



**SEEK**  
Safe Environment for Every Kid

# The SEEK Newsletter

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## Supporting Parents Misusing Substances: A Suggested Approach

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### SEEK's Mission

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

[www.SEEKwellbeing.org](http://www.SEEKwellbeing.org)

Growing up in a household living with a person with problematic drug or alcohol use is a well-characterized adverse childhood experience. As reviewed in the American Academy of Pediatrics' Clinical Report on Families Affected by Parental Substance Use<sup>1</sup>, it's difficult to know exactly how many American children experience this, but estimates are as high as 1 in 5. Parental substance misuse is associated with myriad medical, developmental, and psychosocial challenges, and may contribute to a stressful home environment without predictable routines, adequate supervision and provision of basic needs.

Given their longitudinal, trusting relationships, and regular touchpoints with families throughout childhood, child health professionals (CHPs) are uniquely situated to support families impacted by substance use. By bolstering their skills and preparedness, CHPs are well positioned to enhance the health of families and developmental trajectory of children in their care.

Substance use exists on a spectrum from intermittent use, to misuse, to use disorder. Substance misuse involves any pattern of use (frequency, quantity, environment/circumstance) that is potentially harmful to the individual or others. While it is not the role of CHPs to formally diagnose misuse or substance use disorder (SUD), it's useful to have a basic familiarity with the diagnostic criteria. With the transition from the DSM IV to DSM-5, the diagnoses substance abuse and dependence were combined into a single diagnosis, SUD. There are 11 criteria in 4 categories: physical dependence (e.g., tolerance, withdrawal), risky use (e.g., recurrent use in situations in which it is physically hazardous), social problems (e.g., recurrent use impeding fulfillment of major role obligations at work, school or home, and engagement in social, occupational, or recreational activities), and impaired control (e.g., unsuccessful efforts to cut down or control use.) These criteria apply to different categories of substances (e.g., opioids, alcohol, stimulants) and the degree of severity is based on the number of criteria met for the substance.

According to 2021 data from the Substance Abuse and Mental Health Services Administration (SAMHSA), 94% of people with SUD did not receive any treatment, many because they did not think they needed treatment. For this reason and given that substance misuse is often well masked, routine screening as in SEEK is recommended to identify the problem and facilitate help.<sup>2</sup> Whether a practice utilizes the SEEK Parent Questionnaire-R or another brief validated screener to identify parental substance misuse, it's important to remember that a positive screen is not a diagnosis of SUD. Positive screens should lead to a brief assessment and initial efforts to address the issue.

CHPs can use SEEK's Reflect-Empathize-Assess-Plan (REAP) approach. This begins with reflecting back what has been disclosed on the screener, followed by an empathic statement (e.g., "sounds like this may be hard on you, and your kids"). In the context of a trusting relationship, CHPs can help parents consider the impact of their substance use on their relationships and functioning (e.g., "How is this affecting you, and your kids?") MI is a core skill CHPs can use to explore, and perhaps enhance, the parent's motivation for change around their substance use, and to help a parent identify possible barriers and ideas of what they consider feasible.<sup>3,4</sup>

MI is a communication method that can be used for any type of behavioral change, including substance use. CHPs can use MI to learn more about the underlying benefits the parent perceives from their substance use, as well as elicit any ambivalence they may feel about continuing, and then balancing the perceived benefits with the harms. It's important for CHPs to create an atmosphere of acceptance by asking permission to have the conversation. It's good to approach the interaction with curiosity as well as concern about the parent's use and avoiding the "fixing reflex." Despite our skills and best intentions, these conversations can be challenging; a change in attitude seldom arises from a single conversation. It often helps to 'normalize' a problem (e.g., "lots of people have a tough time with this") and to destigmatize getting help (e.g., "all of us need help sometimes"). MI can be used to encourage further evaluation by their own PCP or a specialist in substance use treatment.

For those willing to be referred for further evaluation or treatment, it's helpful for the practice to have a plan connecting parents to appropriate supports (e.g., encourage scheduling with parent's PCP or recommending an 'addiction-competent' PCP. It should help to give the parent the SEEK or similar handout on substance misuse (see [www.SEEKwellbeing.org](http://www.SEEKwellbeing.org)), ideally, customized with information on local addiction treatment professionals/clinics.

A variety of pharmacologic and nonpharmacologic treatment approaches are available and effective for various SUDs. With the ongoing opioid epidemic and increasing rates of Opioid Use Disorder (OUD) in particular, a brief overview of medications for Opioid Use Disorder (MOUD) follows, as it is especially helpful for CHPs to have some insight into the treatment of this dangerous SUD. Indeed, risk of post-partum opioid overdose death peaks 7-12 months after delivery; CHPs are uniquely situated to support parents in early recovery.

MOUD is the unequivocal standard of care for individuals with OUD with medications including full agonists (e.g., methadone), partial agonists (e.g., buprenorphine) and antagonists (e.g., naltrexone). These may be used in combination with behavioral therapies in a comprehensive OUD treatment plan but are also efficacious when used alone. A person's refusal to engage in behavioral therapy should not be used to deny them pharmacotherapy.

Full and partial agonist medications bind to the mu opioid receptors and can provide relief from withdrawal symptoms and drug cravings. Federal regulations require methadone to be provided exclusively in the context of a specially certified opioid treatment program (OTP). These programs often have dosing hours in the early morning, a popular timeslot for many pediatric offices for newborn visits. While OTPs often offer buprenorphine and its usual coformulation, buprenorphine/naloxone, patients can access buprenorphine in their own primary care offices, which is preferable for many individuals. In January 2023, the requirement for an "X waiver" or special buprenorphine-prescribing license was eliminated, facilitating expanded access to this life-saving medication.

While pediatricians may encounter SUD identified on screening, at other times they may be welcoming a new family with a substance-exposed newborn with monitoring and treatment prior to hospital discharge. The American Academy of Pediatrics has outlined the core components of “recovery-friendly pediatric care”<sup>5</sup> with resources for pediatric practices to offer support. Components of a “recovery-friendly practice” apply beyond the newborn period; these include:

- **Strength-based care** - open, nonjudgmental communication mindfully to identify strengths (e.g., the parent's wish to do well by their child), and deliberately incorporate this in one's approach. This increases engagement and builds self-efficacy, bonding, and confidence in recovery and parenting through positive reinforcement. Encourage, praise and celebrate any progress!
- **Stigma reduction** - staff training and practice on ‘person-first’ language (e.g., “person with alcohol use disorder” rather than “alcoholic” or “addict”) and medically appropriate terminology (e.g., “abstinent from drugs” rather than “clean”).<sup>5</sup> Words matter!
- **Dyadic Approach** - recognition that child and parental well-being are intrinsically linked, a key principle in the SEEK approach. Thus, the need to address child and parental needs and provide support with coordination of care, referrals to home visiting programs, early intervention, etc. Additional visits beyond those routinely scheduled may be of benefit.
- **Community Collaboration** - CHPs need to be savvy about local resources and facilitate referrals by addressing common barriers to care (e.g., transportation and food programs such as SNAP and WIC) and facilitating referrals for further evaluation and possible treatment.<sup>6</sup>

In summary, CHPs are well positioned to support families impacted by substance use, leveraging the trust parents generally place in them and a parent’s wish to do well by their child, and to function better themselves.

## References

1. Families Affected by Parental Substance Use | Pediatrics | American Academy of Pediatrics ([aap.org](https://aap.org))
2. US Preventive Services Task Force; Screening for Unhealthy Drug Use: US Preventive Services Task Force Recommendation Statement. JAMA. 2020 Jun 9;323(22):2301-2309. Words Matter - Terms to Use and Avoid When Talking About Addiction ([nih.gov](https://nih.gov))
3. SEEK website: SEEK Materials/Supplemental Materials. <https://seekwellbeing.org/seek-materials/>
4. Williams AA, Wright KS. Engaging families through motivational interviewing. Pediatr Clin North Am. 2014 Oct;61(5):907-21. <https://doi.org/10.1016/j.pcl.2014.06.014>
5. Recovery-friendly Pediatric Care ([aap.org](https://aap.org))
6. SAMHSA maintains a searchable directory of treatment programs with location, foci, and accepted insurances listed; pediatric offices may find this a valuable tool to either share with patients or utilize to support direct referral or to establish relationships that can lead to a coordinated referral network: [FindTreatment.gov](https://findtreatment.gov).

## SEEK PQ-Re: A Revised and Improved Screener

The SEEK PQ-Re ('e' for expanded) is the latest version that includes issues/problems that folks regularly wanted added. We have improved the format, making it more user-friendly and incorporated feedback from professionals and parents. Importantly, we now suggest that your practice prioritizes which issues to target. This should be guided by the prevalence of the problem in the community served as well as the availability of a resource(s) to address the problem. The PQ-Re and all related materials will soon be available on the SEEK website.

## New Paper based on the National SEEK Study

We are pleased that our paper, "Assessment of Adoption and Early Implementation Barriers and Facilitators of the Safe Environment for Every Kid (SEEK) Model" was published in *Academic Pediatrics*. You can read the online version [here](#). The paper explores barriers, facilitators, and the mechanisms regarding the adoption and implementation of SEEK in primary care practices across the U.S.

## SEEK Webinar: Supporting Families Impacted by Addiction in Primary Care Pediatrics

On September 13<sup>th</sup>, 2023, Dr. Natalie Spicyn, MD, MSH, presented a webinar entitled "Supporting Families Impacted by Addiction in Primary Care Pediatrics." View the webinar [here](#) and the PowerPoint [here](#).

## Updating SEEK Terminology

The SEEK team has been grappling with the terms, "model" and "algorithm", which imply rigidity and a cookbook approach. Therefore, we are replacing these terms with "approach" and "guidelines" respectively. In doing so, we hope this better conveys the flexibility we have learned that implementing SEEK requires, while continuing to promote key principles and core components.

## SEEK Ambassador Program

Word of mouth is an effective way to help disseminate the SEEK approach. 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!

## CHADIS - SEEK PQ-R/PQ-Re Plus

We're working with CHADIS (Comprehensive Health and Decision Information System) to make the SEEK PQ-R Plus and SEEK PQ-Re Plus versions available on their platform. The PQ-R Plus and PQ-Re Plus offer a few follow-up computerized probes for parents who answer screening questions affirmatively. This obviates having to gather that info during the visit, thus enhancing efficiency.

To learn more about SEEK on CHADIS, visit the [SEEK website](#) or [www.chadis.com](http://www.chadis.com).

## 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](mailto:hdubowitz@som.umaryland.edu)) or Rose Belanger ([rbelanger@som.umaryland.edu](mailto:rbelanger@som.umaryland.edu)).

Please share this SEEK 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 Vyas Muralidharan ([vmuralidharan@som.umaryland.edu](mailto:vmuralidharan@som.umaryland.edu)). We welcome feedback and suggestions regarding our SEEK Newsletter.