

ONE PRACTICE'S EXPERIENCE WITH PSYCHOSOCIAL SCREENING AND SURVEILLANCE: AN INTERVIEW

A physician and nurse team from northern Vermont—Fred and Pat—participated in the Healthy Development Collaborative. As part of their work with the collaborative, they developed a psychosocial screening questionnaire to guide their discussions with the parents and children they see in their office (see example below). During an interview in their rural Vermont pediatric office, Fred and Pat shared their thoughts and experiences about the questionnaire and how they have incorporated it into well-child visits. Given the delicate nature of some of the topics raised in the questionnaire, a condensed version of the interview is presented below to provide an in-depth look at the discussions they have with parents and how their interactions with families have been enhanced as a result.



Fred When we schedule, we try hard to set aside a half-hour for each well-child exam.

Pat I bring the child into the exam room. **We changed the room that we do well-child visits in—it doesn't look clinical.**

Fred It's like a dining room or a living room. It's not an office any more.

Pat The first thing I ask is, "Do you have any concerns about Jimmy?" And usually mom will say "no." As we go along, I ask if she has any concerns about the way the child is behaving, learning, or developing. "Compared to other kids that age, would you say the child acts appropriately, is accelerated, is maybe not quite as up to speed as you'd like to have him be?" Then we talk about the environment the child lives in. "Who lives in the home? How does that work for you? Parents? Grandparents? Is discipline an issue?"

Fred Knowing who's in the home sets the groundwork for questions like discipline.

Pat Then we can talk about what's realistic to expect with behavior and discipline **So the next thing we move on to is domestic violence, and we mention that violence is common in the lives of many parents.** I ask, "Has your current or past partner ever hurt, assaulted, screamed at, or threatened you?" If I have two parents in the room, I ask them both the same question. It's amazing the answers you get. And then I ask, "Do you feel safe at home? Have you ever felt unsafe or threatened? Are the kids violent toward one another?" And I don't mean regular horseplay. I mean consistent unsolicited violence. And then I ask moms and dads if they were ever neglected as a child. "Were they ever exposed to physical or sexual violence?" We've had very frank responses—people saying "Yes, I was." Then I ask, "Do you find that it affects the way you parent your children? Is it hard for you not to be violent?" Then we talk about discipline. "Because raising kids is challenging, what do you do when they make you upset or angry?" We talk about a time out, walking away, counting to 10, things like that.

Fred It's not business-as-usual: "Here's your Amoxicillin for your ear infection. We'll see you in 10 days." It adds a sharing quality to the conversation that takes place

before a well-child exam. It creates an environment where people can feel more comfortable talking about things that would not have been addressed before. The flavor of the visit changes when Pat starts asking these questions about discipline and domestic violence. Up 'til then, it's sort of routine—height, weight, etc.—the clinical, business-as-usual questions. **The whole feel of the relationship changes. The conversation settles down, becomes more quiet, more personal. And the other thing we learned is—when you ask questions like these, you have to be ready for the answers.**

Pat If a mom tells us she's having an issue, one of the things we recommend is that she calls the Domestic Abuse Hotline and the Family Center. They have those resources for her.

Fred We didn't know what we were doing when we started this. We put it off for a couple of months. Then, we went through all the literature we could find. We wrote out the questions, edited them several times, and came up with a script. We tried to consolidate it because time is an issue.

Pat Now, we're doing it at every single well-child visit.

Fred Initially, one of the things we struggled with was whether or not you ask these questions when the kids are in the room. We talked a lot about how you duck out of it if you sense that it's uncomfortable. One of our favorite tricks is to send the kids out to the kitchen to get something to eat with one of the other staff, like somebody from medical records. And while that's going on, it gives you some privacy to continue the conversation.

We received an article just last week on helping children affected by domestic violence from Boston Medical Center. It's out of the University of Iowa and Susan Shecter is the editor. They indicate that "recent guidelines suggest that screening should occur with the child in the room regardless of his or her age. If the parent is uncomfortable with the subject, or if the parent begins to describe situations that are obviously upsetting for the child, the provider can offer other options for talking more privately."

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Fred Part of it may be telling folks that you don't have an answer for a lot of things "I'll be glad to help you, but I can't fix this for you. We can work on it together."

Pat It's letting them know we're here. They can call me or come here any time and talk about it. **This office is a resource—probably the most valuable resource some of these families have.** We have a lot of families with no backup. And they don't want to share this information with just anybody.

Fred It really depends on the comfort or the quality of the conversation. And I think that's important because a lot of medicine involves talk-down relationships.

Pat As part of these conversations, I share things. I know what it's like to have a challenging child. And they need to hear that everybody has issues and that they deserve to have support. It's the permission to have support. It's very important.

Fred We thought that the questionnaire would help us get information. **We thought it was something we should do—but we were very uncomfortable with it at first. And once we started, we realized that there were answers to the questions that we were having discomfort in asking.** It brought the whole issue of referring to other professionals to a higher level. Because you can't say, "Oh, that's interesting that you have a bad relationship with your husband. We'll see you next month to talk about it." It has to be at the moment. And I don't think we knew that before. We wouldn't have known it because we weren't asking. And we thought we were doing a pretty good job before.

Pat If the mother says there is domestic violence in the home, I ask, "Is your partner violent toward the children?" That's a whole other ball of wax in terms of reporting. If he is violent toward her, I'll ask if she's ever thought about any other options she might have. Many times she'll say no, she doesn't have any other options. Often, she doesn't have a job—or doesn't have a job that pays enough to support her children.

Fred The real issue from our experience is that the abused individual—usually mom—is powerless. She's powerless in the sense that she feels she doesn't have power.

Pat Because she's been belittled.

Fred I'm sitting here thinking about the lady with the two daughters and the son we knew quite well. Eventually she was able to dissolve that relationship. And that was precipitated by a psychiatric crisis in her son who was a passive witness to this abuse. The point I'm trying to make is you can't just refer somebody to someplace. We encourage them to make the call right from our office while they're here and hopefully feel safe momentarily. Or with their permission, we'll make the call for them. But we never just refer in the sense of having the secretary call somebody and make an appointment for such-and-such a time. We always make the call ourselves or help them make the call in our presence and say, "We're sending this person over to see you—she's right here, she's having a difficult time." **You have to respect the honor that they have given you by sharing that piece of information, which they may not have ever shared before.** We take them by the hand, if you will, and move them on to who can then help them best. And even then, it doesn't always work.

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Pat You have to remain supportive. *They* have to struggle through it—and they need to have somebody in the background who is supporting them with their attempts.

Fred **We now have many families who have been through this psychosocial screening process many times since we started it in January. So when folks come back, they expect that this is what we're going to talk about. There have been second and third visits when something comes up.** To be successful this has to be a process that you're comfortable with as an individual

in terms of your own value systems and personality. Pat and I talk about it constantly. We have a constant dialogue about parents who are dealing with these situations. I think we have a true partnership here in terms of how we work with families. In the sort of practice where you see the next person who's available, or the kind of practice where they have a pool of nurses who rotate between offices, that whole one-on-one relationship piece wouldn't be there. This would be much harder to do.

Pat When I wasn't here and somebody else was filling in for me, they were uncomfortable with it at first—but it didn't take very long.

Fred People are very receptive to the questions we're asking. So once the provider gets over that initial hiccup, it is a very comfortable conversation—a very special relationship actually. **I think the secret is that Pat and I are partners.** If Pat is doing a well-child exam and the door is closed, that usually means that there's either a wild child behind the door or there's a conversation going on for which the door needs to be closed. And I'll go pull a chart, bring a child back—I'm perfectly capable of doing that sort of stuff. There's a lot of give-and-take that goes on during the course of the day to keep the flow going. If we really get stuck—then we look for a way to finish the conversation. It's not uncommon for both us to be in the room at the same time with a mom, to have a three-way conversation to figure out what's going to work best *now*. **You owe it to these folks to start the process of addressing the stuff that they've shared with you. You may not get all the answers on the first visit, but you can get the referral process started.** If it's a complicated situation, we'll have them come back before office hours when we have the time to work with them. That can be two or three days later. If you ask questions about stuff that is potentially uncomfortable and very personal, you have an obligation to respect

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the answer that you get. And that obligation means that you work that conversation through to a mutually comfortable point at the first visit, with a personal referral if it's needed, before the conversation stops. You can't stop halfway.

Fred As mentioned earlier, **we make the call with mom in the room whenever possible so the process is as continuous as possible.** When mom arrives at the referral site, the conversation is continued. She doesn't have to go all the way back to square one with somebody who says, “Well, why are you here today?” The content and quality of the referral is essential. It's a continuous conversation. It's like bringing somebody new into the conversation, as opposed to throwing mom over the wall to fend for herself and start the conversation all over again.

Pat **And it doesn't take any more time. We're seeing the same number of families that we saw before. We adjust some of the anticipatory guidance stuff.** I say, “Well, we've talked about seatbelts, car seats, and nap times. Do your smoke detectors still work?” So I just slide through that part. I'm not running off a laundry list all the time like I did before, but I do touch on each of the subjects. We're still right on time with most physicals.

Fred I think there's a huge cultural disconnect between our professional training and some of the families who turn to us for care who have limited resources. I think that we don't begin to understand some of what they have to go through to take care of their kids—because we probably haven't been there. It's generally not part of our cultural experience. To a certain extent, these questions are an attempt to understand what their life is like.

Parent Feedback About the Psychosocial Screening Experience

Fred When we started using this questionnaire to guide our discussion with parents in well-child visits, we gave each parent a follow-up survey to see what they thought about what we had asked them. The reason we did that is because, frankly, we felt uncomfortable asking those questions. We sent out 83 follow-up surveys and got 64 completed surveys back (a 77% response rate.)

Dear friends,

We have added several questions to those we ask before we examine your child, including: family violence, discipline, substance abuse, and depression.

1. Do you feel these are helpful?

No: 9 Yes: 49 Somewhat: 3

2. Are there some we should not have asked?

No: 48 Yes: 0

3. Can you think of any others we should ask?

No: 33 Yes: 4 (safety, carbon monoxide, smoke detectors, seat belts)

Please feel free to write your comments below and mail them back to us.

COMMENTS

- Great questions to ask for people who suppress their feelings.
- Many might not seek help if not encouraged to do so.
- Don't be afraid to ask—somebody needs to.
- Putting forth the extra interest and concerns will possibly help those who don't feel comfortable talking to others about their problems.
- Reflecting on those questions and my answers made me realize that I have some work to do.
- Interview brought up some issues. We need to work on them.
- It is helpful because some people may have no one else to talk to about some of these problems.
- The questions gave me a sense of awareness concerning the atmosphere my children are raised in.

- These questions do open a line of communication. If someone needed help this might give them the opportunity to talk about it.
- I would like to know who came up with these questions, and what is the purpose or reasons for asking about personal information.
- Some of the questions are personal information. Hard to discuss because there is not much privacy and everything can be heard.
- My main concern tends to be: am I making the right choices for discipline/behavior? It was great for me to be able to bounce ideas off of someone in the field and not my family.
- Perhaps these or similar questions should be asked privately of the child.
- As a parent, it is sometimes difficult to admit that we're not perfect. . . . As an educator, I see much too often that those who need the help are not always sure where to go. In asking these questions, I think it will open doors for them.

Fred Concerning the question: "Were you neglected or exposed to physical or sexual violence as a child?" to be asked this question in front of one's children or even one's spouse makes it extremely difficult to answer, especially if teens are present. If there was abuse in childhood, a woman already feels differently about the world. She feels marked and that people can see it. My suggestion would be to ask the first few questions during the visit, but ask the other more challenging ones at the end, after the kids are packed up (or anyone else present who may cause discomfort) and keep mom alone for a few extra minutes.... The women to whom these questions are asked need to feel safe enough to answer them without feeling even more shame.

The parents who come into our practice who responded to this follow-up survey thought we *should* be asking these questions. We don't know of anybody we have upset by asking these questions. I don't think we've ever had a negative response. We've been doing this for several months, so now we're up to a couple hundred well-child visits in which we've used the questionnaire.

We've had some of the movers and shakers throughout the county bring their kids here for care. The first couple of times that they came in the office, we were a little taken aback to think that we were going to ask them about domestic violence, substance abuse, and relationships within the home. But the interesting thing is, they were some of the most appreciative and most receptive. In fact, they gave us such positive and constructive feedback. It was very gratifying.