



Tear Down Those Walls: the Future of Graduate Education in Child and Family Advocacy

Cindy W. Christian^{1,2} · Kara R. Finck³ · Cynthia Connolly⁴ · Sara Jaffee⁵ · Johanna Greeson⁶ · Antonio Garcia⁷ · Stacey L. Carlough⁸ · Caroline L. Watts⁹

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Abstract

The future of graduate education in child welfare requires specialized advanced degrees that are defined by interprofessional training and education. Disrupting the current silos in graduate education will result in a workforce able to integrate knowledge across disciplines with the ultimate goals of ending child abuse and neglect and improving outcomes for families. Although there are numerous challenges to implementing interprofessional education (IPE) in this context, research and existing programs highlight the potential for comprehensive reform of current practice and education. The authors describe a university-community partnership model for a master's degree program in child and family advocacy that exemplifies the opportunities and value of IPE. In so doing, they articulate an approach for addressing historical barriers from academia and professional disciplines to disrupt traditional structures and move towards a twenty-first century model of workforce development that best serves the needs of vulnerable, high-risk families.

Keywords Child maltreatment · Graduate education · Interprofessional education

We live in complex times, with both enormous societal problems and tremendous opportunities for innovation and reform. Solving society's greatest challenges requires a workforce whose members are educated with a depth of knowledge in their chosen field and a breadth of knowledge that allows for integration, synthesis, and meaningful collaboration across disciplines. As Dr. Martin Luther King, Jr., reminds us, "We are caught in an inescapable network of mutuality, tied in a single garment of destiny. Whatever affects **one** directly, affects **all** indirectly" (1964). Nowhere is this network of mutuality more evident than in the field of child maltreatment, a pervasive problem ripe for interdisciplinary training solutions. This paper proposes to disrupt the enduring siloes of graduate education for counselors, doctors, lawyers, nurses, psychologists,

✉ Cindy W. Christian
Christian@email.chop.edu

social workers, and teachers—the professionals who educate, serve, and treat children and families. We envision a new paradigm for training future leaders in child welfare to prevent child maltreatment and prioritize holistic child and family well-being.

The Roots of our Current Lack of Interdisciplinary Collaboration in Child Welfare

Currently, the systems and professionals that serve the most marginalized children and families struggle to engage in interdisciplinary collaboration, thereby failing to adequately address the needs of at-risk youth and families (Palinkas et al. 2012). Vulnerable children and families are most impacted by the fragmented state of insular, segregated health, educational, and social welfare services. Rarely working together, even experienced professionals find these individual systems difficult to navigate. As such, barriers that prevent youth and families from accessing evidence-based interventions to prevent child welfare and juvenile justice involvement persist despite significant evidence of the benefits of an interdisciplinary partnership (Garcia et al. 2015).

Our current national approach to child and family well-being remains grounded in a complex and non-integrated infrastructure with minimal interest in or political will for systemic reform. From our experience as university faculty who train the next generation of professionals, academics have limited ability to change the daily practices in existing systems serving vulnerable children and families. However, graduate school faculty significantly impact the pedagogical methods and goals for teaching nurses, doctors, lawyers, teachers, counselors, social workers, and others. By definition, interprofessional education (IPE) is about “shifting the culture from the start” (Meleis 2016) to achieve our goal of fundamentally improving outcomes for children. By dismantling the current siloed approach to graduate education, future professionals can learn from the onset of their careers to work together in ways that allow each professional group to utilize their full scope of practice while joining forces to prevent child maltreatment and improve the overall well-being of children and families.

Every discipline purports to socialize new practitioners with the foundational premise that children and families should be the central focus of practice. The reality is that most professionals who serve children and families train largely in isolation from one another, despite decades of calls for high-quality, cross-disciplinary training (Institute of Medicine 1972, 2011; National Academies of Sciences, Engineering, and Medicine 2016). From conflicting schedules to perceived ethical constraints, there are far more obstacles than facilitators to collaboration throughout the graduate education process. Indeed, a major challenge to interdisciplinary practice is rooted in the late nineteenth and twentieth century reforms that codified professions, creating practice acts and regulatory apparatuses. The reforms brought much needed order and accountability to American society (Stevens 1998; Wiebe 1967), and also the unintended consequence that it became difficult—even impossible—to provide true interdisciplinary training, especially in a nation where a limited public investment in higher education compels a sense that every minute must “count” for something in professional training.

Although we understand the historical context in which disciplines emerged with their own strong identities and standards, these professionally segregated structures unintentionally produce practitioners who tend to view problems and solutions

narrowly. As a result, the practitioner construes their role as either all powerful or helpless—oftentimes depending upon the differential power afforded to their professional role—to respond to the needs before them. Without the training and experience of partnering with other professionals, it is difficult to create opportunities—formally or informally—where solutions from all disciplines are equally valued and considered.

Disrupting Existing Silos and Professional Hierarchies

The lack of meaningful interdisciplinary practice also reinforces the power and status differentials embedded in these separate educational structures. More explicitly, there is a documented lack of valuing other disciplines and skillsets outside of one's own, particularly when those disciplines carry greater professional cache and power (Barnsteiner et al. 2007). The resulting chain reaction in child welfare diminishes the value of disciplines such as social work and education and overly prioritizes the role of medicine and law in family's lives. In the words of Meleis (2016), we must “level the playing field to create a just culture of interprofessional players.” Inequity in professional practice ultimately impacts how care is delivered to children and families (Anderson 2014, in Meleis 2016). Absent disruption of these professional silos and hierarchies from the beginning of professional training, meaningful reform, and interventions for vulnerable children and families will be limited. Far from being a threat to the identity and power of any one field, IPE enhances discipline-specific training by extending the perspectives, dispositions, and skills of each profession through sophisticated relationships and collaborations with the others.

A New Paradigm in Interdisciplinary Professional Education

As we see in our own limited interprofessional university programs, students from medicine, nursing, law, education, social work, and psychology all benefit from interdisciplinary training. These established opportunities align with the accreditation requirements of each discipline's professional bodies and highlight the opportunity to disrupt traditional graduate education. For example, clinical psychology students at our university can do a year-long clinical practicum at Children's Hospital of Philadelphia, where they work with an interdisciplinary team of child abuse pediatricians, nurses, psychologists, and social workers. Penn Law and social work students can enroll in the law school's Interdisciplinary Child Advocacy Clinic where they holistically represent youth involved in the local child welfare system. The seminar's curriculum emphasizes lessons from social work, adolescent development, and mental health research, with interdisciplinary faculty both teaching the seminar and supervising the experiential casework. Enrolled students learn the fundamental skills of collaboration and teamwork with the explicit goal of improving child well-being, while developing a greater understanding and respect of the other profession's training, expertise, and roles.

Opportunities for meaningful interdisciplinary education like these exist, but they are far too limited and rarely institutionalized in comprehensive graduate education programs to develop a workforce adequately prepared to tackle the complex issues surrounding child maltreatment and family dysfunction. Even the prior examples of formal collaborations in graduate education are limited to only two professions—psychology and medicine, and law

and social work. Indeed, what would a graduate education program in child and family advocacy look like if it was defined by interprofessional partnerships? And what opportunities for disruption and reform would inevitably flow from those interactions?

Challenges to Interprofessional Education

For decades, university leaders have sought unsuccessfully to reimagine both undergraduate and graduate IPE. Eminent institutions such as the National Academy of the Sciences, the National Academy of Engineering, and the Institute of Medicine (2005) have provided recommendations to academic universities with the goal of stimulating new research and supporting interdisciplinary work. Many of the identified barriers to IPE are rooted in the existing constructs of graduate education which we experience in our own fields, such as differences in degree requirements and timetables, challenges to scheduling, faculty promotion requirements, and financial funding across disciplines (Barnsteiner et al. 2007; Gilbert 2005).

Since our targeted students are pursuing professional training, they are subject to the accreditation standards and licensure requirements for their respective disciplines, including the American Psychological Association, the Liaison Committee on Medical Education (LCME), the American Association of Law Schools, the Council on Social Work Education, and a range of nursing accrediting bodies, including the Commission on the Collegiate Nursing Education and the Accreditation Commission for Education in Nursing. In order to create IPE in child and family advocacy, a university must either find a way to provide educational opportunities that are aligned with the standards of the relevant professional bodies or must lobby the professional bodies to allow for greater flexibility in training.

The need for IPE and training in child and family advocacy has long been recognized, and in decades past, the government attempted to institutionalize interdisciplinary graduate education for medical, psychology, and social work students through targeted financial support (Gallmeier and Bonner 1992). In the mid-1980s, the federal government, through the National Center on Child Abuse and Neglect (NCAAN), provided financial support to ten geographically diverse universities to establish interdisciplinary graduate-level programs. These programs were based primarily in schools of medicine or social work, included broad faculty participation, and attracted students from diverse fields of study. A recent review of outcomes suggests that IPE in child welfare resulted in sustained contributions to the field through clinical work, treatment, prevention, and research (Yamaoka et al. 2019). Unfortunately, funding for these programs ceased after the first three years, and with one exception, none of these programs still exists. In fact, most IPE programs in child welfare are currently short-term and limited in scope (Yamaoka et al. 2019). Despite the demonstrated need, most professionals who work in this field are educated without the critical interprofessional knowledge and skills needed for effective, impactful work.

A Paradigm for Educating Child Welfare Professionals

A new approach to educating and training that redefines what it means to work as a professional in the field of child welfare and child well-being is required. In order to

elevate the field and end child abuse and neglect, IPE is the standard by which graduate students must be trained. As faculty who were trained in academic silos, we recognize that our impact and scholarship is significantly enhanced by interprofessional collaboration. Furthermore, as faculty who continue to practice in our respective fields and supervise graduate students, we see firsthand the transformative nature of IPE for enhancing professional best practices and expanding opportunities for reform. Realizing this goal, however, will require changes in university structures and the commitment of stakeholders at the individual, institutional, government, and professional levels (Lawlis et al. 2014).

Much of the literature on IPE describes challenges that hinder its implementation, while only a few focus on strategies that encourage IPE. Recent publications have identified specific elements to the successful realization and sustainability of IPE, including reimagined graduate education funding, changes in university organizational structures, support by senior leadership, broad faculty commitment, and a focus on the student experience (Dubrow et al. 2009; Holley 2009; Roth and Elrod 2012). Using these strategies to create and sustain IPE opportunities, we can reconsider pedagogical best practices and develop new interprofessional coursework and innovative experiential placements for training.

Widespread reform in graduate education can be achieved in two ways. First, there might be bottom-up efforts by universities that have succeeded in developing high-quality interprofessional programs. These schools might advance IPE by demonstrating the success of their programs over training-as-usual. Second, change might be achieved from top-down efforts on the part of accrediting organizations in recognizing the growing need for interdisciplinary training. Accreditation bodies may be motivated by the recognition that *all* of society benefits when children are realizing their potential to develop into productive and healthy adults.

A Disruptive IPE in Child and Family Advocacy

Guided by the principles described above for successful and sustainable IPE, our cross-disciplinary group has articulated a vision for graduate-level training for students in varied disciplines—medicine, social work, nursing, education, law, and psychology—culminating in a *master's degree in child and family advocacy* that is focused on revolutionizing child welfare practice. This vision recognizes the constraints of existing university and disciplinary structures and works around presumed barriers to identify common goals that bring these disparate training programs together with a shared mission and a common set of knowledge, skills, and professional dispositions necessary to be effective child and family advocates and professionals (Fig. 1).

Our unified program has three central required components: (1) foundational and advanced coursework that prepares students for working with vulnerable children and families in child welfare serving systems, (2) interprofessional classroom experiences that both model and guide skills and dispositions as interprofessional practitioners, and (3) an intensive and extensive interprofessional field experience created through a university-child welfare community partnership that provides students the opportunity to engage in interprofessional practice. By the program's completion, graduate students

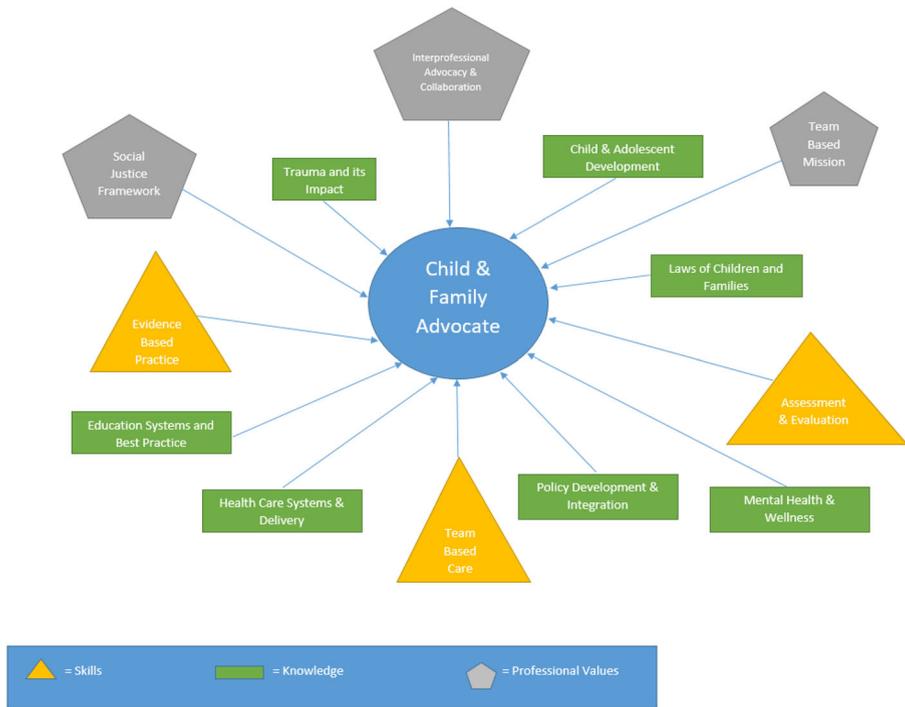


Fig. 1 Child and family advocate core competencies

will be able to work across disciplines, identify gaps in current practice, and develop interprofessional reforms to the systems serving children and families.

Our model acknowledges the diverse discipline-specific starting points of our target population by allowing students from different professional schools their own points of entry into the program. Each discipline has identified a set of existing courses that meet the common program standards for training in human development and skill development for working with children and families. Students will also have access to a selected menu of courses for cross-registration that offer interprofessional knowledge and skill development.

In the cornerstone experiences of our program, students will participate in an integrative interdisciplinary course co-taught by interprofessional faculty. Graduate students will learn, for example, the substantive knowledge of trauma-informed care, culturally driven practices, interprofessional collaboration strategies, and the history of the current child welfare system.

In the experiential component, students will receive ongoing mentorship and guidance from leaders/field instructors within child welfare who engage in interprofessional practice. In this setting, they will be assigned to work collaboratively on cases to conduct assessments and develop comprehensive plans to promote child and family well-being, all the while learning alongside each other as they each share knowledge about the mission, vision, principles, and ethics of their own respective profession. Students will be challenged to dialog and eventually come to a consensus about how to move from theory to action. Cases may involve addressing the needs of youth who are dually involved in the child welfare and

juvenile justice systems but need health and mental health treatment and individualized education programs to address exposure of adverse childhood experiences and/or disabilities. Implicit in the model is moving beyond the typical role of field placements that only replicate the siloed practice of social work students working with social workers and law students supervised by lawyers in a predominantly legal setting. These kinds of in vivo situations require that our graduate students work together to grapple with the challenges facing children and families.

As faculty who have worked collaboratively over many years on child advocacy issues, we understand the importance of sustained cooperation in developing the trust that is needed across disciplines to reform child welfare. In this spirit, we propose that universities strategically partner with local or state child welfare agencies for the experiential learning/field placement component of the master's program. We envision law students, nursing students, medical students, education students, psychology students, and social work students working collaboratively within local and state child welfare agencies. This vision not only enhances the education of students but also the work of these agencies, with students and university faculty working together and supporting the agency's work. Meleis (2016) points out that IPE is actually easier to implement in community-based education, and we have integrated that argument in this model.

While receiving mentorship from their field instructors, students will also participate in an interprofessional seminar where they will process cases they are assigned to in the field. Scholars from the aforementioned disciplines will partner in the classroom to model the principles of interprofessional practice and ensure students learn to engage in debate, compromise, and consensus. As part of the seminar, students will complete a capstone project that involves reviewing prior literature and collecting primary data to address gaps related to an issue of concern for a specific segment of the child and youth population. Relying upon their results, they will be asked to develop recommendations for improving interprofessional practice and systems' policies. We believe these pedagogical examples will help actualize our vision for training generations of interprofessional leaders, advocates, and practitioners who are equipped to promote child well-being.

Funding for our proposed master's program in child and family advocacy requires governmental investment as well as university support. Imagine the possibilities for disruption if an Integrative Graduate Education and Research Traineeship IGERT program (National Science Foundation 2015)—which was shuttered in 2015—was redeveloped in the field of child advocacy and protection through the Children's Bureau. Alternately, federal, state, and local government funding might support a master's degree in child and family advocacy, with student loan repayment programs that require post-graduate work in the child welfare field, incentivizing students to engage in the interdisciplinary specialization from the beginning of their graduate program. Developing university centers for IPE and training of future leaders in child advocacy and protection supports the interdisciplinary nature of this work, capitalizes on the emerging trend towards joint and dual-degree offerings available at many universities, and raises the prestige of the work for many of the represented fields. Most importantly, the training of graduate students requires that universities provide them with access to faculty and experiences across disciplines that are essential to their professional development. As Wilkes and Kennedy lament, the IPE curriculum as it stands today lacks the core ingredient of *relationships*, which requires repeated longitudinal interactions that include time to get to know one another (Wilkes and Kennedy

2017). We believe that our master's program puts relationships—between students of varied disciplines, between students and faculty across professional fields, and between university and the child welfare community—at the center. Finally, we are realists, and know that re-envisioning graduate education at a single university might seem like a small step that will not end child maltreatment. But most transformative societal changes do not spring fully formed—rather, they build on small, great ideas that trailblazers have already accomplished. Indeed, you move a mountain one stone at a time. Creating an integrated workforce to address the pressing family problems of our times starts with education, and we intend to develop a program that will be ready when there is sufficient political will for transformation.

Conclusion

We believe that disrupting existing pedagogical paradigms will ensure that future leaders, scholars, and practitioners are equipped with the broad knowledge, capacity, and motivation to collaborate with their peers across the varied systems that impact the lives of children and families. Indeed, our work as both faculty and practitioners suggests that IPE is an imperative if we aim to improve the current child welfare system. By integrating knowledge, we can more meaningfully and productively move towards the shared professional goals of ending child abuse and neglect, improving child welfare, and focusing on child and family well-being.

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Affiliations

Cindy W. Christian^{1,2} · Kara R. Finck³ · Cynthia Connolly⁴ · Sara Jaffee⁵ ·
Johanna Greeson⁶ · Antonio Garcia⁷ · Stacey L. Carlough⁸ · Caroline L. Watts⁹

¹ The Children's Hospital of Philadelphia, 3401 Civic Center Blvd., Buerger 12105, Philadelphia, PA 19104, USA

² The Perelman School of Medicine, University of Pennsylvania, Philadelphia, PA, USA

³ University of Pennsylvania Carey School of Law, Philadelphia, PA, USA

⁴ Barbara Bates Center for the Study of the History of Nursing, University of Pennsylvania School of Nursing, Philadelphia, PA, USA

⁵ Department of Psychology, University of Pennsylvania, Philadelphia, PA, USA

⁶ University of Pennsylvania School of Social Policy & Practice, Philadelphia, PA, USA

⁷ College of Social Work, University of Kentucky, Lexington, KY, USA

⁸ The Graduate School Alliance for Field Practice, The Child Advocacy and Welfare Project, University of Pennsylvania, Philadelphia, PA, USA

⁹ Division of Human Development and Quantitative Methods, University of Pennsylvania Graduate School of Education, Philadelphia, PA, USA