

# IMPLEMENTATION OF CHILD ADVOCACY STUDIES TRAINING (CAST) IN MEDICAL EDUCATION



COLLEGE OF MEDICINE  
AND LIFE SCIENCES  
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## Introduction

Every year, thousands of children and adolescents suffer from the impact of child abuse and neglect in the United States. Among the many types of professionals involved in efforts to prevent and reduce maltreatment are physicians who, because of characteristics of their professional roles and involvement in patient care, have opportunities to address maltreatment on many levels. For example, all physicians in United States are required by law to report suspected child maltreatment, and the identification of some forms of maltreatment involves medical examinations by physicians. Physicians also have important roles involving providing guidance and support in nonviolent parenting, child development, and safety that are highly relevant to the prevention of abuse and neglect. Furthermore, physicians are at times called on by courts to serve as expert witnesses. Physicians are also involved in the development and revisions of medical definitions of child and adolescent abuse that are used by courts and policy-makers. All of these factors, in tandem with physician's ultimate goal of maintaining the safety and welfare of their patients, make physicians key figures in the fight against maltreatment. However, research suggests that limited or poor quality training in maltreatment is a major barrier (Reece & Jenny, 2005). Physicians and other health care providers often report having received very little, if any, training on child maltreatment prevention, identification, reporting procedures, treatment and advocacy. There remains a dire need for more thorough child maltreatment education in medical and residency curricula (Giardino, Hanson, Hill & Leventhal, 2011). To date, however, there is no standard approach to medical training in child and adolescent maltreatment and protection, there is not clear consensus on how to incorporate these objectives into curricula, and almost no existing approaches have been rigorously evaluated.

## Purpose

The goal of the Child Advocacy Studies Training (CAST; Vieth, 2006) program is to educate future professionals to more effectively prevent, identify, and respond to child maltreatment. CAST was developed by the National Child Protection Training Center to educate future professionals to more effectively prevent, identify, and respond to child maltreatment. A key component of CAST involves teaching and consultation by various professionals (e.g., physicians, psychologists, law enforcement, CPS workers, nurses, prosecutors, etc.) to promote broad understanding of child maltreatment and systems of prevention/care. These methods also allow for a highly multi-disciplinary approach to the problem of child maltreatment, preparing students to work effectively toward community-based solutions. CAST has been implemented nationally in over 70 colleges, universities, seminaries and law schools. To date, the CAST program has been implemented in 2 medical schools. Through CAST, medical students are trained in evidence-supported methods of preventing, identifying, and responding to child/adolescent abuse and neglect. Students are taught how to implement and improve maltreatment prevention and child/adolescent protection systems of care in the communities they join after graduation. The purpose of the presentation is to describe the implementation of the CAST Medical program at 2 different medical schools.

## References

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## CAST - Preclinical

All students in the preclinical CAST elective receive an orientation at the beginning of the elective and attended didactic presentations to learn and discuss a variety of topics concerning child advocacy. Students are required spend time reading charts and interacting with patients on the Child and Adolescent Psychiatry Inpatient unit, after which they meet with faculty for informal, small-group discussion sessions to help them to process and understand their inpatient experiences. The students' involvement includes didactics, case discussion, independent study, and presentations as follows:

(1) Two-hour meeting every other month, during which faculty and related professionals present on relevant topics, show videos and documentaries, and facilitate discussion. Topics include: definition of child maltreatment (CM), prevalence, risk and protective factors, role of professionals in addressing CM, reporting suspected child maltreatment, physical and mental health indicators of child maltreatment, medical perspectives on CM, cycles of family violence, promoting social change, corporal punishment and physical abuse, physician anticipatory guidance for prevention of CM, child sexual abuse prevention, advocacy for maltreated children, characteristics of sexual offenders and sexual offenses, domestic violence and health care, screening for CM and domestic violence, and resources for families affected by CM. Professionals leading these lectures and discussions are from the following professions: psychiatry, psychology, pediatrics, internal medicine, social work, and child advocacy/law.

(2) One to 2 hours in small group (6-10 students per small group) case discussions with faculty in child psychiatry, pediatrics and related professionals on alternating months.

(3) Reading charts and interacting with patients on the Child and Adolescent Psychiatry Inpatient unit, with focus on the impact of CM and other adverse events on children and youths. Students are required to initiate discussion about the cases at the small-group discussion meetings.

(4) Each student studied one de-identified case involving suspected child maltreatment. These are outpatient cases that previously have been evaluated and treated at the child and adolescent psychiatric mental health facility at the medical college hospital. Students are required to study the case, and make a presentation about the case with emphasis on indicators of child maltreatment, risk and protective factors, whether and how to report suspected maltreatment, and recommendations for services.

For more information about CAST, please visit the **ZERO ABUSE PROJECT:** [zeroabuseproject.org/education-training/cast/](http://zeroabuseproject.org/education-training/cast/)

## CAST - Clinical

All first year medical students are provided a 1-hour didactic lecture on the topic of child abuse. Learning objectives are clearly outlined for the lecture:

- Define child physical abuse, sexual abuse, and neglect
- Report the prevalence of child abuse and neglect at state and national levels
- Discuss the short and long-term effects of child abuse and neglect
- Describe the role of child advocacy centers and multidisciplinary teams in the evaluation and care of child victims
- Understand the legal obligation of very individual to report any suspicion of child abuse or neglect as a mandated reporter

Following the lecture, medical students are required to participate in a 2-hour problem based learning simulation facilitated by an interprofessional team of faculty and community members, which targets the above learning objectives.

Additionally, medical students have the opportunity to participate in a 2-hour observation at a local children's advocacy center (CAC), where they are able to gain first-hand experience through their interaction with a multidisciplinary team at work.

All fourth year medical students are given the opportunity to participate in a 4-week Child Advocacy Studies (CAST) elective. Learning objectives are clearly outlined for the elective:

- 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

During the elective, medical students spend time at a local CAC, where they do the following:

- Observe forensic interviews of children after allegations of physical or sexual abuse have been made
- Participate in multi-disciplinary team (MDT) case reviews where a team of professionals including but not limited to law enforcement officers, child protection workers, prosecuting attorneys, mental health providers, and medical providers investigate and prosecute child abuse cases
- Work alongside family and victim advocates as they support children and their families through the investigative process and follow up care

Time is also spent working with a board-certified Forensic/Child Abuse Pediatrician in a pediatric forensic medicine clinic.

Reading assignments are provided on the following topics: Perspectives on child maltreatment and advocacy; Professional and systemic responses to child maltreatment; Responding to the survivor of child abuse and survivor responses; Child exploitation, pornography, and the internet; Recognizing and responding to the spiritual impact of child maltreatment; and Sociology of child poverty

An additional 2-hour problem based learning simulation has been identified for inclusion in the second year curriculum.

Opportunities also exist to integrate a child abuse case simulation into the Objective Structured Clinical Examination (OSCE) program for third year medical students.

## Research on CAST

Results of research on the CAST preclinical medical curriculum indicated that first year medical students who were CAST-trained reported feeling significantly more prepared to identify, report, and recommend services for maltreated children compared to medical students who did not receive CAST training (Knox, Pelletier & Vieth, 2013; Knox, Pelletier & Vieth, 2013). In a longitudinal study, medical students who completed the CAST program demonstrated improved knowledge about identifying and reporting suspected cases of child maltreatment (Pelletier & Knox, 2017). CAST students' knowledge regarding child maltreatment was significantly improved compared to a peer comparison group that received medical-education-as-usual. These improvements and CAST/education-as-usual group differences were maintained 6-months after completion of the program. Analyses revealed large effect sizes indicating important and meaningful improvements in medical student outcomes.

## Conclusion

The goal of the Child Advocacy Studies Training program is to educate future professionals entering a wide variety of fields to more effectively prevent, identify, and respond to child maltreatment. To date, the program has been implemented in medical schools primarily as an elective course. One version of the CAST Medical curriculum educates first year medical students and involves didactics, small group discussions, interaction with inpatients, and case presentations. Research on this version indicates students perceive themselves to be more prepared to identify and address maltreatment, and demonstrate greater knowledge about child maltreatment. The effects last a minimum of 6 months following the program.

Another version of CAST Medical encompasses a brief didactic and problem-based learning in the first year, then involves placement at a Child Advocacy Center, work with a board-certified Forensic/Child Abuse Pediatrician in a pediatric forensic medicine clinic, and reading assignments, all during the fourth year.

Additional work is being conducted to expand CAST Medical to be a longitudinal experience throughout medical school. Ideally, the content of the curriculum should be embedded into the larger medical school curriculum so as to reach all students. This would coincide with a main premise of the CAST program – that to be effective in preventing and eradicating child maltreatment, individuals in all fields should be trained to effectively identify, intervene, and secure needed resources for maltreated children and their families.