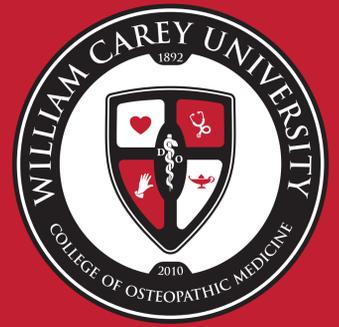


Development of a Child Advocacy Studies Training (CAST) Program at an Osteopathic Medical College



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Background/Purpose

Research has determined maltreatment and negative childhood experiences can lead to lifelong adverse outcomes in physical and mental health. South Mississippi, where the William Carey University College of Osteopathic Medicine (WCUCOM) is located, has the highest child abuse rate in the state. Mississippi currently has only one board certified forensic/child abuse pediatrician, who is located in Jackson. The CAST curriculum focuses on developing an interdisciplinary understanding of factors that lead to child maltreatment and the existing responses to these incidents, so professionals can work more effectively together.

Objective

After completion of the elective, students will be able to:

- Explain the cycle of family violence associated with child maltreatment
- Describe the psychopathology which may result from child maltreatment
- Identify interprofessional programs available in the community for families to prevent and/or respond to child maltreatment
- Recognize the long-term consequences of child maltreatment which may be experienced by adolescent and adult survivors
- Define the role of various professionals in the community that work with families to promote positive changes that will result in fewer incidents of child maltreatment



Methods

CAST has been implemented in many colleges and universities, but to date in only one allopathic medical school. WCUCOM has created the first 4-week osteopathic elective rotation using a condensed CAST curriculum designed to meet the educational needs of osteopathic medical students. The elective enhances the student's understanding of child advocacy and maltreatment and its consequences. It also allows for observation of interdisciplinary responses to child maltreatment by a variety of professional agencies. Students are taught interdisciplinary approaches to child maltreatment and develop an understanding of the most effective responses.

Curriculum topics include:

- Perspectives on Child Maltreatment and Advocacy
- Professional and Systemic Responses to Child Maltreatment
- Responding to the Survivor of Child Abuse and Survivor Responses
- Understanding Adverse Childhood Experiences Research

Interdisciplinary Experiences



Results

Pre- and post-education surveys and simulation will measure students change in knowledge and ability to recognize child maltreatment. To date, the elective has been implemented but no data has been collected.

Student Pre- and Post- Education Survey

In relation to reporting child maltreatment, to what extent do you agree or disagree with the following statements? (Please put a check mark in only one box per item)

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
1) I plan to report child maltreatment when I suspect it.					
2) I would be apprehensive to report child maltreatment for fear of family/community retaliation.					
3) I would be reluctant to report a case of child maltreatment because of what parents will do to the child if he/she is reported.					
4) The procedures for reporting child maltreatment are familiar to me.					
5) I would like to fulfill my professional responsibility by reporting suspected cases of child maltreatment.					
6) Reporting child maltreatment is necessary for the safety of children.					
7) I feel emotionally overwhelmed by the thought of reporting child maltreatment.					
8) I would not report child maltreatment if I knew the child would be removed from the home/family.					
9) Reporting child maltreatment can enable services to be made available to children and families.					
10) I would consider not reporting child maltreatment because of the possibility of being sued.					
11) There is a lot of sensitivity associated with reporting child maltreatment.					
12) Child maltreatment reporting guidelines are necessary for healthcare providers.					
13) It is important for healthcare providers to be involved in reporting child maltreatment to prevent long-term consequences for children.					
14) I believe that the current system for reporting child maltreatment is effective in addressing the problem.					
15) Healthcare providers who report child maltreatment that is unsubstantiated can get into trouble.					
16) It is a waste of time to report child maltreatment because no one will follow up on the report.					
17) I would still report child maltreatment even if my supervisors disagreed with me.					
18) I lack confidence in the authorities to respond effectively to reports of child maltreatment.					
19) I will consult with an administrator/supervisor before I report child maltreatment.					
20) I would find it difficult to report child maltreatment because it is difficult to gather enough evidence.					
21) A child maltreatment report can cause a parent to become more abusive toward the child.					

*Used with permission from Dr. Michelle Knox, University of Toledo College of Medicine and Life Sciences

Implications For Future Practice

After completing this curriculum, students will be able to utilize interdisciplinary programs to prevent and/or respond to child maltreatment when recognized, as well as address the long-term consequences of child maltreatment. It is our hope that some of these students will choose to pursue board-certification in forensic/child abuse pediatrics, thereby increasing access to this specialized care within our state.