



**SOUTH DAKOTA BOARD OF REGENTS
ACADEMIC AFFAIRS FORMS**

New Certificate

UNIVERSITY:	USD
TITLE OF PROPOSED CERTIFICATE:	Child & Adult Advocacy Studies (CAAST)
INTENDED DATE OF IMPLEMENTATION:	Fall 2021
PROPOSED CIP CODE:	51.1504-New
UNIVERSITY DEPARTMENT:	Health Sciences
UNIVERSITY DIVISION:	School of Health Sciences

✓ Please check this box to confirm that:

- The individual preparing this request has read [AAC Guideline 2.7](#), which pertains to new certificate requests, and that this request meets the requirements outlined in the guidelines.
- This request will not be posted to the university website for review of the Academic Affairs Committee until it is approved by the Executive Director and Chief Academic Officer.

University Approval

To the Board of Regents and the Executive Director: I certify that I have read this proposal, that I believe it to be accurate, and that it has been evaluated and approved as provided by university policy.

_____ Date
 Institutional Approval Signature
President or Chief Academic Officer of the University

Note: In the responses below, references to external sources, including data sources, should be documented with a footnote (including web addresses where applicable).

1. Is this a graduate-level certificate or undergraduate-level certificate?

Undergraduate Certificate Graduate Certificate

2. What is the nature/ purpose of the proposed certificate? Please include a brief (1-2 sentence) description of the academic field in this certificate.

The Child & Adult Advocacy Studies (CAAST) certificate focuses on interdisciplinary, ethical, realistic, and culturally sensitive content that provides professionals working with vulnerable populations a foundation for responding to maltreatment. Students will learn about the various disciplinary responses to maltreatment and will develop a multidisciplinary understanding of the most efficient responses. Students completing the courses in this certificate will be better equipped to accomplish the work of related agencies (social work, criminal justice, nursing, etc.) as they advocate on behalf of victims and survivors of maltreatment.

3. If you do not have a major in this field, explain how the proposed minor relates to your university mission and strategic plan, and to the current Board of Regents Strategic Plan 2014-2020.

The proposed certificate supports the SDBOR 2014-2020 Vision, specifically:

- South Dakota's population will be more highly-educated specifically concerning response to maltreatment, working with vulnerable populations, and working in a multidisciplinary team
- South Dakotans will have increased access to continuing education opportunities needed to upgrade their credentials while remaining in the workforce through this online certificate program
- South Dakota will have a working-age population with advanced levels of education needed to support our democracy and the modern, knowledge-based economy specifically concerning prevention of and response to maltreatment.
- South Dakota will be a recognized national leader in the use of information technology to enhance its educational, economic, social, scientific, and political development. The CAAST program requires use of simulation and experiential learning to improve students' critical thinking and responding. Additionally, students will learn to access information databases used to monitor victims, perpetrators, and trends related to maltreatment.

The proposed certificate supports the SDBOR 2014-2020 Priorities, specifically:

1. Student Success
 - a. This program will be offered completely online, which will attract rural and non-resident professionals.
2. Academic Quality and Performance
 - a. This program supports increased professional development for special school outreach workers, disability specialists, and those working with vulnerable populations
3. Research and Economic Development
 - a. Federal funding options for CAAST programing through ZeroAbuse Project, South Dakota Community Foundation or SDDSS to meet The United States Attorney General's Task Force's recommendation to improve undergraduate and graduate training in this area.
 - b. No duplication of content; CAAST core content is new and innovative, and applicable to many students and professionals.

In addition, The University of South Dakota *Strategic Goals include the following:*

- Undergraduate, Graduate & Professional Student Experience
 - Goal 2: Enrich academic experiences for graduate and professional students.
- Research, Scholarship & Creative Work
 - Goal 1: Expand interdisciplinary research, scholarship, and creative work.
 - Goal 2: Increase national-level recognition in a select number of research and creative areas.

By 2020, USD aims to increase enrollment in graduate and professional programs by 3,000 and anticipates that enrollment in off-campus and distance courses will be 5,100. The development of this certificate supports those efforts.

- 4. Provide a justification for the certificate program, including the potential benefits to students and potential workforce demand for those who graduate with the credential. For workforce related information, please provide data and examples. Data may include, but are not limited to the South Dakota Department of Labor, the US Bureau of Labor Statistics, Regental system dashboards, etc. Please cite any sources in a footnote.**

There is a significant and growing body of research documenting that judges, prosecutors, child protection attorneys, doctors, nurses, psychologists, social workers, law enforcement officers, clergy, teachers, and other child protection professionals or mandated reporters are inadequately trained in working with victims of maltreatment at the undergraduate and graduate level¹. Upon review of The University of South Dakota's undergraduate and graduate course catalogs, four undergraduate, two graduate, and three cross-listed (400/500 level course) courses contained content pertaining to the maltreatment of and response to the maltreatment of vulnerable populations [using the terms "maltreatment," "abuse and neglect," "trauma-informed care," "child protection," "vulnerable populations," "child welfare" and "child advocacy."]. When offered, the content related to this topic is specific to the discipline of practice (social work, occupational therapy, and addiction studies) and cursory. The University does not have a concentration nor a minor focused on child and adult maltreatment.

The United States Attorney General's Task Force on Children Exposed to Violence recognized the need to improve undergraduate and graduate training in this area and has called for a "national initiative to promote professional education and training on the issue of children exposed to violence."² The task force specifically urges academic institutions to "include curricula in all university undergraduate and graduate programs to ensure that every child and family serving professional receives training in multiple evidence-based methods for identifying and screening children for exposure to violence."²

A study of the American Psychological Association (APA) accredited graduate programs found that many of the programs "fall far short" of guidelines proposed by the APA for minimal levels of competence in handling child maltreatment cases. The study reports that the lack of graduate training for psychology students "contradicts the rapidly expanding literature on responding to maltreatment and the demands of this interdisciplinary, professional endeavor."³ The training provided to medical professionals is similarly inadequate, with the ability of professionals to identify and interpret possible instances of sexual abuse being significantly associated with training and clinical experience, which many do not have.⁴

Annual workforce turnover rates below 10–12 percent are considered optimal or healthy.⁵ For the past 15 years, child welfare turnover rates have been estimated at 20–40 percent.⁶ Even higher average rates of turnover have been noted among child welfare trainees, at 46–54

¹ Vieth, V. (2006). Unto the third generation: A call to end child abuse in the United States within 120 years (revised and expanded). *Hamlin Journal of Public Law and Policy*, 28.

² United States Department of Justice (2012). *Executive Summary: Report of the Attorney General's Task Force on Children Exposed to Violence*. Retrieved from: <http://www.justice.gov/defendingchildhood/>

³ Champion, K., Shipman, K., Bonner, B., Hensley, K., & Howe, A. (2003). Child maltreatment training in doctoral programs in clinical, counseling, and school psychology: Where do we go from here? *Child Maltreatment*, 8, 211-215.

⁴ Adams, J., Starling, S., Frasier, L., Palusci, V., Shapiro, R., Finkel, M., & Botash, A. (2012). Diagnostic accuracy in child sexual abuse medical evaluation: Role of experience, training, and expert case review. *Child Abuse & Neglect*, 36.

⁵ Gallant, M. (2013). *Does your organization have a healthy employee turnover rate*. [SABA Blog post]. Retrieved from <https://www.halogensoftware.com/blog/does-your-organization-have-healthy-employee-turnover>

⁶ American Public Human Services Association. (2005). *Report from the 2004 child welfare workforce survey, state agency findings*. Retrieved from <http://www.theprofessionalmatrix.com/docs/WorkforceReport2005.pdf>

percent.⁷ Secondary traumatic stress or vicarious trauma can occur when a professional experiences stress or symptoms of trauma when working with traumatized children and families. Risk is higher for professionals who carry a heavy caseload of traumatized children; are socially or organizationally isolated; or feel professionally compromised due to inadequate training.⁸

A needs assessment was completed to determine the knowledge of service providers and students in South Dakota related to child and adult advocacy⁹. The instrument utilized for the needs assessment was composed of four parts: (1) a description of the five levels of proficiency to self-rate each knowledge, skill, and ability; (2) 20 five-point Likert scale questions on child and adult advocacy competencies; (3) 3 five-point Likert scale questions on a participant agreeableness to the need for training; and (4) 2 demographic questions, for a total of 25 questions

Each of the 20 five-point Likert scale questions utilized the following levels of proficiency.¹⁰

0 = No Awareness. Participant self-reported to not possess an understanding of basic concepts in child and adult maltreatment;

1 = Fundamental Awareness. Participant self-reported basic knowledge or an understanding of basic concepts in child and adult maltreatment;

2 = Novice: Participant self-reported limited level of knowledge gained in a classroom and/or experimental scenarios or as a trainee on-the-job. You are expected to need help when applying knowledge;

3 = Intermediate. Participant self-reported that they are able to successfully demonstrate knowledge in this competency as requested. Help from an expert may be required from time to time, but you can usually apply the knowledge independently; and

4 = Advanced. Participant self-reported they can perform the actions associated with this knowledge without assistance. You are certainly recognized within your immediate organization as "a person to ask" when difficult questions arise regarding this topic.

In theory, all practicing professionals should be reporting a Level 4 awareness or higher in all competencies, as this level indicates knowledge competency and application (NIH, 2009). The following highlights key findings of the needs assessment:

Survey results indicate that South Dakota professionals working in service roles with vulnerable populations are lacking practical and applied knowledge related to preventing and responding to child maltreatment.

The lowest ranked competencies reported relate to communicating the legal process to families, understanding victim rights, engaging community members, understanding the

⁷ Chang, J. (2017). *State child protection agency halts hiring, citing drop in turnovers*. Austin American-Statesman. Retrieved from <http://www.mystatesman.com/news/state-regional-govt-politics/state-child-protection-agency-halts-hiring-citing-drop-turnovers/MvbWAlPp5jMUPEQaOrbSM/>

⁸ Hopkins, K. M., Cohen-Callow, A., Kim, H. J., Hwang, J. (2010). Beyond intent to leave: Using multiple outcome measures for assessing turnover in child welfare. *Children and Youth Services Review*, 32, 1380-1387

⁹ Bass, K. & Cerny, S. (2019). *Child and adult advocacy studies needs assessment*. [Unpublished needs assessment.] University of South Dakota.

¹⁰ National Institute for Health (2009). Competencies proficiency scale. Retrieved from <https://hr.nih.gov/working-nih/competencies/competencies-proficiency-scale>

typology of sex offenders, and recognizing and responding to vicarious trauma in oneself and team members.

While these competencies are ranked lowest, thirteen of the twenty competencies fall below the Level 4 Awareness rating for master's level professionals and all are ranked below Level 4 when combining all responses.

If frontline professionals aren't competent in this content, they cannot effectively do their job of preventing and responding to maltreatment.

For further details regarding the needs assessment results, please see Appendix C.

It is the intent of the Health Sciences department to collaboratively create a graduate certificate program for implementation in the fall of 2021. However, if funding and approval were to occur during spring 2020 academic semester, it is possible that our timeline would allow for implementation as early as fall 2020. Development of this certificate will meet the United States Attorney General's Task Force's recommendation to improve graduate training in this area.

Who is the intended audience for the certificate program (including but not limited to the majors/degree programs from which students are expected)?

The content will be appropriate for professionals or graduate students in Social Work, Addiction Counseling and Prevention, Nursing, Occupational Therapy, Physician Assistant, Physical Therapy, Health Sciences, Clinical Psychology, Counseling and School Psychology, Law, Public Administration, Criminal Justice, Interdisciplinary Studies, Professional Practice Community, and Education settings and programs.

5. Certificate Design

A. Is the certificate designed as a stand-alone education credential option for student's not seeking additional credentials (i.e., a bachelor's or master's degree)? If so, what areas of high workforce demand or specialized body of knowledge will be addressed through this certificate?

Yes; this certificate is indicated for graduate students or professionals working in positions in which they are interacting with vulnerable populations.

B. Is the certificate a value added credential that supplements a student's major field of study? If so, list the majors/programs from which students would most benefit from adding the certificate.

The certificate may compliment any program focused on health promotion, well-being, and prevention of disability and illness. While this certificate will not replace any coursework from these fields of study, they may complement and enhance the students' knowledge of identifying, preventing, and responding to maltreatment.

- 1) Social Work
- 2) Occupational Therapy

3) Health Sciences

This may also be applicable to other programs. HSC is also currently seeking input regarding the CAAST Certification complimenting other fields of study such as Addiction Counseling and Prevention, Physician Assistant, Physical Therapy, Clinical

Psychology, Counseling and School Psychology, Law, Public Administration, Interdisciplinary Studies, and Nursing.

C. Is the certificate a stackable credential with credits that apply to a higher level credential (i.e., associate, bachelors, or master’s degree)? If so, indicate the program(s) to which the certificate stacks and the number of credits from the certificate that can be applied to the program.

USD Graduate School policy¹ permits a maximum of 12 semester hours of graduate credit to be transferred towards the Program MA if these credits meet the following criteria:

- 1) These credits must have been completed in a regionally accredited institution and must have grades of A or B.
- 2) These credits must have been completed no more than 7 years prior to the conferment of the USD graduate degree (e.g., if your USD MA is conferred in 2017, transfer credits must have been completed no earlier than 2010).

Refer to the Graduate Catalog for more information: <http://catalog.usd.edu>

6. List the courses required for completion of the certificate in the table below (if any new courses are proposed for the certificate, please attach the new course requests to this form). Certificate programs by design are limited in the number of credit hours required for completion. Certificate programs consist of nine (9) to twelve (12) credit hours, including prerequisite courses. In addition, certificates typically involve existing courses. If the curriculum consists of more than twelve (12) credit hours (including prerequisites) or includes new courses, please provide explanation and justification below.

Prefix	Number	Course Title	Prerequisites for Course <i>Include credits for prerequisites in subtotal below.</i>	Credit Hours	New (yes, no)
HSC	555	Traumatic Stress Across the Lifespan	NA	3	YES
HSC	565	Perspectives of Child and Adult Maltreatment: A Multidisciplinary Team Approach	HSC 555	3	YES
HSC	570	Professional and System Response to Maltreatment	HSC 555	3	YES
HSC	595	Practicum in Child and Adult Advocacy Studies	NA-instructor permission required	3	YES
Subtotal				12	

7. Student Outcome and Demonstration of Individual Achievement.

A. What specific knowledge and competencies, including technology competencies, will all students demonstrate before graduation? *The knowledge and competencies should be specific to the program and not routinely expected of all university graduates.*

Individual Learner Competency	Educational Objectives Learners Should be able to:
<p>A. Demonstrate general knowledge of violence and abuse</p>	<ol style="list-style-type: none"> 1. Understand the definitions of neglect, abuse and violence including psychological, emotional and spiritual maltreatment 2. Understand the interpersonal dynamics of violence and abuse, and the varied and changing types of violence and abuse 3. Know the risk factors for various categories of child abuse in the general population and identify high-risk populations 4. Distinguish between myths and facts about responses to various categories of child maltreatment within the victim population 5. Distinguish between myths and facts about responses to various categories of child maltreatment within the victimized child’s environment 6. Recognize and understand the physical and behavioral health effects of violence, neglect and abuse, including mental health impacts 7. Understand the barriers to help-seeking for victimized children 8. Understand the social and cultural context of violence and other child maltreatment, including factors such as gender, sexual orientation, social class, ethnicity, religion, developmental stage, immigrant or refugee history, and local, regional and national variations 9. Understand individual and population- based model for intervention and primary prevention of child maltreatment 10. Acknowledge pre-existing values, attitudes, beliefs and experiences related to maltreatment among multi- disciplinary team members and how these affect interactions with victimized and at-risk children and their families. 11. Recognize the short- and long-term impact of child maltreatment as identified by the ACE Studies 12. Recognize the resiliency factors that contribute to an individual’s ability to cope with childhood maltreatment

Individual Learner Competency	Educational Objectives Learners Should be able to:
<p>B. Demonstrate skills appropriate to one's profession and specialty, including the ability to identify, assess, intervene and prevent violence, neglect and abuse.</p>	<ol style="list-style-type: none"> 1. Respond to reports of child maltreatment consistent with best practice, including child advocacy centers as available but always with a child-centered approach 2. Understand the child's motivation for disclosure at this point in time and whether the disclosure was purposeful or accidental 3. Utilize best practice in the investigation of maltreatment reports, including the use of appropriately-trained forensic interviewers within a multi-disciplinary team response 4. Identify opportunities to evaluate the credibility of all witnesses and seek corroborative evidence of reports of maltreatment 5. Understand the scope of corroborative evidence beyond "hard science" items such as DNA 6. Engage non-offending caregivers in providing appropriate support for children reporting maltreatment 7. Utilize available resources to ensure a safe environment for children reporting maltreatment 8. Engage appropriate professionals to ensure the child's physical, mental and spiritual well-being following a disclosure of maltreatment 9. Demonstrate sensitivity to cultural or developmental factors affecting the child reporting maltreatment 10. Provide honest, ethical responses to children including the need to disclose reports of abuse and the limits of any confidentiality, including recording of any statements made by the child 11. Prioritize the child's safety as the most significant aspect of the report, as well as the safety of other at-risk children 12. Understand the typology of offenders, particularly sex offenders and the grooming process, which includes adults in positions of authority with the child 13. Recognize circumstances that could result in a child's decision to recant the disclosure

Individual Learner Competency	Educational Objectives Learners Should be able to:
<p>C. Communicate effectively with the child and family</p>	<ol style="list-style-type: none"> 1. Convey the most accurate information possible with regard to next steps following the report 2. Answer any and all questions as thoroughly as possible 3. Understand the family dynamics and why and what information is vital to them, recognizing that they may be unable to process with just one recitation 4. Provide contact information for a team member who will be a primary source of ongoing information 5. Provide periodic and frequent updates in the initial stages of the investigation 6. Discuss thoroughly any anticipated court action and how the process works 7. Communicate in the language most comfortable for the family to ensure clear understanding 8. Recognize that the child is entitled to understand his/her rights as a victim and, depending upon age, should be able to express his/her wishes and have these taken into consideration 9. Provide realistic projections on outcome and engage victim assistance to help families with decision-making if needed or requested 10. Provide resources for services, including mental health referrals 11. Discuss risk assessment and steps to help ensure safety and appropriate support and services for the maltreated child

Individual Learner Competency	Educational Objectives Learners Should be able to:
D. Communicate effectively within the multidisciplinary team	<ol style="list-style-type: none"> 1. Understand and respect the legislative and agency mandates of each team member, recognizing that all members share the common goal of ensuring the well-being of children 2. Know the scope of your own authority and that of your team members to ensure the best utilization of time and resources when investigating cases of maltreatment 3. Recognize that vicarious trauma (compassion fatigue) is a risk for individuals working in child protection and how to respond when it's observed in team members (or yourself) 4. Maintain appropriate boundaries and treat other team members respectfully when disagreements occur 5. Keep other team members apprised of significant occurrences during the progression of the investigation or litigation as appropriate 6. Share educational resources and training within the team 7. Engage community members in helping the team understand cultural or unique population dynamics

Individual Learner Competency	Educational Objectives Learners Should be able to:
E. Communicate effectively with the community	<ol style="list-style-type: none"> 1. Engage community stakeholders in organizations, cultural centers and faith institutions 2. Provide relevant and developmentally and culturally sensitive education and training 3. Encourage understanding of the MDT processes to foster a positive attitude toward reporting 4. Educate community institutions on how they can help provide resiliency for victims 5. Recognize the importance of community engagement in reporting and responding to maltreatment, as well as prevention efforts 6. Accept the responsibility of being a leader in educating those within the personal orbit of each MDT member

Individual Learner Competency	Educational Objectives Learners Should be able to:
F. Understand the ethics involved in child maltreatment cases	<ol style="list-style-type: none"> 1. Recognize that ethical response in cases of child maltreatment is more than compliance with confidentiality laws, policies or guidelines 2. Ethical response includes consideration of the best interest of the child as its cornerstone 3. Know the state law governing various rules of confidentiality with respect to reporting of child maltreatment and its exceptions 4. Know the state law governing various rules of confidentiality with respect to medical and mental health treatment of both victims and offenders 5. Do not lie to children involved in cases of maltreatment 6. Understand the rules of evidence and constraints on prosecutors to comply with disclosure of evidence and constraints on comments to media outlets 7. Be aware of the ethical positions of each discipline involved in the MDT

B. Complete the table below to list specific learning outcomes – knowledge and competencies – for courses in the proposed program in each row. *Label each column heading with a course prefix and number. Indicate required courses with an asterisk (*). Indicate with an X in the corresponding table cell for any student outcomes that will be met by the courses included. All students should acquire the program knowledge and competencies regardless of the electives selected. Modify the table as necessary to provide the requested information for the proposed program.*

Individual Student Outcomes	Program Courses that Address the Outcomes					
	HSC 555	HSC 565	HSC 570	HSC 595		
Demonstrate general knowledge of violence and abuse	X					
Demonstrate skills appropriate to one's profession and specialty, including the ability to identify, assess, intervene and prevent violence, neglect and abuse		X	X	X		
Communicate effectively with the child and family		X	X	X		
Communicate effectively within the multi-disciplinary team		X	X	X		
Communicate effectively with the community		X	X	X		
Understand the ethics involved in child maltreatment cases	X	X	X	X		

Modify the table as necessary to include all student outcomes. Outcomes in this table are to be the same ones identified in the text.

8. Delivery Location.

Note: The accreditation requirements of the Higher Learning Commission (HLC) require Board approval for a university to offer programs off-campus and through distance delivery.

A. Complete the following charts to indicate if the university seeks authorization to deliver the entire program on campus, at any off campus location (e.g., UC Sioux Falls, Capital University Center, Black Hills State University-Rapid City, etc.) or deliver the entire program through distance technology (e.g., as an on-line program)?

	Yes/No	Intended Start Date
On campus	No	

	Yes/No	If Yes, list location(s)	Intended Start Date
Off campus	No.		

	Yes/No	If Yes, identify delivery methods	Intended Start Date
Distance Delivery (online/other distance delivery methods)	Yes	018 Internet Synchronous/015 Internet Asynchronous	Fall 2021

Does another BOR institution already have authorization to offer the program online?	No	If yes, identify institutions:	
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B. Complete the following chart to indicate if the university seeks authorization to deliver more than 50% but less than 100% of the certificate through distance learning (e.g., as an on-line program)? This question responds to HLC definitions for distance delivery.

	Yes/No	<i>If Yes, identify delivery methods</i>	<i>Intended Start Date</i>
Distance Delivery (online/other distance delivery methods)	Yes		Fall 2021

9. Additional Information:

APPENDIX A

Individual Student Outcomes and Program Courses

List specific individual student outcomes—knowledge and competencies—in each row. Label each column with a course prefix and number. Indicate required courses with an asterisk (*). Indicate with an X the courses that will provide the student with an opportunity to acquire the knowledge or competency listed in the row. All students should acquire the program knowledge and competencies regardless of the electives selected. Modify the table as necessary to provide the requested information for the proposed program.

Individual Student Outcomes	Program Courses that Address the Outcomes					
	HSC 555	HSC 565	HSC 570	HSC 595		
Demonstrate general knowledge of violence and abuse	X					
Demonstrate skills appropriate to one’s profession and specialty, including the ability to identify, assess, intervene and prevent violence, neglect and abuse		X	X	X		
Communicate effectively with the child and family		X	X	X		
Communicate effectively within the multi-disciplinary team		X	X	X		
Communicate effectively with the community		X	X	X		
Understand the ethics involved in child maltreatment cases	X	X	X	X		

Expand the table as necessary to include all student outcomes. Outcomes in this table are to be the same ones identified in the text.

APPENDIX B

University of South Dakota, Child and Adult Advocacy Studies (CAAST) Certificate

1. Assumptions

		1st FY21	2nd FY22	3rd FY23	4th FY24
<i>Headcount & hours from proposal</i>					
Fall headcount (see table in proposal)		6	10	12	15
Program FY cr hrs, On-Campus		0	0	0	0
Program FY cr hrs, Off-Campus		72	120	144	180
Faculty, Regular FTE	See p. 3	0.32	0.32	0.32	0.32
Faculty Salary & Benefits, average	See p. 3	\$132,664	\$132,664	\$132,664	\$132,664
Faculty, Adjunct - number of courses	See p. 3	0	0	0	0
Faculty, Adjunct - per course	See p. 3	\$0	\$0	\$0	\$0
Other FTE (see next page)	See p. 3	0.00	0.00	0.00	0.00
Other Salary & Benefits, average	See p. 3	\$0	\$0	\$0	\$0

2. Budget

<i>Salary & Benefits</i>					
Faculty, Regular		\$42,452	\$42,452	\$42,452	\$42,452
Faculty, Adjunct (rate x number of courses)		\$0	\$0	\$0	\$0
Other FTE		\$0	\$0	\$0	\$0
S&B Subtotal		\$42,452	\$42,452	\$42,452	\$42,452
<i>Operating Expenses</i>					
Travel		\$0	\$0	\$0	\$0
Contractual Services		\$0	\$0	\$0	\$0
Supplies & materials		\$0	\$0	\$0	\$0
Capital equipment		\$0	\$0	\$0	\$0
OE Subtotal		\$0	\$0	\$0	\$0
Total		\$42,452	\$42,452	\$42,452	\$42,452

3. Program Resources

Off-campus support tuition/hr, HEFF net	UG	\$412.23	\$412.23	\$412.23	\$412.23
Off-campus tuition revenue	hrs x amt	\$29,681	\$49,468	\$59,362	\$74,202
On-campus support tuition/hr, HEFF net	UG	\$0.00	\$0.00	\$0.00	\$0.00
On-campus tuition revenue	hrs x amt	\$0	\$0	\$0	\$0
Program fee, per cr hr (if any)	\$0.00	\$0	\$0	\$0	\$0
Delivery fee, per cr hr (if any)	\$0.00	\$0	\$0	\$0	\$0
University redirections		\$0	\$0	\$0	\$0
Community/Employers		\$0	\$0	\$0	\$0
Grants/Donations/Other		\$0	\$0	\$0	\$0
Total Resources		\$29,681	\$49,468	\$59,362	\$74,202

Resources Over (Under) Budget **(\$12,771)** **\$7,016** **\$16,910** **\$31,750**

Provide a summary of the program costs and resources in the new program proposal.

Estimated Salary & Benefits per FTE	Faculty	Other
Estimated salary (average) - explain below	\$107,500	\$0
University's variable benefits rate (see below)	0.1404	0.1404
Variable benefits	\$15,093	\$0
Health insurance/FTE, FY18	\$10,071	\$10,071
<i>Average S&B</i>	\$132,664	\$10,071

Explain faculty used to develop the average salary & fiscal year salaries used. Enter amount above.

The FY20 salaries of 3 people in the Occupational Therapy, Masters of Social Work and Center for Prevention of Child Maltreatment department were averaged.

Explain adjunct faculty costs used in table:

Explain other [for example, CSA or exempt] salary & benefits. Enter amount above.

Summarize the operating expenses shown in the table:

Summarize resources available to support the new program (redirection, donations, grants, etc).

State-support: Change cell on page 1 to use the UG or GR net amount.

Off-Campus Tuition, HEFF & Net	FY20		
	Rate	HEFF	Net
Graduate	\$465.80	\$53.57	\$412.23 to point to your net

Variable Benefits Rates

University	FY20
USD	14.04%

Rates updated February 2019 (JP)

Appendix C

Child & Adult Advocacy Studies (CAAST) Needs Assessment

The University of South Dakota (USD) is a mid-size state university campus. Founded in 1862, it is the oldest of six public universities located in the small city of Vermillion surrounded by rural farms and communities. Students tend to be traditional age 19-24, predominantly Caucasian, female taking full time credits to earn a bachelor degree. Most USD courses have a fairly even distribution of population from across South Dakota, with about two thirds of the total campus population of 9,971 coming from South Dakota and neighboring states, although there are students from other states and nations present on campus.

While the main campus is located in Vermillion, the School of Health Sciences (SHS) is spread across several locations such as Sioux Falls, Rapid City, and Pierre. The School of Health Sciences and Sanford School of Medicine collaborate in a concerted effort to facilitate interdisciplinary learning among students at USD. As a result, the Interprofessional Health Education Center (IHEC) was created and now provides opportunities for students studying different health care professions to learn from, with and about each other. According to the University's website, IHEC trains future healthcare professionals to work together as a team and makes them aware of each other's roles and responsibilities. Within the School of Health Sciences, the purpose of IHEC is to (1) offer workshops, seminars, activities, simulation scenarios and mentorship that further interprofessional education in the health sciences; (2) prepare students in all healthcare-related majors to work as a team in real-world settings; (3) provide opportunities for interprofessional research; and (4) support faculty development. As the only South Dakota university with schools of health sciences and medicine, we are uniquely able to provide students with opportunities to experience working in a healthcare team, a skill that is necessary in the modern health care field.¹¹

In 2014, Jolene's task force was developed to address child sexual abuse in South Dakota. South Dakota State Senator Deb Soholt serves as chair of the Jolene's Law Task Force (JLTF). The Sioux Falls legislator and her colleagues on the task force spent three years creating a work plan to address and prevent sexual abuse of children. From this task force, the Center for the Prevention of Child Maltreatment (CPCM) was selected as the lead to coordinate a comprehensive 10-year plan that consisted of six major goals and 48 supporting objectives.

CPCM is housed under the USD School of Health Sciences and has become a major leader in community and academic learning within the state of South Dakota. CPCM states that their six major goals are: (A) statistics & benchmarking; (B) public, private & tribal health; (C) mandatory reporting; (D) criminal justice & child protection services response; (E) public awareness; and (F) infrastructure. Among the six goals, the School of Health Sciences has a keen interest in assisting the CPCM to reach several objectives through a minor and a graduate certificate in Child and Adult Advocacy Studies (CAAST). For example, the School of Health Sciences can become a stakeholder in meeting the objective to improve infrastructure (goal F.6). Goal F.6 is attempts to develop inter-professional grant proposals for research and practice related to treating and preventing child maltreatment and sexual abuse. Under Goal D.3, it is the mission of CPCM to educate judicial system stakeholders on approaches that reduce trauma to minors aged 3 – 17 whom are required to face their perpetrators in court. Specifically, D.3 pertains to criminal justice and child protection services response. One objective of the CAAST program is to train all

¹¹ University of South Dakota (2019). *Interprofessional Health Education Center*. Retrieved on 11/22/2019 from <https://www.usd.edu/health-sciences/ihec>

disciplines who work with child victims and their families starting at awareness (disclosure and/or recognition) through recovery. We believe through the offering of a minor and certificate program in CAAST, we can assist CPCM in reaching goal D.3.c. through providing training and continuing education modules including but not limited to: (1) content on reporting, investigation, trial, and recovery; (2) poly-victimization and methods of screening among children exposed to violence; and (3) cultural competency.

Lastly, goal C has two objectives that would be partially satisfied by the creation of CAAST curriculum; 1) provide assistance and expertise to the South Dakota Board of Regents institutions on creating new degree programs related to child sexual abuse and maltreatment and develop and deliver professional and continuing education modules regarding child sexual abuse, reporting, and response; 2) work with professional boards to implement and require professional or continuing education for those who require licensure or certification for their practice (C.3.c.).

The purpose of the CAAST certificate is to prepare professionals to become competent in the various factors that lead to child and adult maltreatment, existing responses to incidents of child maltreatment, and to be able to work more effectively within various systems and institutions that respond to these incidents. Professionals completing the courses in this certificate program will be better equipped to carry out the work of various agencies and systems (healthcare, criminal justice, law, education, and social services) as they advocate on behalf of the needs of children and adults as victims and survivors of abuse. Through offering a sequence of coursework and experiential learning opportunities, the certificate will also attempt to partner with community healthcare organizations to help improve interdisciplinary practices and reduce child and adult maltreatment.

Our emphasis on system change, interdisciplinary practice, and organizational leadership within the urban, rural, and tribal communities is useful for advanced child and adult advocacy practice. As a result, professionals in South Dakota can become leaders of diversity and inclusiveness within our rural, tribal, and urban communities by preparing professionals with targeted competencies in child and adult advocacy settings. At the organizational and community level, we have the ability to engage in community collaboration by enhancing the development of current community professionals who are identified within the child and adult advocacy workforce.

According to the Bureau of Labor Statistics, employment in healthcare jobs are projected to grow 18% by 2026.¹² Social work jobs are projected to grow 16% by 2026, medical assistant jobs are projected to grow by 29%, and substance abuse and behavioral disorder jobs are projected to grow by 23%. The South Dakota Bureau of Labor projects that professions such as community and social services occupations, health educators, social workers, and social service will grow by an average of 13% by 2026. Interdisciplinary professions will grow as well: occupational therapy (20.7%), nursing (12.8%), physician assistant (28.2%), and healthcare practitioners (15%).

The proposed certificate supports the SDBOR 2014-2020 Vision, specifically:

1. South Dakota's population will be more highly-educated specifically concerning response to maltreatment, working with vulnerable populations, and working in a multidisciplinary team.
2. South Dakota will have a working-age population with advanced levels of education needed to support our democracy and the modern, knowledge-based economy specifically concerning prevention of and response to maltreatment.
3. South Dakota will be a recognized national leader in the use of information technology to enhance its educational, economic, social, scientific, and political development. The CAAST program requires use of simulation and experiential learning to improve students' critical thinking and responding. Additionally,

¹² Bureau of Labor Statistics [BLS], 2016 <https://www.bls.gov/ooh/healthcare/home.htm>

students will learn to access information databases used to monitor victims, perpetrators, and trends related to maltreatment.

The proposed certificate supports the SDBOR 2014-2020 Priorities, specifically:

1. Student Success
 - a. This program will be offered completely online, which will attract rural and non-resident students.
2. Academic Quality and Performance
 - a. This program supports increased professional development for special school outreach workers, disability specialists, and those working with vulnerable populations.
3. Research and Economic Development
 - a. Federal funding options for CAAST programming through ZeroAbuse Project and SDDSS to meet The United States Attorney General's Task Force's recommendation to improve undergraduate and graduate training in this area.
 - b. No duplication of content; CAAST core content is new and innovative, and applicable to many students and professionals.

According to the South Dakota Board of Regents (SDBOR) and Academic and Student Affairs meeting on October 7-8, 2015.¹³ Deb Soholt invited the Executive Director of the Board of Regents (Jack Warner), Board staff (Jay Perry), the Dean of the School of Health Sciences at the University of South Dakota (USD) (Mike Lawler), and the Dean of Education and Human Sciences at South Dakota State University (SDSU) (Jill Thorngren) to discuss ideas for improving child sexual abuse prevention training. SDBOR recorded minute states:

“An initial conversations focused on a review of existing curricula addressing child sexual abuse in key disciplines. Over the course of several additional meetings, the Task Force proposed a broader, more systematic approach to education, training, research, and public awareness. The ongoing conversations with the Task Force produced a proposal for a center concept to take the lead in developing curricula and training standards for mandatory reporters of child maltreatment, facilitate advocacy partnerships, develop related research areas, and provide assistance to Board of Regents institutions on related degree programs and courses. The Task Force noted that USD had expertise in a broad array of fields required in child sexual abuse detection, prevention, and resolution, including psychology, counseling, social work, public health, medicine, nursing, law, and education. As a result, the Task Force proposed a Center for the Prevention of Child Maltreatment at USD. The members of the Jolene's Law Task Force voted unanimously to endorse the Center proposal at their August meeting.”

As Table 1 illustrates, Winona State University is one of two local universities that have a program focused on child advocacy studies. Winona State University implemented the CAST program in fall 2007 and had 6 declared minors at that time. Winona State University currently has a total of 284 declared minors, which averages to 28.4 declared minors per year¹⁴. Nationally, in the state of Mississippi, the Department of Family and Children's Services, Attorney General's Office, and Children's Advocacy Centers of Mississippi, partnered to request that colleges and universities in Mississippi implement CAST designed to ensure future workforce will be skills in

¹³ South Dakota Board of Regents (2017). Jolene's Law Task Force and USD Budget Request for the Center for the Prevention of Child Maltreatment. Academic and Student Affairs. Agenda item 5.0, October 7-8. Retrieved from https://www.sdbor.edu/theboard/2015AgendaItems/October/5_0_BOR1015.pdf#search=center%20for%20the%20prevention%20of%20child%20maltreatment.

¹⁴ Osgood, A. (2016). Lessons learned from student surveys in child advocacy studies (CAST) program. *Journal of Child and Adolescent Trauma*, 10, 261-266.

child maltreatment practices. Beam and Steckler¹⁵ go on to state that CAST curriculum was for students entering fields of criminal justice, social work, sociology, human sciences, education, nursing, psychology, law, medicine, and seminaries.

Table 1. Similar CAAST Programs

	Institution	Program Title
Minnesota	Metropolitan State University	Violence Prevention and Intervention Minor https://www.metrostate.edu/academics/programs/violence-prevention-and#about
	Winona State University	Child Advocacy Studies (CAST) - Minor https://catalog.winona.edu/preview_program.php?catoid=19&poid=3834&returnto=1903
North Dakota	None	
Montana	None	
Wyoming	None	

At the University of South Dakota, the goal is to implement a CAAST certificate during the fall 2021 and have at least 6 enrolled certificate participants. It is predicted for each student to enroll in their first CAAST course with completion of all required coursework within a two year period. Currently, the above estimate is based on literature reviews and information that has been provided during planning meetings with the Center for the Prevention of Child Maltreatment. As a result, a needs assessment survey to Health Science students at the University of South Dakota and to professionals practicing in child and adult advocacy areas was completed to determine levels of self-reported knowledge, skills, and abilities in child and adult advocacy competencies. In addition, the survey indicates whether respondents feel that a minor or graduate certificate is needed within the South Dakota higher education academic curriculum at USD.

Methods

The purpose of this needs assessment was to examine self-reported competencies and interest in child and adult advocacy as reported by students engaged in a health science program and professionals practicing in child and adult advocacy positions. A descriptive survey was employed to examine 20 core competencies of child and adult advocacy practice. Data was collected in two periods of time. The first recruitment attempt was completed (139 respondents) via email from list server of students enrolled in an undergraduate or graduate studies program within the School of Health Sciences at the University of South Dakota. A second recruitment effort was completed (74 respondents) during the 2019 Community Response to Child Abuse Conference held in Sioux Falls, South Dakota from October 3, 2019 to October 4, 2019. Investigators maintained a booth to introduce the CAAST studies proposal and asked attendees to complete the online survey. The two attempts yielded the participation of 213 individuals.

In order to obtain the necessary data for the needs assessment, the researchers developed a survey to be the primary instrument for data collection. The instrument was composed of four parts: (1) a description of the five levels of proficiency to self-rate each knowledge, skill, and ability; (2) 20 five-point Likert scale questions on child and adult advocacy competencies; (3) 3 five-point Likert scale questions on a participant agreeableness to the need for training; and (4) 2 demographic questions, for a total of 25 questions that most accurately describes their knowledge,

¹⁵ Beam, S. & Steckler, K. (2016). Child abuse and neglect in Mississippi: Beginning the conversation. *Journal of the Mississippi State Medical Association*, 58, 11.

skills, or abilities pertaining to child and adult advocacy. The survey took approximately ten minutes to complete.

Results

As illustrated in Table 1, 67% of participants indicated they are either a professional practicing with a bachelor or master’s degree. Participants who reported to be currently enrolled in a University of South Dakota undergraduate degree or graduate degree was 18%. Of the 213 participants, approximately 28% indicated a professional discipline of Social Work while Nursing was most identified in approximately 21% of respondents. The next closest discipline was Counseling (9%), Education (8%) and Occupational Therapy (5.5%).

Table 1. Demographics

Characteristic	Frequency	Percentage
Degree Level:		
Undergraduate Level Student	7	3
Bachelor Level Professional	66	31
Doctoral Level Student	19	8
Graduate Level Student	32	15
Master Level Professional	77	36
Other	12	7
Discipline:		
Addiction Studies	3	1.4
Counseling	20	9
Criminal Justice	1	1
Dental Hygiene	1	1
Education	19	8
Health Sciences	3	1.4
Human Development	1	1
Human Services	4	1.8
Law	7	3.2
Medicine	4	1.8
Nursing	46	21.6
Occupational Therapy	12	5.5
Physician Assistant	3	1.4
Psychology	4	1.8
Public Health	3	1.4
Physical Therapy	9	4.1
Social Work	60	28.1
Sociology	3	1.4
Speech Therapy	1	1
Other	9	4.1

Survey respondents reported a novice level awareness of most CAAST competencies, meaning that while participants may understand the concepts, principles, and issues related to each competency, the respondent needs assistance in the application of the knowledge (NIH, 2009).

Table 2. Overall Score by Competency

CAAST Competencies	Mean (n=213)	Standard Deviation	Descriptiv e Category
Understand definitions of neglect, abuse and violence including psychological, emotional and spiritual maltreatment	3.95	.950	Novice
Understand risk factors for various categories of abuse in the general population and identify high-risk populations	3.84	.925	Novice
Understand physical and behavioral health effects of violence, neglect and abuse, including mental health impacts	3.92	.886	Novice
Understand models for intervention and primary prevention of child and adult maltreatment	3.49	.984	Novice
Understand the short-and long-term impact of child maltreatment as identified by the ACE Studies	3.62	1.055	Novice
Demonstrate skills appropriate to one's profession and specialty, including the ability to identify, assess, intervene and prevent violence, neglect and abuse	3.69	.936	Novice
Engage appropriate professionals to ensure the child's physical, mental and spiritual well-being following a disclosure of maltreatment	3.76	.994	Novice
Understand the typology of offenders, particularly sex offenders and the grooming process, which includes adults in positions of authority with the child	3.41	1.085	Novice
Understand a victim's rights as a victim and, depending upon age, advocate his/her wishes	3.39	1.061	Novice
Understand how to broker resources for supportive services, including mental health referrals	3.51	1.144	Novice
Understand risk assessments and steps to help ensure safety and appropriate support and services for the maltreated child or adult	3.49	1.084	Novice
Ability to communicate stages of investigation, court processes and actions to family members	2.92	1.340	Fundament al Awareness
Understand the scope of your own discipline and that of your team members to ensure the best utilization of time and resources when investigating cases of maltreatment	3.55	1.061	Novice
Ability to recognize vicarious trauma (compassion fatigue) risk factors for individuals working in child protection and	3.46	1.105	Novice

how to respond when it's observed in team members (or yourself)			
Ability to share your discipline specific educational resources and training within the team	3.62	1.095	Novice
Ability to engage community members in helping the team understand cultural or unique population dynamics	3.4	1.044	Novice
Understand the multidisciplinary team processes to foster a positive attitude toward reporting	3.6	1.062	Novice
Understand the importance of community engagement in reporting and responding to maltreatment, as well as prevention efforts	3.72	.992	Novice
Aware of the ethical positions and responses of each discipline involved in the multidisciplinary team	3.57	1.109	Novice
Understand the state law governing various rules of confidentiality with respect to reporting of child or adult maltreatment	3.47	1.147	Novice
Note. All knowledge, skills, and abilities were on a 5 point scale with anchors being “no awareness”, “fundamental awareness”, “novice”, “intermediate”, and “advanced.” The above statistics are means for each category.			

Education Level

Table 3 represents undergraduate and bachelor level professionals’ level of knowledge pertaining to child and adult advocacy. This group of students and professionals consistently reported knowledge lower than the overall mean with one exception; undergraduate students reported intermediate knowledge for ‘Understand the importance of community engagement in reporting and responding to maltreatment, as well as prevention efforts’. In contrast, they reported fundamental awareness in their ‘Ability to engage community members in helping the team understand cultural or unique population dynamics’. This contrast demonstrates disconnection between theoretical understanding and practical application.

Table 4 compares graduate level students with Master's level professionals. While Master’s level professionals reported practical knowledge in seven of the twenty competencies, they reported limited knowledge of the remaining 13 competencies.

Table 3. Comparison of Bachelor Level Student and Professionals

CAAST Competencies	Undergraduate Students (n=7)	Bachelor Level Professionals (n = 66)	Overall Mean (n=213)
Understand definitions of neglect, abuse and violence including psychological, emotional and spiritual maltreatment	3.57	3.66	3.95
Understand risk factors for various categories of abuse in the general population and identify high-risk populations	3.57	3.68	3.83
Understand physical and behavioral health effects of violence, neglect and abuse, including mental health impacts	3.42	3.62	3.91
Understand models for intervention and primary prevention of child and adult maltreatment	3.42	3.34	3.48
Understand the short-and long-term impact of child maltreatment as identified by the ACE Studies	2.57	3.43	3.62
Demonstrate skills appropriate to one's profession and specialty, including the ability to identify, assess, intervene and prevent violence, neglect and abuse	3.14	3.51	3.69
Engage appropriate professionals to ensure the child's physical, mental and spiritual well-being following a disclosure of maltreatment	3.14	3.54	3.75
Understand the typology of offenders, particularly sex offenders and the grooming process, which includes adults in positions of authority with the child	3.14	3.10	3.40
Understand a victim's rights as a victim and, depending upon age, advocate his/her wishes	3.00	3.06	3.38
Understand how to broker resources for supportive services, including mental health referrals	3.00	3.33	3.51
Understand risk assessments and steps to help ensure safety and appropriate support and services for the maltreated child or adult	2.85	3.33	3.48
Ability to communicate stages of investigation, court processes and actions to family members	2.28	2.75	2.92
Understand the scope of your own discipline and that of your team members to ensure the best utilization of time and resources when investigating cases of maltreatment	3.42	3.48	3.54

Ability to recognize vicarious trauma (compassion fatigue) risk factors for individuals working in child protection and how to respond when it's observed in team members (or yourself)	3.00	3.30	3.46
Ability to share your discipline specific educational resources and training within the team	3.00	3.39	3.61
Ability to engage community members in helping the team understand cultural or unique population dynamics	2.85	3.25	3.40
Understand the multidisciplinary team processes to foster a positive attitude toward reporting	3.28	3.50	3.60
Understand the importance of community engagement in reporting and responding to maltreatment, as well as prevention efforts	4.14	3.59	3.72
Aware of the ethical positions and responses of each discipline involved in the multidisciplinary team	3.42	3.36	3.56
Understand the state law governing various rules of confidentiality with respect to reporting of child or adult maltreatment	3.00	3.15	3.47
Note. All knowledge, skills, and abilities were on a 5 point scale with anchors being “no awareness”, “fundamental awareness”, “novice”, “intermediate” and “advanced.” The above statistics are means for each category.			

Table 4. Comparison of Master Level Student and Professionals

CAAST Competencies	Graduate Students (n=32)	Master Level Professionals (n = 77)	Other (n=31)	Overall Mean (n=213)
Understand definitions of neglect, abuse and violence including psychological, emotional and spiritual maltreatment	3.62	4.28	4.16	3.95
Understand risk factors for various categories of abuse in the general population and identify high-risk populations	3.53	4.09	3.90	3.83
Understand physical and behavioral health effects of violence, neglect and abuse, including mental health impacts	3.81	4.23	3.96	3.91
Understand models for intervention and primary prevention of child and adult maltreatment	3.12	3.85	3.25	3.48
Understand the short-and long-term impact of child maltreatment as identified by the ACE Studies	3.18	4.02	3.70	3.62
Demonstrate skills appropriate to one's profession and specialty, including the ability to identify, assess, intervene and prevent violence, neglect and abuse	3.31	4.05	3.67	3.69
Engage appropriate professionals to ensure the child's physical, mental and spiritual well-being following a disclosure of maltreatment	3.43	4.12	3.74	3.75
Understand the typology of offenders, particularly sex offenders and the grooming process, which includes adults in positions of authority with the child	2.96	3.77	3.64	3.40
Understand a victim's rights as a victim and, depending upon age, advocate his/her wishes	3.09	3.72	3.64	3.38
Understand how to broker resources for supportive services, including mental health referrals	3.21	3.97	3.16	3.51
Understand risk assessments and steps to help ensure safety and appropriate support and services for the maltreated child or adult	3.06	3.88	3.14	3.48

Ability to communicate stages of investigation, court processes and actions to family members	2.31	3.28	3.16	2.92
Understand the scope of your own discipline and that of your team members to ensure the best utilization of time and resources when investigating cases of maltreatment	3.15	3.90	3.51	3.54
Ability to recognize vicarious trauma (compassion fatigue) risk factors for individuals working in child protection and how to respond when it's observed in team members (or yourself)	3.09	3.85	3.29	3.46
Ability to share your discipline specific educational resources and training within the team	3.37	4.01	3.51	3.61
Ability to engage community members in helping the team understand cultural or unique population dynamics	3.15	3.76	3.19	3.40
Understand the multidisciplinary team processes to foster a positive attitude toward reporting	3.37	3.89	3.38	3.60
Understand the importance of community engagement in reporting and responding to maltreatment, as well as prevention efforts	3.43	3.98	3.54	3.72
Aware of the ethical positions and responses of each discipline involved in the multidisciplinary team	3.15	3.87	3.70	3.56
Understand the state law governing various rules of confidentiality with respect to reporting of child or adult maltreatment	2.93	3.94	3.64	3.47

Note. All knowledge, skills, and abilities were on a 5 point scale with anchors being “no awareness”, “fundamental awareness”, “novice”, “intermediate” and “advanced.” The above statistics are means for each category.

Discipline Types

Table 5 represents five disciplines that had at least 10 respondents who completed the survey. Combined, this makes up approximately 75% of all respondents who completed the survey. The identified professions work in primary social, health, or educative services. All are mandatory reporters and support populations identified as vulnerable, including “racial or ethnic minorities, children, elderly, socioeconomically disadvantaged, underinsured or those with certain medical conditions”.¹⁶ It is expected that professionals working in primary service roles would have applied knowledge of child and adult advocacy competencies; however, it is clear that most professionals have limited knowledge of and ability to perform the actions associated with each competency.

Table 5. Comparison of Five Primary Disciplines

CAAST Competencies	Social Work (n=60)	Nursing (n=46)	Counseling (n=20)	Education (n=19)	Occupational Therapy (n=12)	Overall Mean (n=213)
Understand definitions of neglect, abuse and violence including psychological, emotional and spiritual maltreatment	4.25	3.76	4.05	3.63	3.25	3.95
Understand risk factors for various categories of abuse in the general population and identify high-risk populations	4.13	3.71	4.00	3.68	3.25	3.83
Understand physical and behavioral health effects of violence, neglect and abuse, including mental health impacts	4.18	3.80	4.25	3.73	3.58	3.91
Understand models for intervention and primary prevention of child and adult maltreatment	3.86	3.43	3.75	3.10	2.58	3.48
Understand the short-and long-term impact of child maltreatment as identified by the ACE Studies	4.03	3.28	3.85	3.42	3.16	3.62
Demonstrate skills appropriate to one's profession and specialty, including the ability to identify, assess, intervene and prevent violence, neglect and abuse	3.96	3.60	3.95	3.52	3.00	3.69
Engage appropriate professionals to ensure the child's physical, mental and spiritual well-being following a disclosure of maltreatment	4.03	3.60	4.05	3.63	2.66	3.75
Understand the typology of offenders, particularly sex offenders and the grooming process, which includes adults in positions of authority with the child	3.70	3.28	3.70	3.10	2.33	3.40

¹⁶ Waisel, D (2013). Vulnerable populations in healthcare. *Current Opinion in Anesthesiology*, 26(2), 16-92. doi: 10.1097/ACO.0b013e32835e8c17

Understand a victim's rights as a victim and, depending upon age, advocate his/her wishes	3.66	3.13	3.65	3.05	2.33	3.38
Understand how to broker resources for supportive services, including mental health referrals	3.98	3.26	3.90	3.21	2.50	3.51
Understand risk assessments and steps to help ensure safety and appropriate support and services for the maltreated child or adult	3.95	3.32	3.80	3.26	2.25	3.48
Ability to communicate stages of investigation, court processes and actions to family members	3.35	2.50	3.35	2.68	1.41	2.92
Understand the scope of your own discipline and that of your team members to ensure the best utilization of time and resources when investigating cases of maltreatment	3.75	3.60	3.85	3.31	2.50	3.54
Ability to recognize vicarious trauma (compassion fatigue) risk factors for individuals working in child protection and how to respond when it's observed in team members (or yourself)	3.95	3.32	3.80	3.10	2.66	3.46
Ability to share your discipline specific educational resources and training within the team	4.01	3.32	3.90	3.21	3.16	3.61
Ability to engage community members in helping the team understand cultural or unique population dynamics	3.71	3.04	3.90	3.31	2.75	3.40
Understand the multidisciplinary team processes to foster a positive attitude toward reporting	3.98	3.30	3.80	3.42	3.00	3.60
Understand the importance of community engagement in reporting and responding to maltreatment, as well as prevention efforts	4.05	3.58	3.90	3.47	2.83	3.72
Aware of the ethical positions and responses of each discipline involved in the multidisciplinary team	3.80	3.32	4.05	3.52	2.83	3.56
Understand the state law governing various rules of confidentiality with respect to reporting of child or adult maltreatment	3.85	3.13	3.95	3.47	2.33	3.47
Note. All knowledge, skills, and abilities were on a 5 point scale with anchors being “no awareness”, “fundamental awareness”, “novice”, “intermediate” and “advanced.” The above statistics are means for each category.						

Levels of Support for CAAST Curriculum

When not taking into consideration academic status or discipline, 93.5% of respondents either agreed or strongly agreed that training in child and adult maltreatment is essential for professional preparation in the respondent's discipline. An additional 6% remained neutral and .5% disagreed that training in child and adult maltreatment is essential for their professional preparation. 82.6% of respondents either agreed or strongly agreed that a bachelor level minor degree in child and adult advocacy is needed in South Dakota. An additional 15% remained neutral in their support of a minor degree, while 2.4% either disagreed or strongly disagreed. Similarly, 75.5% of respondents either agreed or strongly agreed that South Dakota should provide a graduate level certificate in child and adult advocacy studies. An additional 22% remained neutral in their support of a graduate certificate, while 2.5% either disagreed or strongly disagreed.

Since introducing the idea of creating a minor and certificate in child and adult advocacy studies, the University has received four letters of support from organizations working in South Dakota to prevent and respond to child and adult maltreatment including Children's Home Society (Appendix E), Child Protection Services (Appendix F), Call to Freedom (Appendix G), and the Center for the Prevention of Child Maltreatment (Appendix H).

Discussion

Survey results indicate that South Dakota professionals working in service roles with vulnerable populations are lacking practical and applied knowledge related to preventing and responding to child maltreatment. In theory, all practicing professionals should be reporting a Level 4 awareness or higher in all competencies, as this level indicates knowledge competency and application.¹⁷ The lowest ranked competencies relate to communicating the legal process to families, understanding victim rights, engaging community members, understanding the typology of sex offenders, and recognizing and responding to vicarious trauma in oneself and team members. While these competencies are ranked lowest, all twenty competencies fall below the Level 4 Awareness rating. If frontline professionals aren't competent in this content, they cannot effectively do their job of preventing and responding to maltreatment.

Recommendations

It is the goal of the School of Health Sciences to implement a CAAST certificate during the fall 2021 semester and have 6 enrolled, declared certificate participants. It is predicted for each student to enroll in their first CAAST course with completion of all required coursework within a two year period. The content will be appropriate for currently enrolled graduate students in Social Work, Addiction Counseling and Prevention, Nursing, Occupational Therapy, Physician Assistant, Physical Therapy, Health Sciences, Clinical Psychology, Counseling and School Psychology, Law, Public Administration, Criminal Justice, Interdisciplinary Studies, Professional Practice Community, and Education settings and programs. In addition, the content will also be appropriate professionals currently working in the above mentioned professions. The overall goal is to offer both a graduate certificate and an undergraduate minor in an effort to better prepare service providers for child & adult advocacy work. Starting with a certificate offering allows working professionals to advance their knowledge in order to support entry level practitioners through mentoring. It is proposed to offer the undergraduate minor by the fall of 2022.

¹⁷ National Institute for Health (2009). Competencies proficiency scale. Retrieved from <https://hr.nih.gov/working-nih/competencies/competencies-proficiency-scale>