

The SEEK Newsletter

Spring 2023

Addressing Adverse Childhood Experiences and Social Determinants of Health in Primary Care: Implementing the SEEK Model¹

SEEK's Mission

- Strengthen families
- Support parents and parenting
- Promote child health, development, safety
- Prevent maltreatment

Recognizing the critical role family, community, and society play in children's health and development is fundamental to pediatric and family medicine. This coupled with the commitment to prevention and support for families, has fostered mounting interest in better addressing social determinants of health (SDH) and adverse childhood experiences (ACEs) that also contribute to child maltreatment. This article, based on clinical experience and research, focuses on challenges in addressing SDH/ACEs, and the SEEK model. The goal is to guide primary care professionals (PCPs) in supporting parents and families to improve child and family outcomes.

Should One Screen for SDH/ACEs? Some argue that screening yields relatively few 'positives' and many false negatives, so it's preferable to instead engage parents in an open-ended conversation and insert questions about issues such as possible substance misuse and conflict in a relationship. While this approach appears attractive, it seems currently impractical given time constraints.

What Lifecycle Period to Target? While past experiences can have lasting impact, current or recent problems tend to have more current effects, may be easier to address, and parents may be more amenable to accept help. SEEK thus prioritizes current or recent SDH/ACEs.

At What Age(s) to Screen? SDH/ACEs can affect children of any age, but early childhood is an especially critical time in their development. Also, there are frequent healthcare visits and families' relationships with PCPs may be more influential. SEEK therefore prioritizes screening for children (0-5), although some PCPs extend this to older children.

How Comprehensively to Screen?

Universal vs. selective screening. Deciding whom to screen is sometimes based on a known high-risk population (e.g., lead poisoning). There may however be ethical problems to screening based solely on demographic factors, such as insurance type. Further, no group is immune to SDH/ACEs and one risks missing potential problems. For these reasons, the SEEK model includes screening universally (e.g., parents of all children 0-5).

Broad vs. focused screening. There are many problems that families may face. Given the brevity of well-child visits, it's practical to prioritize problems that are: 1) relatively prevalent in the community served, 2) amenable to brief, effective screens, and 3) where resources are available.

What to Screen For? SEEK has targeted parental depression, major stress, substance misuse, intimate partner violence, food insecurity and harsh punishment. These problems have been linked to child abuse or neglect. Naturally, there are many other problems that compromise parenting and jeopardize children's health, development, wellbeing and safety, such as inadequate financial resources, limited access to quality childcare, poor housing, difficulty paying rent, guns in the home, and transportation.

We recently made 3 changes to the SEEK PQ-R. 1) the list of potential problems to address has been expanded; 2) Practices can decide which to prioritize; and 3) the wording has been tweaked to lessen the stigma some may feel. The new SEEK PQ-Re (expanded) will soon be available at [SEEKwellbeing.org](https://seekwellbeing.org).

How to Screen? While there is evidence on screening for certain problems, such as depression, there has been little research on the many questionnaires probing multiple issues. In choosing a screener, PCPs should consider the ease of administration, cost, scoring, and interpretation. The introduction is important in conveying an empathic and constructive tone. Efficiency is enhanced by self-administered screening, particularly when done electronically. We think that the SEEK PQ-R is a good screener and hope that the PQ-Re will be still better. There are helpful reviews of screeners^{2,3} and the AAP [STAR Center](#) has options.

When to screen? Should one limit this to well child visits or include "sick" visits. Parents of an ill child may be anxious; delving into psychosocial problems at that time seems untimely. Some professionals, however, wish to seize any opportunity, and screen at sick and emergency visits as well as for hospitalized children. Good timing and the frequency for screening have not been established. That said, screening periodically is warranted given that circumstances can change and parents may over time be more willing to disclose sensitive information.

Responding to positive screens. PCPs need to acknowledge problems parents disclose. It helps to reflect back what has been shared, convey empathy, and briefly assess the situation and a wish to help. perhaps with help from a behavioral health colleague. The [SEEK Algorithms and Responses to Barriers](#) offer an efficient approach, incorporating principles of motivational interviewing (MI). MI involves assessing a parent's view and working **with** them to jointly develop a plan. In this way, they largely 'own' the plan, making it more likely it will pan out.

Payment is an important consideration; this varies by state and insurer. The CPT code 96161 covers care provided to parents during well-child visits and 96060 covers psychosocial screening pertaining to children's health. There is a helpful SEEK webinar on this topic on our [website](#).

Training and support for PCPs. It is easy to deploy screeners; it is less easy to respond well. Many pediatricians have not been trained to address problems such as IPV or parental substance misuse. [The SEEK training videos](#) help prepare PCPs to feel competent and comfortable addressing problems. Ongoing clinical experience and collaboration with behavioral health professionals also build PCPs' skills.

Identify and use protective factors/strengths. Deliberately identifying parent and child strengths or protective factors and incorporating them into one's approach are valuable in buffering the stressors. Protective factors may be 'internal' to a family, such as a parent's wish for their child to be healthy or a child's goal to play soccer. Others are 'external,' such as extended family support, mental health professionals, food pantries, and having a caring PCP. Research on screening for protective factors is preliminary. Thus, in SEEK these are instead integrated into the assessment and approach.

Informal support for parents. In addressing SDH/ACEs, professionals often think of other professionals, but most people receive help informally, from family and friends, and sometimes from internet sites and support groups. PCPs can foster such support, such as by encouraging a father's involvement in his child's healthcare.

Parent handouts with easily understood information and, ideally, with customized information on local resources, are valuable adjuncts to what's communicated in visits. These are core components of the SEEK model. This information may be conveyed electronically via a parent's portal or text messages with links to services, with parental permission.

Facilitating referrals. In general, there is often poor follow-through for referrals, for several reasons. One [SEEK Newsletter](#) focused on improving one's referral process, key to ensuring they pan out.

In sum, SDH/ACEs clearly influence the health, development, wellbeing and safety of children and their families. Helping address these problems is a fundamental part of pediatric primary care. Practically, it's good to start with a limited number of prioritized SDH/ACEs, focused on families of children under 6. PCPs and staff need to be prepared to incorporate this effort into their workflow. Collaboration with behavioral health or social work colleagues is important as are a good referral process. The SEEK model strives to support primary care practices in improving the healthcare they provide in a tested, practical and flexible way.

References

1. Dubowitz H, Finkelhor D, Zolotor A, Kleven J, Davis N. Addressing Adverse Childhood Experiences in Primary Care: Challenges and Considerations. *Pediatrics*. 2022 Apr 1;149(4):e2021052641.
2. Marie-Mitchell A, Kostolansky R. A systematic review of trials to improve child outcomes associated with adverse childhood experiences. *Am J Prev Med*. 2019;56(5):756-764.
3. Sokol R, Austin A, Chandler C, et al. Screening children for social determinants of health: a systematic review. *Pediatrics*. 2019;144(4): e20191622

SEEK Webinar: Dr. Maya Ragavan - Supporting Intimate Partner Violence (IPV) Survivors in Pediatric Settings Using Healing-Centered Engagement

On April 26th, Dr. Maya Ragavan, MD, MPH, MS presented a webinar titled 'Supporting Intimate Partner Violence (IPV) Survivors in Pediatric Settings Using Healing-Centered Engagement'. View Dr. Ragavan's webinar here: <https://player.vimeo.com/video/823045740>

Dr. Ragavan is an Assistant Professor of Pediatrics at the University of Pittsburgh and UPMC Children's Hospital of Pittsburgh and a general pediatrician. Her research focuses on IPV and the prevention of abuse in adolescents' relationships, particularly in immigrant, refugee, and non-English speaking families.

SEEK Webinars on the SEEK Website

If you haven't been able to join us for one of the SEEK webinars, these are posted on the [SEEK website](#). Previous topics include Coding for Maximum Value Care; Sweetness, HOPE (Healthy Outcomes from Positive Experiences) and the Future of Pediatrics; and Discipline Guidance for Young Children.

SEEK Ambassador Program

Word of mouth is an effective way to help disseminate the SEEK model. We encourage PCPs and others implementing SEEK to become informal SEEK Ambassadors! This is voluntary, but please consider sharing your SEEK experience with colleagues who may be interested. To help, we have a [one-page summary](#) and an [8-minute video](#). Please contact us with any questions. Thank you for your consideration!

SEEK Parent Questionnaire-Re (expanded)

We've regularly had requests to add questions to the SEEK Parent Questionnaire-R (PQ-R) such as about guns and transportation. We agree that it's reasonable to add a few problems to target; questions for optional problems have been on the SEEK website. We understand that folks with big hearts wish to address many needs, but this needs to be balanced with being practical. In deciding which problems to target, there's a need to prioritize. Consider:

- The problem is prevalent in one's patient population
- The problem jeopardizes children's health, development, wellbeing, or safety
- There is a way to briefly screen for the problem
- One has something useful to offer to address identified problems
- The list should not overwhelm parents and providers.

We've thus developed the PQ-Re with 2 substantial changes from the PQ-R version:

1. We leave it to practices to choose which problems to prioritize, including whether to continue with those that have long been targeted by SEEK =
2. We have added several optional problems to consider

Additionally, we've created SEEK Algorithms and Parent Handouts for some of the added problems, including gun safety, transportation, housing, carbon monoxide detector, utilities, financial assistance, health insurance, public benefits and job training or education opportunities.

SEEK Parent Handouts with info on national resources have been created for most of the above problems; some don't have helpful national resources. Please be sure to add local resources to the Parent Handouts. In addition, an Algorithm and Responses to Barriers have been created for the 'gun safety' issue.

The PQ-Re and related materials will be available on the [SEEK website](#) soon!

If you'd like to add other questions to the SEEK PQ-R, please [contact us](#).

SEEK Team Changes

Stacey Newton, SEEK Social Worker, and Anna Fracasso, Research Assistant, will both be leaving the SEEK team by the end of June. Stacey will be relocating to Wisconsin and Anna will be starting Physician Assistant school. They will both be greatly missed! We will welcome Vyas Muralidharan as a Research Assistant.

Questions or Concerns?

The SEEK project team is always available to help. Please don't hesitate to contact us! Email Dr. Howard Dubowitz (hdubowitz@som.umaryland.edu) or Rose Belanger (rbelanger@som.umaryland.edu).

Please share this Newsletter with anyone who may be interested. Let us know if we should add them to our Friends of SEEK list to receive this, *and only this*. Also, let us know if you do not wish to receive this Newsletter by emailing Stacey Newton (snewton@som.umaryland.edu) or Rose Belanger (rbelanger@som.umaryland.edu). We welcome feedback and suggestions regarding our SEEK Newsletter.