SEEK Questionnaire
Knowing When Families Are in Trouble

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OBJECTIVES

At the end of the conference, attendees should be able to:

• Understand the importance of screening for families at risk for poor parenting skills
• Discuss ways to identify and assist families who are at-risk for abuse and neglect their children
• Describe the role of the pediatrician in addressing issues related optimal child growth and emotional development
Conflict of Interest

• I have no relevant financial relationships with the manufacturer(s) of any commercial products or services discussed in this CME activity.

• I do not intend to discuss unapproved/investigative use of commercial product(s)/device(s) in my presentation.
What is the pediatrician’s role in nurturing our children?

- Screening families at risk of poor parenting, neglect or abuse
- Being a support for families as they deal with the stresses of parenting
- Referring to community services and resources, providing intensive pediatric well child care when indicated
Different Screens for different purposes

- Screening for parental problems
  - Depression
    - 2 Question
    - Edinburgh
    - Domestic abuse, substance abuse, poor social connectedness

- Screening for Socioenvironmental distress
  - Kemper Kelleher
  - Pediatric Screening Questionnaire
  - Beaufort Stress Index

- Screening for mental health and behavioral issues in children
  - Pediatric Symptom Checklist
Edinburgh: Screens for depression only

- I have been able to laugh & see the funny side of things
- I have looked forward with enjoyment to things
- I have blamed myself unnecessarily when things went wrong
- I have been anxious and worried for no good reason
- I have felt scare or panicky for no very good reason
- Things have been getting on top of me
- I have been unhappy that I have had difficulty sleeping
- I have felt sad or miserable
- I have been so unhappy that I have been crying
- The thought of harming myself has occurred to me
Kelleher/ Kemper Protocol

- Parental depression
- Parental substance abuse
- Domestic violence
- Parental history of abuse as a child

- Housing instability
- Family Health Habits
- Inadequate social support
Screen for Maternal Depression

How often in the last week have you felt depressed?

<table>
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<th>0</th>
<th>1–2</th>
<th>3–4</th>
<th>5–7 days</th>
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<td>Yes</td>
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In the past year, have you had two weeks or more during which you felt sad, blue, or depressed, or lost pleasure in things that you usually cared about or enjoyed?

Yes | No

Have you had two or more years in your life when you felt depressed or sad most days, even if you felt OK sometimes?

Yes | No
Screening for Home Environment

WHEN YOU WERE A CHILD
Did either parent have a drug or alcohol problem? Yes No
Were you raised part or all of the time by foster parents or relatives (other than your parents)? Yes No
How often did your parents ground you or put you in time out? A. Frequently B. Often C. Occasionally D. Rarely E. Never
How often did your parents ridicule you in front of friends or family? A. Frequently B. Often C. Occasionally D. Rarely E. Never
How often were you hit with an object such as a belt, board, hairbrush, stick, or cord? A. Frequently B. Often C. Occasionally D. Rarely E. Never
How often were you thrown against walls or down stairs? A. Frequently B. Often C. Occasionally D. Rarely E. Never
Do you feel you were physically abused? Yes No
Do you feel you were neglected? Yes No
Do you feel you were hurt in a sexual way? Yes No
Did your parents ever hurt you when they were out of control? Yes No
Are you ever afraid you might lose control and hurt your child? Yes No
Would you like more information about free parenting programs, parent hotlines, or respite care? Yes No
HELP AND SUPPORT

Whom can you count on to be dependable when you need help (just write their initials and their relationship to you):

A. No one  
B.  
C.  
D.  
E.  
F.  
G.  
H.  
I.  

How satisfied are you with their support?

A. Very satisfied  
B. Fairly satisfied  
C. A little satisfied  
D. A little dissatisfied  
E. Fairly dissatisfied  
F. Very dissatisfied

Who accepts you totally, including both your best and worst points?

A. No one  
B.  
C.  
D.  
E.  
F.  
G.  
H.  
I.  

How satisfied are you with their support?

A. Very satisfied  
B. Fairly satisfied  
C. A little satisfied  
D. A little dissatisfied  
E. Fairly dissatisfied  
F. Very dissatisfied

Whom do you feel truly loves you deeply?

A. No one  
B.  
C.  
D.  
E.  
F.  
G.  
H.  
I.  

How satisfied are you with their support?

A. Very satisfied  
B. Fairly satisfied  
C. A little satisfied  
D. A little dissatisfied  
E. Fairly dissatisfied  
F. Very dissatisfied

Screening for informal supports
BEAUFORT PEDIATRICS, PA

- In house mental health counselor (MSW)
- Care Coordinator for children with special health care needs
- Strong links to local health department and PT/OT
- Joint staffings for home visitor services
- Established literacy program
Beaufort Stress Index


• Available online in “A Practical Guide for Improving Child Developmental Services”: http://www.cmwf.org/usr_doc/mod3_Sample_PsychosocialScreen_Screen_Stresstest.pdf
Beaufort Stress Index

- Family characteristics: illness, death, personal health, living arrangements, financial worries, employment, substance abuse, school,
- Informal social supports: marital arrangements, other family members
- Maternal mental concerns: concerns about pregnancy, ability to be a parent, fears. Positive scores correlate with depression
- Child Characteristics
Beaufort Stress Index

- is quick and easy for families to complete
- has been assessed for reliability and validity
- the individual questions on the screen identify specific social issues that can be addressed
- the screen is less intrusive than others
A Stress Index: Beaufort Pediatrics Modified PSEI Social Inventory

Have any of these things happened in your life in the last year?

Yes  No

**1. A family member died.**

2. You worried about the safety of your children.

3. Someone close to you was in an accident.

4. You were hospitalized for something besides having a baby.

5. You worried about a health problem (such as high blood pressure, diabetes, etc.).

6. You worried about how your neighborhood affected your children.

7. Your husband or boyfriend lost his job.

8. **One of your children was in an accident.**

9. You were ill for longer than a week.

10. You worried about your children’s emotions.

11. You worried about the baby’s health when you were pregnant.

12. You had to put off starting prenatal care because of money.

13. You lost your job

14. **Your husband or boyfriend had a drinking problem.**

15. Someone close to you got in trouble with the law.

16. You worried about being able to be a good parent.

17. You worried about how breaking up with your husband or boyfriend would affect your children.

18. One of your children had a chronic health problem.
19. You worried about spotting, bleeding or pain when you were pregnant.

20. **Your home was too crowded or needed repair to be safe.**

21. One of your children had a serious illness.

22. You worried that other children might be a bad influence on your own.

23. You worried about having enough money to pay your bills.

24. You and your husband or boyfriend broke up.

25. You worried because you had problems with an earlier pregnancy.

26. Someone in your family was sick for longer than a week.

27. A family member had money problems.

28. **A family member was using drugs.**

29. Caring for the baby or your children all the time was a problem for you.

30. You had problems with your mother or father.

31. A family member had a drinking problem.
32. You and another family member didn’t get along.

33. You worried when you were pregnant about how your drug use would affect the baby.

34. You were sick to your stomach a lot with your pregnancy.

35. You wanted to go back to school but you couldn’t

36. You were unhappy in your job.

37. You worried about labor and childbirth.

38. Your husband or boyfriend was without a job for more than a month.

39. You were without a job for more than a month.
Screening Medicaid Newborns in Beaufort, SC With PSEI

- 100 total patients
- Low risk 0-6 47 positive responses
- Medium risk 7-9 26 positive responses
- High risk > 10 27 positive responses automatically referred
What do you do with families in trouble?

• Home Visitation Programs to support positive parenting
• Extra Visits to the Pediatric Clinic
• Referral to community resources (religious facilities, others)
• Social work
• Mental health referral
Pediatric Primary Care to Help Prevent Child Maltreatment: The Safe Environment for Every Kid (SEEK) Model

Howard Dubowitz, MD, MSa, Susan Feigelman, MDa, Wendy Lane, MDa, b, Jeongeon Kim, PhDa

ABSTRACT

CONTEXT. Effective strategies for preventing child maltreatment are needed. Few primary care-based programs have been developed, and most have not been well evaluated.

OBJECTIVE. Our goal was to evaluate the efficacy of the Safe Environment for Every Kid (SEEK) model for preventing child maltreatment in primary care settings. SEEK is a primary care-based intervention consisting of case detection, case management, and hospital-based prevention.
Pediatric Screening Questionnaire (PSQ) (Dubowitz)

- Easy to read
- Easy to answer (yes/no)
- Brief
- Convenient, time to complete
- Voluntary
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. They are about issues 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 about the youngest.

Today’s Date: __/__/__  Child’s Name: ___________________________________

Child’s Date of Birth: ____/____/____

PLEASE CHECK

☐ Yes  ☐ No  Do you have the telephone number for Poison Control?
☐ Yes  ☐ No  Do you have a smoke detector for your home?
☐ Yes  ☐ No  Do you ever feel you could be a better parent?
☐ Yes  ☐ No  Is there a gun in your home?

☐ Yes  ☐ No  During the past month, have you often been bothered by feeling down, depressed or hopeless?
☐ Yes  ☐ No  During the past month, have you often been bothered by having little interest or pleasure in doing things?
□ Yes □ No  Do you often feel lonely?
□ Yes □ No  Do you often feel your child is difficult to take care of?
□ Yes □ No  Do you feel so stressed you can’t take another day?
□ Yes □ No  Do you often find you need to hit/spank your child?
□ Yes □ No  In the last year, have you been hit, slapped, kicked, or otherwise physically hurt by a partner (for example, a husband, boyfriend, or other intimate partner)?
□ Yes □ No  In the last year, has your partner ever forced you to have sex you didn’t want?
□ Yes □ No  In the last year, did you ever feel afraid of your partner?
□ Yes □ No  Have you ever felt you ought to cut down on drinking or drug use?
□ Yes □ No  Have people annoyed you by criticizing your drinking or drug use?
□ Yes □ No  Have you ever felt bad or guilty about your drinking or drug use?
□ Yes □ No  Have you ever had a drink 1st thing in the morning?
□ Yes □ No  Does your partner drink a lot or use drugs?
□ Yes □ No  Do you think your partner has a problem with alcohol or drugs?
□ Yes □ No  Does anyone smoke tobacco at home?
□ Yes □ No  Are there any problems you’d like help with today?
Prevalence Rates

PSQ                          Standardized Measure

- 19% depression - past month 18%
- 13% abused by a partner – ever 9 - 79%
- 5% drug/alcohol abuse - past year 17%
- 33% food insecurity - past year 31%
- 30% high levels of stress 21%
The Parent Screening Questionnaire

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. They are 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.

Child's Name: ___________________________ Today's Date: ______/____/____
Child's Date of Birth: ______/____/____

PLEASE CHECK
☐ Yes  ☐ No  Do you need the phone number for Poison Control?
☐ Yes  ☐ No  Do you need a smoke detector for your home?
☐ Yes  ☐ No  Does anyone smoke tobacco at home?
☐ Yes  ☐ No  In the last year, did you worry that your food would run out before you got money or Food Stamps to buy more?
☐ Yes  ☐ No  In the last year, 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 hit/spank 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  In the past month, have you often felt down, depressed, or hopeless?
☐ Yes  ☐ No  In the past month, have you felt very little interest or pleasure in things you used to enjoy?
☐ Yes  ☐ No  In the past year, have you been afraid of your partner?
☐ Yes  ☐ No  In the past year, have you had a problem with drugs or alcohol?
☐ Yes  ☐ No  In the past year, have you felt the need to cut back on drinking or drug use?
☐ Yes  ☐ No  Are there any other problems you'd like help with today?

Please give this form to the doctor or nurse you're seeing today. Thank you!
Bibliography

- [http://brightfutures.aap.org](http://brightfutures.aap.org)
- [http://www.cmwf.org](http://www.cmwf.org)


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