

## 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

- 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.

## 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:

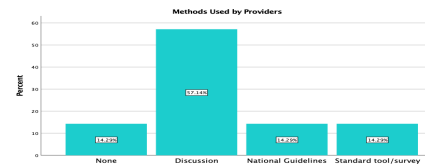
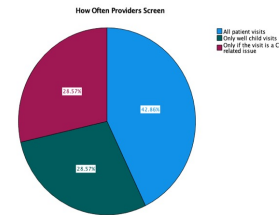
- **Primary Care Provider Survey (PCPQ)**-The PCP-Q survey was administered during pre-implementation to measure the provider demographics, professional backgrounds, experience with CM screening and management. This survey also incorporated 3 different case vignettes with scenarios of at-risk families,
- **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 experience ranged from 2-24 years of practice
- In last 2 years, providers managed zero to 60 cases of CM.



- 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.

### Patient Results

A 55% capture rate signified that only 111 of eligible families filled out the PQ-R. There were 65 positive

Social Determinant	Positive Screen		Targeted Education/Community Referral Acceptance	
	n	%	n	%
Safety	45	40.5%	44	98%
Food Insecurity	14	12.8%	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%

- Safety MPS, and PD were highest 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

There is a 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.

