

**Michigan State University and Social Dynamics, LLC**  
**IES Grant Proposal Abstract**  
**March 26, 2012**

**OVERVIEW**

Michigan State University (MSU) and Social Dynamics, LLC (SD) are seeking an IES grant for the development of an Internet-based professional development system (PDS) designed to mitigate the abuse and neglect of children with disabilities. While an estimated 772,000 children annually are victims of abuse or neglect, the difference in the victimization rates of children with disabilities (31%) and without disabilities (.09%) is extraordinarily large. In addition, 10% of boys and 25% of girls with typical hearing experience sexual abuse each year, compared to 54% of boys and 50% of girls who are deaf or hard of hearing (Sullivan, Vernon, Scanlan, John, 1987). These statistics obviate the need for a national professional development platform upon which abuse and neglect practitioners/service providers and parents, can become better educated about ways to identify child abuse and neglect and implement strategies that ensure the safety of the nation's youngest citizens.

The MSU/SD project team has partnered with Revolution Health to deploy the PDS. Revolution Health is an Internet-based consumer-centric healthcare company that hosts a state-of-the-art online learning environment for a multitude of consumer and practitioner groups. The Revolution Health online learning environment will be used to deploy the professional development system in randomly selected geographical areas.

**RESEARCH**

The research component for this development grant is a comprehensive implementation, outcome and random assignment impact study. The implementation component includes the collection of information from individual PDS participants (e.g. abuse and neglect practitioners/service providers and parents) as well as systems level information from stakeholders in 20 counties located in the Mid-Atlantic region of the United States, which will be randomly assigned to a treatment group or control group. The implementation/process study includes longitudinal data collection to collect and analyze the dynamics of implementation and knowledge transfer, including how PDS content is utilized by participants and their organizations to spread awareness and knowledge of child abuse and neglect prevention and identification. This effort will include a detailed social network analysis designed to document the implementation and utilization of PDS content throughout the local abuse and neglect systems in the 20 treatment group and comparison group counties.

The outcome evaluation provides findings on stakeholder outcomes (e.g. increases in awareness and understanding of child abuse and neglect prevention) and systems level outcomes, including the development of partnerships and collaborations among private and public agencies that serve young children and their families, reporting mechanisms designed to facilitate the sharing of information with both practitioners and parents, and increases in the number of children reporting abuse and neglect to their teachers, parents or other adult

caregivers. The impact evaluation focuses on comparing results between the treatment and control group. To the extent feasible, the evaluation will use covariates from the implementation/process evaluation to identify the effects of county-specific outcomes. The implementation/process evaluation also will document the implementation impact of the abuse and neglect strategies covered by the Professional Development System. Because county and participant characteristics may have significant influence on program effects, data regarding these characteristics will be collected to measure their influence on program outcomes.

The proposed study aims to answer six main questions:

1. What Professional Development System deployment issues were identified? How were these issues resolved?
2. What are the factors that influence the adoption and transfer of knowledge of the Professional Development System by abuse and neglect practitioners, service providers and parents? How do these factors vary by participant group?
3. What are the impacts of the Professional Development System on participant utilization and program outcomes?
4. What approaches to the adoption and implementation of the content of the Professional Development System appear to be the most successful in terms of knowledge transfer and implementation?
5. What are the challenges that need to be addressed to improve child abuse and neglect systems at the county level?
6. What system changes need to be made to overcome these challenges?
7. What best practices address these system changes?

## **CURRICULUM**

The proposed curriculum will differ from traditional abuse prevention curricula in several ways. First, it will focus specifically on children with special needs, a population that is not only more susceptible to all types of abuse and neglect but also more difficult to detect. Second, it will utilize state-of-the-art technology that makes participation accessible, cost-effective, and easily tailored to specific audiences. Finally, the curriculum will be available to child abuse and neglect practitioners/service providers and parents. In order to facilitate knowledge transfer and utilization of the strategies included in the PDS, the curriculum will be based on existing research in the areas of professional development, children with special needs, abuse and neglect recognition and prevention, and curriculum development. In addition, the curriculum will include both group interactive and on-line training components for treatment group participants in 10 counties; strategies for identifying the existence of child abuse or neglect; strategies for communicating with practitioners and service providers, including teachers, counselors and other adult caregivers; videos with practice guides; and live interactive chat sessions with MSU child abuse and neglect experts.

## Next Steps:

- Establish formal Michigan State University/Social Dynamics, LLC partnership
- Outline IES proposal with writing assignments
- Prepare preliminary budget
- Identify and contact partner organization and establish teaming agreement (e.g. Revolution Health, ChildHealth)
  
- People and Organizations to Consider
  - ChildHelp.org
  - Chris Newland - International Child Advocacy Centers - no training for students with special needs.
  - Association of College Educators
  - Council for Exceptional Children
  - Hands and Voices call center
- Other things to keep in mind/consider:
  - Birth to three is the most vulnerable time for abuse and neglect. We could consider a focus on Early Intervention. Harold is already involved with the Early Hearing Detection and Intervention (EHDI).
  - We could think about professional development at various levels.
    - Can technology be a useful PD tool at different levels?
  - We might want to begin with a smaller geographical area.
  - We need to be aware that if the PD is successful, there will be an increase in the number of referrals due to an increased awareness.
- A social network analysis to try and map out how knowledge spread throughout the organization (system after people receive training).
  - We should think about highlighting the knowledge transfer process in the proposal.
  - We can consider the system and stakeholders and how they might respond to this professional development.

- Eventually:
  - Use IEPs and IFSPs as tools for preventing abuse and neglect
    - Connections between self-advocacy, academic achievement, and abuse prevention.
    - Policy changes
    - Inclusion of abuse prevention in IFSPs and IEPs