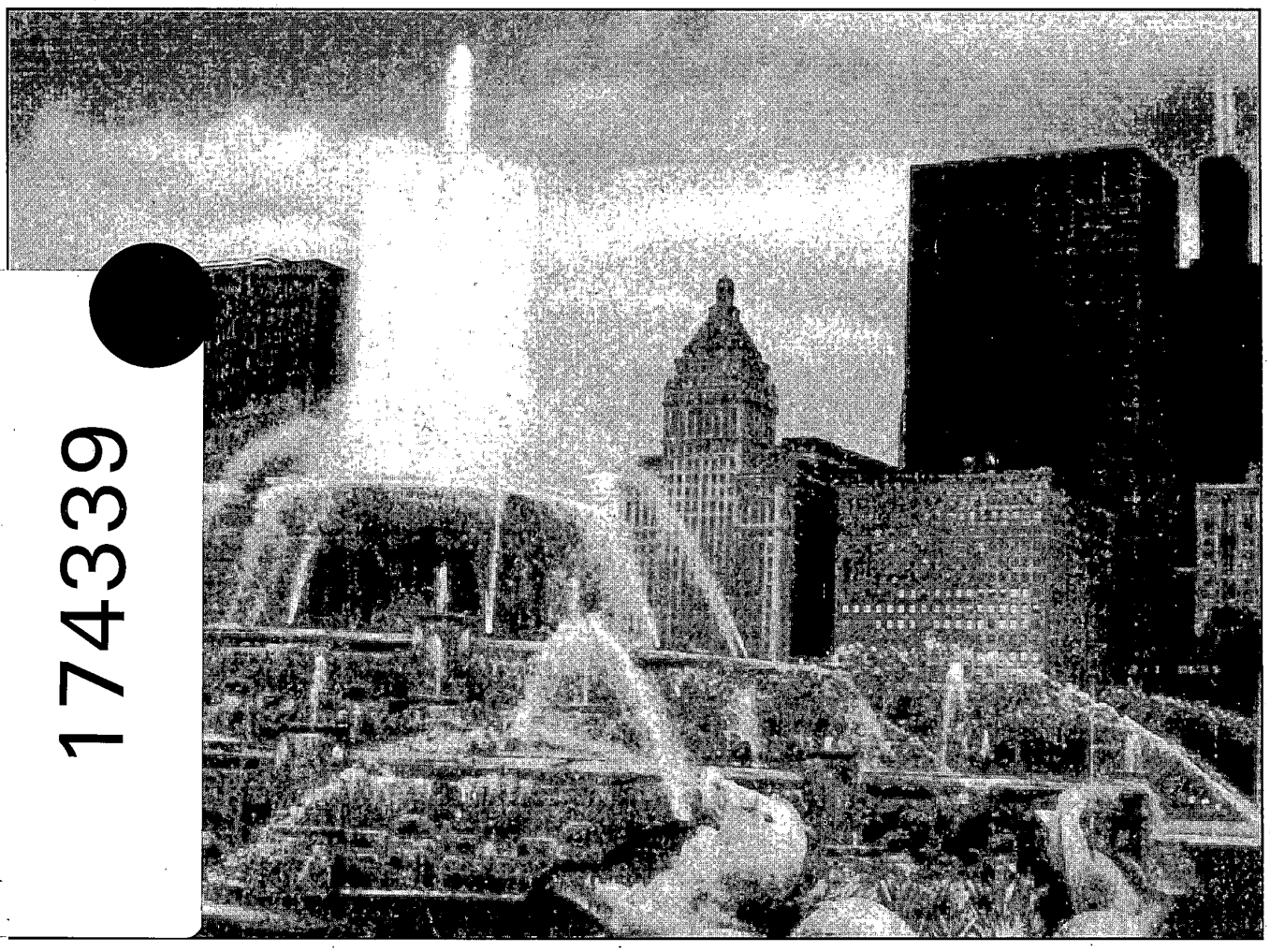
THE SIXTH ANNUAL NATIONAL COLLOQUIUM

APSAC

AMERICAN PROFESSIONAL SOCIETY ON THE ABUSE OF CHILDREN

JULY 8-12, 1998

Hyatt Regency Chicago on the Riverwalk
Chicago, Illinois



The National Clearinghouse on Child Abuse and Neglect Information is your resource for information on child maltreatment.

The National Clearinghouse on Child Abuse and Neglect Information is your key to the nation's largest collection of child maltreatment-related materials. The Clearinghouse provides practitioners with information about effective practices and programs to help you to identify, treat, and prevent child abuse and neglect. Researchers can obtain information about the latest findings of state-of-the-art studies and their implications.

As a service of the Children's Bureau, the Clearinghouse works to facilitate collaboration and coordination among programs throughout the country. By disseminating information to national organizations and professional networks, the Clearinghouse also works to increase public awareness of child maltreatment. Most of all, the Clearinghouse can help you find information on child abuse and neglect to meet your specif needs.

The Clearinghouse offers a variety of services and products designed to help you in your professional work. These include:

- User Manuals
- Annotated Bibliographies
- Reports
- Fact Sheets
- Resource Listings
- Research Reviews
- Custom Database Searches
- State Statutes Summaries

On-line child maltreatment information is at your fingertips. Visit the Clearinghouse home page at: **http://www.calib.com/nccanch.**

When you need answers about child abuse and neglect, call the Clearinghouse!

National Clearinghouse on Child Abuse and Neglect Information

An Information Resource for Professionals

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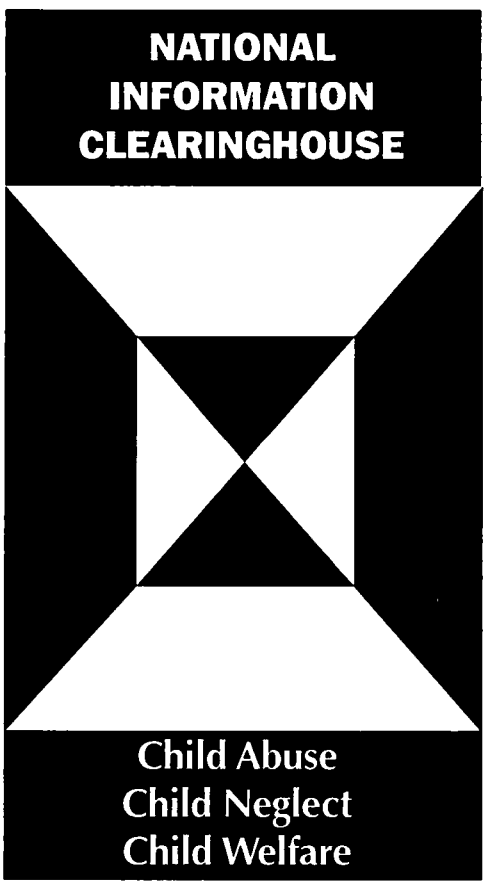
330 C Street SW ■ Washington, DC ■ 20447



The Clearinghouse is a service of the Children's Bureau, Administration on Children, Youth and Families, Administration for Children and Families, U.S. Department of Health and Human Services.

THE CENTER
Posttraumatic Disorders Program

SKILLED INTERVENTION FOR RAPID STABILIZATION

A national model in the treatment of adult posttraumatic syndromes, THE CENTER's innovative program provides rapid stabilization and essential training in self-management skills through the use of stage-oriented, cognitive and behavioral strategies. Our problem- and skill-focused continuum of care is designed to meet the individual needs of patients at different stages of treatment and respond to the challenges posed by a rapidly changing healthcare environment.

PROGRAM GOALS

- Assess individual needs and symptoms
- Determine individualized solution-focused treatment goals
- Stabilize and resolve crises
- Teach effective skills for self-management of symptoms
- Encourage increased levels of functioning
- Prepare patients for rapid return to outpatient treatment

PROGRAM HIGHLIGHTS

THE CENTER provides a safe, supportive environment where patients with posttraumatic conditions can work effectively toward accomplishing their treatment goals without the distractions often associated with a mixed treatment population. Close proximity between THE CENTER's inpatient and ambulatory care programs facilitates communication of clinical information and eases transition along the treatment continuum.

<u>Treatment is provided for:</u>

- depression
- Posttraumatic Stress Disorder
- anxiety disorders
- dissociative disorders
- addictive/compulsive behaviors
- dual diagnoses

<u>Program components include:</u>

- 23-hour observation bed
- 24-hour crisis intervention
- nursing care
- psycheducation
- individual & group psychotherapy
- expressive therapies
- family/couples therapy
- case management & aftercare planning

TREATMENT TEAM

THE CENTER's professional team combines years of expertise in mental health assessment, diagnosis, and treatment with specialized training in posttraumatic disorders and related syndromes. Ongoing communication and partnership with referral sources insures continuity of care for each patient. Our interdisciplinary staff includes:

- psychiatrists
- psychologists
- clinical social workers
- expressive therapists
- psychiatric nurses
- counselors/psych. techs.

ADMISSION

The hospital's Clinical Assessment Center is open 24-hours-a-day, seven-days-a-week to answer questions about THE CENTER and to arrange admission; call 800/369-2273 or 202/965-8521. Our Program Administrator, Florence Hannigan, may be reached during business hours at 202/965-8544.

Please see other side

THE PSYCHIATRIC INSTITUTE OF WASHINGTON
4228 Wisconsin Avenue, NW • Washington, DC 20016
Phone: 202/965-8456 • Fax: 202/965-8452

THE CENTER
Posttraumatic Disorders Program

SPECIALIAZED CONTINUITY OF CARE

THE CENTER programs are organized around key therapeutic activities scaled to each patient's level of acuity in both the inpatient and outpatient ambulatory settings. These include:

- Comprehensive Problem- and Skill-Focused Assessment & Treatment Planning
- Individualized Goal-Setting
- Individual Skill-Building for Self-Management
- Individual Therapy (inpatient only)
- PsychEducation
- Group Therapy
- Expressive Therapies
- Case Management & Family Interventions
- Medication & Medical Management

INPATIENT SERVICES

The **Inpatient Program** at THE CENTER offers a highly structured 7-day-a-week treatment schedule and 24-hour nursing care. It is designed to promote rapid stabilization of acute symptoms often associated with posttraumatic disorders and related conditions. Treatment is problem- and skill-based and follows individualized assessment and treatment planning.

OUTPATIENT AMBULATORY SERVICES

Outpatient services at three levels of intensity are offered through THE DAY CENTER:

The **Partial Hospitalization Program** serves patients in need of an intensive structured environment in which to address acute symptoms. It provides an alternative to inpatient hospitalization or it can be utilized to shorten the length of an inpatient stay. Patients attend programming three or more full days per week and receive medical and medication monitoring in addition to individual case management. The daily schedule is composed of four carefully sequenced groups that focus on the development of essential coping skills. Individualized treatment plans encourage maximal levels of functioning away from the treatment setting and are designed to expedite transition to less intensive levels of treatment. Communication with outpatient providers is ongoing to promote coordination of patient care.

The **Intensive Outpatient** and **Structured Outpatient Programs** offer wide flexibility for those patients who do not require either inpatient or partial hospitalization levels of care, but who are in need of more highly structured and intensive interventions than can be offered in conventional outpatient settings. Customized treatment schedules are planned to address the patient's individual needs. Medical and medication consultation are available as needed.

Please see other side

THE PSYCHIATRIC INSTITUTE OF WASHINGTON
4228 Wisconsin Avenue, NW ∘ Washington, DC 20016
Phone: 202/965-8456 ∘ Fax: 202/965-8452

SURVEY -- Sanctions Against Child Abuse Professionals

PLEASE COMPLETE THIS SURVEY EVEN IF YOU HAVE NOT EXPERIENCED ANY NEGATIVE REPERCUSSIONS IN YOUR WORK.

We want to make this survey as representative as possible of the experiences of the APSAC membership.

1. Have you ever experienced any sanctions or pressures related to reporting a case of suspected child maltreatment?

- ☐ Yes
- ☐ No

If yes, please check all those that apply:

- ☐ a. Sanctions by an employer.
- ☐ b. Agency grievance.
- ☐ c. Complaint to a licensing board.
- ☐ d. Complaint to a professional organization.
- ☐ e. Threat of bodily harm, stalking, and/or picketing.
- ☐ f. Bodily harm.
- ☐ g. Threat of a lawsuit.
- ☐ h. Having a lawsuit filed against you.
- ☐ What were the specific charges? _____
- ☐ i. Going to trial in a lawsuit.

What was the outcome of the trial? _____

1a. Have sanctions or pressures affected your willingness to report suspected maltreatment?

- ☐ Yes
- ☐ No

If yes, how? _____

2. Have you ever experienced any sanctions or pressures related to cooperating with a CPS investigation or conducting an evaluation of possible child maltreatment?

- ☐ Yes
- ☐ No

If yes, please check all those that apply:

- ☐ a. Sanctions by an employer.
- ☐ b. Agency grievance.
- ☐ c. Complaint to a licensing board.
- ☐ d. Complaint to a professional organization.
- ☐ e. Threat of bodily harm, stalking, and/or picketing.
- ☐ f. Bodily harm.
- ☐ g. Threat of a lawsuit.
- ☐ h. Having a lawsuit filed against you.

What were the specific charges? _____

- ☐ i. Going to trial in a lawsuit.

What was the outcome of the trial? _____

2a. Have sanctions or pressures affected your willingness to cooperate in or to evaluate cases of suspected child maltreatment?

- ❑ Yes
- ❑ No

If yes, how? _____

3. Have you experienced any sanctions or pressures related to your therapy or other intervention in a case of child maltreatment?

- ❑ Yes
- ❑ No

If yes, please check all those that apply:

- ❑ a. Sanctions by an employer.
- ❑ b. Agency grievance.
- ❑ c. Complaint to a licensing board.
- ❑ d. Complaint to a professional organization.
- ❑ e. Threat of bodily harm, stalking, and/or picketing.
- ❑ f. Bodily harm.
- ❑ g. Threat of a lawsuit.
- ❑ h. Having a lawsuit filed against you.

What were the specific charges? _____

- ❑ i. Going to trial in a lawsuit.

What was the outcome of the trial? _____

3a. Have repercussions affected your willingness to treat or how you treat cases of possible child maltreatment?

- ❑ Yes
- ❑ No

If yes, how? _____

3b. Has the quality of any therapeutic or helping relationship been permanently affected by your making a mandated report of suspected maltreatment?

- ❑ Yes
- ❑ No

If yes, how? _____

Which therapeutic relationship was affected? (check all that apply)

- ❑ Relationship with the client/child
- ❑ Relationship with the parents

3c. Have you experienced any negative repercussions regarding your professional activity as a result of either making a mandated report or cooperating in a CPS investigation?

- ❑ Yes
- ❑ No

If yes, please check all those that apply:

- ❑ a. Permanent damage to professional reputation.
- ❑ b. Decrease in professional referrals from community.
- ❑ c. Other loss of business (e.g., existing clients seeking services elsewhere).
- ❑ d. Other negative repercussions: _____

To help us gauge the applicability of these survey results to APSAC's membership as a whole, please provide the following demographic information.

4. How long have you been an APSAC member? (Please circle one.)
<1 yr. 1-2 yrs. 3-4 yrs. 4-5 yrs. >5 yrs.

5. What is your professional discipline?
- ❑ a. Mental health
- ❑ b. Law
- ❑ c. Medicine or Nursing
- ❑ d. Law Enforcement
- ❑ e. CPS
- ❑ f. Prevention
- ❑ g. Other _____

6. In what work setting do you practice?
- ❑ a. Public social services
- ❑ b. Hospital/medical facility
- ❑ c. Voluntary social agency
- ❑ d. Educational institution
- ❑ e. Law enforcement agency
- ❑ f. Court
- ❑ g. Private practice
- ❑ f. Other _____

7. What populations do you usually work with? (check all that apply)
- ❑ a. Adults
- ❑ b. Adolescents
- ❑ c. Children
- ❑ e. Families
- ❑ f. Parents
- ❑ g. Other _____

Please complete and return this Survey on-site during the 1998 Colloquium to the "Survey Drop-Off Box" in the Colloquium Registration Area or mail it, no later than August 7, 1998 to:

Kathleen Coulborn Faller, PhD,
Professor, School of Social Work
University of Michigan
1080 S. University Ave.
Ann Arbor, MI 48109-1106

Note: Results of this survey will be reported in an upcoming issue of the "APSAC Advisor" and/or "Child Maltreatment" Journal.

Thank You.

7/1/98

329F Developing Effective Multidisciplinary Investigation Teams (1T) *Theodore Cross, PhD and Robin Spath, MSW*

330F Family Preservation and Child Welfare Network: Linking Data with the Human Service Community (1T) *Kathy Belew, MSW, MPH*

332F Creating Crisis: A Challenge to Family Preservation (1T) *James Henry, PhD*

333F Meeting Corporal Punishment Defenses in Physical Abuse Cases (1T) *Victor Vieth, JD*

335F OJJDP Initiative Concerning Child Abuse (1T) *John Wilson, JD, MBA*

337F Integration Techniques for Children and Adolescents with Dissociative Disorder (1T) *Joyanna Silberg, PhD*

343F Program Evaluation: Making It Work For Everyone (1T) *Joseph Youngblood*

344F Lessons from Lawsuits (1T) *Kathleen Coulborn Faller, PhD, ACSW and Kee MacFarlane, MSW*

345F Bridging the Gap Between Risk Assessment and Case Planning (1T) *Jill Levenson, MSW; Cindy Lawlor, MS; and Deborah Trinka, MSW*

348F The Sex Offender Continuum (1T) *Ken Lanning, MS*

349F Medical Evaluation of Child Sexual Abuse (1T) *Carole Jenny, MD*

350F Parent-Child Interaction Therapy: A Dynamic and Dyadic Treatment for Physically Abusive and High-Risk Families (1T) *Anthony Urquiza, PhD and Cheryl McNeil, PhD*

351F Attachment/Interaction Issues in Reunification of Families (1T) *Rizwan Shaw, MD, FAAP*

352F Developing a Children's Advocacy Center in Your Community (1T) *Erin Sorenson, MA*

353F Domestic Violence and Child Maltreatment: Implications for Nursing Practice (1T) *Joyce Thomas, RN, MPH, PNP*

354F Research Symposium IV: What Emerging Research Tells Us About the Co-Occurrence of Interpersonal Violence and Animal Maltreatment in the Family: Interpersonal Abuse and Animal Maltreatment in the Family: Clinical, Research and Policy Issues (1T) *Frank Ascione, PhD; Barbara Boat, PhD; Randell Lockwood, PhD*

356F What Treatment Outcome Research Can Offer Treating Clinicians (2T) *Ben Saunders, PhD; Esther Deblinger, PhD; Judith Cohen, MD; David Kolko, PhD; Lucy Berliner, MSW; and Anthony Mannarino, PhD*

402S Intervention with Children Exposed to Domestic Violence (2T) *Anthony Mannarino, PhD*

404S Planning Effective Treatment and Balancing Constraints in Public Welfare (2T) *Wayne Holder, MSW and Terry Roe Lund*

405S Working with Families to Reduce the Risk of Neglect (2T) *Diane DePanfilis, PhD, MSW and Howard Dubowitz, MD*

406S Challenging Expert Testimony Regarding Suggestibility in Court (2T) *Brian Holmgren, JD and Tom Lyon, JD*

407S Suspect Interrogation in Child Abuse Investigations (2T) *Lieutenant Bill Walsh*

408S Literature Review on Physical Abuse, Neglect and Sexual Abuse (2T) *Robert Reece, MD and Carole Jenny, MD*

410S Using Standardized Assessment Measures with Abuse Families (2T) *Dan Smith, PhD*

411S Early Intervention Research (2T) *Deborah Daro, PhD*

412S Children and the Internet (1T) *Peter Banks*

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Audiotape Prices for APSAC Members

	Tapes Ordered On-Site*	Mail Order
1T series	$11.50	$12.95
2T series	$19.50	$21.95
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(Nonmembers: add $4 per series)

* Tapes will be shipped 4-6 weeks after the Colloquium

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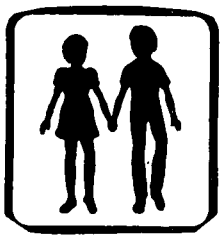
COLLOQUIUM AUDIOTAPE ORDER FORM



ORDER ON-SITE AND SAVE!

Sixth Annual National Colloquium

July 8 - 12, 1998 Hyatt Regency on the Riverwalk

AMERICAN PROFESSIONAL SOCIETY ON THE ABUSE OF CHILDREN

Missed a session? Get the Colloquium's skills-building seminars on audiotape by circling the tapes you wish to purchase. Save more than 10% by ordering on-site!

WP1 The Culture Factor: Elusive or Essential? (1T) *Sheryl Brissett-Chapman, EdD, MSW*

100W Reducing physical abuse in African American families (1T) *Sheryl Brissett-Chapman, EdD, MSW*

101W African American children in foster care (1T) *Yvonne Chase*

102W African American children and sexual abuse (1T) *Veronica Abney, MSW*

103W Overcoming barriers to children being placed for adoption (1T) *Laureen D'Ambra, JD and Dennis Langley, MA*

104W Family violence: Community multidisciplinary training (1T) *Colleen Friend, LCSW, MSSA*

105W School-based prevention: Strategies for working with African American children (1T) *Joyce Thomas, RN, MPH, PNP*

WP2 Plenary: Speak out on racism in child protection and abuse intervention (1T) *Robert Pierce, PhD, Lisa Fontes, PhD, Veronica Abney, MSW*

TP11 Child Abuse in the Media: Au Pair and Beyond (1T) *Cathy Ayoub, RN, EdD; Robert Reece, MD; Susan Kelley, PhD, RN, FAAN, and Maudelyn Ihejerika*

203T Representing the Non-Offending Parent in Custody Cases (1T) *Ann Haralambie, JD*

205T Timing of Injuries (1T) *Howard Dubowitz, MD, Mary Radkowski, MD*

206T Abusive Head Trauma (1T) *Randell Alexander, MD, PhD*

207T Children, Adolescents and Adults with Aggressive Sexual Behavior: Implications for Victims (1T) *Barbara Bonner, PhD*

208T Assessment, Triage and Treatment in a World of Managed Care (1T) *Mark Chaffin, PhD*

209T Child Fatalities (3T) *Dirk Huyer, MD; Robert Kirschner, MD; Harry Elias, JD; and Bill Walsh*

211T Treating Adult Survivors of Abuse in Crisis (3T) *John Briere PhD*

212T Risk Management in Mental Health Practice (2T) *Ben Saunders, PhD and Scott Beard, JD*

213T Protective Risk Assessment with Black Families (2T) *Sheryl Brissett-Chapman, EdD, MSW*

214T Implications for Child Safety in Cases Involving Substance Abuse (2T) *Wayne Holder, MSW and Terry Roe Lund, MSW*

215T Reconceptualizing the Abuse Assessment Process for Pre-School Children (2T) *Sandra Hewitt, PhD*

217T Representing the Child: Advocacy vs. Best Interests (2T) *Ann Haralambie, JD*

218T Conducting Investigative Interviews in Child Sexual Abuse Cases (2T) *Michael Hertica, MS*

220T Forensic Evidence of Bites and Burns (2T) *Randell Alexander, MD, PhD and Jack Kenney, DDS, MS*

301F Multidisciplinary Team Interviewing: Interview Techniques and Considerations (1T) *Erin Sorenson, MA, LCSW and Alison Perona, JD*

303F Community Based Interdisciplinary Approaches to Crimes Against Children (1T) *Michele Jezycki, MS*

305F Can We Improve Parental Attitudes? Factors Promoting Change Among At-Risk Mothers (1T) *Karen McCurdy, PhD*

308F The Other Victims: Children Who Witness Violent Crimes (1T) *Kimberly Poyer, MSW, LCSW and Ryan Rainey, JD*

309F Femoral Fractures in Children Under the Age of Four (1T) *Michele A. Lorand, MD; Vivian K. Harris, MD; Demetra K. Soter, MD*

310F Hennepin County Medical Center's Protocol for the Investigations of Multiple Infant Deaths Case Studies (1T) *Karen Shannon, MSW and Marjorie Ankel, MD*

311F Individual Cognitive Behavioral Therapy and Family Therapy for Physical Abuse: What Characteristics Influence Clinical Outcome? (1T) *David Kolko, PhD, Elissa J. Brown, PhD*

312F Rethinking Child Sexual Abuse Prevention: Redesigning Programs Based on Sexual Offenders' Report (1T) *Keith Kaufman, PhD and Karen Orts, MA*

314F Research Symposium I: What Emerging Research Tells Us About Children's Suggestibility and False Memories: Legal, Psychological and Research Issues: Accurate, Inaccurate and False Memories of Childhood Events *Jodi Anne Quas, Gail Goodman, PhD; Tom Lyon, PhD, JD et al*

316F Confronting Child Abuse in Rural Communities (1T) *Victor Vieth, JD*

317F The Psychotherapist Working Within the Foster Care System: Enhancing the Partnership (1T) *Amy Baur, LCSW and Karen Brice, LCSW*

318F Developing Racial and Cultural Equity in Child Protection (1T) *Sarah Maiter, MSW*

319F Comparison of Traditional and Computer-based Training for Case Practice Skills (1T) *Janet Cahill, PhD*

320F When Children's Testimony Seems Inconsistent: Ethics, Approaches and Strategies (1T) *Thomas Lyon, PhD, JD*

322F Child Sexual Abuse in America: Lessons from History (1T) *Hughes Evans, MD, PhD*

323F Meeting the Developmental and Mental Health Needs of Young Child Victims (1T) *Jane Sites, EdD, LSW*

324F Juveniles Who Offend: Phenomenology, Evaluation and Treatment (1T) *David Fentress EdD and Kevin Holden, MA*

325F Improving Community Response to Child Abuse: Children's Advocacy Centers (1T) *Lori Chassee, BA*

328F Community-based Responses to Child Predators (2T) *Ron Laney, MS; Bradley Russ; Sgt. Gary O'Connor; and Patt Wetterling*

(over)

APSAC's 1999 Advanced Training Institutes

MARK YOUR CALENDAR NOW!

January 25, 1999 - Town and Country Hotel
San Diego, California

Join APSAC in San Diego, California, January 25, 1999 for our Advanced Training Institutes. These six-hour seminars complement the *San Diego Conference on Responding to Child Maltreatment* by offering in-depth six-hour seminars on selected topics. Taught by nationally recognized leaders in the field of child maltreatment, our concurrent Institutes offer hands-on, skills based training grounded in the most recent empirical research.

The APSAC Institutes are offered in conjunction with the San Diego Conference on Responding to Child Maltreatment, January 26-29, 1999. For more information, please call 619-495-4940.

Proposed Institute Topics Include:

- Fatal Child Abuse; Identification, Investigation and Case Review
- Expert Testimony in Child Maltreatment Cases: Courtroom Skills for All Disciplines
- Use of Computers in Child Sexual Exploitation
- Advanced Medical Evaluation of Physical Abuse
- Advanced Medical Evaluation of Sexual Abuse
- Munchausen Syndrome by Proxy
- Memory, Suggestibility and Clinical Practice
- Cognitive Behavioral Treatment of Youth Aggression
- Physical Abuse, Discipline and Culture
- Long Term Effects of Child Sexual Abuse on African American Women's Sexuality

For more information about the Institutes or other APSAC training programs, contact our training department at 312-554-0166, fax 312-554-0919, email APSACEduc@aol.com

11. Comments on Colloquium logistics (such as timing, location, hotel, or session scheduling):

12. Comments about the Colloquium program:

13. Suggestions for other topics to be covered:

14. Suggestions for speakers:

15. What could we do to improve your Colloquium experience?

16. Will you attend future APSAC training programs? (Circle) **Yes** **No** If no, please explain:

17. May we use your comments in promotional materials? (Circle) **Yes** **No**
If so, please include name, profession, telephone and fax number.

THANK YOU FOR ATTENDING THE COLLOQUIUM AND COMPLETING THIS FORM
WE VALUE YOUR OPINION.

APSAC, 407 S. Dearborn Street, Suite 1300; Chicago, Illinois 60605
Ph: 312-554-0166 Fax: 312-554-0919

(See Reverse Side)

1998 SIXTH ANNUAL NATIONAL COLLOQUIUM

OVERALL EVALUATION FORM

AMERICAN PROFESSIONAL SOCIETY ON THE ABUSE OF CHILDREN

Please complete and return this form to the Evaluation Form Drop Box at the registration desk. Please answer every question. Your candid responses are appreciated. Please rate on a scale of 1-5, (1-lowest and 5 highest).

1. How did you learn about this year's Colloquium? (circle)

Brochure Colleague Internet Employer Advertisement Other_____

2. In what state/country do you practice (use two letter state abbreviations) _____

3. Please circle the category that best describes your field:

Administration Law Enforcement Research
Child Protection Law Medicine and Nursing
Mental health Prevention Other:_____

4. Please circle the category that best describes your area of expertise:

Neglect Physical Abuse Prevention Sexual Abuse
Psychological Maltreatment Other:_____

5. Please circle the category that best describes the population you serve:

Child Victims Adolescent Victims Adult Survivors
Perpetrators Families Other:_____

6. Number of years in Child Maltreatment field: (circle) 0-1 2-3 4-6 5-7 8-10 10+

7. Did the Colloquium meet the stated goals and objectives? (circle) Yes No

8. Please respond by circling the appropriate number as it pertains to the Colloquium overall:

	Poor		*Average*		*Excellent*
a. Overall program content	1	2	3	4	5
b. Quality of speakers	1	2	3	4	5
c. Location	1	2	3	4	5
d. Price	1	2	3	4	5
e. APSAC Discount	1	2	3	4	5
f. Program format	1	2	3	4	5
g. Topics of Field Generated Presentations	1	2	3	4	5
h. Time of Year	1	2	3	4	5
i. Prior experience with APSAC events	1	2	3	4	5
j. Other (specify)_____	1	2	3	4	5

9. How would you rate the Colloquium as a whole? 1 2 3 4 5

10. How likely are you to attend APSAC's Seventh National Colloquium, June 2-6, 1999 in San Antonio Texas? (Circle)

Unlikely		Somewhat likely		Very Likely
1	2	3	4	5

(See Reverse Side)

PROGRAM ADDITIONS

Thursday, July 9, 1998 4:30 p.m. - 9:00 p.m. Room TBA
Reception for all Colloquium registrants from Illinois, sponsored by IPSAC

CANCELLATIONS

Friday, July 10, 1998

336Fa Standardized Sexual Abuse Forensic Examinations: Physical, Behavioral, and Historical, by Kurt Bumby

336Fb Reducing Emotional Distress for Children and their Families Involved in the Sexual Abuse Forensic Examination Process, by Nancy Halstenson-Bumby

346F Social Work and the Law: Improving CPS by Improving Social Workers/Attorney Relationships, by Tom Curran.

357F Improving Outcomes of Children: Cognitive Interviewing, by Susan Samuel.

EXHIBITORS

The following exhibitors' materials were received after the program book deadline.

Intermedia
1700 Westlake Ave. N. #724, Seattle, WA 98109 **Phone**: (206) 284-2995 **Fax**: (206) 283-0778,
E-mail: shoffman@intermedia-inc.com Website: www.intermedia-inc.com. A national publisher and distributor of quality social issue videos, dealing with child abuse, domestic violence, dating violence, sexual harassment, sexual assault and date rape, teen pregnancy, smoking and substance abuse. We offer free 30 day previews on all our programs. Please call 800-555-8356 for more information.

The Center Posttraumatic Disorders Program
The Psychiatric Institute of Washington, 4228 Wisconsin Avenue, NW, Washington, DC 20016, **Phone**: 800-369-2273 or (202) 965-8454, **Fax**: (202) 965-8452. The Center offers short-term directed treatment for adults who exhibit acute symptoms associated with posttraumatic and dissociative disorders and other trauma based conditions. Designed to respond to the individual needs of patients ion a rapidly changing healthcare environment, The Center's innovative program provides rapid stabilization and essential training in self-management skills through the use of stage-oriented, cognitive and behavioral strategies. Our continuum of care includes inpatient, partial hospitalization, intensive outpatient, and evening/weekend treatment options.

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International Society on the Prevention of Child Abuse and Neglect, 200 North Michigan Avenue, Suite 500, Chicago, IL 60601.

PROGRAM BOOK

ADDENDUM

Please refer to page 9 of the Program Book for other program revisions and additions.

ROOM CHANGES

These are the correct room assignments for these sessions, replacing the rooms listed in the program book.

Wednesday, July 8, 1998

104	Family Violence: Community Multi disciplinary Training	**Regency B**
	Networking Lunch	**Regency C**

Thursday, July 9, 1998

207T	Children, Adolescents, and Adults with Aggressive Sexual Behavior: Implications for Victims	**Truffles**
211T	Treating Adult Survivors of Abuse in Crisis	**Field**
219T	Munchausen Syndrome by Proxy, SIDS, Suffocation and Controversies	**Water Tower**
220T	Forensic Evidence of Bites and Burns	**Columbian**
	Networking Lunch by Discipline	**Regency C**

Thursday, July 9, 1998

12:15 p.m.-1:15 p.m.	Munchausen Syndrome by Proxy Task Force	**Picasso**
5:30 p.m. - 6:45 p.m.	Attorneys Representing Children Task Force	**Picasso**
5:30 p.m - 6:45 p.m.	Videotaping Task Force	**Haymarket**

Friday, July 10, 1998

RBS2	Service Delivery and Social Research	**Picasso**
RBS4	Research on Abuse Effects	**Solider Field**
	Networking Lunch	**Regency B**

Saturday July 11, 1998

405S	Working with Families to Reduce the Risk of Neglect	**Picasso**
407S	Suspect Interrogation in Child Abuse Investigations	**Field**
411S	Early Intervention Research	**Solider Field**
412S	Children and the Internet	**Water Tower**
	Networking Lunch by Region	**Regency B**

TITLE CHANGES

404S Planning Effective Treatment and Balancing Constraints in Child Protective Services by Wayne Holder and Terry Roe Lund

(over)

APSAC SIXTH NATIONAL

COLLOQUIUM

WELCOME

Thank you for attending the Sixth Annual National Colloquium of the American Professional Society on the Abuse of Children (APSAC). Every effort has been made to present an outstanding training opportunity for you and your colleagues, and to elicit your participation throughout the program.

The purpose of APSAC's National Colloquium is to offer high quality, interdisciplinary sessions addressing the most critical and cutting edge issues in the field. This goal is a direct outgrowth of the APSAC mission: ***to ensure that everyone affected by child maltreatment receives the best possible professional response.*** Colloquium sessions are designed to provide empirically sound and immediately useful information for researchers and practitioners alike.

The Colloquium program is developed by and for APSAC's interdisciplinary members. More than 50 volunteer members, organized into discipline specific focus groups, designed the program to ensure that the dominant and relevant issues and challenges in this ever-evolving field of child maltreatment are addressed.

You will have ample opportunity to help us evaluate our level of success in providing stimulating and applicable professional education. We ask for your feedback after every seminar and presentation, and following the conclusion of the Colloquium. We will use your suggestions to plan next year's Colloquium and make it ever more illustrative of our professional training needs.

Again, thank you for your attendance, your constructive feedback, and your continuing commitment to outstanding professional practice. It is only through our collective commitment, strength and unwavering attention to the issues of child abuse and neglect that we will be able to make a positive difference in the lives of our children.

And, don't forget, mark your calendars now for our Seventh Annual National Colloquium in San Antonio, Texas, at the Hyatt Regency on the Riverwalk, June 2-6, 1999. Thank you.

Harry Elias, JD
APSAC President, 1997-98

Diane DePanfilis, MSW, PhD
APSAC President, 1998-99

Delores J. Brooks, MS
APSAC Executive Director

THANK YOU

SPEAKERS

All Colloquium speakers have waived their customary fees to benefit APSAC and to further APSAC's mission of ensuring that everyone affected by child maltreatment receives the best possible professional response. We cannot thank them enough for their invaluable gift of time and expertise. The Colloquium could not be offered without it.

VOLUNTEERS

Many volunteers have devoted innumerable hours to ensuring that APSAC's Colloquium provides outstanding professional education. These volunteers -- all of them APSAC members -- have worked since October 1997 in disciplinary and topical subcommittees to review abstracts, analyze evaluations from prior years, and develop and refine ideas for intensive seminars and informative poster sessions.

The volunteer leaders for APSAC's 1998 Colloquium are the signers of the Welcome letter on the previous page, and **Catherine Ayoub, RN, EdD,** Harvard Graduate School of Education in Cambridge, Massachusetts; **Lt. Michael Hertica,** Torrance (CA) Police Department; **Benjamin Saunders, PhD**, Medical University of South Carolina in Charleston, South Carolina; **Randell Alexander, MD, PhD**, University of Iowa; **Michelle Lorand, MD, FAAP**, Cook County Children's Hospital; **Nancy Lamb, JD,** Elizabeth City (NC) District Attorney's Office; and **Lt. Bill Walsh**, Dallas Police Department.

The members of the 1998 Colloquium Planning Committee are:

Veronica Abney, MSW
Lucy Berliner, MSW
John Briere, PhD
Mark Chaffin, PhD
Judith Cohen, MD
Jill Cohen Kolb
Jon Conte, PhD
Vicki Cornelouson
David Cory, MSSW
Kathleen Coulborn Faller, PhD
Howard Dubowitz, MD
Tom Fallon, JD
Jamie Ferrell, RN, BSN, CEN
Martin Finkel, DO
Lisa Fontes, PhD,
Marilyn Grundy
Astrid Heger, MD
Brian Holmgren, JD
Dirk Huyer, MD
Paula Jaudes, MD
Det. Mike Johnson, BSCJ
Susan Kelley, RN, PhD, FAAN
John P. Kenney, DDS
David Kolko, PhD
Cheryl Lanktree, PhD
Ken Lanning, MS
Tom Lyon, JD, PhD
Kee MacFarlane, MSW
Robert Pierce, PhD
Lawrence Ricci, MD
Monica Roizner, EdD
Sandra Rosswork, PhD
Brad Russ
Diana Schorendorff
Dan Smith, PhD
Paul Stern, JD
Barbara Stone
Anthony Urquiza, PhD
Linda Williams, PhD
Charles Wilson, MSW
Beatrice Yorker, JD, RN, MS

Many thanks to all of these dedicated volunteers, who are responsible for ensuring the high quality of the program.

STAFF

APSAC's staff is involved in every aspect of planning and implementing the Colloquium. Those most directly responsible include Delores J. Brooks, Executive Director; Tifanni Sterdivant, Conference Manager; Jasmine Roberts, Training Specialist; Cynthia Steele, Data Entry Operator; Prem Pahwa, Special Projects Coordinator; and Delila Huerta, Membership and Training Assistant. Providing substantial support are Maureen Kelly, Publications Manager; Beverly Bradley, Interim Membership Marketing Manager; Elmer McCaskill, Business Manager; Helen Dalton, Administrative Assistant; and Erica Harris, Finance Assistant.

FEDERAL PARTNERS

Special thanks to the **Office for Juvenile Justice and Delinquency Prevention (OJJDP),** United States Department of Justice, for significant program and financial support.

OJJDP has provided faculty for many sessions and important program support. **Shay Bilchilk, JD** is Administrator of OJJDP; **John Wilson, JD, MBA** is Deputy Administrator; and **Ronald C. Laney, MA** is Director of the Missing and Exploited Children Program. It has been a pleasure to work with them on this and past Colloquiums, and we hope to continue the collaboration.

CHILDREN'S ADVOCACY CENTERS

Many thanks to the Midwest Children's Advocacy Center and the National Network of Children's Advocacy Centers for sponsoring sessions geared specifically to Children's Advocacy Centers.

IN MEMORIAM

APSAC Board, staff and members were deeply saddened to learn of the death of former APSAC Board member Thomas Curran, MSW, JD on May 31, 1998. Thomas Curran was a member of APSAC for many years, and served on the Board of Directors from 1991 through 1997. His many APSAC friends, along with his colleagues at the Defender Association of Philadelphia, will miss his spirit and dedication to improving the lives of children.

STATE OF ILLINOIS

EXECUTIVE DEPARTMENT

Proclamation

WHEREAS, the American Professional Society on the Abuse of Children (APSAC), in recognition of their 6th Annual National Colloquium, is to be held July 8-12, 1998, at the Hyatt Regency on the Riverwalk in Chicago; and

WHEREAS, it is anticipated that more than 1,000 child maltreatment professionals from throughout the country will attend the conference; and

WHEREAS, APSAC was founded in 1987 as a national interdisciplinary not-for-profit membership organization whose mission is to ensure that everyone affected by child maltreatment receives the best possible professional response; and

WHEREAS, APSAC seeks to promote effective interdisciplinary approaches to the identification, intervention, treatment and prevention of child abuse and neglect; and

WHEREAS, APSAC has approximately 5.000 members who are physicians, lawyers, child protective services and mental health workers, educators, researchers, law enforcement personnel, psychologists and professionals in allied disciplines in the field of child abuse and neglect; and

WHEREAS, the Colloquium is a premier educational and training opportunity that provides high-quality, interdisciplinary sessions addressing the most cutting edge issues in the complex field of child abuse and neglect;

THEREFORE, I, Jim Edgar, Governor of the State of Illinois, proclaim July 8, 1998, as AMERICAN PROFESSIONAL SOCIETY ON THE ABUSE OF CHILDREN DAY in Illinois.

In Witness Whereof, *I have hereunto set my hand and caused the Great Seal of the State of Illinois to be affixed.*

Done at the Capitol, in the City of Springfield, this FOURTH *day of* JUNE *, in the Year of Our Lord one thousand nine hundred and* NINETY-EIGHTH *. and of the State of Illinois the one hundred and* EIGHTIETH

George H Ryan
SECRETARY OF STATE

Jim Edgar
GOVERNOR

OFFICE OF THE MAYOR

CITY OF CHICAGO

RICHARD M. DALEY
MAYOR

PROCLAMATION

WHEREAS, the American Professional Society on the Abuse of Children (APSAC) is the nation's largest interdisciplinary membership association of professionals in all disciplines working in the field of child maltreatment; and

WHEREAS, the APSAC mission of ensuring that everyone affected by child maltreatment receives the best professional response will be the focus of its Sixth Annual National Colloquium, to be hosted in Chicago at the Hyatt Regency Chicago on the Riverwalk from July 8 - 12, 1998; and

WHEREAS, approximately 900 professionals in the field of child abuse and neglect, including lawyers, doctors, mental health and child protective services workers, law enforcement personnel, researchers, educators, nurses, psychologists, and allied practitioners are expected to participate in the APSAC Colloquium to obtain high-quality, multidisciplinary training addressing the most critical and cutting-edge issues in the field of child maltreatment; and

WHEREAS, the APSAC Colloquium offers empirically sound and immediately applicable information useful to practitioners and researchers alike; provides beneficial networking opportunities; and features a Pre-Conference Institute on July 8 that focuses on issues of maltreatment in African American families, with the balance of the Colloquium's diversity programming on all families of color:

NOW, THEREFORE, I, RICHARD M. DALEY, MAYOR OF THE CITY OF CHICAGO, do hereby proclaim July 8 -12,1998, to be AMERICAN PROFESSIONAL SOCIETY ON THE ABUSE OF CHILDREN WEEK IN CHICAGO, and encourage all Chicagoans to recognize their hard work and commitment in protecting Chicago's children.

Dated this 2nd day of June, 1998.

Mayor

COLLOQUIUM

AT A GLANCE

WEDNESDAY, JULY 8, 1998

8:00 a.m. - 4:00 p.m.	Registration
8:30 a.m. - 5:00 p.m.	Pre-conference Institute on Cultural Issues in Child Maltreatment: ***Child Maltreatment in African-American Communities***
10:00 a.m. - 4:00 p.m.	APSAC State Chapter Training
6:30 p.m. - 8:00 p.m.	Welcome Reception

THURSDAY, JULY 9, 1998

7:00 a.m. - 5:00 p.m.	Registration and exhibits
7:15 a.m. - 8:15 a.m.	Research Breakfasts
8:30 a.m. - 10:00 a.m.	Opening Plenary: ***Child Abuse in the Media: AuPair and Beyond***
10:30 a.m. -12:00 p.m.	Training Seminars
12:00 p.m. - 1:30 p.m.	Networking Lunches - By Discipline
12:00 p.m. - 1:30 p.m.	*Child Maltreatment* Editorial Board Meeting (by invitation)
12:15 p.m. - 1:30 p.m.	Task Force Meetings
1:30 p.m. - 5:00 p.m.	Training Seminars
5:30 p.m. - 6:45 p.m.	*APSAC Advisor* Editorial Board Meeting (by invitation) Task Force Meetings
5:30 p.m. - 9:00 p.m.	Colloquium Planning Meeting (by invitation)
5:30 p.m. - 7:30 p.m.	People to People Information Fair

FRIDAY, JULY 10, 1998

7:00 a.m. - 5:00 p.m.	Registration and exhibits
7:15 a.m. - 8:15 a.m.	Research Breakfasts
8:30 a.m. - 12:00 p.m.	Training Seminars, Research Symposia and Poster Sessions
12:00 p.m. - 1:30 p.m.	Membership Luncheon and Awards Ceremony
1:30 p.m. - 5:00 p.m.	Training Seminars, Research Symposia and Poster Sessions
5:15 p.m. - 7:15 p.m.	Research Plenary

SATURDAY, JULY 11, 1998

7:00 a.m. - 12:00 p.m.	Registration and exhibits
7:15 a.m. - 8:15 a.m.	Research Breakfasts
8:30 a.m. - 12:00 p.m.	Training Seminars
12:00 p.m. - 1:30 p.m.	Lunch on own
12:00 p.m. - 1:30 p.m.	APSAC New Board Orientation (by invitation)
1:30 p.m. - 3:00 p.m.	Closing Plenary: ***Child Abuse Memories: Controversies and Consensus***
4:00 p.m. - 9:00 p.m.	Board of Directors Meeting (by invitation)

SUNDAY, JULY 12, 1998

8:00 a.m. - 12:00 p.m.	Board of Directors Meeting (by invitation)

NETWORKING

WELCOME NEW MEMBERS!

Many Colloquium attendees become new members of APSAC when they register for the Colloquium. If you are a new member, we hope that you will take advantage of this opportunity to introduce yourselves to APSAC Board members and staff (identifiable by the ribbons attached to our badges). Talk to us! Ask us questions! Stop by our booth in the exhibit hall and pick up APSAC materials, and share your ideas, concerns, questions, and suggestions. What can APSAC do for you? What can you do for APSAC? We hope that you will use the next few days to begin a meaningful and fulfilling engagement with APSAC, the only interdisciplinary professional organization in the nation whose mission is to ensure that everyone affected by child maltreatment receives the best possible professional response.

NETWORKING LUNCHES

On each day of the Colloquium, lunchtime networking tables will be set up to encourage fruitful conversations and rewarding new connections among Colloquium participants.

Grab a sandwich or salad from one of the hotel restaurants, or one of the many restaurants in the Illinois Center Concourse, and come meet your colleagues for lunch. On **Thursday,** tables will be set with signs **by discipline,** so you can meet others with the same professional background who are practicing all over the country. On **Saturday,** tables will be set with signs **by region** so you can meet with colleagues from your area.

PHOTO SHOOT

APSAC is by, for, and about interdisciplinary professionals who respond to child maltreatment in America and around the world. APSAC's brochures highlight this focus by featuring the faces of professionals who, through APSAC, become "***Colleagues connecting for kids.***" We invite you to be photographed during the Colloquium for future issues of APSAC brochures and other publications. Photos will be taken on Friday at 15 minute intervals at a convenient location within the hotel. Subjects will be able to return to sessions within 25 minutes. A sign-up sheet and additional information are available in the registration area. Please consider letting APSAC use your image as a professional working for maltreated children.

HOTEL SERVICES

The Hyatt Regency on the Riverwalk has a full array of amenities for your relaxation and enjoyment. For a small fee, hotel guests have access to all the facilities of the Illinois Athletic Club, including rooftop sundeck, swimming pool, Jacuzzi, exercise facilities, racquetball/squash courts and spa. There are seven restaurants, bars and cafes on the hotel property, with dozens of other dining and entertainment options available just steps away at Illinois Center. The hotel concierge can also help with dinner or theater reservations, entertainment suggestions or anything else you might need to make your stay pleasant.

PROGRAM

HIGHLIGHTS (Listed in chronological order)

EVENT	DAY	TIME
Pre-conference Institute on Child Maltreatment in African-American Communities	**Wednesday**	**8:30 a.m. to 5:00 p.m.**

All Colloquium registrants are invited to attend this annual Institute on Cultural Issues in Child Maltreatment.

APSAC State Chapter Training — **Wednesday** — **10:00 a.m. to 4:00 p.m.**
Training in organizational development for everyone interested in participating in APSAC state chapters.

Opening Reception — **Wednesday** — **6:30 p.m. to 8:00 p.m.**
The opening reception is the first opportunity for Colloquium registrants to meet old friends and make new ones over light refreshments.

People to People Information Fair — **Thursday** — **5:30 p.m. to 7:00 p.m.**
Learn more about the Child Abuse Prevention Delegation, to visit South Africa in November 1998.

Research Breakfasts — **Thursday - Saturday** — **7:15 a.m. to 8:15 a.m.**
Research breakfasts offer all Colloquium registrants the opportunity to attend one series of research presentations each day. Bring your muffins and coffee each morning and listen to the presentation of current research.

Plenary Sessions — **Thursday** — **8:30 a.m. to 10:00 a.m.**
Friday — **5:15 p.m. to 7:15 p.m.**
Saturday — **1:30 p.m. to 3:00 p.m.**
The plenary sessions address issues of concern to all professionals in the field of child maltreatment. Thursday morning's session will look at how child abuse is portrayed in the media. On Friday evening, six prominent researchers will discuss how treatment outcome research can help clinicians in their practice. Saturday's closing plenary will examine the issue of and controversies surrounding child abuse memories.

Training Seminars — **Daily** — **8:30 a.m. to 5:00 p.m.**
These three-hour, four and 1/2-hour and 90-minute sessions offer practical, empirically sound information for professionals at all levels of expertise.

Photo Shoot — **Friday** — **8:00 a.m. to 3:00 p.m.**
See your smiling face on the cover of one of our brochures -- have your picture taken at APSAC's photo shoot.

APSAC Membership Luncheon and Awards Ceremony — **Friday** — **12:00 p.m. to 1:00 p.m.**
Join your APSAC colleagues and friends for APSAC's annual awards ceremony and luncheon, a great opportunity to meet other members, Board members and staff, and to acknowledge the achievements of the award recipients.

Poster Presentations — **Friday** — **8:30 a.m. to 5:00 p.m.**
Poster presentations of research, practice, and program innovations will be displayed in four rotating sessions on Friday, with a new set of posters offered each ninety-minutes. These posters, selected from hundreds of abstracts, give you the opportunity to examine at your leisure your colleagues' recent work.

Research Symposia — **Friday** — **8:30 a.m. to 5:00 p.m.**
Eleven 20- to 25-minute research papers are presented in APSAC's Fourth Research Symposium. The papers to be presented are peer-reviewed selections from scores of abstract submissions.

Networking Luncheon — **Daily** — **12:00 p.m. to 1:30 p.m.**
Meet colleagues face to face over lunch, share successes and challenges, and brainstorm ideas. Grab a sandwich or a salad from one of the hotel restaurants, or the eateries in the Illinois Center Concourse, and get acquainted with professionals from your discipline (Thursday) or region (Saturday). In Regency A.

PROGRAM

REVISIONS

PROGRAM ADDITIONS -- All registrants are welcome.

357F **Improving the Outcomes for Children: Cognitive Interviewing** *Susan Samuel*

PROGRAM REVISIONS -- We regret any inconvenience occasioned by these unavoidable cancellations, and trust you will find other sessions of interest to attend.

The Culture Factor: Elusive or Essential? *Sheryl Brissett-Chapman, MSW, EdD* will be the opening plenary for Wednesday, replacing The Long Term Effects of Child Sexual Abuse on African-American Women's Sexuality *Gail Wyatt, PhD*

336Fa **Standardized Sexual Abuse Forensic Examinations: Physical, Behavioral and Historical Considerations** *Kurt Bumby, PhD* -- This session has been canceled.

336Fb **Reducing Emotional Distress for Children and Their Families Involved in the Sexual Abuse Forensic Examination Process** *Nancy Halstenson-Bumby, PhD* -- This session has been canceled.

346F **Social Work and the Law: Improving CPS by Improving Social Worker/Attorney Relationships** *Thomas Curran, MSW, JD* -- This session has been canceled.

207T **Please note new session title: Children, Adolescents and Adults with Aggressive Sexual Behavior: Implications for Victims.**

301F **Please note new session title: Multidisciplinary Team Interviewing: Interview Techniques and Considerations**

320F **When Children's Testimony Seems Inconsistent: Ethics, Approaches and Strategies.** - Gina Richardson and James Peters -- This session will be presented by Thomas Lyon, JD, PhD.

322F **Please note new session title: Child Sexual Abuse in America: Lessons from History 1850 - Present**

352F **Please note new session title: Developing a Children's Advocacy Center in Your Community**

410S **Please note new session title: Using Standardized Assessment Measures with Abuse Families**

COLLOQUIUM

SPONSORS AND EXHIBITORS

Our sponsors and exhibitors helped make this Colloquium possible - - we invite you to stop by the Exhibitor area, located in the International Suites. The exhibit area is open on Wednesday from 10 a.m. to 5 p.m., and on Thursday through Friday from 7 a.m. to 6 p.m., and Saturday from 7 a.m. through 12 p.m.

CO-SPONSORS

People to People Ambassador Programs
110 South Ferrall Street, Spokane, WA 99202-4800 **Phone:** 800-669-7882 **Fax:** 509-534-0430
People to People Ambassador Programs organizes international exchange programs for personal and professional development. In the Fall of 1998, the first-ever People to People Child Abuse Delegation will visit South Africa, to meet child advocates in that country.

The Institute for Continuing Education
P.O. Box 1369, Fairhope, AL 36533 **Phone: 800-585-8583**

Sage Publications
2455 Teller Rd., Thousand Oaks, CA 91320 **Phone:** 805-499-0721 **Fax:** 805 499 0871
Provides educational resources (books, manuals, videos, software) for practitioners, advanced clinical students, trainers, and researchers in all aspects of interpersonal violence. Take advantage of our 20% discount during the Colloquium.

EXHIBITORS

American Academy of Pediatrics
141 Northwest Point Blvd, Elk Grove Village, IL 60009-0927 **Phone:** 847-228-5005 **Fax:** 847- 228-5097
The American Academy of Pediatrics, an organization of 53,000 primary care pediatricians, pediatric medical specialists, and pediatric surgical specialists, publishes professional and patient educational materials. Ask about "A Guide to References and Resources in Child Abuse and Neglect", 2nd edition, "The Visual Diagnosis of Child Physical Abuse", and the CD-ROM, "Focus on Child Abuse".

Boys Town Press
14100 Crawford Street, Boys Town, NE 68010 **Phone:** 800-282-6657 **Fax:** 402-498-1310
Resource materials, including books, videos, audiotapes, posters and more, for youth serving professionals, parents and others.

Circon-Cabot
300 Stillwater Ave., Stamford CT 06904-1971 **Phone:** 800-325-8300 **Fax:** 203-328-8789
Please stop by our exhibit and see why we are the industry leader in providing state-of-the-art colposcopes, camera, and video equipment for sexual assault examinations and documentation. Let us help design and set up your program.

Collette's Creations
56 South Arbor Trails Road, Park Forest, IL 60466. Prints and notecards of oil paintings; short stories and poetry.

Corner House
2502 10th Avenue South, Minneapolis, MN 55404 **Phone:** 612-872-6225

COLLOQUIUM

SPONSORS AND EXHIBITORS (continued)

Family Development Resources, Inc
3160 Pinebrook Road, Park City, UT 84098 **Phone:** 800-688-5822
The nurturing programs are proven, validated approaches designed to replace violence toward children and others with nurturing caring attitudes and skills

Financial Federal
6415 W 95th St. , Chicago Ridge, IL 60415 **Phone:** 800-894-6900

Fox Valley Technical College
1825 N. Bluemound Drive , Appleton, WI 54914 **Phone:** 800-648-4966 **Fax:** 414-735-4757
Training information on missing and exploited children's programs.

Genesis Travel
53 West Jackson, Chicago, IL 60604 **Phone:** 312-554-0166

GW Medical Publishing Inc.
2601 Metro Blvd., St. Louis, MO 63043 **Phone:** 314-298-0330
Child Abuse Books

Hermitage Hall
1220 8th Ave. S. ,Nashville, TN 37203 **Phone:** 615-742-3000 **Fax:** 615-742-7286
Residential treatment for juvenile sex offenders; Pre-Adolescent 9-12, Adolescent, and low functioning.

Incest Survivors Resource Network
P.O. Box 7375, Las Cruces, NM 88006-7375 **Phone:** 505-521-4260
ISRNI, whose services since 1983 included operating the first international helpline answered in person by incest-survivors-only, closed on June 6, 1998. ISRNI founders Anne-Marie and Erik Erickson, both life members of APSAC, send best wishes to all at this important Colloquium.

Many Voices Press
PO Box 2639, Cincinnati, OH 45201 **Phone:** 513-751-8020
Many Voices Newsletter - for people recovering from trauma and dissociation, published since 1989.

Massachusetts Society for the Prevention of Cruelty to Children
399 Boylston St. , Boston, MA 02116 **Phone:** 617-227-2280
"The Quarterly Child Abuse Medical Update" subscriptions and back issues are available. The only publication of its kind, "The Quarterly" is a review of current research relevant to the diagnosis of child abuse and neglect. Also available are MSPCC products including "A Book of Operating Instructions" for new parents and other prevention materials.

Medscope-All-Pro Imaging
70 Cantiaque Rock Road, Hicksville, NY 11801-1163 **Phone:** 516-433-7676
The Medscope Video Forensic System documents both sexual and physical abuse examinations with one instrument. Both high resolution video tape and prints are produced. The cost effective Medscope is available for sale and lease.

Mental Health Resources
346 West Saugerties Road, Saugerties, NY 12477 **Phone:** 914-247-0116 **Fax:** 914-247-9439

National Court Appointed Special Advocates
100 West Harrison Street, North Tower, Suite 500, Seattle, WA 98119 **Phone:** 800-628-3233

COLLOQUIUM

SPONSORS AND EXHIBITORS (continued)

National Criminal Justice Reference Service
2277 Research Blvd. 2B , Rockville, MD 20850 **Phone:** 301-519-5141 **Fax:** 301-519-5212
The National Criminal Justice Reference Service (NCJRS), the world's largest criminal justice information network, established in 1972, serves more than 100,000 criminal justice professionals and researchers. To learn more about NCJRS, call 800-851-3420 or e-mail: askncjrs@ncjrs.org

National Network of Children's Advocacy Centers
1319 F Street, NW, Suite 1001, Washington DC 20004 **Phone**: 202-639-0597
National Membership Organization whose mission is to support the development, growth and continuation of multidisciplinary teams in the field of reported child abuse through the provision of technical assistance, training and networking opportunities.

NCCAN Clearinghouse
P. O. Box 1182 , Washington DC 20013-1182 **Phone:** 800-FYI-3366 **Fax:** 800-385-3206
Publications / Brochures addressing child abuse and neglect issues including education programs, current research & statistics, online resources and Clearinghouse access.

Psychological Assessment Resources, Inc.
Po Box 998, Odessa, FL 33556 **Phone:** 813 963-3003 **Fax:** 813-969 0794

Sidran Foundation
2328 West Joppa Road Suite 15, Lutherville, MD 21093 **Phone:** 410-825-8888

Stern's Books
2004 W Roscoe , Chicago IL 60618 **Phone:** 773-883-5100 **Fax:** 773-477-6096
Important and readable books in the fields of clinical psychology, theory, and human potential.

University of Chicago Press
5801 S. Ellis Avenue, Room 301, Chicago, IL 60637 **Phone:** 773-702-0285

Wallach Surgical Devices
291 Pepes Farm Road , Milford, CT 06460 **Phone:** 203-783-1818
Video ZoomScope, Kinderscan (Digital Imaging System) that detects and documents Child Sexual Abuse.

West Love
4213 Don Ortega Place, Los Angeles, CA 90008 **Phone:** 213-299-4420 **Fax:** 213-299-0456
Cultural and ethnic textiles and jewelry.

Welch Allyn
4341 State Street Road, Skaneateles, NY 13153 **Phone:** 315-685-4100 **Fax:** 315-685-3361

CHICAGO

ACTIVITIES AND SPECIAL EVENTS

Chicago is the home of APSAC's National office, and we are delighted to welcome you to our beautiful city. APSAC staff members have compiled this list of personal favorites to help you sort through all the entertainment options available to you during the breaks in Colloquium activities. Enjoy!

If you want to do the tourist thing...

Navy Pier **600 East Grand 595-5100**
This is now one of the city's premier tourist attractions on a lovely summer evening. Stroll the length of the pier and enjoy some of Chicago's finest street performers, visit the Chicago Children's Museum, see live music at the Skyline stage at the end of the pier, take a sloooow ride on the Ferris Wheel, enjoy a beautiful view of the Chicago skyline, browse in the shops or dine in one of the many restaurants. A nice walk from the Hyatt if you are not wearing heels, but there is also a free trolley which leaves from the corner of Michigan and Wacker.

River North Eateries
If theme restaurants, big food and boisterous crowds are your thing, head northwest from the hotel to the area around Ontario and Dearborn streets. Some of the standouts include Planet Hollywood, Hardrock Cafe, Rainforest Cafe, and of course, Michael Jordan's!

Architectural tours down the Chicago River **847-358-1330**
Float down the river while you learn strange facts about buildings. Chicago Architecture Foundation boat tours depart from the southwest corner of the Michigan Avenue bridge.

Museum of Broadcast Communications **78 E. Washington 629-6000**
Visit this unique museum housed in the Chicago Cultural Center. Record a fake newscast (a blast!) or reminiscence with tapes of your favorite childhood television programs.

The Art Institute of Chicago **Michigan and Adams 443-3600**
This world-renowned museum a few blocks south of the Hyatt has superb exhibits and a great museum store! The Garden Cafe is an oasis in the heart of the Art Institute -- a courtyard cafe where you can sip coffee and pretend you live in an Impressionist painting.

The Field Museum of Natural History **12th St. and Lake Shore Drive**
About one mile south of the Hyatt you'll find this labyrinth of fascinating facts and exhibits that help you understand other cultures and species. Sculptor Malvina Hoffman's series of life-like bronze sculptures called the "Hall of Man" was commissioned by Marshall Field and helped put this world-famous museum on the map.

Lincoln Park Zoo **2200 N. Cannon Drive 312-742-2000**
In the proximity of the park for relaxation and the lakefront for beauty, the Lincoln Park Zoo is the most visited zoo in the country, and not only because it is free. A small children's petting zoo is fun for kids, and you will find all of your favorites, from crocodiles to polar bears.

Water Tower Place **845 N. Michigan Ave. 312-440-3165**
THE place to do shopping Chicago style (although some would argue that "900 North Michigan," the vertical mall across the street that holds Bloomingdales and Henri Bendel's, gives it a run for its money--or yours).

The DuSable Museum of African-American History **740 East 56th Place 773-947-0600**
Named for one of the founding fathers of Chicago, this museum offers a wonderful collection of exhibits documenting the history of African Americans in the city and the country.

Museum of Science and Industry **South 57th and Lake Shore Drive 773-684-1414**
In the Hyde Park neighborhood, home of the University of Chicago, is this fascinating interactive museum with just about everything you want to know about Science and Industry! Great for kids. The Omnimax Theater is now showing "Everest" and "Whales".

John G. Shedd Aquarium **1200 S. Lake Shore Drive 312-939-2426**
Visit the world's largest indoor aquarium and then see the fantastic new Oceanarium, with its beautiful view of the lake as backdrop (featuring beluga whales, pacific white-sided dolphins, penguins, seals, and sea otters). A word of caution: Order your tix through Ticketmaster (312) 559-1212 ahead of time. You pay a small service charge, but you avoid the long lines.

Chicago's downtown lakefront
One thing about Chicagoans -- we do love our lakefront. And who can blame us? A walk along the lakefront from Navy Pier south curves by Buckingham Fountain, the Chicago Yacht Club, Grant Park, and the new museum campus of the Field Museum and the Shed Aquarium. To the north from Navy Pier, you will find Oak Street Beach, a people-watcher's paradise. It is the city's great equalizer -- we all love it. A variety of boat sightseeing tours are available -- check with the Hyatt's concierge.

Chicago Comedy Clubs
Between the Cubs, the Bears and our weather, Chicagoans have to laugh. The city is loaded with comedy clubs including the venerable Second City (312-642-6514), and All Jokes Aside -- definitely not G rated (312-922-0577).

If you want to go where the locals go...

Green Mill Lounge **4802 N. Broadway 878-5552.**
This cool old bar used to be Al Capone's most popular speakeasy. It's been restored by a jazz impresario who always has great acts in house. Whoever he's booked is well worth hearing. Longish cab ride up Lake Shore Drive to the north side, but worth it.

River North art galleries
The area covers a few streets, but the central street is Superior, between 300 W. and 400 W. Wander up one side and down the other. Lyon's Weir, Catherine Edelman, Gallery A, Printworks, and Fassbender usually have interesting work. You can stop for a drink and discuss the artistic triumphs and failures you have just viewed at the Club Largo at the corner of Superior and Orleans.

Joe Siegal's Jazz Showcase **59 W. Grand 312-670-2473.**
Close to the hotel, in the heart of the River North arts district is Joe Siegal's Jazz Showcase. Joe's been hosting jazz acts in the city for more than 20 years. He knows everybody in the international jazz world, and always has great acts. Like the Green Mill guy, whoever Joe gets is good.

Club 950 **950 Wrightwood**
A totally unpretentious, basic dance place that has been there for years--you go in, you position yourself and partner under the disco ball, you dance, you get out. The DJ pounds out 70s and 80s house rock--if you don't care what music you dance to, it works.

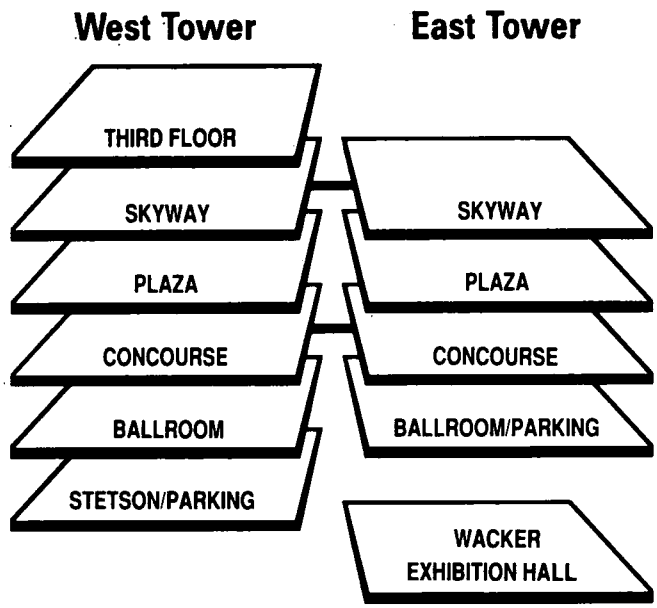
Little Italy **Taylor Street (a short cab ride from the Hyatt)**
Home of many incredible Italian restaurants, but the real standout is Mario's Italian Ice, a tiny shack which sells more than 20 varieties of homemade Italian ice. Sit on the stoop across the street, and enjoy a favorite Chicago summer treat.

Billy Goat Tavern **430 N. Michigan 312-222-1525**
Here's one of Chicago's true cultural landmarks -- the cheeseburger joint made famous by the late John Belushi on Saturday night live. It's just across the street, and downstairs, from the Hyatt Hotel... you already know what to order.

Chicago's world famous blues clubs
Chicago is indeed the home of the Blues. There are dozens of great blues places, many within an easy cab ride of the Hyatt. Our staff recommend Buddy Guy's Legends (312-427-0333); Blues Chicago (312-661-0100); and House of Blues, right across the street from the Hyatt (312-923-2000.) If you are staying till Sunday, check out the Gospel Brunch at House of Blues.

Hyatt Regency Riverwalk -- Hotel Maps

Elevation Plan



Facilities

ACAPULCO
West Tower Ballroom Level

ADDAMS SUITE
West Tower Third Floor Suites

ATLANTA
West Tower Ballroom Level

BALLROOMS
Grand-East Tower Ballroom Level
Regency-West Tower Ballroom Level

BOARD OF TRADE
West Tower 36th Floor

BUCKINGHAM
West Tower Concourse Level

BURNHAM SUITE
West Tower Third Floor Suites

BUSINESS CENTER
East Tower Concourse Level

CAPTAIN'S WALK
West Tower Skyway Level

KNUCKLES SPORTS BAR
East Tower Plaza Level

COLUMBIAN
West Tower Concourse Level

COLUMBUS HALL (A-L)
East Tower Ballroom Level

COMISKEY
West Tower Concourse Level

DU SABLE SUITE
West Tower Third Floor Suites

FIELD SUITE
West Tower Third Floor Suites

GOLD COAST
West Tower Concourse Level

GRAND BALLROOM (A-F)
East Tower Ballroom Level

HAYMARKET
West Tower Concourse Level

HONG KONG
West Tower Ballroom Level

HORNER SUITE
West Tower Third Floor Suites

HYATT DESIGN CENTER
East Tower Concourse Level

McCORMICK SUITE
West Tower Third Floor Suites

NEW ORLEANS
West Tower Ballroom Level

OGDEN SUITE
West Tower Third Floor Suites

PICASSO
West Tower Concourse Level

REGENCY BALL-
ROOM (A-D)
West Tower Ballroom Level

REGENCY CATERERS
East Tower Concourse Level

SAN FRANCISCO
West Tower Ballroom Level

SANDBURG SUITE
West Tower Third Floor Suites

SKYWAY SUITES
East Tower Skyway Level

SOUTH CONSERVATORY
West Tower Plaza Level

STETSON SUITES
West Tower Parking Level

BUSINESS CENTER
East Tower Concourse Level

TORONTO
West Tower Ballroom Level

TRUFFLES
West Tower Skyway Level

WACKER EXHIBITION HALL
East Tower Exhibition Level

WATER TOWER
West Tower Concourse Level

WRIGHT SUITE
West Tower Third Floor

WRIGLEY
West Tower Concourse Level

Restaurants & Lounges

ALL SEASONS CAFE
East Tower Plaza Level

BIG: A BRASSERIE & BAR
East Tower Skyway Level

KONA COFFEE
East Tower Concourse Level

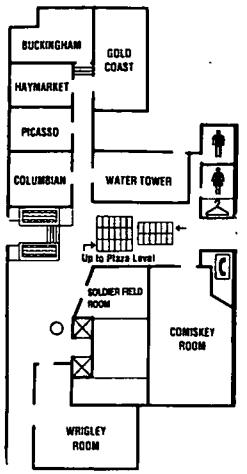
LA MISADA
West Tower Plaza Level

PLAZA BAR
East Tower Plaza Level

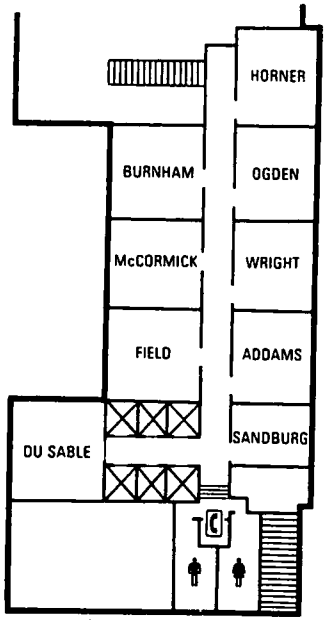
SKYWAY RESTUARANT
Between East & West Tower
Skyway Level

STETSON'S CHOP HOUSE
East Tower Plaza Level

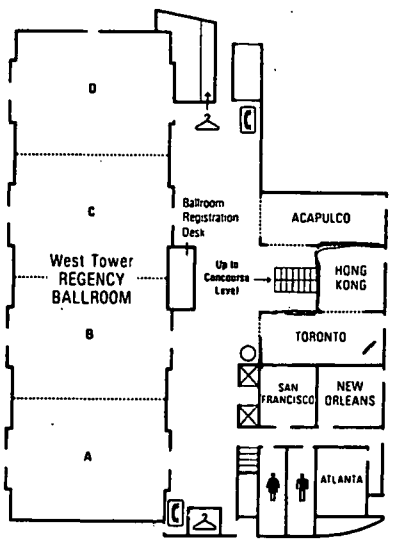
CONCOURSE



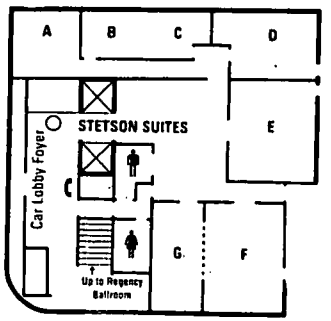
THIRD FLOOR



BALLROOM

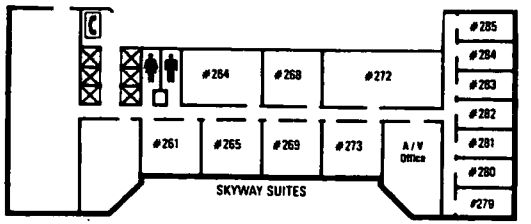


STETSON SUITES



WEST TOWER

SKYWAY SUITES



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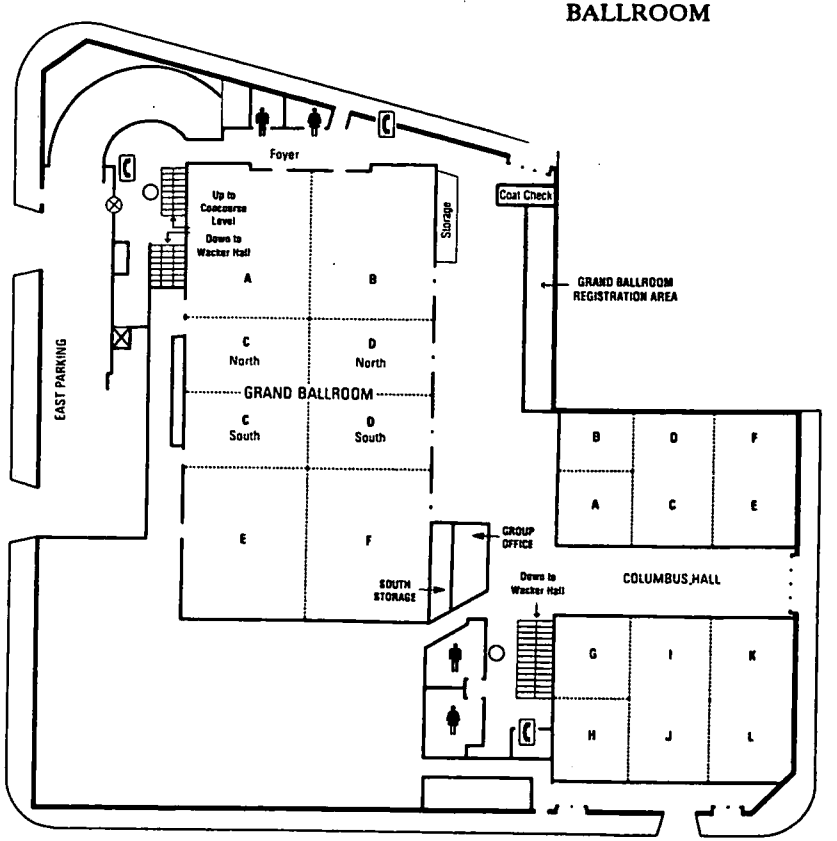
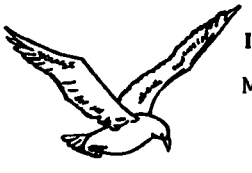


EAST TOWER



INCEST SURVIVORS RESOURCE NETWORK INTERNATIONAL (ISRNI)
Friends Meeting House 15 Rutherford Place New York, New York
Mail Address: P.O. Box 7375, Las Cruces, NM 88006-7375 • **(505) 521-4260**
Fax: (505) 521-3723 • e-mail: ISRNI@zianet.com
http://www.zianet.com/ISRNI

ISRNI is a survivor-run Quaker witness EDUCATIONAL RESOURCE. Since 1983, the services of ISRNI have included operating the first international telephone helpline answered in person by incest-survivors-only (hours now reduced to 2-4pm ET and 11pm-Midnight ET Monday-Saturday). Founding directors Anne-Marie and Erik Eriksson, Lt. Col., USAF(Ret.), are Life Members of APSAC and Anne-Marie currently serves on the APSAC Membership Committee.

The Institute for Continuing Education

P. O. Box 1369
Fairhope, Alabama 36533
(800) 585-8583 FAX: (888) 201-8007

CONTINUING EDUCATION INFORMATION

The Institute for Continuing Education is pleased to participate in the SIXTH NATIONAL COLLOQUIUM of The American Professional Society on the Abuse of Children, by serving as the sponsor for continuing education credits for professional participants.

The Institute for Continuing Education is a nationally approved and recognized provider of continuing education activities for the professional disciplines of (1) psychology, (2) counseling, and (3) drug/alcohol. In addition, we are an approved and recognized provider in numerous states for the disciplines of social work, marriage and family therapy, and nursing.

The Sixth National Colloquium offers a total of 27.50 contact hours of continuing education credit. Partial credit is available. The processing fee is $25.00 per person. Representatives of The Institute for Continuing Education will be on-site to accept applications for continuing education credit and to answer questions. Payment of the $25.00 fee may be rendered in cash, by check, or charged to VISA, MASTERCARD, or AMERICAN EXPRESS.

We look forward to participating in the Sixth National Colloquium and to serving your continuing education needs to the full extent of our capabilities. If you have questions, please do not hesitate to call.

Linda C. Lakeman
Director

CONTINUING MEDICAL EDUCATION

To receive continuing medical education credit, participants must sign in at the continuing education registration table when registering for the conference, and every morning of attendance at the conference. Participants must also submit a list of the lectures/workshops attended and a completed conference evaluation form to receive credit. There is a $25.00 administrative fee, payable to APSAC, for receipt of approved credits.

Physicians:
Finch University of Health Sciences/The Chicago Medical School is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to sponsor continuing medical education for physicians.

Finch University of Health Sciences/The Chicago Medical School designates this educational activity for a maximum of 18.0 hours in Category I credit towards the AMA Physicians Recognition Award. Each Physician should claim only those hours of credit that he/she actually spent in the educational activity.

CERTIFICATES OF ATTENDANCE

Certificates of attendance: APSAC will provide certificates documenting attendance for each day of participation in the Colloquium. Certificates will be offered in accordance with the criteria set forth by the International Association for Continuing Education and Training (IACET). **Participants must sign in each day of attendance.** The certificates of attendance that APSAC provides free of charge are not approved CEUs but can be submitted to accrediting bodies independently. Certificates will be mailed within two months. Participants may receive up to 27.5 hours of general continuing education credits at the Colloquium.

Each state professional association has different criteria for approving continuing education hours. Typically, if you send them a copy of this certificate, hours will be approved. If your state professional organization needs independent verification or further information about the Colloquium, please contact APSAC's national office, at 407 S. Dearborn Street, Suite 1300, Chicago IL 60605. In accordance wit IACET criteria, APSAC will maintain records of the contact hours you have earned during this Colloquium for seven years.

407 SOUTH DEARBORN, SUITE 1300 CHICAGO, IL 60605
PH: 312.554.0166 F: 312.554.0919 E-MAIL: APSACMEMS@AOL.COM

WEDNESDAY

July 8, 1998 **Daily Schedule**

SCHEDULE AT A GLANCE

8:00 a.m. - 4:00 p.m.	**REGISTRATION**
8:30 a.m. - 5:00 p.m.	**PRE-CONFERENCE INSTITUTE ON CULTURAL ISSUES IN CHILD MALTREATMENT** ***Child Maltreatment in African American Communities***
10:00 a.m. - 4:00 p.m.	**APSAC STATE CHAPTER TRAINING**
6:30 p.m. - 8:00 p.m.	**WELCOMING RECEPTION** *Co-Sponsored by People to People Ambassador Programs*

CULTURAL ISSUES

IN CHILD MALTREATMENT

Child Maltreatment in African American Communities

All Colloquium registrants are invited to attend!

Wednesday, July 8, 1998

8:00 a.m. - 5:00 p.m.	**Registration**	
8:30 a.m. - 10:00 a.m.	**Welcome and Plenary:** The Culture Factor: Elusive or Essential? *Sheryl Brissett-Chapman, MSW, EdD*	**Regency D**
10:00 a.m. - 10:30 a.m.	**Morning Break**	
10:30 a.m. - 12:00 p.m.	**Concurrent breakout sessions:**	
100W	Reducing Pysical Abuse in African American Families *Sheryl Brissett-Chapman, MSW, EdD*	**Regency D**
101W	African American Children in Foster Care *Yvonne M. Chase, MSW*	**Columbian**
102W	African American Children and Sexual Abuse *Veronica Abney, MSW, LCSW, DCSW*	**Water Tower**
12:00 p.m. - 1:30 p.m.	**Networking lunch**	**Regency C**
1:30 p.m. - 3:00 p.m.	**Concurrent breakout sessions**	
103W	Overcoming Barriers to Children Being Placed for Adoption *Laureen D'Ambra, JD and Dennis Langley, MA*	**Haymarket**
104W	Family Violence: Community Multidisciplinary Training *Colleen Friend, LCSW, MSSA*	**Water Tower**
105W	School-Based Prevention: Strategies for Working with African American Children *Joyce Thomas, RN, MPH, PNP*	**Columbian**
3:30 p.m. - 5:00 p.m.	Plenary: Speak Out on Racism in Child Protection and Abuse Intervention *Robert Pierce, PhD; Lisa Fontes, PhD; and Veronica Abney, MSW, LCSW, DCSW*	**Regency D**

Reducing Physical Abuse in African American Families

Presenter: Sheryl Brissett-Chapman, Ed.D., ACSW, LICSW
Executive Director
The Baptist Home for Children and Families
Bethesda, Maryland 20817

The presenter serves as the Executive Director of the Baptist Home for Children and Families, a comprehensive model which cares for abused and neglected adolescents as well as high risk and impoverished families through a continuum approach which includes, prevention, parent nurturing, mentoring, emergency and transitional housing, treatment foster care, group care, and supervised independent living. She also supervised multi disciplinary services for approximately 10,000 suspected or known cases of child victimization in her former role as Associate Director, Clinical Services, Research, and Administration, Division of Child Protection, Children's National Medical Center, Washington, D.C.

100W

This session will address the issue of physical or corporal discipline within the African American community and the cultural ramifications for professionals who are mandated to report and intervene in physical abuse. In addition, both professional and programmatic strategies will be discussed which target reduction of physical abuse in the African American community with a special emphasis on the role of the African American community in the prevention of physical abuse of children. Substantive dialogue among participants will be encouraged to facilitate, 1) exploration of current knowledge base, competing philosophies , standards, and positions regarding corporal discipline as a component or precursor of physical abuse in African American children, such as those taken by the American Pediatric Academy and the National Committee to Prevent Child Abuse, 2) implications for child protective risk assessment, particularly decision making, 3) impact of high morbidity and mortality rates for African American children as well as the vastly disproportionate number of African American children placed in out-of-home care, and 4) identification of effective strategies for reduction of this form of maltreatment.

EDUCATIONAL OBJECTIVES

1. The participant will recognize at least two controversies surrounding the need to reduce physical abuse within the African American community.

2. The participant will be able to identify three critical and culturally specific considerations when assessing physical abuse in the African American community.

3. The participant will be able to describe two effective strategies to engage African American families and communities in the reduction of child physical abuse.

Attachment G

African-American Children in Foster care: Lessons Learned and Guidelines for the Future

Presenter: **Yvonne M. Chase, LCSW**
Director
Division of Community and Rural development
Alaska Dept. of Community and Regional Affairs

This seminar presents guidelines for working with African-American children in foster care. A review of African-American children in the foster care system in Anchorage, Alaska, was done to identify resiliency factors, barriers to successful permanency, and cultural conflict issues. That material, together with previous state and national studies, form the basis for the seminar.

Issues for discussion in the training seminar include:

- Do treatment plans reflect the cultural competency of the CPS workers?
- Are courts more disposed to place children of color in out-of-home placement?
- What treatment options have proved most successful?
- What practices should be part of the training for new direct service CPS staff?
- How should resiliency factors and risk factors in a community be considered in placement decisions?
- Are the concepts in ICWA applicable to working with children of color who are not Native American?

Educational Objectives

1. The participants will be able to identify a profile of needs of African-American children in foster care.
2. The participants will be able to identify agency practices which have effects on African-American families.
3. The participants will be able to utilize guidelines provided in the session to assess the preparation of staff in their own agencies, to adequately address the needs of children of color and their families.

101W

Biographical Statement: Yvonne M. Chase, ACSW, LCSW

I am currently the director of the Division of Community and Rural Development, in the Dept. of Community and Regional Affairs. My agency has responsibility for early childhood and job training programs for Alaska. With an undergraduate degree from Loyola University in Chicago, I received my MSW from Howard University in Washington, D.C.

I chair the state psychiatric facility's governing body, serve on the board of the Anchorage mental health center, and am an adjunct faculty member at the University of Alaska. I am also a field instructor for MSW students, and serve on the Field Education Committee for the Social Work Department. I was selected as "Social Worker of the Year" by NASW's Alaska Chapter in 1987

I served two terms on the U.S. Advisory Board on Child Abuse and Neglect, the National Committee to Prevent Child Abuse, and the National Association of Public Child Welfare Administrators. I am presently serving as a member of the editorial board for the APSAC journal, for the specialty area of child protection.

African American Children and Sexual Abuse

Presenter: Veronica Abney, LCSW, DCSW
1137 2nd Street, Ste. 213
Santa Monica, Ca. 90403
Tel: (310) 576-1878
FAX: (213) 658-7203
Private Practice
Adjunct Lecturer in Social Work, UCLA School of Medicine, Child Psychiatry

This workshop is intended for those in the mental health field who work with sexually abused African American children and their families and desire to know more about the impact culture on the tragic experience of sexual abuse. Although African Americans must struggle through the same issues in their healing process as other ethnic groups, it is essential that the clinician understand the impact of the culture on the child's experience of sexual abuse and the child and family's response to the abuse. Additionally, the clinician must be aware of how his or her own cultural experience impacts the African American child's experience of the treatment process. There are cultural considerations which when identified may enhance the process of treatment and when ignored or misunderstood may hinder progress in treatment.

This workshop will focus on unique aspects of the African American culture and the assessment and treatment of African American children who have been sexually abused. It will briefly explore what constitutes an appropriate value base for the clinician working outside her own culture. The structure and strengths of African American families, heterogeneity in the culture, child rearing patterns, views on sexuality, disclosure and reporting of sexual abuse in the culture and treatment will be discussed. Many clinical examples will be provided throughout this workshop and participants will have the opportunity to share their own views and experiences. The format will include lecture and audience participation.

Educational Objectives

Participants will be able to:
1. Name at least three strengths of the African American culture.
2. State why the abuse of African American female children sometimes goes undetected.
3. List complicating factors in the disclosure of the sexual abuse in African American families.

102W

African American Children and Sexual Abuse
Veronica Abney, LCSW

I. Introduction
II. Having an Appropriate Value Base
III. Cultural Considerations
    A. Heterogeneity of the African American Culture
    B. Family Structure
    C. Child Rearing Patterns
    D. Single Mothers
    E. Skin Color and Hair
    F. Views on Sexuality
IV. Attitudes Towards Disclosure and Reporting
V. What Do We Know About the Effects of Abuse
VI. Assessment, Diagnosis and Treatment of Sexually Abused African American Children
VII. Transference and Countertransference Issues

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102W

BIOGRAPHICAL SKETCH

Veronica D. Abney, LCSW, DCSW is a licensed clinical social worker and diplomat in clinical social work in private practice in Santa Monica specializing in the treatment of child, adolescent and adult survivors of childhood sexual trauma and is also an Adjunct Lecturer in Social Work in the Department of Psychiatry, at the UCLA School of Medicine. Ms. Abney also is a senior candidate member of the Institute of Contemporary Psychoanalysis and is interested in the application of modern psychoanalytic theories in cross-cultural and adult survivor treatment. She is currently doing doctoral research on African American psychoanalysts. Ms. Abney is Secretary of the American Professional Society on the Abuse of Children and a Board member of the California Professional Society on the Abuse of Children. She is an Associate Editor of *Child Maltreatment* and *The APSAC Advisor.* Her publications include *Transference and Countertransference Issues Unique to Long-Term Group Psychotherapy of Adult Women Molested as Children: The Trials and Rewards, A Rationale for Cultural Competency, African Americans and Sexual Child Abuse* (in *Sexual Abuse in Nine North American Cultures) and Cultural Competency in the Field of Child Maltreatment* (in *APSAC Handbook on Child Maltreatment).* Ms. Abney received her masters degree at the Smith College School for Social Work.

OVERCOMING BARRIERS TO CHILDREN BEING PLACED FOR ADOPTION: LEGSLATIVE INITIATIVES TO FACILITATE TERMINATION OF PARENTAL RIGHTS AND MINORITY RECRUITMENT OF ADOPTIVE FAMILIES

Presenters: Laureen D'Ambra, Esquire
Rhode Island Child Advocate Office
Child Advocate/Director

Dennis Langley
Urban League of Rhode Island
Executive Director

Laureen, D'Ambra, Esquire. is the Child Advocate for the State of Rhode Island. The Office of the Child Advocate is a state funded and operated ombudsman office for children in the care of the state.

Ms. D' Ambra will present regarding legislative initiatives to facilitate termination proceedings in the Rhode Island Family Court. A discussion of the newly enacted laws and relevant case law will include the legal mandates that allow the Family Court to terminate parental rights when the parents' rights have been terminated previously and the underlying conditions still exist.

The Child Advocate has testified before Congress regarding suggested federal legislation related to reasonable efforts, termination of parental rights, and adoption. Changes under the Federal Adoption and Safe Families Act of 1997 will be included in the presentation.

Dennis Langley is the Executive Director of the Urban League of Rhode Island. Mr. Langley will be presenting on his agency' s efforts to recruit minority adoptive families. The target population for the Urban League' s project is families and individuals who are, or who have the potential to become, sensitive to the cultural and personal needs of minority children awaiting adoptive placement.

Rhode Island, like many other states, has a disproportionate number of minority children awaiting adoption through the public welfare system. For almost twenty years, the Urban League of Rhode Island has responded to the increases in cultural diversity among children waiting for adoption by sponsoring recruitment and training of minority families to become foster and adoptive parents. To do this, the Urban League has used the One Church, One Child recruitment model to access the mediating influence and strength of the state's Black churches. The organization has extended this outreach model to the state's Hispanic population.

The Urban League of Rhode Island was recently awarded a three-year federal discretionary grant under the Adoption Opportunity Initiative to enhance its efforts to recruit families awaiting adoption.

Educational Objectives

1. The participant will develop a better understanding of the legal issues surrounding termination of parental rights proceedings in accordance with federal and state laws.

2. The participant will discuss efforts that are being made in Rhode Island to recruit minority families to become adoptive parents for culturally diverse children.

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FAMILY VIOLENCE: COMMUNITY MULTIDISCIPLINARY TRAINING

Presenters: Colleen Friend, LCSW
UCLA School of Public Policy and Social Research
Faculty/CalSWEC Coordinator

Deputy Bernice Abrams
Los Angeles County Sheriff's Department

The presenters have developed a four-tier domestic violence (a.k.a. family violence) multidisciplinary training program that is focused on:

- Enhancing a community's ability to provide community-based policing.
- Assisting communities to impact and respond to family violence in a coordinated manner.
- Providing advanced specialist training to both police investigators and community professionals.
- Moving into community problem-solving on a micro and macro level.
- Creating opportunities for ongoing networking.

This curriculum development project was funded by the U.S. Department of Justice. The goal is to distribute the curriculum nationally, hence, it has been developed to be adaptable to other regions. The four tiers consist of:

Tier I: Academy Training for New Law Enforcement Recruits
Tier II: Law Enforcement Patrol Officer Generalist/First Line Response Training
Tier III: Advanced Community-based Multidisciplinary Family Violence Certificate Training
Tier IV: Community Intervention Specialist Certificate Training

Specifically, this presentation would provide an overview of all four tiers with a focus on Tier III. The substance of the presentation will be to summarize Tiers III and IV, while exploring key concepts through the use of overheads, computer generated images, videos, small discussion groups, and group generated conclusions. Tier III is targeted to the advanced professional. Tier IV expands on the foundation of the Los Angeles County Sheriff's response team program: Safety Through Our Perseverence. The structure of the presentation will include:

- Summarization of content/key components and process of developing the tiers.
- Exploration of three key concepts:
  - Issues in mandatory reporting of domestic violence/family violence for community-based organizations. Citizen reporting reluctance will also be discussed. (practice)
  - How women from various cultures/ethnicities perceive their "role" when domestic violence is experienced. (research and practice)
  - Which interventions do make women safer? (research)
- Integration of two short videos designed to show "live" examples and interventions used in training.
- Facilitation of small and large group multidisciplinary discussion.

Within the presentation timeframe, we will conclude with suggestions for how participants could implement this training in their own community.

EDUCATIONAL OBJECTIVES

- Participants will experience a more in-depth comprehension of three key domestic violence issues from exposure to at least one other discipline's perspective and exposure to research and training presented here.
- Participants will be able to identify at least one strategy for implementing this training in their own community.

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Colleen Friend, LCSW
BIOGRAPHY

Colleen Friend, LCSW, obtained her B.A. in Criminal Justice from the University of Dayton and her MSSA degree from Case Western Reserve University in Cleveland, Ohio. She has been a Protective Service Worker and Supervisor. From 1985-1986 she coordinated the Monterey Park Parents United Chapter of the Los Angeles County Child Sexual Abuse Program. In that position, she provided direct group treatment for intra-familial child sexual abuse to parents, teens and young children as well as supervision of volunteer professional therapists. She was also the liaison to the Parent's United Self-Help Component.

Ms. Friend was the first coordinator of Children's Institute International Child Abuse Treatment and Support Program (1986-1988). This program was focused on extra-familial child sexual abuse. At Children's Institute International, Ms. Friend provided group treatment of children and adults, supervision of professional therapists, administration of the program and training in the Southern California Training Center for Child Sexual Abuse Treatment.

Ms. Friend became the Program Director of the Los Angeles County Child Sexual Abuse Crisis Center in June, 1988. This center was a model interagency program established by the Board of Supervisors to provide comprehensive and one-stop assessments of child sexual abuse victims. The center was located at and affiliated with the Harbor-UCLA Medical Center. Participating agencies were the Los Angeles County Departments of Health, Mental Health and Children's Services. At the Crisis Center, Ms. Friend began the "Pilot Project" where Deputy District Attorneys and Sheriff Investigators collaborated with Crisis Center Staff and case carrying Children's Services Workers. In this position, Ms. Friend frequently developed and delivered training on interviewing children, multidisciplinary teamwork and the dynamics of child sexual abuse.

Ms. Friend became the Director of Stuart House in Santa Monica in November, 1990. Stuart House is a public/private partnership that provides multidisciplinary investigation and follow up treatment for children alleged to be sexually abused. At Stuart House, representatives of public agencies (Law Enforcement, District Attorney, Children and Family Services) are stationed with private agency (Stuart House) staff. Together they delivered the range of services that children and families needed. Ms. Friend directed the investigation team.

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Ms. Friend teaches at three Universities in the Los Angeles area. At California State University, Los Angeles, she has taught classes on Interviewing Children, and Family Violence. She also lectures in their Child Interview Specialist Training Program (ACIST). Currently, Colleen Friend teaches at both the University of Southern California (USC) and the University of California, Los Angeles (UCLA) under the auspices of the Inter-University Consortium (IUC) for Child Welfare.

IUC is a training partnership between the Universities and the Los Angeles County Department of Children's Services. Ms. Friend trains all new Children's Services Workers on Interviewing in Child Abuse and Neglect and teaches an Advanced Seminar on Child Sexual Abuse Issues. Ms. Friend developed the curricula for both of those courses.

At UCLA, Ms. Friend coordinates the California Social Work Education Center (CALSWEC) Program, within the Department of Social Welfare. The focus here is to attract and train students obtaining an MSW for a career in Public Child Welfare. Ms. Friend is responsible for admission, evaluation and monitoring of the students and their learning needs. She also developed the syllabi and teaches the required courses in this specialization: Direct Practice, Integrative Seminar and Field Seminar.

Recently, as the Project Director, Ms. Friend has successfully completed a U.S. Health and Human Services grant which is designed to help the country's largest child protective service agency address domestic violence in its work with abused children. She and Dr. Linda Mills are currently working on another U.S. Department of Health and Human Services grant to emphasize substance abuse and mental health issues in their domestic violence training.

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School-Based Prevention: Strategies for Working with African American Children

Presenter: Joyce N. Thomas, RN, MPH, PNP
President\ Co-Founder
Center for Child Protection and Family Support, Inc.
714 G. Street, SE
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This session will focus on the strategies used to develop, coordinate, and implement a school-based demonstration service model that addresses the prevention, identification, and treatment of child abuse and neglect in a high-risk urban African American community in Southeast Washington, D.C. The project is designed to promote safety, resiliency, and to minimize the risk of harm for pre-school, elementary and secondary school aged children by providing direct educational programs via training for teachers and school personnel. The project is based on a model to promote early intervention with at-risk children, supportive services for parents, and treatment recommendations.

The Center for Child Protection and Family Support, is a community-based social services agency which specialized in providing direct services, technical assistance, and training on all aspects of child maltreatment, domestic violence, and prevention programs. This workshop will feature the direct program experiences and development of the project: School-base Prevention, Intervention Response, Integrated Treatment Services (SPIRITS).

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The expected outcomes of the project are: Effective use of protective strategies by school personnel in their interactions with students and parents: Improved identification and referral of child abuse and neglect; and increased sensitivity among educators to issues of cultural diversity as they effect children's behavioral management practices and concerns about abuse and neglect.

Educational Objectives

1. Participants will be able to identify three strategies for establishing programs in schools

2. Participants will be able to discuss a model for implementations of primary prevention, intervention and treatment of school-aged African American children.

3. Participants will be able to identify approaches for measuring the effective of program process and outcome.

4. Participants will gain insight about the cultural and ethnic issues in working with schools that serve a predominantly African American community.

Speak-out on Racism:
in
Child Protection Intervention and Treatment

Presenters:
Veronica Abney, MSW, DCSW; Lisa Aronson Fontes, Ph.D.; Robert Pierce Ph.D.

Overview of Session's Aim:

This plenary session offers participants the opportunity to contribute to an open discussion on the impact of race in child protective service work. Although tremendous progress has been made in race relations, vestiges of racism and/or discrimination continue to surface throughout the child welfare system. For example, although the broader field of social work practice has addressed issues of racism and discrimination in practice (Proctor & Davis, 1989; Penderhughes, 1989; Lum, 1992), the field of child protection has been slow to acknowledge its existence and the resulting effects on client worker relationships and treatment outcomes. Thus, we are asking participants to share their knowledge of and experiences with racism and discrimination in their work place.

Method:

Some of the following questions might be used to stimulate discussion among participants:

- What is racism and discrimination?
- Do you think racism and/or discrimination is a problem in child protection work?
- Can you describe a situation in which a minority or immigrant child and/or family, was provided services that you felt reflected racial biases on the part of a worker or supervisor? How did these services differ from those services provided to majority children and families?
- Describe a situation where you witnessed a professional from a minority or immigrant group (e.g. African-American, Latino, Asian-American, Native-American) being discriminated against? How did this treatment differ from treatment of majority professional? Describe the experience.
- In your experiences, have you witnessed law enforcement officers treating maltreated minority and/or immigrant children and their families differently than they treat majority children and their families? Describe the experience.
- In your experience, have you witnessed lawyers treating maltreated minority and/or immigrant children and their families differently than they treat majority children and their families? Describe the experience.
- Based on your experiences, would you say that among medical professionals, there is a greater likelihood to suspect child maltreatment if the client is from a racial or ethnic culture different than the medical professional?

WPII

- From your experiences, how do the experiences of White children in the Adoptions or Foster Care Systems differ from the experiences of Asian-American children, Native-American children, African-American children, and Latino children?

- What can be done to help professionals in our field improve the quality of service delivery to children and families from diverse populations?

- How can the field of child maltreatment recruit and train more professionals from diverse backgrounds?

Upon completion of the session, participants are encouraged to submit comments to anyone of the speakers. If appropriate, some of the information gathered may be used in a future publication. Of course, any information used will not identify you by name or the agency you represent. You may send the material to:

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359 Montague Road
Shutesbury, MA 01072
E-Mail Lfontes@ javanet.com

BIOGRAPHICAL SKETCH

Veronica D. Abney, LCSW, DCSW is a licensed clinical social worker and diplomate in clinical social work in private practice in Santa Monica specializing in the treatment of child, adolescent and adult survivors of childhood sexual trauma and is also an Adjunct Lecturer in Social Work in the Department of Psychiatry, at the UCLA School of Medicine. Ms. Abney also is a senior candidate member of the Institute of Contemporary Psychoanalysis and is interested in the application of modern psychoanalytic theories in cross-cultural and adult survivor treatment. She is currently doing doctoral research on African American psychoanalysts. Ms. Abney is Secretary of the American Professional Society on the Abuse of Children and a Board member of the California Professional Society on the Abuse of Children. She is an Associate Editor of *Child Maltreatment* and *The APSAC Advisor.* Her publications include *Transference and Countertransference Issues Unique to Long-Term Group Psychotherapy of Adult Women Molested as Children: The Trials and Rewards, A Rationale for Cultural Competency, African Americans and Sexual Child Abuse* (in *Sexual Abuse in Nine North American Cultures) and Cultural Competency in the Field of Child Maltreatment* (in *APSAC Handbook on Child Maltreatment).* Ms. Abney received her MSW at the Smith College School for Social Work.

Veronica Abney, LCSW, DCSW
Santa Monica, Ca.

A Summary of my Approach in the Speak-Out on Racism
By
Robert Pierce Ph.D.

The purpose of a Speak-Out on Racism is to first acknowledge, as a group, that although tremendous progress has been made in race relations, vestiges of racism continue to surface (i.e. Mississippi Sovereignty Commission). Our task is to collectively become aware of what is or is not racist, and learn how to combat such behavior in our practice. Therefore, the effort will be to identify and explore with participants, practice content and contexts that may be influenced by racist events/experiences/thoughts/ and decisions that prevent or impair effective service delivery to people of color.

STATE CHAPTER

TRAINING

Wednesday, July 8, 1998

Note: All sessions will be held in the Buckingham Room. Sessions will be led by APSAC staff, Board and experienced state chapter volunteers.

10:00 a.m. - 10:30 a.m.	**Welcome/Introductions**
10:30 a.m. - 11:15 a.m.	**APSAC's Responsibilities to the Chapters, Chapter Responsibilities to APSAC**
11:15 a.m. - 11:30 p.m.	**Morning Break**
11:30 p.m. - 12:30 p.m.	**Strategies for Chapter Activities** A) Chapter Revitalization B) Legislative Success Stories C) Marketing/Fundraising D) Chapter Mentoring
12:30 p.m. - 1:45 p.m.	**Networking/Brown Bag Lunch (Wrigley Room)** A) Database management B) Nuts and Bolts of Chapter Formation C) Other topics of interest
1:45 p.m. - 2:30 p.m.	**How to Hold a Successful State Chapter Training Event -- And Make Money!**
2:30 p.m. - 3:15 p.m.	**How to Develop a State Chapter Newsletter**
3:15 p.m. - 3:30 p.m.	**Break**
3:30 p.m. - 4:00 p.m.	**Questions and Answers**

THURSDAY

JULY 9, 1998 — Daily Schedule

SCHEDULE AT A GLANCE

7:00 a.m. - 5:00 p.m.	REGISTRATION AND EXHIBITS
7:15 a.m. - 8:15 a.m.	RESEARCH BREAKFASTS
8:30 a.m. - 10:00 a.m.	OPENING PLENARY: *Child Abuse in the Media: Au Pair and Beyond*
10:00 a.m. - 10:30 a.m.	MORNING BREAK
10:30 - 12:00 p.m.	TRAINING SEMINARS
12:00 p.m. - 1:30 p.m.	NETWORKING LUNCHES BY DISCIPLINE
12:00 p.m. - 1:30 p.m.	*Child Maltreatment* Editorial Board Meeting (by invitation)
12:15 p.m. - 1:15 p.m.	TASK FORCE MEETINGS (open to all) *Munchausen Syndrome by Proxy Task Force*
1:30 p.m. - 5:00 p.m.	TRAINING SEMINARS
3:00 p.m. - 3:30 p.m.	AFTERNOON BREAK
5:30 p.m. - 6:45 p.m.	TASK FORCE MEETINGS (open to all) *Attorneys Representing Children* *Videotaping*
5:30 p.m. - 6:45 p.m.	*ADVISOR* EDITORIAL BOARD MEETING (By invitation)
5:30 p.m. - 9:00 p.m.	Colloquium Planning Meeting (by invitation)
5:30 p.m. - 7:30 p.m.	People To People Informational Meeting

THURSDAY

JULY 9, 1998 — Daily

Schedule

8:15 a.m. **Research Breakfasts** — **Room Assignments**

RBT1 Physical Abuse Treatment — **Buckingham**

- A Parent Child Interaction Therapy: Preliminary Research Results
  Anthony Urquiza, PhD
- B Parent Child Interaction Therapy with a Physician-Referred At-Risk Family: A Single Case Study
  Rebecca Rasmussen, MA
- C Munchausen by Proxy Syndrome: Medical and Family Factors
  Anthony Urquiza, PhD

RBT2 Assessment Research — **Gold Coast**

- A Improving Decision Making in Child Protective Services: A Test of Reliability of Three Assessments
  Christopher Baird, MA
- B Traumatic Pericardial Tear and Hemothorax: A Case of Suspected Child Abuse
  Kathleen Coulborn Faller, PhD, ACSW and Theodore Cross, PhD

RBT3 Sexual Abuse Forensic Evaluation Protocols — **Columbian**

- A Outcomes of an Extended Forensic Evaluation Model
  Connie Carnes, MS
- B Allegation Blind Interviewing
  Julie Cantlon, BSN

8:30 a.m. - 10:00 a.m. **Opening Plenary**

Child Abuse in the Media: Au Pair and Beyond — **Regency A**

Moderator: Cathy Ayoub, RN, EdD; Panelists: Robert Reece, MD; Susan Kelley, PhD, RN, FAAN; Maudlyne Ihejirika, MS

10:30 a.m. - 12:00 p.m. **Ninety Minute Seminars**

200T Building Prevention Systems — **Atlanta**
Sandra Wood, MEd and Pam Brown, MEd

201T Working with Latinos on Issues of Physical Child Abuse — **Buckingham**
Lisa Fontes, PhD and Anthony Urquiza, PhD

202T Pre-Trial Motion Practice — **New Orleans**
Tom Fallon, JD

THURSDAY

JULY 9, 1998 — Daily Schedule

203T Representing the Non-Offending Parent in Custody Cases — **Picasso**
Ann Haralambie, JD

204T Investigative Techniques for Physical Child Abuse — **Water Tower**
Robert Farley, MS

205T Timing of Injuries — **Gold Coast**
Howard Dubowitz, MD and Mary Radkowski, MD

206T Abusive Head Trauma — **Soldier Field**
Randell Alexander, MD, PhD

207T Children, Adolescents and Adults with Aggressive Sexual Behavior: Implications for Victims — **Columbian**
Barbara Bonner, PhD

208T Assessment, Triage and Treatment in a World of Managed Care — **Haymarket**
Mark Chaffin, PhD

10:30 a.m. - 5:00 p.m. **Four and 1/2-Hour Seminars**

209T Child Fatalities — **Wrigley**
Dirk Huyer, MD; Robert Kirschner, MD; Harry Elias, JD; and Bill Walsh

210T Cognitive Behavior Interventions for Sexually Abused Children and Their Non-Offending Parents — **Comiskey**
Esther Deblinger, PhD and Judy Cohen, MD

211T Treating Adult Survivors of Abuse in Crisis — **Truffles**
John Briere, PhD

12:00 p.m. - 1:30 p.m. **Networking Lunch - By Discipline**

1:30 p.m. - 5:00 p.m. **Three Hour Seminars**

212T Risk Management in Mental Health Practice — **Picasso**
Ben Saunders, PhD and Scott Beard, JD

213T Protective Risk Assessment with Black Families — **Buckingham**
Sheryl Brissett-Chapman, MSW, EdD

214T Implications for Child Safety in Cases Involving Substance Abuse — **Atlanta**
Wayne Holder, MSW and Terry Roe Lund, MSW

THURSDAY

JULY 9, 1998 — Daily Schedule

215T	Reconceptualizing the Abuse Assessment Process for Pre-School Children *Sandra Hewitt, PhD*	**New Orleans**
216T	Combating Defense Strategies in Child Sexual Abuse *Nancy Lamb, JD and Mike Johnson, BSCJ*	**Haymarket**
217T	Representing the Child: Advocacy vs. Best Interests *Ann Haralambie, JD*	**Soldier Field**
218T	Conducting Investigative Interviews in Child Sexual Abuse Cases *Michael Hertica, MS*	**Gold Coast**
219T	Munchausen Syndrome by Proxy, SIDS, Suffocation and Controversies *Robert Reece, MD; Cathy Ayoub, RN, EdD; and Beatrice Yorker, JD, MS, RN*	**Columbian**
220T	Forensic Evidence of Bites and Burns *Randell Alexander, MD, PhD and Jack Kenney, DDS, MS*	**Water Tower**

Parent-Child Interaction Therapy: Preliminary Research Results

Anthony Urquiza, Ph.D.

Parent-Child Interaction Training (PCIT) is an intensive dyadic intervention which targets specific deficits often found within physically abusive parent-child dyads. PCIT has been found to be uniquely appropriate for use with physically abusive parent-child dyads because it has been shown to be highly effective in altering the foundations for negative coercive parent-child relationships, it incorporates both the parent and the child (and other involved family members), and it provides a means to directly decrease negative affect and control – while promoting (i.e., teaching, coaching) greater positive affect and discipline strategies. This research presentation will provide preliminary results of a federally funded study examining the effectiveness of PCIT on improving physically abusive parent-child interactions. All research families were administered a complete battery of standardized written measures and engaged in a parent-child dyadic assessment (which was later coded) at pre-treatment, mid-treatment, and post-treatment. Specific improvement was assessed in the domains of parent-child relationship characteristics (Dyadic Parent-Child Interaction Coding System II), reduction of child behavior problem (Eyberg Child Behavior Inventory, Child Behavior Checklist) and reduction in parent stress (Parental Stress Index), and reduction of risk for future maltreatment (Child Abuse Potential Inventory). Results provide an assessment and description of the positive impact of PCIT with court-ordered and voluntary services families who have been physically abusive. In addition, attention will be given to strategies which have been developed in applying PCIT to ethnic minority families, including development of ethnic-specific measures, application to low-income and rural families, and translation of research measures into Spanish. Also, there will be a presentation of difficulties in delivering PCIT services to difficult child welfare populations (e.g., parents with substance abuse problems, personality disorders, working with extended family members).

RBT1

EDUCATIONAL OBJECTIVES:

1. Know the components of Parent-Child Interaction Therapy (PCIT) and how PCIT is uniquely suited for physically abusive parent-child relationships/family systems.

2. Understand the methods and measures used in this investigation.

3. Understand the results of this investigation – with specific knowledge related to families for which PCIT is most effective.

Parent-Child Interaction Therapy with a Physician-Referred At-Risk Family: A Single Case Study

Presenter: Rebecca Rasmussen

Parent-Child Interaction Therapy (PCIT) is an intensive parent treatment program which was initially developed to assist parents whose children have sever behavioral problems (e.g., aggression, non-compliance, defiance, temper tantrums). Because many of the behavioral and interpersonal characteristics of children with behavioral problems and physically abused children are similar, PCIT was adapted as an intervention for physically abusive families. The PCIT program (as adapted for physically abusive families) consists of two parts, a Relationship Enhancement component and a Discipline component. Within the Relationship Enhancement component, parents are taught and 'Coached' how to decrease negative aspects of the relationship with their child management skills. In both components of this program, parents are taught specific skills, given the opportunity to practice these skills during therapy, then continue practicing skills until mastery is acquired and the child's behavior has improved.

We describe a physician-referred at-risk for physical abuse family who was referred to the Child Protection Center at the University of California, Davis Medical Center. The specific effectiveness of this program with a Hispanic family will be presented (based on pre-treatment, mid-treatment, post-treatment observational and standardized measures). For behavioral observations, we coded 5 minute segments of parent-child interactions for pre, mid, post and regular sessions. The parental codes consisted of descriptions, questions, and praises while the child codes were for any negative child behaviors (e.g., whining, crying, yelling, smart talk, being destructive, and engaging in physical negative behaviors). The standardized measures include the Eyberg Child Behavior Inventory (ECBI), Child Behavior Checklist (CBCL), Parental Stress Inventory (PSI), and the Child Abuse Potential Inventory (CAPI).

Educational Objectives

1. To show the effectiveness of PCIT using a single case design.
2. Being able to integrate both behavioral observation methodology and standard measures.

Munchausen by Proxy Syndrome: Medical and Family Factors

Presenters: Anthony J. Urquiza, PhD
Jean McGrath, PhD
Eric Vargas
Nancy Zebell, PhD
Joaquin Borrego, Jr
Child Protection Center
Department of Pediatrics
University of California Davis Medical Center
Sacramento, California

Munchausen by Proxy syndrome (MbPS), a syndrome in which a parent or caregiver deliberately manipulates an actual or apparent illness/injury or the false reporting of an illness in a child or other dependent, has been frequently described in the published literature. Much of this literature ha traditionally been published in medical journals, and more recently in child maltreatment journals. Although well described, this literature has relied almost exclusively on single case studies. Little effort has been given to attempting to aggregate case studies in a manner which would highlight common victim, perpetrator, family, and medical characteristics. This presentation descries current beliefs concerning familial and medical factors associated with MbPS, then uses published cases as an aggregate database. By systematically aggregating a large number of published case studies describing this syndrome, this article provides a greater understanding of the presenting medical problems, means of inflicting injury, victim characteristics, and case outcomes. It is hoped that this information will aid medical, mental health, and child welfare professionals' ability to understand and identify situations in which MbPS may be present.

Educational Objectives:

1. Understand theory and develop framework for Munchausen by proxy syndrome.

2. Know methods/strategies for conducting both screening and psychological evaluations for MbPS.

Anthony J. Urquiza is a child clinical psychologist at the Child Protection Center, Department of Pediatrics, University of California Davis Medical Center. Dr. Urquiza has extensive clinical experience with children, adolescents, and adults in a variety of inpatient and outpatient settings. His clinical and research interests, and publications center involve all types of family violence, ethnic minorities, victimization of males, child physical abuse treatment, and mental health psychodiagnostic issues. Dr. Urquiza is the author of a treatment manual for sexually abused children, published by the National Center on Child Abuse and Neglect, and an APSAC board member.

IMPROVING DECISION MAKING IN CHILD PROTECTIVE SERVICES: A TEST OF RELIABILITY OF THREE RISK ASSESSMENT MODELS

Presenter: Christopher Baird, MA

PROBLEM: Over the last decade numerous child protective service agencies have implemented risk assessment models in effort to improve the accuracy and consistency of estimates of the risk for future maltreatment. Some of the models have been empirically evaluated in terms of reliability and validity, while others have been less thoroughly examined. There are two major types of risk assessment approaches: actuarial and consensus models. The former is based on research that examines actual correlation between individual case factors and re-abuse. The later are based on collaborative opinion of various constellations of experts and practitioners. Until now, the reliability of the two approaches has not been directly compared.
METHOD: Three widely used models were examined: two consensus based—Washington Risk Assessment Matrix (WRAM) and the California Family Assessment Factor Analysis (CFAFA)—and one actuarial model—Michigan's Family Risk Assessment of Abuse and Neglect (FRANN), developed in conjunction with the National Council on Crime and Delinquency (NCCD). Case readers from each of the study sites (Alameda County, CA; Dade County, FL; Jackson County, MO; Macomb, Muskegon, Ottawa and Wayne Counties, MI) were trained in one of the three models. Twenty actual cases were selected from each site, and files stripped of identifying information. Each case reader reviewed each case, completing the risk assessment using the model in which they were trained. The result was four independent ratings for each of 80 cases. Both percent agreement among rater measures, and Cohen's Kappa were computed.
RESULTS: The FRAAN obtained completed agreement among all four raters in 57.5% of cases, compared to only 16.3% for CFAFA and 13.8% for WRAM. Three out of four raters were in agreement 85% of the time using FRAAN, compared to 45.1% for CFAFA and 51.3% for WRAM. Cohen's Kappa, which estimates reliability above chance, was .562 for FRAAN, .184 for CFAFA, and .180 for WRAM. Though there is no definitive threshold for this measure, kappa's below .3 generally indicate very weak reliability, and a kappa above .5 to .6 is generally deemed acceptable.
CONCLUSIONS: While none of the systems approached 100% inter-rater reliability, raters employing reliability for FRAAN was much higher than that achieved by the other systems.

EDUCATIONAL OBJECTIVES

1. Will know relative reliability of three risk assessment models
2. Will know the two primary types of risk assessment models

RBT2

THE POLYGRAPH AND ITS USE IN CHILD SEXUAL ABUSE CASES

Presenters: Kathleen Faller, Ph.D.
University of Michigan School of Social Work

Theodore Cross, Ph.D.
Heller School and Department of Psychology,
Brandeis University

Polygraph (lie detector) tests receive frequent use related to child sexual abuse but few child abuse professionals understand how they work and what effect they have. This presentation draws on two separate research efforts to describe the basic operations of polygraph tests, examine their accuracy and critically assess their use.

We will describe the myriad, often poorly understood uses of polygraph tests in child sexual abuse cases. We will also present data from a survey of child abuse professionals about the effect of polygraph tests in their cases. These tests suggest polygraph tests may well have a disruptive effect and sometimes differ dramatically from other compelling evidence in the case, A review of theory and field research of polygraph testing suggests that polygraph tests lack a scientific basis for their use. We will make a distinction between the polygraph as lie detector and as fear inducer, and examine the implications of this distinction for child abuse professionals.

RBT2

EDUCATIONAL OBJECTIVES:

1. The participant will be able to identify multiple uses of polygraph tests in child sexual abuse cases

2. The participant will be able to examine critically the accuracy of polygraph tests on multiple grounds

3. The participant will understand and make use of the distinction between polygraph tests as lie detectors versus fear inducers

Outcomes of an Extended Forensic Evaluation Model

Presenter: Connie Nicholas Carnes, MS, LPC
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Outcomes achieved using an extended Forensic Evaluation protocol over a two year pilot period will be presented. Variables such as effect of caregiver support, substance abuse, domestic violence & gender will be discussed. The presenters will describe a pending cross site research project involving more than 40 Children's Advocacy Centers across the United States which has been initiated to further test the efficacy of the model and further refine practice. Preliminary data from the cross site project will be discussed.

RBT3

Educational Objectives

1. Describe a research based protocol for Forensic Evaluation. Discuss the outcome data obtained using the protocol for 2 years at the original site in Huntsville, AL.
2. Describe implementation of the protocol at 30 sites nationwide. Present preliminary data from the nationwide implementation of the protocol.

Connie Nicholas Carnes

Connie Nicholas Carnes, MS, LPC, is the Clinical Director for The National Children's Advocacy Center, Huntsville, Al. Ms. Carnes directs the Intervention Services Program of the NCAC and serves as clinical liaison to the Madison County Multidisciplinary Team. She has thirteen years of therapy experience, and has focused her practice on children for the past eight years. She is an executive board member for the Alabama Professional Society on the Abuse of Children, and a member of the American Professional Society on the Abuse of Children. She speaks and writes extensively on child abuse issues.

"Allegation Blind ©Vs. Allegation Informed Structured Interviews"

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The objectives of this workshop are:

- To compare and contrast the disclosure rates of child sexual abuse during a formal forensic interview related to age and interview type.
- To identify research-based factors that may predict which children are more likely to disclose child sexual abuse during a formal forensic interview.
- To introduce outcome based program review of formal forensic interviews via outcomes in court, knowledge available to the interviewer, and age of child.
- To promote further research at Children's Advocacy Centers.

The "allegation blind" © structured forensic interview was developed in response to the Idaho Supreme Court that interviews be conducted without leading questions or bias and recorded on videotape. Disclosure data was collected from January of 1991 to 1994 at CARES (allegation blind) and 2 Midwest centers (allegation informed).

In 1994, Kerry and Fitzpatrick (1994) found that 86% (94% >age 5 & 59% =<age 5) of children who had already disclosed did so again during a formal forensic interview. Cantlon, Payne, and Erbaugh (1996) reported a statistical ***increase*** in disclosure rates when children were interviewed with the "allegation blind" approach.

In this second study, there was no statistical difference in the disclosure of child sexual abuse on chi square comparing CARES "allegation blind" interviews to the Midwest "allegation informed" interviews by year of age.

Of the CARES interviews, 94% of the disclosures occurred while the interviewer was completely "allegation blind," decreasing to 86.2% for 3 yr. olds, 88.5% for 4 yr. olds, 84.7% for 5 yr. olds. Asking more focused (informed) questions was possible with "allegation blind" interviews as a break occurs during which the interviewer meets with the referring agent, reviews intake notes, and reads the parent's concerns. Only 6% of all disclosures occurred during this phase.

RBT3

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CHILD ABUSE AND THE MEDIA: AU PAIR & BEYOND

PRESENTERS: Susan Kelley, Ph.D.
Georgia State University

Robert Reece, M.D.
Tufts University School of Medicine
Massachusetts Society for the Prevention of Cruelty to Children

Maudlyne Ihjirika
Chicago Sun Times

FACILITATOR: Catherine Ayoub, Ed.D.
Harvard University

TPIII

Child abuse has and will continue to be a topic of media attention. In the last several years cases involving child sexual abuse, Munchausen by Proxy and shaken baby deaths have captured the attention of reporters and journalists as well as the public at large. The general public's view of child abuse as an issue in modern society is in good part crafted through the media. Although most if not all professionals involved with child abuse issues value the need for informing and education the public, many also site the complexity, adversarial nature of the child protective work as well as legal and ethical issues that compromise the willingness or ability of professionals to assist the media in conveying information that advocates for children. This pane will address questions related to the interface between the media and child abuse systems including the public's desire and need to know about a child abuse situation versus the competing rights and efforts of parents and alleged perpetrators to convey their positions. The role of the professional as a diagnostician, an assessor, a legal advocate, or expert in the field under scrutiny by the media focus will be explored. Panelists will actively discuss current cases that have attracted media attention and will examine the portrayal of the issues in the context of our current child abuse knowledge base. The obstacles to common understanding of the nature and presentation of both victims and perpetrators as well as the difficulties we have as a society in acknowledging child abuse will be examined in the context of the goals and ethics of the journalist. Media experts and experienced professionals will provide insight into the systems of information-gathering used within the journalistic world and offer guidance to child abuse professionals in working with media representatives.

EDUCATIONAL OBJECTIVES:

1. Identify the issues in the interface of child abuse systems and the media.

2. Explore the ethical and professional limitations and responsibilities of the child abuse professional to the media.

3. Understand the process of the development of given media coverage and its potential impact for molding public opinion.

Brief Biographical Sketch for Catherine Ayoub

Catherine C. Ayoub, R.N., M.N., Ed.D, a nurse practitioner and a licensed forensic psychologist, is a senior staff member of the Children and the Law Program at Massachusetts General Hospital, Director of Psychology at the Boston Juvenile Court Clinic, and an Assistant Professor at Harvard Medical School and the Graduate School of Education. Dr. Ayoub has 25 years of experience in working with children and families at risk in health care settings and with maltreated children and families as well as other children involved with the legal system. In addition, she has developed and currently provides evaluation and consultation to primary and secondary prevention programs. Her research interests include the developmental impact of childhood trauma and the study of parent-child relationships in high-risk situations. She is currently a member of the National Board of the American Professional Society on the Abuse of Children and the co-chair of the Munchausen by Proxy Taskforce. Dr. Ayoub has authored over 40 articles on children at risk, child maltreatment, childhood trauma and prevention intervention.

MAUDLYNE IHEJIRIKA

Maudlyne Ihejirika has been a reporter with the Chicago Sun-Times for the past 10 years.

She currently covers the foundations and nonprofits beat, chronicling the efforts of the nonprofit sector as it attempts to fill the gap left by the federal government's withdrawal from policies which provided our nation's social safety net.

Prior to that, she covered the housing and urban affairs beat for four years, reporting on the housing dilemmas of a major metropolitan area, and on such related issues as the crime and social and economic deprivation now confronting our nation's largest cities.

Her expertise includes the inworkings and trends characterizing charities and charitable giving, public housing, and the challenges facing our inner cities.

Born in Owerri, Nigeria, Ms. Ihejirika attained her master's degree in journalism from Northwestern University's Medill School of Journalism, and holds a bachelor's degree in journalism and English from the University of Iowa.

Her award-winning work has appeared in numerous publications, including Chicago's N'Digo and Catalyst magazines. She is a board member of the Chicago Association of Black Journalists, and actively participates in several youth mentoring programs, particularly in the Chicago Public Schools.

Dr. Susan Kelley Associate Director and Professor in the College of Health and Human Sciences at Georgia State University. She has specialized in the field of child abuse since 1979 and has published over 40 journal articles and book chapters on various aspects of child abuse. Dr. Kelley is editor of Pediatric Emergency Nursing, 2nd edition which is published by Appleton and Lange in 1994 and is a recipient of an AJN Book of the Year Award.

Dr. Kelley's research has focused on the antecedents and impact of abuse on children and family member. Her most recent work focuses on the relationship between maternal substance abuse, child abuse, and grandparents raising grandchildren. Dr. Kelley is the founder and director of Project Healthy Grandparents, a program for grandparents raising grandchildren in parent absent homes.

Dr. Kelley serves on the Advisory Board of the American Professional Society on the Abuse of Children, and is Vice President of Georgia Professional Society on the Abuse of Children, and the Georgia Council on Child Abuse Boards of Directors.

Robert M. Reece, M.D.

Robert M. Reece, M.D. is Clinical Professor of Pediatrics at Tufts University School of Medicine and Director of the Institute for Professional Education at the Massachusetts Society for the Prevention of Cruelty to Children, Boston, Massachusetts. The Institute provides current medical information about all forms of child abuse to professionals working with child abuse. Individuals using this training have included health care providers, social workers in public and private agencies, law enforcement personnel, attorneys, judges and treating clinicians. Dr. Reece has worked as clinician, teacher and researcher in child maltreatment since the early 1970s. He is the editor of the book *Child Abuse: Medical Diagnosis and Management* (1994, Lea and Febiger, Malvern, Pa.) and of *The Quarterly Child Abuse Medical Update*, a publication seeking to keep clinicians informed of recent medical developments in child abuse. He was honored as the American Professional Society on the Abuse of Children's "Outstanding Professional in the Field of Child Abuse" in 1997 and was named in the peer-reviewed books *Best Doctors in America* for two consecutive years.

BUILDING PREVENTION SYSTEMS

Sandra P. Wood MEd
Pam Brown MEd

Child abuse prevention is a relatively new phenomenon in human history. Current efforts are still in their infancy, hampered by limited funds, turf issues, lack of sound evaluation data, and failure to adequately consider the broad picture of how to instill a child abuse prevention system at the local and national levels. Child abuse prevention will remain inadequate to protect children until child abuse and neglect is treated like the national epidemic it is, as identified by the U.S. Advisory Board on Child Abuse and Neglect (1991), and until greater sophistication and more resources are applied.

It is not enough to show that prevention works. Simply putting dollars into a community is bound to lead to some effect. Evaluation must begin to determine what it is that works and for whom. Inevitably funding sources will tire of programs that "feel good" but can not show hard experimental data proving their worth. Research is not an "add on", but is fundamental to what any program is about – proving the approach is viable and worth replication elsewhere.

Child abuse prevention organizations alone are incapable of ever completely addressing the problem. To reach all children, other larger institutions must be convinced of the program's utility and commit their resources and talents. Thus home visitation programs might be spearheaded by the Department of Public Health, sex abuse and violence prevention in the schools by the Department of Education, and crisis nurseries and respite care by the Department of Social Services. The role of child abuse prevention organizations will then be to serve as a catalyst – designing new programs, nurturing and testing them. As the only group concerned with child abuse prevention as its primary goal, such an organization must remain the innovator of new ideas and the caretaker to ensure that multiple programs are in place to attack the many facets of abuse. Ultimately, an integrated approach to child abuse may prove synergistic to the protection of children.

One problem with this larger approach is the adoption of prevention programs by other organizations which do not necessarily share the enthusiasm and vision of the program's developers. What can be done to ensure that programs are not fatally modified secondary to perceived monetary or institutional contingencies? How can such institutions share in the overall vision of how an individual program might fit into an overall approach to child abuse? The problem of "institutional drift" is one which will require careful consideration and research if child abuse prevention is ever to become a significant part of the social fabric.

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SANDRA P. WOOD, M.Ed.

Sandra is Executive Director of the Georgia Council on Child Abuse (GCCA). GCCA is recognized as one of Atlanta's most effective non-profit organizations, having been a finalist for the Metropolitan Atlanta Community Foundation's Managing for Excellence Award in 1996 and 1997. Sandra is recognized as a leader in child abuse prevention and has developed prevention program models and done extensive training on child abuse. She is on the Board and Executive Committee of the American Professional Society on the Abuse of Children (APSAC) and is President of the Georgia Professional Society on the Abuse of Children (GAPSAC). Her 29 years experience in child abuse prevention and treatment include direct service and supervision in child protective services.

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Working with Latinos on Issues of Physical Child Abuse

Lisa Fontes, Ph.D. University of Massachusetts, Amherst
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The workshop goal is to help reduce physical abuse among Latino families in culturally respectful ways. In this seminar participants will learn about normal and abusive parent-child relationships in Latino families and typical problems that arise between Latino families and the child welfare system. Topics to be considered include: languages, stereotypes, normative discipline, culture-specific punishments, and discrimination/ignorance within the child welfare system. Participants will learn ways to take advantage of Latino cultural strengths to promote non-violent family relationships.

Educational objectives:

- Participants will learn about the diversity of Latino families in the U.S. and how these differences may affect families' child rearing practices;
- Participants will learn how to help parents use non-violent disciplinary techniques, while still communicating respect for the parents' culture;
- Participants will learn ways to make the child protection and mental health systems become more responsive to the needs of their Latino clients;
- Participants will receive practical training which they can bring back to their workplaces and employ immediately with their Latino clients.

201T

PRETRIAL MOTION PRACTICE IN CHILD ABUSE CASES
PREPARING THE COURT FOR THE CHILD

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We all know that being the proponent of a child's testimony in a criminal or civil case is a daunting task. The child is asked to communicate in adult surroundings in an adult-like manner. The results are frequently unfavorable and the affects on the child can be devastating.

This workshop will examine ways in which the proponent can more effectively present the child's testimony by enhancing its accuracy and minimizing the trauma to the child through more creative pretrial motion practice.

EDUCATIONAL OBJECTIVES:

1. The participant will be able to identify various aspects of a child's testimony which can be enhanced by pretrial motion practice.

2. The participant will be able to argue in support of motions brought to facilitate the child's testimony.

3. The participant will have a methodology for applying social science research in the context of pretrial child abuse motion practice.

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REPRESENTING THE NON-OFFENDING PARENT IN CUSTODY CASES

Presenter: Ann M. Haralambie, J.D.
Ann Nicholson Haralambie, Attorneys, P.C.

Domestic relations custody cases which involve allegations of abuse require special thought and training on the part of the attorney. Historically abuse cases were relatively simple: the abuser had no chance of being awarded custody and was likely to have only restricted visitation. Since the late 1980's, however, the non-offending parent has often become a target, accused of fabricating or embellishing allegations. In some cases the non-offending parent is punished with the loss of custody.

In some cases the attorney for the non-offending parent must prove not only the underlying abuse allegations, but also the good-faith motivation of the client. Further, the attorney must be creative in suggesting possible remedies when the allegations appear to have merit but cannot be proven.

Appropriate evaluation by and consultation with experts is essential to the process, particularly when the offending parent attempts to introduce "junk science"in defense of his or her position.

This session will deal with the strategic and practical considerations in representing both protective and non-protective non-offending parents with the goal of ensuring appropriate and safe outcomes for the children.

EDUCATIONAL OBJECTIVES

1. The participant will be able to formulate trial strategies for representing protective non-offending parents in custody cases involving allegations of abuse.
2. The participant will be able to formulate trial strategies for representing non-protective non-offending parents in custody cases involving allegations of abuse.
3. The participant will be able to identify and counter "junk science" offered in defense of the offending parent.
4. The participant will be able to recommend remedies where abuse cannot be proven, but there is considerable risk for the child.

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JOHN E.B. MYERS: A MOTHER'S NIGHTMARE–INCEST: A PRACTICAL LEGAL GUIDE FOR PARENTS AND PROFESSIONALS (Sage Publications 1997)

ANN M. HARALAMBIE is a certified domestic relations specialist, Certified Fellow of the American Academy of Matrimonial Lawyers, charter life member of the American Professional Society on the Abuse of Children, president of the Arizona Association of Counsel for Children, and past president of the National Association of Counsel for Children. Her publications include THE CHILD'S ATTORNEY: A GUIDE TO REPRESENTING CHILDREN IN CUSTODY, ADOPTION, AND PROTECTION CASES and the 2-volume treatise HANDLING CHILD CUSTODY, ABUSE, AND ADOPTION CASES. Her practice is limited to juvenile and family law, empasizing custody and child abuse. She writes and lectures nationally and internationally on child welfare and custody law.

APSAC

The Sixth National Colloquium

Session: 204T

INVESTIGATIVE TECHNIQUES FOR PHYSICAL CHILD ABUSE

Robert Farley

Timing of Injuries in Cases of Suspected Child Abuse

Presenters: Howard Dubowitz, MD, MS, Professor of Pediatrics, Director, Child Protection Program, University of Maryland School of Medicine.

Mary Ann Radkowski, MD, Professor of Radiology at Northwestern University Medical School, attending Radiologist and Neuro-Radiologist at Children's Memorial Hospital in Chicago.

The timing of injuries can be very important to assess the plausibility of a given explanation for an injury, and to consider who might have had contact with the child during the period when the injury occurred. This workshop will review current knowledge on the timing of different injuries, particularly bruises, head injuries, eye injuries and fractures. We will use case vignettes for group discussion to illustrate the clinical dilemmas often encountered. In addition, the limitations of current knowledge and our ability to precisely time various injuries will be emphasized.

Educational Objectives

1. The participant will be up to date on current knowledge regarding the timing of injuries pertaining to suspected child abuse.
2. The participant will be able to apply this knowledge to different clinical situations.
3. The participant will recognize that the history is the most important information in timing injuries.
4. The participant will recognize the limitations to precisely timing most injuries.

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Dr. Radkowski can be reached at (773) 880-4395.

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Howard Dubowitz, M.D. - Biosketch

Howard Dubowitz, M.D. is an Associate Professor of Pediatrics at the University of Maryland School of Medicine and he directs the Child Protection Program at the University of Maryland Medical Systems. He is Chair of the Maryland Academy of Pediatrics Committee on Child Maltreatment and Dr. Dubowitz is Vice President-Elect of the American Professional Society on the Abuse of Children.

Dr. Dubowitz's clinical work has included all forms of child maltreatment with a special interest in neglect. His research has been in the areas of child neglect, sexual and physical abuse, kinship care, and physician training in child abuse. Dr. Dubowitz has also been actively involved in child advocacy at the state and national levels. He has presented at many local, regional, national and international conferences.

ABUSIVE HEAD TRAUMA

Presenter: Randell Alexander
Associate Professor of Pediatrics
The University of Iowa

Child abuse is the leading cause of death from trauma for young children. Of the different forms of trauma, head injuries are the leading cause of death.

Although abusive head trauma encompasses damage to the eyes, mouth and external surfaces, the primary concern are injuries which affect the brain. Shaken baby syndrome consists primarily of direct brain injury accompanied by injury to blood vessels within the cranium (e.g., subdural and/or subarachnoid hemorrhages) with frequently accompanying retinal hemorrhage.

Issues that sometimes arise will be addressed including: whether CPR can cause any of the injuries, the timing of the injuries, severity of the injuries, distinguishing shaken baby syndrome from accidental falls, "re-bleed" defenses, and whether other conditions can mimic shaken baby syndrome.

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EDUCATIONAL OBJECTIVES

1. Participant will be able to identify that shaken baby syndrome is primarily a brain injury, accompanied by intracranial bleeding with frequent evidence of retinal hemorrhage.

2. Participant will develop a proper understanding of the severity of the forces involved in shaken baby syndrome and how this applies to court action.

3. Participant will be able to recognize at least three myths about shaken baby syndrome and what is the current understanding of this phenomenon.

RANDELL C. ALEXANDER, MD, PHD
Associate Professor of Pediatrics

Serves on faculty at The University of Iowa College of Medicine. Actively involved in research on child abuse; teaches at The University of Iowa Hospitals and Clinics, within the state and nationally primarily on the subject of child abuse; and has both inpatient and outpatient responsibilities.

Vice-Chair, United States Advisory Board on Child Abuse and Neglect
American Professional Society on the Abuse of Children
- ⇒ Executive Committee
- ⇒ Chair, Task Force on Factitious Disorder by Proxy
- ⇒ Co-Chair, Task Force on Child Fatalities

National Committee to Prevent Child Abuse
- ⇒ Executive Committee
- ⇒ Chair, Program Development Committee

American Academy of Pediatrics
- ⇒ Member, Committee on Child Abuse and Neglect

Chair, Iowa Governor's Advisory Council on Child Abuse Prevention Fund
Vice-Chair, Iowa Child Death Review Team
Chair, Committee on Child Abuse, Iowa Chapter, American Academy of Pediatrics

Dr. Alexander has lectured frequently and published extensively in the area of child abuse.

SHAKEN BABY SYNDROME

Randell C. Alexander, MD, PhD

I. Definition of shaken baby syndrome (SBS)
   A. Intracranial injury
      1. Brain swelling (edema). Diffuse axonal injury (DAI) is the major problem.
      2. Subdural and/or sub-arachnoid hemorrhages. These are "markers" and not the primary problem.
      3. Often inter-hemispheric bleeding is seen
      4. May see "shear" injuries - ominous prognosis
      5. Evidence of external head trauma often lacking
   B. Retinal hemorrhages
      1. 75% to 90% of the cases
      2. Usually many; diffuse; may extend to periphery
      3. Occasionally retinal detachment may result
      4. Visual impairment is usually a result of cortical damage, not retinal hemorrhages (which fade away)
   C. Other injuries
      1. Rib fractures may be seen in some cases, secondary to extreme squeezing while shaking. Location is lateral; or posterior just lateral to spine (where spinous process intersects posterior rib)
      2. May have bruises or other broken bones. Rare to have bruises over broken ribs. Grab marks usually are <u>not</u> seen.
      3. Occasionally there is some evidence of neck injuries to soft tissues at time of autopsy. However, SBS is primarily a <u>head</u> injury.

II. History
   A. Various descriptions in past which did not identify mechanism of injury (e.g. Caffey, 1946).
   B. Guthkelch (1971) first linked injuries to "whiplash" forces. Caffey (1972, 1974) amplified this concept (and over-extended it).
   C. CT scans began to be used in the mid 1970's (popularized by Zimmerman)
   D. MRI first used in mid 1980's (popularized by Alexander, et al)

III. Epidemiology
   A. About 2000 child abuse deaths per year.
   B. Head trauma is leading cause of physical abuse deaths
   C. SBS is leading cause of fatal physical abuse deaths
   D. About 3-5 cases per million population = 750 to 1200 cases. Perhaps more.
   E. About 20-25% fatality rate.
   F. Most children under 1 year, nearly all under 2, unheard of over 5 years.

IV. Is shaking sufficient to cause serious injury or death?
   A. Guthkelch and Caffey confined SBS to cases without signs of external head trauma.
   B. Duhaime found a series of cases which all had external head trauma. She used doll models and calculated that only through impact could sufficient forces be obtained. Concept of "soft" surfaces, although she says the impact force must exceed even a violent shaking (i.e., it is child abuse).
   C. Impact model
      1. Assumes a threshold must be reached before head injury will occur.
      2. Same effect as falls or blows
   D. Earthquake model
      1. More general equation. Assumes force x duration = injury. Always takes severe forces, but repetitive oscillations in a very short time may add up.
      2. Not identical to impact model except in case of single shake.

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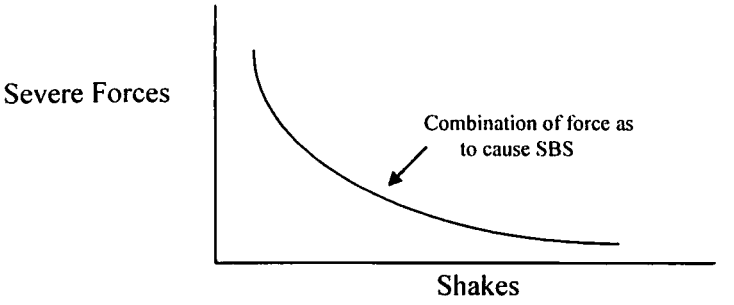

E. Issues
   1. If impact model:
      a) Why don't we see retinal hemorrhages with car accidents or falls like we do with SBS?
      b) Why do we so frequently fail to find external evidence of impact?
      c) Why is the pattern of brain injury more diffuse in SBS than in known instances of impact?
      d) Why isn't the skull fractured more often?
   2. If earthquake model:
      a) How do repetitive oscillations sum to create greater effect (i.e., what is happening at the tissue level)?
      b) What are the parameters of shaking?

F. Alexander, et al, 1990
   1. Looked at 24 subjects.
   2. Careful autopsies (when appropriate) which reflected scalp to look for underlying bruises. MRI in nearly all.
   3. Half found to have evidence of impact (no matter how dubious). Half had no evidence at all.
   4. Deaths no more likely in "shake/slam" group then "shake only" group.
   5. Indicates that shaking alone is sufficient to cause serious injury/death.

V. Medical and legal issues

A. Severity
   1. Not caused by bouncing on knee, jogging with child in back pack, throwing in air (although these may not be good activities to do with very small children)
   2. Although the pattern of head trauma is somewhat different, it is comparable to falls from third story windows, car accidents, etc.
   3. Severe injuries require severe forces
   4. Spectrum of symptoms from gastroenteritis-like problems, to vomiting and altered consciousness, to death

B. Timing
   1. Radiology may be able to date old and new injuries (especially MRI). Sometimes may estimate acute blood within several days.
   2. Pathological dating of healing processes may date within days. Xanthochromia may be seen in CSF after several hours.
   3. Clinical dating often is most precise. Timeline of when child last was doing well (activity, feeding, interacting) is essential. SBS has immediate symptoms and child does not look good afterwards (e.g. worse than having a concussion).
   4. In fatal cases, injury almost always occurred within 1-2 hours of presentation for medical care.
   5. In least severe cases, brain swelling peaks around 48 hours then diminishes.

C. Recidivism
   1. About 70% of SBS victims have evidence of prior abuse (but often unknown prior to diagnosis)
   2. About one-third have evidence of old intracranial injury as well, indicating prior shaking. In reality, most victims probably have been violently shaken before.

3. If child abuse = felony, then SBS death may = felony murder (or homicide by child abuse)
4. If other children, they may have been shaken or abused in other ways.

VI. Diagnosis

A. Index of suspicion. Example: under 2 years of age, pyloric stenosis and abusive head injury are about equally likely as a cause for severe vomiting.
B. Eye examination by an ophthalmologist. Absence of retinal hemorrhages can only be stated by an ophthalmologist (they get the best look).
C. Head imaging. CT first. It is fast, available, cheaper, and will tell if any neurosurgical treatment needed. In 1-2 days when next head imaging is to be done, get MRI. It is more sensitive.
D. Skeletal survey (especially if under 2 years of age). Skull films still are best at showing fractures. Check ribs and metaphyses carefully.
E. CBC with platelets, PT, PTT. Trauma may cause small shifts in these values. This does not indicate a bleeding disorder.
F. Expect glucose to be elevated, an increase in the WBC, and other signs of trauma stress.
G. Check liver function studies to rule out occult liver trauma. Consider anylase.
H. Medical photography.
I. Examine any other children.
J. Ask about domestic violence and substance abuse.

VII. Treatment

A. Medical/surgical management
B. Child abuse report
C. Consult ophthalmologist, forensic pediatrician, dentist, pediatric radiologist, and forensic pathologist (if fatal).
D. Legal action as indicated
E. Consider expedited termination of parental rights (if parent was the perpetrator)
F. Developmental follow-up for years.
G. Support for surviving siblings.
H. If perpetrator not a parent, contact Parents Against Child Abuse at 909/699-4800 for parent support.
I. Support Healthy Families, America; join APSAC and NCPCA; speak out against violence.

VIII. Suggested Readings

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Children, Adolescents, and Adults with Aggressive, Sexual Behavior: Implications for Victims
July 9, 1998 10:30a.m. – 12:00

Presenter: Barbara L. Boner, PhD
Director, Center on Child Abuse and Neglect
Department of Pediatrics 4402-B
University of Oklahoma Health Sciences Center
P.O. Box 26901
Oklahoma City, OK 73190

(o) (405) 271-8858 (fax) (405) 271-2931

This session is intended for a broad range of professionals from child protective services, psychology, law enforcement, social work, medicine, law and the judiciary who deal with victims of child sexual abuse. It is a well accepted idea that it is important for professionals who intervene or treat child victims to understand abusers in order to assist children in understanding the abuser and preventing it from recurring.

This session will present the current research on males and females with aggressive sexual behavior at these development stages. It will focus on similarities and differences in these individuals at different developmental stages and the implications of these findings for victims.

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Educational Objectives

The participants will:

1) Be aware of the current research on children, adolescents, and adults with aggressive sexual behavior;

2) Understand the similarities and differences between children, adolescents, and adults with aggressive sexual behavior; and

3) Know which approaches to treatment have been found to be effective with these populations.

Session title: Assessment, triage and treatment in a world of managed care and limits

Presenter: Mark Chaffin, Ph.D.
Associate Professor of Pediatrics
University of Oklahoma Health Sciences Center
P.O. Box 26901, CHO 4402
Oklahoma City, OK 73092
405-271-8858; fax 271-2931

Session description:

Audience: This workshop is designed for mental health treatment professionals and those responsible for designing treatment plans for abused children.

Overview, Framework, and Content: Do all abused children require mental health services? When might monitoring alone be more appropriate than treatment? When are support groups adequate or inadequate? If treatment is needed, what type of treatment and what approach is most appropriate? How much of the focus of treatment should be on abuse and how much on other symptoms? Can treatment needs be accommodated within the limits imposed by caseloads, managed care, and client compliance? Answering these and related questions involve careful assessment and triage. Drawing on emerging treatment research, this workshop will present a general triage model for prioritizing cases, choosing and prioritizing treatment targets, and matching treatment approaches to individual case features.

Methods: Lecture, question and answer.

Objectives:
1. Participants will learn criteria for which children require mental health treatment services.
2. Participants will learn criteria for prioritizing treatment goals.
3. Participant will learn a model for matching treatment modalities with individual case features.

Bibliography: To be included in handouts
Biography: Mark Chaffin is a Psychologist on faculty in the Departments of Pediatrics and Psychiatry at the University of Oklahoma Health Sciences Center in Oklahoma City, where he serves as Director of Research at the Center on Child Abuse and Neglect. He has served on the APSAC Board of Directors and currently serves as Editor of APSAC's journal, Child Maltreatment.

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Mark Chaffin is a Psychologist on the faculty of the University of Oklahoma Health Sciences Center where he serves as Associate Professor of Pediatrics, Clinical Associate Professor of Psychiatry, and Director of Research at the Center on Child Abuse and Neglect. He has served on the APSAC Board, as Executive Editor of The APSAC Advisor and as Editor of Child Maltreatment.

Child Fatalities
APSAC 6th Colloquium
July, 1998

Presenters

Dirk Huyer MD
Suspected Child Abuse and Neglect Program
Hospital for Sick Children
Toronto, Ontario, Canada

Harry Elias JD
Supervising Civil Judge
North County District, San Diego County
Vista, CA

Robert Kirschner MD
Clinical Associate Professor
Pathology and Pediatrics
University of Chicago
Chicago, IL

Bradley Russ
Commander
Bureau of Investigative Services
Portsmouth Police Department
Portsmouth, NH

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When a child dies suddenly and unexpectedly an investigation of the circumstances is mandatory. Not only must non-accidental injury be considered and addressed if present, but future accidental deaths may be prevented based upon conclusions reached during through investigations of fatalities. It must be remembered that children may die from inflicted injuries without overt external evidence.

Emotions that arise with the death of a child may contribute to difficulties in the investigation of child fatalities. Investigations are best accomplished with use of an interdisciplinary team with significant involvement of law enforcement and medical professionals. Each team player provides a discipline specific approach resulting in a broad perspective investigation.

Each of the session presenters will provide the interdisciplinary audience with their discipline specific approach to investigation. Case examples will be "worked through" providing case management strategies by the team of presenters.Problematic situations that are not uncommon in child fatalities will be illustrated.

The role and the benefit of child death review teams with be discussed.

Objectives:

1. The session participant will gain insight into the investigation of child fatalities

2. The participant will be aware of the different discipline specific perspectives present in investigations

3. An approach to management of problematic situations with be gained.

Bibliography

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Additional references will be provided at the session.

BIOGRAPHICAL SKETCH

Robert H. Kirschner, M.D.
March, 1998

Dr. Kirschner is a forensic pathologist whose major interests are in the areas of child abuse and international human rights abuses. He graduated from Jefferson Medical College in 1966, and did his residency training in pathology at the University of Chicago. From 1978 through April 1975, Dr. Kirschner was with the Office of the Medical Examiner of Cook County, and was Deputy Chief Medical Examiner for 8 years. He is currently Clinical Associate in the Departments of Pathology and Pediatrics at the University of Chicago, and on the medical staff of the University of Chicago Hospitals.

Dr. Kirschner was one of the founders of the Child Death and Serious Injury Review Team of Cook County, Illinois. He is a former member of the Committee on Child Abuse and Neglect of the American Academy of Pediatrics. Nationally, he has been a consultant to the American Bar Association Center on Children and the Law and the American Prosecutors' Research Institute. He has also served on various task forces and committees advising the governor and the attorney general of the State of Illinois about child abuse.

He has written and lectured extensively on the diagnosis of physical abuse, and the presentation of medical evidence in court. He is the author or co-author of chapters on the pathology of abuse in two major child abuse texts: Child Abuse: Medical Diagnosis and Management, edited by Robert Reece; and The Battered Child, 5th edition, edited by Kempe, Helfer and Krugman. Dr. Kirschner is frequently consulted by law enforcement agencies, prosecutors, defense attorneys, and other physicians in numerous states and the U.S. military regarding child abuse injuries.

In addition to his faculty appointment at the University of Chicago, Dr. Kirschner is director of the International Forensic Program of Physicians for Human Rights. His human rights activities take him to many foreign countries where torture and extra-judicial executions are common. He was a forensic consultant to the International Criminal Tribunal for Yugoslavia and Rwanda, and is currently involved in the investigation of human rights abuses in Turkey, Guatemala, El Salvador, Israel and elsewhere.

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Dirk Huyer has been a physician with the Suspected Child Abuse and Neglect(SCAN) Program at the Hospital for Sick Children in Toronto, Canada for eight years. He provides medical expertise in all types of child abuse cases. Dr. Huyer holds academic appointment as an Assistant Professor with the Department of Paediatrics at the University of Toronto. Dr. Huyer has extensive experience in the area of child abuse, both in diagnosis and in providing expert opinions in the legal forum. Dr. Huyer is also active as a Coroner for the Province of Ontario.

HARRY M. ELIAS, J.D.

Biographical Sketch

Harry Elias is a Municipal Court Judge for the North County Judicial District, located in San Diego County, California. Since his appointment to the bench, Judge Elias' assignments have included presiding over criminal and civil trials, felony preliminary hearings, Supervising Civil Judge, 2 years as the Presiding Judge and criminal case settlement conferences. Judge Elias also sits, by assignment, for the Superior Court as a judge in the Juvenile Court presiding over Child Dependency cases. He has presided over more than 250 jury trials and numerous other hearings.

Prior to that he was a Deputy District Attorney with the San Diego County District Attorney's Office. While in the District Attorney's Office he was the Division Chief of the Family Protection Division, a specialized unit which handles the prosecution of domestic violence, child stealing, child abuse and child homicide cases. Harry also was the Chief of the vertical prosecution Child Abuse Unit since its inception in l985.

Judge Elias received his B.A. from the University of Michigan and his J.D. from the University of San Diego. He was a prosecuting attorney from 1976 to 1990. He participates in numerous local and national organizations, and has served on the Board of Directors of Voices for Children, a CASA Program, and was on the Board of Directors of the California District Attorney's Association. He was also on the advisory board to the National Center for the Prosecution of Child Abuse as well as the ABA/AAP Board on Child Fatal Maltreatment. Judge Elias is currently the President of the American Professional Society on the Abuse of Children (APSAC). Judge Elias is also the chair of the California Children's Justice Task Force.

While a Deputy DA, Judge Elias has published several articles and chapters pertaining to sexual assault, specialized techniques in child abuse cases, and the use of expert witness testimony. He has done extensive lecturing and interdisciplinary training in the U.S. and abroad, and has served as a frequent instructor for state and national District Attorney's Associations, the U.S. Army and the Child Abuse Interdisciplinary Education Project. Judge Elias has received a recognition award from the American Prosecutors Research Institute and has been cited by the California District Attorney's Association as an "Outstanding Instructor" from 1987 to 1990. Judge Elias continues to lecture and teach for the California Center for Judicial Education & Research (CJER).

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1998 APSAC Workshop Proposal

Title: **Cognitive Behavioral Interventions for Sexually Children and Their Nonoffending Parents**

Presenters: **Esther Deblinger, Ph.D.**
Associate Professor of Clinical Psychiatry
UMDNJ-School of Osteopathic Medicine
Center for Children's Support
42 E. Laurel Road, Suite 1100
Stratford, NJ 08084
and
Judy Cohen, M.D.
Associate Professor of Psychiatry
Center for Traumatic Stress in Children & Adolescents
Allegheny General Hospital
Department of Psychiatry
4 Allegheny Center, 8th Floor
Pittsburgh, PA 15212

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Recent estimates suggest that one out of three girls and one out of six boys will suffer child sexual abuse by age 18. These children are at high risk for suffering a wide range of psychological difficulties. Recent research findings suggest that parental support may be the single most important factor influencing the recovery of sexually abused children. The proposed workshop, therefore, will present a treatment approach that is intended to directly assist sexually abused children, while also enhancing the ability of the nonoffending parent(s) to respond supportively and effectively to their children's disclosures and difficulties.

This workshop will present: 1) a brief overview of empirical research supporting this cognitive behavior treatment approach; 2) structured methods for helping sexually abused children confront and process abuse related thoughts and memories; 3) cognitive-behavioral strategies for helping nonoffending parents cope with their personal distress as well as their children's abuse related disclosures and difficulties; 4) suggestions for planning effective joint parent/child sessions; and 5) creative strategies for overcoming resistance to treatment. Practical implementation of the interventions will be illustrated through interactive discussion, concrete case presentations, slide presentations, audio tape examples and role plays.

Educational Objectives

1. The participant will learn cognitive behavioral intervention for assisting sexually abused children overcome abuse-related difficulties.
2. The participant will learn how to help nonoffending parents respond effectively to their sexually abused children's difficulties.
3. The participant will learn how to enhance the therapeutic benefit of joint parent-child sessions.

Session: Cognitive Behavioral Interventions for Sexually Abused Children and Their Nonoffending Parents

Presents: Esther Deblinger, Ph.D. and Judy Cohen, M.D.

References:

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Mannarino, A.P., Cohen, J.A. (1996). A follow-up study of factors which mediate development of psychological symptomatology in sexually abused girls. Child Maltreatment 1(3):246-260.

Biosketch

Dr. Esther Deblinger graduated Phi Beta Kappa from the State University of New York at Binghamton with bachelor of arts degrees in Spanish and psychology. She received her M.A. and Ph.D. in clinical psychology from the State University of New York at Stony Brook. Dr. Deblinger completed an internship at the Medical College of Pennsylvania (MCP) and then accepted a position as Co-Director of the Child Sexual Abuse Diagnostic and Treatment Center at that institution. There she gained extensive clinical experience and began the development of a research program examining the psychological impact of child sexual abuse and the treatment of its deleterious effects.

Currently, Dr. Deblinger is the clinical director of the Center for Children's Support, associate professor of clinical psychiatry and adjunct associate professor of pediatrics at the University of Medicine and Dentistry of New Jersey - School of Osteopathic Medicine. The Center is a multidisciplinary resource specializing in the medical and mental health evaluation and treatment of alleged victims of child abuse. As the clinical director, Dr. Deblinger has been instrumental in developing the Center's mental health, graduate training and clincal research programs. Dr. Deblinger has received over $2.7 million in funding from the National Center on Child Abuse and Neglect and the National Institute of Mental Health to conduct groundbreaking research examining the effectiveness of therapy approaches designed for sexually abused children and their families. She has published numerous articles on the effects and treatment of child sexual abuse in scientific journals and recently published a book (with co-author Ann Hope Heflin, Ph.D.) on cognitive behavioral therapy for sexually abused children and their nonoffending parents. Dr. Deblinger is also a discipline editor for the journal Child Maltreatment and a guest editor for many other journals. She has offered numerous workshops and invited addresses for local agencies as well as national organizations.

Finally, Dr. Deblinger is an advisory board member for Friends of the Children and a member of the Board of Directors for the American Professional Society on the Abuse of Children.

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Treating Adult Survivors of Abuse in Crisis

Presenter: John Briere, Ph.D.
Associate Professor, USC School of Medicine
Director, Psychological Trauma Clinic, LAC-USC Medical Center

USC Psychiatry
1937 Hospital Place, Los Angeles, CA 90033
(Phone) 213-226-5697 (FAX) 213-226-5502

Abstract: Adult survivors of severe childhood maltreatment (especially sexual and physical abuse, and pervasive early psychological neglect) are more likely than others to experience continued difficulties in adulthood. These include depression, anxiety, posttraumatic stress, dissociation, substance abuse, Axis II features, relationship disturbance, and externalization activities such as self-mutilation, suicidality, compulsive sexual behavior, and, in some cases, aggression. In addition, abuse survivors are statistically more likely to be revictimized in adulthood, in terms or rape and physical assaults.

Because of the increased likelihood of the above phenomena, it is not at all uncommon for abuse survivors to present in crisis during the process of psychotherapy. The current presentation examines these various risk factors and outcomes, and suggests a variety of specific intervention approaches. Among the topics addressed are intervention/management of suicidality, serious self-mutilation, "flashback storms," violence issues, unsafe sexual practices, catestrophic response to relationship loss, and extreme transference responses. The role of medications and brief hospitalization will be considered. Although none of these difficulties have easy or obvious resolutions, certain approaches to survivors in crisis may be more helpful than others.

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Educational Objectives:

1. The participant will be able to identify at least five abuse-related dynamics and sequella that increase the likelihood of a crisis presentation for abuse survivors in treatment.
2. The participant will be able to discuss abuse-sensitive interventions for at least three types of crisis presentations.
3. The participant will be able to describe at least two clinician errors in transference management that increase the likelihood of post-session crisis states.

Outline for

Treating Adult Survivors of Child Abuse in Crisis

1. Clinical sequella of abuse associated with potential crisis presentations

    a. Severe dysphoria (anxiety, depression, anger)
    b. Posttraumatic stress (especially intrusive reliving) and dissociation
    c. Substance abuse
    d. Boundary problems
    e. Axis II-type symptoms (especially "borderline" difficulties)
    f. Externalization (tension reduction) activities
        i. Self-mutilation
        ii. Suicidality
        iii. Compulsive/unsafe sexual behavior
        iv. Aggression
        v. Revictimization
        vi. Repetition/re-enactment
        vii. Transference-related distress

2. Crises

    a. Self-injurious intent
    b. "Flashback storms" and other dissociated reliving experiences
    c. Risky sexual behavior
    d. Intense and chaotic relationships, catestrophic response to relationship loss
    e. Dangerousness
    f. Revictimization (e.g., rape, assault)
    g. Extreme transference reactions
    h. Decompensation

3. Interventions

    a. Assessment (suicidality, danger, safety, incapacity, level of functioning)
    b. Duty to warn, duty to protect, and other practice/forensic issues
    c. Contracts (and their limitations)
    d. Increased structure, predictability, safety
    e. Reduction in exploration/exposure/uncovering
    f. Grounding and self-control training
    g. Identification of triggers and trigger management
    h. Decatastrophizing
    i. Stress innoculation
    j. Advice re alcohol, drugs, sex
    k. Involvement of significant others
    l. Role of hospitalization and medication (positives and negatives)
    m. Attention to transference/countertransference issues

Biography

John Briere, Ph.D. is Associate Professor of Psychiatry and Psychology at USC School of Medicine. He is a Fellow of the American Psychological Association, a member of the board of directors of the International Society for Traumatic Stress Studies, and on the Advisory Board of the American Professional Society on the Abuse of Children. He is author of a number of research papers in the areas of child abuse, trauma, and violence. Recent books include Psychological Assessment of Adult Posttraumatic States, Therapy for Adults Molested as Children: Beyond Survival, Second Edition, and Child Abuse Trauma: Theory and Treatment of the Lasting Effects. He is also co-editor the APSAC Handbook on Child Maltreatment and author of two standardized psychological tests: the Trauma Symptom Inventory and the Trauma Symptom Checklist for Children.

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1998 APSAC Colloquium Information

1. Title

Civil Liability and Practice Risk Management for Mental Health Professionals

2. Names of Presenters:

Benjamin E. Saunders, Ph.D.
Associate Professor and Director
Family and Child Program
National Crime Victims Research and Treatment Center
Medical University of South Carolina
Charleston, SC

Scott Beard, J.D.
Crime Victims Law Firm
Director, People Against Rape
Charleston, SC

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3. Abstract

Increasingly, mental health professionals working with child abuse cases are being sued for negligent practice. These suits may be based on traditional grounds such as dual relationships, sexual contact with a patient, or financial impropriety. However, child abuse malpractice cases often have unique aspects such as charges of implanting false memories, inducing child patients to make false charges, causing parental alienation, not reporting suspected abuse, or using improper interviewing techniques. This seminar will present information about the common types of legal action taken against mental health professionals in child abuse cases, the sources and causes of these lawsuits, significant points of liability for child abuse professionals, and the laws governing negligent practice lawsuits. Participants will learn specific ways to conduct and manage their practices to reduce the risk of lawsuit, and appropriate responses when they are sued. All information will be presented from both a legal and practice perspective.

BENJAMIN E. SAUNDERS, Ph.D.

Dr. Ben Saunders is an Associate Professor in the Department of Psychiatry and Behavioral Sciences at the Medical University of South Carolina in Charleston, South Carolina. There he directs the Family and Child Program of the National Crime Victims Research and Treatment Center. Dr. Saunders received his Ph.D. in clinical social work from Florida State University, and has a masters degree in marriage and family therapy from Virginia Tech. He is a Licensed Independent Social Worker and a Licensed Marriage and Family Therapist, and serves on the editorial boards of *Child Maltreatment* and the *Journal of Family Social Work*, and is an Associate Editor of the *Journal of Traumatic Stress*. His research on crime victims, offenders, and incest families has been funded by federal agencies such as the National Institute of Mental Health, the National Institute of Justice, the National Institute on Drug Abuse, and the National Center on Child Abuse and Neglect. In addition to his research and teaching activities, Dr. Saunders maintains an active clinical and consulting practice with victims of sexual assault, family members of victims, and sexual offenders, and often is called as an expert witness in legal cases.

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THE CRIME VICTIMS LAW FIRM

The Crime Victims Law Firm is dedicated to helping victims of crime in the civil courts, throughout the state of South Carolina. All too often crime victims are forced to suffer their victimizations in silence without any recourse. Many suffer physical, emotional and financial injuries which they must deal with alone. The civil justice system is one means of recovery where victims are empowered by their role as a full party participant.

The purpose for bringing a civil suit is to correct an injustice; to make the offender or a negligent third party repay victims for their injuries that were the result of crime. Civil litigation empowers crime victims. While the state controls criminal cases, the victim is a true party in interest in a civil case. In civil cases the victim makes the ultimate decisions about whether to go forward with a case, settle a case, or testify in court.

One of the results of successful civil suits by crime victims is that society will begin to grasp the enormous - often life altering - impact crime has on victims.

Civil remedies provide victims with unique opportunities to recover monetary damages for the harm inflicted upon them by their assailants.

Civil remedies may act as a deterrence. Holding perpetrators financially accountable for their acts reinforces the message that crime doesn't pay and may reduce the chance of similar acts occurring in the future.

P.O. Box 821
Charleston, SC 29402
(803) 722-0082

THE CRIME VICTIMS LAW FIRM
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THE STATISTICS

■ One out of every eight adult women has been the victim of forcible rape. This totals 12.1 million American women.

■ More than six out of ten of all rape cases (61%) occurred before victims reached the age of 18. Twenty nine percent (29%) of all forcible rapes in America occurred when the victim was less than 11 years old.

■ More than one in ten rape victims currently suffer from RR-Post Traumatic Stress Disorder.

■ There were approximately 20,000 sexual assaults of males ages 12 and over in the United States in 1991.

■ In 1993, an estimated 2,989,000 children were reported to child protective service agencies as alleged victims.

■ In the past decade, four times as many Americans died in drunk driving crashes as were killed in the Vietnam War.

■ There were 23,760 murders in the United States in 1992, which equates to one every 22 minutes.

■ More than 7,600 hate crimes were reported to the FBI in 1992. Sixty-two percent were racially motivated, 18% religious, 12% sexual orientation, and the remaining 8% were motivated by ethnically/national origin.

■ Sexual misconduct is the principle reason for the revocation of teaching licenses.

■ A recent report by the Boy Scouts of America revealed that between 1971 and 1991, 1,800 scoutmasters suspected of molesting boys were removed from their positions - but quietly, so that many simply went elsewhere and continued to abuse scouts.

■ Today, more than 3 million crimes a year are committed in or near the 85,000 U.S. public schools.

■ In a study of 53 women in therapy to recover memories of childhood sexual abuse, 74% were able to obtain corroborating evidence for the abuse, through witnesses, offenders diaries, pornographic pictures, offender confessions, and other sources. 9% found evidence that was strongly suggestive, but not conclusive; 11% did not try to confirm their memories; and only 6% found no supporting evidence.

■ Of all violent crime victims in 1992, almost 400,000 chose not to report their victimizations due to fear of reprisal.

THE COST OF CRIME

U.S. News and World Report consulted economists and criminal justice experts around the country in order to estimate the annual cost of crime in the United States. The staggering price tag: $674 billion a year.

The breakdown is as follows:

The Criminal Justice system	=	$78 Billion
Private Protection	=	$64 Billion
Loss of Life and Work	=	$120 Billion
Crimes against Business	=	$120 Billion
Stolen Goods and Fraud	=	$60 Billion
Drug Abuse	=	$40 Billion
Driving while Intoxicated	=	$110 Billion
Total	=	$674 Billion

■ A recent study in America using 1989 dollars calculated that a rape costs society an average of $60,376 per crime victim.

Robberies	$24,947
Assaults	$22,314
Arsons	$49,603
Murders	$2,387,054

■ In 1992, more than 85,000 violent crime victims lost eleven or more days from work due to their injuries.

■ Every year, domestic violence causes approximately 100,000 days of hospitalization, 28,700 emergency department visits and 39,900 physician visits. This violence costs the nation between $5 and $10 billion per year.

Protective Risk Assessment with African American Children and Families

Presenter: Sheryl Brissett-Chapman, Ed.D., ACSW, LICSW
Executive Director
The Baptist Home for Children and Families
Bethesda, Maryland 20817

Dr. Sheryl Brissett-Chapman serves as the Executive Director of the Baptist Home for Children and Families, a comprehensive model which cares for abused and neglected adolescents as well as high risk and impoverished families through a continuum approach which includes prevention, parent nurturing, mentoring, emergency and transitional housing, treatment foster care, group care, and supervised independent living. She also is the Project Director for the Annie E. Casey-funded National Commission on the Role of Culture and the Assessment of Risk in African American Children and Families, which was created by the Black Administrators in Child Welfare. The Commission brings together forty expert administrators, scholars, and advocates to address the twin dilemma of disproportionate numbers of African American children suffering high rates of mortality and morbidity, due to child abuse and neglect, as well as, the high rate of out-of-home placement in the child welfare system.

Utilizing mini-lectures, small group processes, and case simulations, this workshop will address both cultural strengths and vulnerabilities within the African American community, the contemporary limitations of current risk assessment approaches, and barriers caused by professional mind sets which do not allow for accurate assessment of child risk or family opportunity. Additional emphasis will be placed on realizing an effective "strengths-based approach", which moves beyond professional rhetoric and symbolism, towards an authentic opportunity to enhance child resiliency, and parent and community partnership, thus reducing vulnerability in African American children.

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EDUCATIONAL OBJECTIVES

1. The participant will recognize at least four cultural strengths and four vulnerabilities within the African American community as they relate to child rearing today.

2. The participant will be able to identify five key concepts to the strengths approach to child protective risk assessment.

3. The participant will identify at least three cognitive barriers to accurate risk assessment and five characteristics of an alternative mind set as a framework for professional service.

4. The participant will demonstrate competency in considering adaptive responses which weigh against risk in African American families and the impact on assessment outcomes.

5. The participant will identify and commit to one strategy which reflects professional or personal awareness and strategic change.

Implications for Child Safety in Cases Involving Substance Abuse

Presenters:

Wayne Holder, M.S.W.
Director, ACTION for Child Protection
Co Director, National Resource Center
on Child Maltreatment
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The Adoption and Safe Family Act of 1997 brings renewed emphasis to child safety by requiring states to certify that their CPS intervention includes specific safety assessments. Many states are in the process of evaluating or designing approaches to safety assessment and safety management. Child protective services supervisors and caseworkers struggle with this area of practice everyday. *How to consider substance abuse cases with regard to safety* is among the many critical questions being asked about safety assessment and safety management by the field today. This is influenced by two issues: most agencies are inundated with families possessing substance abuse issues and intervention (at large) with such families remains in need of clarification and direction.

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This workshop provides to direct service practitioners and program planners a view of the larger concern of child safety with a direct focus on substance abuse cases. Child safety concepts, definitions, criteria and procedures will be addressed. Family centered practice principles concerned with child safety will be explored. Substance abuse will be reviewed with respect to both alcohol and drug use in the context of family systems thinking. Substance abuse as a dimension of family life will be interpreted according to specific threats to child safety. An safety assessment criteria that applies specifically to substance abuse cases will be offered. The criteria is safety based and includes: kind of substance, the apparent purpose of function of usage, nature and quality of manifestation, specific events, specific behavior, precipitating life influences, credibility of accounts, related life space reinforcements, viability of options, reliability of family members, feasibility of safety management. Using a substance/child maltreatment family case, participants will assess safety and consider viable safety management options.

Objectives: Participants will be able to

- describe and apply a criteria for threats to child safety;
- evaluate characteristics associated with substance abuse that affect safety;
- design a safety management plan for a child maltreatment case involving substance abuse.

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Implications for Child Safety in Cases Involving Substance Abuse

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Brief Bio: **Wayne Holder, M.S.W.**

Wayne Holder is the Director of ACTION for Child Protection and the Co Director of the National Resource Center on Child Maltreatment. He has worked in Child Protective Services for 31 years. His experience includes direct practice, clinical counseling, supervision, staff development and training, program management and county and state administration. He has provided consultation, technical assistance and training nationally for twenty years. His most recent publication, entitled Family Assessment Change strategy, is a definitive work on CPS family centered practice.

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Brief Bio: **Therese Roe Lund, M.S.S.W.**

Terese Roe Lund is a Senior Staff Associate with ACTION for Child Protection. Her 20+ year career in Child Protective Services includes casework, supervisory and state planning experience. She served as the CPS program director of a large Wisconsin county and before coming to ACTION was the Director of the Office of Milwaukee where she directed the unparalleled task of transforming of the large urban county administered agency to a state administered county program. Currently Ms. Roe Lund trains, consults and provides consultation nationally to states, counties and tribes. She is the co author of "Translating Risks to Positive Outcomes: Outcome Oriented Case Management from Risk Assessment Information," The APSAC Advisor, Winter, 1995.

APSAC Colloquium
Thursday, July 9, 1998
1:30 - 5:00pm

Reconceptualizing the Abuse Assessment Process for Preschool Children

Presenter:
Sandra Hewitt, PhD
Licensed Psychologist
Private Practice
St Paul, Minnesota

Intended Audience:
This presentation is intended for any audience member who works with preschool cases of abuse.

Overview of the problem and importance of the topic, theoretical framework, and specific content:
Child care facilities regularly group preschool children into areas based on developmental ages and stages (infants, toddlers, preschoolers, kindergartners). The assessment of child sexual abuse has often failed to recognize these developmental differences by relying on verbal disclosure skills for information about abuse. Very young children cannot talk about their abuse very well. so their abuse is often unsubstantiated. Failure to distinguish the characteristics and needs of rapidly changing developmental stages and their impact on the way we assess abuse can result in assessments that discriminate against very young children. A review of current theory and research in the areas of early memory, language, trauma, suggestibility, neurobiological development, and attachment is used as a foundation from which a reconceptualization of abuse assessment in preschool children is drawn.

The first part of the presentation will review important theory and research in child development as it is relevant to abuse assessment. The second part of the presentation will offer a practical application of this information into four different approaches to abuse assessment, each reflecting different developmental characteristics and needs. Finally, implications of this reconcpetualization on assessment procedures and the prosecution of preschool abuse cases will be discussed.

Teaching method:
Lecture, overheads, videotape, and discussion

Educational Objectives:
1. The participant will be able to identify the different developmental characteristics of preschool children in four stages of development.
2. The participant will be able to apply theory and research in early childhood development into their encounters with preschool children.
3. The participant will have exposure to a theory and research-driven format for abuse assessment across four stages of early child development.

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Bio Sketch

Dr Hewitt is a child psychologist in private practice in St Paul, Minnesota. She has worked in a variety of settings including mental health, schools, student personnel, medical settings, Head Start, and community mental health. She helped create a speciality child abuse center at Children's Hospital in St Paul, MN and currently works part-time on the Failure to Thrive team at Hennepin County Medical Center. She has been working with sexually abused children for 21 years, while increasingly focusing on very young children. Her book, Small Voices: Assessing Preschool Children with Allegations of Abuse, published by Sage, is scheduled to be published fall1998.

COMBATING DEFENSE STRATEGIES IN CHILD ABUSE CASES

Nancy B. Lamb, J.D.
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A criminal defense attorney begins planning and building his strategy for representing his client's interests from the moment the client requests representation. At that point, regardless of whether formal proceedings have been initiated, defense counsel begins assessing his client's defensibility.

The most successful defense will employ strategies which take the focus off the victim and place it on either the investigator or the investigative process. Areas most closely scrutinized include interagency coordination (or lack thereof), the victim's disclosure process, identifying and interviewing collateral witnesses, and the suspect interview.

This presentation, designed for a multidisciplinary audience, examines the preparation and presentation of a child abuse case from the defense perspective, focusing on the things that are done and/or not done during the investigatory process that can be successfully exploited by the defense.

At the conclusion of this presentation, participants will have a clearer understanding of the areas of the investigation and prosecution of a child abuse case that are critical to a positive outcome, from the outset of the case to its conclusion.

<u>Educational Objectives:</u>

1. Participants will be able to identify potential areas of weaknesses within their own investigatory protocols which may be exploited to the victim's detriment when a child abuse case goes to trial, and participants will learn how to overcome identified weaknesses.

2. Participants will be able to discuss and devise investigatory strategies which will ensure that the focus of a child abuse prosecution remains on the child victim.

3. Participants will better understand the necessity of conducting joint investigations in child abuse cases in order to best serve the victim's interests.

4. Participants will gain insight into how defense attorneys design and implement their defense strategies in child abuse cases, and what factors enable certain strategies to work effectively for their clients.

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Nancy Lamb has been a prosecutor in northeastern North Carolina since 1984. A major portion of her career has been and is currently devoted to the prosecution of child abuse cases. She joined the staff of the North Carolina Department of Justice as an Assistant Attorney General for one year, on special assignment to the criminal division as a prosecutor in the Little Rascals day care cases in Edenton, North Carolina.

Nancy received her undergraduate degree from Appalachian State University in 1977 and her law degree from Wake Forest University in 1982.

Nancy is on the training faculty for the Southern Regional Children's Advocacy Center, operated by the National Children's Advocacy Center in Huntsville, Alabama. She travels throughout the 17 state southern region to assist and train others in establishing child-focused programs that promote coordination among agencies involved with child abuse victims. She is President of the North Carolina Professional Society on the Abuse of Children, the state chapter affiliate of the American Professional Society on the Abuse of Children (APSAC). Nancy was elected to APSAC's Board of Directors in 1996, and to the Executive Committee in 1997, where she serves as co-chair of the Professional Education Committee.

For the past six years, Nancy has provided training on child abuse topics at both state and national conferences. Additionally, she is a frequent lecturer for the American Prosecutors Research Institute's National Center for the Prosecution of Child Abuse.

Mike Johnson is a founding member and child abuse investigator for the Collin County Children's Advocacy Center, and was named their 1996 "Child Advocate of the Year." A child abuse detective with the Plano Police Department since 1986, Mike also served on Senator Florence Shapiro's Blue Ribbon Committee, where he was instrumental in formulating the now instated "Ashley Laws." He currently serves on the advisory board for the Junior League of Plano, and has also served on the Board of Directors for the National Network of Children's Advocacy Centers, and an advisory board for the Education and Training Division of Child Protection for the Children's National Medical Center in Washington, D.C. He speaks at federal, state, and local programs focusing on child abuse, and lectures citizens' groups and other police organizations on child abuse issues.

REPRESENTING THE CHILD: ADVOCACY vs. BEST INTERESTS

Presenter: Ann M. Haralambie, J.D.
Ann Nicholson Haralambie, Attorneys, P.C.

The role of the child's attorney is often vaguely defined. The traditional dispute about the nature of the role has centered on whether the attorney should represent the child's expressed wishes or the attorney's own view of what was in the child's best interests. The advocacy model has been criticized as promoting the child's autonomy at the expense of protection. The best interests model has been criticized as substituting the subjective views of an attorney (who is not by virtue of legal training substantively qualified to form best interests judgments) for those of the child and of properly qualified experts.

In February 1996 the American Bar Association House of Delegates adopted the STANDARDS OF PRACTICE FOR LAWYERS WHO REPRESENT CHILDREN IN ABUSE AND NEGLECT CASES, which attempted to provide assistance to attorneys struggling to implement the demanding role of ethically representing children. In general the Standards favor an advocacy model over a subjective best interests model of representation, but they do provide guidance for modifying this traditional role when appropriate.

Using the final draft of the ABA Standards as a starting place, in December 1995 the Fordham University School of Law convened a Conference on the Ethical Issues in the Legal Representation of Children, which consisted of a number of work groups, each tackling a specific area of concern in child representation. This invited "think tank" conference produced a consensus set of recommendations, which further refined the role described in the ABA Standards. The Fordham Recommendations also favor an advocacy model over a subjective best interests model, providing for modification of this role when appropriate.

In 1997 Yale Professor Jean Koh Peters, the intellectual architect of the Fordham Conference's working group on determining the best interests of the child, published REPRESENTING CHILDREN IN CHILD PROTECTIVE PROCEEDINGS: ETHICAL AND PRACTICAL DIMENSIONS. The model of child representation developed in this book advanced the work done by the ABA Standards and the Fordham Recommendations, restricting the attorney's subjective discretion while maximizing the child's voice. This model rejects the advocacy vs. best interests dichotomy and provides instead an objective, principled manner of representation appropriate to the individual child.

This session will focus on implementation of the Peters model.

EDUCATIONAL OBJECTIVES

1. The participant will be able to identify the major features of the leading current models of child representation.

2. The participant will be able to identify ethical conflicts and limitations in representation contrary to the child's directions.

3. The participant will be able to recognize under which circumstances the attorney should determine the content of the child client's position.

4. The participant will be able to formulate an objective basis for "best interests" positions.

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REPRESENTING THE CHILD: ADVOCACY vs. BEST INTERESTS

Ann M. Haralambie, *In Whose Best Interests?*, 34/4 TRIAL ___ (June 1998)

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JEAN KOH PETERS, REPRESENTING CHILDREN IN CHILD PROTECTIVE PROCEEDINGS: ETHICAL AND PRACTICAL DIMENSIONS (Michie 1997)

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Special Issue, *Proceedings of the Conference on Ethical Issues in the Legal Representation of Children*, 64/4 FORDHAM LAW REVIEW 1281-2132 (March 1996)

ANN M. HARALAMBIE is a certified domestic relations specialist, Certified Fellow of the American Academy of Matrimonial Lawyers, charter life member of the American Professional Society on the Abuse of Children, president of the Arizona Association of Counsel for Children, and past president of the National Association of Counsel for Children. Her publications include THE CHILD'S ATTORNEY: A GUIDE TO REPRESENTING CHILDREN IN CUSTODY, ADOPTION, AND PROTECTION CASES and the 2-volume treatise HANDLING CHILD CUSTODY, ABUSE, AND ADOPTION CASES. Her practice is limited to juvenile and family law, empasizing custody and child abuse. She writes and lectures nationally and internationally on child welfare and custody law.

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CONDUCTING INVESTIGATIVE INTERVIEWS IN CHILD SEXUAL ABUSE CASES

Presenter: Lt. Michael Hertica, M.F.C.C. Intern
Torrance Police Department
3300 Civic Center Dr
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(310) 375-0613

Those who interview children who are victims of child sexual abuse, increasingly find themselves under attack in the legal system. The focus of attention, relative to the disclosures made by victims, as often as not, is the techniques of the interviewer as opposed to the actual information given. Based on this, it is more important than ever, for the interviewer to posses specific knowledge and skills in order to obtain a disclosure that is accurate and will meet the criteria of the legal system. This workshop will provide this information.

The workshop will be divided into 2 distinct areas. The first will be child development and interviewing children who are victims and the second will be adolescent development and interviewing. It will also include information peripheral to the actual interview such as the setting, the interviewer and common myths regarding the children's disclosures. It will include the use of video taped interviews for examples and reinforcement.

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EDUCATIONAL OBJECTIVES

1. To understand issues of child development and how they apply to the interview process

2. To learn specific techniques for interviewing victims

3. To learn what part the victim interview plays in the investigative process

BIOGRAPHICAL INFORMATION
MICHAEL HERTICA

Lieutenant Michael Hertica has been a police officer since 1969 and has worked numerous assignments. He has a M.S. in Marriage, Family and Child Counseling (MFCC) and is currently an MFCC Intern in private practice and in a domestic violence shelter.

Lt. Hertica is an instructor in the investigation of child abuse and domestic violence cases. He has instructed at numerous conferences throughout the country. His topics include Interviewing Children and Adolescents; Profiling and Interviewing Offenders, Child Abuse Investigations and; Domestic Violence and it's Effects on Children. Lt Hertica has published several articles on child abuse. He is the Past President of CAPSAC and currently on the Board of APSAC.

MUNCHAUSEN BY PROXY, SUDDEN INFANT DEATH SYNDROME, AND SUFFOCATION: CURRENT CONTROVERSIES

Presenters: Catherine Ayoub, R.N., Ed.D.
Harvard University
Massachusetts General Hospital

Robert Reece, M.D.
Tufts University School of Medicine
Massachusetts Society for the Prevention of Cruelty to Children

Beatrice Yorker, J.D., R.N., M.S.
Georgia State University

Several recent contributions to the literature on SIDS and apnea in young children have again raised questions about the relationship between children presenting with apnea or SIDS and suffocatory abuse. Increasing evidence that SIDS is not familial as well as other recent findings about the etiology of SIDS and apnea coupled with an English study that revealed important information on the suffocation behaviors of parents emphasizes the need to carefully consider the pediatric, behavioral, and legal issues in detecting abuse by suffocation from true SIDS and other apnea-related physical conditions. Findings of child abuse within children who present with apnea or SIDS tend to fall into several categories including suffocatory abuse and repeated suffocatory abuse as a presentation of Munchausen by Proxy. Munchausen by Proxy is an insidious form of child abuse in which a parent induces, fabricates or exaggerates illness in a child for the purpose of meeting the adult's self-serving psychological needs for attention and engagement with powerful adults. The mortality and morbidity of MBP are high as recidivism is the norm without vigorous intervention.

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The presenters will outline the most recent medical findings in the SIDS/apnea literature, outline the new knowledge about the mechanisms and motivations of parents who engage in suffocatory abuse of their children and explore the protocols helpful in the detection and differential diagnosis of suffocation from SIDS and organically induce apnea. Characteristic of abusers will be reviewed both in suffocatory abuse and MBP and suffocatory abuse and MBP. The now famous murder prosecution that resulted from Dr. Steinschneider's 1972 publication on cases of siblings who died of SIDS along with similar cases that first presented as SIDS and later were determined to be suffocation will be discussed form pediatric, psychological, and legal perspectives. Additionally, algorithms for the differential diagnosis of SIDS and true apnea from MPB and suffocatory abuse will be presented.

Hospitals in the United States and Britain have used covert video surveillance as a means of documenting fabrication of symptoms over a decade. Samuels and Southall (1992) argue that video recording performed without parent's knowledge in the most effective means of obtaining evidence of symptom production in cases of MBP. A review of applicable constitutional, statutory, and case law will provide legally sound guidelines for hospitals and physicians interested in covert video surveillance to obtain evidence of MBP or suffocatory abuse.

Presenters will each cover a portion of the didactic content. Use of video taped examples and other audio visual media will serve to illustrate case findings. Case examples will be included. Presenters will engage in round table discussions at various points during the institute to discuss/debate the issues from a variety of interdisciplinary perspectives.

EDUCATIONAL OBJECTIVES:

1. Identifying the issues in the differential diagnosis of SIDS and true apnea as opposed to suffocatory abuse and MBP.

2. Understand the pediatric, psychological, child protective and legal issues surrounding the differential diagnosis of MBP and suffocatory abuse.

3. Develop protocols for distinguishing SIDS from suffocation, which protect the child and do no unduly alarm the parent(s).

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Associate Provost and Associate Professor of Nursing
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Controversies Regarding Legal Issues of Distinguishing Munchausen by Proxy from SIDS

Munchausen Syndrome by Proxy, labeled Factitious Disorder by Proxy (FDP) in the DSM-IV, is an insidious form of child abuse in which a parent induces or fabricates illness in a child for the purpose of gaining medical attention. The mortality and morbidity of FDP is high. The recent study conducted in England reveals much more about the suffocation behaviors of parents than was known previously. This portion of the presentation will focus on the legal issues involved in detecting suffocation abuse versus SIDS.

Hospitals in the United States and Britain have used covert video surveillance as a means of documenting fabrication of symptoms for over a decade. Rosen, Frost, Bricker, Tarnow, Gillette & Dunlevy (1983), detailed their experience in the use of surreptitious video monitoring with a child whose recurrent apnea always occurred in the presence of the mother. The video recorded the mother as she held her hand over the infant's nose and mouth for 90 seconds until the cardiac and respiratory monitors registered arrhythmias and the child went limp. Epstein, Markowitz, Gallo, Holmes & Gryboski (1987) discuss the use of video surveillance as a means of diagnosing factitious disorder by proxy (FDP) or Munchausen Syndrome by Proxy (MSBP) after a video monitor revealed a mother administering a syringe full of liquid to her child. Samuels & Southall (1992) argue that video recording performed without the parent's knowledge is the most effective means of obtaining evidence of symptom production in cases of FDP.

Participants will discuss the now famous murder prosecution that resulted from Dr. Steinschneider's seminal publication on case studies of siblings who died of SIDS along with similar cases that first presented as SIDS and later were determined to be suffocation.

The author who is a psychiatric nurse and an attorney will provide an overview of the legal issues involved in identifying and reporting MBP. In spite of the significant mortality associated with FDP (Alexander, 1990) and the fact that covert video surveillance has proven to be effective when used in the hospital setting, many hospital personnel are reluctant to implement surreptitious video surveillance because of legal concerns. This session will review the applicable constitutional, statutory, and case law, and will provide legally sound guidelines for physicians and hospitals interested in using covert video surveillance to obtain evidence of FDP. Furthermore, the presenter will discuss therapeutic and clinical use of reviewing video footage in confrontation of FDP and during treatment following intervention.

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Learning Objectives:

1. Participants should be able to identify familial risk factors for suffocation versus SIDS.
2. Participants will discuss the evolution of SIDS theory in light of the current murder prosecutions.
3. Participants will be able to develop protocols for distinguishing SIDS from suffocation while protecting the child and not unduly alarming the parent(s).

References

Southall Schrier, H. & Libow, J. (1993) Hurting for Love: Munchausen by Proxy Syndrome. New York, Guilford Press.

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Yorker, B.C. (1995) Covert video surveillance of Munchausen Syndrome by Proxy. The exigent circumstances exception: Health Matrix: Journal of Law - Medicine Case Western Reserve University. 5(2): 325-346

Brief Biographical Sketch for Catherine Ayoub

Catherine C. Ayoub, R.N., M.N., Ed.D, a nurse practitioner and a licensed forensic psychologist, is a senior staff member of the Children and the Law Program at Massachusetts General Hospital, Director of Psychology at the Boston Juvenile Court Clinic, and an Assistant Professor at Harvard Medical School and the Graduate School of Education. Dr. Ayoub has 25 years of experience in working with children and families at risk in health care settings and with maltreated children and families as well as other children involved with the legal system. In addition, she has developed and currently provides evaluation and consultation to primary and secondary prevention programs. Her research interests include the developmental impact of childhood trauma and the study of parent-child relationships in high-risk situations. She is currently a member of the National Board of the American Professional Society on the Abuse of Children and the co-chair of the Munchausen by Proxy Taskforce. Dr. Ayoub has authored over 40 articles on children at risk, child maltreatment, childhood trauma and prevention intervention.

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Robert M. Reece, M.D.

Robert M. Reece, M.D. is Clinical Professor of Pediatrics at Tufts University School of Medicine and Director of the Institute for Professional Education at the Massachusetts Society for the Prevention of Cruelty to Children, Boston, Massachusetts. The Institute provides current medical information about all forms of child abuse to professionals working with child abuse. Individuals using this training have included health care providers, social workers in public and private agencies, law enforcement personnel, attorneys, judges and treating clinicians. Dr. Reece has worked as clinician, teacher and researcher in child maltreatment since the early 1970s. He is the editor of the book *Child Abuse: Medical Diagnosis and Management* (1994, Lea and Febiger, Malvern, Pa.) and of *The Quarterly Child Abuse Medical Update*, a publication seeking to keep clinicians informed of recent medical developments in child abuse. He was honored as the American Professional Society on the Abuse of Children's "Outstanding Professional in the Field of Child Abuse" in 1997 and was named in the peer-reviewed books *Best Doctors in America* for two consecutive years.

Beatrice Crofts Yorker, J.D.,R.N.,M.S., FAAN is an Associate Professor of Nursing and the Associate Provost for Faculty Relations at Georgia State University. She is a Clinical Nurse Specialist in Child and Adolescent Psychiatric Mental Health and an attorney. Beatrice has worked on the Child and Adolescent Psychiatric Consultation and Liaison Service at Grady Memorial Hospital in Atlanta, GA and served as a co-investigator on a grant to examine the role of nurses as expert witnesses in cases of child abuse. She is an internationally recognized expert in the area of legal issues of Factitious Disorder by Proxy, or Munchausen Syndrome, and on the topic of professional who create critical incidents as part of this disorder. She has authored over 40 book chapters and articles in refereed journals and she serves on six editorial boards. Recently appointed to the Georgia Violent Sexual Predator Review Board, she was elected Chair of this group for 1997 to 1998. Beatrice serves on a national committee appointed by the American Academy of Child and Adolescent Psychiatry and the American Professional Society on the Abuse of Children to develop guidelines and standards regarding Factitious Disorder by Proxy. She has appeared on national and international television advocating for victims rights, and she made an educational video on Legal Considerations in Psychiatric Care.

FORENSIC EVIDENCE OF BITES AND BURNS

Presenter: Randell Alexander, MD, PhD
Associate Professor of Pediatrics
The University of Iowa

John Kenney, DDS, MS
Forensic Dentist
Park Ridge, Illinois

Two of the most painful injuries occurring by child abuse are bites and burns. Each may entail multi-layer skin and other tissue damage.

Human bites are an all too frequent occurrence in child abuse cases. The human detention is unique, and using the "three R's" of human bitemarks, Recognition, Recording and Referral, evidence can be collected that will allow a forensic odontologist to compare the tissue injury to that of possible perpetrators. Experience has shown that the biter is usually the person responsible for the other injuries seen on the child's body. Information will be presented that will allow the clinician to differentiate between juvenile and adult bites. Using the same techniques, patterned injuries may also be recognized and recorded for later forensic analysis.

A variety of different burn types will be discussed arising from different mechanisms of injury. There will be an emphasis on distinguishing accidental from non-accidental mechanisms of injury with a discussion as to how it relates to child development. About 10% of children admitted to Burn Units have been abused. Burns can be categorized as physical abuse, neglect, and/or medical neglect depending upon the circumstances. The immediate and long-term sequelae of burns and the degree to which they may represent a larger picture of neglect will be explored.

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EDUCATIONAL OBJECTIVES

1. The participant will be able to identify the proper way to document bites and burns.

2. The participant will be able to identify the way in which bites manifest themselves and the role of a dental professional in providing further assessment.

3. The participant will be able to identify different types of burns and be able to distinguish between physical abuse, neglect and medical neglect.

FRIDAY

JULY 10, 1998 — Daily Schedule

SCHEDULE AT A GLANCE

7:00 a.m. - 5:00 p.m.	REGISTRATION AND EXHIBITS
7:15 a.m. - 8:15 a.m.	RESEARCH BREAKFASTS
8:30 a.m. - 12:00 p.m.	TRAINING SEMINARS, RESEARCH SYMPOSIA AND POSTER SESSIONS
10:00 a.m.- 10:30 a.m.	MORNING BREAK
12:00 p.m. - 1:30 p.m.	APSAC MEMBERSHIP LUNCHEON AND AWARDS CEREMONY
1:30 p.m. - 5:00 p.m.	TRAINING SEMINARS, RESEARCH SYMPOSIA AND POSTER SESSIONS
3:00 p.m. - 3:30 p.m.	AFTERNOON BREAK
5:15 p.m. - 7:15 p.m.	RESEARCH PLENARY

FRIDAY

JULY 10, 1998 — Daily Schedule

7:15 a.m. - 8:15 a.m. — **Research Breakfasts** — **Room Assignments**

RBF1 Research on Abuse Effects — **Soldier Field**

A Child Sexual Behavior Inventory: Normative, Psychiatric, and Sexual Abuse Comparison
William Friedrich, PhD

B Predicting Enduring Symptoms in Child/Adolescent Victims of Sexual Abuse: The Role of Shame
Lynn Taska, PhD

C Attributional Style as a Contributing Factor to Depressive Symptomology in Traumatized Children
Malissa Runyon, PhD

RBF2 Treatment Outcome Research for Children with Sexual Behavior — **Regency A**

A Children With Sexual Behavior Problems: Efficacy of Specialized Treatment
Alison Gray, MS

RBF3 Sexual Abuse Treatment Outcome Research — **Gold Coast**

A Interventions for Sexually Abused Children: Initial Treatment Findings
Judith Cohen, MD and Anthony Mannarino, PhD

B Mediating Factors in Treatment Outcome for Sexually Abused Preschoolers
Anthony Mannarino, PhD and Judith Cohen, MD

TRAINING SEMINARS

8:30 a.m. - 12:00 p.m. — **Three Hour Sessions**

300F The Investigation of Child Sexual Exploitation — **Columbian**
Brian Killachy

8:30 a.m. - 10:00 a.m. — **Ninety Minute Sessions**

301F Multidisciplinary Team Interviewing: Interviewing Techniques and Considerations — **New Orleans**
Erin Sorenson, MA, LCSW and Alison Perona, JD

302F Accreditation, Certification and Peer Review: Defining Quality and Improving Professional Practice — **Truffles**
David L. Corwin, MD and David L. Chadwick, MD

303F Community Based Interdisciplinary Approaches to Crimes Against Children — **Wrigley**
Michele Jezycki, MS

304F Cultural Competence in Child Maltreatment Research — **Burnham**
Anthony Urquiza, PhD and Lisa Fontes, PhD

FRIDAY

JULY 10, 1998 — Daily Schedule

305F	Can We Improve Parental Attitudes? Factors Promoting Change Among At-Risk Mothers *Karen McCurdy, PhD*	**Haymarket**
306F	Successfully Prosecuting Child Sexual Abuse Cases Using Videotaped Interviews of Child Victims *Kathryn Quaintance, JD and Lori S. Holmes, MA, LISW*	**Buckingham**
307F	Civil Commitment of Sexual Perpetrators *Tom Fallon, JD*	**Picasso**
308F	The Other Victims: Children Who Witness Violent Crimes *Kimberly Poyer, MSW, LCSW and Ryan Rainey, JD*	**Regency B**
309F	Femoral Fractures in Children Under the Age of Four *Michele A. Lorand, MD, FAAP; Vivian K. Harris, MD; and Demetra K. Soter, MD*	**Regency A**
310F	Hennepin County Medical Center's Protocol for the Investigations of Multiple Infant Deaths Case Studies *Karen Shannon, MSW and Marjorie Ankel, MD*	**McCormick**
311F	Individual Cognitive Behavioral Therapy and Family Therapy for Physical Abuse: What Characteristics Influence Clinical Outcome? *David Kolko, PhD and Elissa J. Brown, PhD*	**Soldier Field**
312F	Rethinking Child Sexual Abuse Prevention: Redesigning Programs Based on Sexual Offenders' Report *Keith Kaufman, PhD and Karen Orts, MA*	**Water Tower**
313F	Legal Pitfalls in Forensic Interviewing *Melissa McDermott Steinmetz, LCSW and Kee MacFarlane, MSW*	**Regency C**
314F	**Research Symposium I: What Emerging Research Tells Us About Children's Suggestibility and False Memories: Legal, Psychological and Research Issues** A Accurate, Inaccurate and False Memories of Childhood Events *Jodi Anne Quas, PhD, Jennifer Schaaf, BA, Rhonda Douglas, BA, Jian Jian Qin, MA, Gail Goodman, PhD, Sarah Berry, BA, Thomas Lyon, JD, PhD*	**Gold Coast**
315F	**Poster Session I** 1a Children's Reports of Intra and Extra-Familial Maltreatment: The Relationship Between Emotional Abuse and Bullying *Renae D. Duncan*	**West Tower Lobby**

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2a Risking Your License?: An Innovative Peer Review Model for Child Forensic Interviewers, *Julie Kenniston, LSW*

3a Paper Dolls & Paper Airplanes: Creative Interventions with Sexually Traumatized Children, *Geraldine A. Crisci, MSW and Liana Beth Lowenstein, MSW*

4a Sexual Abuse, Professional Boundaries and the Rural World *Donna Anderson, MS*

5a Nurses' Awareness of Child & Adolescent Maltreatment, *Nancy Dodge Reyome, PhD and Karen Ward, PhD, RN*

6a A Comprehensive Program for Teen Survivors of Sexual Abuse, *Connie Carnes, MS*

7a History of Maltreatment and Academic Performance in College Students, *Nancy Dodge-Reyome, PhD and William Gaeddert, PhD*

8a A Continuum of Sexual Behaviors in Abused Children Referred for Therapy, *Becky Valcarce, MS, NCC, LPC*

9a Symptoms & Contextual Factors of Children Referred for Sexual Abuse Evaluation, *Allison DeFelice, PhD*

10a Combating Maternal Drug Addiction: A Single System Study, *Kathy D. Belew, MSW, MPH and Barbara Morrison-Rodriguez, DSW, MS*

11a Female Genital Mutilation (FGM), *Donald G. Barstow, MA, MS*

10:00 a.m. - 10:30 a.m. **Morning Break**

10:30 a.m. - 12:00 p.m. **Ninety Minute Sessions**

316F Confronting Child Abuse in Rural Communities — **Wrigley**
Victor Vieth, JD

317F The Psychotherapist Working Within the Foster Care System: Enhancing the Partnership — **Burnham**
Amy Baur, LCSW and Karen Brice, LCSW

318F Developing Racial and Cultural Equity in Child Protection — **Picasso**
Sarah Maiter, MSW

319F Comparison of Traditional and Computer-based Training for Case Practice Skills — **Soldier Field**
Janet Cahill, PhD

320F When Children's Testimony Seems Inconsistent: Ethics, Approaches and Strategies — **Regency D**
Tom Lyon, JD, PhD

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321F Child Exploitation and the Internet: Proactive Law Enforcement Strategies — **Water Tower**
Paul Graf, MS and David E. Watson, MA

322F Child Sexual Abuse in America: Lessons from History 1850-Present — **Haymarket**
H. Hughes Evans, MD, PhD

323F Meeting the Developmental and Mental Health Needs of Young Child Victims — **Buckingham**
Jane Sites, EdD, LSW

324F Juveniles Who Offend: Phenomenology, Evaluation and Treatment — **Truffles**
David Fentress EdD and Kevin Holden, MA

325F Improving Community Response to Child Abuse: Children's Advocacy Centers — **New Orleans**
Lori Chassee, BA

326F **Research Symposium II: What Emerging Research Tells Us About Children's Suggestibility and False Memories -- Legal, Psychological and Research Issues** — **Gold Coast**

A Factors Related to the Accuracy of Recall in Preschoolers: Is Age the Best Predictor? *Lane Geddie, PhD and Sasha Fradin, BA*

327F **Poster Session II** — **West Tower Lobby**

1b Interventions for Youthful Developmentally Disabled Perpetrators of Sexual Abuse, *Catherine A. Piliero, PhD*

2b Dental Aspects of Abuse and Neglect, *Curt Goho, DDS*

3b Iron Burns: Accident or Abuse, *Paul P. Tafoya, BS*

4b Creating an Urban Children's Advocacy Center, *Mary L. Pulido, MAT, MSW*

5b Minimizing Secondary Wounds and Enhancing a High Self Esteem Environment for Abused and Neglected Children, *Sister Blanca Colon,BA, Sister Glenda Lopez, MBA and Sister Sonia Melendez, BA*

6b Factors Associated with Dropout from a Group Therapy Sexual Abuse Treatment Program, *Susan Dannenberg-Randoing, MS, MEd and Juanita Baker, PhD*

7b Enhancing Cultural Sensitivity in Social Work Practice: Child Welfare, *Kathy D. Belew, MSW, MPH and Sheila Marsh*

8b Working with High Risk Families: Research and Therapy, *Mary Wood Schneider, PhD and Laura Esikoff, MA*

9b Outpatient Substance Abuse Treatment for Women: Issues and Implications for Children and Families, *Carole Grant Hunter, MA, LSW and Connie Jackson Slaughter*

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10b Significant Factors Effecting Family Based Treatment for Sexual Trauma, *Andrew Creamer, EdD*

11b Comparison of Parental Perception of Family Functioning in Families of Abused Children with PTSD and Major Depression and Their PTSD-only counter-parts, *Malissa Runyon,PhD*

12b The World of an Abused Child - The Victim - the Survivor, *Charles Nichols, BA*

13b Addressing the Needs of MRDD Adolescent Offenders in Residential Care, *Sheila Timms, MS, LMFT and Roxanne Thomas, BA, MSW*

10:30 a.m. - 3:00 p.m. **Three Hour Sessions**

328F Community based Responses to Child Predators — **McCormick**
Ron Laney, MS; Bradley Russ; Sgt. Gary O'Connor; and Patti Wetterling

12:00 p.m. - 1:30 p.m. **Membership Luncheon and Awards Ceremony** — **Regency A**

1:30 p.m. - 3:00 p.m. **Ninety-Minute Sessions**

329F Developing Effective Multidisciplinary Investigation Teams — **Picasso**
Theodore Cross, PhD and Robin Spath, MSW

330F Family Preservation and Child Welfare Network: Linking Data with the Human Service Community — **Soldier Field**
Kathy D. Belew, MSW, MPH

331F Structured Decision Making for Foster Care — **Burnham**
Terry McHoskey, MSW and Rod Caskey, MS

332F Creating Crisis: A Challenge to Family Preservation — **Water Tower**
James Henry, PhD

333F Meeting Corporal Punishment Defenses in Physical Abuse Cases — **Regency D**
Victor Vieth, JD

334F The Vital Link Between the Victim's Statement and Perpetrator's Confession — **Regency C**
Mike Johnson, BSCJ

335F OJJDP Initiative Concerning Child Abuse — **New Orleans**
Ron Laney, MS and Phil Condu

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336Fa Standardized Sexual Abuse Forensic Examinations: Physical, Behavioral, and Historical Considerations **(NOTE: THIS SESSION HAS BEEN CANCELLED.)**
Kurt Bumby, PhD

336Fb Reducing Emotional Distress for Children and Their Families Involved in the Sexual Abuse Forensic Examination Process **(NOTE: THIS SESSION HAS BEEN CANCELLED.)**
Nancy Halstenson-Bumby, PhD

337F Integration Techniques for Children and Adolescents with Dissociative Disorder — **Buckingham**
Joyanna Silberg, PhD

338F Psychotherapy with the Munchausen by Proxy Perpetrator and Victim — **Haymarket**
Teresa F. Parnell, PsyD and Deborah O. Day PsyD

339F **Research Symposium III: What Emerging Research Tells Us About Early Intervention and Prevention Efforts** — **Gold Coast**

- A Universal vs. Targeted Early Prevention of Physical Child Neglect: Does the Empirical Base Provide an Answer?
  Neil Guterman, PhD
- B Reducing Child Maltreatment Among High Risk Families: Results of Two Experimental Studies
  Greg Owen, PhD and Claudia Fercello MSW

357F Improving the Outcomes of Children: Cognitive Interviewing — **Truffles**
Susan Samuels

340F **Poster Session III** — **West Tower Lobby**

- 1c Clinical and Forensic Problems Associated with the Ritual Abuse Controversy, *James Randall Noblitt, PhD and Pamela Perskin*
- 2c History of Psychological Maltreatment and Eating Disorders, *Katie Witkiewitz*
- 3c Incest Family Reunification: Pros and Cons When Perpetrator is the Only Adult Figure, *Janice Church, PhD*
- 4c The Relationship Between the Sexually Molested Child, and the Parent Who Was Molested as a Child, *G.M. Spies, PhD*
- 5c Empirically Derived Subscales from the Child Behavior Checklist: PTSD and Dissociation, *William Friedrich, PhD*
- 6c A Projective Assessment of Coping in Maltreated Children, *Kimberly E. Kraft, MS*

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7c Does Watching Help? The Effects of Videocolposcopy on Children, *Vincent J. Palusci, MD*

8c Human Diversity Education and Training: Questions for Practice, *Rosio Gonzalez, MSW and Nicole Devine, MSW*

9c Group Psychotherapy as a Treatment Modality for Physically Abused Children, *Forrest Talley*

10c Child Sexual Abuse: Characteristics of Successfully Prosecuted Cases, *Cheryl Peterson, PhD*

11c Parent-Child Interaction Therapy: A Single Case Study with a Spanish Speaking Family, *Joaquin Borrego,Jr., Karla Anhalt and Anthony Urquiza, PhD*

12c The Relations Between the Sexually Molested Child and the Parent that has been Sexually Molested as a Child, *G.M. Spies*

3:00 p.m. - 3:30 p.m. **Afternoon Break**

3:30 p.m. - 5:00 p.m. **Ninety Minute Sessions**

341F Assessing Parenting Competencies — **Wrigley**
Kerry Drach, PsyD

342F Addressing the Psychological Needs of Maltreated Children After Removal from the Home — **Buckingham**
Malissa Runyon, PhD and Susan K. Dandes, PhD

343F Program Evaluation: Making It Work For Everyone — **Columbian**
Joseph Youngblood, PhD

344F Lessons from Lawsuits — **Regency A**
Kathleen Coulborn Faller, PhD, ACSW and Kee MacFarlane, MSW

345F Bridging the Gap Between Risk Assessment and Case Planning — **Picasso**
Jill Levenson, MSW; Cindy Lawlor, MS; and Deborah Trinka, MSW

346F Social Work and the Law: Improving CPS by Improving Social Workers/ Attorney Relationships *(Please Note: This session has been canceled.)*
Tom Curran, JD

347F Communicating Across Professional and Ethnic Barriers — **Truffles**
Anne Graffam Walker, PhD

348F The Sex Offender Continuum — **Regency C**
Ken Lanning, MS

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349F Medical Evaluation of Child Sexual Abuse — **Regency B**
Carole Jenny, MD

350F Parent-Child Interaction Therapy: A Dynamic and Dyadic Treatment for Physically Abusive and High-Risk Families — **New Orleans**
Anthony Urquiza, PhD and Cheryl McNeil, PhD

351F Attachment/Interaction Issues in Reunification of Families — **Soldier Field**
Rizwan Shaw, MD, FAAP

352F Developing a Children's Advocacy Center in Your Community — **Haymarket**
Erin Sorenson, MA, LCSW

353F Domestic Violence and Child Maltreatment: Implications for Nursing Practice — **Burnham**
Joyce Thomas, RN, MPH, PNP

354F **Research Symposium IV: What Emerging Research Tells Us About the Co-Occurrence of Interpersonal Violence and Animal Maltreatment in the Family** — **Gold Coast**

A Interpersonal Abuse and Animal Maltreatment in the Family: Clinical, Research and Policy Issues
Frank Ascione, PhD, Barbara Boat, PhD; and Randell Lockwood, PhD

355F **Poster Session IV** — **West Tower Lobby**

1d Integrating Child Welfare Social Services in Cyberspace, *Kathy D. Belew, MSW, MPH*

2d Family Preservation and Child Welfare Network: Linking Data with the Human Service Community, *Kathy Belew, MSW, MPH*

3d Critical Issues in the Assessment of Risk in Cases of Interfamilial Abuse, *Geraldine Crisci, MSW and Richard Berry, PhD*

4d Traumatic Pericardial Tear and Hemothorax: A Case of Suspected Child Abuse, *Kumararel Rajakumar, MD*

5d An Assessment Model for Outpatient Treatment of Perpetrators of Child Sexual Abuse, *Margrit Zariani, MA*

6d A Collaborative Model to Improve the Clinical and Psychosocial Outcomes of Abused and Neglected Children, *Emalee G. Flaherty, MD; Laura Jill Zehren, MA and Jim Harisiades, MPH*

7d The Use of Programmed (Baby Think-It Over) Dolls to Detect Child Abuse in Teenagers Enrolled in a Parenting Class, *Lawrence Daykin, BA*

8d Prevalence & Psychological Correlates of Bullying in Treatment Seeking Abused vs Maltreated Children, *Susan Rosenberger, MA and Renae Duncan, PhD*

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9d Sources of Job Satisfaction and Job Stress for Air Force Family Advocacy Program Workers (Child Maltreatment and Family Violence), *Susan Dannenberg Randoing, MS, MEd*

10d Can We Improve Parenting Attitudes: Factors Promoting Change Among At-Risk Mothers, *Karen McCurdy, PhD*

11d Clinical Use of Measures Assessing PTSD and Sexual Behavior in Children and Adolescents, *William Friedrich, PhD*

12d Use of Computerized Voice Stress Analysis to Disprove Abuse of Children: An Alarming Trend, *Preeti Patel Matkins, MD*

13d Minnesota Case Studies on Multiple Infant Deaths in Illinois, *Karen Shannon, MSW and Marjorie Ankel, MD*

5:15 p.m. - 7:15 p.m. **Research Plenary** **Regency D**

What Treatment Outcome Research Can Offer Treating Clinicians

Moderator: Ben Saunders, PhD. Panelists: David Kolko, PhD; Esther Deblinger, PhD; Judith Cohen, MD; Lucy Berliner, MSW; and Anthony Mannarino, PhD

Child Sexual Behavior Inventory: Normative, Psychiatric, and Sexual Abuse Comparisons

William Friedrich, PhD, ABPP

A normative sample of 1114 children was contrasted with a sample of 620 sexually abused children and 577 psychiatric outpatients on the Child Sexual Behavior Inventory (CSBI), a 38-item behavior checklist assessing sexual behavior in children 2-12 years old. The CSBI total score and 37 of 38 of the individual items differed significantly between the three groups after controlling for age, sex, maternal education, and family income. Sexually abused children show a greater frequency of sexual behaviors than either the normative or psychiatric outpatient samples. A factor analysis of the CSBI indicates six individual factors that can be utilized to better understand different dimensions of sexual behavior in children. These factors include sexual knowledge/interest, sexually intrusive behavior with children, boundary problems, self-stimulating behavior, sexually intrusive behavior with adults, and gender role behavior. Test-retest reliability, inter-item correlation, cross validation, and correlation with abuse characteristics are also reported.

RBF1

PREDICTING ENDURING SYMPTOMS IN CHILD/ADOLESCENT VICTIMS OF SEXUAL ABUSE: THE ROLE OF SHAME AND SELF-BLAME

Presenters: Lynn S. Taska, Ph.D.
Institute for the Study of Child Development, UMDNJ Robert Wood Johnson Medical School
Assistant Professor of Pediatrics

Candice Feiring, Ph.D.
Institute for the Study of Child Development, UMDNJ Robert Wood Johnson Medical School
Professor of Pediatrics

Michael Lewis, Ph.D.
Institute for the Study of Child Development, UMDNJ Robert Wood Johnson Medical School
University Distinguished Professor

To understand the nature and impact of sexual victimization on children, a developmental perspective is necessary. Such a perspective requires an examination of individual differences in emotional and cognitive processes as they are related to patterns of adjustment over time.

The major purpose of the current NIMH funded longitudinal study is to examine a process model that explains which children will develop behavior problems and experience psychological distress. To date, 132 participants between the ages of 8-15 (83 girls and 27 boys) who experienced sexual abuse by coercion were assessed within eight weeks of discovery and again a year later. A central premise of the present research is that patterns of shame and self-blame over time are related to patterns of symptom expression. At the time of discovery, multiple regression path analyses show that after controlling for age, gender, perpetrator identity, abuse severity and coercion, a self-blaming attribution style and higher levels of shame for the abuse are related to lower self-esteem, and higher levels of depressive and PTSD symptomatology. We expected that victims who continue to show high levels of shame regarding the abuse and a self-blaming attribution style a year later would show poorer adjustment compared to victims who show a decrease or maintain low levels of shame and self-blame.

Results of preliminary analyses show that changes in shame and self-blame over time are related to patterns of symptom expression. We will present results from multivariate techniques which allow examination of the relations among shame, attribution style, abuse experiences, age, and gender simultaneously on adjustment across time. The results of this project demonstrate the importance of understanding individual differences in emotional and cognitive processes that help explain the course of symptom expression and adjustment over time. We will conclude this presentation with ideas on how to incorporate these important issues in assessment and treatment.

Educational Objectives

1. Increase audience members' knowledge of emotional and cognitive processes that explain patterns in children's and adolescents' adjustment to sexual abuse.

2. Increase audience members' ability to incorporate these issues into assessing and treating sexually abused children and adolescents.

RBF1

Comparison of Parental Perception of Family Functioning in Families of Abused Children with PTSD and Major Depression and their PTSD-only Counterparts

Presenters:

Melissa K. Runyon, Ph.D.
University of Miami School of Medicine
Child Protection Team
Licensed Psychologist

1150 N.W. 14th Street
Suite 212
Miami, Florida 33136
(305) 243-7550

Jan Faust, Ph.D.
Nova Southeastern University
Child and Adolescent Traumatic Stress Program
Director

3301 College Avenue
Ft. Lauderdale, Florida 33313

This study attempts to identify those family characteristics which discriminate between 96 children divided into three groups (a) abused children with PTSD (n=34), (b) non-abused children with MDD (n=27), and (c) abused children with both PTSD and MDD (n=35). The fifty-four females and 42 males ranged in age from five to 17 (Mean age=11.8 years). Diagnoses were assigned based on a diagnostic assessment, including the Schedule for Affective Disorders and Schizophrenia in Children (K-SADS). Parents completed the Family Environment Scale-Revised (FES-R) to assess their perceptions of family functioning. To test the hypotheses that the combined group would identify greater levels of control, disorganization, and conflict and lower levels of cohesion in their families, analyses of variance (ANOVA) were performed. Contrary to prediction, there were no significant differences between groups on three of these subscales; however, the mean scores for each group differed from the non-clinical cut-offs. All groups rated their families as more controlling than non-clinical norms. Both the combined (Mean=3.815) and MDD-only (Mean=3.914) groups scored higher on the Conflict subscale than the normative mean, but the PTSD-only group (Mean=3.088) scored lower. On the Cohesion subscale, the PTSD-only group mean score (Mean=6.794) was higher and the combined (Mean=6.148) and MDD-only (Mean=5.914) groups mean scores were lower than the mean for the normative sample. ANOVAs demonstrated that two subscale mean scores on the FES, Moral-Religious Emphasis [$F(2, 93)=4.76$, $p = .0108$] and Organization [$F(2, 93)=3.15$, $p = .0475$], significantly differed depending on group membership. Parents of children with PTSD rated their families as higher in morality, religiosity, and organization than parents of children in the combined or MDD-only groups. Despite these differences, all group means were higher than the normative mean on the Moral-Religious Emphasis subscale. When compared to cut-off scores, the MDD-only group perceived their families as less organized while the PTSD groups were rated as more organized. Implications of findings for future research and clinical purposes will be discussed.

Educational Objectives:

To identify differences in perceived family functioning in abused children who develop PTSD and MDD vs. those who have PTSD-only

To contemplate the impact of perceived family environment on the psychological well-being of children

Biographical Statement

Melissa K. Runyon, Ph.D. functions as psychologist and coordinator for the CPT VOCA Project, a project that is grant-funded by the State Victims of Crime Assistance Program to provide assessment and therapeutic services to abused children and their non-perpetrating caregivers. Dr. Runyon provides clinical supervision to psychology practicum students and interns who serve this population and has developed an active research program. Dr. Runyon received her B.S. from Eastern Kentucky University before completing her Ph.D. in Clinical Psychology at Nova Southeastern University. In addition, Dr. Runyon completed her internship training in the Child Psychology Training Program at Stanford University Medical Center and her post-doctoral training at the University of Miami School of Medicine. Dr. Runyon has extensive research and clinical experience in the area of child maltreatment and domestic violence. In this area, she has made numerous presentations nationally and has published articles.

Jan Faust, Ph.D. functions as an Associate Professor at Nova Southeastern University and director of the Child and Adolescent Traumatic Stress Program (CATSP). Dr. Faust provides clinical supervision to psychology practicum students, interns, and post-doctoral trainees who serve this population and has developed an active research program. She was recently awarded a NIMH grant to conduct treatment outcome trials with abused children who meet criteria for Post-traumatic Stress Disorder. Dr. Faust received her B.S. from University of Florida before completing her Ph.D. in Clinical Psychology at University of Georgia. In addition, Dr. Faust completed her internship training at the Oklahoma Health Sciences Center and her post-doctoral training at Stanford University Medical Center. Dr. Faust has extensive research and clinical experience in the area of child maltreatment. In this area, she has made numerous presentations nationally and has published articles.

Children with Sexual Behavior Problems: Efficacy of Specialized Treatments

Presenters: Allison Gray **Barbara Bonner**
C. Eugene Walker **Lucy Berliner**

In several states, 6-12 year old children have been found to be the source of 14-18% of all substantianted child sexual abuse. In 1991, NCCAN-funded two demonstration projects relating to children with secual behavior problems. The intent of these studies was to: 1) collect information on demographic, behavioral, and psychometric variables regarding children with sexual behavior problems and their privcy caregivers, 2) examine the efficacy of specialized group treatments with these families, 3) determine whether types of children with sexual behavior problems caould be derived empirically, and 4) evaluate the potential of an interaction of child type and treatment type.

The symposium presents information concerning: 1) baseline data from families of children with sexual behavior problems, 2) two different taxonomies for children with sexual behavior problems, and 3) information relating to the efficacy of several types of treatment. The data demonstrate that families of children with sexual behavior problems are distinguished by a complex array of variables associated with chronic familial distress and instability, including high rates of poverty, intrafamilial sexual abuse, domestic violence, adult arrest, social disaffiliation, and low educational attainment.

The Vermont study examined the relative efficacy of two treatment models in 127 families with sexual behavior problems. Both treatments entailed a 32-week sequence of 1.5 hour parallel treatment groups for children and caregivers. Sex Abuse Specific Treatment (SAST) was a modified relapse prevention approach (RP), emphasizing involvement of caregivers as external monitors of their child's behaviors. Abuse Prevention Treatment (APT) was an expressive therapy that focused on self-esteem, anxiety reduction, self-soothing, and emotional regulation. The effects of each tratment were examined across five types of children with sexual behavior problems, which had been identified through cluster analytic procedures. The data demonstrate that, relative to the APT condition, the SAST generally offers more immediate benefits for some child types. The advantage of the SAST is most marked for highly traumatized children, suggesting that the RP-based treatment successfully assists children and parents manage sequeelae associated with catastrophic levels of abuse. Although the SAST appears to yeild more immediate benefits, the difference between treatment conditions erodes over time. This effect appears attributable, not to the erosion of benefits gained from the SAST, but to the later onset of benefit from the less highly structured APT.

RSF2

The Oklahoma study presents outcome on ccognitive-behavioral and play therapies. Both treatments entailed 12-weeks of 1.5hour parallel treatment groups for children and caregivers. The data demonstrate the viability of both treatment types.

Educational Objectives

Participants will learn about

1. The diversity of characteristics of children who manifest problematic sexual behaviors.
2. Modifications in group treatment approaches for children with sexual behavior problems.
3. Differences in children with sexual behavior problems that are related to treatment outcome.

SESSION TITLE: Interventions for Sexually Abused Children: Initial Treatment Findings

PRESENTERS: Judith A. Cohen, M.D.
Anthony P. Mannarino, Ph.D.
Allegheny University of the Health Sciences
4 Allegheny Center, 8th Floor
Pittsburgh, Pennsylvania 15212
Phone: (412)-330-4321
Fax: (412)-330-4319

DESCRIPTION:

This study evaluated treatment outcome for 49 recently sexually abused children ages 7-14 years old, who were randomly assigned to receive either Sexual Abuse Specific Cognitive Behavioral Therapy (SAS-CBT) or Nondirective Supportive Therapy (NST). Subjects and their non-offending parent were provided with 12 individual treatment sessions which were closely monitored for adherence to the assigned treatment modality. Subjects and parents completed several standardized assessment instruments pre- and post-treatment. Results indicated that there was a significant group by time interaction on the Children's Depression Inventory (CDI) and the Child Behavior Checklist (CBCL) Social Competence Scale, with the SAS-CBT group improving more than the NST group over time on both of these instruments. Clinical findings also suggested that SAS-CBT was more effective than NST in treating sexually inappropriate behaviors. Specifically, substantially higher percentages of SAS-CBT than NST subjects experienced clinically significant improvement on the CDI, Child Sexual Behavior Inventory, and the CBCL Social Competence and Behavior Profile Total scales, while higher percentages of NST than SAS-CBT subjects experienced clinically significant deterioration on the CDI, the State-Trait Anxiety Inventory for Children, and all four CBCL scales. Implications for clinical practice and future research are discussed.

RBF3

EDUCATIONAL OBJECTIVES:

1. Discuss methodological design issues in designing efficacy studies for sexually abused children.

2. Identify key components of two commonly used treatment modalities for sexually abused children.

3. Become familiar with evidence supporting cognitive behavioral interventions for sexually abused children.

INTERVENTIONS FOR SEXUALLY ABUSED CHILDREN: INITIAL TREATMENT FINDINGS

I. Overview of Study Design

II. Subjects

A. Number of Subjects
B. Demographics of Subjects

III. Instruments

A. CDI
B. CSBI
C. STAIC
D. CBCL

IV. Treatment

A. SAS-CBT
B. NST
C. Therapist characteristics
D. Random assignment methods

V. Results

A. Group x time analyses
B. Clinical findings
    1. Significant improvement/deterioration
    2. Removal from study

VI. Implications for Research and Practice

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Mediating Factors in Treatment Outcome for Sexually Abused Children

Presenter: Anthony P. Mannarino, Ph.D.
Director, Center for Traumatic Stress in Children and Adolescents
MCP-Hahnemann School of Medicine
Allegheny University of the Health Sciences

Department of Psychiatry
Allegheny University Hospitals/Allegheny General
Four Allegheny Center
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412-330-4318
412-330-4319 (Fax)

This study evaluated the impact of child and family characteristics on treatment outcome of sexually abused children. Forty-nine recently sexually abused 7-14 year old children were randomly assigned to either abuse-focused cognitive behavioral therapy or nondirective supportive therapy, and assessed pre- and post-treatment using several standardized instruments. These included five measures of psychoogical symptomatology and four measures of child and family characteristics hypothesized to mediate treatment response. Correlational and multiple regression analyses were utilized to evaulate the impact of the following mediating factors on treatment outcome: children's abuse-related attributions and perceptions, family cohesion and adaptability, parental support of the child, and parental emotional reaction to the child's abuse. Results indicated that children's abuse-related attributions and perceptions and parental support of the child were strong predictors of treatment outcome in this population.

Educational Objectives

1. The participant will be able to identify the measures used to assess the factors hypothesized to mediate treatment outcome in this study.

2. The participant will be able to describe the statistical analyses used to determine the impact of these mediating factors.

3. The participant will be able to describe this study's major findings and their clinical implications.

APPENDIX A: SEXUAL EXPLOITATION OF CHILDREN
Student Outline Guide

INSTRUCTOR: Brian J. Killacky
Detective
Bureau of Investigative Service
Area Three Violent Crimes Unit
Chicago Police Department

A. UNDERSTANDING SEXUAL EXPLOITATION

1. Child Pornography
2. Child Prostitution
3. Child Molestation
4. Juvenile Pimping
5. Child Sex Rings
6. Adolescent Offenders
7. Incidental Offenses

B. STATISTICALLY, THIS IS AN UNREPORTED CRIME.
1. Unreported
2. Under reported
3. Not reported at all
4. Delay in the report
5. Lack of Physiological Evidence

C. CHILDREN ARE PERFECT VICTIMS
1. Love and Affection
2. Recognition and reward
3. Selection of Victim
4. Can Be overpowered easily
5. Easily Lured
6. Unaware of Violation
7. Isolation of Effect

D. UNDERSTANDING THE CHILD VICTIM OF EXPLOITATION
1. Psycological Paralysis
2. Lack of Motiviation
3. Deviation from normal behavioral patterns
4. Connection to Delinquent Behavior

E. CHILD PORNOGRAPHY
1. Definition of
2. Types avaliable
3. Why it is used
4. How it is used
5. Manufacture of Child Pornography
6. Home Made Child Pornography
7. Commercial Child Pornography
8. Use of the Computer

300F

F. CHILD MOLESTATION
1. Defining this type of sexual predator
2. Situational
3. Preferantial
4. Juvenile Offender

H. CHILD SEX RINGS
1. Understanding the concepts
2. Types of rings involved
3. Investigative difficulties

I. CHILD PROSTITUTION
1. Definition of
2. Street Prostitution
3. Call Operation
4. House of Prostitution
5. Investigation

J. INCIDENTAL OFFENSES
1. Indecent Solicitation
2. Distribution of Obscene Materials
3. Misdemeanor Related Sex Offenses
4. Harboring a Runnaway
5. Drug Related Offenses
6. Intimidation
7. Communication with a Witness

K. SEARCH WARRANTS
1. Definition
2. Establishing Probable Cause
3. Element of Time
4. Time and Location of Execution

L. ADEQUATE VICTIM PLACEMENT
1. Knowing the system
2. Selection of Placement
3. Avoiding Institutionalization
4. Long Term Placement

APPENDIX B. SEXUAL EXPLOITATION OF CHILDREN
INVESTIGATIVE OUTLINE

INSTRUCTOR: Brian J. Killacky
Detective
Bureau of Investigative Services
Area Three Violent Crimes Unit
Chicago Police Depratment

INVESTIGATION OF SEXUAL EXPLOITATION OF CHILDRERN.

1. Becaue the majority of Sexual Exploitation of Children goes unreported in your community, develop an ability to investigative this violent crime Proactively.

2. INVESTIGATIVE INTERACTION ON YOUR DEPARTMENT BETWEEN THE FOLLOWING UNITS IS ESSENTIAL:

A. Patrol Division with Youth, Juvenile, Missing Person, Crimes Against Family Unit,Vice Narcotics and Prostitution.School Officers, D.A.R.E. Officers and Crime Prevention Officers. C.A.P.S. Stratigies should intergrate exploitation of children.

B. Crime Analysis Units should compile information on the following analytical data.

1. Recent Crime Analysis Patterns
2. Child Sex Ring Offenders
3. Indecent Solicitation of Children by strangers luring them.
4. Public Indecency Offenders
5. Prostitution Related Offenses
6. Recent Pennitentary Releases.
7. Automated Fingerprint Identification Systems.
8. Sex Offenders currently on Probation.
9. DNA Anaysis of Offenders.
10. Habitual Sex Offenders Registration Acts.
11. Home Monitoring Information.
12. Updated Photo File of Sex Offenders
13. United States Customs and Postal Inspector Seizure Lists.
14. Offenders Vehicle Information.
15. Current list of all missing persons.

APPENDIX B.
(cont)

SEXUAL EXPLOITATION OF CHILDREN
INVESTIGATIVE OUTLINE

INSTRUCTOR: Brian J. Killacky
Detective
Bureau of Investigative Services
Area Three Violent Crimes
Chicago Police Department

C. INTERAGENCY INTERACTION.

1. City Police with County or Parrish Sheriff on cases of multiple juristiction.
2. County Wide Investigator and Juvenile Officer Meetings to highlight sex abuse and Missing Children Investigations.
3. Involvement of the State Investigative Unit or Attorney General for juristictional differences.
4. Awareness programs for Metro Narcotics Units.
5. Federal Bureau of Investigation
6. United States Postal Inspectors
7. United States Customs
8. ATF.
9. DEA
10. Bureau of Indian Affairs
11. National Center for Missing and Exploited Children
12. Social Service Divisions
13. Cross Reporting on all sex offenses involving children
14. Cross Reporting on all Habitual Runnaways
15. Domestic Violence Programs
16. Juvenile Detention Facilities
17. Adolescent Psychiatric Facilities
18. Runnaway and Homeless Shelter Programs
19. Photo Lab Development Facilities
20. Juvenile and Adult Probation Workers
21. Foster Homes and Shelters
22. School Personnel (pre-school,grammar and High School).
23. Long Term Placement Programs
24. Expand Juristiction of "Hotline"

APPENDIX B.
(Cont)

SEXUAL EXPLOITATION OF CHILDREN
INVESTIGATIVE OUTLINE

INSTRUCTOR:

Brian J. Killacky
Detective
Bureau of Investigative Services
Area Three Violent Crimes
Chicago Police Department

D. PROSECUTION OF THE OFFENDER.

1. Adequate Training must be provided for those who prosecute these cases.
2. Understand the "Vertical Prosecution System"
3. Be aware of changes in the following issues.
   a. age of consent.
   b. age between victim and offender
   c. penetration vs. contact or fondling
   d. extended statute of limitations
   e. amendatory vetos.
   f. Hearsay Exceptions
   g. Timeliness of a search warrant
   h. Pretext Conversational Overhear "one party"vs "two party consent"
   i. Solication, Conspiracy and Attempt
   j. Communication with Witnesses
   k. Intimidation
   l. Relationships between victim, the victims family and the offender.
   M. Misdemeanor Offenses
   N. Conditional Discharge,Supervision and Probation.
   O. Plea Negotiation
   P. Preliminary Hearing vs. Grand Jury
   Q. Victim Witness Programs.
   R. Expert Witnesses.
   S. Felony Review Programs
   T. Conviction Rates
   U. Sexually Dangerous Persons Act
   V. Presentence Psycological Exams
   W. Conditions of Bail or Bond.
   X. Dual Prosecution
   Y. Extended Incarceration
   Z. Conficts of Intrest

APPENDIX C. SEXUAL EXPLOITATION OF CHILDREN
Suggested Reading and Reference List.

INSTRUCTOR: Brian J. Killacky
Detective
Bureau of Investigative Services
Area Three Violent Crimes Unit
Chicago Police Department

The following is a list of suggested reading and reference material that this instructor would suggest to further the individual investigators comprehension of the crime of Sexual Exploitation of Children.

1. National Center of Missing and Exploited Children April 1987 Second Addition: CHILD MOLESTERS: A Behavioral Analysis.This was written by Kenneth Lanning of the Behavioral Science Unit Federal Bureau of Investigation FBI Academy Quantico, Virginia.

2. Child Pornography and Prostitution
Background and Legal Analysis
National Center for Missing and Exploited Children Oct.1987 Written by Howard Davidson, the Director of the National Legal Resourse Center for Child Advocacy and Protection. Also Gregory Loken the Executive Director of the Institute for Youth Advocacy- Covenant House.

3. Selected State Legislation (Jan 1985)
A Guide for Effective State Laws to Protect Children.
National Center of Missing and Exploited Children

4. Your individual State Criminal Code.
To have a WORKABLE knowledge of the laws that dictate in your respective state "Illegal Sexual Behavior Against Children".

5. What Cops Know By Connie Fletcher 1991

6. True Cop By Connie Fletcher 1993.

7. Freed to Kill by Geraline Kolarik
The story of Larry Eyle 1989.

8. Evidence in Child Abuse Cases Volume One and Two by John E. Myers
Wiley Law Publications.

MULTI-DISCIPLINARY TEAM INTERVIEWING: INTERVIEW TECHNIQUES AND CONSIDERATIONS

Presenters: Erin Sorenson, A.M., L.C.S.W.
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The successful investigation of abuse allegations often depends on obtaining reliable information from the child victim. In many cases, knowledge of what has occurred comes solely from information that the child provides during the investigative interview. Reports about events are most likely to be accurate when they are generated freely by the child. Every effort should be made to conduct the interview in a neutral, yet comfortable atmosphere which minimizes suggestibility and takes into consideration the child's developmental level and cultural background. Separate consideration should be given to: the pre-school aged child, the pre-adolescent and adolescent child, children with disabilities, atypical allegations, and multi-victim investigations. Interviewers need to be aware of how linguistic concerns (leading vs. open-ended questions, grammatically complex questions, style, etc.) effect the information gathering process, charging decisions, and the outcome of legal proceedings. To elicit information from the child, the forensic interview often progresses in identifiable stages (i.e. introduction to the interview process, rapport building, event description, etc.) Goals and strategies relating to the process and the outcome will be reviewed using the latest research, nationwide data, and examples.

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EDUCATIONAL OBJECTIVES:

1) Identifying principles of the forensic interview
2) Identifying special child populations
3) Identifying common stages of the forensic interview
4) Identifying linguistic concerns
5) Identifying ways to accomodate best practices into existing or devloping team protocols

MULTI-DISCIPLINARY TEAM INTERVIEWING: INTERVIEW TECHNIQUES AND CONSIDERATIONS

I. Interview techniques and considerations
   A. Principles of the forensic interview
      1. Accurate information gathering
      2. Minimizing potential stress
      3. Recognizing all purposes of the investigation
      4. Accomodating developmental differences
      5. Protecting against improper influences on memory and reports
   B. Considerations for interviewing children
      1. Developmental level
      2. Cultural background
      3. Wording questions
      4. Use of interview aids
   C. The interview process
      1. Introducing the child to the interview process
      2. Rapport building
      3. Introducing the topic of concern
      4. Describing the event
      5. Concluding the interview

II. Special child populations
   A. The pre-school child (3 to 5 years of age)
   B. The pre-adolescent and adolescent child (11-18 years of age)
   C. Children with disabilities
   D. Additional considerations
   E. Victims who are suspected juvenile offenders
   F. Child physical abuse victims
   G. Multi-victim investigations
   H. Child kidnapping investigations
   I. Child witnesses (non-victims)
   J. Atypical or "ritualistic" abuse allegations

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Erin Sorenson, A.M., L.C.S.W.

Ms. Sorenson has been the Executive Director of the Children's Advocacy Center of Northwest Cook County, one of the founding Advocacy Centers in the United States, since 1990. She was elected in 1996 and currently serves on the Board of Directors of the National Network of Children's Advocacy Centers, and served as President of the Illinois Chapter of the National Network of Children's Advocacy Centers from 1996-1998. A recognized expert in multiple areas of child welfare, from administration and program development to forensic interviewing and multi-disciplinary investigations, she has been elected and appointed to serve on numerous committees, task forces and professional boards at national, state and local levels. She is a presenter and consultant for various law enforcement agencies, mental health organizations, conferences and seminars on the field of advocacy and forensic interviewing in child abuse cases. Ms. Sorenson is a frequent guest in communities across the midwest as they struggle to form multidisciplinary interventions in child abuse cases. In addition, Ms. Sorenson founded the Illinois Professional Society on the Abuse of Children in 1991, and has authored and co-authored several published articles on child sexual abuse allegations and investigations. She recently authored Intake and Forensic Interviewing in the Child Advocacy Center: A Handbook, with colleagues, Bette Bottoms, Ph.D., and Alison Perona, J.D. She has interviewed over 2000 children regarding abuse allegations and testified in over 100 cases.

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Alison R. Perona has been as assistant state's attorney in Cook County since 1986 and a felony trial assistant since 1990. In addition to trial work, Alison was the Supervisor of the Child Advocacy and Protection Unit of the Cook County State's Attorney's Office in 1995-1996. As Supervisor, she oversaw all multidisciplinary team investigations of child sexual abuse in Gook County, as well as participating in advocacy, training, and legislative issues. Since December, 1996, she has been the supervisor of the Chicago Felony Trial Courts in Skokie. In 1997, Alison co-authored Handbook on Intake and Forensic Interviewing in the Children's Advocacy Center Setting.

ACCREDITATION, CERTIFICATION, AND PEER REVIEW: DEFINING QUALITY AND IMPROVING PROFESSIONAL PRACTICE IN THE CHILD MALTREATMENT FIELD

Presenters: David L. Corwin, M.D.
Director, Child Forensic Psychiatry and the Childhood Trust Forensic Institute
The Childhood Trust, Cincinnati Children's Hospital Medical Center and
Department of Psychiatry, University of Cincinnati College of Medicine
Phone: (513) 558-4067

David L. Chadwick, M.D.
Director Emeritus
Center for Child Protection
San Diego Children's Hospital
Phone: (619) 579-6066

Jon R. Conte, Ph.D.
Professor
School of Social Work
University of Washington (Seattle)
Phone: (206) 543-1001

This symposium reviews developing ideas and practices regarding certification, program accreditation, and peer review of forensic interviews and expert testimony relating to child maltreatment. The presenters represent three different disciplines and professional perspectives. All have demonstrated longstanding interest in assuring and increasing the quality of professional work addressing child maltreatment. Each was closely involved in founding APSAC which has, from its earliest beginnings, been dedicated to improving and assuring the quality of professional practice in this field. Dr. Chadwick will address program accreditation. Dr. Conte will discuss certification of specialized expertise. Dr. Corwin will discuss peer review of forensic interviewing and expert testimony. There will be ample time for questions and discussion. Issues for discussion include:

- How do we determine the standards against which individuals and programs should be assessed?
- How do we assure that these standards are valid and can be reliably and fairly measured?
- What are the likely costs and pathways for developing such quality improvement methods?
- What role should cultural issues have in these quality assurance efforts?

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EDUCATIONAL OBJECTIVES

1. To promote these methods of quality assurance as top priorities for the child maltreatment field.

2. Provide for dialogue and discussion about these emerging forms of quality assurance and methods for improving professional practice.

David L. Chadwick, M.D.
Brief Biography

May 27, 1998

Dr. Chadwick is the Director, Emeritus of the Center for Child Protection at the Children's Hospital in San Diego, having retired from that position on Jan. 1, 1997. He is an Associate Clinical Professor of Pediatrics at the University of California, San Diego School of Medicine.

He is now self-employed as a consultant in the field of child protection health care. In that capacity he provides consultation and other forms of assistance to institutions and persons who can utilize his extensive knowledge of this field.

His recent clients include a number of children's hospitals, community hospitals and county governmental agencies seeking assistance in improving child maltreatment programs which need a health component, in addition to prosecutors and other attorneys seeking expert consultation about individual cases especially those involving physical abuse, or on issues involving child abuse reporting. He is a frequent expert witness in litigated cases involving physical abuse.

He is a frequent lecturer on a variety of topics related to child maltreatment, and he is still engaged in research on children's injuries. He is well-informed on issues of abuse prevention and the recent advances in that field. He is also engaged in developmental work to improve the health and health information about dependent and foster children.

He is the author of numerous articles and book chapters on child maltreatment, and he is the recipient of a number of awards for his work in that field.

Dr. Chadwick is a lifelong Californian. He attended the University of California in Berkeley, in Los Angeles and the Medical School in San Francisco. He resides in La Mesa.

Biographical Sketch

David L. Corwin, M.D.

Dr. Corwin directs The Childhood Trust Forensic Institute and Child Forensic Psychiatry for the Children's Hospital Medical Center and Department of Psychiatry at the University of Cincinnati School of Medicine where is an Associate Professor of Clinical Psychiatry and Pediatrics. Dr. Corwin graduated in 1972 with high distinction from the University of Michigan, received his Doctorate of Medicine from Michigan State University College of Human Medicine in 1976, and completed psychiatry and child psychiatry training at UCLA between 1976 and 1981. He is board certified in psychiatry (1981) and in child psychiatry (1982). While training in child psychiatry at UCLA, Dr. Corwin co-directed a treatment program for sexually abused children and their families. In 1981, he founded and chaired the Los Angeles Task Force on Interviewing Sexually Abused Children, which was the first group to present nationally and internationally the merits of videotape recording child forensic interviews. In 1985, Dr. Corwin organized the National Summit Conference on Diagnosing Child Sexual Abuse and led efforts that later founded both the California and American Professional Societies on the Abuse of Children (CAPSAC and APSAC). He received the Founder's Award from CAPSAC in 1990 and the Outstanding Service Award from APSAC in 1993. Dr. Corwin has authored or co-authored numerous publications addressing various aspects of child maltreatment and has given over 250 presentations to groups of professionals throughout the United States, Canada, Great Britain, and Europe. At the University of Cincinnati, he teaches child forensic psychiatry, child forensic interviewing, and various seminars addressing child maltreatment. Dr. Corwin also serves on the faculty of the University Institute for Psychiatry and Law. He evaluates and reviews cases involving concerns about child sexual abuse, child custody and visitation, psychological trauma, and professional practice in these areas. Dr. Corwin has served as an expert on court cases in 32 states, the District of Columbia, British Columbia, Newfoundland, and Panama, in administrative, civil, criminal, domestic relations, federal, juvenile, and military proceedings.

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Community Based Interdisciplinary Approaches to Crimes Against Children

Presenter: **Michelle C. Jezycki**
Missing Exploited Children
Comprehensive Action Program (M/CAP)
Fox Valley Technical College
Consultant

Crimes against children are community dilemmas nationwide. Too often these issues become the responsibility or burden of one or two agencies in the community rather than the community at large. In an effort to better serve a community's missing, exploited, abused and neglected child population, it becomes critically important to pool resources and address these needs and issues in a collaborative manner. To most effectively approach crimes against children, jurisdictions must turn to an interagency approach whereby services are rendered to the child or family in a more expeditious manner, at-risk youth are earlier identified, and duplication of services is minimized.

M/CAP is a multi-agency comprehensive program, adapted to the specific needs of each community, designed to enhance the way in which crimes against children are addressed on a countywide basis. The program seeks to enhance existing teams or assist in creating new teams where none exist, and train them on a comprehensive response to their identified victimized child population.

Currently there are thirty M/CAP Teams nationwide. Benefits of becoming a site include: training and technical assistance made available to the child serving agencies, and delivered in the requesting team's community; better utilization of existing resources; a network of 30 other teams who have working programs to draw from; an overall improved service delivery to victimized children in the community; and a working plan to serve as a "road map" for the Team work from.

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Educational Objectives

At the conclusion of the presentation, participants will be able to:

1. Better understand the overall issues of missing, exploited and abused children.

2. Understand what resources and training are available to enhance existing programs.

3. Understand how to develop a program in their respective communities.

Cultural Competence in Child Maltreatment Research

APSAC 1998

Lisa Aronson Fontes, Ph.D. (contact at LFontes@javanet.com)
Anthony Urquiza, Ph.D. University of California at Davis Medical Center, Sacramento

Using examples from their own research and from the literature, the facilitators will help participants understand the elements of culturally competent research on child maltreatment. Participants will learn how to handle some of the major challenges that face researchers who are committed to conducting their work in culturally sensitive and ethical ways.

Two types of cross cultural research

Investigator-different research: investigations in which there is a difference in culture between the researcher and the participants (For example when a U.S. researcher studies child maltreatment in Puerto Rico or when an upper middle class researcher studies parenting styles among low income families)

Comparative cross-cultural research: when two or more groups of people are compared (For example, when African American and Latino children's responses to sexual abuse are compared; or when young and mono and bilingual children's memories of abusive incidents are compared). In some comparative cross-cultural research, the researcher belongs to one of the groups studied, but not the others.

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Objectives:

Participants will learn about the two main categories of cross-cultural research: investigator-different and comparative

Participants will learn to evaluate the cultural sensitivity of the child maltreatment research that they read

Participants will learn to conduct child maltreatment research in more culturally sensitive ways

Anthony J. Urquiza is a child clinical psychologist at the Child Protection Center, Department of Pediatrics, University of California Davis Medical Center. Dr. Urquiza has extensive clinical experience with children, adolescents, and adults in a variety of inpatient and outpatient settings. His clinical and research interests, and publications center involve all types of family violence, ethnic minorities, victimization of males, child physical abuse treatment, and mental health psychodiagnostic issues. Dr. Urquiza is the author of a treatment manual for sexually abused children, published by the National Center on Child Abuse and Neglect, and an APSAC board member.

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CAN WE IMPROVE PARENTING ATTITUDES? FACTORS PROMOTING CHANGE AMONG AT-RISK PARENTS.

Presenter: Karen McCurdy, Ph.D.
National Committee to Prevent Child Abuse
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The presentation summarizes an investigation of the determinants of change in attitudes toward child rearing among 212 mothers from disadvantaged families in Oahu, Hawaii. Using a random sample of non-abusive mothers participating in an evaluation of a home visitation program, parental functioning was assessed at two points in time through in-person assessments. Measures included the Child Abuse Potential Inventory (CAP), the Maternal Social Support Index and a checklist of life events.

The multiple regression results suggest that buttressing the mother s support network or involving her in a home visitation program can serve to promote less punitive child rearing attitudes during a critical period of child development, the first year of life. For these mothers, access to a home visitor and increased social support significantly predicted improvements in parenting attitudes. Moreover, changes in perceived support from a close adult or partner exerted the strongest influence on child rearing attitudes for the sample as a whole. In contrast, the experience of stressful life events and initial maternal characteristics failed to explain patterns of parental development. The policy and practice implications from these findings are discussed.

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EDUCATIONAL OBJECTIVES

1. The participant will be able to discuss a framework for understanding changes in parenting attitudes and behavior.

2. The participant will gain an understanding of methods to enhance family functioning.

3. The participant will learn about the relationship betwee specific types of social support and parenting.

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Biographical Statement

Karen McCurdy, Ph.D., is principal analyst for the Center on Child Abuse Prevention Research at the National Committee to Prevent Child Abuse. In this capacity, she has designed and implemented several evaluations of child abuse prevention programs and conducted national surveys on child maltreatment trends. Her current research interests include understanding participant engagement and retention patterns in family support programs and identifying methods to enhance maternal social networks. She serves as Associate Editor for Prevention for the APSAC Advisor. Dr. McCurdy received her Ph.D. in Human Development and Social Policy from Northwestern University.

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SUCCESSFULLY PROSECUTING CHILD SEXUAL ABUSE CASES USING VIDEOTAPED INTERVIEWS OF CHILD VICTIMS

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Although the U.S. Supreme Court case Idaho vs. Wright appeared to encourage videotaping of child sexual abuse interviews, there is a difference of opinion in the professional community regarding whether or not child sexual abuse interviews should be videotaped. Some communities have never videotaped, others have tried videotaping but abandoned the concept, and yet others videotape child sexual abuse interviews and have been very successful. Hennepin County, in Minnesota, combining it's unique multidisciplinary approach to responding to child sexual abuse, and utilizing a 5 Stage process that has withheld scrutiny from Minnesota's highest courts, has been videotaping and successfully prosecuting child sexual abuse cases since 1989. Kathryn Quaintance, Assistant Hennepin County Attorney, is well known for her successful prosecutions and teaching of trial skills regarding child sexual abuse cases. She, along with Lori Holmes, the Training Specialist from CornerHouse, an Interagency Child Abuse Evaluation Center, will be the presenters for this important topic.

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This session will provide prosecutors with information and techniques which will increase their ability to successfully prosecute child sexual abuse cases using videotaped interviews of child victims. This session will also benefit interview specialist who must withstand the scrutiny of cross-examination regarding their videotaped interview.

EDUCATIONAL OBJECTIVES

1. The participants will learn effective trial techniques and tactics regarding the use of videotaped interviews of child sexual abuse victims.
2. The participants will learn strategies to effectively question the child interview specialist during direct examination.
3. The participants will understand the important connection between the type of process used to interview child sexual abuse victims, and the successful prosecution of child sexual abuse cases.

SUCCESSFULLY PROSECUTING CHILD SEXUAL ABUSE CASES
USING VIDEOTAPED INTERVIEWS OF CHILD VICTIMS

SESSION OUTLINE

I. Trial Tactics & Techniques
   A. Laying the foundation for admissibility of the videotaped interview.

   B. Deciding when and how to use the videotape during the trial: with or without the child's testimony; as corroboration or as substantive evidence.

   C. Closing arguments - arguing issues regarding the videotaped interview.

   D. Deciding when court appointed experts should be utilized to review a videotaped interview.

II. Questioning the Child Interview Specialist During Direct Examination
   1. Types of questions to ask the interviewer.
   2. Strategies to use to enhance the interviewer's credibility.

III. Preparing the Child Interview Specialist For Cross Examination

SUCCESSFULLY PROSECUTING CHILD SEXUAL ABUSE CASES
USING VIDEOTAPED INTERVIEWS OF CHILD VICTIMS

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KATHRYN L. QUAINTANCE
Kathryn graduated from Rutgers Law School in 1986. For the last five years, Kathryn has been prosecuting felony cases as an assistant county attorney for the Hennepin County Attorney's Office in Minneapolis, MN. In this capacity, Kathryn has specialized in child abuse and sex offense cases. Kathryn's teaching experience includes her position as an adjunct faculty at Hamline Law School teaching trial advocacy since 1992, in addition to presenting to judges, attorney's, investigator's and social workers at several local and statewide conferences.

LORI S. HOLMES, MA, LISW
Lori has a Master of Arts degree with a double major in educational psychology/counseling and criminal justice. She is also licensed by the Minnesota Board of Social Work. Her professional experience includes work at Hennepin County as a principal social worker in child protection and as a protective services program consultant with the Minnesota Department of Human Services. Lori has been the Training Specialist at CornerHouse, an Interagency Child Abuse Evaluation Center since 1993. Lori's responsibilities include developing the curriculum, implementing and teaching several training programs. In addition to her training responsibilities, Lori continues enhancing her clinical skills by interviewing alleged child sexual abuse victims. Lori has presented at several local, state, and national conferences.

THE CIVIL COMMITMENT OF SEXUAL PREDATORS

Presenter: Thomas J. Fallon, J.D.
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This workshop will explore the application of social science research involving sex offenders in the forensic setting involving the commitment of a sexually violent predator. The emphasis will be on identifying and discussing the key components of a civil commitment proceeding; i.e., the identification of the mental disorder possessed by the offender and his risk for reoffense.

This workshop will examine the DSM-IV diagnoses of pedophilia, paraphilia, NOS (Non-Consensual Intercourse), sexual sadism and antisocial personality disorder and discuss how the diagnosis impacts upon the risk prediction analysis. Additionally, the workshop will discuss a variety of evidentiary issues as they pertain to proving up the mental disorder and the risk to reoffend.

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EDUCATIONAL OBJECTIVES:

1. The participants will be able to distinguish this forensic population from that of other mental health forensic populations.

2. The participants will be able to understand the inter-relationship between the mental disorder and the risk to reoffend; i.e., the nexus between predisposition and acting upon a predisposition to commit sexually violent offenses.

3. The participants will be able to identify and discuss the complex evidentiary issues associated with proving mental disorders and the risk to reoffend.

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The Other Victims: Children Who Witness Violent Crimes

Presenters: Kimberly L. Poyer MSW LCSW
United States Attorney's Office - District of Columbia
Child Interview Specialist

Ryan H. Rainey JD
United States Attorney's Office - District of Columbia
Assistant United States Attorney

In this country children witness violent crime on a daily basis: homicide, rape, domestic violence, and assaults. Although child witnesses may not be physically injured during the assault the long-term psychological affects of witnessing such events can be devastating. Children who are victims or witnesses to violent crime are at an increased risk for delinquency, violent criminal behavior, and adult criminality. As the field of forensic interviewing for child victims progresses, child witnesses will naturally be incorporated into this process. Children who witness violent crime may become key witnesses in the prosecution of a defendant. A variety of prosecutorial, clinical, and ethical issues arise especially when the defendant may be a child's parent. This session will assist investigators, prosecutors, and clinicians in developing practices that can manage the multiple complex issues that are involved with these cases.

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Educational Objectives:

1. Participants will learn to work with multiple child witnesses in a number of areas including; assessment, interviewing, and preparing child witnesses for a variety of court processes.
2. Increase skills to recognize, investigate, and prosecute child witness cases.
3. Participants will learn how to identify traumatized children and alter their practice to assist these children in participating in the criminal justice system and reduce the potential for re-traumatizing these witnesses.
4. Provide participants with tools that can assist in cooperation and coordination of multiple agencies and professionals in these cases.

This workshop will focus on clinical interventions with children who have witnessed violent crime.

Topics to be addressed include:

1. Creating "child friendly" practices in the criminal justice system.
   The criminal justice system is designed for adults, not children. This section will help professionals develop the skills required to effectively navigate children through the criminal justice system.
2. Developing interviewing protocols for child witnesses.
   Interviewing children about the events they witness is crucial. The interviews conducted with children are grounded in scientifically based practice skills that include; developmental and competency assessments, language issues, questioning continuum, reducing suggestibility, and mental status evaluations.
3. Techniques the prosecutor can use to manage these cases.
   Using child witnesses can create many problems for the prosecutor. Issues around preparing children to testify and alternatives to live testimony will be discussed. Common defenses against using children as witnesses will be presented.
3. Preparing children for court.
   All witnesses should be prepared for court. This section will assist professionals in assessing which children are psychologically capable of testifying in court and developing multiple techniques in preparing children including; individual preparation, victim impact statements, court school, and alternatives to live testimony. Adapting our practice to work with traumatized children, using children in Grand Jury and/or Preliminary Hearings, and determining appropriate tools to use in suspect identification will also be addressed.
4. Creating a team approach with child witnesses.
   Children more so than other witnesses will be involved with multiple agencies and professionals. This can create multiple problems which may be alleviated by developing a multi disciplinary team to effectively manage these type of cases.

The Other Victims: Children Who Witness Violent Crime
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Kimberly L. Poyer MSW LCSW
Child Interview Specialist

Kimberly Poyer is a Licensed Clinical Social Worker. Ms. Poyer received her Bachelors of Social Work at the University of Illinois. She received her Masters of Social Work at Washington University. Ms. Poyer is employed at the United States Attorney's office in the District of Columbia. She is the first Child Interview Specialist hired by the Department of Justice to work in a U.S. Attorney's office. Her duties include forensic interviewing, assessing and evaluating child victims and witnesses of numerous types of crime. Ms. Poyer works with the children to determine their competency for criminal court and assists the attorneys and children with court preparation. Prior to working with the U.S. Attorney, Ms. Poyer was employed at The Children's Hospital in Denver Colorado. She was the Co-Director of the Child Advocacy and Protection Team. This was a multi-disciplinary team that evaluated 1200 cases a year of fatal child abuse, physical and sexual abuse, as well as neglect. Ms. Poyer has instructed graduate students in social work and provides training to professionals across the country on various topics in the field of child abuse and neglect.

Ryan H. Rainey
Assistant United States Attorney

Ryan Rainey is an Assistant United States Attorney in Washington, D.C., working in the Child Abuse Section. After receiving his J.D. from Loyola Marymount University Law School in 1985, Mr. Rainey joined the Los Angeles District Attorney's Office. As a Deputy Prosecuting Attorney, Mr. Rainey worked in the Sexual Crimes and Child Abuse Unit handling physical and sexual abuse cases and specializing in child homicide cases while also taking an active role in Child Death Review teams in the State of California.

From June of 1993 until August of 1995, Mr. Rainey served as a Senior Attorney with the National Center for Prosecution of Child Abuse located in Alexandria, Virginia. In that position, Mr. Rainey provided training to attorneys, law enforcement, social workers, and other professionals involved in all stages of the investigation and prosecution of child neglect, physical and sexual abuse, and fatalities. Mr. Rainey continues to lecture nationally on such subjects as interviewing children, use of experts and investigating child homicides.

Publications:

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Ryan H. Rainey, J.D. and Janet Dinsmore, "Medical Examiners in Child Homicide Cases," *National Center for Prosecution of Child Abuse's Update*, Volume 7 Fall 1994.

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Ryan H. Rainey, J.D. and Susan Smith, J.D., "Munchausen Syndrome by Proxy," *National Center for Prosecution of Child Abuse's Update*, Volume 7 December 1994.

FEMORAL FRACTURES IN CHILDREN UNDER THE AGE OF FOUR

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Femur fractures in children, particularly before ambulation begins, raises the suspicion of abuse unless there is a credible history of another serious traumatic event. Features in the history suggestive of abuse includedrug or alcohol abuse, psychiatric illness, prior involvement with child welfare authorities and unexplained sibling deaths. The presence of any of these should alert the physician to the possibility of abuse no matter the age of the child.

The charts and radiographs of 77 patients less than four years of age who presented to Cook County Hospital with femur fractures from 1990-1997 were reviewed. A thorough clinical and social history was obtained from 52 of the charts. Of the 52, thirty-two patients (61%) were diagnosed to be abused, and twenty (39%) were felt to be non-abusive in etiology. Of the 32 children abused or suspected of abuse, twenty-five (78%) were under the age of two.

Of the thirty children diagnosed as definitively abused, five (16%) had other significant physical and historical findings. Two had concurrent intracranial hemorrhages, one had a sibling with a history of a spiral fracture of the femur, one subsequently died under suspicious circumstances, and another had a history of unexplained sibling death. The case studies and radiographs of these patients are displayed and discussed.

OBJECTIVES:

1. To recognize that femoral fractures in young children, especially those occurring in children less than two years of age, warrant careful examination, history and background searches to exclude abuse.
2. To recognize that children with abusive femoral fractures have a significant incidence of "abusive comorbidities", either physical or historical.
3. To recognize the physical and historical factors that contribute to the determination of abuse.

BIOGRAPHIES

Michele A. Lorand, MD,FAAP

Dr. Lorand is the Chair of the Division of Child Protective Services at Cook County Children's Hospital in Chicago, IL. She is an Assistant Professor of Pediatrics at Chicago Medical School. Dr. Lorand has specialized in the area of child abuse/neglect for over 15 years.

Demetra K. Soter, MD

Dr. Soter is an attending pediatrician in the Division of Child Protective Services and the coordinator for Pediatric Trauma at Cook County Children's Hospital in Chicago, IL. She is a Clinical Assistant Professor of Pediatrics at the University of Illinois. Dr. Soter has specialized in the area of child abuse/neglect for over 15 years.

Vivian J. Harris, MD

Dr. Harris is the Director for the Division of Pediatric Radiology at Cook County Children's Hospital in Chicago, IL. She is a Professor of Radiology at the University of Illinois.

Hennepin County Medical Center's
Protocol for the Investigations of Multiple Infant Deaths Based on Case Studies

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The investigation of infanticide by asphyxiation and neglect is emerging as a medical, social, and legal concern in the United States. Since the methods used to investigate such cases have not been clearly delineated in the literature, a pediatrician and pediatric social worker have developed a multi-disciplinary protocol for the investigation of multiple infant deaths. The protocol provides a standardized approach for retrieving critical information (autopsy reports, family history, medical and mental health records, etc.), reviewing and detailing the pertinent information, and recreating the sequence of events. The protocol has been created to re-examine all cases of multiple infant deaths, whether they are active or inactive cases.

The protocol evolved from three cases of multiple infant deaths involving nine infants (one heat stroke, simultaneous twin SIDS, two undetermined and four SIDS). The authors of the protocol persisted with investigating these cases on multiple levels. Fourteen months later, the death certificates were changed. The motivation for pursuing these cases was to protect the rights of the living children and honor the ones who died.

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Educational Objectives

1. The participant will be able to recognize the significance of multiple infant deaths, particularly as it pertains to the disposition of living children.

2. The participant will be able to comprehend the significance of standardizing the investigations of multiple infant deaths and become familiar with using the protocol.

3. The participant will be able to identify national barriers that hinder cross-state investigations of child deaths and child abuse; and to remove these barriers by developing a national agenda.

Hennepin County Medical Center's
Protocol for the Investigations of Multiple Infant Deaths Based on Case Studies

I. Evolution of medical science and unexpected infant deaths
   A. Overlay
   B. Battered child syndrome
   C. Apnea theory
   D. Current theories on SIDS
II. Historical overview of neonaticide and infanticide
   A. Literature review
   B. Profiles of caregivers
   C. Societal response
III. Historical overview of death determination
   A. Case illustrations
   B. Differential diagnosis
IV. Concise summary of three cases of multiple infant deaths
   A. Case one: one heat stroke and simultaneous twin SIDS
   B. Case two: two SIDS and one undetermined
   C. Case three: two SIDS and one undetermined
V. Design of protocol
   A. Reconstructing the events surrounding the infant deaths
      1. Obtaining autopsy reports, death scene investigations, and clinical history
      2. Obtaining police reports
      3. Obtaining child protection information
      4. Obtaining legal documents
   B. Reconsidering the cause of death based on case records
      1. Reviewing and detailing the pertinent information
      2. Changing the death certificates
   C. Investigating three cases of multiple infant deaths
      1. Pursuing professional opinions
      2. Reporting suspected child abuse to authorities
      3. Reporting suspected homicides to authorities
VI. Application of protocol on three cases
   A. Case one
   B. Case two
   C. Case three
VII. Strategies to protect the rights of children
   A. Advocacy
      1. Department of Children and Family Services
      2. Criminal court
   B. Media attention
X. Recommendations for developing a responsive system for children
   A. National registry for infant deaths
   B. Standardized scene investigations
   C. Homicide: a diagnosis of exclusion?

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Hennepin County Medical Center's
Protocol for the Investigations of Multiple Infant Deaths Based on Case Studies

Biographical Statements

Karen Shannon MSW, LICSW
Ms. Shannon has been employed at Hennepin County Medical Center as a pediatric and adolescent social worker since 1992. She chaired the Suspected Child Abuse and Neglect Team at the hospital. Ms. Shannon has co-authored the hospital's sexual abuse exam protocol for children, as well as a document for medical and mental health care providers who serve adolescents. Ms. Shannon is developing a pilot project at the hospital to address the relationship between domestic violence and child abuse. She earned her master's of social work from the University of Minnesota. Ms. Shannon serves on the Minnesota Child Fatality Review Board.

Marjorie Fujara Ankel MD, FAAP
Dr. Ankel has been employed at Hennepin County Medical Center as a staff pediatrician since completing her residency in pediatrics at the University of Minnesota in 1995. She is a clinical instructor at the University of Minnesota Medical School. She became board certified by the American Board of Pediatrics in 1995. She earned her degree in medicine from the University of Illinois at Chicago in 1992. Dr. Ankel serves on the Minnesota Child Fatality Review Board.

INDIVIDUAL CBT AND FAMILY THERAPY FOR CHILD PHYSICAL ABUSE: WHAT CHARACTERISTICS INFLUENCE CLINICAL OUTCOME?

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Few studies have evaluated short-term psychosocial treatments with physically abused, school-aged children and their offending parents/families. This study examines potential moderators of treatment outcome in order to determine whether specific demographic, child, parent, or family features of the sample were associated with differential improvement from pre-assessment to both post-assessment and one-year follow-up assessment. Forty-five treatment completers who received Individual Child and Parent Cognitive-Behavioral Therapy (CBT), Family Therapy (FT), or Routine Community Services (RCS) were examined in this study. Measures of child, parent, and family dysfunction and adjustment were collected from children, parents, and research assistants, and supplemented with official social service records.

Because treatment type was not predictive of outcome, a series of repeated-measures analyses of variance were conducted with the hypothesized moderators as the independent variable (either as a between-subjects variable or covariate), time as the within-subjects variable, and treatment outcome (as measured by CTS parent-to-child violence, CAPI score, parental anger ratings, parental use of force) as the dependent variable. The analyses revealed that the effects of treatment did not vary by demographics (age, sex, race), child or parental dysfunction, parenting practices, or family environment, with a few exceptions across these domains. Children's self-blame was positively associated with improvement in children's ratings of parental violence from pre- to posttreatment but negatively associated with improvement in parents' ratings of their own abuse risk. Children's perception of danger in their environments was positively associated with improvement in parents' ratings of parental violence but negatively associated with parents' ratings of their own abuse risk. From pretreatment to follow-up, heightened perceived danger, but not self-blame, was found to moderate the outcome for parental violence. Children's self-reported hostility also moderated the outcome for parental violence. These findings suggest that the efficacy of treatment did not differ as a function of the demographic, abuse history, or clinical status of the sample, but that certain child attributions about self and environment may influence outcomes on measures related to physical abuse. Children's self-blame and perception that the world is a dangerous place may have been associated with improvement in parents' behavior because these children changed their own behavior to elicit less punishment and/or underreported the violent behavior in fear of further punishment.

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Educational Objectives:

1. Understand the treatment outcome research literature in this area
2. Become familiar with the cognitive-behavioral and family-system models of child abuse treatment
3. Understand which child, parent, and family characteristics are associated with clinical improvements following treatment

RETHINKING CHILD SEXUAL ABUSE PREVENTION: REDESIGNING PROGRAMS BASED ON SEXUAL OFFENDERS' REPORTS

PRESENTERS: Keith L. Kaufman, Ph.D.
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Despite generally positive evaluations, school based prevention programs have been sharply criticized for an over-reliance on anecdotal clinical information (Conte, Wolfe, & Smith, 1989) and the unsupported assumption that we have already identified the skills and information that make children and teens less susceptible to child sexual abuse (Repucci & Haugaard, 1989). To address these concerns, empirical information describing what actually happens in sexually abusive situations as the basis of future prevention efforts is needed (Repucci and Haugaard, 1989; Wurtele, 1987). Historically, empirical data describing the behaviors associated with sexual offending (i.e., modus operandi) has not been available. However, we have recently completed large scale, multi-state (i.e., 6 states) studies of adult (N=800) and adolescent (N=500) sexual offenders' modus operandi, which were supported by grants from the Office of Juvenile Justice and Delinquency Prevention and the National Institute of Mental Health. These studies describe a continuum of strategies that sexual offenders utilize in accessing victims, gaining their trust, grooming them prior to the sexual offense, gaining cooperation in sexual activity (e.g., bribes, enticements, threats, coercion), and maintaining victim silence following the onset of abuse. Results from these comprehensive studies offer critical clinical information for the enhancement of sexual abuse prevention programming.

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This workshop will begin with a review of child sexual abuse prevention efforts, highlighting program approaches and different intended audiences. A critical analysis of existing prevention strategies will help identify key gaps and limitations in current programming. The need for an increased emphasis on parent and professional education as well as community responsibility in sexual abuse prevention will be discussed in light of empirical findings from our multi-state offender studies. Detailed findings regarding how adults and adolescents sexually offend will be presented and suggestions for the integration of these findings in to prevention programming will be offered. Finally, a systematic approach to evaluating the impact of existing prevention efforts will be presented to foster improvements in programming. This workshop will be practically oriented and will include video-tape examples of offenders' grooming strategies as well as handouts intended to enhance the clinical application of workshop materials.

EDUCATIONAL OBJECTIVES:

1 – To identify key gaps and limitations that may restrict the effectiveness of existing prevention programming.
2 – To identify directions from the reports of adult and adolescent sexual offenders to guide the evaluation of existing programs and the development of more effective prevention programs.

Rethinking Child Sexual Abuse Prevention: Redesigning Programs Based on Sexual Offenders' Reports

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Goals

Incidence of Child Sexual Abuse

Child Victim Impact

Prevention Programs: Past & Present
- Defining Prevention-Primary; Secondary; Tertiary
- How Prevalent are Child Sexual Abuse Prevention Programs?
- Program Format
- Program Content
- Teaching Approaches

What Have We Learned About Sexual Abuse Prevention?
- Older Children Can Learn Prevention Concepts
- Younger Children Have Difficulty Learning Prevention Concepts
- Programs Foster Disclosure

Do Prevention Programs Have Side Effects?

Prevention Impact

Enhancing Existing Prevention Programs

New Information is Available to Describe Offenders Modus Operandi
- Offender's Age Influences Their Modus Operandi
- Offender's Modus Operandi Varies Based on the Age of the Victim
- Differences in Offender's Approach Based on Offender-Victim Relatedness
- Offenders' Manipulate and "Groom" Victims' Caregivers

Offenders Represent a Diverse Group
- A Variety of Offender Groups Pose a Significant Risk
- Juvenile Sexual Offending

Offenders Are Sophisticated in the Strategies that they Use with Victims

Caregivers Need to Be Included in Prevention Programs & Assume Greater Responsibility for Children's Safety
- Caregivers' Role

The Need to Move Beyond the "One Size Fits All" Prevention Curricula

Some Prevention Strategies May Increase the Risk of Physical & Psychological Harm

What Directions Would Enhance Prevention Efforts?
- Directions: Program Content
- Directions: Parents
- Directions: Teachers and Other Professionals
- Directions: The Community
- Directions: Research

Future Directions

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Bio for Dr. Keith Kaufman

Dr. Kaufman is an Associate Professor of Pediatrics & Psychology at the Ohio State University and a Psychologist at Children's Hospital. He is the Prevention Committee Chairperson of the Governor's Task Force on Child Sexual Abuse Cases and has served as the President of the Ohio Chapter of the American Professional Society on the Abuse of Children.

His research and clinical work has involved the assessment and treatment of sexual abuse victims and the assessment of adult and adolescent sexual offenders. His research has focused on the prevention of child sexual abuse. Through grants from the Office of Juvenile Justice and Delinquency Prevention and the National Institute of Mental Health, he has collected information from adolescent and adult sexual offenders and victims of sexual abuse in seven states. This research is designed to inform and improve the effectiveness of sexual abuse prevention initiatives.

AVOIDING LEGAL PITFALLS

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This session addresses the areas of interviewing which are most vulnerable to criticism in the legal arena and, often, most vulnerable to the possibility of obtaining inaccurate information form the child. It summarizes the aspects of forensic interview procedure, interviewers themselves, and subsequent interpretation which are most subject to controversy, in the courtroom. Finally, it provides a review of common areas of interviewer criticism and questioning problems and offers suggestions on how to minimize these pitfalls and examines ways of increasing the accuracy and reliability of information obtained during interviews with children..

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Educational Objectives:

1. To enable participants to identify areas of current controversy and legal significance in the assessment of child sexual abuse cases.

2. To increase participants' knowledge of the primary defense strategies in child sexual abuse cases, the major legal pitfalls associated with forensic interviewing, and the corollary approaches to minimizing their impact.

3. To be able to identify and define five areas of potential interview problems, and at least one approach to minimizing each area.

AVOIDING LEGAL PITFALLS OUTLINE

1. **Categories of Current Legal Controversy**

   A. **Ability and Competency of Interviewer**

   B. **Competency of the Child**

   C. **Subsequent Conclusion and Interpretations**

2. **Minimizing Interviewer Criticism**

   A. **Types of Questions**

   B. **Suggestibility**

   C. **Contaminating Factors**

   D. **Reinforcement**

   E. **Coercion**

   F. **Repetitive Questions**

   G. **Multiple Interviews**

3. **Approaches to Increasing Information Reliability and Reducing Vulnerability to Criticism**

   A. **Key Points and Examples Associated with each of the Above Areas**

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Categories of Current Legal Controversy

(Legal Bulls Eyes)

1. Ability/Competency of Interviewer

- **a. Education**
- **b. Training**
- **c. Experience**

2. Competency of Child

- **a. Memory**
- **b. Suggestibility**
- **c. Emotional Stability**

3. Subsequent Conclusion and Interpretations

- **a. Supported by findings?**
- **b. Supported by research literature?**
- **c. Supported by opposing expert?**

MINIMIZING INTERVIEWER CRITICISM
(Reducing The Size Of The Bulls-Eye)

Leading Questions

Funnel Approach; don't narrow down too quickly

Don't ask for particular answers

Use "W" words (interrogatories); avoid "Did" questions

Get child to introduce possible "abuse identifiers", i.e. alleged perpetrator's name, location of abuse, etc. during a 'safe' stage of interview,

Avoid forced-choice options

Suggestion

Test level of suggestibility early on

Do Childrens Rules

Don't assume; Don't imply

Put prior information into questions, not statements; i.e. "Was someone else there? Did anyone else see what happened?"

Contamination

Don't interview kids together

Don't relay information from prior interviews or repeat specifics of what you've been told by others

Don't move from general to specifics too quickly

Don't put witnesses from same case (even siblings) together (in therapy, in waiting room or court hallway alone)

Reinforcement

Be consistent with praise; choose an affirmative response and stick with it

Avoid bribing "After we talk, then you can play"; avoid bargaining("I'll do X if you'll answer my question"), ("I'm here to help you...")

Don't only respond, perk up to abuse and details and then lose interest to other data

Watch your face and body language (nodding responses, etc.)

Pacing: Don't pummel with questions, especially in relation to a particular topic

No promises: "You'll feel better if you talk....."

Coercion

Decrease differences between you; empower child

Don't use voice or size to intimidate

Don't put parents in room (if possible)

Don't do rapid-fire questioning; leave silence, create dialogue

Repetitive Questions

Own them to the child; give disclaimer (want to make sure....

Be deliberate; be able to defend your work; ask again with consistency; space questions apart; change order

Kee MacFarlane, M.S.W.

MacFarlane is co-director of APSAC's Forensic Interview Training Clinics and a consultant/trainer for numerous local and national organizations. Previously, she was the Director of Training and Education, and of the Child Sexual Abuse Treatment Program at Children's Institute International in Los Angeles. She was an Assistant Clinical Professor in the U.S.C. School of Medicine and the Child Sexual Abuse Specialist for the National Center on Child Abuse and Neglect. She has given more than 600 presentations, written approximately fifty articles, and co-authored four books on aspects of child maltreatment. MacFarlane received her social work degree from the University of Maryland, and has received numerous rewards for her contributions to the field of child maltreatment, including APSAC's 1994 Outstanding Professional.

Melissa McDermott Steinmetz, L.C.S.W.

Steinmetz has worked in the field of child sexual abuse since 1985. She is therapist for Holy Cross Counseling Group where she conducts psycho-sexual assessments for victims and perpetrators of sexual assault and she provides individual and group treatment to adolescent, adult, and mentally impaired sexual offenders in both residential and community outpatient settings. Presently she is also the clinical consultant for Indiana Children's Advocacy Centers. She also serves as a child interviewer, for the United States Department of State, Diplomatic Security, in international child abuse investigations. She has extensively conducted trainings on national, regional, and local levels for professionals and communities. She is on the faculty and is the practicum coordinator for APSAC's Five Day Child Forensic Interviewing Clinics. Steinmetz's first book Interviewing for Child Sexual Abuse: Strategies for Balancing the Forensic and Therapeutic Factors was published in the summer of 1997.

THE AMERICAN PROFESSIONAL SOCIETY ON THE ABUSE OF CHILDREN

SIXTH ANNUAL NATIONAL COLLOQUIUM

RESEARCH SYMPOSIUM A

314F

THE AMERICAN PROFESSIONAL SOCIETY ON THE ABUSE OF CHILDREN

SIXTH ANNUAL NATIONAL COLLOQUIUM

POSTER SESSION A

315F

Accurate, Inaccurate, and False Memories of Childhood Events

Symposium Co-Chairs: Jodi A. Quas, JianJian Qin
University of California, Davis

Presentations:

1. Child Characteristics Related to the Accuracy of Recall and Suggestibility of Preschoolers: Is Age the Best Predictor?

Lane Geddie, Sasha Fradin, and Jessica Beer

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Department of Psychology, Rawl 104
East Carolina University
Greenville, NC 27858
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2. Children's True and False Reports of a Play Interaction

Jodi Quas and Jennifer Schaaf

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Davis, California 95616
Phone: 530-754-8543
Fax: 530-752-2087

3. Children's False Memory Creation for Emotional and Physical Events: Individual Differences in Inhibitory and Mental Imagery Abilities

Rhonda Douglas

Contact: Rhonda Douglas
Department of Psychology
Florida Atlantic University
777 Glades Road
Boca Raton, FL 33431
Phone: 561-297-3374
Fax: 561-297-2160

4. Individual Differences in Adults' True and False Childhood Memory

JianJian Qin, Gail Goodman, and Sarah Barry

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Department of Psychology
University of California
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5. Discussant: Thomas Lyon

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RSF1

Accurate, Inaccurate, and False Memories of Childhood Events

Biographical Sketches

Lane Geddie is an Assistant Professor of Psychology at East Carolina University, and is a psychological consultant at the TEDI BEAR: Children's Advocacy Center in Greenville, NC. She received her doctoral degree in clinical psychology from the University of Southern Mississippi in 1993.

Sasha Fradin is a master's student in the clinical psychology program at East Carolina University. She received her bachelor's degree in psychology from North Carolina State University in 1995.

Jessica Beer is a doctoral student in developmental psychology at the City University of New York. She completed her master's degree in Mental Retardation/ Developmental Disabilities at East Carolina University in 1997.

Rhonda Douglas Brown is an advanced doctoral student at Florida Atlantic University. She has investigated the effects of repetitive misleading questioning and multiple interviewers on children's eyewitness memory. She is currently focusing on specifying the conditions that lead to false memory creation by examining the role of physical harm and individual differences in cognitive variables. Her honors include the Daniel and Aurel B. Newell Doctoral Fellowship and the Jack B. Walker Memorial Scholarship for Outstanding Achievement in Psychological Research. Beginning in the Fall of 1998, Ms. Brown will serve on the faculty in the Department of Psychology at Texas Tech University.

Jodi Quas is a Postdoctoral Fellow at the University of California, Berkeley. In 1998, she received her Ph.D. from the University of California, Davis in Developmental Psychology. Her research concerns the effects of emotion on children's memory, attachment theory, and individual differences in children's memory and suggestibility. She also studies perceptions of child witnesses and the utility of innovative techniques to facilitate children's involvement in legal proceedings.

Jennifer Schaaf is an advanced doctoral student at the University of California, Davis. She received her B.A. degree from the University of California, Los Angeles. Her research interests concern children's memory and suggestibility. She is currently conducting a study of potential ways to enhance children's performance in interview settings.

JianJian Qin received his Masters degree in experimental psychology from east China Normal University and is currently an advanced doctoral student in cognitive psychology at the University of California, Davis. His research interests include children's memory and suggestibility and adults' true and false memory of childhood events.

Gail S. Goodman is Professor of Psychology at the University of California, Davis. Her research on children's eyewitness memory has been supported by numerous federal grants and cited in US Supreme Court decisions. She has served as President of Division 41 (Psychology and Law) of the American Psychological Association and is presently President-Elect of the Section on Child Maltreatment, Division 37 (Child, Youth, and Family Services).

Sarah Barry completed her B.A. degree at the University of California, Davis, in June, 1998. Her undergraduate honors thesis concerned adults' false memories of childhood events.

Thomas D. Lyon is an Assistant Professor of Law at the University of Southern California Law School. He received a J.D. in 1987 from Harvard Law School and a Ph.D. in Developmental Psychology in 1994 from Stanford University. He worked as an attorney for the Children's Services Division of the Los Angeles County Counsel's Office from 1987 to 1995, representing the Department of Children's Services in dependency

proceedings alleging child abuse and neglect. His dissertation was named the outstanding dissertation in developmental psychology by the American Psychological Association in 1995. He is currently associate editor for legal issues for the Advisor, a publication of the American Professional Society on the Abuse of Children (APSAC), and he also serves on APSAC's board of directors.

RSF1

Children's Reports of Intra and Extra-familial Maltreatment:
The Relationship Between Emotional Abuse and Bullying

Presenters: Renae D. Duncan, Ph.D.
Director of Clinical Training

Angela Newberry, M.S.
Clinician

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Adult survivors of childhood physical, sexual, or emotional abuse have been found significantly more likely than nonvictims to report having been frequent victims of peer bullying during childhood. Additionally, adults who were both abused and victims of peer bullying report significantly higher levels of psychopathology than all others on nine SCL-90-R scales. The current study examines children rather than adults and explores two broad hypotheses: (1) Children involved in bullying will report a higher level of emotional maltreatment by parents than will children not involved in bullying, (2) Children involved in bullying who are emotionally maltreated by parents will report more psychological distress than children who are maltreated but not involved in bullying or who are involved in bullying but not maltreated. In addition, the current study examines the types of emotional maltreatment reported and how these types relate to involvement in bullying and psychological distress. Participants are 700 middle and high school students who were given questionnaires assessing emotional maltreatment by parents, involvement in bullying, social phobia and anxiety, and depression. Presentation of the results will emphasize the importance of assessing involvement in peer bullying in all child clients in addition to discussing potential intervention strategies to be used by therapists and educators.

EDUCATIONAL OBJECTIVES

1. Educate clinicians about the prevalence of peer aggression among abused children.

2. Encourage clinicians to incorporate assessment, treatment, and prevention of bullying into their work with abused children.

Biographical Statement

Renae D. Duncan is an Assistant Professor and Director of Clinical Training for the Murray State University graduate program in clinical psychology. Dr. Duncan received her Ph.D. from Florida State University and was a Post-doctoral fellow at the National Crime Victims Research and Treatment Center at the Medical University of South Carolina. Her research focuses on the short and long-term impact of childhood trauma.

Angela Newberry received her master's degree in clinical psychology from Murray State University. While working as a clinician in Paducah, Kentucky, she has continued to conduct research at Murray State with an emphasis on child abuse and juvenile delinquency.

Risking Your License?:
An Innovative Peer Review Model for Child Forensic Interviewers

Presenter: Julie Kenniston, LSW
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2a

The Childhood Trust is a joint effort of concerned citizens, Children's Hospital Medical Center, and the University of Cincinnati dedicated to stopping the pain of child abuse through innovative professional education, evaluation, and treatment. In an effort to provide support to professionals in the Cincinnati area, The Childhood Trust initiated a multidisciplinary peer review group. This peer review is a constantly evolving process which promotes quality interviews across disciplines. Currently, the peer review group consists of persons from child psychiatry, psychology, social work, child protection, and law enforcement.

As child forensic interviews become the focus in cases of suspected child abuse, it is imperative that interviewers continue their education and look to continually improve their skills. Professional education is one facet of improvement. Peer review is another. Ongoing peer review allows an interviewer to receive input regarding the use of techniques during interviews. By allowing multidisciplinary teams to critique interviews, several perspectives are provided. Many communities are creating protocol for peer review. Some examples include: San Diego Center for Child Protection, CornerHouse, and Arizona Child Abuse Forensic Interviewers Association.

Peer review may be one of the most promising methods to assure ongoing quality improvement in child forensic interviewing. By engaging in this educational process, interviewers can obtain feedback that evaluates their techniques and potentially protects them from allegations of substandard practice. This poster presents a model for conducting peer review among interviewers from different disciplines who have a common desire to improve their skills. Peer review components are outlined as well as strengths and limitations.

EDUCATIONAL OBJECTIVES

1. The participant will be able to define peer review.

2. The participant will be able to describe the components of a peer review model.

3. The participant will be able to identify legal issues in peer review.

Julie Kenniston, L.S.W., is a former child protective services worker from the Sexual Abuse Intervention Team. She has interviewed over three thousand children and their parents. She is a certified trainer for the Ohio Child Welfare Training Program and the Ohio Peace Officer Training Academy. She is also a consultant for the sexual abuse curriculum being implemented in the state of Indiana for child protective workers. She is the coordinator for the Forensic Training Institute at the Childhood Trust. Ms. Kenniston has presented at the Ohio Psychological Association and the Attorney General's 1997 Conference on Law Enforcement. She is a member of the multidisciplinary peer review group in Cincinnati, Ohio.

PAPER DOLLS & PAPER AIRPLANES:
CREATIVE INTERVENTIONS WITH SEXUALLY TRAUMATIZED CHILDREN

Presenters: **Geraldine Crisci, M.S.W.**
Partner, Crisci, Kussin & Mayer

Liana Lowenstein, M.S.W., C.S.W.
University of Toronto
Counselling Department

3a

Therapy that is immersed in play is more appealing to children and keeps the child emotionally receptive and invested in the therapy process. In this directive treatment model typical children's play activities such as paper dolls, paper airplanes, board games, puzzles, comic books, arts and crafts, stickers, and puppets are transformed into therapeutic interventions.

These interventions are used to help sexually traumatized children express their feelings and ground their traumatic experiences through mastery of specific tasks and address issues of self-blame and cognitive distortions. This type of intervention provides a concrete means to ground and mark memory, externalize traumatic images and experiences, and make concrete the many 'floating' images and distortions children are left with post-trauma.

Drawing from traumatology research and practice this poster session displays strategies that respond to the child's perception of the abuse experience. Treatment themes such as offender strategies and sexual expression will also be displayed. Play therapy interventions are organized in the presenter's treatment manual "Paper Dolls and Paper Airplanes: Creative Intervention with Sexually Traumatized Children".

EDUCATIONAL OBJECTIVES

1. **Participants will become familiar with trauma assessment materials for use with children, preschool through adolescence.**

2. **Participants will be familiar with a treatment manual designed to provide directive treatment activities for sexually traumatized children.**

3. **Participants will learns about resources useful to clients who have experienced child sexual abuse.**

PAPER DOLLS & PAPER AIRPLANES: CREATIVE INTERVENTIONS WITH SEXUALLY TRAUMATIZED CHILDREN

Presenters: Geraldine Crisci, M.S.W.
Partner, Crisci, Kussin & Mayer
Toronto, Ontario, Canada

Liana Lowenstein, M.S.W., C.S.W.
University of Toronto
Counselling Department
Toronto, Ontario, Canada

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1. Participants will become familiar with trauma assessment materials for use with children, preschool through adolescence.
2. Participants will be familiar with a treatment manual designed to provide directive treatment activities for sexually traumatized children.
3. Participants will learns about resources useful to clients who have experienced child sexual abuse.

Nurses'Awareness of Child and Adolescent Maltreatment

Presenters: Nancy Dodge Reyome, Ph.D.
Associate Professor
Psychology Department
SUNY Potsdam

Karen Ward, Ph.D.
Associate Professor
Nursing Department
Middle Tennessee State University

William Gaeddert, Ph.D.
Professor
Psychology Department
SUNY Plattsburgh

5a

The current project investigated nurses' knowledge and beliefs about the phenomenon of child and adolescent abuse. Nurses have long been overlooked as important resources in efforts to prevent and intervene in child and adolescent maltreatment. Every state in the United States has statutes requiring health care providers to report suspected cases of child abuse (Lewin, 1994; Allen & Hollowell, 1990). A few attempts have been made to assess health care providers knowledge and beliefs about child maltreatment (O'Toole et. al, 1994; Pillitteri, 1992) and provide training on the topic (Reiniger, Robison, & McHugh, 1995; Dubowitz & Black, 1991; Hazzard & Rupp, 1986). Many of these attempts have focused on doctors, specifically pediatricians; although nurses often are on the "front line" of health care provision and many times are the first to come into contact with patients. Additionally, most empirical efforts to assess nurses' beliefs and knowledge about child maltreatment and to train nurses on the dynamics associated with maltreatment have focused on general issues pertaining to the vast field of knowledge in child maltreatment. Little or no effort has been made to determine nurses' awareness of the phenomenon of adolescent maltreatment and little or no attempt made to familiarize nurses with the plight of maltreated adolescents. In this study, nurses were asked to fill out a questionnaire designed to assess knowledge and beliefs concerning child and adolescent maltreatment. The questionnaire contained 25 true/false knowledge items concerning both child and adolescent abuse and 48 scenarios depicting different maltreatment situations. In these scenarios, certain key elements were systematically varied: the age of the child, the gender of the child and the perpetrator, and the type of maltreatment. The nurses were asked to assign a seriousness rating from 1 (not serious) to 7 (very serious) to each maltreatment scenario. The data from these questionnaires were analyzed to address three central questions: 1. Do nurses possess more information about child maltreatment than adolescent maltreatment?; 2. Do nurses consider maltreatment involving younger children as more serious than maltreatment involving older children and adolescents?; and 3. Do nurses assign different levels of seriousness to different types of maltreatment?.

Educational Objectives

1. to familiarize audience with nurses' knowlege of child maltreatment vs. adolescent maltreatment

2. to expose audience to nurses' beliefs about maltreatment and how these beliefs differ based on age of the victim and type of maltreatment

References

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A Comprehensive Program for Teen Survivors of Abuse

Presenter: Connie Nicholas Carnes, MS, LPC
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6a

The National Children's Advocacy Center clinical program has designed an innovative and comprehensive program to meet the needs of teens with sexual abuse history. In addition to providing individual therapy and adolescent group in a standard clinical format, innovations to the program include:

Current offerings:

1. ***Teen Mother Survivors GroupTherapy.*** This is a group for young women who have experienced victimization, and who are suddenly faced with motherhood. Teen Mother Survivor's Group (TMS) is a 16 week group format designed to address the needs of these young women.

2. ***Resiliency Group.*** Health awareness, freedom from the perception of sexual coercion and healthy spirituality have been identified in the research literature as factors which increase resiliency in teenage victims of child sexual abuse. This group focuses on health issues and empowerment to choose healthy intimate relationships. Young women completing TMS or Adolescent group enter this group for "resiliency training". Senior members of the group provide peer support for new members.

For implementation in 1999:

3. ***Youth Mentoring Program.*** A support network of community mentoring programs provide an additional safety net and an additional resiliency factor for the youth.

4. ***Parenting Classes.*** These parenting classes are designed specifically to help parents deal with the sequelae of abuse and neglect in at risk youths.

Educational Objectives:

1. Discuss the developmental and psychosocial factors involved in treating teen survivors of sexual abuse.
2. Describe an innovative and comprehensive program designed to meet the needs of teen survivors of sexual abuse.

Connie Nicholas Carnes

Connie Nicholas Carnes, MS, LPC, is the Clinical Director for The National Children's Advocacy Center, Huntsville, Al. Ms. Carnes directs the Intervention Services Program of the NCAC and serves as clinical liaison to the Madison County Multidisciplinary Team. She has thirteen years of therapy experience, and has focused her practice on children for the past eight years. She is an executive board member for the Alabama Professional Society on the Abuse of Children, and a member of the American Professional Society on the Abuse of Children. She speaks and writes extensively on child abuse issues.

Meeting the Needs of Adolescent Mothers: Addressing Past Sexual Abuse Issues in a Group Treatment Modality

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Breaking the cycle of abuse is a critical goal for professionals in the child protection field. A crucial point for intervention is with teenage mothers who have a sexual abuse history. These are young women who have experienced victimization which has left them with stunted emotional development, and who are suddenly faced with the awesome task of becoming a mother, which requires high levels of mature reasoning and coping. This is a situation ripe for the perpetuation of the cycle of abuse. It is also a situation in which we find young women in a "teachable moment".

The National Children's Advocacy Center (NCAC) has developed and implemented a group treatment protocol for intervention with this population. The development of the group was a joint effort between the Prevention and Intervention components of the NCAC. The clients participating in the group were clients of the Healthy Families North Alabama program, and the group was designed and implemented by the NCAC Intervention Services staff. The Teen Mother Survivor's Group (TMS) is a 16 week group format designed to address the special needs of these young women. It is important to review the dynamics of the population prior to discussing the details of the group.

The Relationship of Past Sexual Abuse and Teen Pregnancy

The link between past sexual abuse and teen pregnancy is increasingly being confirmed by research. A longitudinal study by the Washington Alliance Concerned with School Age Parents (WACSAP) from 1988 to 1992 surveyed 535 young women who became pregnant as teenagers. Of those surveyed, 66% had experienced sexual victimization. Sexual molestation occurred in 55% of the sample, with 54% of the molestations by a family member. Rape occurred in 43% of the sample. There was clearly overlap with some subjects having experienced both rape and molestation. The Ounce of Prevention Fund Study in Illinois studied teenage mothers, of whom 61% reported they had been asked or forced to have a sexual experience they did not want.

Developmental Effects of Sexual Abuse

Finkelhor and Browne (1986) conceptualized the primary effects of child sexual abuse as traumatic sexualization, betrayal, powerlessness and stigmatization. WACSAP (1995) has more specifically applied these correlates to the developmental deficits found in teenagers with sexual abuse history. They describe deficits in the following developmental tasks: development of trust, cognitive functioning, autonomy, efficacy and sexual identity.

Trust issues develop due to the fact that the vast majority of sexual abuse occurs by a known and trusted family member or friend. When trust is betrayed by sexual abuse, the victim is left unsure of whom to trust and frequently develops a deficit of self trust. This confusion over trust tends to lead to polarization with regards to danger. The victim is either chronically fearful of danger, or lacks a healthy awareness of danger. Anecdotally, the young women who participated in the TMS group showed a tendency to be unaware of danger, as demonstrated by their risky behavior in choosing people with whom to leave their babies. They also tended to choose intimate partners who had abusive tendencies.

Efficacy is directly linked to the powerlessness experienced by the abuse victim. In an abusive environment, it is difficult for a victim to feel a sense of accomplishment or basic competency due to the atmosphere created by the control and coercion of the perpetrator. This learned helplessness inhibits the development of a healthy sense of mastery and competence.

Cognitive functioning is delayed or inhibited due to the invasion of sexual trauma on the sensory system. It is common for abuse victims to dissociate during abuse, and even more common to "shut down" emotionally following abusive experiences. Adolescents who have used this avoidance coping for years may exhibit inhibited development in understanding and coping with their own emotions.

Sexual Identity is distorted by the invasiveness of premature sexual experience. The gradual process of sexual development is interrupted and distorted by sexual abuse. The child is not prepared cognitively, psychologically or physically for sexual experience, and traumatic sexualization occurs, manifested by confusion, objectification of self, pseudomaturity and inappropriate sexual behaviors.

The development of *autonomy* is inhibited in the abuse survivor primarily by the self blame mechanism frequently developed. The child may have been isolated and made to feel responsible for the inappropriate actions of others. A sense of shame and worthlessness develops. Development of healthy autonomy is a challenge of adolescence in the best of circumstances, but much more so in the case where sexual abuse has occurred, requiring the survivor to overcome self loathing before even beginning to develop a self identiy.

The TMS Group Design

The group was designed to address the known dynamics of the population. The 16 weeks of therapy were divided into four main content areas: assertiveness training, understanding the cycle of abuse, processing of personal abuse issues, and developing healthier intimate relationships. A detailed breakdown of the group sessions is attached, as well as a resource list of materials used for the group.

Assertiveness Training. Assertiveness training was used as a starting point for several reasons. First, the topic was seen as less threatening than specific abuse issues, and it would provide a safe place for group bonding and cohesion to begin. Second, a common language was needed in describing interpersonal interactions, and understanding the terms passive, assertive and aggressive would be critical for later sessions. Third, and most important, is the relation of assertiveness to the developmental deficits common to abuse survivors, namely the lack of autonomy and efficacy. Knowing the young women came from abusive environments, it was important to establish early in the group, that this would be an environment in which assertive individual expression would be valued and encouraged.

The Cycle of Abuse: Effects on Mother and Child. It was important to first provide education on the cycle of abuse, as it was learned most of the group participants did not recognize their own victimization. The majority of the members characterized themselves as to blame for their abuse experiences, as expected knowing typical abuse dynamics. The young women also did not recognize the current effects of their own victimization. One poignant example of traumatic sexualization was a young mother who continually dressed her 6 week old baby in attire suitable for a beauty pageant, replete with crinolines and nail polish. She was initially completely unaware of her objectification of this baby, but through group treatment and intervention from her family support worker, she discontinued the behavior and recognized it as an expression of her own unresolved issues. The young women were brought to an awareness that that they had the power to stop the cycle of abuse by their own proactive role in overcoming their own abuse and helping prevent potential abuse of their own children. Indeed, the most salient concern expressed by the clients in group was the fear that their own child could be abused, which made them receptive to incorporating this material. The awareness of their own power to effect their own and their child's future also appeared to be therapeutic.

Processing personal abuse issues. With a limited amount of time to devote to processing personal abuse issues, the goals were to assess damage and identify strengths, identify the abuser, and identify functional and dysfunctional aspects of coping skills. Loss and betrayal issues became prominent during these sessions and the deficit in trust development was also apparent. It was seen as therapeutic that the bond of trust was strengthened between the young women during this portion of the group. An

unexpectedly potent activity was when the clients named the abusers and wrote down their names. This was perceived by the clients as very empowering, and also seemed to be somewhat of a catharsis for the self blame issue. The young women became aware of their emotional "shut down" and were encouraged toward freedom of emotional expression within the group and with trusted others. The group also was effective at identifying functional and dysfunctional coping skills. One young woman identified perfectionism as a coping skill she developed as a young child to make up for her lack of self efficacy. She noted that perfectionism is functional now for her because it shows people she can do things, and that perfectionism is dysfunctional now because, as she put it, "I take too long on the job and I keep changing my mind".

Developing Healthier Intimate Relationships. The final key concept addressed in group was development of healthier intimate relationships. The ability of adolescent abuse survivors to form healthy intimate relationships is hampered by traumagenic sexualization. There is a tendency for relationships to be built around sexuality, as well as a tendency to engage in risky sexual behavior (i.e. unprotected sex, multiple partners). The typical young woman in the group was not with the father of her baby, and had engaged in a series of intimate relationships following the birth. Pseudomaturity may lead young women to participate in sexual relationships with partners much older than themselves. An objectified sense of self can lead to selection of partners with abusive tendencies. Further, there is a stigmatization effect in which abuse survivors feel "marked" and internalize a negative sexual identity. An educational approach to understanding perpetrator tactics was provided with the intent of assisting the clients to gain understanding of the behaviors of their abuser and to assess current intimate relationships for potential sexual abusive factors. A "Relationship Risk Assessment" checklist (attached) was designed for this group to assess each of their intimate relationships for violence potential. The vulnerability of children of teen mother survivors was emphasized to the young women, and they were again empowered to realize they can make the choices to protect their children by being aware of danger signs. Group time was devoted to techniques and strategies for developing healthier relationships. One client made the statement at the closure of group that she realized that she really didn't need a boyfriend and should be concentrating on getting herself and her baby on the right track.

Future Directions

The components of the group directly address the traumagenic states existing in adolescent survivors as thoroughly as possible given the self imposed limitation of 16 weeks. It would be ideal to have more time to address the components in more depth and to add some features to increase the resiliency of the young women. While it is critical to address trauma issues, more emphasis on proactive prevention is needed with this population. In particular, incorporating some concepts from the Chandy, Blum & Resnick (1996) resiliency research would be desirable. Their study indicated factors promoting resiliency in adolescent abuse survivors include higher degrees of religiosity,

perceived health, caring from adults, and the presence of a clinic or nurse at school. To extrapolate from that study, some additional components of group could be, (1) encouraging development of individual spirituality, (2) emphasizing health education and competence and (3) assisting the young women in developing a support network of emotionally healthy mature women.

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National Children's Advocacy Center

Resiliency Group for Adolescent Abuse Survivors

Three factors are consistently reported in the research literature as increasing resiliency in teenage survivors of sexual abuse: (1) health awareness and access to medical consultation, (2) freedom from the perception of sexual coercion, and a sense of power to choose intimate relationships and (3) a personal sense of spirituality. Female teenage abuse survivors frequently see themselves as "damaged goods" and believe they do not have the power to choose how they express their sexuality. Many of the teenage clients treated in the clinical program of the National Children's Advocacy Center have had little access to appropriate sexual education or appropriate modeling and guidance on selection of intimate partners. Further, they have underdeveloped awareness of women's health issues, such as pregnancy and STD prevention.

A group designed to address these issues was initiated in the NCAC clinical program in February 1998. The group has three core components:

1. Health and Grooming
    - Nutrition and eating disorders
    - Prevention of pregnancy and STD's
    - Physical fitness
    - Clothing, makeup and hair consultation
2. Personal Intelligence Training
    - Communication
    - Activity
    - Thinking
    - Feeling
    - Contact with others
3. Sexuality and Spirituality
    - Reclaiming innocence
    - Sexuality Education
    - Empowerment
    - Boundaries

3/27/97

Meeting the Needs of Adolescent Mothers: Addressing Past Sexual Abuse Issues in a Group Treatment Modality

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Breaking the cycle of abuse is a critical goal for professionals in the child protection field. A crucial point for intervention is with teenage mothers who have a sexual abuse history. These are young women who have experienced victimization which has left them with stunted emotional development, and who are suddenly faced with the awesome task of becoming a mother, which requires high levels of mature reasoning and coping. This is a situation ripe for the perpetuation of the cycle of abuse. It is also a situation in which we find young women in a "teachable moment".

The National Children's Advocacy Center (NCAC) has developed and implemented a group treatment protocol for intervention with this population. The development of the group was a joint effort between the Prevention and Intervention components of the NCAC. The clients participating in the group were clients of the Healthy Families North Alabama program, and the group was designed and implemented by the NCAC Intervention Services staff. The Teen Mother Survivor's Group (TMS) is a 16 week group format designed to address the special needs of these young women. It is important to review the dynamics of the population prior to discussing the details of the group.

The Relationship of Past Sexual Abuse and Teen Pregnancy

The link between past sexual abuse and teen pregnancy is increasingly being confirmed by research. A longitudinal study by the Washington Alliance Concerned with School Age Parents (WACSAP) from 1988 to 1992 surveyed 535 young women who became pregnant as teenagers. Of those surveyed, 66% had experienced sexual victimization. Sexual molestation occurred in 55% of the sample, with 54% of the molestations by a family member. Rape occurred in

43% of the sample. There was clearly overlap with some subjects having experienced both rape and molestation. The Ounce of Prevention Fund Study in Illinois studied teenage mothers, of whom 61% reported they had been asked or forced to have a sexual experience they did not want.

Developmental Effects of Sexual Abuse

Finkelhor and Browne (1986) conceptualized the primary effects of child sexual abuse as traumatic sexualization, betrayal, powerlessness and stigmatization. WACSAP (1995) has more specifically applied these correlates to the developmental deficits found in teenagers with sexual abuse history. They describe deficits in the following developmental tasks: development of trust, cognitive functioning, autonomy, efficacy and sexual identity.

Trust issues develop due to the fact that the vast majority of sexual abuse occurs by a known and trusted family member or friend. When trust is betrayed by sexual abuse, the victim is left unsure of whom to trust and frequently develops a deficit of self trust. This confusion over trust tends to lead to polarization with regards to danger. The victim is either chronically fearful of danger, or lacks a healthy awareness of danger. Anecdotally, the young women who participated in the TMS group showed a tendency to be unaware of danger, as demonstrated by their risky behavior in choosing people with whom to leave their babies. They also tended to choose intimate partners who had abusive tendencies.

Efficacy is directly linked to the powerlessness experienced by the abuse victim. In an abusive environment, it is difficult for a victim to feel a sense of accomplishment or basic competency due to the atmosphere created by the control and coercion of the perpetrator. This learned helplessness inhibits the development of a healthy sense of mastery and competence.

Cognitive functioning is delayed or inhibited due to the invasion of sexual trauma on the sensory system. It is common for abuse victims to dissociate during abuse, and even more common to "shut down" emotionally following abusive experiences. Adolescents who have used this avoidance coping for years may exhibit inhibited development in understanding and coping with their own emotions.

Sexual Identity is distorted by the invasiveness of premature sexual experience. The gradual process of sexual development is interrupted and distorted by sexual abuse. The child is not prepared cognitively, psychologically or physically for sexual experience, and traumatic sexualization occurs, manifested by confusion, objectification of self, pseudomaturity and inappropriate sexual behaviors.

The development of *autonomy* is inhibited in the abuse survivor primarily by the self blame mechanism frequently developed. The child may have been isolated and made to feel responsible for the inappropriate actions of others. A sense of shame and worthlessness develops. Development of healthy autonomy is a challenge of adolescence in the best of circumstances, but much more so in the case where sexual abuse has occurred, requiring the survivor to overcome self loathing before even beginning to develop a self identiy.

The TMS Group Design

The group was designed to address the known dynamics of the population. The 16 weeks of therapy were divided into four main content areas: assertiveness training, understanding the cycle of abuse, processing of personal abuse issues, and developing healthier intimate relationships. A detailed breakdown of the group sessions is attached, as well as a resource list of materials used for the group.

Assertiveness Training. Assertiveness training was used as a starting point for several reasons. First, the topic was seen as less threatening than specific abuse issues, and it would provide a safe place for group bonding and cohesion to begin. Second, a common language was needed in describing interpersonal interactions, and understanding the terms passive, assertive and aggressive would be critical for later sessions. Third, and most important, is the relation of assertiveness to the developmental deficits common to abuse survivors, namely the lack of autonomy and efficacy. Knowing the young women came from abusive environments, it was important to establish early in the group, that this would be an environment in which assertive individual expression would be valued and encouraged.

The Cycle of Abuse: Effects on Mother and Child. It was important to first provide education on the cycle of abuse, as it was learned most of the group participants did not recognize their own victimization. The majority of the members characterized themselves as to blame for their abuse experiences, as expected knowing typical abuse dynamics. The young women also did not recognize the current effects of their own victimization. One poignant example of traumatic sexualization was a young mother who continually dressed her 6 week old baby in attire suitable for a beauty pageant, replete with crinolines and nail polish. She was initially completely unaware of her objectification of this baby, but through group treatment and intervention from her family support worker, she discontinued the behavior and recognized it as an expression of her own unresolved issues. The young women were brought to an awareness that that they had the power to stop the cycle of abuse by their own proactive role in

overcoming their own abuse and helping prevent potential abuse of their own children. Indeed, the most salient concern expressed by the clients in group was the fear that their own child could be abused, which made them receptive to incorporating this material. The awareness of their own power to effect their own and their child's future also appeared to be therapeutic.

Processing personal abuse issues. With a limited amount of time to devote to processing personal abuse issues, the goals were to assess damage and identify strengths, identify the abuser, and identify functional and dysfunctional aspects of coping skills. Loss and betrayal issues became prominent during these sessions and the deficit in trust development was also apparent. It was seen as therapeutic that the bond of trust was strengthened between the young women during this portion of the group. An unexpectedly potent activity was when the clients named the abusers and wrote down their names. This was perceived by the clients as very empowering, and also seemed to be somewhat of a catharsis for the self blame issue. The young women became aware of their emotional "shut down" and were encouraged toward freedom of emotional expression within the group and with trusted others. The group also was effective at identifying functional and dysfunctional coping skills. One young woman identified perfectionism as a coping skill she developed as a young child to make up for her lack of self efficacy. She noted that perfectionism is functional now for her because it shows people she can do things, and that perfectionism is dysfunctional now because, as she put it, "I take too long on the job and I keep changing my mind".

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protect their children by being aware of danger signs. Group time was devoted to techniques and strategies for developing healthier relationships. One client made the statement at the closure of group that she realized that she really didn't need a boyfriend and should be concentrating on getting herself and her baby on the right track.

Future Directions

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National Children's Advocacy Center
Teen Mother Survivor's (TMS) Group

Group Design

The TMS group format is a 16 week protocol for treatment of Teen Mothers who have a past history of sexual molestation. Each group is 90 minutes long. Prior to joining group, each potential member goes through a screening process which involves an intake interview and completion of the Youth Self Report Form of the Achenbach Child Behavioral Checklist. The therapist conducting the interview makes the clinical determination as to whether the young woman's needs would best be met in a group format. Following is a description of the content of each of the 16 sessions.

1. Group bonding, Ground rules, Development of group Goals
2. Assertiveness skills training
3. Advanced Assertiveness skills training
4. Types of abuse
5. The Cycle of Violence, Effects of Violence on children
6. The Sexual Violence Continuum
7. Video "Why God, Why Me?", Group Discussion
8. Identification of personal abuse experiences and the abuser(s)
9. Assessing the damage and identifying strengths
10. Continuation of session 9.
11. Coping Skills- From dysfunctional to functional
12. Video "Offender-Victim Communication"
13. Developing Healthier Relationships
14. Continuation of session 13
15. Summarize and Synthesize Group—complete post-test Achenbach Checklist
16. Celebration and Closure

RESOURCE LIST

Books

The Courage to Heal Workbook for Women And Men Survivors of Child Sexual Abuse (1990) by Laura Davis. Harper & Row, Publishers, New York

When Your Child Has Been Molested: A Parents' Guide to Healing and Recovery Putting the Pieces Back Together (1988) by Kathryn B. Hagans, Joyce Case. Lexington Books, New York.

Manuals

Breaking the Cycle: A Handbook for Educators Working with Sexually Abused Teen Mothers. Washington Alliance Concerned with School Age Parents. (WACSAP)
172 20th Ave.
Seattle, Washington 98122

Phone: 206/323-3926 Fax: 206/323-8731

Child Sexual Abuse Treatment and Prevention: A Resource Manual for Childcare Providers compiled by Bonnie Beneke and Kathy Whitehead

Rape & Sexual Abuse Center
P O Box 120831
Nashville, Tn 120830

Phone: 615/367-0660

Videos

Offender-Victim Communication: A Face to Face Session.
Produced by the Safer Society
P O Box 340
Brandon, Vermont 05733

Phone: 802/247-3132

Why God, Why Me?.
Produced by Varied Directions Inc. (1988)
In Support of Knox County Abuse and Neglect Council
69 Elm Street
Camden, Maine 04832

Resources

Domestic Abuse Intervention Project
206 West fourth Street
Duluth, Mn 55806

Hope Place, Inc.
P O Box 687
Huntsville, Al 35804

Phone: 205/534-4052

Resiliency Group for Adolescent Abuse Survivors

Three factors are consistently reported in the research literature as increasing resiliency in teenage survivors of sexual abuse: (1) health awareness and access to medical consultation, (2) freedom from the perception of sexual coercion, and a sense of power to choose intimate relationships and (3) a personal sense of spirituality. Female teenage abuse survivors frequently see themselves as "damaged goods" and believe they do not have the power to choose how they express their sexuality. Many of the teenage clients treated in the clinical program of the National Children's Advocacy Center have had little access to appropriate sexual education or appropriate modeling and guidance on selection of intimate partners. Further, they have underdeveloped awareness of women's health issues, such as pregnancy and STD prevention.

A group designed to address these issues will be initiated in the NCAC clinical program in February 1998. The group will meet for 16 consecutive weeks, for 90 minute sessions. The group will have three core components:

1. Health and Grooming
    - Nutrition and eating disorders
    - Prevention of pregnancy and STD's
    - Physical fitness
    - Clothing, makeup and hair consultation
2. Personal Intelligence Training
    - Communication
    - Activity
    - Thinking
    - Feeling
    - Contact with others
3. Sexuality and Spirituality
    - Reclaiming innocence
    - Sexuality Education
    - Empowerment
    - Boundaries

History of Maltreatment and Academic Performance in College Students

Presenters: Nancy Dodge Reyome, Ph.D.
Associate Professor
Psychology Department
SUNY Potsdam

William Gaeddert, Ph.D.
Professor
Psychology Department
SUNY Plattsburgh

7a

Institutions of higher education in the United States are serving a larger and more diverse population of young people today than ever before as the baccalaureate degree increasingly becomes the entry level credential for employment. Even though more young people are attending college, many students are having serious difficulty actually completing college (Steinberg, 1996). It is likely that many factors are responsible for this lack of completion including the cumulative effect of familial environments that are not supportive of academic achievement. It is important from an educational standpoint that we study the impact that exposure to maltreating family environments has on academic success in college and begin to explore the different services that might bridge the gap for those students that are "at risk" academically due to these family environments. There is a well established link in the empirical literature between child maltreatment and school performance in children. Generally researchers have found that maltreated children perform less well than non-maltreated children on most measures of academic performance and ability (Kendall-Tackett & Eckenrode, 1996; Barnett, Vondra & Shonk, 1996; Leiter & Johnson, 1994; Dodge Reyome, 1994; Dodge Reyome, 1993; Eckenrode, Laird & Doris, 1993; Wodarski, Kurtz, Gaudin & Howing, 1990). Only a few researchers have explored the link been child maltreatment and academic performance in late adolescence (Himelein, 1995; Gibby-Smith, 1995; Perez & Widom, 1994). However, these studies have serious limitations including not considering the link between academic performance in late adolescence and the four major forms of maltreatment (neglect, physical abuse, sexual abuse, and emotional maltreatment) separately and in combination and not utilizing multiple measures of academic performance and adjustment. The current research project was designed to address these limitations. College students at a small liberal arts state college were asked to complete a questionnaire designed to measure history of maltreatment, academic performance and use of special services. Each student was also be asked to complete an achievement measure. Comparisons were made on these measures between the students reporting a history of maltreatment and students without any reported history.

Educational Objectives

1. to familiarize audience with school performance concerns of maltreated children and adolescents

2. to expose audience to information about the association between maltreatment and college performance

3. to explore services that "bridge the gap" for struggling college students

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Dodge Reyome, N. (1993). A comparison of the school performance of sexually abused, neglected and non-maltreated children. Child Study Journal, 23, 17-38.

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Himelein, M. (1995). Childhood sexual abuse and the academic adjustment of college women, Child Abuse and Neglect, 19, 761-764.

Kendall-Tackett, K. & Eckenrode, J. (1996). The effects of neglect on academic achievement and disciplinary problems: A developmental perspective. Child Abuse and Neglect, 20, 161-169.

Leiter, J. & Johnsen, M. (1994). Child maltreatment and school performance. American Journal of Education, 102, 154-189.

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A Continuum of Sexual Behaviors in Abused Children Referred for Therapy
(Poster Presentation)

Presenter: Becky Valcarce, M.S., NCC, LPC
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In this study, the Child Sexual Behavior Checklist (CSBCL), Second Revision (Toni Cavanagh Johnson, 1994) was used to individually assess the sexual behaviors of children age 12 and younger referred to Intermountain Specialized Abuse Treatment Center for therapy due to sexual abuse and/or sexual acting out with other children or some type of abuse in the home. The Achenbach Child Behavior Checklist, Parent Report, was also utilized to assess the child, in addition to an intake interview with the child and one with the parent(s).

The results are being used to place children in one of four categories on a continuum developed by Toni Cavanagh Johnson, 1993. The categories are as follows: Group I-Normal Sexual Exploration; Group II-Sexually Reactive; Group III-Extensive Mutual Sexual Behaviors; Group IV-Children Who Molest. These categories are further utilized to help determine the treatment goals and plan for each child.

The objectives of this study include analyzing the data to indicate the percentages of children in each group on the continuum, based on age, gender, and other factors, as well as providing the most effective treatment using the continuum of groups to develop comprehensive treatment goals and treatment plans. This study has been approved by the Utah State Department of Human Services and has been deemed beneficial in tracking the types of referrals made to providers and in keeping general statistics on these referrals.

Educational Objectives

1. To identify the continuum of sexual behavior problems in children referred for therapy at a specialized abuse treatment agency.

2. To discuss the subsequent placement of these children in one of four categories developed by Toni Cavanagh Johnson (1993).

3. To understand the importance of assessing the sexual behaviors of abused children referred for therapy and the implications for structuring each child's treatment based on this assessment.

A Continuum of Sexual Behaviors in Abused Children Referred for Therapy
(Detailed Session Outline)

This presentation will be in poster form and will include the following components:

1. Summary Section

2. Brief Project Description

    a. Problem:

    When children who have been sexually abused and/or have acted out sexually with other children are referred for therapy, the importance of assessing their individual sexual behaviors may often be overlooked. As a result, some destructive behaviors may be minimized, or there may be an overreaction to age appropriate sexual behaviors. There has been an increase nationally in reports of children referred for therapy due to sexual behavior with other children. It appears to be important to individually assess the children's sexual behaviors to determine how best to structure their therapy. It is also important to assess the sexual behaviors of children who have been sexually or otherwise abused, although not all children who sexually act out with other children are victims of abuse.

    b. Purpose and Objectives

    1) To assess the continuum of sexual behavior problems in children age 12 and under via referral information and intake measures.
    2) To place the children referred in one of four categories on a continuum developed by Toni Cavanagh Johnson, 1993, based on the individual assessment of their sexual behavior.
    3) To provide descriptive statistics regarding the composition of each group, such as gender, age, abuse information, and other factors.
    4) To provide more effective treatment using the continuum of groups to develop individualized treatment goals and treatment plans.

3. Number and Relevant Characteristics of Subjects

    a. Population and Sample: Children 12 years of age and younger referred to Intermountain Specialized Abuse Treatment Centers in Utah.

4. Research Procedures Utilized

    a. Study Design: Descriptive

    b. Data and Instrumentation: Child Sexual Behavior Checklist, Second Revision
    Achenbach Child Behavior Checklist, Parent Report
    Intake Interviews with child and parent

    c. Data Analysis

5. Study Results

6. Implications for Treatment

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A Continuum of Sexual Behaviors in Abused Children Referred for Therapy

Biographical Statement

Becky Valcarce, M.S., NCC, LPC graduated from Utah State University in 1983 with a Master's Degree in Counseling Psychology. She is a Nationally Certified Counselor and a Licensed Professional Counselor in the State of Utah. Becky has worked for Intermountain Specialized Abuse Treatment Center in Utah for 11 years. She has experience providing individual, group, family, couples and play therapy dealing with sexual abuse, domestic violence, trauma and loss issues. She also has experience in conducting research, assessments and psychological evaluations. In addition, Becky writes grants and conducts other activities to raise funds for the treatment and prevention of child abuse.

Confronting Child Abuse in Rural Communities

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Child abuse is as prevalent in small, rural communities as it is in urban centers. Unfortunately, small jurisdictions often lack the resources to deal with child abuse. The close-knit nature of small towns may make it particularly difficult to accuse a neighbor of child abuse.

To assist in overcoming these dynamics, this workshop discusses a program initiated in the Minnesota County of Cottonwood. The county is situated in southwestern Minnesota and has a population of 13,000. In 1991, Cottonwood began a series of initiatives to improve its handling of child abuse cases. The initiatives included a written protocol to coordinate efforts, the construction of a child friendly interview room, and intensive training to improve the skills of investigators. In addition, the county initiated efforts to educate the public and to improve the skills of doctors, clergy, teachers and others who may have contact with abused children.

Three years after implementing the program, the county had charged and convicted more child abusers than had occurred in the previous 12 years. During the years 1994-1996, Cottonwood led all of Minnesota's 87 counties in documented cases of child physical and sexual abuse per 1,000 children.

Educational objectives

1. The participant will be able to identify the unique dynamics which make it particularly difficult to combat child abuse in small, rural communities.
2. The participant will learn specific strategies for coordinating the efforts and improving the skills of rural police officers, prosecutors, and social workers.
3. The participant will learn specific strategies to improve the skills and involve doctors, clergy, teachers, and other rural leaders in child protection efforts.

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I. WHY HAVE WE DELAYED IN CONFRONTING CHILD ABUSE?
   A. The abuse of children has historically been treated as a family, not societal problem.
   B. The coordination of efforts between prosecutors, police officers, and social workers creates a fear that one group may gain power at the expense of another.
   C. There is little honor accorded to those who aggressively pursue cases of child abuse.
   D. Those who aggressively pursue cases of child abuse may become unpopular in their community.

II. WHY DO WE WANT TO IMPROVE OUR EFFORTS AT COMBATING CHILD ABUSE?
   A. Child abuse is a crime and we are public servants.
   B. Child abuse is the cruelest crime a human being can commit.

III. WHAT CAN WE DO TO IMPROVE THE CHILD PROTECTION SYSTEM IN OUR COMMUNITY?
   A. Coordinate our efforts
      1. Coordination improves cases
      2. Coordination is often mandated by the law.
      3. Coordination of efforts reminds the community that combating child abuse is a top priority
   B. Develop a protocol for the investigation and prosecution of child abuse cases
      1. Limit those who investigate cases of child abuse.
      2. Limit those who prosecute cases of child abuse.
      3. Involve the prosecutor early in the case.
      4. Remind investigators and prosecutors regularly about the protocol.
      5. Develop one or more child friendly interview rooms.
      6. Train your interviewers and conduct interviews only as prescribed by the protocol.
      7. Train investigators to obtain corroborating evidence, including incriminating statements from the suspect. Cottonwood County's current protocol requires each officer to receive specific training in obtaining incriminating statements from the suspect.
      8. Review your protocol yearly
   C. Educate the community about child abuse efforts.
      1. Newspaper ads
      2. Press release with each child abuse conviction/sentence
      3. A press release for each accomplishment of the prosecutor pertaining to the fight against child abuse.
      4. Newspaper column on issues pertaining to kids.
      5. Respond to every criticism of your efforts
      6. Volunteer to speak to civic groups regarding your efforts to combat abuse.
   D. Involve the clergy
      1. Mandated reporter training
      2. Video "Hear Their Cries."
      3. Impress on the clergy abuse can happen in their congregation
   E. Train local doctors
      1. Mortality review incident.
      2. Training by pediatrician.
      3. Provide medical professionals with a checklist
   F. Assist the schools, daycare providers, fostercare providers, and others who work with children.
      1. Mandated reporter training.
      2. Encourage these professional to call you any time.
      3. Offer yourself as a speaker at school and other events.
   G. Grant writing/community donations.
   H. Always say thanks.
      1. Witnesses
      2. Your family
   I. Read works critical of excessive interviewing.
   J. Keep your spirits up.

IV. THE RESULTS IN COTTONWOOD COUNTY

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Victor I. Vieth
Senior Attorney
National Center for Prosecution of Child Abuse

Victor Vieth graduated *magna cum laude* from Winona State University and earned his Juris Doctor from Hamline University School of Law. During law school, Mr. Vieth served as editor-in-chief of the law review and received the American Jurisprudence award for achievement in the study of Constitutional law. From 1988-1997, Mr. Vieth worked as a prosecutor in rural Minnesota where he gained national recognition for his work to address child abuse in small communities. Mr. Vieth is the author of numerous articles pertaining to issues of child abuse and domestic violence. He is presently employed as a Senior Attorney with the National Center for Prosecution of Child Abuse.

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The Psychotherapist working within the Foster Care System: Enhancing the Partnership

Presenters: Amy Baur, LCSW
Lifelink Corp.
Clinical Therapist

Karen Brice, LCSW, ATR
Lifelink Corp.
Clinical Supervisor

The therapist treating a child in foster care engages in multiple levels of the child welfare system. She simultaneously addresses issues of the child, family, state and POS agencies, and the court. The child and the therapist cannot work together on clinical issues without an awareness of the impact of multiple systems involved. Factors involved in permanency planning all play a role in clinical outcomes and cannot be separated from therapeutic process. Treatment includes identifying the child's issues and acknowledging the role various systemic components play in contributing to the problems as well as recognizing their potential role in alleviating them.

The information in this presentation derives from our work providing therapeutic services to families in the foster care system. These services have been offered through a clinical program within a welfare agency where the clinicians have frequent contact with the caseworkers. From this work, we have developed a viewpoint which blends systems objectives with clinical interventions. This approach calls for a balancing of concrete goals with abstract clinical objectives. In this presentation, we address ways in which the line workers can provide services and make clinically informed decisions regarding permanency within the multi-tiered child welfare system without compromising quality of care or best interests of the child.

EDUCATIONAL OBJECTIVES

1). To assist therapists and case managers in utilizing clinical considerations in formulating and carrying out service goals.

2). To suggest strategies for providing effective clinical services within the context of multiple systemic influences.

3). To enhance understanding of clinical issues in foster care and how these are influenced by permanency planning.

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Session Description for *The Psychotherapist working within the Foster Care System: Enhancing the Partnership*

The therapist providing psychotherapy to the foster child must be aware of the various systems also involved with the child including court, private and state agencies, schools, foster and biological families etc. The therapist must formulate treatment goals with knowledge of permanency planning and how other professionals view the entire case. This presentation will provide therapists with information regarding how to provide treatment to children and families which incorporates the needs of all systems and how to ensure effective communication to other professionals.

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**The Psychotherapist Working within the Foster Care System:
Enhancing the Partnership**

I. Issues in Foster Care
  A. Clinical Issues
    1. Pre-placement
    2. Post-placement
  B. Systemic issues
    1. Juvenile court involvement
    2. State agency involvement
    3. POS involvement
    4. Foster family issues

II. Clinically based permanency planning
  A. Establishing Goals for treatment
  B. Establishing Service plan goals
  C. Combining goals for permanency

III. Program components for Clinical Child Welfare Services
  A. Foster Children Services
    1. Therapeutic Services
    2. Case manager responsibilities
  B. Biological Parent Services
    1. Assessment Services
    2. Educational services
    3. Treatment Services
      a. Individual and group
      b. Coordinating with outside providers
    4. Visitation observation needs
  C. Foster Parent Services (traditional and relative homes)
    1. Case management concerns
    2. Treatment needs
      a. Parent education
      b. Support groups
      c. Family and individual therapy

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Biographical Sketches

Karen Brice, LCSW, ATR, is Supervisor of Clinical Services for Lifelink Child and Family Services. She is a licensed clinical social worker, certified school social worker, and registered art therapist with may years of experience providing diagnostic and treatment services to children and families in a variety of clinical settings. In addition, she has served as a program director and has been a consultant to daycare programs, parent groups, professional organizations and community agencies.

Amy Baur, LCSW, is a clinical therapist for Lifelink Child and Family Services and in private practice in Chicago. She has provided therapy in community mental health centers, schools, and child welfare agencies. She has also worked in child welfare as a case manager and foster care home licensing representative. She is actively pursuing registration as a play therapist.

Presenters for: *The Psychotherapist working within the Foster Care System: Enhancing the Partnership*

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DEVELOPING RACIAL AND CULTURAL EQUITY IN CHILD PROTECTION

Presenter: Sarah Maiter BSW, MSW, Phd in progress
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Even though culture, race and ethnicity have become increasingly significant as crucial variables in child protection services (Abney 1996), empirical evidence continues to indicate that families of color are not faring well in the child welfare system. Differential representation of families of color on child welfare caseloads (Gould, 1991), bias in reporting (Eckenrode, Powers, Doris, Munsch, & Bolger, 1988; Hampton & Newberger, 1988), differential rates of substantiating maltreatment (Trocmé, McPhee, Tam, & Hay, 1994), and differential services to families of color (Courtney et al., 1996) are evident.

As a trainer for child protection practitioners in the Ontario child welfare system, the author realized the difficulty practitioners encountered in leaving behind their previously held assumptions when working with clients from diverse cultures. Material was thus included in the training to elucidate for practitioners the difficulty of escaping assumptions that prevented mastery of cross-cultural practice. The method was found to be a useful and safe way to help sensitize practitioners to their biases. I have argued elsewhere that the *first* step in developing culturally sensitive social work services does not lie in understanding minority cultures, but in understanding the assumptions of the dominant culture (Dumbrill & Maiter, 1996).

Material will be presented on why cross-cultural practice is important and how social work has approached clients from diverse cultures. Ways of approaching clients from diverse backgrounds that can help us to keep our previous assumptions in check are then presented.

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EDUCATIONAL OBJECTIVES

1) Participants will gain an understanding of current approaches to cross-cultural practice.
2) Participants will gain an understanding of the difficulty of keeping their biases in check.
3) Participants will learn ways to keep their biases in check.
4) Participants will learn new ways to conceptualize cross-cultural child welfare practice.

Developing Racial and Cultural Equity in Child Protection

Culture, race and ethnicity have become increasingly significant as variables in child protection services. Because of its influence on the individual, cultural identification can influence responses to the investigation, disclosure, treatment and recovery of child maltreatment (Abney, 1996). As a result of this recognition, numerous models of cultural competence have emerged in the field providing practitioners with conceptual models of competent cross-cultural practice (Cross, Bazron, Dennis, & Isaacs, 1989; McPhatter, 1997) and much child welfare training includes sections on competence in cross-cultural practice. Yet, empirical evidence continues to indicate that families of color are not faring well in the child welfare system. Differential representation of families of color on child welfare caseloads (Gould, 1991), bias in reporting (Eckenrode, Powers, Doris, Munsch, & Bolger, 1988;Hampton & Newberger, 1988), differential rates of substantiating maltreatment (Trocmé, McPhee, Tam, & Hay, 1994), differential services to families of color (Courtney et al., 1996), and differences among ethnic groups regarding definitions of maltreatment and preferred interventions (Hong & Hong, 1991) are evident.

These findings suggest that there are missing elements in our conceptualization of competent cross-cultural practice. As a trainer for child protection practitioners in the Ontario child welfare system, the author realized the difficulty practitioners encountered in leaving behind their previously held assumptions when working with clients from diverse cultures. These assumptions emanate from our culture, history, life experiences and professional training. Material was thus included in the training to elucidate for practitioners the difficulty of escaping previously held assumptions, assumptions that prevented mastery of cross-cultural practice. The method was found to be a useful and safe way to help sensitize practitioners to their biases. The presenter has argued elsewhere that the *first* step in developing culturally sensitive social work services does not lie in understanding minority cultures, but in understanding the assumptions of the dominant culture (Dumbrill & Maiter, 1996). Though research needs to be conducted to support this addition to conceptualizing cross-cultural practice, child protection trainees have confirmed the usefulness of this approach.

For the current presentation we will briefly examine why cross-cultural practice is important, how social work has approached clients from diverse cultures, and the strengths and weaknesses of these approaches. We then conduct interactive exercises that elicit the difficulty of escaping our assumptions. Ways of approaching clients from diverse backgrounds that can help us to keep our previous assumptions in check are then presented.

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Biographical Statement

Sarah Maiter BSW, MSW is a doctoral candidate at the Faculty of Social Work, University of Toronto. Her research is in the area of race, culture, ethnicity and child protection. She has practiced in the Child Welfare System in Canada for 25 years, holding positions in foster care, adoptions, resource development, intake and family services. She has also practiced in South Africa. Sarah is a trainer with the Ontario Child Welfare Training System. She teaches at York University, the University of Toronto and has provided training at conferences in Canada and the United States. She is a founding member of the Child Welfare Unit at the University of Toronto.

COMPARISON OF TRADITIONAL AND COMPUTER BASED TRAINING FOR IMPROVING CASE PRACTICE SKILLS

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Description of Session:

This session will discuss the advantages and disadvantages of using computer based trainings (CBT) for case practice skill development. The importance of integrating technology into a coherent training model will also be discussed. Computer based trainings offer the potential of augmenting the effectiveness of traditional training programs. However, some types of training curriculum are more appropriate for a CBT approach than others. The session will provide some guidelines for making this discrimination. The session will then review the importance of integrating interactivity, repetition, and cognitive psychology concepts into training models.

The results of a study evaluating the relative effectiveness of a CBT training compared with manual based trainings will be presented. These results will be integrated into other current research findings. The strengths and weakness of a computer based approach will then be reviewed. Finally techniques for determining the appropriate use of computer based trainings will be discussed. Examples of computer based trainings will be presented. These programs will then be analyzed to determine their effectiveness. Specific design and implementation strategies will be presented, including organizational considerations.

EDUCATIONAL OBJECTIVES

1) Understanding the strengths and weaknesses of integrating technology into an overall training program.

2) Increased understanding of how to integrate of computer based trainings into case practice skills curriculum.

3) Increased understanding of the role of interactivity, repetition and cognitive psychology concepts in the development of case practice skills curriculum.

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COMPARISON OF TRADITIONAL AND COMPUTER BASED TRAINING FOR IMPROVING CASE PRACTICE SKILLS

Presenter: Janet Cahill, Ph.D.
Professor
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Rowan University

This session will discuss the advantages and disadvantages of using computer based trainings for case practice skill development. The importance of integrating technology into a coherent training model will also be discussed. The session will then present techniques for integrating interactivity, repetition, and cognitive psychology concepts into training models.

The session will also present findings of a study examining the relative effectiveness of a computer based (CBT) training approach versus a traditional training manual approach in improving case practice skills. All versions of the training were designed to improve the skill levels of child welfare workers. The subject matter of the training was content areas that should be addressed during an initial intake. The purpose of the training was to assist child welfare workers in developing a conceptual model of content questions that provided a thorough basis for assessing risk. Thirty-six subjects were randomly assigned to one of three training conditions. The first condition used a training manual that reviewed eleven content areas that should be covered during the investigation process. The second condition used a computer based training that covered the same content areas. In the third condition, subjects both read the training manual and completed the computer based training. A major difference between the training manual and the CBT was that the level of interactivity was much higher in the CBT condition. Subjects took a knowledge based test of the eleven content areas both before and after the training. Subjects also completed a five item questionnaire indicating how much they liked the training condition they participated in. A repeated measures ANOVA was used to determine differences between the training conditions. Results indicated significant differences between all three groups. The training manual was the least effective, the CBT alone significantly improved retention, and the combination of the two trainings was the most effective. No significant differences were found in subjects' enjoyment of the training, however, there was a trend toward higher enjoyment in the CBT training.

This study, along with similar research findings supports the idea computer based training can be a useful tool for child welfare agencies. However, poorly designed or implemented programs can prove to be ineffective and take scarce resources away from more effective training approaches. The remainder of this session will review techniques for determining when and how a computer based approach should be used. Examples of CBTs will be presented and analyzed for strengths and weakness.

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Biographical Statement

Dr. Janet Cahill is a professor of psychology at Rowan University in New Jersey. She is also the director of the Project for Human Services at the University. Dr. Cahill has a Ph.D. in clinical psychology and was trained as a family therapist. She has extensive experience in consulting with a wide range of human service organizations with a particular focus on child welfare agencies. An experienced trainer, Dr. Cahill has designed multi-modal training programs, including computer based, interactive trainings. She has also written computer programs designed to enhance case practice and produced digitally edited training tapes.

When Children's Testimony Seems Inconsistent: Ethics, Approaches, and Strategies

Gina Richardson, Ph.D. and James M. Peters, AUSA

When a child witness presents an inconsistent or improbable statement, the outcome of the case may be placed in jeopardy. Prosecutors representing the child must determine their ethical obligation regarding such a statement and cope with its resulting impact on the case. Even so, they may be accused of misconduct and face inquiries into their ethical standards by courts, bar associations, and the media. In this workshop, case studies of actual problematic statements will be presented, illustrating ethical dilemmas facing attorneys and investigators confronted by such statements. Using analytical methods from the field of forensic linguistics, the presenters will suggest alternative approaches for revealing the truth which might underlie these statements and strategies that can be used to reconcile them within a legal context.

Educational Objectives

1) To show how the language of the interview can yield clues to consistency of meaning

2) To show how these clues and their implications can be presented accurately at legal proceedings

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Gina Richardson holds a doctorate in linguistics from Georgetown University in Washington, D.C. Her research shows in a practical way how child-adult language differences may affect the evidence offered in cases involving young victim-witnesses. In addition to consulting on specific cases, she has provided training and information in questioning techniques for child protection professionals through national organizations including the National Center for the Prosecution of Child Abuse, the National Center for Missing and Exploited Children, and the United States Army, as well as for national conferences, children's hospitals, and police departments throughout the United States.

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Jim Peters has been a prosecutor for twenty-one years, specializing in violent crime and child abuse cases. He has been an Assistant United States Attorney since 1990, practicing first in the Virgin Islands and now in the District of Idaho. He is co-author of the Center's manual, Investigation and Prosecution of Child Abuse and has published more than fifty other articles and book chapters related to child abuse prosecution. He was a deputy prosecution attorney in Vancouver, Washington from 1977 to 1987.

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TITLE: CHILD EXPLOITATION AND THE INTERNET: PROACTIVE LAW ENFORCEMENT STRATEGIES

PRESENTER: PAUL C. GRAF, SENIOR SPECIAL AGENT, U.S. NAVAL CRIMINAL INVESTIGATIVE SERVICE, NCIS NORTHEAST FIELD OFFICE, NEWPORT, RI

Due to the incredible popularity and utility of the global linking of computer systems known as the Internet, the incidence of child pornography possession and distribution has exploded. The Internet is the ideal medium for such criminal activity, as it affords individuals with a sexual interest in children a degree of anonymity and ease of communication...both with others who share their interest in children and can help validate the behavior, but also with actual (potential) child victims. Under any other circumstances the child molester would actually have to approach a child and converse; a much more difficult hurdle in circumstance, intellectual capability, and social functioning. Internet communication has dispensed with the social skills and verbal communication required to seduce a child that may have deterred some molesters, and given them direct access to children, many of whom are on-line with little or no adult/parent supervision. In response to this crisis, law enforcement has adopted a number of proactive strategies for enforcing a several child-protective criminal statutes. The statutes prohibit the possession of graphic child pornography, the distribution of child pornography by any means including computer, and the buying and selling of children for sexual purpose. The law enforcement proactive strategies/operations often involve undercover communication with individuals who have a sexual interest in children, and usually result in exchanges of prohibited child pornography and face-to-face undercover meetings. This training seminar will outline the criminal statutes enforced through utilization of proactive law enforcement operations, and address an explanation of the Internet and its components, such as F servers, Internet Relay Chat, Newsgroups, Chat Rooms, and the World Wide Web. We will discuss law enforcement utilization of those Internet components, including undercover communication with persons expressing a sexual interest in children.

EDUCATIONAL OBJECTIVES

1. Participants will learn about statutes available to law enforcement and criminal prosecutors with which to prosecute persons with a sexual interest in children, as well as ideas for proactively targeting these individuals via the Internet.

2. Participants will be able to understand how persons expressing a sexual interest in children make use of the various communication components of the Internet to contact persons with a similar interest, and potential child victims.

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INTRODUCTION OF SPEAKER

SENIOR SPECIAL AGENT PAUL C. GRAF

Senior Special Agent **Paul C. Graf** is an 19 year veteran of the United States Naval Criminal Investigative Service (NCIS), and had prior experience as a Police Officer in metro Denver, Colorado, and as an Organized Crime Investigator with the Arizona Attorney General's Office. Special Agent **Graf** holds a BA from the University of Notre Dame (Sociology), and an MS from Arizona State University (Criminal Justice).

Special Agent **Graf** was assigned to NCIS offices in Los Angeles, California, and Naples, Italy, before coming to Newport over ten years ago. He has travelled throughout the United States, Mexico, Europe, the Middle East, and Eastern Africa to conduct criminal, fraud, and counter-intelligence investigations for NCIS.

Since 1986, Special Agent **Graf** has specialized in the investigation of crimes against children. He has received extensive training in investigative techniques, forensic utilization of medical diagnostic testing, and child interviewing. Special Agent **Graf** is an at-large member of the Child Protection Team at Hasbro Children's Hospital, Providence, RI. In 1993, Special Agent **Graf** was selected and trained by the State of Rhode Island to be one of 25 "Instructor Trainers" in the forensic interviewing of pre-school sexual abuse victims. In 1996, Special Agent **Graf** was selected by the Rhode Island Governor's Justice Commission as a Instructor of Law Enforcement Trainers concerning Domestic Violence and Sexual Assault under the "Violence Against Women Act". Special Agent **Graf** is responsible for the conduct of NCIS undercover operations involving child sexual predators on the Internet. He was selected by the Director, NCIS, to be a member of the Agency's 35 Agent "Cold Case Squad", which re-opens and investigates unresolved homicides, some as old as 30 years.

Special Agent **Graf** routinely lectures on child abuse prevention and education topics to the United States Naval Justice School, Newport, RI, community PTA and civic groups, and to children at local elementary schools. He is an active member of the Society for Young Victims, the Federal Law Enforcement Officers Association, and the American Professional Society on the Abuse of Children; (of which he is the President, APSAC - Rhode Island).

Special Agent **Graf** is married with three children, and resides in **Middletown, RI.**

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CHILD SEXUAL ABUSE IN AMERICA: LESSONS FROM HISTORY 1850 TO THE PRESENT

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The history of child sexual abuse (CSA) in America is poorly understood. My research suggests that CSA has been a common, though hidden, occurrence. The recognition of CSA as a medical diagnosis is a recent occurrence. An understanding of the history of CSA can shed light on social, medical, and scientific forces that shape our current understanding of the problem.

The story of childhood gonorrhea illustrates the transformation in our understanding of CSA. Prior to the introduction of antibiotics in the 1940s, gonorrhea was common among Americans. As a result, medical reports of childhood gonorrhea serve as useful markers of sexual abuse prior to the period when CSA was readily discussed per se.

This session will examine the evolution of our social and medical understanding of CSA. I will present my research on the history of CSA in America and lead a discussion on the implications of a historical understanding of CSA. The session will address the changing epidemiology of CSA, populations at risk, social and medical responses to abused children, and factors which have both helped and impeded our understanding of CSA. As such, this session will explore factors which have kept CSA underreported, underdiagnosed, and undertreated.

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EDUCATIONAL OBJECTIVES

1. To better understand the history of child sexual abuse in America.
2. To explore the factors that have kept CSA underreported, underdiagnosed, and undertreated.
3. To explore the changing implications of a diagnosis of childhood gonorrhea.

CHILD SEXUAL ABUSE IN AMERICA: LESSONS FROM HISTORY
1850 TO THE PRESENT
SESSION OUTLINE

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I. Introduction
- A. Goals of this session
- B. Interactive lecture format
- C. Encourage audience participation and their own experiences from working in this field

II. The History of Child Sexual Abuse in America: What do we know so far?
- A. The myths about the history of child sexual abuse
- B. The evidence about the history of child sexual abuse
- C. Child sexual abuse before it had a name
- D. The creation of a diagnosis of child sexual abuse
- E. The rise of professions dealing with child sexual abuse

III. Gonorrhea as a Marker for Child Sexual Abuse

IV. History Sheds Light on Child Sexual Abuse
- A. The changing epidemiology
- B. The conspiracy of silence about CSA
- C. Who to blame in CSA: the child, the family, the perpetrator, society
- D. Social, cultural, and scientific factors that contribute to our understanding of CSA

V. What Next?
- A. What other issues involving child sexual abuse can be better understood using a historical perspective?
- B. How can the history of child sexual abuse improve the care of abused children?
- C. How can the history of child sexual abuse improve social policy?

CHILD SEXUAL ABUSE IN AMERICA: LESSONS FROM HISTORY
1850 TO THE PRESENT
Selected Bibliography

Presenter: Hughes Evans, MD, PhD
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CHILD SEXUAL ABUSE IN AMERICA: LESSONS FROM HISTORY 1850 TO THE PRESENT

Hughes Evans, MD, PhD

Biographical Statement

Hughes Evans received her MD and PhD in the History of Science from Harvard University. She is currently an Assistant Professor of Pediatrics at the University of Alabama at Birmingham. Her clinical responsibilities include working in the Children's Hospital Intervention and Prevention Services (CHIPS) clinic, a multidisciplinary clinic performing sexual abuse evaluations, and directing the pediatric residents' continuity clinic. Her current research explores the history of child sexual abuse in America. She is a recipient of a Robert Wood Johnson Generalist Physician Faculty Scholars Award.

Meeting the Developmental and Mental Health Needs of Young Victims

Presenter: Jane Sites, Ed.D., LSW
Cincinnati Center for Developmental Disorders
University of Cincinnati, Dept. of Psychiatry
The Childhood Trust
Project Director

Disabilities resulting from child abuse have emerged as a national crisis. Children with disabilities are over-represented in abuse statistics; and children with histories of abuse or neglect are at high risk for physical and emotional disabilities, developmental delays, and behavioral problems. Most of these children require special education services and individualized educational programs (IEP's). The purpose of this presentation is to present a discussion on the incidence of child abuse and neglect among special needs children; review the effects of trauma and maltreatment on children's development; and present effective preschool and classroom mental health and developmental intervention strategies for child victims.

Developmental and behavioral outcome data on abused children from twenty years of innovative early childhood and family programming conducted by Children's Hospital Medical Center, Cincinnati Center for Developmental Disabilities, and the University of Cincinnati Childhood Trust will be presented. These early childhood programs were designed to serve low-income children (under the age of six) with documented histories of child abuse and neglect.

An understanding of these issues will enable caseworkers, child advocates, and parents/guardians to meet the developmental, educational, and therapeutic needs of young, abused and neglected children who have behavioral/emotional problems, learning impairment, developmental disorders; or are at risk of such problems. Strong advocacy is necessary for this population of children and families in order to secure the attention and mandated services of local educational agencies. The result can be the improvement of the children's chances of fulfilling their personal and developmental potential by remediating and reducing the impact of the developmental consequences of the maltreatment that they have experienced.

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EDUCATIONAL OBJECTIVES

1. To understand the relationship between child abuse and neglect and developmental delays and disabilities.

2. To enable parents and caseworkers to better advocate for and receive the special education and mental health service needs of young child victims from local schools and community mental health providers.

JUVENILES WHO OFFEND
Phenomenology, Evaluation and Treatment
APSAC Sixth Annual National Colloquium
7/98

Presenters: David Fentress, EdD — Whitney Academy
Director, Psychology Dept — PO Box 619
East Freetown, MA 02717
Kevin Holden, MA — (508) 763-3737
Clinical Director — (Fax) 763-5300

Session Description:

In working with survivors of sexual abuse, clinicians periodically encounter youth who may be perpetrators as well as victims of abuse. Juveniles are estimated to be responsible for 20-30% of rape and 30-50% of child molestation in North America, the modal age for first offense is 16 years of age, and more than half of adult sex offenders report first perpetrating in adolescence. Given these facts, it becomes necessary to distinguish offenders from non-offenders, abuse-reactive from committed perpetrators, and to determine what type of treatment each individual requires.

This presentation will provide, first, an overview of what is known about the phenomenology of juvenile sex offending. Second, an evaluation procedure designed to differentiate non-offenders from abuse-reactive and committed perpetrators will be outlined. Risk factors for offending will be detailed along with interview techniques and objective measures for completing sex offender-specific assessments. Third, a sex offender typology will be proposed based on the assessment described above. Finally, the content and intensity of treatment for each offender type will be recommended.

This seminar will be based on published research in the field of juvenile offending, current trends in understanding youthful perpetrators and the presenters' experience at The Whitney Academy. Whitney is a residential program treating dually diagnosed (MH/MR) adolescent male survivors and perpetrators of abuse.

Educational Objectives:

Participants will learn

1.) the known phenomenology of juvenile sex offending.
2.) risk factors associated with sexual offending.
3.) offender-specific assessment techniques and instruments used to distinguish non-offending victims from those who are who are abuse-reactive and committed perpetrators.
4.) an offender typology based on the results of the assessment process, and
5.) suggested content and intensity of treatment for each type of sexualized behavior.

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JUVENILES WHO OFFEND
Phenomenology, Evaluation and Treatment
APSAC Sixth Annual National Colloquium
7/98

Session Outline:

I. Phenomenology of juvenile sexual offending
- A. How big is the problem?
- B. Predisposing, precipitating & perpetuating factors
- C. An etiological model
- D. The offense cycle

II. Risk factors associated with juvenile sexual offending
- A. Client history
- B. Individual characteristics
- C. Environmental factors

III. Offender-specific assessment techniques & instruments
- A. Interview techniques
- B. Offender-specific evaluation instruments
- C. A suggested assessment protocol

IV. Offender typologies
- A. Typologies reported in the literature
- B. A suggested typology

V. Treatment hierarchy
- A. Which types of offending require what treatments?
- B. A suggested treatment hierarchy

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JUVENILES WHO OFFEND
Phenomenology, Evaluation and Treatment
APSAC Sixth Annual National Colloquium
7/98

Biographical Statements:

David Fentress, EdD is a clinical psychologist who is Director of the Psychology Department at Whitney Academy (Massachusetts), a residential treatment center specializing in treating adolescent survivors and perpetrators of sexual abuse. He treats child and adult survivors of abuse in his out patient private practice. Dr. Fentress has published in the fields of behavioral and systems therapy, and presented at the Massachusetts Association for the Treatment of Sexual Abusers (MATSA).

Kevin Holden, MA is completing his dissertation research on the evaluation and treatment of adolescent sexual offenders. He is Clinical Director at the Whitney Academy. He has presented at MATSA.

3/30/98

APSAC

The Sixth National Colloquium

Session: 325F

IMPROVING COMMUNITY RESPONSE TO CHILD ABUSE – CHILDREN'S ADVOCOACY CENTERS

Lori Chassee

325F

THE AMERICAN PROFESSIONAL SOCIETY ON THE ABUSE OF CHILDREN
SIXTH ANNUAL NATIONAL COLLOQUIUM

POSTER SESSION B
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Biographical Statement

1b

Presenter: Catherine A. Piliero, Ph.D., D.A.B.P.S.
Devereux Foundation Sexual Disorders Treatment Program
390 East Boot Rd.
West Chester, PA 19380
(610) 431-8112 phone
(610) 431-7400 fax

Credentials and Current Positions:

-Forensic Psychologist and Director of Clinical Services at Devereux's Sexual Disorders Treatment Program (West Chester, PA)
-Board Certified Forensic Examiner and Diplomate of American College of Forensic Examiners. Also Diplomate, American Board of Psychological Specialties (specialty: assessment and treatment of sexual abuse)
-Forensic evaluator and sexuality consultant for Delaware County Juvenile Court (Media, PA), Northwestern Human Services (Philadelphia, PA) and Pennsylvania Hospital (Philadelphia, PA)
-Director of Clinical Services for Horizon House Residential Program for Adult Sex Offenders with Mental Retardation (Norristown, PA)

Training and Education:

-Ph.D. from University of Pennsylvania in Human Sexuality and Psychology
-Training in Sex Offender Treatment - Johns Hopkins Sexual Disorders Clinic
-Forensic Training: Forensic Psychiatry Fellowship Program, Hospital of the University of Pennsylvania
Forensic Psychology Summer Training Program, Seton Hall University
Forensic Psychiatry Review Course, American Association of Psychiatry and the Law
American College of Forensic Examiners (credentialing)

Poster Presentation: Interventions for Youthful Developmentally Disabled Perpetrators of Sexual Abuse

Presenter: Catherine A. Piliero, Ph.D., D.A.B.P.S.
The Devereux Foundation Sexual Disorders Treatment Program
390 East Boot Rd.
West Chester, PA 19380
(610) 431-8112 (phone) (610) 431-7400 (fax)

Session Outline: The Devereux Sexual Disorders Treatment Program, known as Carriage Place, is a residential treatment facility for male youth ages 12 - 18 who are developmentally disabled and who have committed sexual offenses. The program was initiated in 1996. Carriage Place is a comprehensive and specialized treatment program of approximately 18 months duration which aims to provide clinical, special education/vocation, and residential services in a moderate-security setting for this population. The population is made up of youth who have mental health and mental retardation diagnoses, special learning needs, and sex offending histories or sexual disorders. The treatment program emphasizes the relapse prevention and psycho-educational models, which are modified and concretized to meet the special learning needs of this population.

Participants of this session will be informed of the "start to finish" protocol of the program, beginning with assessment, proceeding with treatment, and concluding with re-assessment and evaluation of outcome data which are used to determine discharge or "graduation" of clients into our newly developed Step Down Program - a staff supervised community-based group home for clients who have met all of their residential treatment goals and who are ready to be gradually and safely reintegrated into the community.

A standardized psychosexual assessment will be presented, as will the clinical practices with this population. Interventions include a psychoeducational curriculum to teach sex education and social skills, work on the cycles of sexual assault, fantasy work, victim empathy training, and other relapse prevention techniques. The special security and supervision features of the program will be highlighted as part of providing a safe environment in which to work with these youth. Out-come data based on pre-and post-testing with a battery of psycho-sexual inventories will be presented. Discharge criteria, aftercare plans, and the community-based Step Down Program will be outlined. This program conceptualizes sex offender treatment in a three-phase model: Phase I represents the assessment stage which includes risk assessment and clinical needs evaluation. Treatment goals are derived from this data. Phase II represents the implementation of clinical interventions and work on the treatment goals. Phase III represents the period when treatment goals and discharge criteria are met, as established through qualitative and quantitative measurement, and the client is prepared for transition to the community-based home. The specifics of each of the three phases will be presented to the audience.

Educational Objectives: Participants will improve their knowledge of:
1. Assessment of developmentally disabled adolescent sex offenders
2. Treatment of developmentally disabled adolescent sex offenders
3. Measuring treatment effectiveness and program efficacy

Poster Presentation: Interventions for Youthful Developmentally Disabled Perpetrators of Sexual Abuse

Presenter: Catherine A. Piliero, Ph.D., D.A.B.P.S.
The Devereux Foundation Sexual Disorders Treatment Program
390 East Boot Rd.
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Session Outline: The Devereux Sexual Disorders Treatment Program, known as Carriage Place, is a residential treatment facility for male youth ages 12 - 18 who are developmentally disabled and who have committed sexual offenses. The program was initiated in 1996. Carriage Place is a comprehensive and specialized treatment program of approximately 18 months duration which aims to provide clinical, special education/vocation, and residential services in a moderate-security setting for this population. The population is made up of youth who have mental health and mental retardation diagnoses, special learning needs, and sex offending histories or sexual disorders. The treatment program emphasizes the relapse prevention and psycho-educational models, which are modified and concretized to meet the special learning needs of this population.

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Educational Objectives: Participants will improve their knowledge of:
1. Assessment of developmentally disabled adolescent sex offenders
2. Treatment of developmentally disabled adolescent sex offenders
3. Measuring treatment effectiveness and program efficacy

SESSION DESCRIPTION, POSTER PRESENTATION, DR. CURT GOHO

This poster session focuses on the often overlooked aspect of "Bite mark identification in child physical abuse". Bite injuries are often an integral part of non-accidental trauma to young children, and early involvement of the dental team is essential for proper protection of the victim, and identification of the perpetrator. The dental team can provide salivary swabbing for antibodies/DNA, impressions of the injuries, and proper photographing and templating of the injuries. This information is essential for matching the injury pattern to the bite of the perpetrator. All child advocates – medical personnel, social workers, and law enforcement – should be aware of the need to use their dental team assets in a timely manner.

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MINIMIZING SECONDARY WOUNDS AND ENHANCING A HIGH-ESTEEM ENVIRONMENT FOR ABUSED AND NEGLECTED CHILDREN

Presenters: Sister Blanca Colón,
Director, Proyecto Metas, San Agustin del Coqui, Inc.

Sister Sonia Meléndez
Director, San Agustin del Coqui, Inc.

Sister Glenda López,
Coordinator, San Agustin del Coqui, Inc.

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San Agustin del Coqui, Inc. is a non-profit organization that supports the Family Department of the Commonwealth of Puerto Rico. Through its outreach program, Proyecto Metas, it supports the children under the Department's protection , as well as the foster and biological parents, and case workers. Its goal is to provide support persons that can serve as a positive resource available at critical moments, that can guide them to a simple, healthy way of life. By fulfilling the role of a "significant other," the case social worker and the foster family can play a critical role in the self-esteem enhancement of the youngster, and minimize secondary wounds, produced by the rejection, humiliation and attacks produced by other persons.

During the past five years, San Agustin del Coqui has designed workshops for the children, case workers, foster parents and biological parents, which allow them to develop skills needed for these purposes. The social workers may use as a valuable instrument the MBTI and Personal Mission Statement, while renewing their whole-hearted service vows, efforts which will improve the quality of their professional intervention with children. Foster parents will use with children "Cooperative Discipline Skills," while treating children with love and respect. Through "Esteem Building Workshops," children ages 5 to 18 can work with six basic components. These workshops are held at a quiet, retreat environment during two days, with not more than 25 participants, so that their trainers can give individual guidance.

Through this model, we are working not only with minors, but with their net support system. The island-wide experience derived has been evaluated, and found to be highly effective, not only in the quality of service to the children, but also cultivates very rich professional and personal skills for the workers and foster parents alike.

The social workers, supervisors, and staff have created a warm, loving, and understanding environment through the workshops. Children are found to be better prepared to confront their return to their home, or to easily integrate themselves to a new family unit.

EDUCATIONAL OBJECTIVES:

1. The child participants can be guided to heal wounds and grow in a supportive, loving environment.

2. Professional participants can cultivate rich professional and personal skills to cope in difficult cases.

3. Foster parents, as well as biological parents, can become support persons available to the children, and guide them to a simple, healthy way of life.

ATTACHMENT G

FACTORS ASSOCIATED WITH DROPOUT FROM A GROUP THERAPY SEXUAL ABUSE TREATMENT PROGRAM

Presenters: Susan J. Dannenberg Randoing, M.Ed., M.S.
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This study examined variables assessed prior to treatment to identify which factors were predictive of patients' dropping out versus completing treatment with the Family Learning Program (FLP), a sexual abuse treatment program for children who have endured caretaker sexual abuse, and their families. Severity of sexual abuse, overall Child Behavior Checklist (CBCL) score, parents' education, socioeconomic status, whether the nonoffending caretaker was a survivor of sexual abuse, and waiting time before receiving treatment were analyzed in clients who left treatment at three stages. Variables from those groups were compared to data for treatment completers.

No significant differences among groups were found across the variables studied. Descriptive analyses and final disposition of the 368 abused children and their families who contacted FLP between 1992 and 1996 are provided. Nearly one-third of the abused children were victims of intercourse. One-third of the nonoffending caretakers were survivors of sexual abuse. Twenty-four percent of the children were abused by their natural father and 75% of the nonoffending caretakers were the child's natural mother. Analysis of the families revealed a dropout rate of 53% if those who dropped out during intake were included, and a rate of 47% if only those families who were seen for group therapy were included. A discussion follows.

EDUCATIONAL OBJECTIVES:

1) The participant will understand typical treatment dropout rates and whether sexual abuse treatment programs experience similar rates of default.
2) The participant will gain a greater understanding of dropout from a sexual abuse treatment program, and which factors do not appear to relate to treatment default.
3) The participant will be able to identify variables that need additional study in understanding dropout from sexual abuse treatment.
4) The participant will increase his or her knowledge of descriptive information concerning families who have endured sexual abuse.

OUTLINE

Factors Associated with Dropout from a Group Therapy Sexual Abuse Treatment Program
by Susan J. Dannenberg-Randoing, M.Ed., M.S. and Juanita N. Baker, Ph.D.

I. **Purpose of Study**

- The purpose of this study was to identify variables related to dropout from a sexual abuse treatment program at three stages.
- A second purpose was to conduct a program evaluation of the Family Learning Program, a sexual abuse treatment program

II. **Based on a review of the literature, the following variables were studied.**

- **Socioeconomic status (SES), Nonoffending Caretaker's level of education, Level of child psychopathology, Severity of sexual abuse, Whether caretaker is a survivor of sexual abuse, Waiting time from initial telephone contact to intake and waiting time from initial contact to group therapy**

III. **Methods**

A. Participants

- Participants were 368 pairs of sexually abused children and their nonoffending caretakers who contacted the Family Learning Program between January 1992 and March 1996. Families who contacted FLP in the first year of service (1991) were not included to eliminate confounding variables associated with the newness of the program. Each child/caretaker dyad was considered one subject.
- Participants had the following characteristics: 78.4% of the children were female. They ranged in age from 2 to 17 (mean=10.13, mode=13, median=10) The caretakers ranged in age from 21 to 66 (mean=35.9, mode=33, median=35) 79% of participants were Caucasian, 10% were African-American, 5% Hispanic, 3% mixed ethnicity, 3% unspecified. 47% of the participants had a household income of less than $10,000 per year. Twenty-three percent had an income of $10-20,000 and 13% earned $20-30,000.

B. Procedures

- Dropouts were defined as those families (of the 178) who attended at least one intake and who terminated without the consensus of their therapist. In those cases where it was unclear whether the therapist felt the family was ready for termination, a family was considered a dropout if their termination rating averaged more than three on the Indicators for Treatment Outcome Form .
- Completers were defined as those who attended at least 20 groups, who terminated with the consensus of their therapist, and who averaged less than three on the Outcome Form.
- Three of the dropout groups: dropouts from intake, dropouts from one, two, or three sessions, and dropouts from five to ten sessions were compared to each other, and to completers on the variables studied using MANOVA for the continuous variables (CBCL, severity, education, wait time and Chi-square tests for independence for the categorical variables (SES, survivor).

IV. **Results**

A. Inferential Statistics-The MANOVA, the one-way ANOVA, and the Chi Square Test indicated no significant differences among the three dropout groups and one completer group for any of the variables studied.

B. Descriptive Statistics-Dropout

C. Descriptive Statistics-General (n=153)

V. **Discussion: Implications and Future Directions**

VI. **A Final Note**

Partial List of References
Factors Associated with Droput from a Group Therapy Sexual Abuse Treatment Program

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Susan J. Dannenberg-Randoing, M.Ed., M.S., is a doctoral student in clinical psychology at the Florida Institute of Technology. She is a therapist for the Family Learning Program and has treated sexually abused children and adolescents and their families for the past four years. Ms. Randoing served as the first North County Coordinator for the Family Learning Program and has conducted several community presentations on treating sexually abused children and their families in a group format. Ms. Randoing was recently named Outstanding Clinical Psychology Student by her department. This fall, she will begin her predoctoral clinical psychology internship at Child and Family Guidance Centers in Dallas, Texas.

Dr. Juanita N. Baker is Associate Professor of Psychology at Florida Tech, teaching the child and adolescent behavior disorders and treatment courses, child sexual abuse seminars in addition to ethics and professional standards. Dr. Baker is Director of the Family Learning Program, a sexual abuse treatment program, at Florida Tech. Master Level experienced trainees working towards their doctorate in psychology implement therapy for about 12-15 groups weekly at two sites in Brevard County for children ages 3 to 18 who have been sexually abused, their nonoffending parents, and their siblings. Individual, couples, family, and offender group treatment is also carried out. Program evaluation and research to understand and improve the program is integral to treatment.

HANDOUT

Factors Associated with Dropout from a Group Therapy Sexual Abuse Treatment Program
by Susan J. Dannenberg-Randoing, M.Ed., M.S. and Juanita N. Baker, Ph.D.

I. **Purpose of Study**

- The purpose of this study was to identify variables related to dropout from a sexual abuse treatment program at three stages:
  a) During intake (assessment)
  b) After one, two, or three group therapy sessions
  c) After five to ten sessions
- A second purpose was to conduct a program evaluation of the Family Learning Program, a sexual abuse treatment program

II. **Based on a review of the literature, the following variables were studied.**

- **Socioeconomic status (SES)**
- **Nonoffending Caretaker's level of education**
- **Level of child psychopathology** as measured by overall CBCL score
- **Severity of sexual abuse**
- **Whether caretaker is a survivor of sexual abuse**
- **Waiting time from initial telephone contact to intake and waiting time from initial contact to group therapy**

III. **Methods**

A. Participants

- Participants were 368 pairs of sexually abused children and their nonoffending caretakers who contacted the Family Learning Program between January 1992 and March 1996. Families who contacted FLP in the first year of service (1991) were not included to eliminate confounding variables associated with the newness of the program. Each child/caretaker dyad was considered one subject.
- The 368 Participants comprised two main groups. The first group consisted of 190 families who made telephone contact with FLP, but were not seen for an initial intake appointment. The second group included the remaining 178 families who attended at least one intake appointment.

Participants had the following characteristics:

- 78.4% of the children were female.
- They ranged in age from 2 to 17 (mean=10.13, mode=13, median=10)
- The caretakers ranged in age from 21 to 66 (mean=35.9, mode=33, median=35)
- 79% of participants were Caucasian, 10% were African-American, 5% Hispanic, 3% mixed ethnicity, 3% unspecified.
- 47% of the participants had a household income of less than $10,000 per year. Twenty-three percent had an income of $10-20,000 and 13% earned $20-30,000.

B. Procedure

- Data was collected from 300 closed files and was entered into a computer database. All data was recorded from FLP intake forms, including the Child Behavior Checklist (CBCL) and from the FLP main database.
- Each child/parent dyad was then classified according to the number of sessions they attended.
- Next, only those 178 families who were seen for at least one intake appointment (the first step in obtaining treatment) were classified to obtain a more detailed picture of what happens to clients who begin services and to calculate the dropout rate. Detailed descriptive analyses were conducted on this group.
- Dropouts were defined as those families (of the 178) who attended at least one intake and who terminated without the consensus of their therapist. In those cases where it was unclear whether the therapist felt the family was ready for termination, a family was considered a dropout if their termination rating averaged more than three on the Indicators for Treatment Outcome Form .
- Completers were defined as those who attended at least 20 groups, who terminated with the consensus of their therapist, and who averaged less than three on the Outcome Form.
- Three of the dropout groups: dropouts from intake, dropouts from one, two, or three sessions, and dropouts from five to ten sessions were compared to each other, and to completers on the variables studied using MANOVA for the continuous variables (CBCL, severity, education, wait time and Chi-square tests for independence for the categorical variables (SES, survivor).

IV. **Results**

A. Inferential Statistics -The MANOVA, the one-way ANOVA, and the Chi Square Test indicated no significant differences among the three dropout groups and one completer group for any of the variables studied.

B. Descriptive Statistics-Dropout

- Of the 368 clients who contacted FLP over a two year period, more than 20% did not meet criteria for selection in FLP and/or were referred out to more appropriate treatment programs. More than half were never seen for services because they were referred out, they canceled or no showed appointments or they never followed-up with services.
- Of the 178 dyads who attended at least one intake appointment, 94 dropped out, yielding a dropout rate of 53%.
- A summary of when those clients dropped out is provided. Nearly one-half of the clients who discontinue treatment, drop out during the intake process or immediately after intake.

C. Descriptive Statistics-General (n=153)

- The children in the sample endured severe abuse. Nearly one-third of the children experienced attempted or actual vaginal or anal intercourse. That number likely underestimates the true number as many families did not specify the type of sexual abuse the child endured.
- The abuse listed in the graph is the most severe abuse each child endured. They may have experienced other forms of abuse as well. Those children who denied abuse were referred out.

- Most of the children were sexually abused by their natural father (24%) or someone in the father role such as adoptive father, step-father, or mother's fiancé (31%).
- 75% of the nonoffending caretakers were the child's natural mother.
- 33% of the caretakers were survivor's of sexual abuse (26% did not indicate if they were). The 33% rate is what one would expect in the general population (Finkelhor, 1986; Russell, 1986).
- Overall CBCL T-scores ranged from 29 to 90 (mean=62, median=63, mode=64). Only five percent of scores were borderline clinical (67+). Twenty-six percent were in the clinical range (70+).
- The number of days from initial contact to intake ranged from one to 87 (mean =20, median =15, mode=8). Eliminating extreme scores did not change the mean.
- The number of days from initial contact to first group therapy session ranged from 16 to 236 (mean=66, median=51, mode=24). Eliminating extreme scores reduced the mean to 62 days.

V. Discussion: Implications and Future Directions

- The results depict the typical FLP client. She is a ten-year-old female child and a thirty-year-old caretaker, who is her mother. The family is Caucasian and has an overall income of less than $10,000. The child was molested by her natural father and there is a 30% chance that the abuse included intercourse. The mother has a high school education. There is a thirty percent chance she was sexually abused. The family waited three weeks to be seen for an intake and two months to begin therapy.
- That none of the other hypotheses received support was surprising. Intuitively, a long waiting period would seem to encourage drop out. Several explanations may account for the results:
  A. Dropout may relate to more complicated variables, such as the client/therapist interaction, as Wierzbicki and Pekarik (1993) suggest. McNeill, May, and Lee (1987) found that clients whom a practitioner likes and expects to improve tend to stay in treatment. They also found that premature terminators tend to rate their therapists as less competent and less trustworthy than do completers. To study these interactional variables, one would have to add a scale to the intake process which measures client and therapist perceptions.
  B. Logistical variables, such as cost of treatment, and lack of transportation may play a more important role in dropout. A follow-up survey, such as that conducted by Lascu and Plaut (1993) would best address those variables.
  C. FLP is unique in that it simultaneously treats the child and the nonoffending caretaker. Most treatment programs analyzed in the literature treat one or the other. Perhaps this uniqueness changes the nature of dropout. For example, how much the parent believes the child and supports the child in disclosing the abuse might be relevant. Again, a rating measure would be needed to assess this.
  D. Dropout may relate to parental motivation, commitment to treatment.
- Although the hypotheses received limited support, the descriptive analysis provided interesting information:
- Nearly half of clients who drop out do so during or immediately after intake. This supports the findings of Richmond (1992) and Beer (1992). These early stages of

evaluation and therapy appear to be very delicate times which can determine whether a client will persist in therapy. A future study might look only at the intake process to analyze the client/therapist dynamics at that stage.

- 47% of the participants listed a household income of less than $10,000 (70% were under $19,999!). 55% of the perpetrators were in the father role (natural, adoptive father, mother's fiancé etc.). This suggests that the low SES of the caretakers may have resulted from their being thrust into the single-parent role at the time of disclosure of the abuse. An example of another way incest can devastate a family. An interesting follow-up study would be to examine the change in SES in families from before the abuse to after.
- Successful completion of treatment requires at least 20 sessions on average. Only two percent of clients successfully completed treatment in less than 20 sessions. This suggests that the complex issues of childhood sexual abuse may not be handled well in a brief therapy model.
- The 53% dropout rate may be helpful to similar treatment programs to understand that dropout is a normal, though frustrating, part of treatment.

VI. A Final Note

Because a client drops out prematurely, one cannot automatically assume that he or she did not benefit from treatment. That would require further investigation. An interesting study would be one that measures the progress of clients who leave treatment to see how many of them do make gains and in what areas the gains are made.

The treatment implications suggested from this study are that childhood sexual abuse should be treated in a long-term treatment model and that the intake stage of treatment is a very important time in therapy.

WORKING WITH HIGH RISK FAMILIES: RESEARCH AND THERAPY

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8b

This presentation will examine the factors which are related to the co-occurrence of domestic violence and child abuse in a high risk sample. The data being presented is based on an analysis of the baseline data of the Capella project, a twenty year longitudinal study of 320 mother-infant dyads living in a major metropolitan area of the mid-west. Approximately one half of the sample have had a founded report of abuse or neglect within the family during the target child's first year of life and half are neighborhood comparison families who have not had a founded report during the recruitment year. The impact on the mother-child interaction will be graphically depicted using videotapes of two possible disturbances in the attachment relationship at three years old, a defended response and a coercive response. The second half of the presentation will consist of a clinical approach used with similar high risk families. This approach entails long-term psychodynamically oriented interventions. These create a 'holding environment' for both parents and children, helping parents to engage their young children in more positive, less damaging interactions. The attachment relationship will be discussed as carrying important psychological meaning not only for the child's development, but for the parent's understanding of his or her own childhood.

EDUCATIONAL OBJECTIVES

1. To clarify some of the paths to attachment disturbances.

2. To suggest ways to intervene with high risk parents and children to change the trajectory of developmental psychopathology.

DETAILED SESSION OUTLINE

This presentation will examine the factors which are related to the co-occurrence of domestic violence and child abuse in a high risk sample. The data being presented is based on an analysis of the baseline data of the Capella project, a twenty year longitudinal study of 320 mother-infant dyads living in a major metropolitan area of the mid-west. Approximately one half of the sample have had a founded report of abuse or neglect within the family during the target child's first year of life and half are neighborhood comparison families who have not had a founded report during the recruitment year. The impact on the mother-child interaction will be graphically depicted using videotapes of two possible disturbances in the attachment relationship at three years old, a defended response and a coercive response. The second half of the presentation will consist of a clinical approach used with similar high risk families. This approach entails long-term psychodynamically oriented interventions. These create a 'holding environment' for both parents and children, helping parents to engage their young children in more positive, less damaging interactions. The attachment relationship will be discussed as carrying important psychological meaning not only for the child's development, but for the parent's understanding of his or her own childhood.

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10b

Significant Factors Effecting Family Based Treatment for Sexual Trauma

Presenter: D. Andrew Creamer, Ed.D., NCC, CCMHC
University of Central Florida
Counselor Education Program Coordinator

If children are to recover from the trauma of sexual abuse, the entire family needs to be engaged in the therapeutic process. Assessing the strengths and weaknesses of any given family, therefore, is a crucial factor to be considered when designing a therapeutic intervention for the sexually abused child.

The Child Abuse Research Project (CARP), a 5 year study of 515 sexually abused children and their families across 200 variables, found family configuration, global health pathology, family competence and degrees of attachment to be some of the most significant factors when intervening in a family where a child had been sexually abused. Additionally, abuse reactive children had a propensity to come from single parent families and exhibit an inverse relationship between global health and reactive behaviors. When the family is competent, the children appear to be more resilient.

For child victims of sexual abuse, sexually acting out is a potential response to their trauma. One hundred sixty six of the 515 children studied were sexually acting out on others. This presentation (1) reviews the literature on sexual abuse, family competence, its relationship to the abuse and the reaction to the abuse, and family structure versus family competence; (2) reports the CARP results on: the commitment to treatment of the custodial adult: other abuses in the family; structure of the family; whether the children followed the rules established at the home; the children's respect of others at home; helpfulness around the house; ability to communicate with other family members; family interactions; and a global rating of family competence using the Global Health Pathology Scale; (3) presents family based treatment modality for intervening in sexual trauma cases as currently implemented at the Sexual Trauma Recovery Center at the Arnold Palmer Hospital, Orlando, Florida; (4) reports efficacy studies that support the therapeutic strategies; (5)shares methods and materials for training staff and used for training graduate students in mental health counseling and school guidance counseling will be included; (6) outlines an orientation session for parents/guardians of victims; (7) highlights benefits and focus of effective community agency presentations; and (8) reviews important points in productive presentations to community funding sources.

Educational Objectives

1. Participants will be able to identify significant factors effecting resilience of sexually abused children.
2. Participants will be able to identify the components of a family based treatment program used to intervene in sexual trauma cases.
3. Participants will be able to recognize necessary training and teaching areas.
4. Participants will be able to identify components of effective presentations to community agencies and funding sources.

D. Andrew Creamer, Ed.D., NCC, CCMHC. Assistant Professor, Chair of Counselor Education, University of Central Florida; Clinical Director, Sexual Trauma Recovery Center, Arnold Palmer Hospital, Orlando; Director, Family Research and Guidance Center, Inc., Altamonte Springs, Florida. Dr. Creamer, who has over twenty years experience working with violent and dysfunctional families and individuals, previously designed and directed an adolescent sex offender program, substance abuse program and batterers' program. He currently lives in Longwood, Florida with his wife, Katie and daughter Kelly, and daughter Shannon who attends University of Florida. Go Gators!

Attributional Style as a Contributing Factor to Depressive Symptomatology in Traumatized Children

Presenters:

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University of Miami School of Medicine
Child Protection Team
Licensed Psychologist

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University of Miami School of Medicine
Child Protection Team
Medical Director

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11b

To date, there are few extant reports that were designed specifically to examine the relationship between PTSD and depression in child victims of abuse. Despite some empirical support for the relationship of PTSD and Major Depressive Disorder (MDD) in children following exposure to traumatic events, little research has been conducted to examine differences between abused children with PTSD who develop depression and those who present with PTSD-only. One study hypothesized that children with both PTSD and MDD would present with a unique pattern of symptoms when compared to their non-depressed PTSD counterparts. Results indicated that three PTSD symptoms discriminated between children with both PTSD and MDD and those with PTSD-only. Specifically, those children with both disorders were more likely to report flashbacks and difficulty sleeping while those with PTSD-only tended to experience more episodes of psychogenic amnesia for the abuse they had endured. The authors speculated that children with both PTSD and MDD may be more consciously aware of their emotional distress which, in turn, may lead to an increase in feeling out of control and flashbacks. These children may then become depressed regarding feelings of powerlessness and hopelessness, especially given the intrusiveness of symptoms such as flashbacks. Depression in response to changes (loss of control, hopelessness, helplessness) in cognitive schemata associated with chronic PTSD has also been observed in war veterans and battered women. Moreover, attributional style may contribute to the development of depressive symtoms in traumatized children. Empirical investigations have reported that children, in general, who develop depressive symptoms are more likely to attribute negative events to internal, global, and stable causes. Certainly, research suggests that abused children, who perceive themselves as responsible for the abuse, are more likely to develop PTSD and other psychological symptoms. To further investigate factors, such as attributional style, that mediate the development of depressive symptoms in traumatized children, the present study predicts depressive and post-trauma symptoms in abused children as a function of attributional style. The three variables, internal/external, stable/unstable, and global/specific, associated with attributional style will be regressed on depression and PTSD scores to determine the significance of the contribution that abused children's attributional style makes to the prediction of depressive and PTSD symptoms. In addition, the cut-off score for the PTSD-RI will be utilized to identify children with clinical levels of PTSD symptoms. Children in the PTSD group will be divided into two groups, Depressed and Non-depressed, based on clinically significant scores on the CDI. ANOVAS will be performed to determine whether attributional style differs between traumatized children with depression and their non-depressed counterparts. Implications of these findings will be discussed.

Educational Objectives:

1. To provide the participant with an understanding of the emotional and behavioral sequelae of traumatic events such as child abuse.

2. To examine the relationship between attributions and depressive symptoms in abused children.

ATTACHMENT G

12b

The World Of An Abused Child-The Victim-The Survivor
Discussions With The Author and Publisher of "ORPHAN BOY"

Presenter: Charles Alfred Nichols
BA, Ed./Sociology
A Victim and A Survivor

Sharing my childhood autobiography, as written in my book "Orphan Boy", will inform participants of a first hand account of suffering and surviving sexual, mental, physical, social, emotional, and spiritual abuses that I experienced as a child. Due to the diversity as well as the number of abuses, my presentation is educational for professionals at all experiential levels.

"Orphan Boy" is graphic in it's description of the sexual, mental, physical, social, emotional, and spiritual abuses which I experienced as a child. This presentation will describe these events in a professional manner. Surviving was important to me, and this will be discussed, but the healing process is much more important. This enables me to share my story of abuses, the resulting emotions, and how these abuses manifested themselves in every aspect of my childhood, adolescence, and adulthood.

My adult story is important because as a married adult with two children, I realized that I needed help; or I should say I realized that I had to get help! I will share the reasons for my decision, the receiving of professional help, the healing process, and finally my acceptance of me.

This presentation will be open to questions and answers.

EDUCATIONAL OBJECTIVES

The participant will be educated from a child victim's point of view as to the abuses, their resulting emotions, and manifestations.

The participant will learn how all aspects of adult life are affected by childhood sexual, physical, emotional, spiritual, mental, and social abuses. This also includes effects after the healing process is well under way.

The book "Orphan Boy" has invaluable information that will enhance any professional's library. Participants will have available to them, the opportunity to purchase the book that I wrote and published. I will autograph, date, and number each book. I am also in the process of writing a sequel to "Orphan Boy" which will be available to all participates in the near future.

The World Of An Abused Child-The Victim-The Survivor
Discussions With The Author and Publisher of "ORPHAN BOY"

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BIOGRAPHICAL STATEMENT OF CHARLES ALFRED NICHOLS:

I was born in Rock Hill SC, where I spent the first 7 years of my life. Poor, abused, and malnourished, I was sent to Epworth Orphanage Home in Columbia SC for proper care. While a child at Epworth, I was sexually, mentally, physically, socially abused by no fewer than 15 older students. I was sexually and spiritually abused by a preacher who took young boys to his home for "vacations". I was also spiritually abused by other Methodist ministers. I have been able to work through my abusive experiences and I am helping others with my book and talks that I give to groups. I graduated from Limestone College in Gaffney SC in 1972, and wrote and published the book "Orphan Boy".

Charles Alfred Nichols

Charles Alfred Nichols

Addressing the Treatment Needs of MR/DD Adolescent Offenders in Residential Care

Presenters: Sheila Timms MS, LMFT
Damar Homes, Inc.
Therapist, BASE Program

Roxanne Thomas ACSW, CCSW
Damar Homes, Inc.
Therapist, BASE Program

13b

Damar Homes, Inc. is a private, not for profit residential treatment facility serving 118 children, adolescents, and adults with MR/DD. The campus is licensed by the State of Indiana and the group homes are Medicaid licensed by the Community Residential Facility Council. Damar Homes is currently developing community-based programs including foster care, transitional living, and respite services. The clients served represent a culturally diverse population. Treatment services are funded by the Department of Education, Department of Corrections, and the Office of Family and Children.

Damar Homes' BASE (Behavioral Alternatives in a Secure Environment) Program was designed to serve adolescents with developmental disabilities and challenging behavior problems including physical and sexual aggression. The BASE programs address the social, emotional, academic, and behavioral needs of 27 adolescent males and females.

The three BASE programs (male sexual offenders unit, male conduct disorders unit, female conduct disorders unit) utilize a cognitive-behavioral model in the treatment of these disorders. This model addresses not only the ultimate offensive behavior(s), but also the thoughts, feelings, and set-up behaviors that precede and follow the offensive behavior. Victim issues are incorporated throughout the course of treatment. However, the emphasis on issues changes as the adolescent progresses. At the beginning of each program, reduction of inappropriate behaviors is the focus. Once behaviors are stabilized, the emphasis shifts to cognitions, affect and empathy, social skills, relapse prevention, and family work. The important issues in tailoring treatment to meet the needs of the mildly mentally retarded offender population will be addressed.

EDUCATIONAL OBJECTIVES

1. The participant will become familiar with the unique issues associated with treating adolescent offenders with MR/DD.

2. The participant will become familiar with an existing model of treatment that emphasizes cognitions, affect, and behavioral control.

A COMMUNITY RESPONSE TO CHILD PREDATORS

PRESENTERS: PATTI WETTERLING, GARY R. O'CONNER, RON LANEY, BRADLEY RUSS

Conducted by Ron Laney, the following segments will introduce the topic and explain OJJDP's Role in training/assisting Local Agencies and Communities.

PREVENTION TECHNIQUES

- This segment will address programs and issues concerning children, community agencies and parents in terms of prevention and awareness as our first line of defense against child predators. Emphasis will be placed on programs making children and parents street-smart, reducing the opportunities for a non-family abduction to occur.

INVESTIGATIVE TECHNIQUES

- This segment will focus on the nature of the child predator, the need for a pre-planned response and the basic tasks involved in an abduction situation. Emphasis will be placed on the need for a timely response, mutual aid, and case organization.

MANAGING THE INVESTIGATION

- This segment will address techniques available to manage complex investigations and large amounts of leads and information. Data Management, software capabilities and supervisory issues will be emphasized.

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Commander Bradley J. Russ
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(603) 427-1500 ext.403

PROFESSIONAL EXPERIENCE

Commander Brad Russ has been a senior instructor for the Department of Justice, Office of Juvenile Justice and Delinquency Prevention since 1986. During that time he has provided training to thousands of child protection professionals including: law enforcement officials, child protective services workers, prosecutors, judges, school administrators, mental health providers, victim advocates and individuals from a wide range of human service agencies. Topics presented include child abuse investigation, management of juvenile operations, child protection team strategies, community based responses to child protection issues, early intervention/primary prevention/education solutions, case management, public policy and a wide range of community and law enforcement strategies.

Commander Russ is a 19 year veteran who currently heads the Bureau of Investigative Services for the Portsmouth, NH Police Department His responsibilities include management and supervision of the criminal investigative, youth services, narcotics and crime prevention programs. Brad has also held supervisory positions in Administration, Personnel & Training, Youth Services Section and as a Detective assigned to conduct major investigations.

Commander Russ was one of the original founding members of his State's first full child protection multi-disciplinary team in 1983. The Team has expanded its role and still operates today as a national model, not only for child protection, but also to develop early intervention and community based collaborative strategies to assist children and their families. The Attorney General appointed Brad as the co-chair of a task force which led to the implementation of state-wide child abuse investigative protocols. He has served as the Legislative Chair for the NH Task Force on Child Abuse and is currently an Executive Board Member for the New Hampshire Police Association.

In addition to providing training and technical assistance on a national level, Commander Russ continues to teach at the University of NH as well as at his State's Police Academy on a regular basis. He is the author of several articles and has helped develop a number of national training programs. He has served as a technical advisor on a number of projects and hosted a nationally distributed video training program.

Commander Russ received his B.A. from the University of NH and graduated from the 163rd session of the Federal Bureau of Investigation's National Academy.

Ronald C. Laney
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Office of Juvenile Justice and
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Ronald C. Laney was appointed Director, Missing and Exploited Children's Programs in May, 1994. He was acting in the position from January, 1993, through April, 1994. From 1981 through April, 1994, he had been the Law Enforcement Program Manager in OJJDP. He has developed a series of National Law Enforcement Training Programs that are offered throughout the country today. Over 15,000 Law Enforcement Personnel have participated in these training programs since 1982. Prior to coming to OJJDP, Ron Laney served as a program manager in the Law Enforcement Assistance Administration for five years.

Ron Laney has a Bachelor's Degree in Criminology from the University of Tampa and a Master's Degree in Criminal Justice from the University of South Florida. Ron served in the U.S. Marine Corps from 1964 to 1970 before being wounded during his second tour in Vietnam and medically retired. He also served as a probation officer in St. Petersburg, Florida, during 1974, and has received numerous awards from local and State law enforcement organizations for his work in juvenile law enforcement.

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GARY R. O'CONNOR

Sgt. O'Connor is a 27 year veteran law enforcement officer and a nationally recognized trainer for various criminal justice agencies. He has instructed and consulted for the U.S. Justice Department and the Federal Law Enforcement Training Center, as well as for various state and local law enforcement agencies.

- Senior instructor and consultant for the Office of Juvenile Justice and Delinquency Prevention for the past 12 years.
- Provided training and technical assistance in 47 states.
- Presenter to National District Attorneys Association, American Prosecutors Research Institute, National Council of Juvenile and Family Court Judges, National School Safety Center, National Crime Prevention Institute, National Center for Missing and Exploited Children, National Gang Prevention Conference and numerous state/national criminal justice organizations and associations.
- Served for eight years on Pennsylvania's Juvenile Advisory Committee (SAG), chairman of Pennsylvania's Compliance Monitoring Committee. (Mandates)
- Served for six years as member of the Board of Managers of Montgomery County Juvenile Detention Center and Montgomery County Shelter, (2 as president), received NCJFCJ award as outstanding detention facility in United States.
- Past President and founding member of the Pennsylvania Juvenile Officer's Association.
- Recipient of Pennsylvania Juvenile Officer of the Year Award, Montgomery County Juvenile Officer of the Year, Chamber of Commerce Officer of the Year, Community Service Award.
- Graduate of Penn State University (B.S., 1968)

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PATTY WETTERLING

PROFESSIONAL EXPERIENCE

Patty Wetterling is the mother of Jacob Wetterling, who was abducted October 22, 1989 near his home in St. Joseph, Minnesota. The former teacher, now self-described "stay-at-home-mom" with four children has become a respected national spokesperson on child safety issues.

Using the personal tragedy of their family, Patty and her husband, Jerry, cofounded a not-for-profit foundation to educate parents and children so that children are not abducted, molested, or exploited in the first place while continuing to search for Jacob and the thousands of other children who are missing each year.

As a Jacob Wetterling Foundation volunteer, Patty has spoken to hundreds of groups all over the United States. She shares what she has learned about child victims and child molesters and offers specific information to children and parents about how to be safe. While she continues to speak frequently, she also trains other volunteers to present the Foundation's message.

In addition to her full-time volunteer work with the Jacob Wetterling Foundation, Patty serves on the Board of Directors for the Foundation, the Board of Directors of the National Center for Missing and Exploited Children (NCMEC) and is a founding member of the Board of Directors of the Association of Missing and Exploited Children's Organization (AMECO), Board Member for Tri-County Crimestoppers, Inc., and cochair of the Millstream Arts Festival.

CAREER HIGHLIGHTS

- In 1994 Patty was named one of the Eleven Who Care by KARE 11-TV and received the 10th Anniversary Award from the National Center for Missing and Exploited Children for her service.
- In 1995 the Prudential Foundation gave her their Nonprofit Leadership Award. Patty was selected as a Community Hero Torch Bearer for the 1996 Olympic Games.
- On May 25, 1995, Patty addressed the National Missing Children's Day Ceremony at the FBI Headquarters in Washington, D.C. as child advocate, representing victim families. Other speakers were Attorney General Janet Reno; John Wilson, Deputy Administrator of the Office of Juvenile Justice and Delinquency Prevention; and America's Most Wanted Host, John Walsh.
- Her legislative accomplishments include passage of the Jacob Wetterling Crimes Against Children Registration Act on the state level as well as part of the 1994 Federal Crime Bill. This act requires convicted sex offenders to register their place of residence with local law enforcement after their release from prison.

Patty's message of Jacob's hope has resounded nationwide as a call to action and hope for missing children everywhere.

EDUCATION

- B.S., Mankato State University, 1971 Math and Psychology. Patty taught secondary math for 5 years in Maryland and Iowa.

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DEVELOPING EFFECTIVE MULTIDISCIPLINARY TEAMS

Presenters: Ted Cross, Ph.D.
Robin Spath, MSW

Heller School and Department of Psychology,
Brandeis University

The presenters are completing an evaluation of the Sexual Abuse Investigation Network (SAIN), which supports eleven teams (prosecution staff, protective services, police) across Massachusetts. The teams aim to reduce child trauma by decreasing interviews and increasing coordination, and to enhance effective prosecution and child protection. They conduct joint interviews and coordinate investigations. Site visits, interviews, observation of team meetings and investigative interviews, and review of case flow data revealed findings such as:

State regulations and team functioning. Time constraints established by regulations make some investigators wary of undertaking undertaking multidisciplinary investigation, but teams have the potential to speed investigations by sharing the workload of tasks.

Number and reasonableness of interviews. The SAIN process appears to reduce the number of interviews. However, a better outcome measure than the number of interviews may be the reasonableness of interviews: the degree to which interviews are not repetitive and senseless but meaningful to children and families. Multidisciplinary teams increase the reasonableness of interviews as much if not more than they decrease the number.

Broad benefits. Multidisciplinary teams benefit a wide range of victims in a number of ways and not just child sexual abuse victims who are ready to disclose. Team coordinators become advocates for more effective coordination across all investigations. Teams develop effective working relationships that enhance investigations and services even without interviews. Methods of coordination are generalized to a wide range of cases.

Need to support team development. Developing a team is challenging given different organizational mandates and the difficulties of maintaining a strong presence of all agencies. Explicit attention to team development is needed, with strong support at the state level.

EDUCATIONAL OBJECTIVES:

1. The participant will be able to identify multiple benefits of multidisciplinary teams identified in program evaluations

2. The participant will be able to identify multiple barriers that impede the development of multidisciplinary investigation teams

3. The participant will be able to generate several new ideas for facilitating the development of multidisciplinary investigation teams

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Structured Decision Making For Foster Care

Presenters: Terry McHoskey, ACSW
Senior Program Manager
Children's Research Center
Madison, WI

JoAnne Nagy, MPA
State Manager
Michigan Children's Protective Services, and Foster Care

Rod Caskey, MS
Senior Researcher
Children's Research Center
Madison, WI

Mary Chaliman, BA
Children's Foster Care Supervisor
Ingham County Family Independence Agency

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Session Description

Structured decision making (SDM) has been used in child protective services for a number of years, but only recently has it been applied to foster care services. Michigan has implemented a comprehensive foster care case management system that uses SDM to guide key decisions including when to return a child home, when to pursue termination of parental rights, and how to establish child and family need priorities for service provision. Component tools of the system include child and family strength and needs assessment, treatment plan and service agreement, reunification assessment, and safety assessment. These tools are implemented at regular intervals to structure the process. Policies and procedures have been developed which use data gathered through regular reassessments to assure that permanency planning is pursued without delay; that services are targeted to the families greatest areas of need; and that children that can be safely returned home are returned, while those who remain unsafe are not. Information from the process, considered in the aggregate, also provides valuable information to managers regarding workload, gaps in resources, trend-data, and other useful management and policy data.

This presentation will describe the Michigan foster care SDM model. Topics covered will be: basic concepts of SDM (including a brief discussion of research base); issues in foster care case management that SDM is designed to address; components of Michigan's foster care SDM model; integrating SDM with computer systems; keys to successful implementation; initial outcome data.

Educational Objectives

The participant will:

1. learn about goals of SDM applications in foster care
2. learn about components and tools of SDM for foster care
3. understand key practice issues in day-to-day implementation of foster care SDM
4. learn about outcomes of SDM case management compared to non SDM practice.
5. gain ideas for how to use DSM data for supervision, plus workload and resource management and development.

Structured Decision Making for Foster Care

Presenter Biographies:

Mr. Terry McHoskey is a Senior Program Manager with the Children's Research Center, a division of the National Council on Crime and Delinquency. He has been active in program and agency operations in the field of Child Welfare and Juvenile Justice for over 30 years . He has had a caseworker, supervisor or manager's role in children's protective services, foster care, adoption, and institutional services programs for neglected, abused, and/or delinquent youth in both a private- non-profit and public agency. He was a member of the State of Michigan Social Services Management team that introduced and operationalized Structured Decision Making in Michigan. Mr. McHoskey has a Masters of Social Work degree from Michigan State University and he is a member of the National Academy of Certified Social Workers .

Ms. JoAnne C. Nagy, is State Manager of the Children's Protective Services (CPS) and Foster Care Division of Child and Family Administration of the Michigan Family Independence Agency. Previously Ms. Nagy has served as State Director of the Michigan CPS Program; policy analyst and program consultant for the Michigan Office of Children and Youth Services; and line social worker in Michigan's Wayne and Ingham Counties. Ms. Nagy has a BSW and a MPA from Michigan State University.

Mr. Rod Caskey is a Senior Researcher with the Children's Research Center (CRC), a division of the National Council on Crime and Delinquency. He has considerable field experience having served as social worker, supervisor and regional manager for the Alaska Division of Family and Youth Services. With CRC Mr. Caskey has served, for several years, as project manager for the Michigan Structured Decision Making Project covering CPS, Foster Care and Delinquency Services. Mr. Caskey has an MS degree from Central Michigan University.

Ms. Mary Chaliman is a foster care supervisor in the child welfare division of the Ingham County Family Independence Agency. Ms. Chaliman has worked in the area of child welfare for over sixteen years as a line worker in Children's Protective Services, Adoption, and Foster Care; and for the last three years as Supervisor of Foster Care Services. Ms. Chaliman has served on numerous committees and work groups developing programs and systems to improve services for children and families. Recently, she is serving on the Foster Care Structured Decision Making Core Team and the Prosecuting Attorney Association's Specialized Training Committee. Ms. Chaliman has a double BA degree from Michigan State University.

Title of Presentation: **Family Preservation & Child Welfare Network: Linking Data With The Human Service Community**.

Immediate access to accurate information for quick decision making is critical in a service driven society with limited resources. Social and health care professionals need access to information to identify and understand abuse, implement prevention and health promotion strategies, and evaluate program effectiveness. A new advocacy tool to enhance social and public health services to families and children will be demonstrated using Internet technology.

This presentation describes a comprehensive Web site. The site was developed as a prototype as part of graduate studies in the field of Public Health at the University of South Carolina. It describes the functions and opportunities a Web site offers government and private agencies as well as various external users in the community. Many of the Web site's features and benefits are discussed including a new arena of public-private partnerships. The Web site begins with a home page. Categories of additional Web pages for selection are layered behind colorful buttons: Child Abuse & Neglect, Foster Care, Adult Protective Services, Family Violence, Child Welfare, Childhood Disabilities, Chat Room, and Related Resource Links to national information.

Organizations are joining together as teams on the Web to share and learn from each other in a spirit of community where ideas are freely shared. Within this medium is a pool of experts for proactively solving problems. Organizations that operate in the traditional mode of controlling information will be slow to recognize the opportunity of maintaining the well-informed staff and public insight that the Web can bring. Time and education will get us there...and beyond.

EDUCATIONAL OBJECTIVES

1. Participants will understand a more holistic integrated approach to providing services to vulnerable populations is needed. They will understand how the Web site is a new vehicle for advocacy to more effectively improve the quality of life for families and children.

2. Participants will understand the importance of creating electronic linkages with community intervention agencies and other providers to allow exchange of information across boundaries that historically have been divided.

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"Creating Crisis: An alternative to family preservation."

Presenter: Jim Henry Ph.D.
School of Social Work, Western Michigan University
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The national child welfare family preservation policy that direct states to develop and implement preservation strategies to protect children has failed. Consequently, a large number of children, previously encountered by the child welfare system, have been further victimized by physical, psychological, and emotional harm. Research indicates that in such states as Michigan the rereferral rate for abuse/neglect complaints on prior substantiated abusive/neglectful parents is 43%.

The presentation will examine how and why family preservation has failed to protect a large population of children. Utilizing tenants from system and crisis theory the presenter will illustrate how significant long term change in familial interactional patterns that ameliorates risks to children, especially in neglect situations, is improbable. An analysis of how intensive service programs frequently enable parents to maintain patterns of abuse/neglect will be outlined. Empirical data from research and the presenter's seventeen years of child welfare experience will be employed to support these contentions.

This presentation will also provide an alternative crisis intervention model specifically designed to intervene with abusive/neglectful parents that serves to protect children from further harm. This model, based on a proactive approach, seeks to create or amplify personal or familial crisis for parents, rather than the traditional methods of interventions which seek to diffuse crisis. The assumption directing the model is that abused/neglected children are often at risk following child welfare system intervention because the interventions have served to externally reduce parental stress and only require minimal parental change to meet system requirements and thus terminate involvement. The familial system that created the circumstances that led to the abuse/neglect remains intact with relatively minor changes.

The proposed crisis model is designed to be implemented with primarily chronically abusive/neglectful parents who have a history of service involvement, but, continue to repeat harmful patterns. By challenging the dynamic equilibrium of the familial system through prolonged system induced crisis, parental resources must be accessed and demonstrated beyond a superficial display that often occurs when service providers move too quickly to assist in restoring the system's homeostasis. Through this crisis approach the service providers can generate intensive pressure and subsequently observe the parents responding to stressful situations that have previously precipitated the abuse/neglect. A more thorough and precise evaluation of the parents capacity to change occurs. The most significant by-product is a more definitive determination of the level of risk to the child/children and what steps are necessary to protect them.

The key components of the model are assessment, interdisciplinary collaboration, strategic planning, and intensive service intervention. Each will be discussed and integrated with three case examples; a crack addicted mother with a cocaine positive baby, a neglectful developmentally disabled mother, and a physically abusive mother.

Educational Objectives

1) To demonstrate through research and experience how family preservation strategies have failed to protect previously abused/neglected children.
2) To outline a proactive crisis intervention model that intensifies pressures on abusive/neglectful familial systems. The presenter will illustrate through theory and case examples how this model serves to better protect children because of it's ability to determine parental capabilities to change and potential risk of harm to the children.

The presenter, Jim Henry, worked 17 years as a child protective services worker and supervisor in Michigan until receiving a teaching appointment at Western Michigan University in 1997. His experiences and education have provided the context for creating an alternative perspective to family preservation. His research on "Systems trauma to child sexual abuse victims following disclosure" was published in the Journal of Interpersonal Violence in August 1997.

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Prosecuting Physical Abuse:
Overcoming a Defense of Reasonable Force

Victor I. Vieth
APRI's National Center for Prosecution of Child Abuse
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Most Americans receive corporal punishment as children and continue to administer it as adults. The practice of corporal punishment is deeply interwoven into our heritage, our literature, and our religious beliefs. With the apparent exception of Minnesota, 49 states allow parents to hit their children "reasonably."

This workshop offers investigators and prosecutors guidelines to use in deciding whether to pursue a case of child abuse. The workshop offers investigators and prosecutors practical advice to assist in building and presenting a case to the jury which will assist in overcoming a defense of reasonable force.

Educational objectives

1. The participant will learn guidelines of use in determining when a case of corporal punishment warrants criminal charges.
2. Participants will learn specific strategies to improve their skills in investigating and prosecuting CP cases and in overcoming a defense of reasonable force.

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Prosecuting Physical Abuse:
Overcoming a Defense of Reasonable Force

I. INTRODUCTION
II. COMMON QUESTIONS ABOUT CP IN THE UNITED STATES

- A. How prevalent is CP?
- B. How do we hit our children?
- C. When do we hit our children?
- D. Why do we hit our children?
    1. Moral arguments
    2. Efficacy
    3. Parent Factors
- E. What if any risks do researchers associate with spanking?
- F. How long has CP been an accepted form of discipline?
- G. Is CP reflected in American culture?

III. THE EFFECT OF CP ON CHILDREN
IV. CORPORAL PUNISHMENT AND THE CRIMINAL LAW

- A. Majority view
- B. Minority view
- C. Minnesota view

V. WHEN SHOULD A CASE OF CORPORAL PUNISHMENT BE PROSECUTED?
VI. OVERCOMING A CLAIM OF REASONABLE FORCE

- A. Voire dire
- B. Themes
- C. The case in chief
    1. Always return to the theme
    2. The use of expert witnesses
        a. Medical experts
        b. Psychologists
    3. Cross-examination of the defendant
    4. Pre-trial motions

Bibliography
(corporal punishment lecture)

Victor I. Vieth, *Corporal Punishment in the United States: A Call for a New Approach to the Prosecution of Disciplinarians*, 15 JOURNAL OF JUVENILE LAW 22 (1994).

Victor I. Vieth, *When Parental Discipline is a Crime: Overcoming a Defense of Reasonable Force*, 32 THE PROSECUTOR (forthcoming 1998).

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Victor I. Vieth
Senior Attorney
National Center for Prosecution of Child Abuse

Victor Vieth graduated *magna cum laude* from Winona State University and earned his Juris Doctor from Hamline University School of Law. During law school, Mr. Vieth served as editor-in-chief of the law review and received the American Jurisprudence award for achievement in the study of Constitutional law. From 1988-1997, Mr. Vieth worked as a prosecutor in rural Minnesota where he gained national recognition for his work to address child abuse in small communities. Mr. Vieth is the author of numerous articles pertaining to issues of child abuse and domestic violence. He is presently employed as a Senior Attorney with the National Center for Prosecution of Child Abuse.

The Vital Link in Child Sexual Abuse Investigations:
The Importance of Corroboration from Victim's Statement to Perpetrator's Confession

Presenter: Detective Mike Johnson
Plano Police Department
Collin County Children's Advocacy Center
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As professionals across the United States endeavor to investigate the complexities of child sexual abuse, they have expressed frustration at the difficulty in bringing together the separate entities involved in the case. One of the keys to successful multi-disciplinary investigations is defining each member's role in the investigative process. In addition, the team must be committed to working together toward positive resolution for the victim criminally, civilly, and psychologically.

These multi-disciplinary goals can be realized through the examination and utilization of investigative techniques used to get corroboration. During this skills-based workshop, the participants will learn specific investigative corroboration techniques used to maintain high quality, consistent investigations, while providing protection to the child victim.

The investigators will learn to recognize details that can be corroborated from the child victim's statement, alternate sources, and, ultimately, the perpetrator interview and/or confession. Additionally, a "Formula for Confession" will be discussed using actual videotaped confessions to show its implementation.

The lecture is suited for Law Enforcement, Child Protective Service Investigators, Forensic Interviewers, and Prosecutors. This workshop will provide valuable information in the investigation track of the symposium.

Detective Johnson will be available following the workshop for an open session to discuss problem cases the participants may have. Investigators are encouraged to bring difficult cases for examination and study by both Detective Johnson and workshop participants.

EDUCATIONAL OBJECTIVES

1. The participant will be able to describe at least ten specific corroborative investigative techniques.
2. The participant will be able to identify three components essential to a good child sexual abuse investigation.
3. The participant will be able to recognize the difference between a Crisis Acute case, a Crisis Chronic case, and a Delayed case, and their importance to the investigation.

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DETECTIVE MICHAEL V. (MIKE) JOHNSON

Plano Police Department
Collin County Children's Advocacy Center
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Mike Johnson is a founding member and child abuse investigator for the Collin County Children's Advocacy Center, and was named their 1996 "Child Advocate of the Year." A child abuse detective with the Plano Police Department since 1986, Mike also served on Senator Florence Shapiro's Blue Ribbon Committee, where he was instrumental in formulating the now instated "Ashley Laws." He currently serves on the advisory board for the Junior League of Plano, and has also served on the Board of Directors for the National Network of Children's Advocacy Centers, and an advisory board for the Education and Training Division of Child Protection for the Children's National Medical Center in Washington, D.C. He speaks at federal, state, and local programs focusing on child abuse, and lectures citizens' groups and other police organizations on child abuse issues.

Federal Agencies Roles and Resources

Presenters: **Ron Laney**
U.S. Department of Justice
633 Indiana Avenue, NW
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Phil Condu
Fox Valley Technical College
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Identifying, explaining, and evaluating the many resources that can be utilized in the successful investigation: Office of Juvenile Prevention(OJJDP), National Center for Missing and Exploited Children (NCMEC), FBI, Customs, Postal services, and Fox Valley Technical College(FVTC).

Standardized Sexual Abuse Forensic Examinations: Physical, Behavioral, and Historical
336F(a)

Reducing Emotional Distress for Children and their Families Involved in the Sexual Abuse Forensic Examination Process
336F(b)

by Nancy and Kurt Bumby

CANCELLED

336F(A) 336F(B)

Integration Techniques for Children and Adolescents with Dissociative Disorders

Presenter: Joyanna Silberg, Ph. D.
Sheppard Pratt Hospital
Coordinator, Trauma Disorder Services for Children
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Email: jlsilberg@aol.com

Although professionals working with maltreated children are increasingly finding cases of children with severe distortions in self-integration, the identification and treatment of severely dissociative children has remained controversial. This training seminar will review techniques for assisting these children and adolescents with self-integration that are based on current research about the nature of fantasy in traumatized children (Silberg, 1996), the regulation of discrete behavioral states (Putnam, 1997), and the pathological family patterns that sustain dissociative behaviors (Silberg, 1997). The author's approach to understanding dissociative children is based on an ecological-transactional model of development (Cicchetti & Toth, 1997) and stresses rapid integration and the innate resiliency of these children. Techniques will be illustrated with videotapes of work with dissociative children and slides of children's artwork. Participants will learn how to use creative imagery techniques, cognitive-behavioral interventions, and family therapy techniques to promote attachment, integration, and the defeat of dissociative behaviors.

Cicchetti, D & Toth, S.L. (1997) Transactional ecological systems in developmental psychopathology. In S.S. Luthar, J. S. Burack, D. Cicchetti, & J. R. Weisz Developmental Psychopathology. Cambridge: Cambridge University Press.

Putnam, F. W. (1997) Dissociation in Children and Adolescents. New York: Guildford

Silberg, J. L. (1996) Interviewing strategies for assessing dissociative disorders in children and adolescents, in J. Silberg The Dissociative Child: Diagnosis, Treatment and Management, pp. 47-68, Lutherville, Maryland: The Sidran Press.

Silberg, J. L. (1997) Unconscious family patterns that promote DID-like behaviors in children. Paper Presentation at the 14th Conference of the International Society for the Study of Dissociation.

Educational Objectives

1. Participants will learn how to use imagery to enhance dissociative children's sense of control and responsibility.
2. Participants will learn how to identify pathological family transactions that promote dissociation and interrupt them.
3. Partcipants will learn educational strategies that promote normalization and adaptation.

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About the Instructor:

Joyanna Silberg, Ph. D., is a consulting psychologist at the Sheppard Pratt Health System in Baltimore <maryland where she coordinates Trauma Disorder Services for children and adolescents and provides therapy, evaluation and consultation. She is the editor of the book The Dissociative Child and numerous chapters on treatment and evaluation of dissociation in children and adolescents. She was the recipient of the 1997 Cornelia Wilbur award for outstanding clinical contribution awarded by the Society for the Study of Dissociation, and the 1992 Walter P. Klopfer award for distinguished contribution to the field of personality assessment by the Society for Personality Assessment. Dr. Silberg is on the executive council of the International Society for the Study of Dissociation and serves as chairperson of the Task Force on Children. In this role, she has drafted guidelines for the treatment of children and adolescents which will be published by the Society in the coming year, and is working with american Academy of Child and Adolescent Psychiatry to draft treatment parameters.

PSYCHOTHERAPY WITH THE MUNCHAUSEN BY PROXY PERPETRATOR AND VICTIM

PRESENTERS:

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Munchausen By Proxy Syndrome, a form of child abuse in which a mother presents their child repeatedly for unnecessary medical and psychological treatment, is now well documented. The area in which information is woefully inadequate is treatment of the perpetrator and victim. These speakers have had the opportunity to work with mother-perpetrators and their child-victims in long-term individual and joint psychotherapy. The objective of this program is to provide clinicians with an overview of the therapy process, including discussion of specific issues arising within the initial, middle, and final phases of treatment. Case examples, videotaped segments, and description of specific therapy techniques will be used to increase the therapy skills of participants. Clinicians participating in this workshop need an understanding of Munchausen By Proxy Syndrome, family systems, adult survivors of sexual, physical, and emotional child abuse, cognitive behavior therapy techniques, and play therapy.

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EDUCATIONAL OBJECTIVES:

1. Participants will understand the therapy process with perpetrators and victims.

2. Participants will be able to apply an abuse-focused cognitive behavior therapy model with perpetrators.

3. Participants will be able to utilize a play therapy model with victims.

OUTLINE

I. THERAPY WITH THE MUNCHAUSEN BY PROXY PERPETRATOR

A. Initial Phase: Trust

1. Treatment Framework
2. Therapeutic Bond
3. Disclosure to Family Members
4. Defensive Structure of Patient and Family

B. Middle Phase: The Secrets

1. Childhood Victimization
2. Family System Response
3. Victim-Perpetrator Contact
4. Full Disclosure of Munchausen By Proxy Abuse

C. Final Phase: Identity Reformation

1. Understanding of Abuse Perpetration
2. Grief Resolution
3. Remission of Psychological Distress
4. Vocational/Social/Familial Goals

II. THERAPY WITH THE CHILD-VICTIM:

A. Healing Trauma-Related Symptoms

B. Minimizing Developmental Damage

C. Identity Reformation

D. Reunification or Resolution of Loss

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BIOGRAPHY

Deborah O. Day, Psy.D.

Deborah Day, Psy.D., is a Licensed Psychologist, Licensed Mental Health Counselor, and Certified Family Mediator. Dr. Day is in private practice specializing in forensic psychology, including divorce/custody, Munchausen Syndrome By Proxy, battered women, sexual harassment, and child abuse issues. Dr. Day is the co-editor of the recently published book, Munchausen by Proxy Syndrome: Misunderstood Child Abuse. She has been appointed to the Judicial Nominating Commission for the Florida Supreme Court. She is on the Association of Family and Conciliation Courts Child Custody Committee and is vice chair of The Florida Bar's Family Law Section of Mental Health Professionals in Litigation Committee.

BIOGRAPHY

Teresa F. Parnell, Psy.D.

Teresa F. Parnell, Psy.D., is a practicing licensed psychologist and Certified County and Family Mediator. She is in private practice, serving children, adolescents, and adults with specialization in child abuse, domestic violence, divorce/custody, and Munchausen By Proxy Syndrome. Dr. Parnell is also an adjunct faculty member at Nova Southeastern University. She developed an educational program titled, "Divided Loyalties: Promoting Shared Parenting Through Education," which is now approved in three counties for mandatory attendance by divorcing parents. She is co-editor of a book from Sage Publications, titled Munchausen by Proxy Syndrome: Misunderstood Child Abuse.

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Improving the Outcomes for Children: Cognitive Interviewing

Presenter: Susan Samuel

Cognitive interviewing, a technique originally developed to enhance adult witness testimony, reduces the child's suggestibility and may improve the accuracy and reliability of statements by as much as 45%. Research funded by the National Institute of Justice (1992) says the procedure also helps to reduce legal challenges. This standardized process, a collection of techniques used to enhance the memory of an event, is designed for use with disclosing/partially disclosing children, age 7 and older.

The workshop is divided into two segments. Participants will first examine the theory of cognitive interviewing and then view a demonstration. In the second segment, participants will have ample opportunity to practice and process the technique.

This training seminar will provide all the skill development necessary to conduct a cognitive interview.

Educational Objectives

1. Understand the memory-enhancing techniques utilized in a cognitive interview.
2. Understand the role of the interview "rules" in reducing suggestibility.
3. Value the use of a research-based, standardized technique.
4. With the aid of a "reminder", be able to conduct a cognitive interview.

THE AMERICAN PROFESSIONAL SOCIETY ON THE ABUSE OF CHILDREN
SIXTH ANNUAL NATIONAL COLLOQUIUM

RESEARCH SYMPOSIUM C
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Universal vs. Targeted Early In-Home Prevention of Physical Child Abuse and Neglect: Does the Empirical Base Provide an Answer?

Presenter: Neil B. Guterman, Ph.D., M.S.W.
Columbia University School of Social Work
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Early home-based prevention of physical child abuse and neglect continues to rapidly expand across the United States with hundreds of programs now in place and controlled outcome studies appearing with increasing frequency. One of the most controversial and confusing issues in early in-home child abuse and neglect prevention is whether services should be universally offered to entire populations or selectively targeted to families exhibiting high psychosocial risk. This presentation will take a careful look at the empirical evidence on this issue using findings from a meta-analysis of early in-home prevention outcome studies.

The presentation will open with a brief overview of the historical and theoretical contexts of the early prevention movement and the "universal versus targeted" debate within the movement. Next, the methods employed in the meta-analytic review will be summarized. Findings from the meta-analysis will then be presented with regard to several empirical trends that emerge in a meta-analytic review on the "universal versus targeted" issue. In response to these trends, recommendations for program design will be offered, and alternative models that employ empirically supported "best practices" will be offered for consideration.

RSF3

EDUCATIONAL OBJECTIVES

1. The participant will become familiar with the early in-home child abuse and neglect prevention movement, and the importance of the "universal versus targeted" services debate within the movement.

2. The participant will learn about the overall empirical evidence on the "universal versus targeted" issue, and become aware of key empirically supported trends having implications for the enrollment of families in early prevention services.

3. The participant will become aware of alternative models of enrolling families in early prevention programs that draw on empirically grounded "best practices".

Universal vs. Targeted Early In-Home Prevention of Physical Child Abuse and Neglect: Does the Empirical Base Provide an Answer?

Neil B. Guterman, Ph.D., M.S.W.

Outline of Presentation Format

I. Overview of Presentation

- Historical and Present Context of Early In-Home Prevention Services
- Theoretical Underpinnings of Early In-Home Prevention Services
- The Issue of Universal Versus Targeted Early In-Home Prevention Services

II. Methodology

- The Usefulness of Meta-analysis and Its Steps
- Scope of the Review and Criteria for Inclusion

III. Findings

- Outcomes Favor Universal Approaches Over Targeted Approaches
- Positive Outcomes Concentrated among Teen and Minority Parents
- Predictive Capacity of Psychosocial Risk Screening Mechanisms Remains Problematic

IV. Directions for Program Design and Research

- Empirical Base Favors Universal or "Aggregate Targeting" Approaches
- Model "Aggregate Targeting" Approaches in Practice
- Further Work Necessary to Refine Risk Screens and their Role
- Implications for National System of In-Home Prevention Services

V. Conclusory Comments

VI. Questions and Answers

(Note: Questions will be answered throughout the presentation, in addition to the time allowed at the end for summary questions.)

Biographical Statement of the Presenter

Neil B. Guterman, Ph.D., M.S.W., is an Assistant Professor at the Columbia University School of Social Work and the Researcher/Evaluator for Best Beginnings (New York City), one of the largest and most carefully studied early child maltreatment prevention programs in the Northeastern United States. Professor Guterman has presented and written widely on early child maltreatment prevention and is presently writing a book (Sage Press) on intervention strategies in the early prevention of child maltreatment.

Reducing Child Maltreatment Among High Risk Families: Results of Two Experimental Studies

Presenters: Greg Owen, Ph.D.
Consulting Scientist
Wilder Research Center

Claudia Fercello, MSW
Program Associate
Minnesota Department of Human Services

This research workshop will present the results of two experimental studies conducted in Minnesota between 1994 and 1998 to examine the effectiveness of a public and private service model designed to reduce child maltreatment among at-risk families. One study, conducted in Minneapolis, examines the effectiveness of service interventions designed for families who have already been involved in the child protection system. The second study, conducted in St. Paul, examines the effectiveness of intervention efforts among families with significant risk factors who have not yet been involved in child protection. Both studies are funded by the McKnight Foundation and utilize a family empowerment model in which families are offered financial incentives and given an opportunity to work with an agency of their choosing. In both models families can access more than $2,500 of services as well as consultation with an agency social worker for the purpose of developing a plan for addressing family needs.

In both studies, families who meet risk criteria are assigned to either a treatment or a control condition and followed for a period of two years. In both studies, outcome measures includes housing stability, strength of family resources and family support, out of home placement costs for children, service utilization, change in economic status as well as subsequent reports to child protection including determinations of abuse or neglect and new case openings.

Results indicate that in the higher risk population (conducted in Minneapolis) the experimental intervention has produced a significant drop in the cost of out-of-home placements for those served by the experimental program. In addition, the severity of new neglect cases appears to be reduced for families served under this condition. In the lower risk model (St. Paul) results show improved housing status and employment status for families in the experimental condition as well as a significant reductions in out-of-home placement costs.

Discussion focuses on the differential impact of service interventions of high and low risk families, potential methods for improving service delivery in child protection when done in collaboration with private service agencies, and techniques deemed to be most effective in supporting families and reducing risk to children.

RSF3

Educational Objectives

1. To provide workshop participants with information about a combined public and private service intervention model that can be effective with families who are at risk of abusing or neglecting children.
2. To provide workshop participants with specific information about the expected outcomes of this type of service intervention based on family risk factors, service needs, and living circumstances.
3. To provide workshop participants with a model for developing family plans for reducing child maltreatment among both higher and lower risk families.

BIO SKETCH

Dr. Greg Owen is a Consulting Scientist at Wilder Research Center where he provides both study direction and training in the area of outcome based evaluation. Greg received his Ph.D. in Sociology from the University of Minnesota in 1981 and has more than19 years of research and evaluation experience. He also serves as an adjunct professor of Health and Human Services Administration for St. Mary's University where he teaches the graduate research methods course.

Greg recently completed the evaluation of Hennepin County's Family Options program (a child maltreatment study) for the McKnight Foundation and has been responsible for directing the Statewide Homeless Study for the Minnesota Housing Finance Administration since 1991. Greg also serves as the principal consultant to the Minnesota Community Action Association where he has provided guidance in the development of outcome measures for a variety of anti-poverty and self-sufficiency program. Greg recently completed a feasibility study regarding the expansion of Residential Environmental Learning Centers for the Blandin Foundation's GreenPrint Council. He has also recently completed an in-depth analysis of the effectiveness of Project Common Ground, an outdoor education program for urban and suburban children.

The primary focus of Greg's work is the development of practical evaluation designs that are understandable and useful to both service providers and the general public, and which can be implemented using methods and procedures that are respectful and supportive of both service providers and service recipients. Specific examples of recent studies and references include:

- GreenPrint Council (Blandin Foundation) – Feasibility Study for Residential Environmental Learning Centers. Contact person – Pam Landers, telephone (218) 568-8288.
- City of St. Paul – Study of recreational field use in St. Paul Parks. Contact person – Vince Gillespie, telephone (612) 266-6408.
- Project Common Ground – Evaluation of multicultural outdoor education program using school desegregation funds for St. Paul and Stillwater school districts. Contact person – Anne Andersen, telephone (612) 433-3455.

- Indianhead Council of the Boy Scouts of America – An evaluation of the impact of Scouting on youth, parents, and volunteer leaders. Contact person – Kent York, telephone (612) 224-1891.

- Minnesota Community Action Association – Training, and consultation on the development of a Data Collection System for measuring outcomes for 29 Community Action Agencies in the areas of Housing , Employment, Self Sufficiency, Basic Services and Family Life. Contact person – Denise DeVann, Director, telephone (612) 296-1459.

- Minnesota Department of Children, Families and Learning – Consultation on the development of outcome indicators related to family stability and child well-being. Contact person – Arnie Anderson, MN Dept. of C,F and L, telephone (612) 296-1459.

- Family Support Project – A McKnight Foundation funded experimental study in which services are provided to high risk families in order to reduce the risk of child maltreatment. Contact person – Nancy Latimer, Sr. Program Officer – The McKnight Foundation, telephone (612) 333-4220.

- Dakota County Human Services – Consultation to develop an outcome evaluation system for Child and Family Services. Contact person – Meg Hargreaves, telephone (612) 438-4559.

- Minnesota Department of Human Services – Evaluation of the African American Adoption Project. Contact person – Denise Revels Robinson, telephone (612) 296-5288.

Greg Owen, Ph.D.
Consulting Scientist

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THE AMERICAN PROFESSIONAL SOCIETY ON THE ABUSE OF CHILDREN
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POSTER SESSION C
339F

INCEST FAMILY REUNIFICATION: PROS AND CONS WHEN PERPETRATOR IS ONLY INVOLVED ADULT FIGURE

Presenter: Janice K. Church, Ph.D.
University of Arkansas for Medical Sciences/
Department of Pediatrics at Arkansas Children's Hospital
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Little Rock, AR 72202
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3c

This presentation will explore in detail the issues critical to consider when clinicians are working with incestuous families desiring reunification and in which the perpetrator is the only regularly involved parent figure. Specific case examples, from a clinic specializing in therapeutic service delivery to incest families, will be used to illustrate and discuss unique concerns in such single-parent families where there is a movement towards renewing family relationships between the perpetrator and his/her victimized child(ren). Identification of similarities and differences in the steps towards family reunification in the presence and absence of a regularly supervising other parent/parent figure will be highlighted, and a protocol will be suggested for the reunification process in families lacking a regular other-parent supervisory entity. This protocol will take into consideration such factors and dynamics as the age of the abused child(ren), the strength of wishes for reunification on the part of the victim(s), an evaluation of the perpetrator's overall progress in treatment, other safeguards in place to facilitate the perpetrator's adherence to a relapse prevention plan, the perceived ability and/or willingness of the child(ren) to seek external assistance in the event of a lapse or even just an uncomfortable or questionable action by the perpetrator, and other options to full reunification as regards placement of the child(ren). The structured protocol will argue for a very slow and cautious approach to any efforts towards increasing contacts between the perpetrator and the child(ren). It is the author's overall premise that family reunification can be safely accomplished in certain of these incest cases in which a regular other parent supervisory adult figure is lacking but which have followed a strict intervention regimen; however, "red flags" arguing against the consideration of reunification efforts will be identified.

EDUCATIONAL OBJECTIVES

1. Develop a clear understanding of unique family features and dynamics which argue for and against possible family reunification in incest cases where there is no regularly available other parent/parent figure responsible for supervising contacts between the perpetrator and child(ren).
2. Develop a highly structured protocol for the reunification process in incestuous families lacking an other parent/parent figure supervisory entity.

CHILD SEXUAL ABUSE:
CHARACTERISTICS OF SUCCESSFULLY PROSECUTED CASES.

Presenters: Cheryl Peterson, Ph.D.
Department of Children and Family Services
Child Protection Administrator

Denis Jarvinen, Ph.D.
MetriTech, Inc.
Director of Research and Evaluation

10c

Victim and perpetrator data collected as part of a multi-year evaluation of children's advocacy centers in the State of Illinois were matched with prosecution data collected on a sample of 200 cases across three representative centers. The relationship of victim and perpetrator characteristics, abuse allegations, center involvement, and coordinated interview data to Department of Children and Family Service findings, criminal charges, and prosecution outcomes were investigated. Factors that were associated with whether a case was prosecuted, as well as factors associated with successful prosecution were identified. Preliminary analyses lend support to some predictors established in previous studies (i.e., number and type of allegations and gender of perpetrator), and identify new roles for others (i.e., ethnicity and center involvement).

Note: Data collection activities related to the above study are ongoing and will be completed by February of 1998. There is the chance that data on more than 200 cases will be included in the final analyses.

Educational Objectives:

1) Provide objective data related to factors associated with the acceptance and successful prosecution of child sexual abuse cases.

2) Provide information regarding the measurement and evaluation of previously unidentified factors associated with the decision to prosecute child sexual abuse cases.

3) Communicate to prosecutors and the child protection community the value of outcomes focused research.

Parent-Child Interaction Therapy: Preliminary Research Results

Presenters: **Anthony J. Urquiza, Ph.D.** **Joaquin Borrego, Jr.**
Nancy Zebell, Ph.D. **Rebecca Rasmussen**
Eric Vargas **Child Protection Center**
Department of Pediatrics
University of California Davis Medical Center
Sacramento, CA

Parent-Child Interaction Therapy (PCIT) is an intensive parent treatment program, which was initially, developed to assist parents whose children have severe behavioral problems (e.g., aggression, non- compliance, defiance, temper tantrums). Because many of the behavioral and interpersonal characteristics of children with behavioral problems and physically abused children are similar, PCIT was adapted as an intervention for physically abusive families. The PCIT program (as adapted for physically abusive families) consists of two parts, a Relationship Enhancement component and a Discipline component. Within the Relationship Enhancement component, parents are taught and 'coached' how to decrease negative aspects of the relationship with their child and to develop consistently positive and supportive communication with their child. In the Discipline component, parents are taught and 'coached' the elements of effective discipline and child management skills. In both components of this program, parents are taught specific skills, given the opportunity to practice these skills during therapy, then continue practicing skills until mastery is acquired and the child's behavior has improved.

This presentation will describe preliminary results from a federally funded study examining the outcomes of PCIT with physically abusive. A description of the methods, procedures, and standardized assessments will be provided (standardized measures include the Eyberg Child Behavior Inventory, Child Behavior Checklist, Parental Stress Inventory, and the Child Abuse Potential Inventory. Additionally, these measures will be used to identify which types of families improved - as compared to physician-referred non-abusive parents, and physically abusive no-treatment parents.

Educational Objectives:

1. The participant will be able to describe the PCIT program as it applies to physically abusive families.

2. The participant will be able to understand the preliminary results describing the effectiveness of the PCIT program.

ABSTRACT:

THE RELATIONS BETWEEN THE SEXUALLY MOLESTED CHILD, AND THE PARENT THAT HAS BEEN SEXUALLY MOLESTED AS A CHILD

Dr G M Spies
University of South Africa
Senior Lecturer: Dept of Social Work

12c

I am involved in research in the field of sexual abuse since 1983 when I did my BA(SW)Hons at the University of Pretoria. The practical work during my honours was focused on the family in which incest occurred. During the practical work a different way to approach the incest family was followed, which helped me as a therapist to guide the family more effectively through the healing process. This led to further research by myself in this field.

I completed my MA(SW) in 1988, after which I became involved as an expert witness in court cases regarding sexual abuse, and presented many workshops in this field. Through this exposure I gained experience in statutory work and got well acquainted with the different roles in court proceedings as well as report-writing as an expert witness.

During my work with the incest family I became aware of the high incidence of perpetrators who were also sexually abused as children, as well as the non-abusive partner. It became important to me as researcher to find out if there is any relation between incest and the fact that the abusive as well as the non-abusive parent were abused as children, and which factors contributed to the abuse.

As part of my doctorate studies, I attended various workshops which focused on the healing of adult survivors of sexual abuse in the USA during 1993, and received personal training from some of the experts in this field. These studies confirmed that a close relation exists between the child that has been sexually abused within the family environment, and the sexual molestation of one or both parents as a child. In most cases the adult survivor of this abuse has neither disclosed the trauma, nor received any treatment. These aspects create a certain context which necessitates creating other alternatives for the family to survive. Incest may be one of these alternatives, but results in serious trauma for the family. The following aspects, highlighted during the research, encourage incest:

- Emotional and intimate distance between spouses
- Lack of parenting skills
- Diffused inter-generational boundaries and lack of personal privacy
- Inability to create a safe and warm environment
- The consistent urge to be in control which causes the child to feel threatened and seek warmth and security outside the family system or with the non-threatening parent
- The inability to understand the needs of the child as a result of the survivor's own loss of innocence during childhood

After completion of this degree in 1996, I presented a paper, *Rendering services to the survivor of sexual abuse*, at the Sixth International Conference, *Violence, abuse and women's citizenship*, in Brighton, England in 1996.

The aspects mentioned above, as well as many others, will be addressed during my presentation to confirm the relation between the occurrence of sexual abuse suffered during childhood, and the abusive as well as the non-abusive parent of such a child as an adult survivor of child sexual abuse.

EDUCATIONAL OBJECTIVES

The participants will be:

1. made aware of the high incidence of sexual abuse in families of which one or both parents were abused as children

2. able to discuss the factors which contribute to the high incidence of sexual abuse in families in which one or both parents were sexually abused as children

3. able to discuss possible ways in which counsellors can work more pro-actively by helping adult survivors as parents to prevent the possibility of sexual abuse of their children

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Spies G M. 1996. Die behandeling van die volwasse persoon wat as kind seksueel gemolesteer is (The treatment of the adult survivor of child sexual abuse). Unpublished doctoral dissertation, University of South Africa).

BIOGRAPHICAL STATEMENT

ACADEMIC QUALIFICATIONS

- 1972: BA(Social Work), University of Pretoria, South Africa
- 1988: MA(Social Work), University of Pretoria, South Africa
  Title: Family therapy with the incest family
- 1996: DPhil(Social Work), University of South Africa
  The treatment of the adult survivor of sexual abuse

EXPERIENCE

- Work as a social worker at a child and family welfare agency for 14 years
- Lecturer at the University of Pretoria, South Africa for 4 years
- Lecturer at the University of South Africa for 6 years
- Senior lecturer at the University of South Africa since 1997
- Involved as a private practitioner in the field of sexual abuse
- Acted as an expert witness in sexual abuse for the legal profession
- Presented various papers at national and international conferences and workshops
- Published various articles on the topic of sexual abuse

Dr G M SPIES

1 June 1998

ASSESSING PARENTING COMPETENCIES

Presenter: Kerry M. Drach, Psy.D.
The Spurwink Child Abuse Program
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Valid, reliable information about an adult's competencies providing minimally adequate, safe, predictable parenting is relevant to matters of critical forensic importance in child abuse investigations and proceedings. CPS caseworkers, judges, guardians ad litem, attorneys, and others need information about parenting functioning in order to make decisions related to questions of placement, reunification, and/or termination of parental rights. However, because parenting competency is a complex construct that is difficult to define, decision-makers and case managers often do not possess satisfactory tools to ask the right questions about parenting issues and to collect the right information when seeking evaluation of an individual's relative strengths and weaknesses as a parent. Thus, research based understanding of the components of adequate parenting is critical to both disposition making and intervention planning.

The seminar proposed here will cover the following topics: (a) forensic and ethical issues relevant to the process of evaluating parenting functioning in child maltreatment cases; (b) questions of cultural diversity and SES status; (c) a multidimensional framework of parenting functioning derived from a review of empirical research on maltreating families; (d) overview of methods that may be used to assess parenting competencies, including the appropriate role of psychological testing and observations of parent-child interactions as evaluation methods; and (e) presentation of clinical case materials in order to exemplify the theoretical and empirical material discussed and to ground the discussion in a realistic, practical context. The seminar format will include presentation with slides and group discussion.

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Objectives:

1. To introduce participants to critical forensic, ethical, and multicultural considerations when evaluating parenting competencies in child maltreatment cases.

2. To provide a research-based multidimensional framework of parenting functioning that may be useful in evaluating maltreating parents.

3. To provide an overview of methods that may be used to assess parenting competencies, including both psychometric testing and parent-child interaction observations.

4. To provide data on patterns of parenting dysfunction that are typically found in cases referred by child protective services and the courts.

5. To present and discuss clinical case examples of evaluations of parenting competencies.

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Assessing Parenting Competencies

Biographical Sketch

Kerry M. Drach, Psy.D., has been working professionally in the field of child abuse assessment for the past 20 years. As psychologist to the Spurwink Child Abuse Program in Portland, Maine, he is responsible for the psychological components of multidisciplinary forensic team evaluations of families and current program research efforts. He also consults to the Maine State Forensic Service, where he is assisting in the development of a standardized protocol for forensic child abuse evaluations, especially evaluations of parental competencies and risks for abuse. He has presented at both regional and national child maltreatment conferences.

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Addressing The Psychological Needs of Maltreated Children After Their Removal From The Home: A Model to Facilitate Their Transition To Care

Presenters:

Melissa K. Runyon, Ph.D.
University of Miami School of Medicine
Child Protection Team
Licensed Psychologist

Walter Lambert, M.D.
University of Miami School of Medicine
Child Protection Team
Medical Director

Susan K. Dandes, Ph.D.
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The Child Protection Team (CPT) was established within the University of Miami School of Medicine, Department of Pediatrics in January, 1980. CPT is an interdisciplinary team that involves pediatricians, nurses, case workers, and psychologists who collaborate in the assessment of children and families referred by the Florida's Department of Children and Families (DCF) due to allegations of child abuse and neglect. CPT serves more than 1500 children yearly in both Dade and Monroe counties. CPT staff are available 24 hours, 7 days a week to assist DCF in the detection and evaluation of suspected child physical and sexual abuse as well as neglect. More specifically, CPT assesses abuse history and mental health counseling needs, documents physical injuries related to abuse, and determines placement recommendations (e.g., foster care, residential setting) for child victims. More recently, CPT has began offering individual and group therapy as well as parent training. In 1996, the **CPT Assessment Center,** was established, in conjunction with DCF, to facilitate abused children's transition into foster care, and identify signs of cognitive, emotional, behavioral, and physical problems that require further therapeutic intervention. To identify potential problem areas, psychological and medical screenings are provided for children, ages birth to 18 years, within 72 hours after their removal from the home. Therapeutic services are offered for children and their caregivers. The primary objectives are to identify the child's needs and provide early intervention to reduce long-term effects of maltreatment, failed placements, the duration of time spent in foster care, as well as the recurrence of child abuse and child fatalities.

The primary goals of the proposed training seminar are: (1) to describe a pilot program that is implemented conjointly by the University of Miami Child Protection Team (CPT) and the Department of Children and Families (DCF), Florida state child protective services, and (2) to educate mental health professionals about innovative strategies for assessing and meeting the needs of these children and facilitating their transition to the foster care system. An outpatient treatment program will be discussed as well. The goals of this program are to: (1) reduce the emotional and behavioral problems exhibited by the child, (2) facilitate foster family-child relationships, (3) to reduce the number of failed foster placements, and (4) evaluate the efficacy of a group treatment model for child victims of physical or sexual abuse and their families/foster parents/caregivers.

Educational Objectives:

1. To provide the participant with a description and understanding of the operation of a pilot program that is implemented conjointly by a university-based child protection team (CPT) and state child protective services.

2. The participant will learn about innovative strategies for identifying and addressing the needs of these children and facilitating their transition to the foster care system.

3. Participants will learn about assessment devices that the program has found to be culturally sensitive as well as those that are not culturally sensitive.

4. Participants will learn about difficulties faced by foster care parents and strategies for assisting them in addressing these problems.

Addressing The Psychological Needs of Maltreated Children After Their Removal From The Home: A Model to Facilitate Their Transition To Care

Seminar Outline

I. Overview of University of Miami Child Protection Team

A. Child Protection Team (CPT)
1. Interdisciplinary Team
2. Evaluation of Child Victims and Perpetrators
3. Goals
   a. to determine validity of abuse allegations
   b. to determine whether medical evidence is consistent with abuse allegations
   c. to assess family dynamics
   d. to assess psychological functioning of child victims and perpetrators
   e. to determine victim's ability to testify in court

B. CPT Assessment Center
1. Interdisciplinary Team
2. Evaluation of Child Victims
3. Goals
   a. To provide primary health care and immunizations
   b. To identify medical problems and initiate referrals for follow-up care
   c. To identify emotional and/or behavioral difficulties
   d. To identify educational strengths and weaknesses
   e. To make placement recommendations in an effort to reduce failed placements

C. CPT Victims Of Crime Assistance (VOCA) Project
1. Interdisciplinary Team
2. Assessment and Therapeutic Services to Child Victims and Non-offending Caregivers
3. Goals
   a. Facilitating child's transition to foster care
   b. Educating caregivers about the child's psychological and behavioral responses to traumatic events (e.g., physical and sexual abuse, neglect, multiple placements outside the home)
   d. Assisting caregivers in responding appropriately to child's responses
   e. Assisting child in dealing with issues related to both trauma and replacement

D. CPT Assessment Center and VOCA Project Assessment Protocol
1. Assessment Protocol-Child
   a. Cognitive screening device
   b. Internalized symptoms
      1. depression
      2. anxiety
      3. level of hopelessness
   c. Post-traumatic stress symptoms
   d. Attributional style
   e. Coping Style
   f. Externalized symptoms
      1. parental report of behavioral problems
2. Assessment Protocol-Caregiver
   a. Parenting Style and Expectations
   b. Familial Coping

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3. Goals
   a. To identify emotional and behavioral difficulties
   b. To objectively measure change

E. CPT VOCA Project Treatment Model

1. Child Treatment
   a. Rapport Building\Creating safe environment
   b. Encouraging identification and expression of feelings and thoughts related to abuse and transition to new home environment
   c. Correcting faulty cognitions and beliefs
   d. Building effective coping skills
   e. Teaching prevention skills
2. Caregiver Treatment/Support
   a. Educating caregivers about children's reactions to abuse
   b. Teaching skills to handle children's emotional and behavioral responses

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Biographical Statement

Melissa K. Runyon, Ph.D. functions as psychologist and coordinator for the CPT VOCA Project, a project that is grant-funded by the State Victims of Crime Assistance Program to provide assessment and therapeutic services to abused children and their non-perpetrating caregivers. Dr. Runyon provides clinical supervision to psychology practicum students and interns who serve this population and has developed an active research program. Dr. Runyon received her B.S. from Eastern Kentucky University before completing her Ph.D. in Clinical Psychology at Nova Southeastern University. In addition, Dr. Runyon completed her internship training in the Child Psychology Training Program at Stanford University Medical Center and her post-doctoral training at the University of Miami School of Medicine. Dr. Runyon has extensive research and clinical experience in the area of child maltreatment and domestic violence. In this area, she has made numerous presentations nationally and has published articles.

Walter F. Lambert, M.D. functions as the CPT Medical Director and Assistant Professor of Clinical Pediatrics at University of Miami School of Medicine. Dr. Lambert received his B.A. at Brown University before completing his medical training in 1985 at University of Miami School of Medicine. He assumed the CPT Medical Director position in 1989. His primary responsibilities at CPT include performing comprehensive medical evaluations to determine whether a child's injuries are child abuse-related, providing expert testimony in cases of child maltreatment, supervising all nursing staff's activities, and overseeing the day-to-day operation of CPT. His work as a pediatrician has contributed tremendously to the assessment and detection of child abuse as well as impacted the lives of many abused and neglected children directly. Dr. Lambert has given numerous presentations, internationally, that focus on topics such as implications of child abuse and neglect for both the child and the community, ethno-cultural issues in child-rearing and punishment, family violence, drug abuse, and the medical aspects of child abuse. Dr. Lambert has received many distinguished awards to acknowledge his commitment to advancing medical expertise in the area of child maltreatment. On a more personal level, Dr. Lambert and his wife, Joann, have adopted six children who were victims of child abuse and neglect.

Susan K. Dandes, Ph.D. functions as the CPT Clinical Director and Assistant Research Professor of Pediatrics at University of Miami School of Medicine. Dr. Dandes received her B.S. at University of Colorado in 1983 before completing her Ph.D. in Clinical Psychology in 1990 at University of Miami School of Medicine. As CPT Clinical Director, she provides direct services and supervision of trainees in: (1) performing psychological evaluations of child victims and families involved in investigations of alleged child abuse and/or neglect, (2) formulating reports and recommendations based on the evaluations conducted, (3) providing expert testimony in legal proceedings addressing the child victim's psychological/ emotional functioning and subsequent needs, (4) educating the community on the effects and prevention of child abuse and neglect through presentations at public and professional meetings. Dr. Dandes also supervises the clinical activities of all CPT case coordinators, and provides 24-hour supervision for on-call case coordinators. Dr. Dandes commitment to the field of psychology and the prevention and assessment of child abuse are reflected in the quality of her work. The reports written by trainees, clinicians, and case coordinators which she supervises are often referred to as the best evaluations across the state. As a member of the training faculty of the Division of Clinical Psychology, Mailman Center, and Department of Pediatrics, Dr. Dandes has also demonstrated a commitment to training psychology students and conducting research concerning the prevention, assessment, and treatment issues related to child abuse. Dr. Dandes has presented nationally on child abuse-related topics.

Stacey Donegan, M.S. functions as a Master's level clinician for the CPT Assessment Center while she completes her doctoral dissertation. Ms. Donegan received her B.S. from Vanderbilt University before completing her coursework towards her Ph.D. in Clinical Psychology at Auburn University. In addition, Ms. Donegan completed her internship training at the University of Miami School of Medicine. Ms. Donegan has extensive clinical experience in the area of child maltreatment.

Program evaluation: Making it work for everyone

Joseph Youngblood
Family Violence Research Program
University of Rhode Island

Target Audience: This training session is intended for all professionals who are involved in multidisciplinary interventions for sexually abused children, and who have an interest in discussing some of the practical issues related to evaluating programs of this type.

Overview of Presentation: Multidisciplinary interventions with sexually abused children (e.g. Children's Advocacy Centers) have become increasingly popular alternatives to the standard intervention, which has been described as unresponsive to the needs of the child victim. Recently, there has been an interest placed on knowing if these programs work, if so, how they work, for whom and when. Unfortunately, very little information exists about the efficacy of these programs. Theoretically, a program evaluation—whose primary goal is to assess and improve the ways social service agencies function—would fill-in this knowledge gap. However, there are several obstacles that make evaluating these programs an arduous, though not impossible, task. Some of these include:

- Multiple theories of how to design and conduct program evaluations.
- Conflicting ideas of what constitutes the most accurate index of program functioning and efficacy
- The tension between practitioners and researchers.
- Many people need information, few people are getting it.

Objectives: By addressing the following obstacles, we begin to bridge the gap, and increase the utility of program evaluation:

1. **Overcoming the Obstacles of Program Evaluation:** (a) dispelling the notion of a "right way" and "wrong way" to do PE (b) power struggles can be avoided by tailoring an evaluation to the information needs of everyone responsible for the provision of services (c) use multiple indices of program efficacy; both clinically-related and non-clinically-related.

2. **Building Partnerships:** Simply put, these interventions require the collaboration and coordination of multiple agencies and disciplines, evaluations of these programs must therefore provide reliable and relevant information for everyone who has a staked interest in the performance of these programs.

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Program evaluation: Making it work for everyone

Multidisciplinary Interventions

What are they composed of?

- What is their Primary goal?
- How are the secondary and tertiary goals of multiple stakeholders addressed?

How has research informed practice?

- Narrow Focus:
- Blind Faith: Growth without Information

Methodological Challenges

The characteristics that distinguish also impede

- Child / Family variation
- Needs based service delivery
- Multiple expectations for outcome

Why should any social program be evaluated?

Common responses

- "...because we need to."
- "...because we need funding."
- "...I don't know."
- "...because we want to know how well we're doing."

We need to consider Replication and Program Improvement

How do we Make it Work for Everyone?

Integrating multiple perspectives

Multiple indices of outcome is necessary

The evaluation may need to be divided into phases

- Process & Outcome
- Assessing the process-to-outcome relationship
  - ♦ Is the relationship best explained by a dose response?

Final Comments

Building Partnerships

Respecting ideological diversity

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Biographical Sketch

Joseph Youngblood
Family Violence Research Program
University of Rhode Island

Joseph Youngblood received his BA degree in Psychology from the University of California at Berkeley, and is currently a Doctoral student in clinical psychology at the University of Rhode Island. As a member of the Family Violence Research Program, Joseph has collaborated with Dr. Richard Gelles, on projects including the development of a risk assessment instrument for abusive and neglectful parents, and on numerous program evaluations. In 1997, Joseph received an NCCAN Doctoral Fellowship to evaluate the Rhode Island Children's Advocacy Center. Among his other professional activities, Joseph consults with organizations on issues related to program development and evaluation.

LESSONS FROM LAWSUITS

Presenters:
Kathleen Coulborn Faller, Ph.D., A.C.S.W.
University of Michigan School of Social Work
Professor

Kee MacFarlane, M.S.W.
Consultant/Trainer/Author

For professionals who work on behalf of children, the latest challenge is the possibility of being sued. This symposium will draw upon the experiences of the presenters with lawsuits against them and their colleagues. Threats and complaints, as well as at least one case that went to trial, will be the substance of the symposium. Videotaped testimony from this case will be shown. Preliminary research data on sanctions against child abuse professionals will be presented. The educational objectives listed below will be addressed.

Educational Objectives:

1. To place lawsuits against "child advocates" in a larger context.
    a. As one of many types of challenges against those who listen to children's voices
    b. As part of a larger backlash
2. To describe the practical and affective impacts of lawsuits and strategies for coping with them.
3. To discuss strategies winning in lawsuits.
4. To highlight common accusations in suits against professionals.
5. To discuss possible preventive strategies.
6. To describe the aftermath of being sued.

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BIOGRAPHICAL SKETCH

Kathleen Coulborn Faller, Ph.D., A.C.S.W., is Professor of Social Work at the University of Michigan. She is also Faculty Director of the CIVITAS Child and Family Programs, programs to train masters level practitioners and doctoral level practitioners and researchers for work with abused and neglected children and Director of the Family Assessment Clinic, a multidisciplinary team that evaluates complex child maltreatment cases at the University of Michigan.

She is involved in research, clinical work, teaching, training, and writing in the area of child maltreatment and is the author of several books and a number of research and clinical articles. She was a member of the Board of Directors of the American Professional Society on the Abuse of Children for six years and is presently a member of the Advisory Board.

Biographical Statement

KEE MacFARLANE, M.S.W.

Kee MacFarlane, M.S.W., is co-director of APSAC's Forensic Interview Training Clinics and a consultant/trainer for numerous local and national organizations. Previously, she was the Director of Training and Education, and of the Child Sexual Abuse Treatment Program at Children's Institute Int'l. in Los Angeles. She was an Assistant Clinical Professor in the U.S.C. School of Medicine, and the Child Sexual Abuse Specialist for the National Center on Child Abuse and Neglect. She has given more than 600 presentations, written approximately 50 articles, and co-authored four books on aspects of child maltreatment. Kee received her social work degree from the University of Maryland, and numerous awards for her contributions to the field of child maltreatment, including APSAC's 1994 Outstanding Professional.

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Bridging the Gap Between Assessment and Case Planning

Presenters

Jill S. Levenson, MSW, LCSW
Florida International University
Field Instructor

Cindy Lawlor, M.S.
Florida International University
Instructor

Debra Trinka, MSW
Florida International University
Instructor

The Child Welfare field is beginning to be held more accountable in measuring the efficacy of risk assessment and service intervention. The goal of this workshop is to teach skills with which child welfare caseworkers and community treatment providers can develop case plans with measurable outcome statements that specifically define reduction of risk and evaluate client competency. By the end of this session, participants will be able to create measurable case plan objectives which identify the expected behavioral performance by which reduction of risk can be determined.

The workshop will begin with a description of strengths-based risk assessment, which isolates the most immediate risk factors for the children while identifying family strengths on which to build. Safety planning, removal decisions, and engagement strategies for resistant clients will be discussed. The workshop will then discuss how to transform risk assessment into a service plan which targets identified risk factors, tailors interventions to effectively address risks, and defines measurable and behavioral outcome statements which indicate the reduction of the risk of child abuse and neglect.

Participants will be introduced to a taxonomy of client competency which describes 5 different levels of outcome measurement which demonstrate reduction of risk. The levels are cumulative and hierarchical and describe demonstrations of change. The first level of competency, *Compliance*, simply reflects attendance at intervention programs. *Knowledge* means learning information, and is reflected in the ability to define terms and concepts. *Comprehension* is the ability to describe concepts and give examples, reflecting a true understanding of concept. *Application* is the ability to demonstrate learning through the effective utilization of new skills. *Problem Solving* reflects the client's ability to plan preventively for problems which have not yet occurred. In this model, reduction of risk is assessed by the client's ability to demonstrate application and problem solving. Examples will be given on how to use behavioral language to create competency-based outcome statements which measure the reduction of the risk of child abuse and neglect. The workshop will focus on writing behavioral statements which reduce risk and which can be evaluated based on this model of client competency.

Competencies are identified as the individual client's performance of the behavioral tools and skills necessary to change his behavior. ***Measurable outcomes*** are described as statements which use behavioral language to measure reduction of risk. ***Successful completion*** criteria will be discussed as the client's ability to demonstrate necessary competencies. These concepts will be explained and developed so that participants will understand their relationship to each other and can apply these concepts to the actual treatment planning process.

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OBJECTIVES

1. Identify assessment factors in child protection.
2. Describe the relationship of these factors to the risk of child abuse and neglect.
3. Demonstrate the evaluation of these factors in a given family situation.
4. Define terms such as goals, objectives, outcomes, and tasks.
5. Name and describe levels of client performance by which to evaluate case plan progress.
6. Apply concepts of measurement and performance to the writing of behavioral outcome statements.
7. Utilize skills to write measurable outcome statements which behaviorally indicate reduction of risk.

***Jill S. Levenson, MSW**, is a licensed clinical social worker. She earned her master's degree in Clinical Social Work at the University of Maryland in 1987, and has worked in the Child Welfare field since 1985. She has investigated child abuse allegations has worked in several community agencies treating abused children, perpetrators, adult survivors and non-offending parents. She is currently the Clinical Director of the Center for Offender Rehabilitation and Education in Fort Lauderdale, Florida as well as a faculty member at Florida International University where she works as a trainer and consultant for the Florida Department of Children and Families. Ms. Levenson sits on the Board of Directors of ATSA's Florida chapter. She has lectured locally and nationally on the investigation and treatment of child sexual abuse. Ms. Levenson has co-authored, with John W. Morin, Ph.D., a workbook for sex offenders entitled* The Road to Freedom *and a workbook for nonoffending parents entitled* Connections, *both of which incorporate their competency-based treatment model. They have also co-authored FATSA's 1998 report to the Florida Legislature regarding the management of sexual offenders.*

***Cynthia Lawlor** is an instructor at Florida International University's Professional Development Center. She received her M.S. in Human Services from Nova Southeastern University. She has 18 years of experience in child welfare including protective services investigations, supervision, and the dependency court system. Areas of expertise include child sexual abuse, domestic violence, humor, and curriculum design. She is an instructor for the Florida Department of Children & Families, the Foster Parent Association, the Homesafe project, and provides training for the Palm Beach County School Board, the Guardian Ad Litem Program, and law enforcement personnel. Ms. Lawlor has co-authored* **Families in the Crossfire**, *a Domestic Violence Curriculum for helping professionals, and* **Crabbyheart**, *a children's book regarding disclosure.*

***Deborah Trinka** is an instructor at the Children and Families Professional Development Centre at Florida International University. She has a Master of Science degree in Counseling from the University of Rochester (Rochester, NY). As a certified Child Welfare Instructor, Ms. Trinka provides training to professionals on topics related to Child abuse / neglect and domestic violence. Her experience includes working for the Department of Children and Families as a Child Protective Investigator, in domestic violence centers, as a liaison to legislators in NY, with children placed in a residential program and as the Executive Director of an internship program. Ms. Trinka has co-authored "Families in the Crossfire" (a domestic violence curriculum) and "Crabbyheart" (a children's book).*

Social Work and the Law: Improving CPS by Improving Social Workers/Attorney Relationships

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by Tom Curran

CANCELLED

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Communicating Across Professional and Ethnic Barriers

Presenter: Anne Graffam Walker, Ph.D.
Forensic Linguist
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Audience: Intended for members of the legal profession, but open to all interested persons.

Description: Communication can be accomplished in numbers of ways, but the vehicle which the law recognizes as primary is language. The language we use, however, is more than words and the way we put them together. It is a product of many influences, including our cultural backgrounds, beliefs, professions, life experiences, and assumptions about others, a fact which can cause clashes in communication among us that may or may not be important in our daily lives, but in a legal setting can result in unfortunate and often unintended outcomes. Creating awareness of some of those unconscious influences that can hinder successful communication with clients, jurors, witnesses— and each other— is the goal of this session. Requisites include curiosity, and a sense of humor. Paper and pencils are optional.

Content Outline:

- Introduction: What the general barriers to successful communication are, and how they can affect what you do
- Ethnic barriers:
  1) "High" and "low" context cultures
  2) Cross-cultural communication issues and conflicts
     - Verbal
     - Non-verbal
  3) Broader cultural issues
- Professional barriers. Examples and discussion of:
  1) Jargon
  2) Complex sentence structure
  3) Rules for talk in court
     - Mismatch between unconsciously held "rules" for conversation and court proceedings
     - Discourse rights: what we expect to be able to do in conversation
     - Discourse rights in court: what legal professionals can do, and what witnesses cannot do
- Conclusion:
  - Implications for achieving a just result
  - An anecdote or two..

Educational Objectives:
Participants will:

1. become aware of different cultural beliefs and practices relating to communication
2. gain insight into the role professional language plays in miscommunication
3. learn how the "rules for talk in court" affect testimony from witnesses — and thus the effectiveness of any examination in court.

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Annotated List of Recommended Readings for
Communicating Across Professional and Ethnic Barriers
Compiled by
Anne Graffam Walker, Ph.D.

Barnes, J., and K. Akintola. 1973. Racism and Language. Washington, DC: National Association of Social Workers, Inc. *[The title says it all.]*

Carbaugh, D. (Ed). 1990. Cultural communication and intercultural contact. Hillsdale, NJ: Lawrence Erlbaum Associates. *A general text, most of which is relevant only to academics, but which also contains some useful articles on communication in African-American, Native American [including a classic article on silence by Keith Basso], and other communities of speakers.*

Charrow, R., and V. Charrow. 1979. Making legal language understandable: A psycholinguistic study of jury instructions. 79 Columbia Law Review 1306. *The seminal article on the incomprehensibility of jury instructions, and how to simplify them.*

Elwork, A, J Alfini, and B. Sales. 1987. Toward understandable jury instructions. In L. Wrightsman, S. Kassin, and C. Willis (Eds.). In the jury box: Controversies in the courtroom. Newbury Park, CA: Sage Publications. *A less technical summary of the complexity of jury instructions: a problem that eighteen years after the issue was first studied has yet to arouse appropriate alarm, or be properly addressed by the legal profession. [A little editorial comment there...]*

Lynch, E, and M. Hanson. 1992. Developing cross-cultural competence: A guide for working with young children and their families. Baltimore, MD: Paul H. Brookes Publishing Co. *An invaluable compendium of information about a wide range of cultural beliefs and practices.*

Mellinkoff, D. 1963. The language of the law. Boston: Little, Brown and Co. *A classic. It belongs in every legal professional's library.*

O'Barr, W. 1982. Linguistic Evidence: Language, Power, and Strategy in the Courtroom. NY: Academic Press. *A book that every legal professional should read, not only to be informed about speech styles and their impact on the trial process, but to incorporate as part of trial strategy.*

Brief Biography of
Anne Graffam Walker, Ph.D

Anne Graffam Walker, a former court reporter, is a nationally known Forensic Linguist who received her Ph.D. in Sociolinguistics from Georgetown University. Her work in language and law appears in several textbooks and journals. She authored Handbook on Questioning Children: A Linguistic Perspective (1994: American Bar Association), and co-edited Language in the Judicial Process (1991: Plenum) with Judith N. Levi. Since 1987, she has taught throughout North America on language in the law-related subjects, with special focus on the linguistic aspects of the evidentiary questioning of children.

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APSAC

Sixth Annual National Colloquium

THE SEX OFFENDER CONTINUUM

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Kenneth Lanning

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MEDICAL EVALUATION OF CHILD SEXUAL ABUSE

Presenter: Carole Jenny, MD, MBA
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Description: Over the past two years, members of the American Academy of Pediatrics Section on Child Abuse and Neglect have collaborated to develop a set of 35 mm. slides entitled *The Visual Diagnosis of Child Sexual Abuse.* The objective of this slide program is to help health care providers feel more competent when evaluating children for suspected sexual abuse.

Because of extensive research done over the past twenty years, we have learned to make fair and accurate medical evaluations of sexual abuse allegations. The slide set documents and illustrates much of this knowledge. We included slides we felt were the best examples demonstrating normal anatomy, normal anatomic variants, non-abusive pathology and trauma, and finally, abusive pathology.

In this session I will present this unique slide set for the first time. The set contains many unusual cases sexual abuse as well as a wide variety of examples of genital and anal pathology not related to abuse. We will discuss the process of developing the slide set as well.

Educational Objectives:

1. To recognize common and uncommon pathological condition that might be confused with trauma caused by sexual abuse.

2. To recognize genital and anal physical findings occurring in sexually transmitted diseases in children.

3. To recognize the many types of physical changes in the genitals and ani of children that can result from sexual abuse.

Session Outline:

I. The process of developing the AAP Slide Set

II. Recognition of contributors

III. Presentation of the slides.

a. EXAMINATION OF THE FEMALE CHILD: Examination Techniques, Normal Anatomy, and Normal Variants
b. NON-ABUSIVE PATHOLOGY OF THE FEMALE GENITALIA
c. NON-ABUSIVE TRAUMA OF THE FEMALE GENITALIA
d. INFLICTED TRAUMA OF THE FEMALE GENITALIA
e. NON-ABUSIVE PATHOLOGY AND TRAUMA OF THE MALE GENITALIA
f. INFLICTED TRAUMA OF THE MALE GENITALIA
g. SEXUAL ABUSE OF THE ORAL CAVITY
h. THE ANUS: Normal Anatomy and Non-Abusive Pathology
i. INFLICTED TRAUMA OF THE ANUS
j. SEXUALLY TRANSMITTED DISEASES

Bibliography:

Adams JA. Knudson S. Genital findings in adolescent girls referred for suspected sexual abuse. *Archives of Pediatrics & Adolescent Medicine.* 150(8):850-7, 1996 Aug.

AMA Council on Scientific Affairs. Council Report: Female Genital Mutilation. *Journal of the American Medical Association.* 1995; 274:1714-1716

Berenson AB. A longitudinal study of hymenal morphology in the first 3 years of life. *Pediatrics.* 95(4):490-6, 1995 Apr.

Bond GR. Dowd MD. Landsman I. Rimsza M. Unintentional perineal injury in prepubescent girls: a multicenter, prospective report of 56 girls. *Pediatrics.* 95(5):628-31, 1995 May.

Hymel KP. Jenny C. Child sexual abuse. *Pediatrics in Review.* 17(7):236-49; 1996 Jul.

McCann J et al. Perianal findings in prepubertal children selected for nonabuse: A descriptive study. *Child Abuse & Neglect.* 1989; 13:179-193

McCann J et al. Genital findings in prepubertal girls selected for nonabuse: A descriptive study. *Pediatrics.* 1990; 86:428-439

Paradise JE. Finkel MA. Beiser AS. Berenson AB. Greenberg DB. Winter MR. Assessments of girl's genital findings and the likelihood of sexual abuse: agreement among physicians self-rated as skilled. *Archives of Pediatrics & Adolescent Medicine.* 151(9):883-91, 1997 Sep.

Siegfried EC, Frasier LD. The Spectrum of Anogenital Diseases in Children. *Current Problems in Dermatology.* 1997; 9:33-80

Starling SP. Jenny C. Forensic examination of adolescent female genitalia: the Foley catheter technique. *Archives of Pediatrics & Adolescent Medicine.* 151(1):102-3, 1997 Jan.

Biographical Sketch: Carole Jenny, MD, MBA

Dr. Jenny is a Professor of Pediatrics at Brown University School of Medicine. She graduated from University of Missouri, Dartmouth Medical School and the University of Washington School of Medicine. She did her pediatric residency at the University of Colorado Affiliated Hospitals and at Children's Hospital of Philadelphia. She was a Robert Wood Johnson Clinical Scholar at the University of Pennsylvania, and received an MBA in Health Care from the Wharton School. Before coming to Providence, she has served on the faculties of the University of Washington and the University of Colorado. She directs the Child Protection Program at Hasbro Children's Hospital, Providence, Rhode Island. The program offers medical consultation, evaluation and treatment services for children with suspected physical abuse, sexual abuse, failure to thrive, psychological abuse, neglect, medical neglect, and factitious illness. Dr. Jenny is Chair of the Section on Child Abuse and Neglect of the American Academy of Pediatrics. Her research interests include fatal neglect, abusive head trauma, and factitious disorders by proxy.

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Parent-Child Interaction: A Dynamic and Dyadic Intervention for Physically Abusive and High-Risk Families

Presenters: Anthony J. Urquiza, Ph.D.
Child Protection Center
University of California Davis Medical Center
Sacramento, CA

Cheryl McNeil, Ph.D.
Department of Psychology
West Virginia University
Morgantown, WV

In examining the current literature, it is apparent that there are many underlying factors that contribute to the development of physically abusive families. Foremost among these factors is the physically abusive parent-child relationship. In examining this relationship, abusive parents are characterized by high rates of negative interaction, low rates of positive interaction, and limited/ineffective parental disciplining strategies. Conversely, physically abused children have been reported to be aggressive, defiant, non-compliant, and resistant to parental direction. These patterns of interaction characterize a negative coercive parent-child relationship which may escalate to the point of severe corporal punishment and physical abuse. This pattern of interaction eventually becomes a relatively stable form of resolving parent-child conflicts. While it is likely that there are many different types of abusive parent-child relationships, this cycle may explain a substantial portion of this form of violence. This workshop describes the theoretical underpinnings of abusive relationships, then describes Parent-Child Interaction Training (PCIT) as an intervention which targets specific deficits often found within physically abusive parent-child dyads. PCIT is uniquely appropriate to use with physically abusive parent-child dyads because it has been shown to be highly effective with both high-risk families (i.e., families with oppositional, defiant children) and physically abusive families. In addition, it incorporates both the parent and the child (and other involved family members), it provides a means to alter the pattern of interactions within abusive relationships, and it provides a means to directly decrease negative affect and control - while promoting (i.e., teaching, coaching) greater positive affect and discipline strategies. This presentation will provide a comprehensive examination of PCIT, with an explanation of the theoretical foundation, basic therapy skills, assessment of difficult cases, and use of PCIT with multiple types of child welfare populations (e.g., family reunification, foster parents, adoptive parents, extended family caregivers). The primary presenter has been funded by the National Institute of Mental Health to develop strategies for applying PCIT to ethnic minority physically families. In addition to the primary PCIT treatment concepts, emphasis will be placed on describing some of the ethnic-specific strategies developed thus far.

Educational Objectives

1. Understand the theoretical foundations involved in the development of physically abusive parent-child relationships/family systems.
2. Know the components of Parent-Child Interaction Therapy (PCIT) and how PCIT is uniquely suited for physically abusive parent-child relationships/family systems.
3. Observe, then practice skill development in basic techniques in 'coaching' and facilitating relationship enhancement.
4. Observe specific strategies for coaching discipline within PCIT.

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Anthony J. Urquiza is a child clinical psychologist at the Child Protection Center, Department of Pediatrics, University of California Davis Medical Center. Dr. Urquiza has extensive clinical experience with children, adolescents, and adults in a variety of inpatient and outpatient settings. His clinical and research interests, and publications center involve all types of family violence, ethnic minorities, victimization of males, child physical abuse treatment, and mental health psychodiagnostic issues. Dr. Urquiza is the author of a treatment manual for sexually abused children, published by the National Center on Child Abuse and Neglect, and an APSAC board member.

Title: Attachment/Interaction Issues on Family Reunification Efforts

Presenter: Rizwan Z. Shah, MD
Medical Director Child Abuse Program
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Des Moines, IA 50309
(515) 241-8716 Phone
(515) 241-8728 Fax

Description of Session:

This session will explore issues of Attachment/Interaction behavior in children placed in out-of-home care in relation to family reunification efforts.

Parents and infants are biologically motivated to become attached to each other. To continue the organization of attachment behavior, the availability of positive interaction experiences by sensitive and emotionally available care giver is essential. This in itself produces self worth and generally positive expectations from intimate relationships in the child. Child maltreatment disrupts the organization of "internal working model" for proper attachment development, resulting in a variety of maladaptive attachment behaviors.

Can children placed in out-of-home care reattach to alternate caregivers, still further with current emphasis on reunification of the child with biological families, what steps must be taken to evaluate, enhance and supervise reattachments of maltreated children with their families. How do foster parents and adoptive parent recognize child behaviors indicative of attachment disorders? What skills must the caseworkers have to recognize issues of attachment during Family Preservation Assessments?

By utilizing case studies and interactive videos the session will provide examples of good fit and maladaptive attachment situations. Steps to minimize re-traumatization of abused children during parental visitation and re-unification time will be discussed.

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Education Objectives:

1. The participants will develop understanding of stages of Attachment/Interaction in infancy and childhood.

2. The participant will be able to recognized positive and negative influences upon attachment behavior in children.

3. The Participant will learn about maladapted attachment behaviors seen in abused children.

4. The participants will develop and understanding of impact of attachment interaction on re-unification of families.

5. The participant will review implications for policy change in out-of-home care and adoption of abused children. Through knowledge of development of attachment in early childhood years.

BIOGRAPHY

RIZWAN Z. SHAH, M.D., FAAP

Dr. Rizwan Shah is Medical Director of the Child Abuse Program at Blank Children's Hospital in Des Moines.

Dr. Shah has devoted her time for child abuse and neglect since 1981. She started the first clinic for child sexual abuse validation in Iowa. She is involved in professional and public education the areas of sexual abuse, drug-affected babies, attachment disorder and the effect of violence on families and children.

State Activities

Dr. Shah is on the pediatric faculty at Blank Children's Hospital and the University of Iowa. She is a board member of the Iowa Chapter of the American Academy of Pediatrics and state legislative representative of AAP in Iowa. Dr. Shah is chair of Iowa Council on chemically exposed infants and children. She serves on MCH Advisory Committee of Department of Health. She also serves on the Public Health and Legislative Committee of Iowa Medical Society.

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National Activities

Dr. Shah is a member of AAP's National Committee on Substance Abuse and a member of APSAC, American Professional Society on Abuse of Children. She is on the APSAC terminology subcommittee, she is elected AAP liaison to American Medical Associations task force on international alcohol policy.

Recognition and Awards

Dr. Shah has received recognition for her work from various national and local organizations including YWCA's Women of Achievement Award: NAPARE's National Award for Innovative Programming; Sertoma Society's Award for Service to Mankind; Charlotte Fisk Pediatric Award for Community Pediatric Service; and Des Moines Child and Adolescent Guidance Center's Community Service Award, the only award given to a physician in the last thirty years. Leading the way award for community leadership from News Channel TV in Des Moines. Congressional leadership award by Senator Hawkins for her work in welfare reforms.

Developing a Children's Advocacy Center in Your Community

Presenters: Erin Sorenson, A.M., L.C.S.W.
Children's Advocacy Center of Northwest Cook County
Executive Director

Betsy Goulet, A.M.
Office of the Attorney General of Illinois
Policy Advisor on Children's Issues

Children's Advocacy Centers represent one of several multidisciplinary team child abuse investigative models believed to have many advantages over other approaches. These advantages include increased quality of investigation, intervention, and services to children and their families. For many communities, the chief advantage of the CAC model is its emphasis on providing all investigative and follow-up services under one roof. The "roof" varies from community to community. In some, the CAC is a free-standing, nonprofit organization with a singular mission. In others, the CAC is a program linked to the prosecutor's office or a hospital. In still others, the CAC is a hybrid combination. No matter what the setting, all CAC's share core elements pertaining to the multidisciplinary investigation of child abuse primarily child sexual abuse.

This workshop will present and explain the various models of CAC's currently in operation across the United States. The role of the National Network of Children's Advocacy Centers will be addressed in the context of national standards and membership requirements.

In addition to descriptions of the existing models, the development of inter-agency agreements and interdisciplinary protocols will be emphasized.

EDUCATIONAL OBJECTIVES

1. The participant will be able to identify the various models of Children's Advocacy Centers.
2. The participant will understand the role of the National Network of Children's Advocacy Centers.
3. The participant will understand the core components of a CAC and the elements of inter-agency agreements and interdisciplinary protocols.

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Erin Sorenson, A.M., L.C.S.W.

Ms. Sorenson has been the Executive Director of the Children's Advocacy Center of Northwest Cook County, one of the founding Advocacy Centers in the United States, since 1990. She was elected in 1996 and currently serves on the Board of Directors of the National Network of Children's Advocacy Centers, and served as President of the Illinois Chapter of the National Network of Children's Advocacy Centers from 1996-1998. A recognized expert in multiple areas of child welfare, from administration and program development to forensic interviewing and multi-disciplinary investigations, she has been elected and appointed to serve on numerous committees, task forces and professional boards at national, state and local levels. She is a presenter and consultant for various law enforcement agencies, mental health organizations, conferences and seminars on the field of advocacy and forensic interviewing in child abuse cases. Ms. Sorenson is a frequent guest in communities across the midwest as they struggle to form multidisciplinary interventions in child abuse cases. In addition, Ms. Sorenson founded the Illinois Professional Society on the Abuse of Children in 1991, and has authored and co-authored several published articles on child sexual abuse allegations and investigations. She recently authored Intake and Forensic Interviewing in the Child Advocacy Center: A Handbook, with colleagues, Bette Bottoms, Ph.D., and Alison Perona, J.D. She has interviewed over 2000 children regarding abuse allegations and testified in over 100 cases.

Domestic Violence and Child Maltreatment: Implication for Nursing Practice

Presenter: **Joyce N. Thomas, RN, MPH, PNP**
President\ Co-Founder
Center for Child Protection and Family Support, Inc.
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This session will focus on the role of nurses in health care settings, schools, or community agencies who may become aware of a child who has witnessed violence or is a victim of abuse, while the mother is also abused. Specific issues such as: legal advocacy, impact on the child, emotional factors, safety planning, visitation issues, cultural factors, and systems coordination will be discussed. This workshop will be based on both research and practical "lessons learned" through such demonstrations projects as: Domestic Violence\ Child Maltreatment: Issues for Front-Line Workers; Domestic Violence\Welfare Reform: Systems Coordination; and Children Who Witness Violence in Their Home: Strategies for Healing.

The Center for Child Protection and Family Support is a multi-disciplinary, cross cultural, community-based agency which specializes in providing direct services, technical assistance , and training on all aspects of child maltreatment, domestic violence and prevention programs. This dynamic center is located in the District of Columbia, in our nations capital.

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Educational Objectives

1. Participants will be able to identify four reactions that a child may experience as a result of witness domestic violence.

2. Participants will be able to discuss the role of nurses and other health care professionals in planning for the safety and protections of women and children who live in violent homes.

3. Participants will gain insight regarding approaches for collaboration with the child protection, courts, and law enforcement systems on issues of civil protection, visitation, and advocacy for women and children.

4. Participants will identify three elements of cultural competency as it relates to domestic violence case management.

I. CHILDREN OF DOMESTIC VIOLENCE: CRITICAL ISSUES

The need for improved collaboration between the domestic violence community and the child abuse community has been a growing concern for many years. Several national organizations and advocates in various states and cities have attempted to address these concerns. The success or failure of such collaboration is directly linked to the political climate and organizational stability of the agencies involved. The situation is complicated and cases must be evaluated base on:

Children who are abused as mother is abused

Children who are neglected as mother is abused

Children who witness the abuse of their mothers

II. CHILDREN WHO WITNESS DOMESTIC VIOLENCE

Emotional

Behavioral

Cognitive

III.. INTERVENTION STRATEGIES FOR COMMUNITY COLLABORATION

Strategies To Insure The Safety of Children of D.V.

Integrated Community Networks

Institutional Responsibilities

IV. IMPLICATIONS FOR AFRICAN AMERICAN FAMILIES

African American women have not been included in much of the mainstream research on spouse abuse.

African American women appear to be at multiple jeopardy for experiencing violence in their lives.

V. Systems Collaboration

NATIONAL STATISTICS ON DOMESTIC VIOLENCE

- D.V. occurs every 15 seconds in U.S.
- D.V. kills over 4,000 people nationwide each year
- D.V. affects 21-35% of all women who use emergency room services
- It is the largest single cause of injury of women, more common than auto accidents, muggings and rapes combined.
- 3.3 million to 10 million children witness violence each year.
- 50% of men who abuse their female partners also abuse their children.
- One-third of families reporting D.V. also report the presence of child abuse.

Impact of Domestic Violence on Children

Behavioral Effects

- Poor impulse control
- Stress disorders and psychosomatic complaints
- Increased social isolation and withdrawal
- Increased deceptiveness
- Aggressiveness
- Dependence, passiveness
- Bed-wetting, nightmares
- Lack of creativity and healthy exploration

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Impact of Domestic Violence on Children

Emotional Effect

- **Feeling of powerlessness**
- **Low self-esteem**
- **Feeling of worthlessness**
- **Confusion and insecurity**
- **Sadness and depression**
- **Ambivalence**
- **Constant fear**
- **Self-blame**
- **Guilt at escaping punishment**

ISSUES IN CHILD WELFARE

Special Issues in Visitation Disputes with Allegations of Domestic Violence

ISSUES	NORMAL VISITATION DISPUTE	VISITATION DISPUTE WHEN ALLEGATIONS OF ABUSE
Central Issue	. Promoting children's relationship with visiting parent, co-parenting	. Safety for mother and children
Focus of Court Hearing	. Reducing hostilities, setting schedule	. Assessing lethality risk and level of violence, protection
Assessment Issues	. Children's stage of development, needs preferences . Parenting abilities	. Impact of violence on mother and children, developmental needs . Father's level of acceptance of responsibility . Safety plan for mother and child . Parenting abilities
Planning for Future	. Visitation schedule that meets needs of children	. Consider no, suspended or supervised visitation

Resource Required	. Mediation services . Divorce counseling for parent and children . Independent assessment/ evaluation	. Specialized services and assessment with knowledge and training in domestic violence . Supervised visitation center . Coordination of court and community services . Well- informed lawyers, judges, mental health & soc. services professionals

Source: Family Violence Prevention Fund, 1996

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Effects of Witnessing Violence Across the Age Span

Infants	Preschool	School-age	Adolescent
. Attachment needs may be disrupted . Routines (sleeping, eating) disrupted . Risk of physical injury . 50% have eating and sleeping problems, decreased responsiveness to adults, increased crying	. Their world is not safe or stable . Yelling, irritability, hiding, and stuttering--signs of terror . Many somatic complaints and regressive behaviors . Anxious attachment behavior of whining, crying and clinging .Increased separation and stranger anxiety . Insomnia, sleepwalking, nightmares, bedwetting	Greater willingness to use violence . Hold self responsible for violence at home . Shame and embarrassment of the family secret Distracted and inattentive .Hypervigilance . Limited range of emotional responses . Psychosomatic complaints . May be uncooperative, suspicious, guarded	Feelings of rage, shame, betrayal . School truancy, early sexual activity, substance use/abuse, delinquency . May be unresponsive . May have little memory of childhood . Short attention span . On the defensive

Source: Adapted from Jaffe, Wolfe & Wilson, 1990, Huges & Barad, 1983; Ulbricht & Humber, 1981, Stagg, Wills & Howell, 1989

Problems Associated With Child Witnesses to Domestic Violence

Externalizing Problems	Internalizing Problems	Social Competence Problems
Disobedience at home or school	Clinging to adults	Deficits in school performance
Cruelty to others, bullying	Complaints of loneliness	Deficits in interests and activities
Lying, cheating	Feeling Unloved	Deficits in school behavior
Destroying things	Unhappiness, sadness	Deficits in relationships with others (friends, peers, siblings, adults)
Associating with bad friends	Easily jealous	
Fighting, loud	Worrying	
Poor concentration, restless	Sullen, irritable	

Source: Randolph & Conkle, 1993; Rossman & Rosenberg, 1992

Gender Entrapment: Dynamics of Domestic Violence Involving African-American Women

Culturally Constructed Gender Identity Development

|

|

|

Violence Against African-American Women

|

|

|

Women's Participation in Crime

Theory\Research Findings:

The term gender entrapment is borrowed from the legal notice of entrapment, which implies a circumstances whereby an individual is lured into a compromising act.

It is a dynamic process of cumulative experiences from their family of origin, leading to her experience of violence in intimate relationships, and culminating in forced involvement in illegal activities.

These women grow up in relatively as relatively privileged children in their household of origin. They receive greater proportion of material resources and good emotional interest from adults. They have a very optimistic sense of their future and expect social success.

As adult women, there is conflict between their sense of being competent and desirable, to limitation of their gender (race\ethnicity and class)status. They are unable to actualize their dreams of social success. There is a contradiction between expectations and how they are treated in the public sphere.

Source: Beth Richie (1994) Gender Entrapment: An Exploratory Study. In Reframing Women's Health

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SIXTH ANNUAL NATIONAL COLLOQUIUM

RESEARCH SYMPOSIUM D
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POSTER SESSION D
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What Emerging Research Tells Us About the Co-occurrence of Interpersonal Violence and Animal Maltreatment in the Family

Presenters: Frank R. Ascione, Ph.D.
Professor
Department of Psychology
Utah State University

Barbara Boat, Ph.D.
Associate Professor
Department of Psychiatry
University of Cincinnati

Randall Lockwood, Ph.D.
Vice-president for Training Initiatives
Humane Society of the United States

Frank Ascione, Ph.D., will provide an analysis of factors that contribute to children's maltreatment of animals and describe his rating system for quantifying childhood cruelty to animals. Dr. Ascione also will describe his Pet Maltreatment Assessment that currently is being used in research in battered women's shelters. Dr. Ascione has provided information and testimony on animal abuse and family violence issues to a number of state legislatures, appeared on a recent Oprah Winfrey show on children who are violent, and recently was invited to present his research at the Utah Governor's Domestic Violence Cabinet Council. He is co-editor of Cruelty to animals and interpersonal violence (1997, Purdue University Press) and (with Phil Arkow) Linking the circles of compassion: Preventing child abuse, domestic violence, and animal abuse (1998).

Barbara Boat, Ph.D., has developed the Inventory on Animal-Related Experiences to assess animal-related trauma, cruelty, and support. Use of the Inventory, along with diagnostic and treatment implications and current research with adolescents, will be presented. Dr. Boat is a practicum clinician and respected for her research on interviewing strategies with children who are abused.

Randall Lockwood, Ph.D., will review the scope and effectiveness of some of the current cooperative efforts between human and animal-related agencies to assess and report child abuse and neglect. Such efforts have indicated that, for many reasons, animal cruelty investigators are highly reliable sources of valid child abuse/neglect reports. Dr. Lockwood has testified in criminal proceedings dealing with animal abuse cases and lectures widely in the U.S. and Canada on the link between animal abuse and human violence. He is co-editor of Cruelty to animals and interpersonal violence: Readings in research and application.

Educational Objectives:

The link between abuse of children and animals has received implicit acknowledgment throughout the history of movements to address both. But only recently have researchers, child and animal welfare investigators, and clinicians joined forces to explore the link. This seminar will introduce several new assessment approaches and implications for interventions that will be of use to law enforcement, child protection, and mental health professionals. Participants will be able to administer and interpret two new screening instruments to assess animal-related experiences in children and adults and also understand the scope and effectiveness of cross-training animal cruelty investigators and child protection professionals to assess and report child abuse/neglect.

RSF4

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FRANK R. ASCIONE, PhD - Biographical Information

Dr. Ascione received his bachelors degree in psychology from Georgetown University in 1969 and his doctoral degree in developmental psychology from the University of North Carolina at Chapel Hill in 1973. He is a professor in the Department of Psychology and adjunct professor in Family and Human Development at Utah State University. Dr. Ascione has published a number of articles on the development of antisocial and prosocial behavior in children and is coediting a book of readings on cruelty to animals and interpersonal violence and a book on the cycles of violence.

Since 1981, he has been conducting research related to humane education and children's attitudes toward animals. More recently, he has focused his attention on child and adolescent cruelty to animals. This research examines the common roots of violence toward people and animals and is directed at identifying an early indicator of at-risk status in children. An invited speaker at local, national, and international conferences (including recent conferences in Tel Aviv, Geneva, Dublin, and Prague), Dr. Ascione has collaborated with human services social work and child development staff working with abused children, with youth corrections personnel, and with state shelters for battered women. His work has been supported by the Humane Society of the United States, the Massachusetts Society for the Prevention of Cruelty to Animals, the American Society for Prevention of Cruelty to Animals, the American Humane Association, and the Geraldine R. Dodge Foundation. Dr. Ascione has provided information or testimony for the state legislatures of Utah, Ohio, Colorado, and Washington, regarding cruelty to animals legislation.

A member of the American Psychological Association and the Society for Research on Child Development, Dr. Ascione serves on the Scientific Advisory Council of the Humane Society of the United States and the Child and Animal Abuse Prevention Advisory Council of the Latham Foundation. He is past president of the Southwestern Society for Research in Human Development and is a member of the cadre of experts for The American Psychological Association's Presidential Task Force on Violence and the Family.

Born and raised in New York City, Frank, his wife Deborah, and children, Matthew, Catherine, and David, reside in Logan, Utah.

e-mail address: FrankA@FS1.ED.USU.EDU

CRITICAL ISSUES IN ASSESSING RISK IN INTRAFAMILIAL ABUSE

Presenters: Geraldine Crisci, M.S.W.
Partner, Crisci, Kussin & Mayer
Toronto, Ontario, Canada

Richard Berry, Ph. D., C. Psych.
Richard Berry and Associates
Brampton, Ontario, Canada

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Cases of intrafamilial sexual abuse (i.e. parent-child, sibling incest) present clinically unique issues in respect to assessment and treatment. The presenters advocate that prior to the initiation of treatment it is imperative that a comprehensive risk assessment be completed. This assessment should only be undertaken when the alleged victim and offender are not residing under the same roof.

This seminar will highlight the clinical rational for the above portion together with a systemic approach to conducting comprehensive risk assessments. The presentation will specifically highlight three of these issues: separation of victim and offender; joint assessment interviews with victim and offender; and the roles of key service providers in service delivery including police, protective services, probation and mental health.

The methodology presented includes: clinical interviews, documentation of prior histories, and selected psychometric testing. A team approach is advocated. A rational for decision-making regarding sequence of interviews and combination of family members will be outlined.

Assessment of interpersonal dynamics and interactional patterns of all family members is seen as essential to adequately determine the protection needs of the victim and the family members.

Risk assessment criteria are applied to offender; family, i.e. protection qualities; and victim (vulnerability status), as well as integration of overall family functioning.

EDUCATIONAL OBJECTIVES

1. To increase participants awareness of the issues involved in conducting assessments by articulating a clinical rational for assessing risk prior to beginning service.

2. To provide participants with a methodology for conducting risk assessments in intrafamilial abuse cases, including sibling incest.

Traumatic Pericardial tear and Hemothorax: A case of suspected child abuse.

Presenters: Kumaravel Rajakumar, MD[1] , Kerry Jones, MSW[1] and Angela Rosas,MD[2]

[1] Department of Pediatrics
West Virginia University Hospitals
Morgantown, WV

[2] Center for Child Protection
University of California
Davis, Sacramento, CA

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Abstract:

An 8 month old Caucasian girl was admitted to the West Virginia University Hospital for acute onset of peri-oral cyanosis and pallor. On admission, the patient was pale, afebrile, hemodynamically stable and mildly tachypneic with no respiratory distress . The patient had been in apparent good health until presentation. There was no history of fever or trauma. There were no bruises. Chest x-ray (CXR) revealed a left pleural effusion, but no rib fractures. Computerized tomogram of the chest confirmed the CXR finding. The patient underwent diagnostic bronchoscopy and thoracotomy under general anesthesia. Bronchoscopy was normal. Thoracotomy revealed left sided hemothorax and an irregular 4 centimeter tear of the parietal pericardium at the diaphragmatic margin. There was no active bleeding from the tear and 260 cc of bright red non-clotted blood was drained. There was no obvious cardiac trauma or abnormality. The pericardial tear was considered traumatic and possibly secondary to blunt trauma to the chest. The injury was considered non-accidental, as parents denied any history of obvious trauma and the injury had been sustained at home. Post operatively, the patient made an uneventful recovery and was discharged to foster care pending investigation by the child protective services. On subsequent questioning, the child's father had admitted to have forcefully thrown the child against a sofa. There are no reported cases in the literature of isolated pericardial tear secondary to non-accidental trauma. Previous case reports have documented cardiac laceration and septal rupture following non-accidental trauma to the chest. Our case illustrates yet another manifestation of non-accidental trauma to the chest.

Educational Objectives:

1. Reporting of an unusual manifestation of non-accidental trauma to the chest.
2. Review the literature regarding accidental and non-accidental injuries to the heart and pericardium during childhood.

An Assessment Model for Out Patient Treatment of Perpetrators of Child Sexual Abuse

Presenter: Margrit Zariani, MA
Friends of the Family
Program Coordinator
Family Violence Prevention & Treatment Programs

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The gravity of risk against our children and extremely high recidivism rate among offenders, makes it vital to have a systemic approach to assessing perpetrators for both risk factors and amenability to treatment in out patient settings.

The Turning Point Program at Friends of the Family, a community based mental health center has utilized this comprehensive assessment model for nearly five years.

In order to formulate individualized, short and long term treatment planning, this assessment model brings together components such as:

- Clinical Interviews
- Psychosocial History
- Collection of Relevant Reports and Data
- Collaborative Interviews and Consultations
- Selected Psychometric measures
- Risk assessment
- Self-Reported Intake

Additionally, this assessment model is easily adaptable for use in writing evaluation and progress reports.

Educational Objectives

1- The participant will be able to use this model (in its entirety or in part) in assessing sex offenders.

2- The participant will gain knowledge for assessing risk and risk factors,

3- The participant will have knowledge of treatment planning strategies that may be replicated as needed.

THE USE OF PROGRAMMED (BABY THINK-IT-OVER) DOLLS TO DETECT CHILD ABUSE IN TEENAGERS ENROLLED IN A PARENTING CLASS

Lawrence E. Daykin

Charles Felzen Johnson, MD
Professor of Pediatrics, Children's Hospital

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Programmed dolls have become very popular in family planning programs across the country. These dolls cry periodically throughout the day and night, and record neglect and trauma events. No one has yet studied this doll's appropriateness as a research tool. This study investigated the utility of programmed dolls to research the risk of child abuse in young adults. The dolls were tested to determine their sensitivity to various types of impact, shaking, and acceleration. Two models were tested. The newest model is a doll of correct size and weight for a three-month-old infant. The doll's head is fixed in an upright position and does not respond to the forces of shaking as a real baby would. As the head and limbs are hollow and soft plastic, the weight of the baby is primarily contained in the torso with the electronics package. The early models were inconsistent in recording trauma, and would only respond to and record falls from more than three feet. The latest model, however, consistently recorded as trauma, falls from two feet in the supine position. When dropped in an upright position, it recorded falls from one foot. The doll would also accurately count the number of trauma incidents, but only if they occurred fifteen seconds apart. This model was also tested for shaking sensitivity in three axes of direction. It did not record any trauma due to shaking for intervals as long as one minute. Though these dolls have been enthusiastically welcomed as teaching aids for family planning and teen pregnancy prevention, the weight distribution, fixed neck and inability to record shaking are especially limiting for research concerning Shaken Baby Syndrome. They will require modification to be of benefit to child abuse research.

EDUCATIONAL OBJECTIVES

1. The participant will be able to design a doll which can measure common physical abuse consequences.

2. List three ways a programmed doll can be used to teach parenting skills.

THE USE OF PROGRAMMED (BABY THINK-IT-OVER) DOLLS TO DETECT CHILD ABUSE IN TEENAGERS ENROLLED IN A PARENTING CLASS

Lawrence E. Daykin

Charles Felzen Johnson, MD
Professor of Pediatrics, Children's Hospital

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Prevalence and Psychological Correlates of Bullying in Treatment Seeking Abused v. Nonabused Children

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Anecdotal reports by therapists involved in the treatment of physically and sexually abused children suggest that these clients frequently are involved in bullying at school. Whereas some abused children report being on the receiving end of almost daily physical and psychological harassment by peers, clinicians often report that many of their abused clients are just as likely to get in trouble for picking on others as they are to report being picked on by their peers. Indeed, research examining children who are both bullies and victims of bullying indicates that these children are most at risk for psychological difficulties. The current study examined 50 children receiving outpatient psychotherapy who were administered the Peer Relations Questionnaire to assess involvement in bullying, in addition to the Multiscore Depression Inventory for Children and the Loneliness and Social Dissatisfaction Questionnaire. Therapists were administered a questionnaire assessing diagnosis and presence/absence of abuse and abuse characteristics. Although exploratory in design, two hypotheses are examined: (1) abused children will report more bully victimization than nonabused children, and (2) abused children will be more likely than those with no abuse history to report involvement as both victims and perpetrators of bullying. The relationship between abuse, bully involvement, and psychological distress is explored.

1. Educate clinicians about the prevalence of involvement in peer aggression by abused children in outpatient psychotherapy.

2. Educate clinicians about the role bully involvement may play in children's experiences of psychological difficulties.

Biographical Statement

Susan Rosenberger received her master's degree in clinical psychology at Murray State University. Currently, she is a therapist with the Rape Crisis Center in Murray, Kentucky, though she will return to graduate school in September, 1998 to begin working on her Ph.D. in clinical psychology.

Renae Duncan is an Assistant Professor and Director of Clinical Training for the Murray State University graduate program in clinical psychology. Dr. Duncan received her Ph.D. from Florida State University and was a Post-doctoral fellow at the National Crime Victims Research and Treatment Center at the Medical University of South Carolina. Her research focuses on the short and long-term impact of childhood trauma.

Use of Computerized Voice Stress Analysis to Disprove Abuse of Children: An Alarming Trend

Preeti Patel Matkins, M.D.

12d

The investigation of alleged child maltreatment should include a full psychosocial history, proper interview techniques that are appropriate to the age and developmental stage of the child, and, if needed, a complete physical exam. Methods to aid in evaluation are helpful not only to the evaluator, but to the child as well. However, these methods should not further traumatize the victim, and should be accurate enough to be accepted as an appropriate method by experts in the field of child maltreatment.

The Computerized Voice Stress Analyzer (CVSA) is a product marketed by "The National Institute for Truth Verification" (NITV) as a tool to detect deception. A NITV brochure states the CVSA is also successfully used by agencies to verify allegations of child sexual abuse by testing the child for veracity. A Voice Stress Analysis consists of recording the voice of the test taker and then analyzing the recording for voice oscillations and tremors. The basis of the test is that stress leads to voice oscillations. There have been several scientific studies which either dispute the existence of micro tremors or which reveal that if these voice tremors do exist, there is no detectable difference within truth tellers and those persons telling a lie. If these tremors exist, they may be affected by many factors. Many studies, including those by The Department of Defense, show the accuracy of Voice Stress Analysis to be no greater than chance.

The Pediatric Resource Center, a regional child maltreatment evaluation center located in Charlotte, N.C., was involved in the evaluation of allegations of child sexual abuse in which a "computerized" voice stress analysis was administered to child victims as part of the law enforcement investigation. According to an detective in the department which has purchased the CVSA, it is an instrument that should be used as an "investigative tool only," yet our experience has shown that investigations have been suspended after "failure" of the test by a child.

The CVSA appeals to investigators because it is simple to use and can be administered quickly. It has been used by many agencies including a number of large police departments in the United States. Currently, it is inadmissible in court, but has been used as grounds to terminate investigations. Its use in a minor raises many questions regarding consent. Because the victim is not "under arrest," they or their caretakers may not be informed about the right to refuse; or if they do refuse the CVSA, the allegations may not be taken seriously. Finally, the use of CVSA in children does not take into account the individual victim's age, developmental status, or communication abilities. The CVSA may result in a victim being further traumatized if their allegations are considered "lies" because of a test. All of these issues should be addressed before CVSA becomes an accepted method of investigation in child sexual abuse.

Educational Objectives

1. Awareness of new methods marketed to investigators in child maltreatment.
2. Knowledge of scientific validity of the use of CVSA in investigations involving children.
3. Awareness of the effects new investigative methods may have on children.

The Use of Computerized Voice Stress Analysis to Disprove the Abuse of Children
Selected References
Preeti Patel Matkins, M.D.

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Voice Stress Analysis Position, Department of Defense Polygraph Institute, September, 1996.

1988 APSAC COLLOQUIUM

RESEARCH PLENARY:

What Treatment Outcome Research Can Offer Treating Clinicians

David J. Kolko, Chair

University of Pittsburgh Medical Center,
Western Psychiatric Institute & Clinic

Presenters:

Lucy Berliner, M.S.W.

Judy Cohen, M.D.

Esther Deblinger, Ph.D.

Discussants:

Tony Mannarino, Ph.D.

Ben Saunders, Ph.D.

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Educational Objectives:

1. Understand the treatment outcome research literature in the child abuse area
2. Become familiar with abuse-specific treatments, especially cognitive-behavioral and family-system procedures
3. Understand which child, parent, and family characteristics are associated with clinical improvements following treatment, and how to incorporate them in clinical practice.

Presented: Friday, July 10, 1998, Chicago, IL

General Abstract

Several treatment outcome studies with child and adolescent victims have now been reported. This research plenary is directed towards describing the findings of these studies for the practitioner, emphasizing some of the practical, clinical, and programmatic implications of research in different areas. The treatment studies to be described cover a range of populations that vary in abuse type (child sexual abuse and physical abuse), age group (child vs. adolescent), format (individual vs. group vs. family), and clinical focus (abuse specific vs. general), among other relevant parameters of application. Each presenter will briefly summarize the findings of and lessons learned from recent outcome studies in the area. Clinical and conceptual aspects of the treatment procedures will be discussed. Practical measures selected to evaluate child, parent, and family dysfunction/adjustment also will be reviewed. The presenters also will offer specific clinical recommendations to enhance the effectiveness of their intervention techniques with children and parents/families. This will include some attention to specific treatment parameters and issues, such as the integration of community and clinic services, assessment of diverse multiple domains of functioning (risks, sequelae; skills, strengths), and incorporation of alternative clinical approaches. Finally, suggestions will be made regarding needed developments in program evaluation (e.g., alternative interventions, treatment process and course, measuring abuse history and impairment, documenting the service delivery process, use of specialized, abuse-specific treatments). The discussants will integrate these findings, implications, and suggestions. It is hoped that this presentation will stimulate advances in the coordinated assessment and treatment of child sexual and physical abuse.

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Group treatment of sexually abused adolescents

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RESEARCH FINDINGS ON TREATMENT UTILIZATION

* Mean sessions = 36; median sessions = 23
* Sexual assault; younger age; parent v. acquaintance predict higher use
* 5% high users (100 + sessions)

RESEARCH FINDINGS TREATMENT OUTCOME

* RCT with 2 year f/u comparing standard trauma-specific tx and standard + (n = 106)
* No group x time differences on anxiety, depression, pts sx, behavior problems
* Most Ss in both groups improved, many stayed the same, some deteriorated

CLINICAL IMPLICATIONS

* Adolescents more difficult to engage?
* Tx effects hard to detect when sx are moderate
* Moderate levels of pts sx do not require formal exposure/anxiety management?
* Why are some children getting worse?
* Match interventions to sx

REFERENCES:

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Comparative Treatment Studies for Sexually Abused Children

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RESEARCH FINDINGS

*Design: 2 studies comparing Sexual Abuse-Focused Cognitive Behavioral Therapy (CBT) to Nondirective Supportive Therapy(NST), offered over 12 individual sessions to children 3-6 years or 7-14 years, and their non-offending parents.

*In 3-6 yo, CBT was superior to NST in improving symptoms in several domains, including sexually inappropriate behaviors and PTSD-like symptoms. The strongest predictors of treatment outcome were the parent's emotional reaction to the child's sexual abuse, and treatment group assignment.

*In 7-14 yo, CBT was superior to NST in improving depressive symptoms and social competence. The strongest predictors of treatment outcome were parental support of the child and the child's abuse-related attributions and perceptions.

CLINICAL IMPLICATIONS

*Specific cognitive-behavioral interventions are effective in decreasing sexually inappropriate behaviors, which do not appear to improve with nondirective interventions.

*Depressive symptoms appear to be particularly responsive to CBT interventions.

*In younger children, it is especially important to address parents' emotional reactions to the abuse.

*In older children and adolescents, it is important to address abuse-related attributions and perceptions.

*In older children and adolescents, it is important to focus on enhancing parental support with regard to abuse issues.

SOME CLINICAL QUESTIONS FOR FUTURE RESEARCH

*Although it appears that children who directly discuss their abusive experiences in treatment (for example, through gradual exposure techniques) improve more than those who do not, this has not been directly addressed yet. Do children really require some direct discussion about the abuse in order to improve?

*Although sexually abused children AS A GROUP improve more with CBT than with NST, are there some children, or some specific symptoms, that benefit more from NST than CBT, or who benefit equally from either?

*Do these findings apply equally to boys and children of color?

*Are there other forms of therapy that are equal to or better than CBT for treating the effects of child sexual abuse?

*Are there certain symptoms (ex:dissociative symptoms) for which CBT is ineffective or inappropriate?

*Can we predict which children will need more extensive treatment than the short-term models examined by research, and how can we evaluate the effectiveness of longer-term treatment models?

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Cohen, J.A., Mannarino, A.P. (1996) A treatment outcome study for sexually abused preschool children: Initial findings. Journal of American Child and Adolescent Psychiatry, 35,(1) 42-50.

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Cohen, J.A., Mannarino, A.P. (1998) Interventions for sexually abused children: Initial treatment findings. Child Maltreatment, 3 (1), 17-26.

Child and Parent Treatment for Sexually Abused Children

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RESEARCH FINDINGS

* Externalizing and depressive symptoms may be most effectively treated when parents participate in treatment
* PTSD symptoms improve most when children are directly involved in treatment
* Cognitive behavioral therapy shows promise in the treatment of PTSD and other difficulties CSA victims exhibit

CLINICAL IMPLICATIONS

* Teaching parents basic behavior management skills may be particularly important when treating sexually abused children's externalizing behavior problems.

* Helping parents cope with their own negative feelings and thoughts about the sexual abuse may help them model less depressive and more optimistic thinking for their children.

* Because of their emotional involvement, parents may be less effective than therapists in helping sexually abused children talk about and process abuse-related memories, feelings and thoughts.

FUTURE RESEARCH QUESTIONS

* Analyze follow up data to assess maintenance of treatment gains
* Compare a specific, well-defined treatment alternative to cognitive behavioral treatment
* Use measures more sensitive to trauma specific symptomatology
* Examine factors that may mediate treatment response

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Deblinger, E., Lippmann, J. & Steer, R. (1996). Sexually Abused Children Suffering Posttraumatic Stress Symptoms: Initial Treatment Outcome Findings. Child Maltreatment, 1(4), 310-321.

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Individual and Family Treatment of Child Physical Abuse

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RESEARCH FINDINGS

Design: Comparison of two randomized treatments, 1) Individual Child and Parent Cognitive-Behavioral Therapy (CBT) and 2) Family Therapy (FT), with cases receiving Routine Community Services (RCS) for child physical abuse cases (ages 6 - 13) and their offending parents. Treatment lasted for 12-18 sessions and was conducted in the clinic and at home.

Subgroups: 20-23% of cases reported to show high parental anger and use of force
Course: CBT & FT showed less anger and force over time; greater change for CBT
Moderators: Anger and force related to child diagnosis & longer child problems
Outcomes:
Similarities: Child depression and anxiety; parental depression & practices
Differences: Parental abuse risk, use of violence, and distress; child violence & externalizing behavior, family conflict and cohesion
Satisfaction: CBT = FT (both high)
Recidivism: Child: CBT (10%), FT (12%), RCS (30%)
Parent: CBT (5%), FT (6%), RCS (30%)

CLINICAL IMPLICATIONS

* It is important to monitor/alter family violence & child safety from the outset of treatment.

* Whether through CBT or FT, there are benefits to treating both the child and offender/family in terms of reduced individual aggression and family conflict.

* Skills-based treatments may result it somewhat lower recidivism rates

* The inclusion of child and adult reports on important construct may help to evaluate family change.

SOME CLINICAL QUESTIONS FOR FUTURE RESEARCH

* How do parameters of treatment flexibility influence outcome (e.g,. participants, format, site, duration, comprehensiveness, timing)?

* What is the best way to integrate individual and family-system interventions, and on what characteristics should we match clients to services?

* What other methods help to develop individual skills and parent-child relationships?

* What methods of assessment best capture the motivation for and attributions of abusive incidents (e.g., responsibility, reasons)

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Kolko, D.J. (1996) Child physical abuse. In J. Briere, L. Berliner, J.A. Bulkley, C. Jenny, & T. Reid (Eds.), APSAC Handbook of child maltreatment, (pp. 21-50). Beverly Hills, CA: Sage.

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Biosketch

Dr. Esther Deblinger graduated Phi Beta Kappa from the State University of New York at Binghamton with bachelor of arts degrees in Spanish and psychology. She received her M.A. and Ph.D. in clinical psychology from the State University of New York at Stony Brook. Dr. Deblinger completed an internship at the Medical College of Pennsylvania (MCP) and then accepted a position as Co-Director of the Child Sexual Abuse Diagnostic and Treatment Center at that institution. There she gained extensive clinical experience and began the development of a research program examining the psychological impact of child sexual abuse and the treatment of its deleterious effects.

Currently, Dr. Deblinger is the clinical director of the Center for Children's Support, associate professor of clinical psychiatry and adjunct associate professor of pediatrics at the University of Medicine and Dentistry of New Jersey - School of Osteopathic Medicine. The Center is a multidisciplinary resource specializing in the medical and mental health evaluation and treatment of alleged victims of child abuse. As the clinical director, Dr. Deblinger has been instrumental in developing the Center's mental health, graduate training and clincal research programs. Dr. Deblinger has received over $2.7 million in funding from the National Center on Child Abuse and Neglect and the National Institute of Mental Health to conduct groundbreaking research examining the effectiveness of therapy approaches designed for sexually abused children and their families. She has published numerous articles on the effects and treatment of child sexual abuse in scientific journals and recently published a book (with co-author Ann Hope Heflin, Ph.D.) on cognitive behavioral therapy for sexually abused children and their nonoffending parents. Dr. Deblinger is also a discipline editor for the journal Child Maltreatment and a guest editor for many other journals. She has offered numerous workshops and invited addresses for local agencies as well as national organizations.

Finally, Dr. Deblinger is an advisory board member for Friends of the Children and a member of the Board of Directors for the American Professional Society on the Abuse of Children.

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BENJAMIN E. SAUNDERS, Ph.D.

Dr. Ben Saunders is an Associate Professor in the Department of Psychiatry and Behavioral Sciences at the Medical University of South Carolina in Charleston, South Carolina. There he directs the Family and Child Program of the National Crime Victims Research and Treatment Center. Dr. Saunders received his Ph.D. in clinical social work from Florida State University, and has a masters degree in marriage and family therapy from Virginia Tech. He is a Licensed Independent Social Worker and a Licensed Marriage and Family Therapist, and serves on the editorial boards of *Child Maltreatment* and the *Journal of Family Social Work*, and is an Associate Editor of the *Journal of Traumatic Stress*. His research on crime victims, offenders, and incest families has been funded by federal agencies such as the National Institute of Mental Health, the National Institute of Justice, the National Institute on Drug Abuse, and the National Center on Child Abuse and Neglect. In addition to his research and teaching activities, Dr. Saunders maintains an active clinical and consulting practice with victims of sexual assault, family members of victims, and sexual offenders, and often is called as an expert witness in legal cases.

SATURDAY

JULY 11, 1998 — Daily Schedule

SCHEDULE AT A GLANCE

7:00 a.m. - 12:00 p.m.	REGISTRATION AND EXHIBITS
7:15 a.m. - 8:15 a.m.	RESEARCH BREAKFASTS
8:30 a.m. - 12:00 p.m.	TRAINING SEMINARS
10:00 a.m. - 10:30 a.m.	MORNING BREAK
12:00 p.m. - 1:30 p.m.	NETWORKING LUNCHES BY REGION
12:00 p.m. - 1:30 p.m.	NEW BOARD ORIENTATION (By invitation)
1:30 p.m. - 3:00 p.m.	CLOSING PLENARY SESSION

SATURDAY

JULY 11, 1998 — Daily Schedule

7:15 a.m. - 8:15 a.m. — **Research Breakfasts**

RBS1 **Evaluating Domestic Violence Interventions** — **Buckingham**
- A The Navy Spouse Abuse Treatment Experiment
  Sandra Rosswork, PhD and Franklyn Dunford, PhD

RBS2 **Service Delivery and Social Research** — **Soldier Field**
- A Economic Consequences of Survivors of Shaken Baby Syndrome
  Lori Frasier, MD
- B Unmet Psychological Needs One Year Following Abuse Investigation
  Hobart Davis,PhD
- C Neighborhood Correlates of Child Maltreatment: Montgomery County, MD
  Joy Swanson Earnst, MSW

RBS3 **Program Evaluation: An Introduction to the Dose Response Model** — **Gold Coast**
- A Program Evaluation: Making It Work For Everyone
  Joseph Youngblood, PhD

RBS4 **Research on Abuse Effects** — **Picasso**
- A The Impact of Childhood Sexual Trauma on Marital Relationships
  Belle Liang,PhD
- B The Effects of Perpetrator Acknowledgment on Mediating the Impact of Child Abuse
  Chris Newlin, MS

TRAINING SEMINARS: Sessions are grouped by category (ninety-minute and three-hour) and listed in chronological order by start time.

8:30 a.m. - 10:00 a.m. — **Ninety-Minute Seminars**

400S Child Abuse and Developmental Disabilities — **Burnham**
Paula Jaudes, MD

8:30 a.m. - 12:00 p.m. — **Three Hour Seminars**

401S The Missing Piece In Interviewing: Understanding the Language of Children — **Regency C**
Anne Graffam Walker, PhD

402S Intervention with Children Exposed to Domestic Violence — **Columbian**
Anthony Mannarino, PhD

SATURDAY

JULY 11, 1998 — Daily Schedule

403S	Discipline and Physical Abuse: Cultural Concerns *Lisa Fontes, PhD and Veronica Abney, MSW*	**Truffles**
404S	Planning Effective Treatment and Balancing Constraints in Public Welfare *Wayne Holder, MSW and Terry Roe Lund, MSW*	**McCormick**
405S	Working with Families to Reduce the Risk of Neglect *Diane DePanfilis, PhD, MSW and Howard Dubowitz, MD*	**Soldier Field**
406S	Challenging Expert Testimony Regarding Suggestibility in Court *Brian Holmgren, JD and Tom Lyon, JD*	**Gold Coast**
407S	Suspect Interrogation in Child Abuse Investigations *Lieutenant Bill Walsh*	**Water Tower**
408S	Literature Review on Physical Abuse, Neglect and Sexual Abuse *Robert Reece, MD and Carole Jenny, MD*	**Regency D**
409S	Treating Abused Children *Cheryl Lanktree, PhD and Lucy Berliner, MSW*	**Buckingham**
410S	Using Standardized Assessment Measures with Abuse Families *Dan Smith, PhD*	**Wrigley**
411S	Early Intervention Research *Deborah Daro, PhD*	**Picasso**

10:30 a.m. - 12:00 p.m. — **Ninety-Minute Seminars**

412S	Children and the Internet *Peter Banks*	**Field**

12:00 noon - 1:30 p.m. — **Networking Lunch - By Region** — **Regency A**

1:30 p.m. - 3:00 p.m. — **Closing Plenary** — **Regency C-D**

Child Abuse Memories: Controversies and Consensus

Moderator: Lucy Berliner, MSW. Panelists Linda Williams, PhD; and Steve Lindsey, PhD

RBS1

THE NAVY SPOUSE ABUSE TREATMENT EXPERIMENT

Presenters: Sandra G. Rosswork, Ph.D.
Bureau of Naval Personnel
Head, Navy Family Advocacy Program

Franklyn W. Dunford, Ph.D.
University of Colorado Boulder, CO
Sr. Research Associate

Spousal Violence is a major problem in our society and it impacts heavily on children who are exposed either pre or post natally. Yet once spousal violence is identified, there are many questions concerning the best and most appropriate intervention. This session addresses results of an experimental comparison of four commonly utilized interventions. Subjects were 861 couples who had been referred to the Family Advocacy Center at San Diego CA Naval Base for Spousal Violence. Seventy percent of the couples had children in the home. Interview data were obtained from male perpetrators and female victims of physical assault at the time of report and at six month intervals for 18 months. The couples were randomly assigned to one of four experimental groups: Conjoint counseling group, mens group, rigorous monitoring and a control group. A variety of outcome measures were used to assess differences between experimental groups.

Results of this five year research project will be discussed as they apply to:

a. Outcome Differences between types of counseling groups (mens group and conjoint group).
b. How and with whom conjoint counseling is safe and practical.
c. Recidivism - who are these guys?
d. Role of monitoring and accountability in reducing recidivism.
e. Psychopathic offenders.
f. Where do we go from here?

EDUCATIONAL OBJECTIVES

1. Participants will understand the complex nature of domestic violence.
2. Participants will appreciate the contribution that true experimental research designs make to our understanding of complex social problems.
3. Participants will have increased motivation for challenging commonly held assumptions about interventions for spouse abuse.
4. Participants will be exposed to implications for service providers in the area of:
   - effective screening
   - victim outreach
   - accountability

※ Popular Interventions in Spouse Abuse Cases: What Works?※

Symposium

Research

Interdisciplinary

Presenter:

Sandra G Rosswork, Ph.D., Family Advocacy Program Manager, U.S Navy
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Brief Bio Sketch

Dr. Franklyin W. Dunford is a Senior Research Associate with the Institute of Behavioral Science, University of Colorado at Boulder, Colorado. He is currently the Principal Investigator of the San Diego Navy Experiment a research effort designed to experimentally assess the efficacy of alternative clinical interventions for men who physically assault their wives. He was also the Principle Investigator for the Omaha Replication of the Minneapolis Experiment. Dr. Dunford has an extensive background in the implementation of experimental field research.

ECONOMIC CONSEQUENCES OF SURVIVORS OF SHAKEN BABY SYNDROME IN MISSOURI

RBT2

Presenters: Lori D. Frasier, MD
Assistant Professor of Child Health
University of Missouri-Columbia

Kenneth Bopp, PhD
Director, Health Services Management Group
Dept. Of Health Services and Informatics
University of Missouri-Columbia

The purpose of this study was to evaluate the health status and morbidity of SBS survivors in the state of Missouri, and to identify and evaluate the costs and utilization of health, mental health, education, and social services for these children. This study was a retrospective review of records collected by the Missouri Division of Family Services, the Missouri Department of Mental Health, the Bureau of Special Health Care Needs, and from the Missouri Medicaid program. Children reported to the Child Abuse Hotline from October 1, 1986 through September 30, 1991 who met criteria that supported a diagnosis of Shaken Baby Syndrome and found to have probable cause were identified. Cost-tracking was performed for a ten year period in order to best assess long term costs.

The presenters will also discuss how multi-agency collaboration was developed and plans to study this population prospectively.

Educational Objectives:

1. The participant will be able to identify that survivors of Shaken Baby Syndrome accrue costs to the state that are measurable.

2. The participant will be able to identify a process for collaboration with multiple agencies for child abuse research.

3. The participant will be able to identify barriers and weaknesses of such cost-tracking.

APSAC

SIXTH ANNUAL NATIONAL COLLOQUIUM

RBS2

Unmet Psychological Needs One Year Following Abuse Investigation

by

Hobart Davies, PhD

The Neighborhood Correlates of Child Abuse and Neglect: Montgomery County, Maryland

Presenter: Joy Swanson Ernst, M.S.W., Ph.D. Candidate
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This session will present findings from a study of the distribution and neighborhood-level correlates of three types of child maltreatment -- physical abuse, neglect, and sexual abuse -- in a suburban jurisdiction. The goal of the research is to isolate the characteristics of neighborhoods that are connected to high rates of child maltreatment. Unlike other research on the ecological correlates of maltreatment that examines county-level rates of maltreatment or studies urban areas, this study focuses on neighborhood-level correlates of maltreatment within a suburban area.

Data were analyzed in two stages. First, cases of child maltreatment reported to and investigated by the Montgomery County (Maryland) Department of Health and Human Services were assigned to census tracts using Geographic Information System (GIS) software. The rates (per 1,000 families with children) were calculated for each tract. Maps produced by the GIS software revealed the distribution of each type of maltreatment. Second, hierarchical multiple regression analysis identified the variables (derived from U.S. Census data) most highly correlated with high rates of maltreatment.

RBS2

Educational Objectives

1. To increase awareness of mapping technology and its application to child maltreatment.
2. To demonstrate how computerized mapping of cases of child maltreatment can help uncover problem areas within communities.
3. To increase the participants' understanding of neighborhood and community-level factors associated with child maltreatment in a suburban area.

The Neighborhood Correlates of Child Maltreatment:
Montgomery County, Maryland
Research Presentation
APSAC 6th National Colloquium
July 11, 1998
Session Outline

Neighborhoods and Child Maltreatment

Purpose of research: To isolate characteristics of neighborhoods that are associated with high rates of child maltreatment
Theoretical perspectives
- Ecological theory
- Community Social organization

Practical utility
- Targeting of community needs/problems
- Understanding of factors associated with high/low incidence of maltreatment

Issues in studying neighborhoods and child maltreatment
- Defining neighborhood
  - pros and cons of tract-level analysis
- Defining child maltreatment
- Calculating rates of child maltreatment

Examples of research on the neighborhood correlates of maltreatment

Child Maltreatment in Montgomery County, Maryland

Description of Montgomery County
Study Methodology
Description of Cases Analyzed
- Physical abuse
- Neglect
- Sexual abuse

Findings
- Distribution of maltreatment
  - Physical abuse
  - Neglect
  - Sexual abuse
- Correlates of child maltreatment

Discussion and questions

The Neighborhood Correlates of Child Maltreatment:
Montgomery County, Maryland
Selected Bibliography

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Joy Swanson Ernst
Biographical Statement

Joy Swanson Ernst, M.S.W., is a Ph.D. candidate at the School of Social Work of the University of Maryland, where she has also served as adjunct professor. She received her M.S.W. from Rutgers University and has had positions in non-profit agencies serving families and children in New Jersey, Wisconsin, and northern Virginia. Currently, she is completing her dissertation on the neighborhood correlates of child maltreatment in Montgomery County, Maryland.

Program evaluation: An introduction to the dose response model

Joseph Youngblood
Family Violence Research Program
University of Rhode Island

***Target Audience*:** This session is intended for all professionals who are involved in multidisciplinary interventions for sexually abused children, and who have an interest in discussing the methodological constraints associated with evaluating programs of this type.

***Overview of Presentation*:** There has been an increasing interest among program developers and researchers in assessing the efficacy of multidisciplinary interventions with sexually abused children (e.g. Children's Advocacy Centers). Within the context of an ongoing evaluation, the author will discuss the methodological constraints that exist, and that must be addressed when designing and implementing an evaluation. Toward this end, the author will suggest that an accurate index of program efficacy is the process-to-outcome ratio, whereby each participant in the intervention receives a score reflective of the *type & amount* of the intervention received, this dose value is then compared to an obtained outcome score. The author contends that the proposed methodology for the evaluation of multidisciplinary interventions is a step in the right direction.

***Objectives*:** By attending this research breakfast session, participants can expect to discuss and gain a better understanding of the methodological constraints inherent to evaluating multidisciplinary interventions, and the author's proposed *Dose Response Model* as a possible resolution.

RBS3

Program evaluation: An introduction to the dose response model

Multidisciplinary Interventions

What are they composed of?

- What is their Primary goal?
- How are the secondary and tertiary goals of multiple stakeholders addressed?

How has research informed practice?

- Narrow Focus:
- Blind Faith: Growth without Information

Methodological Challenges

The characteristics that distinguish also impede

- Child / Family variation
- Needs based service delivery
- Multiple expectations for outcome

Proposed Resolution

Instead of viewing variation in service-delivery as error variance, incorporate it as a variable

- Integrate both Process & Outcome evaluations
  - Quantify components, document type, amount, duration received
- Assessing the process-to-outcome relationship permits an assessment of dose effect

Final Comments

Dose effect analysis provides comprehensive information about *how* an intervention works.

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Biographical Sketch

Joseph Youngblood
Family Violence Research Program
University of Rhode Island

Joseph Youngblood received his BA degree in Psychology from the University of California at Berkeley, and is currently a Doctoral student in clinical psychology at the University of Rhode Island. As a member of the Family Violence Research Program, Joseph has collaborated with Dr. Richard Gelles, on projects including the development of a risk assessment instrument for abusive and neglectful parents, and on numerous program evaluations. In 1997, Joseph received an NCCAN Doctoral Fellowship to evaluate the Rhode Island Children's Advocacy Center. Among his other professional activities, Joseph consults with organizations on issues related to program development and evaluation.

Presenters: Belle Liang, PhD and Linda Williams, PhD
Presentation Title: The Impact of Child Sexual Trauma on Marital Relationships

Sexual trauma experienced in childhood is known to have a tremendous impact on a variety of adult adjustment outcomes, including individual and social outcomes. Marital intimacy may present a particular barrier for survivors of sexual trauma. There are few studies that expressly examine marital relationships among sexual abuse survivors, however, research suggests evidence for sexual and intimacy problems. The proposed paper will discuss the presence and quality of marital and other intimate partner relationships among a sample of subjects with documented histories of childhood sexual trauma. The subjects are 136 women who were treated in a hospital in the northeast between 1970 and 1975 when they were children, following a reported sexual assault. Data are drawn from the medical records and from follow-up interviews conducted with the women in the 1990's. The analyses for this paper will focus on the role of characteristics of the abuse experience and the mediating variables in adult marital and intimate relationships.

RBS4

1. Elucidate the impact of early childhood sexual abuse on marital and intimate relationships.

2. Discuss clinical/intervention implications.

BIOGRAPHICAL SKETCH

Liana Lowenstein, M.S.W., C.S.W., is a clinician in Toronto. She has worked in the areas of Child Welfare and Children's Mental Health and her area of specialty is the assessment and treatment of traumatized children. She has extensive experience working with children and youth in individual, group and family therapy and has supervised and trained other professionals in this area. Liana has taught workshops on the treatment of traumatized children at international conferences and in mental health settings across North America. She has co-authored the sexual abuse treatment manual "Paper Dolls & Paper Airplanes: Therapeutic Exercises for Sexually Traumatized Children", published in 1997.

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Research Breakfast

The Effects of Perpetrator Acknowledgement on the Mediating the Impact of Child Abuse

RBS4

There has been significant evaluation of factors which mediate the impact of child abuse, but the research on the role of the perpetrator acknowledgement on this mediation has been sparse. The presentation will explore the role of the perpetrator acknowledgement on child abuse victims' development of Post Traumatic Stress Disorder (DICA-R, parent and child/adolescent versions), dissociation (KDD-R and CDC), and social competence and behavioral problems (CBCL). The sample for this study includes approximately 250 children between the ages of seven and thirteen. Additional variables to be explored in this presentation with regard to the impact of the perpetrators' acknowledgement on symptom development include: physical vs. sexual abuse; recency of the abuse; child's gender and race; role of the perpetrator in the child's life; and the age of the child at the time of assessment. This research was sponsored by a grant from the National Institute of Mental Health (1R01MH49784-01).

Educational Objectives:

1. Participants will have a greater understanding of the impact of perpetrator acknowledgment on mediating the impact of child abuse.
2. Participants will develop a greater understanding of development of dissociative symptoms as a function of perpetrator denial of abuse.
3. Participants will develop a greater understanding of development of Post Traumatic Stress Disorder as a function of perpetrator denial of abuse.
4. Cultural differences, if any, within the analyses will be addressed.

Chris Newlin is a counselor at the Children's Advocacy Services of Greater St. Louis-University of Missouri-St. Louis. His clinical activities involve the forensic assessments of child sexual abuse allegations, and treating sexual abuse victims and their non-offending parents. He also treats adult and juvenile sexual abusers in a private practice. Current research interests are the study of Posttraumatic Stress Disorder in victims of child maltreatment and witnesses of domestic violence, and offense planning in adult sexual abusers.

The Interface of Child Maltreatment and Developmental Disabilities

Presenter: Paula Kienberger Jaudes, M.D.
University of Chicago
La Rabida Children's Hospital and Research Center
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773-363-6527 (fax)

Description of session:

There are approximately 17,000 disabled children in the United States with approximately 2% of them being under the age of 3. There are more than 3 million reports of child maltreatment that occur per year. Child maltreatment is the most likely leading cause of post natal disabilities in children. The workshop will discuss child maltreatment as a cause of disability and the maltreatment of disabled children.

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Educational Objectives:

1. To understand how child abuse and neglect can cause developmental disabilities.
2. To understand that children with disabilities are maltreated.
3. To understand how we can prevent disabilities in children.

THE INTERFACE OF CHILD MALTREATMENT AND DEVELOPMENTAL DISABILITIES

I. Disability

II. Child Maltreatment

III. Child Maltreatment as Cause of Disability

- A. Brain
- B. Spinal Cord Injury
- C. Eyes
- D. Asphyxiation
- E. Strangulation
- F. Burns
- G. Fetal exposure to drugs and alcohol
- H. Violence

IV. Maltreatment of Children Who are Disabled

- A. Abuse
- B. Neglect

V. Foster Care

VI. Social Context

VII. Global Trends

PREVENTION

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BIOGRAPHICAL STATEMENT

Paula Kienberger Jaudes is a Professor of Clinical Pediatrics at the University of Chicago. She is President and Chief Executive Officer of La Rabida Children's Hospital and Research Center, a 67-bed specialty hospital that treats children with chronic disease. She is also the Medical Director of the Illinois Department of Children and Family Services where she is responsible for the health care of foster children throughout the state of Illinois.

Dr. Jaudes currently serves on the Executive Committee of the Illinois Chapter of the American Academy of Pediatrics (ICAAP) as well as the Committees on Child Abuse and Neglect and Developmental Disabilities. A practicing, board-certified pediatrician, she was named the Dr. Albert Pisani Pediatrician of the Year by the Illinois Chapter of the American Academy of Pediatrics in 1996.

The Missing Piece in Interviewing: Understanding the Language of Children

Presenter: Anne Graffam Walker, Ph.D.
Forensic Linguist
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Falls Church VA 22044-1207
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Audience: Anyone who talks to, or questions children, particularly for evidentiary purposes

Description: The root cause of miscommunication between adults and children is the failure of adults to recognize the degree to which children's use and processing of language differs from their own. In daily life, the consequences of such failure can be minimal; in evidentiary interviews, the stakes are high, and the possibility for a miscarriage of justice is very real. The intention of this overview session is provide some basic information about the language development process, with the hope that participants can use that information to increase the accuracy of communication between them and the children with whom they work.

Content Outline:

Basic Ways Adults' and Children's Language Skills Differ

- In the way we manage understanding
- In our ability to interpret words
- In our ability to use words
- In our ability to decipher long and/or complex sentences
- In our ability to express our thoughts

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Educational Objectives:

Participants will:

1. have a heightened understanding of the complexity of language itself
2. be able to improve their approach to gaining reliable information from children
3. understand some of the forensic consequences of not recognizing and adapting for the differences between our language skills and those of children.

Recommended Reading List for
The Missing Piece in Interviewing: Understanding the Language of Children
Compiled by
Anne Graffam Walker, Ph.D.

____, Interviewing child witnesses and victims of sexual abuse. Washington, D.C.: U.S. Department of Justice.

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Brief Biography of
Anne Graffam Walker, Ph.D

Anne Graffam Walker, a former court reporter, is a nationally known Forensic Linguist who received her Ph.D. in Sociolinguistics from Georgetown University. Her work in language and law appears in several textbooks and journals. She authored Handbook on Questioning Children: A Linguistic Perspective (1994: American Bar Association), and co-edited Language in the Judicial Process (1991: Plenum) with Judith N. Levi. Since 1987, she has taught throughout North America on language in the law-related subjects, with special focus on the linguistic aspects of the evidentiary questioning of children.

INTERVENTIONS WITH CHILDREN EXPOSED TO DOMESTIC VIOLENCE

Presenter: Anthony P. Mannarino, Ph.D.
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MCP-Hahnemann School of Medicine
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The Center for Traumatic Stress in Children and Adolescents is a regional, hospital-based program which provides evaluation and treatment services for children, adolescents, and their families who have experienced traumatic life events. Approximately 400 new patients are seen at the clinic each year. Our patients have been exposed to a variety of traumatic events, including physical and sexual abuse, domestic violence, street violence, fires, and natural disasters. This presentation will focus on the interventions that we have developed for this population of children, with a particular emphasis on treatment strategies for children exposed to domestic violence.

The model of treatment that we have developed is short-term in nature, with a primary emphasis on cognitive-behavioral interventions. This model will be reviewed in a lecture format but there will be significant use of case presentations as well as the opportunity for participants to discuss cases of their own.

Educational Objectives

1. The participant will be able to identify at least three clinical issues that are problematic for children who have been exposed to domestic violence.

2. The participant will be able to discuss specific cognitive-behavioral interventions that are effective with this population of children.

3. The participant will learn how these specific treatment strategies apply to children and families who have experienced other traumatic life events.

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Discipline and Physical Child Abuse: Cultural Concerns

Lisa Fontes, Ph.D. and Veronica Abney, M.S.W., D.C.S.W.

In this workshop paticipants will explore the ways in which culture may influence parents' disciplinary styles, and some of the complications that can arise for professionals when working with people of diverse cultures who use physical punishment. We will explore the line between physical abuse and corporal punishment. Participants will learn culturally sensitive ways to help parents from a variety of cultures raise their children without violence. Examples will be drawn from African American, Latino, and Asian American families.

Outline

* **Viewing corporal punishment/physical abuse contextually.** What are some of the limitations of the currently available research on physical abuse, discipline and culture? What factors seem to mitigate the harm of physical punishment? Should our evaluation of specific acts of physical abuse/corporal punishment be different depending on the culture of the families involved, or should all children be offered identical protections? How can we know if something is "normal for the culture" or "not normal for the culture," and what difference does it make?

* **Influences on ourselves.** Participants will be provided with a format to help them assess their own familial, cultural, and professional training around issues related to corporal punishment and physical abuse.

* **Cultural competence in interventions for physical abuse, and questions**. Helping diverse families move towards non-violent parenting in ways that respect their backgrounds and current contexts. We will discuss how to work with families that insist on their right to use corporal punishment.

Educational Objectives:

- Participants will be able to identify the major influences on their own thinking about physical abuse and corporal punishment
- Participants will be able to consider how ethnic culture may influence a family's use of corporal punishment.
- Participants will learn ways to help families use non-violent methods of raising children, while still respecting the clients' ethnic culture.

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Planning Effective Treatment and Balancing Constraints in Child Protective Services

Presenters:

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Currently intervention variations and new program developments in Child Protective Services are proliferating. The renewal of CPS is evidenced as states consider program shifts such as intervention tracking, neighborhood and community responsibility, concurrent permanency planning or managed care. CPS professionals struggle with developing *best practice* while caseloads are increasing and becoming more severe. Federal legislation and other influences are pressing CPS to articulate and live by client or case outcomes. How is CPS practice to be best applied during this period of capacity and demand counterbalancing?

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This workshop will provide to direct practitioners and program planners an opportunity to review and discuss the tension being created through expectations and constraints with respect to practice effectiveness. State of the art initiatives, policy directives and workload demands will be considered from a clinical perspective. Considering the purpose of CPS, a family dynamics and need model will be considered as a basis for intervention requirements. This will be contrasted with constraints to practice and the apparent reasons or rationale that forms the basis of these constraints. Participants will experience an opportunity to conceptualize *effective treatment* through a creative thinking and planning exercise that involves 1) focusing resources and 2) accommodating constraints.

Objectives: Participants will be able to

- identify constraints to effective treatment;
- differentiate service recipients by likelihood for success;
- describe the planning implications related to treatment constraints (both workload and program) based on family dynamics and need.

APSAC...PLEASE NOTE THAT I HAVE CHANGED THIS TITLE.

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Planning Effective Treatment and Balancing Constraints in Child Protective Services

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Brief Bio: **Wayne Holder, M.S.W.**

Wayne Holder is the Director of ACTION for Child Protection and the Co Director of the National Resource Center on Child Maltreatment. He has worked in Child Protective Services for 31 years. His experience includes direct practice, clinical counseling, supervision, staff development and training, program management and county and state administration. He has provided consultation, technical assistance and training nationally for twenty years. His most recent publication, entitled Family Assessment Change strategy, is a definitive work on CPS family centered practice.

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Brief Bio: **Therese Roe Lund, M.S.S.W.**

Terese Roe Lund is a Senior Staff Associate with ACTION for Child Protection. Her 20+ year career in Child Protective Services includes casework, supervisory and state planning experience. She served as the CPS program director of a large Wisconsin county and before coming to ACTION was the Director of the Office of Milwaukee where she directed the unparalleled task of transforming of the large urban county administered agency to a state administered county program. Currently Ms. Roe Lund trains, consults and provides consultation nationally to states, counties and tribes. She is the co author of "Translating Risks to Positive Outcomes: Outcome Oriented Case Management from Risk Assessment Information," The APSAC Advisor, Winter, 1995.

WORKING WITH FAMILIES TO REDUCE THE RISK OF NEGLECT

PRESENTERS:
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Child neglect is the most common and the least understood form of child maltreatment. The purpose of this workshop is to synthesize what we know about promising approaches to help families meet the basic needs of their children. This is not to suggest that neglect is only the result of omissions by caregivers but acknowledges the family as the best source for nurturing children. This workshop will integrate knowledge through recent efforts to review the limited research on effective assessment and intervention and propose intervention strategies based on the field's best collective knowledge and experience.

The workshop is relevant for practitioners who work with families already identified within child protective services (CPS) or families who may be at risk of neglect due to societal and family factors. A major element of child protection reform involves developing community and neighborhood based family support, early intervention, and child maltreatment prevention programs. These programs are often geared to (1) target families who may be at risk of maltreatment; (2) engage families as partners in a helping alliance; and (3) empower families to build on existing competencies to respond to crises and stress, to meet needs, and to promote, enhance, and strengthen the functioning of the family system.

Using case examples and exercises, participants in this session will briefly discuss definitions of neglect and the ecological factors that contribute to it and then review principles of effective intervention including the importance of cultural competence, consider methods for engaging families in the assessment of their risks and strengths, define intervention outcomes, and review alternative intervention strategies and methods for measuring risk reduction. The workshop is partially based on the experience of the presenters in implementing a federally funded early intervention demonstration project.

EDUCATIONAL OBJECTIVES

Participants will be able to:
Define neglect, its nature, and the ways in which children's needs may not be met.
Describe what contributes to neglect.
Identify principles of effective intervention.
Describe and apply methods of assessment.
Define and target intervention outcomes, goals, and methods of contracting with families.
Contrast different intervention strategies and methods for measuring risk reduction.
Apply workshop concepts in their assessments and intervention with families.

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Brief Bio: Diane DePanfilis, Ph.D., M.S.W.

Dr. DePanfilis, is an Assistant Professor at the University of Maryland School of Social Work where she teaches social work and child welfare practice and research courses. With over twenty five years of experience in the child maltreatment field as a caseworker, supervisor, program manager, national trainer, consultant, and researcher, she has presented at numerous conferences and workshops. Dr. DePanfilis is currently Principal Investigator of an NCCAN funded demonstration project that is providing early intervention to families at risk of neglect. Recent research and publications relate to: child maltreatment recurrences; CPS risk assessment and decision making; intergenerational transmission of child maltreatment, the role of social support and neglect, and family focused intervention to reduce the risk of neglect. She and Dr. Howard Dubowitz are currently co-editing a manual on Child Protection Practice and she is the 1998-1999 President of the American Professional Society on the Abuse of Children (APSAC) Board of Directors.

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Howard Dubowitz, M.D. - Biosketch

Howard Dubowitz, M.D. is an Associate Professor of Pediatrics at the University of Maryland School of Medicine and he directs the Child Protection Program at the University of Maryland Medical Systems. He is Chair of the Maryland Academy of Pediatrics Committee on Child Maltreatment and Dr. Dubowitz is Vice President-Elect of the American Professional Society on the Abuse of Children.

Dr. Dubowitz's clinical work has included all forms of child maltreatment with a special interest in neglect. His research has been in the areas of child neglect, sexual and physical abuse, kinship care, and physician training in child abuse. Dr. Dubowitz has also been actively involved in child advocacy at the state and national levels. He has presented at many local, regional, national and international conferences.

Challenging Expert Testimony On Children's Suggestibility In Court

Thomas Lyon, JD, PhD and Brian Holmgren, JD

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Challenging Expert Testimony on Children's Suggestibility in Court

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Expert testimony involving social science research is increasingly being used in courtrooms to attack the reliability of children's allegations of sexual abuse, and to discredit the investigative interviews of children. Two types of expert testimony are common: description of research on children's memory and suggestibility, and application of Statement Validity Analysis (SVA), an assessment tool for measuring the reliability of children's statements. We will discuss the evidentiary and scientific issues concerning SVA and children's suggestibility. We will review the case law and evidentiary statutes governing the admissibility of expert testimony with an emphasis on the recent United States Supreme Court decision in *Daubert v. Merrell Dow Pharmaceuticals*. We will also describe the current state of scientific research, and note how issues of ecological validity, developmental differences, and conflicting results limit application of the research to abuse cases. Limitations on the research suggest means by which expert testimony may be challenged on the grounds of irrelevance (lack of "fit"), prejudice, and failure to meet the *Daubert* standards. We will also cover techniques for dealing with expert witnesses who testify including the use of pretrial motions, discovery, and voir dire of the expert to limit the scope of testimony and determine the foundational basis for the expert's opinions. Strategies for using learned treatises, professional critiques in the literature and divergent research findings to impeach expert testimony will be illustrated. We will also discuss relevant provisions of the American Psychological Association Code of Ethics, focusing on provisions covering expert testimony and those limiting application of scientific research in forensic settings.

BRIAN K. HOLMGREN
SENIOR ATTORNEY
NATIONAL CENTER FOR PROSECUTION OF CHILD ABUSE

Mr. Holmgren joined the staff of the American Prosecutors Research Institute National Center for Prosecution of Child Abuse as a Senior Attorney in November 1995. Prior to that he was an Assistant District Attorney in Kenosha County, Wisconsin for ten years where he directed their sensitive crimes unit. As an Assistant District Attorney Mr. Holmgren tried more than 160 jury trials including 125 felonies, and handled hundreds of child abuse cases. He was a Board Member of the Wisconsin chapter of the American Professional Society on the Abuse of Children, and a frequent lecturer on child abuse topics at statewide and national conferences.

Mr. Holmgren received his undergraduate degree from the University of Chicago in 1981, and his law degree from Vanderbilt University in 1985.

Mr. Holmgren's duties at the Center include providing training and assistance to prosecutors and other professionals across the country concerning the investigation and prosecution of child maltreatment cases. He is also actively involved in research and writing on various topics involving child abuse prosecutions. The Center also provides technical assistance and research on the current issues facing professionals in responding to child maltreatment.

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ABSTRACT

COORDINATED APPROACHES TO FATAL CHILD ABUSE

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presented by
Lt. Bill Walsh
Dallas Police Department
Dallas, Texas

Target audience: law enforcement, child protective services and prosecutors.

The objectives of this presentation are as follows: 1) provide workshop participants with an understanding of the structuring a coordinated approaches to fatal child abuse, 2) provide workshop participants with an overview of the dynamics of physical neglect and negligent supervision that result in death, 3) provide workshop participants with a detailed presentation of other types of sudden unexpected child deaths that are not abuse related and how they can be differentiated, including Sudden Infant Death Syndrome, and other natural and accidental deaths, 4) provide workshop participants with procedures for a coordinated investigation of fatal child abuse cases, including interviewing witnesses and interrogating offenders, 5) provide workshop participants with an understanding of the proper role of the various disciplines involved in the investigation of a case of fatal child abuse or a child's sudden unexpected death.

This workshop will primarily use a lecture format, though questions, comments and audience participation will be encouraged. Slides and video tapes will be used. The problems that are commonly encountered during investigations will be discussed as well as some suggestions for overcoming them. This workshop will discuss the necessity of a multi-disciplinary approach in order to insure a proper investigation.

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presented by
Lt. Bill Walsh
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LITERATURE REVIEW ON PHYSICAL ABUSE, NEGLECT AND SEXUAL ABUSE

Description: During this session, we will highlight the most significant research and practice literature from the last 3 years. The literature we will review will be relevant to physicians and other medical practitioners, but will include much of the epidemiology, psychology, and social work literature as well.

Part of this session will be a star studded extravaganza–the OSCAR AWARDS CEREMONY! (OSCAR = 'OutStanding Child Abuse Research). The master and mistress (madam?) of ceremonies are those two peripatetic comedians, Bob Reece and Carole Jenny. OSCAR awards will be presented for the most outstanding literature published in the field from 1995 to 1998. Many categories of awards will be given, including:

Least boring paper about the hymen
Paper about the anus most likely to be readable before lunch
Most extraordinary paper on paraphilias
Best R^2 award
Special award for any paper about syphilis that doesn't mention penicillin
Special awards for any papers about head injuries written in plain English
Most offense article written by a defense attorney
And many, many other extraordinary awards.

After attending the awards ceremony, you are likely to have a good grasp of the "state of the art" of child abuse research, what we've learned, and where we're heading. Recipients of an OSCAR award will be feted and interviewed by the international press corpse. They will also receive an impressive plaque (not unlike those seen on patients with skin diseases).

We hope you'll wear your finest frocks and jewels to this extraordinary event. Black tie is optional; clothing is not.

LITERATURE REVIEW ON PHYSICAL ABUSE, NEGLECT AND SEXUAL ABUSE

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BIOGRAPHICAL SKETCH

Robert H. Kirschner, M.D.
March, 1998

Dr. Kirschner is a forensic pathologist whose major interests are in the areas of child abuse and international human rights abuses. He graduated from Jefferson Medical College in 1966, and did his residency training in pathology at the University of Chicago. From 1978 through April 1975, Dr. Kirschner was with the Office of the Medical Examiner of Cook County, and was Deputy Chief Medical Examiner for 8 years. He is currently Clinical Associate in the Departments of Pathology and Pediatrics at the University of Chicago, and on the medical staff of the University of Chicago Hospitals.

Dr. Kirschner was one of the founders of the Child Death and Serious Injury Review Team of Cook County, Illinois. He is a former member of the Committee on Child Abuse and Neglect of the American Academy of Pediatrics. Nationally, he has been a consultant to the American Bar Association Center on Children and the Law and the American Prosecutors' Research Institute. He has also served on various task forces and committees advising the governor and the attorney general of the State of Illinois about child abuse.

He has written and lectured extensively on the diagnosis of physical abuse, and the presentation of medical evidence in court. He is the author or co-author of chapters on the pathology of abuse in two major child abuse texts: Child Abuse: Medical Diagnosis and Management, edited by Robert Reece; and The Battered Child, 5th edition, edited by Kempe, Helfer and Krugman. Dr. Kirschner is frequently consulted by law enforcement agencies, prosecutors, defense attorneys, and other physicians in numerous states and the U.S. military regarding child abuse injuries.

In addition to his faculty appointment at the University of Chicago, Dr. Kirschner is director of the International Forensic Program of Physicians for Human Rights. His human rights activities take him to many foreign countries where torture and extra-judicial executions are common. He was a forensic consultant to the International Criminal Tribunal for Yugoslavia and Rwanda, and is currently involved in the investigation of human rights abuses in Turkey, Guatemala, El Salvador, Israel and elsewhere.

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Robert M. Reece, M.D.

Robert M. Reece, M.D. is Clinical Professor of Pediatrics at Tufts University School of Medicine and Director of the Institute for Professional Education at the Massachusetts Society for the Prevention of Cruelty to Children, Boston, Massachusetts. The Institute provides current medical information about all forms of child abuse to professionals working with child abuse. Individuals using this training have included health care providers, social workers in public and private agencies, law enforcement personnel, attorneys, judges and treating clinicians. Dr. Reece has worked as clinician, teacher and researcher in child maltreatment since the early 1970s. He is the editor of the book *Child Abuse: Medical Diagnosis and Management* (1994, Lea and Febiger, Malvern, Pa.) and of *The Quarterly Child Abuse Medical Update*, a publication seeking to keep clinicians informed of recent medical developments in child abuse. He was honored as the American Professional Society on the Abuse of Children's "Outstanding Professional in the Field of Child Abuse" in 1997 and was named in the peer-reviewed books *Best Doctors in America* for two consecutive years.

Biographical Sketch: Carole Jenny, MD, MBA

Dr. Jenny is a Professor of Pediatrics at Brown University School of Medicine. She graduated from University of Missouri, Dartmouth Medical School and the University of Washington School of Medicine. She did her pediatric residency at the University of Colorado Affiliated Hospitals and at Children's Hospital of Philadelphia. She was a Robert Wood Johnson Clinical Scholar at the University of Pennsylvania, and received an MBA in Health Care from the Wharton School. Before coming to Providence, she has served on the faculties of the University of Washington and the University of Colorado. She directs the Child Protection Program at Hasbro Children's Hospital, Providence, Rhode Island. The program offers medical consultation, evaluation and treatment services for children with suspected physical abuse, sexual abuse, failure to thrive, psychological abuse, neglect, medical neglect, and factitious illness. Dr. Jenny is Chair of the Section on Child Abuse and Neglect of the American Academy of Pediatrics. Her research interests include fatal neglect, abusive head trauma, and factitious disorders by proxy.

Treating Abused Children
The Sixth National Colloquium
American Professional Society on the Abuse of Children

Presenters: Cheryl Lanktree, Ph.D.
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Recent research evaluating the effectiveness of trauma-focused treatment interventions for traumatized children is providing clinicians with promising empirically based strategies for trauma-specific symptoms and sequelae. Treatment for abused children frequently must also address less well understood and/or more complex consequences of abuse compounded by disturbed family contexts and histories of multiple environmental/familial stressors. Children may exhibit symptoms less amenable to shorter term interventions such as dissociation, co-morbid conditions, and self-other attachment issues.

A comprehensive, integrative treatment approach carefully tailors the planned interventions to the child and family needs and circumstances. Most children will have trauma-related symptoms/cognitive distortions that are amenable to focused and relatively brief interventions. Some children will suffer from other conditions that will require different or longer interventions. Strategies for addressing both types of child/family presentations will be described and illustrated with case examples.

In addition, child protection and criminal justice systems and events may impose special considerations on clinicians including expectations to provide opinions about whether abuse occurred, participation in staffings where confidentiality may be compromised, requirements to advance family reunification, and court testimony. Recommendations for balancing the legitimate interests of the legal systems while maintaining the integrity of the therapy process will be offered.

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EDUCATIONAL OBJECTIVES

1. Participants will be familiar with the basic elements of cognitive-behavioral, trauma-focused therapy for abuse specific symptoms.

2. Participants will learn strategies for dealing with dissociation, self-other attachment issues, and integrating treatment for co-morbid conditions; and have guidance in determining when longer term interventions are more appropriate.

3. Participants will be able to address system expectations without compromising therapy.

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Biographical sketch: Cheryl Lanktree, Ph.D.

Cheryl Lanktree, Ph.D. is a licensed Clinical Psychologist in private practice who presents extensively on the effects and treatment of sexual abuse in children, adolescents, and their families. She is also Clinical Director of the Children's Protection Center, Memorial Miller Children's Hospital, Long Beach, California. She was the Clinical Director from 1988 to 1996 at Stuart House, a multidisciplinary outpatient center associated with Santa Monica-UCLA Medical Center providing investigative and treatment services for suspected victims of child sexual abuse and their families. This nationally-known treatment program was developed by Dr. Lanktree. She has published several papers in the field of child sexual abuse including an article on a 4-year treatment outcome study published in the international journal, Child Abuse and Neglect. Dr. Lanktree has held appointments at the University of Southern California and the University of California, Los Angeles. She has presented workshops world-wide including Australia, Canada, New Zealand, and Russia, as well as throughout the United States. Dr. Lanktree is a member of the Board of Directors for the National Network of Children's Advocacy Centers and has served on the editorial board of the Journal of Child Sexual Abuse.

SESSION OUTLINE

I. Trauma-focused interventions
   A. Direct exploration of the trauma.
   B. Use of specific stress management techniques.
   C. Exploration and correction of inaccurate attribution regarding trauma.
   D. Inclusion of parents in treatment.

II. Treating dissociation
   A. Identifying the range of dissociative symptoms and distinguishing pathological dissociation.
   B. Treatment strategies.

III. Treating self-other attachment issues
   A. Identifying attachment styles.
   B. The therapy relationship as a therapeutic vehicle..
   C. Enhancing relationships with others.

IV. Integrating treatment for co-morbid conditions
   A. Identifying/diagnosing conditions.
   B. Applying/referring for effective interventions.

V. Addressing parental lack of support or inappropriate parenting
   A. Enhancing parental support.
   B. Promoting non-coercive behavior management.

VI. Anticipating/responding to common systems issues
   A. Forensic v treatment evaluations.
   B. Participation in systems activities.

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Using Standardized Assessment Measures with Abuse Families

Presenter: Daniel W. Smith, Ph.D.
Assistant Profcssor
Department of Psychology
University of Arkansas

Mental health professionals are faced with a variety of challenges when asked to provide assessment services for families that have experienced child maltreatment. Increasingly, social service agencies and court officials are demanding evidence that assessment procedures and conclusions are based on a valid, empirical basis. The use of abuse-specific, standardized assessment measures is one method practitioners can use to improve the accuracy and credibility of their evaluations. This workshop will provide information regarding recent advances in the development of assessment measures for children who have been abused as well as family members of abuse victims. In addition, suggestions for model assessment procedures will be presented. The presentation will focus on the use of objective, projective, and observational assessment techniques, as opposed to interview strategies. Finally, the limitations of various common assessment practices will also be discussed, so that participants will be better able to decide which techniques to include in their own work.

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Educational Objectives

1. The participant will be able to identify valid and reliable assessment measures for measuring the level of dysfunction in victims of maltreatment and other members of abuse families.

2. The participant will be able to recognize criteria for determining the reliability and validity of assessment procedures and techniques.

3. The participant will be able to apply a suggested model of assessment to his or her own evaluation needs.

EARLY INTERVENTION RESEARCH: USING FINDINGS TO INFORM PRACTICE AND POLICY

PRESENTERS: Deborah Daro Ph.D.
Director, National Center on Child Abuse Prevention Research
Neil Guterman Ph.D.
Columbia University, School of Social Work
John Landsverk, Research Director
Children's Hospital—San Diego

Recent advances in basic research on brain development as well as applied research on early interventions with young children and their families have generated a plethora of child abuse prevention services focusing on the first few years of a child's life. A comprehensive review of state efforts in 1993 identified 37 separate major parent support initiatives operating in 25 states. In addition to these publicly supported efforts, a number of carefully crafted family support programs have been promulgated around the country, offering another avenue toward more consistent service levels. Also, several major foundations have launched national initiatives to further expand early intervention efforts.

A key development in the early intervention field has been the rapid expansion of a program developed by the National Committee to Prevent Child Abuse called Healthy Families America (HFA). This six year old initiative seeks establish a universal system of support for all new parents which would include intensive home visitation services to those families facing the greatest challenges. A central component of this effort has been the establishment of a network of over 50 researchers engaged in monitoring the development of these systems and evaluating the impacts of services on parent-child relationships, parental capacity and child development. The purpose of this presentation is to highlight the most promising of these research efforts and to array them within the broader context of relevant research being developed in other domains and involving alternative early intervention models.

EDUCATIONAL OBJECTIVES

1. Participants will have a firmer grounding in the array of research shaping early intervention program for new borns and their parents.

2. Participants will have a keener ability to discriminate among research findings and to glean from these studies those findings that have greatest application to their own practice.

3. Participants will be able to articulate a set of critical elements all early intervention programs should have in order to maximize their impacts on parenting skills and child development.

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SPEAKERS

1998 APSAC COLLOQUIUM

All Colloquium speakers have waived their customary fees to benefit APSAC and to further APSAC's goal of providing outstanding professional education. We cannot thank them enough for their invaluable gift of time and expertise, without which the Colloquium could not be offered.

VERONICA ABNEY, MSW, LCSW, DCSW, adjunct lecturer at UCLA School of Medicine and a Diplomat in Clinical Social Work, Los Angeles, CA.
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ABOUT APSAC

AMERICAN PROFESSIONAL SOCIETY ON THE ABUSE OF CHILDREN

APSAC's mission is to ensure that everyone affected by child maltreatment receives the best possible professional response.

APSAC is committed to:

- **Providing professional education which promotes effective, culturally sensitive, and interdisciplinary approaches to the identification, intervention, treatment, and prevention of child abuse and neglect.**
- **Promoting research and guidelines to inform professional practice.**
- **Educating the public about child abuse and neglect.**
- **Ensuring that America's public policy concerning child maltreatment is well informed and constructive.**

Several years ago, a number of colleagues--social workers, psychologists, attorneys, physicians, nurses, researchers, law enforcement officers, and protective services administrators--started talking of their desire for a professional society designed to meet their needs as professionals in the field of child maltreatment. This new society would give professionals from all of the different disciplines who respond to child maltreatment a common forum for addressing the difficult problems they face in their work. It would encourage research in this young field to build a knowledge base on which professionals can confidently practice, and would disseminate that research in a usable form to all professionals working in the field. This association would serve as a vehicle for approaching difficult policy and practice questions, and as a "home base" for all professionals whose main concern was helping those affected by child maltreatment.

In 1987, these leaders founded the American Professional Society on the Abuse of Children (APSAC). In the intervening years, thousands of professionals from all 50 states and around the world have joined, and APSAC has made steady progress towards realizing its founders' goals.

It has created the *APSAC Advisor*, a highly-regarded quarterly newsjournal that delivers current information from leading experts in immediately useful form.

It has established *Child Maltreatment*, a quarterly, peer-reviewed, interdisciplinary, policy- and practice-oriented journal that addresses all aspects of child maltreatment.

APSAC has . . .

- submitted *amicus* briefs to the U.S. Supreme Court in cases with important implications for child abuse practice;
- published guidelines for practice on critically important aspects of practice;
- provided outstanding professional education in institutes, colloquia, and intensive clinics;
- published books and monographs
- fostered the development of a nationwide network of chapters through which interdisciplinary professionals address issues with local import;
- issued press releases and letters to editors to promote accurate public awareness of the complexities of child maltreatment.
- established a Legislation List Serv to enable members to collaborate to inform legislators at all levels of government about how best to protect children.

APSAC addresses all facets of the professional response to child maltreatment: prevention, assessment, intervention, and treatment. Its members and Board of Directors represent all of the major disciplines responding to child abuse and neglect, including mental health, law, medicine, child protective services, and law enforcement. Its publications and training cover all aspects of child maltreatment, including emotional neglect and other forms of neglect, psychological maltreatment, and physical and sexual abuse.

Most important, all of APSAC's products are solidly based on the latest empirical research. They are designed to promote the best possible professional practice by making the latest knowledge widely available and comprehensible in a practical context.

Finally, all of APSAC's products reflect the central wealth of APSAC, which is the unstinting labor of volunteers. The authors, editors, researchers, and teachers whose names are on APSAC's publications and programs have donated their work. All proceeds from these products directly benefit APSAC. These and hundreds of other busy professionals -- Board members, Advisory Board members, state chapter leaders, and others -- who have given so freely of their scarce and valuable time have made APSAC a living, breathing force.

With their help, APSAC has begun its work toward its mission: ensuring that everyone affected by child maltreatment receives the best possible professional response.

Much more remains to be done. To achieve APSAC's mission, there can be no bystanders: your active participation is required. Please give your best to the interdisciplinary professional organization that focuses all of its energy on improving America's response to child maltreatment.

More information on all of APSAC's products and services is available at APSAC's booth.

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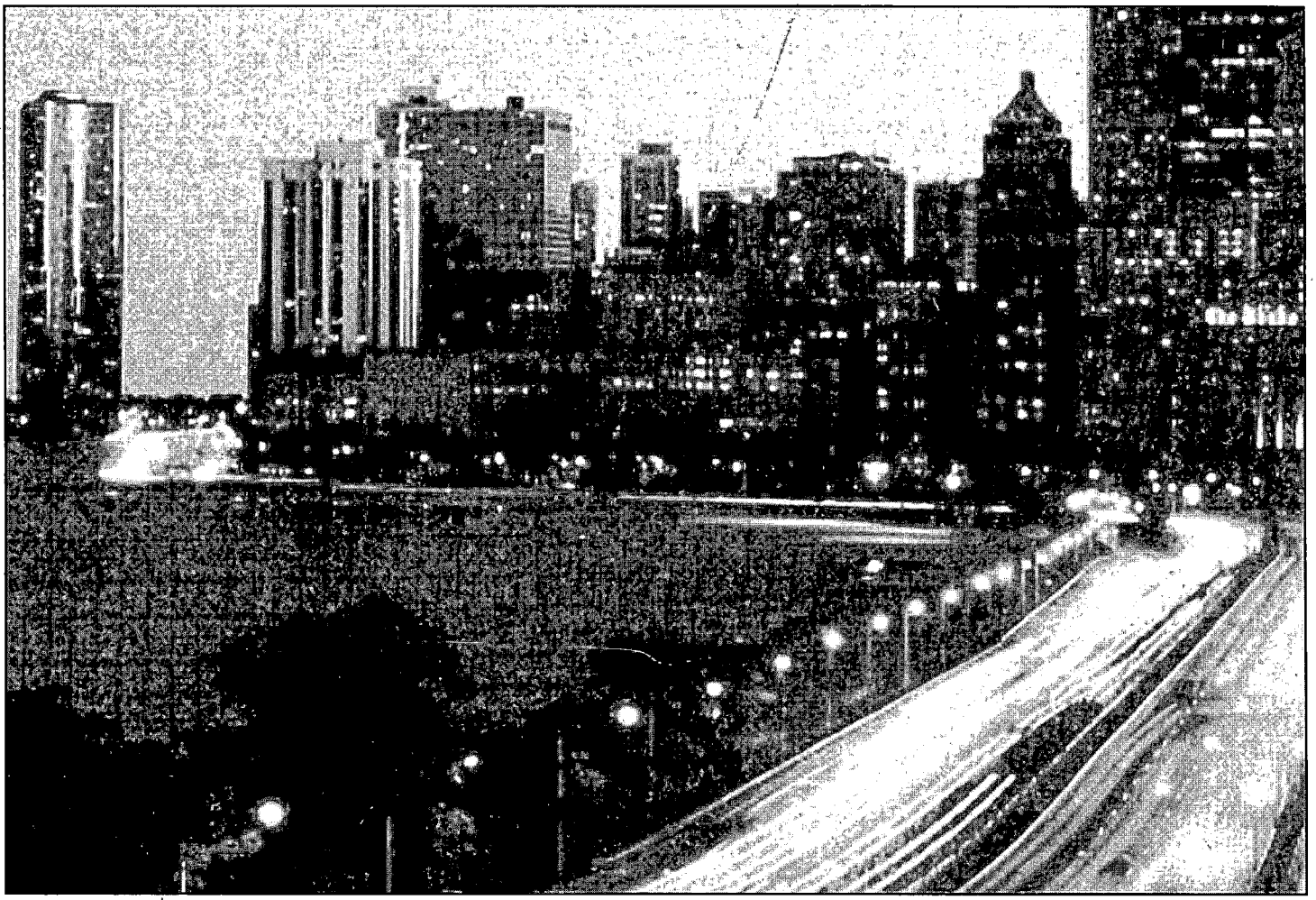

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