The Safe Environment for Every Kid (SEEK) Model: A Role for the Health Sector

Preventing Child Maltreatment – Promoting Children's Health, Development and Safety

Howard Dubowitz, MD, MS, FAAP

Professor of Pediatrics

University of Maryland School of Medicine

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For more information

- www.SEEKwellbeing.org
- hdubowitz@som.umaryland.edu

The Importance of Preventing Child Maltreatment (CM)

Preventing child abuse and neglect (i.e., maltreatment) fits well with the goals and scope of pediatrics, as expressed by the American Academy of Pediatrics' commitment to "prevention, early detection, and management of behavioral, developmental, and social problems as a focus in pediatric practice." The prevention of CM benefits the individual child, the family, the community, and society at large. Preventing the physical, cognitive, behavioral, emotional and social harm associated with CM is intuitively and morally preferable to intervening "after the fact."

Beyond the individual child, the prevention of CM has at its heart the goal of supporting parents and parenting, strengthening families, and promoting children's health, development, and safety. Effective interventions should achieve much more than just preventing CM, such as enhancing children's cognitive, emotional and social development, guiding their behavior, improving parental health and relationships with their children, as well as decreasing involvement in public assistance and the criminal justice system. CM has enormous costs, human and economic, that must be weighed against the cost of prevention. Finally, the moral imperative to protect children and prevent CM is compelling.

Social Determinants of Health (SDH) and Child Maltreatment

SDH are defined by the World Health Organization (WHO) as "the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life".[1] SDH lead to disparities in health outcomes through increased risk for illness, decreased access to health care, and fewer opportunities for health promotion and disease prevention. While the WHO has focused on community and societal-level issues and social and cultural norms, others include individual and family-level factors that may also contribute to poor health.[2,3]

The prestigious U.S. National Academies of Sciences[4] has stated that SDH should be integral to health professional education to better understand the context of a patient's illness. In addition, health professionals should understand a community's circumstances and needs before identifying and intervening in SDH. The Academies added that action should take place within the context of "well thought-out partnerships" between medical professionals and others in the community.

This topic is not new to child health professionals. Child health has long been viewed in the context of family and community.[5] There has been mounting interest in the health sector in recent years to help address SDH to promote health and wellbeing, and to prevent children from being abused or neglected. This is due, in part, to the extensive literature on how SDH contribute to poor outcomes. Another factor concerns evidence-based interventions that have successfully identified and ameliorated some of the adverse effects of SDH for children and families. Addressing CM requires an understanding of the risk and protective factors involved. Ecological-developmental theory posits multiple and interacting contributors, as well as both risk and protective factors, involving the individual and the surrounding environment.

Social Determinants of Health (SDH) or Adverse Childhood Experiences (ACEs)?

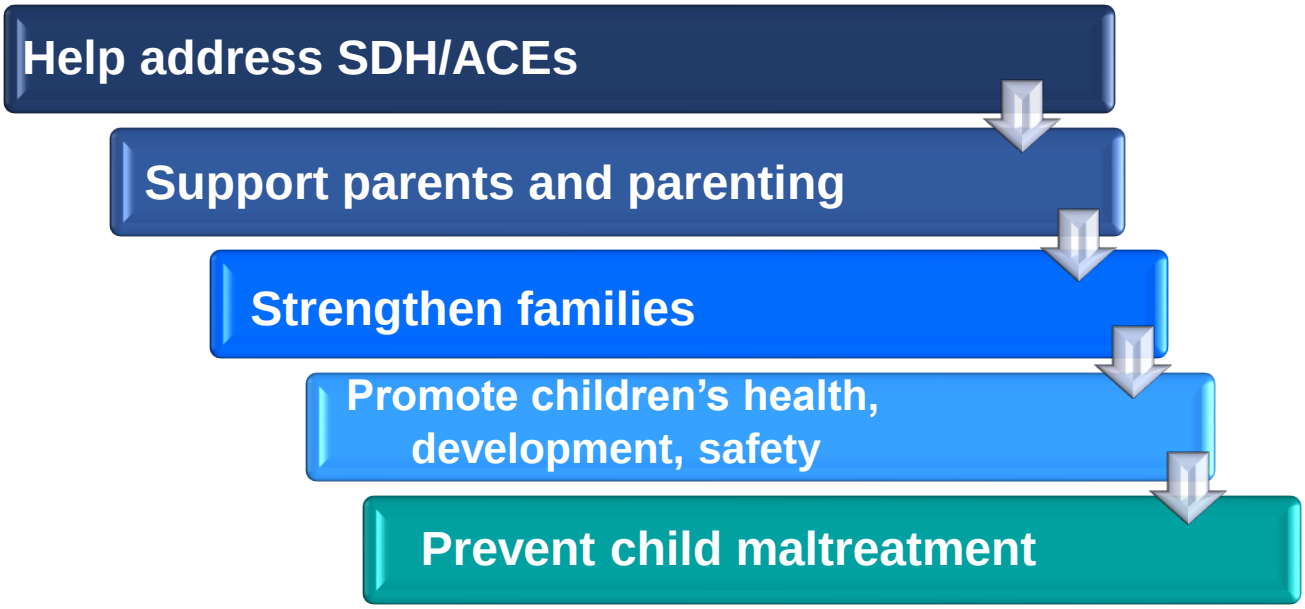
ACEs and SDHs are conceptually similar. Many ACEs and SDH are overlapping, with some differences and their definitions vary. For example, the CDC defines ACEs as "potentially traumatic events that occur in childhood, and aspects of the child's environment that can undermine their sense of safety, stability, and bonding."[6] The family and home environment are the critical social context, especially for young children. Exposure to domestic violence, for example, is both part of that context and likely traumatic. In practice, the main task is to prioritize which of many possible SDH/ACEs to help address, regardless of varying taxonomies.

A Role for Child Health Professionals

Pediatric practice has focused primarily on identifying abuse and neglect, providing medical care, referring CM to the public agencies, and facilitating referrals for assessment and treatment. To meet their responsibility to promote children's health and wellbeing, child health professionals should also prioritize preventing CM.[7] They can do so by identifying and helping address child and family risk and protective factors, referring families to effective community-based services, and advocating for policies, programs and practices that promote child and family wellbeing.

Primary care offers an excellent opportunity to play this role. It is well institutionalized; most parents accept the need to bring their children in for checkups. There is no need to build a new infrastructure. There are many visits especially in the first few years of life and health professionals generally enjoy excellent relationships with children and families. They are usually trusted and perceived as credible and caring. This relationship offers a remarkable entry into families' lives, enabling the sharing of sensitive information and opportunities to intervene. Thus, there is a responsibility to help when needed.

The Conceptual Underpinning of the SEEK Model



SDH/ACEs Prioritized in SEEK

After reviewing the literature, we prioritized problems that are: 1) prevalent, 2) often associated with CM, and 3) where there are usually some services available. If we can make a dent in these problems, we can 'move the needle' and help achieve the above cascade of benefits to children and families. In addition, we are flexible and can include other priorities health professionals wish to help address. SEEK focuses on:

- Parental depression
- Severe parental stress
- Parental unhealthy substance use
- Domestic violence
- Food insecurity
- Harsh punishment

Core Components of the SEEK Model

- **SEEK training** of child health professionals - two hours of videos on the SEEK website, as well as supplemental materials and webinars.
- The **SEEK Parent Questionnaire-R** (PQ-R). Evidence-based, brief, easy to read and interpret.
- **Brief assessment** of identified problems. The efficient approach includes motivational interviewing and incorporating strengths, as well as the SEEK Algorithms for Responses to Barriers.
- **Initial help** addressing problems. Ideally, this is done by a medical professional working with a social worker or behavioral health professional.
- Knowledge of and referrals to **community resources**.
- **SEEK Parent Handouts**. These convey key messages and are customized with info on local resources.

How does SEEK work?

- At the start of visit, parent is given the PQ-R, usually by a nursing assistant or electronically
- Parent completes it in ~2 minutes, in privacy
- Parent gives PQ-R to their health professional
- Health professional + a social worker or similar professional assesses possible problem(s)
- SEEK Parent Handout or an alternative handout
- Possible referral
- Possible follow-up by child's and/or parent's health professional

Evidence Supporting the SEEK Model

Two large randomized controlled trials evaluating SEEK were conducted. The 1st study was in pediatric training clinics serving a very low-income urban population.[8,9] The 2nd was in 18 suburban private pediatric practices serving a mostly middle-income, relatively low risk population.[10,11] In both trials, health professionals significantly improved in their level of comfort, perceived competence and practice behavior with regard to addressing the targeted problems. Some improvements were sustained for up to 36 months beyond the initial training. In the 1st study, SEEK families benefited by having significantly less child abuse and neglect - assessed three ways: by parental report of how they handled conflict with their child, by review of medical records for abuse or neglect, and by referrals to child welfare. In the 2nd study, SEEK mothers reported less harsh physical punishment and psychological aggression, reasonably considered as CM, compared to controls. SEEK did **not** require additional time on average for health professionals to address SDH/ACEs. In the 2nd study, SEEK cost $3.59 per child per year and saved $305.58 per case of psychological aggression or physical assault averted.[12]

SEEK was favorably included in two systematic reviews.[13,14] SEEK is being implemented in 21 U.S. states, Sweden, and Italy. It has been shown to be a practical model and has been well received by professionals and parents. Feedback involving hundreds of thousands of checkups contributes to continuous improvement of the SEEK model. In addition, SEEK is a well-recognized approach to addressing SDH/ACEs.

Recognition of SEEK

SEEK is recognized as an effective approach to prevent child maltreatment by:

- US Centers for Disease Control and Prevention (CDC)
- The US Agency for Healthcare Research and Quality
- The American Academy of Pediatrics
- The California Evidence-Based Clearinghouse on Child Welfare

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