Executive Summary

Title:	**Implementation of the Safe Environment for Every Kid (SEEK) Model in the Early Detection of Psychosocial Risk Factors for Child Maltreatment in Pediatric Primary Care**
Author(s):	Sheena Gonzalez, MSN, APRN, CPNP-PC
Preceptor/Mentor:	Dr. Elizabeth Dorsey Norwood, MD
Faculty Advisor:	Dr. Tricia Huey, DNP, APRN, CPNP-PC
Introduction:	**Background:** There are over 650,000 victims of child maltreatment (CM) per year in the United States. This figure may be much higher as many providers do not routinely screen for abuse. Early identification of psychosocial risk factors and adversities in the home setting can lower the risk and promote CM prevention. **Purpose of Project:** This quality improvement project utilizes the Safe Environment for Every Kid (SEEK) model to screen for psychosocial stressors, identifies high-risk families, offers targeted education, support, referrals, and decreases the risk of child maltreatment. **Aims:** The overall aim of this study is to increase identification, management, and prevention of abuse of children by routinely screening for psychosocial risk factors in the selected sample of patients aged six months old to 5 years old that present for well-child visits. Another identified aim is that all providers will demonstrate knowledge and comfort in managing CM by the project's conclusion. **Objectives:** Pediatric providers completed SEEK training prior to project implementation. Providers utilized SEEK's Parent Questionnaire (PQ-R) tool and the SEEK model guidelines for screening 6-month-old to 5-year-old. Families with positive screens received targeted education and community referrals. **Conclusions:** The use of the SEEK model identified families with risk factors that may lead to CM. Overall, parents were receptive to targeted education and referrals. Providers felt comfortable in screening for adversities and believed the SEEK model was an efficient method for primary care.
Methods:	**Subjects:** Subjects were selected by convenience sampling. There were 118 participants including 111 patients and 7 pediatric providers **Setting:** The project was conducted at private pediatric primary care practice in East Point, Georgia. **Timeframe:** 10 weeks **Interventions:** A modified Primary Care Provider Questionnaire (PCPQ) was administered to providers, during the pre-implementation period, to evaluate their professional background, current knowledge, and comfort in managing CM and adversities. A PQ-R was administered to families of patient's that met sample criteria that

Implementation of the Safe Environment for Every Kid (SEEK) Model in the Early Detection of Psychosocial Risk Factors for Child Maltreatment in Pediatric Primary Care

Sheena R. Gonzalez, MSN, APRN, CPNP-PC
University of South Alabama, College of Nursing

Background & Significance

- Child maltreatment (CM) can include neglect, physical, psychological, and sexual harm towards a child.
- Child maltreatment is a worldwide issue affecting more than 250 million children. Over 650,000 children are affected in the US.
- Despite recommendations, many providers are not screening for child maltreatment or family stressors consistently.
- Under detection of CM may later lead to poor health outcomes or even death.
- The cost of CM per child is over $200,000 in the state of GA and over 100 billion/per year in the US.

Project Purpose & Aim

The purpose of this project is to utilize the SEEK model to screen for psychosocial stressors, identify high risk families, offer targeted education, support, referrals, and decrease the risk of child maltreatment.

Project Aims:
- To increase identification, management, and prevention of abuse of children by routinely screening for psychosocial risk factors in eligible patients aged 6 months–to 5 years old.
- That all providers will demonstrate knowledge and comfort in managing CM by the project's conclusion.

Objectives:
- Providers will complete SEEK training.
- Utilizing the the PQ-R tool to screen for psychosocial risk factors in 100% of the selected sample.
- Positive screens will be addressed during the visit and parents will receive targeted education and referrals.

Safe Environment for Every Kid (SEEK)

Dr. Howard Dubowitz created the SEEK model to enhance primary care by screening for psychosocial risk factors that may lead to child maltreatment. Evidence has shown that the SEEK model demonstrated increased provider comfort in screening for child maltreatment. Also, the SEEK model helped identify high-risk families and reduce Child Protective Service reports.

Methods

Setting:
- Lifecycle Pediatrics, East Point, Georgia
- Project was conducted from September–November 2021.

Participants:
- 7 pediatric providers
- Patients aged 6mo to 5years old that presented for a well visit.
- English or Spanish speaking
- The child must attend visit with legal guardian to be included.

Data Collection Tools:
- **Primary Care Provider Survey (PCPQ)**-The PCP-Q survey was administered during pre-implementation to measure the provider demographics, professional backgrounds, experience with CM screening and management. This survey also incorporated 3 different case vignettes with scenarios of at-risk families,

- **Parent Questionnaire (PQ-R)**-Included 15-items with yes/no responses. The PQ-R measured if parents were experiencing negative social determinants. Questions were divided by the adversity type:
 Safety
  Food insecurity
  Harsh punishment
  Parental depression
  Major parental stress
  Substance abuse
  Interpersonal violence
  Parents were given targeted education and a community referral that was relevant to their positive responses.

Provider Experience Survey-A survey given to providers in the post-implementation period that measured the providers' knowledge, attitude, and experience with the SEEK model.

Results

- Provider participants included: 2 Pediatricians, 4 PNPs, and 1 Pediatric Resident
- Experience ranged from 2-24 years of practice
- In last 2 years, providers managed zero to 60 cases of CM.

How Often Providers Screen
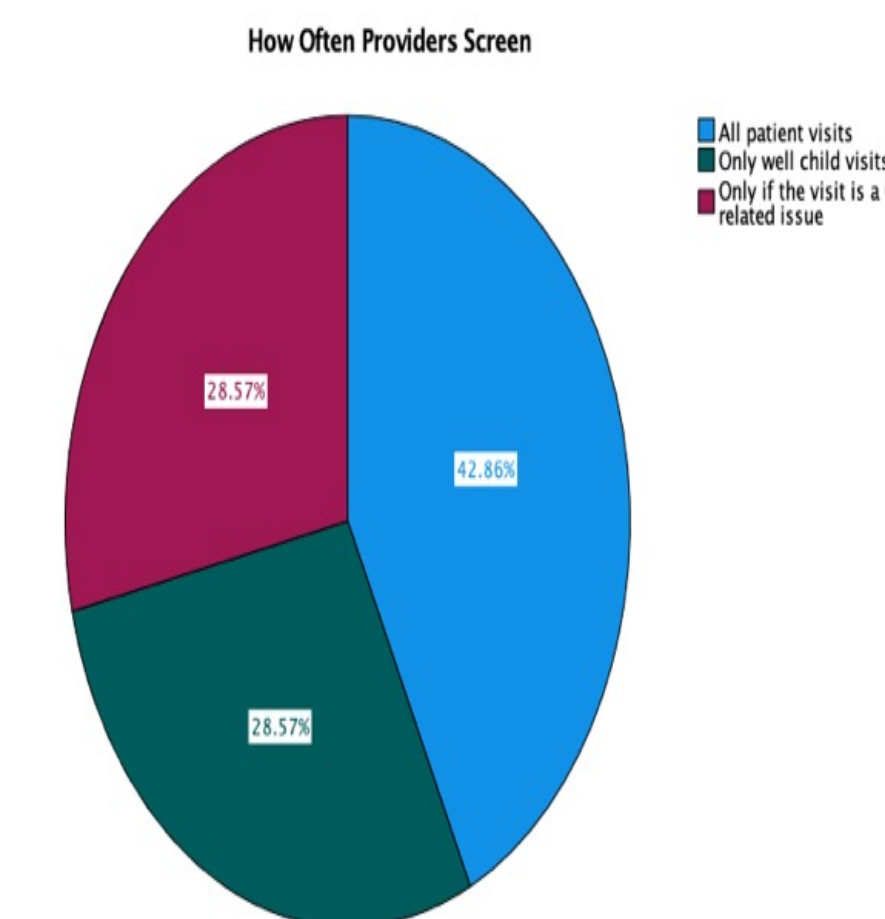
- Providers were split on how often they screened for maltreatment. For instance, 28.5% would screen if the visit had CM related issues, another 28.5% of providers admitted that they screen only at well child visits, and 42.8 % screened at all visits.

- Also, screening methods were also inconsistent among providers. 14.2% use no method, 14.2% used national guidelines, another 14.2 % used a standard tool or survey, and 57.1% used informal discussion.

Methods Used by Providers
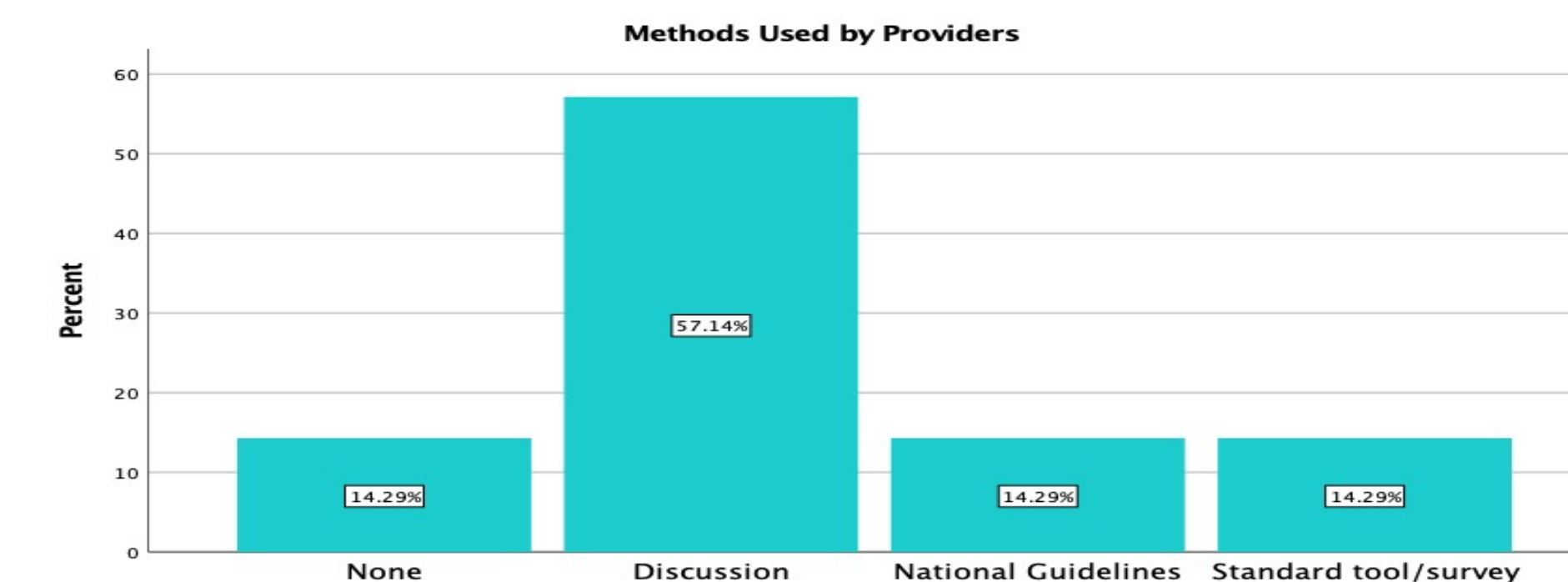
- Forty-two percent of providers felt comfortable managing at risk families represented in the survey's case vignettes, but wished the practice had more resources and support for addressing issues like parental depression, food insecurity and IPV. Also, 71% of providers revealed they are comfortable screening for risk factors but admitted they would not know what steps to take if a screen was positive.

- In respect to the Provider experience survey: All providers agreed that the SEEK model aligns well with primary care and will continue to incorporate SEEK in their practice. Providers agreed that they found SEEK simple to use and concurred that parents responded positively to follow-up questions when the screen was positive. However, providers were split on their responses when asked if the visits took longer when high-risk families were identified.

- Providers all decided that they felt comfortable addressing the positive screens and that PQ-R was an efficient method for screening for adversities. The responses also revealed that overall, parents were receptive to targeted education and community referrals.

Patient Results

Social Determinant	Positive Screen		Targeted Education/Community Referral Acceptance	
	n	%	n	%
Safety	45	40.5%	44	98%
Food Insecurity	14	12.6%	14	100%
Harsh Punishment	12	10.8%	12	100%
Major Parental Stress	29	26.1%	29	100%
Parental Depression	15	13.5%	15	100%
Interpersonal Violence	5	4.5%	5	100%
Substance abuse	4	3.6%	4	100%

- 201 patients met sample criteria, however a 55% capture rate signified that only 111 of eligible families filled out the PQ-R. There were 65 positive screens in total.

- Safety (40.5%) MPS (26.1%), and PD (13.5%) were highest percentages of positive responses. HP (10.8%), IPV (4.5%) and Substance abuse (3.6%) had the lowest percentages of positive responses. These were cross-tabulated with interventions (education or referral) all determinants except safety had 100% acceptance of education and referrals.

- Most prevalent positives by age include: 5-year-old (27%), 2-year-old (12%), and 6-mo (12%) and safety was also the highest positive within these age groups. Harsh punishment positives responses were higher among 3 and 5 yo patients.

Conclusions

The outcomes of this QI project demonstrated the need for providers to routinely screen for psychosocial risks to prevent child maltreatment. Administering the PQ-R tool enabled the PI and providers to reveal that some families within the practice face significant adversities such as high stress, depression, safety concerns, and food insecurity. Predominantly, families were honest and forthcoming about their situations and receptive to education and community referrals

Implications for Practice:
- The results of this QI project will make a positive impact on patient outcomes by preventing child maltreatment through providers being trained in the SEEK Model protocol, assessing for risk factors, and meeting the psychosocial needs of families.

- Future research efforts could include expanding the SEEK model to all ages from newborn through adolescence and possibly sick visits.

- Surveying parents several weeks after receiving the referral to evaluate if they followed through with the referral and assess their attitudes toward the SEEK model, could reveal if the SEEK interventions were beneficial.

- Implementing the SEEK model will alter patients' care due to providers routinely screening for risk factors, giving necessary referrals and education, and closely following up with families.

References
American Academy of Pediatrics. (2016). *Toxic stress toolkit: For primary care providers caring for young children* [Resource guide]. Retrieved from. http://risap.org/wp-content/uploads/2016/12/Toxic-Toolkit_FINAL_1-6-17.pdf
Bryant, C., & VanGrankland, B. (2020). Screening for adverse childhood experiences in primary care: A quality improvement project. *Journal of Pediatric Healthcare, 34*, 122-127. http://dx.doi.org/https://doi.org/10.1016/j.pedhc.2019.09.001
Carson, S. (2018). Implementation of a comprehensive program to improve child physical abuse screening and detection in the emergency department. *Journal of Emergency Nursing, 44*(6), 576-581. http://dx.doi.org/https://doi.org/10.1016/j.jen2018.04.003
Centers for Disease Control. (2019). *Preventing adverse childhood experiences: ACEs: Leveraging the best available evidence* [Report]. Retrieved from National Center for Injury Prevention and Control, Centers for Disease Control and Prevention. https://www.cdc.gov/violenceprevention/pdf/preventingACES.pdf
Child Welfare Information Gateway. (2021). Numbers and trends: Child abuse and neglect fatalities 2019. Child welfare information gateway. Retrieved from https://www.childwelfare.gov/pubs/factsheets/fatality/
Dubowitz, H. (2014). The safe environment for every kid model: Promotion of children's health, development, and safety, and prevention of child neglect. *Pediatric Annals, 43*(11), e471-e477. http://dx.doi.org/https://doi.org/10.3928/00904481-20141022-11
Dubowitz, H., Feigelman, S., Lane, S., & Kim, J. (2009). Pediatric primary care to help prevent child maltreatment: The safe environment for every kid (seek) model. *Pediatrics, 123*, 858-864. http://dx.doi.org/https://doi.org/10.1542/peds.2008-1376
Dubowitz, H., Saldana, L., Magder, L., Palinkas, L., Landsverk, J., Belanger, R., & Nwosu, C. (2020). Protocol for comparing two training approaches for primary care professionals implementing the safe environment for every kid (seek) model. *Implementation Science Communications, 1*. http://dx.doi.org/https://doi.org/10.1186/s43058-020-00039-9
Eisman, L., Theoerling, J., Maguire, S., Hente, E. A., & Shapiro, R. A. (2018). Integration of the safe environment for every kid (seek) model across primary care settings. *Clinical Pediatrics, 58*, 166-176. http://dx.doi.org/https://doi.org/10.1177/0009922818809401
Horner, G., Bretl, D., Chapman, E., Herendeen, P., Mitchel, N., Mulvaney, B., ... VanGraafeiland, B. (2017). Child maltreatment screening and anticipatory guidance: A description of pediatric nurse practitioner practice behaviors. *Journal of Pediatric Health Care, 31*(6), e35-e44. http://dx.doi.org/https://doi.org/10.1016/j.pedhc.2017.05.006
Lane, W. G., Dubowitz, H., Feigelman, S., Prescott, A., Meyer, W., & Tracey, J. (2007). Screening for parental substance abuse in pediatric primary care. *Ambulatory Pediatrics, 7*, 458-462. http://dx.doi.org/https://doi.org/10.1016/j.ambp.2007.07.007
Lane, W. G., Dubowitz, H., Frick, K. D., Semiatin, J., & Magder, L. (2021). Cost-effectiveness of seek: A primary care-based child maltreatment prevention model. *Child Abuse & Neglect, 111*. http://dx.doi.org/https://doi.org/10.1016/j.chiabu.2020.104809
National Association of Pediatric Nurse Practitioners. (2016). NAPNAP Position Statement on Child Maltreatment. *Journal of Pediatric Healthcare, 30*, 15A-17A. http://dx.doi.org/https://doi.org/10.1016/j.pedhc.2016.03.000
Shakil, A., Chu, P., Woods, S., & Bridges, R. (2018). A screening tool to detect childhood abuse in clinical settings. *Family Medicine, 50*, 763-769. http://dx.doi.org/https://doi.org/10.22454/FamMed.2018.778329
World Health Organization. (2020). *Child maltreatment* [Fact sheet]. Retrieved from https://www.who.int/news-room/fact-sheets/detail/child-maltreatment
Zielinski, S., Paradis, H., Herendeen, P., & Barbel, P. (2017). The identification of psychosocial risk factors associated with child neglect using the We-Care screening tool in a high-risk population. *Journal of Pediatric Healthcare, 31*, 470-474.

Parent Questionnaire - R

Dear Parent or Caregiver: Being a parent is not always easy. We want to help families have a safe environment for kids. So, we're asking everyone these questions about problems that affect many families. If there's a problem, we'll try to help.
Please answer the questions about your child being seen today for a checkup. If there's more than one child, please answer "yes" if it applies to any one of them. This is voluntary. You don't have to answer any question you prefer not to. This information will be kept private, unless we're worried about your child's safety.

Today's Date: __/__/__   Child's Name: _____
Child's Date of Birth: __/__/__   Relationship to Child: _____

PLEASE CHECK
- ☐ Yes ☐ No Would you like us to give you the phone number for Poison Help?
- ☐ Yes ☐ No Do you need to get a smoke alarm for your home?
- ☐ Yes ☐ No Does anyone smoke at home?
- ☐ Yes ☐ No In the past 12 months, did you worry that your food would run out before you could buy more?
- ☐ Yes ☐ No In the past 12 months, did the food you bought just not last and you didn't have money to get more?
- ☐ Yes ☐ No Do you often feel your child is difficult to take care of?
- ☐ Yes ☐ No Do you sometimes find you need to slap or hit your child?
- ☐ Yes ☐ No Do you wish you had more help with your child?
- ☐ Yes ☐ No Do you often feel under extreme stress?
- ☐ Yes ☐ No Over the past 2 weeks, have you often felt down, depressed, or hopeless?
- ☐ Yes ☐ No Over the past 2 weeks, have you felt little interest or pleasure in doing things?

Thinking about the past 3 months
- ☐ Yes ☐ No Have you and a partner fought a lot?
- ☐ Yes ☐ No Has a partner threatened, shoved, hit or kicked you or hurt you physically in any way?
- ☐ Yes ☐ No Have you had 4 or more drinks in one day?
- ☐ Yes ☐ No Have you used an illegal drug or a prescription medication for nonmedical reasons?
- ☐ Yes ☐ No Other things you'd like help with?

Please give this form to the doctor or nurse you're seeing today. We encourage you to discuss anything on this list with her or him. Thank you!
©2019, SEEK