a QR code leading to the SEEK parent video. Click here for the pamphlet.

SEEK Mini Manual

We're creating a SEEK Mini Manual including background info on SEEK, core components of the model, answers to common questions, and much more. This will soon be on the SEEK website.

SEEK is on Twitter!

Please follow us on Twitter for updates and other useful info. Also, please help others learn about SEEK and the National SEEK Study by retweeting us. Follow SEEK on Twitter at: @SafeEnv4EvryKid

Questions or concerns?

The SEEK team is always available to help with any questions or concerns you may have. Please don't hesitate to contact us! Email Rose Belanger (rbelanger@som.umaryland.edu) or Stacey Newton (snewton@som.umaryland.edu).



Please share this Newsletter with anyone who may be interested and let us know if we should add them to our Friends of SEEK list to receive this. Also, let us know if you do not wish to receive this Newsletter. Email Stacey Newton (snewton@som.umaryland.edu). And, we welcome feedback and suggestions regarding our Newsletter.

Helping Families Experiencing Domestic Violence

Domestic violence (DV) or "intimate partner violence" affects millions of children in the U.S. each year. The home is supposed to be a safe, secure, loving place. Think about how scary it can for a child to see their parents fighting. In addition to its alarming prevalence, research has found how DV jeopardizes children's mental and physical health, development and safety. Children are harmed directly, such as when they get in the midst of physical altercations. Harm may also be indirect, for example, when a child overhears a violent argument or sees her mother's black eye the next day. The harm may be both short- and long-term, with potential implications for future relationships. The family and home are critical elements of a child's environment. Thus, exposure to DV is an important social determinant of health as well as an Adverse Childhood Experience (ACE). These are some of the reasons SEEK helps identify DV, a problem that is often well masked, and facilitates help. Interventions for DV mostly occur in the community, through help from an agency specialized in this problem. The role of a primary care practice is crucial, but limited, and mostly one of triage. Below are helpful tips to prepare your practice for working with families with this problem.

It helps to prepare your practice to tackle DV. The <u>SEEK online training video</u> offers initial training for PCPs and others. <u>www.SEEKwellbeing.org</u> also offers useful supplemental materials. Recognizing the complexity of these situations is crucial, including a sympathetic stance without blaming a parent who feels unable to leave a seemingly awful relationship. Motivational Interviewing (MI) is especially useful in addressing DV. Rather than instructing a parent on what they should do, it begins by soliciting their view of the problem, their ideas of what they think they can do, and to jointly develop a plan. The SEEK materials include info on <u>MI</u>, and the <u>SEEK Algorithm</u> helps efficiently assess the situation using prioritized questions. At the end, there are <u>'Responses to Barriers'</u> with suggested responses to commonly raised barriers to engaging in help. If you haven't seen these, please check them out on the <u>SEEK website</u> or click on the links above. Conversations with parents re. DV can naturally be awkward; practicing or role-playing with a colleague can help.

A practice protocol is worth developing for DV. The <u>SEEK Algorithm</u> offers a way of responding consistently and efficiently. It's necessary to consider how you document info re. DV, particularly given parents' right to access their child's record. This is particularly critical if an abusive partner accesses the info, perhaps aggravating a conflictual relationship. Consider careful wording that describes the problem without using pejoratives (e.g., difficult relationship, parental conflict). Find out the local community resources for DV, ideally with a contact person to facilitate referrals. We recommend customizing the <u>SEEK Parent Handout</u> with info on these resources. You may wish to have a poster concerning DV in the waiting area, signaling your concern about this problem. Some practices post these in restrooms with 'tear offs' with the local shelter's phone number, but not their name. <u>Futures Without Violence</u> and the <u>National Domestic Violence Hotline</u> has these available for use.

Clarifying with local child protective services (CPS) helps establish when to refer circumstances as possible child abuse or neglect; laws and policies vary considerably. We strongly recommend first discussing the referral with the parent, and perhaps making the call jointly. It helps to provide CPS with specific info on the potential danger, and to recommend that they contact the parent discreetly to protect privacy and confidentiality. In deciding whether to refer to CPS, consider:

- Has the child been physically injured?
- Are there aggravating factors? (e.g., partner has gun)
- What's the potential for further danger? (e.g., escalating violence)
- Is the parent able to plan for child's safety? (e.g., has a safety plan)
- Does the parent have support and connections to community resources? (e.g., offer parent handouts or to help connect the parent to community resources)
- What are options other than referring to CPS? (e.g., offer support, referral to DV shelter)

Having helped identify DV, the practice role involves MI to briefly assess the problem and facilitate help. SEEK's REAP acronym is handy, beginning with **Reflecting** on what the parent has disclosed followed by an **Empathic** statement (e.g., "I'm sorry. This must be hard on you, and your kids"). Unless, the child is under about age 3, it's best to ensure privacy with the child out of the room. The risk is a child inadvertently reporting what transpired, perhaps aggravating the situation. **Assessment** briefly clarifies the nature of the DV, possible escalation, presence of a gun, parent's supports and ability to keep the children safe. The **Plan** incorporates MI to tailor it to meet an individual parent's ideas and wishes.

Having a "safety plan' can be life-saving. You may recommend that a parent develop one with the help of a community resource, such as the <u>National Domestic Violence Hotline</u>. Alternatively, the <u>SEEK Parent Handou</u>t includes info; there are more examples on our website. A safety plan is very specific to the individual and their situation, however, key points include:

- Plan ahead, not when you're in a crisis
- Plan a safe place to go and how to get there
- Have a code word for the children to know when to leave in a hurry, call 911, trusted contact
- Hide a bag with items you might need in an emergency cash, keys, meds, documents

Talking with children. Finally, depending on their age, it is valuable to provide key info to affected children. Acknowledge that you're aware of the DV and convey empathy. Enquire how the child feels about this problem and assure them that it's not their fault. Suggest they talk with their parent re. a plan to keep safe. Express your interest in helping and consider referring the child for a mental health evaluation.

Good Resources for DV

- WomensLaw.org offers an email hotline for survivors of violence to obtain legal information
- The National Domestic Violence Hotline (<u>www.thehotline.org</u>) offers 24/7 free access to confidential help, information, crisis intervention, safety planning and connection to local resources. Help is available in over 200 languages
- The National Child Traumatic Stress Network (<u>www.nctsn.org</u>) offers information on resources and services for children and families who have experienced traumatic events
- The National Center on Domestic Violence, Trauma and Mental Health (www.nationalcenterdvtraumamh.org) offers training, consultation and resources on DV, substance abuse, trauma and mental health
- The Rape, Abuse & Incest National Network (<u>www.rainn.org</u>) offers a National Sexual Assault Hotline that is available 24/7, free and confidential
- Futures Without Violence (www.futureswithoutviolence.org) is a non-profit with a mission to end domestic violence against women and children. They offer training, consultation, and resources on topics, such as DV, sexual violence and human trafficking
- Legal Aid offices offer free legal assistance and are in most states