



SEEK
Safe Environment for Every Kid

The SEEK Newsletter

Spring 2020

SEEK's Mission

Strengthen families,
Support parents and parenting,
Promote children's health,
development and safety, and
Prevent child maltreatment

www.SEEKwellbeing.org

For COVID-19 resources and helpful information, find the [SEEK Resources for Families document on our website!](#)

The National SEEK Study

We're still recruiting pediatric and family medicine practices. Please refer possible practices to unwosu@som.umaryland.edu

COVID-19 and SEEK

We hope you and yours have stayed healthy. We realize the dramatic impact the pandemic has had on primary care and that many routine visits have been via telehealth or postponed. The enormous upheaval in our lives is a major stressor for many families, especially those with young children cooped up indoors for prolonged periods, and, perhaps experiencing social isolation, health concerns, unemployment and loss of income. In this context, SEEK may be especially important helping identify and address the specific problems parents are facing. The SEEK Parent Questionnaire-R, at least the intro and some of the questions, may be useful for telehealth too, although not developed for this purpose. In addition, we've developed a list of national resources that should be valuable in your efforts to help families through this tough time. Please check this out on our website - www.SEEKwellbeing.org. Please, stay healthy!

Discipline, Not Punishment

Pediatricians and family medicine professionals are a valuable resource for families, providing important information, expertise, resources and referrals. Longitudinal contact with families enables primary care professionals (PCPs) to develop trusting relationships, which is especially valuable when broaching sensitive topics. Discipline of children is one such topic that parents may inquire about, or, that should be raised during well visits. In a national survey of pediatricians regarding topics discussed during such visits, PCPs discussed discipline with parents of children ages 0 to 10 years in more than three-fourths of visits.¹ Helping parents understand effective and positive discipline strategies is an important role of PCPs.² A 2012 study in New Orleans of 500 parents found that they were more likely to follow the advice of pediatricians over that from other professionals.³ Thus, child well visits are likely an ideal setting for discussing discipline.

Discipline can be broached in several ways. A parent may raise the topic. Alternatively, a PCP may notice that the parent is having difficulty responding to their child's challenging behaviors. Another method increasingly used by PCPs involves screening tools. One example is the Safe Environment for Every Kid (SEEK) Parent Questionnaire-R (PQ-R), an evidence-based tool to identify discipline challenges and other important social determinants of health. SEEK's approach - Reflect, Empathize, Assess, Plan (REAP) - helps assess and address the targeted problems.

The REAP approach offers practical guidance. *Reflection* refers to reflecting back what the parent has disclosed ("I see you're having a tough time with Henry"), or what the PCP observed. *Empathizing* with the parent is helpful in fostering rapport and trust ("Being a parent can be tough!"). Reflection and empathy help establish a safe space for discussing discipline. Next, there's a need to briefly *Assess* the nature of the problem, with questions such as "What behaviors are hard for you? What have you tried? How is this working? What else could you try?" The assessment provides the basis for developing, with the parent, the *Plan*. See the [SEEK Algorithms and Approach to Barriers](#) regarding discipline on our website.

One useful approach involves Motivational Interviewing (MI).⁴ MI helps to gauge a parent's readiness for or interest in changing. Importantly, MI invites the parent to take the lead in developing a plan by asking what she or he thinks about the issue, and what could be tried. Good rapport and the REAP approach using MI, involves parents in a way that makes it more likely they will feel ownership of the plan, and implement it. After establishing a plan, PCPs can offer the SEEK Parent Handout or an alternative, conveying key messages regarding positive discipline techniques; the Handout should be customized with information on local resources. Even if parents may not be ready for change or hesitant to discuss discipline at the well visit, each visit is an opportunity to establish rapport and a trusting relationship for future discussions - a seed for change has been planted, and the parent may later turn to the PCP for help.

In summary, PCPs are well positioned to guide parents on discipline. The SEEK PQ-R offers an efficient way to identify discipline and other problems. The REAP approach and MI, components of the SEEK model, offer a way to assess and address problems. The SEEK Parent Handouts are a useful adjunct to what is conveyed during the visit. Discipline challenges are often ongoing and may require additional visits. The pandemic has made this an especially tough time for families, cooped up inside much of the time. Helping address discipline now may be especially important to help ensure a safe environment for every kid. For more information on the SEEK PQ-R, Algorithms, REAP approach and Parent Handouts, please visit www.SEEKwellbeing.org.

-Stacey Newton, MSSA, LMSW

References

1. Sege et al. Effective discipline to raise healthy children. *Pediatrics*. 2018;142(6):e20183112.
2. Taylor et al. Parents' professional sources of advice regarding child discipline and their use of corporal punishment. *Clin Ped*. 2013;52(2):147-55.
3. Taylor et al. Perceived social norms, expectations, and attitudes toward corporal punishment among an urban community sample of parents. *J Urban Health*. 2011;88(2):254-269.
4. Williams et al. Engaging families through motivational interviewing. *Pediatr Clin North Am*. 2014;61(5):907-921.

SEEK - Electronic Implementation

SEEK is currently being implemented in 19 states in the United States and in Italy and Sweden, in a variety of practice settings: rural and urban, university affiliated and standalone, large and small. This involves variation in the SEEK workflow. Medicine is increasingly becoming electronic and there is a growing need for evidence-based models such as SEEK to be integrated with the electronic health record (EHR). Such integration would enable timely and efficient coordination of screening, assessment and referral of families to address their needs. Furthermore, an electronic format enables follow up probes to any positive screens to further assess the nature of the problem, a parent's readiness to change and interest in specific strategies and resources. Adding such issues onto a computerized SEEK Parent Questionnaire-R (PQ-R) obviates needing to ask these questions during the visit, adding efficiency.

The options for the workflow of a SEEK well child visit are paper, a hybrid, or, fully electronic. When using paper, a medical assistant (MA) usually asks the parent to complete the PQ-R when showing them into an exam room. The completed PQ-R is then handed to the primary care professional (PCP) at the start of the visit to assess and address positive screens, or, this may be done by an in-house behavioral health professional. These professionals would document information re. their assessment and plan in the EHR. A hybrid system involves administering the paper PQ-R as just described, followed by an MA or other staff entering a parent's responses into the EHR. These two approaches may be quick and easy to implement, but they are error prone, not optimally efficient, and are limited in facilitating follow up.

The SEEK team has been working with software and EHR companies to help implement SEEK electronically. [CHADIS](#) is a software platform that offers a few ways to implement the model this way. In working with software companies, the major hurdle is EHR integration; it requires additional coding for each practice to achieve two-way integration and communication between the software and the EHR. On the other hand, working with EHR companies shows promise, with capability to add screening tools like the SEEK PQ-R and send links to parents already accessible through the patient portal. The level of interest of EHR companies varies, however, and it is best if their customers request that innovations such as SEEK be included in their software.

Implementing SEEK electronically should minimize errors, facilitate the assessment and planning, and enable automated documentation and referrals. Possible errors include failing to administer the SEEK PQ-R in busy clinics and clerical mistakes when entering parents' responses into the EHR. Before the visit, the EHR can identify the selected well child visits for administering the PQ-R, and send a link to the parent allowing completion at their convenience. During the visit, the system can prompt front desk staff during patient check-in to see whether a parent had completed the SEEK PQ-R in advance. If not, the parent could be directed to do so on a tablet, with responses immediately integrated into the EHR. The EHR can then guide PCPs and/or behavioral health professionals in their assessment and plan, including helping address barriers, such as a parent's reluctance to engage in help. The SEEK Parent Handouts can be printed for parents and/or sent to a parent's care portal. In addition, referrals can be processed to community resources, and, with a parent's permission, those resources can send information back to the referring PCP.