VISION FOR THE FUTURE

Randell Alexander, MD, PhD
Director, Center for Child Abuse
Associate Professor of Pediatrics
Morehouse School of Medicine, Atlanta, GA

May 25, 2010. 9:03 a.m.

The medical director sits down at the computer and checks e-mail. About an hour's worth of discussion on the list serve alone. It seems the topic is about getting more time in the medical student curriculum. Maybe later today... He logs into his center's network software – looks like a peer review session in about an hour. Better check yesterday's medical exams.

One of the center's physicians has a question about a finding on a sexual abuse examination of an 8-year-old. On another case, the nurse practitioner consulted on a 2-year-old boy in the burn unit at the end of the day. Looks like both of the cases not only had interesting injuries, but as usual they found other medical, developmental, and social problems requiring evaluation and treatment. The skeletal survey of the toddler, which shows a metaphyseal fracture of the left radius, already has been attached to the electronic record of the medical chart. The DA and police will get an electronic report later today with pictures and the abnormal x-ray, along with hyperlinks that will provide references and explain these types of injuries in greater detail. A forensic interview already has been set up for the 8-year-old later this morning – maybe if the medical director has time at the end of the day, he will check the video stream of that interview and catch the highlights of what was found. Fortunately, the inhouse police and CPS already are working with the interviewers and have begun the appropriate community interventions. Maybe there are a few minor suggestions for both the examiners, but nothing substantial to add. He flags the two cases for the interdisciplinary students and notes that they will discuss them tomorrow.

Pausing a moment, the director thinks about how well trained the staff is these days – certainly an improvement over the old days before the CAPTA reauthorization of 2001. He remembers when the Administration and Congress authorized $100 million for University Child Abuse Programs (UCAPs). Took a page from the Developmental Disabilities University Affiliated Programs that had evolved for several decades. Like them, the Center was one of the first to set up an interdisciplinary training, research, and clinical program. Only 30 Centers in the first wave, now something like 70. Fortunately the states helped with the funding once they realized their obligation to protect children and how these centers of excellence eased some of the burden off CPS and made it easier for the courts. It even helped to bring stronger research skills to the child abuse prevention efforts. Of course, the federal match requirements helped.

The other cases look pretty typical, nothing that seems to be a problem. The DA's office should be receiving the reports this morning. It should be a pretty typical bunch of cases for the weekly multidisciplinary case conference. Checking his calendar, the director sees that he will be able to attend in person after all. Last week, he had to join by teleconference from Seattle.

Two cases just came in for review this morning from another center in the state, each physical and sexual abuse case looking for a second opinion. The first case isn't too bad, but the sexual abuse case is a puzzle. He makes a note to refer the case to a colleague on the other side of the country who specializes in this particular esoteric question. Probably will just send her the whole e-file and see what she thinks. Fortunately her UCAP salary will cover the consultation; otherwise, she could bill even if it is across state lines under the Uniform Medical Consultation Act of 2007.

An instant message just came in. A real-time sexual abuse evaluation from one of the satellite centers is being set up for early this afternoon. It is several hundred miles away, but the good news is that the nurse there is one of his most insightful staff members. After he participates in the interview and examination of the child via the telecommunication setup, he will have to remember to invite the nurse for a visit to the Center.

If the case is as bad as it sounds, he might have to testify. Luckily, the county where the satellite center is located is not so small that they don't have the proper teletestimony equipment. He should be able to save the time and expense of traveling, yet still make a real-time "appearance." Usually juvenile court is pretty good about this. But the odds are that the Center's findings will be clear enough that the case won't go to court. If it does go to trial, he will have to make sure that the DA has the proper program for her personal digital assistant so that she can follow direct and cross-examination guidelines and look up references and lines of argument for any issues that might arise as she sits in the courtroom. He reflects on how archaic it was just a few years ago, when attorneys relied mostly on memory and did not have instant access to a full list of resources via their wireless communicators. And the boxes they used to wheel into court... it is pretty rare to see that anymore.

Checking the list of participants who electronically logged into one of the Center's recent teleconferences on legal issues and child abuse, he sees that the prosecutor in that county knows about

•CONTINUED ON THE NEXT PAGE.

• CONTINUED FROM PREVIOUS PAGE.

the latest computer simulation software that she can select to illustrate the physical findings. By plugging the specific findings of this case into the program, it will generate an animation that will show locations and mechanisms of injury in general and weave actual footage of the case into the presentation. The latest program seems pretty seamless, but there is always the odd finding that could not have been anticipated by any program. Maybe this is job security for the humans, now that the computers and networks are so good for most everything else.

Time for the peer review session. This one is intra-state, and the medical director is in charge. Several cases are presented, and the examiners around the state are selecting their answers. Next comes a discussion. Now that the connection problem with the far Southwest site has been cleared up, he is receiving everyone's voice and image clearly. While the discussion proceeds, he checks the examination scores over the last month for the cases that were posted to their intranet. Everyone is keeping within the acceptable range. The discussion today is lively, and at the end there is time for procedural issues. The Northwest site is experimenting with infrared and ultraviolet scanners to see the incidence of "invisible" old lesions in patients as they come in. It seems that the neglect cases are the biggest challenge – an increased number of old lesions in some, but whether they were unreported physical abuse or poor supervision is proving to be hard to distinguish. In about 6 months there should be enough experience to decide whether the entire state system should get on board with this technology.

Finishing the session, the director reviews the day's schedule again. Meeting with state legislators coming to view the Center's operations at 3 p.m. State APSAC meeting at 5 p.m. Better get ready for the real-time sexual abuse evaluation early this afternoon. E-mail will have to wait. Because he has to meet with the legislators anyway, he might as well finish getting dressed, log off his home computer, and go into work. At least he has missed the worst traffic.

December 19, 2010. 2:23 p.m.

The CPS investigator pulls into the driveway. Checking her global positioning system (GPS) attachment to her personal digital assistant (PDA), she sees that she is in the right place. Before she approaches the house, she mentally reviews the past 24 hours.

Yesterday morning she went into the office for the staff meeting, held three times each week. Even though some districts use telecommuting links and the staff can choose whether to be at home or the office, her district is behind on getting the necessary equipment. Besides, she appreciates the periodic direct human contact. After a review of new state mandates and key cases, the meeting concluded with each investigator logging in for a 10-minute mini-lesson. Since this feature was added to the educational program three years ago, annual scores on didactic and interactive evaluations had shown a distinct improvement.

The rest of the morning was spent reviewing and updating files. In the afternoon, she attended the county child death review team meeting and then visited a child in the hospital who had several broken bones.

This morning she worked on several cases, interviewing a number of professionals, including her favorite police officer. Late this morning she received the report that brought her to this house. The allegation was that a 2-year-old was burned in a bathtub. First she reviewed the data files automatically downloaded with the investigative referral. No prior CPS involvement, no police record, but did receive intensive prevention services until the mother dropped out about 4 months ago. No stated reason why. Along with the police officer, she responded to the child's location in the hospital, per protocol, within 60 minutes. The child was in satisfactory shape in the burn unit, and interviews with the doctors went fairly quickly. They thought it looked like the child was dipped into the tub. They gave her a printout of the medical findings to date, along with photographs from their electronic record. She also was able to get their report downloaded into her PDA as an eventual attachment to the case report. The mother was not there, but was reportedly home taking care of another child. The police officer normally would come with her to the house, but had been called away for another emergency.

Approaching the house, the investigator makes several quick dictations into her PDA. The mother answers and has a noticeable black eye. Coming in, and logging her location by a touch of a button, the investigator begins a general conversation. During the conversation, she makes periodic electronic notes. At several key points she has the mother speak into the PDA. These voice files will be added to the CPS electronic record when it is completed.

It turns out that the mother has reported her boyfriend before for violence. He was directed to take a violence management course and completed it four months ago. Yesterday he was babysitting her 2- and 5-year-old children when he burned the former and bruised the latter. When she got home, she got hit. He left and she took her children to the ER.

The investigator discusses how such cases are managed and what options are available. She identifies a therapeutic need for the mother and her children. She dials up a therapist for the mother. The therapist is not in, but an interactive video automatically answers. The investigator has the mother watch it on her PDA. She sets up an appointment and prints out directions for the mother. Another therapist in the office can see the 5-year-old now. The therapist gets on the screen and talks briefly to the child over the PDA and sends some developmentally appropriate information and games to the child's e-mail address. This initial screen-to-screen contact helps to break the ice for the face-to-face contact to come later.

•CONTINUED ON THE NEXT PAGE.

• CONTINUED FROM PREVIOUS PAGE.

The mother admits that she quit the prevention program at the urging of her boyfriend. She now agrees to resume it. The investigator looks up the program contact information and gets one of the staff on-line. The mother has a discussion with the prevention worker about resuming the program, working on some remedial tasks, and inserting subprograms more specifically on family violence. The prevention worker sends a brief tutorial to the mother's e-mail for her to complete before a visitor comes tomorrow.

The investigator scrolls through a guideline for this situation and checks to see that she has covered everything. She finishes up with the mother and sets up an alert in her PDA for several days from now to check if the mother complies.

Outside, she forwards her information to the office. Automatically the case is abstracted and added to the master file for discussion at tomorrow's staffing. She sends off her findings to the police officer and asks to be contacted by the end of the day. Checking her messages, she finds nothing that requires a personal visit today. Time to head home, maybe put in another hour on the computer, and finish up with the latest 15-minute personal stress-reduction programming.