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APSAC Forensic Interview Clinics
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Patricia Toth, JD

The APSAC Forensic Interview Clinic is one of the very first 40-hour child interview training programs established in the United States, starting in April 1997 at the University of Michigan. There were seven clinics held from that date until 2000. In 2002, the Clinics were updated and revised, in response to requests from Kentucky and Florida, under the leadership of Jon Conte, Patti Toth, and Melissa McDermott-Steinmetz-Lane. Leaders in the field of child abuse investigation, including Thomas D. Lyon, Karen Saywitz, Anne Graffam Walker, Lisa Fontes, Donna Pence, and Deborah Davies, wrote the current curriculum, which is constantly reassessed and revised. There are four Clinics scheduled for 2004. 2

In Search of a New Model for Coordinated Urban Child Abuse Investigations
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The "team" concept has become one of the foundational elements of the child advocacy center (CAC) movement that has developed throughout the United States. Although a broad consensus appears to exist that multidisciplinary teams are the optimal way to approach serious child abuse, there is less agreement about what the word *team* really involves. Sports and workplace teams serve as a useful analogue for child protection teams in smaller and mid-sized communities, but they do not really get at the complexities of larger metropolitan investigative units in which turnover is high and team membership is constantly changing. A more useful analogy here is to the airline and military cockpit crew, an idea that is explored in detail as it applies to child abuse investigation teams. 5

Remembering the Essential Link Between Poverty and Maltreatment During Policy Decisions
Tasha R. Howe, PhD

In the summer of 2003, President Bush signed the Keeping Children and Families Safe Act, which included the reauthorization of the Child Abuse Prevention and Treatment Act (CAPTA). Despite epidemic proportions of child abuse and neglect, juggled numbers showed about $7 million in cuts in discretionary grants and about $2 million in increases elsewhere, for a net loss of $5 million. Between 1995 and 1998, although Temporary Assistance to Needy Families (TANF) caseloads declined by 37%, the number of children living in extreme poverty actually increased. Because poverty and maltreatment are correlated, it is necessary to address the effect of reduced or discontinued welfare benefits on CPS caseloads when contacting government officials about child maltreatment funding. 11

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APSAC: Ensuring that everyone affected by child abuse and neglect receives the best possible professional response.

APSAC Forensic Interview Clinics

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[Julie: author's suggested running head: POVERTY AND MALTREATMENT]

Remembering the Essential Link Between
Poverty and Maltreatment During Policy Decisions

Tasha R. Howe, PhD
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Last summer, President Bush signed the Keeping Children and Families Safe Act, which included reauthorization of the Child Abuse Prevention and Treatment Act (CAPTA). With the juggling of funds for various forms of the bills, we saw about $7 million in cuts in discretionary grants as well as increases of about $2 million. It is disheartening to hear that despite epidemic proportions of child abuse and neglect in the United States, there are still arguments over so little funding. Readers may be interested in some events that happened last time CAPTA was being discussed for reauthorization. It is hoped that professionals will remember the real families who are affected by these policy decisions and that appropriate action in the form of impact data, letter writing, e-mailing, and lobbying will be in place next time CAPTA is up for reauthorization.

In October 2001, the U.S. House of Representatives' Education and Workforce Committee met regarding the reauthorization of CAPTA. They heard from psychologist Joann Grayson, PhD, who has served as a forensic evaluator in Virginia courts and runs a child abuse prevention program. She testified regarding the long-term negative effect of abuse and argued that CAPTA has funded research, services, and training that help prevent abuse and neglect. She said, "The need for CAPTA is clear. It has been successful in many ways, but the work of this legislation is not finished. Child abuse and neglect must remain a national priority" (http://edworkforce.house.gov/hearings/107th/sed/capta101701/grayson.htm).

As you know, poverty is one of the key correlates of higher incidences of child maltreatment. Therefore, as part of our interactions with government and policy officials, it is necessary to inform them about the impact of Welfare Reform in the same breath as our discussions about CAPTA and Child Protective Services (CPS).

In fact, the Journal of Social Issues (Winter 2000) devoted an entire special issue to the impact of welfare reform. The 1996 Personal Responsibility Work Opportunity and Reconciliation Act (PRWORA), the reformed welfare policy, required work for those receiving welfare and limited the amount of time allowable for receiving benefits. There were also requirements for parental behavior, such as child care, paternity identification, and school attendance. In light of these changes, the journal stated that welfare (Temporary Assistance to Needy Families, or TANF) caseloads declined by 37% between 1995 and 1998. However, the number of people in poverty did not decline and the number of children living in extreme poverty actually increased.

One article in this special issue focused particularly on the impact of PRWORA on CPS. Researchers Diana Romero and Wendy Chavkin from Columbia University and Paul Wise from Boston Medical Center surveyed state administrators of CPS all across the country to illuminate what, if any, effect Welfare Reform has had on CPS. The researchers argued that the effects of reduced or discontinued benefits on Child Protective Services caseloads and rates of abuse and neglect have been largely ignored. With an extreme shortage of adequate child care available, it would be conceivable that child care sanctions and problems obtaining employment without child care could increase maltreatment rates in TANF recipients.

Their study (Romero, Chafkin, & Wise, 2000) found that in the year after PRWORA, 52% of states reported an increase in CPS caseloads; 17%, a decrease; and 29%, no change. The new policy incorporated sanctions for people breaking TANF rules. Administrators reported that the sanctions most likely to result in a TANF report to CPS were school absenteeism, positive drug test, teen mother school absenteeism, teen mother residency and noncooperation with child support collection. Child maltreatment referrals did not seem to increase in this same period.

However, the authors found that by surveying all 50 states and all U.S. territories, it was virtually impossible to assess the effect of Welfare Reform on CPS or maltreatment because PRWORA does not require states to conduct evaluations of their programs and there are no comparative assessments of individual programs. Also, 20% of states had done no assessments at all regarding the consequences of time-limited benefits on children. These researchers argue the need "for continued attention to the potential impact of TANF policies on child welfare" (Romero et al., 2000, p. 807).

There is a role for all of us who work in the field of child maltreatment. I invite you to be cognizant of the effects of these welfare reforms on the families you serve. Please lobby for any changes you feel are needed. This fall, legislators signed the most recent incarnation of TANF (Personal Responsibility and Individual Development for Everyone, or PRIDE), which includes even stiffer requirements (e.g., recipients must work 38 hours per week instead of the previous 30, yet there is no increase in child care funding; there is, however, $1 billion in funding to promote marriage in welfare recipients).

If welfare reform does not move families out of poverty and decrease rates of child maltreatment, government and policy officials must hear this from us. In your work, please encourage data collection and outcomes-based services so that we may better document the effects of TANF reform, whether good or bad. Without tracking the influences of these changes in welfare, thousands of poor families may be put at even further risk for maltreatment.

Reference

Romero, D., Chavkin, W., & Wise, P. H. (2000). The impact of welfare reform policies on child protective services: A national study. Journal of Social Issues, 56, 799-810.

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APSAC FORENSIC INTERVIEW CLINICS

Specific sessions included in the APSAC curriculum and some of the experts who have been, and will be, involved in developing and presenting the curriculum include the following (bolded names indicate Kentucky Clinic curriculum developers):

1. *Overview of Forensic Interview Issues & Models*—**Kathleen Coulborn Faller**, Kee Macfarlane, Julie Kenniston, Erna Olafson, Andrea Grosvald Hamilton, Nancy Berson, Mark Everson
2. *Lessons From the Research*—**Thomas D. Lyon**, Kathleen Faller, Andrea Grosvald Hamilton, Nancy Berson, Mark Everson, Dennison Reed, Miriam Wolf
3. *Child Interview Methods and Techniques: Documentation, Stages and Structure*—**Melissa McDermott-Lane**, Laura Merchant, Julie Kenniston, Deborah Davies, Katherine Eagleson, Kathleen Coulborn Faller, Nancy Berson, Mark Everson, Dennison Reed, Miriam Wolf
4. *Child Interview Methods and Techniques: Question Types and Question Design*—**Melissa McDermott-Lane**, Laura Merchant, Julie Kenniston, Nancy Berson, Mark Everson, Dennison Reed, Miriam Wolf
5. *Child Interview Methods and Techniques: Use of Media*—**Melissa McDermott-Lane**, Laura Merchant, Julie Kenniston, Nancy Berson, Mark Everson, Dennison Reed, Miriam Wolf
6. *Child Development Concepts*—**Karen Saywitz**, Susan Samuels, Anne Graffam Walker
7. *Linguistic Issues*—**Anne Graffam Walker**, Susan Samuels, Deborah Davies, Lisa Fontes
8. *Eliciting Details and Other Law Enforcement Concerns*—**Donna Pence**, Brad Russ, Ray Broderick, Rick Cage, George Ryan
9. *Interviewing Ethnically and Culturally Diverse Children*—**Lisa Fonte**s, Toni Cardenas, Andrea Grosvald, Donna Pence, Julie Kenniston, Mary Ortega
10. *Interviewing Reluctant Children*—**Katherine Eagleson**, Ray Broderick, Deborah Davies, Kathleen Coulborn Faller, Andrea Grosvald, Kee MacFarlane
11. *Interviewing Children With Disabilities*—**Deborah Davies**, Andrea Grosvald, Julie Kenniston, Miriam Wolf
12. *Interviewing Adolescents*—**Katherine Eagleson**, Ray Broderick, Kee MacFarlane
13. *Legal Considerations and Effective Testimony*—**Anne Haynie**, Tom Lockridge, Steve Wilson, Harry Elias, Paul Stern, Nancy Lamb, Brian Holmgren, Patti Toth
14. *Interview Practicum*— **Melissa McDermott-Lane**, Kee MacFarlane
15. *Mock Court*—**Anne Haynie, Tom Lockridge, Steve Wilson**, Harry Elias, Paul Stern, Nancy Lamb, Brian Holmgren, Patti Toth, Frank Vandervort

APSAC is committed to continuing to improve the Clinic program. Information about upcoming Clinics can be found at www.apsac.org. States interested in exploring the possibility of working with APSAC to present Clinics need to contact Tricia Williams at (405) 271-8202 or tricia-williams@ouhsc.edu.

About the Authors

Kathleen Coulborn Faller, PhD, ACSW, DCSW, is Professor of Social Work, Director of the Family Assessment Clinic, Principal Investigator on the Interdisciplinary Child Welfare Training Program, Principal Investigator on the Public Child Welfare Supervisor Training Program; Principal Investigator on the Program on Recruitment and Retention of Child Welfare Employees, and Principal Investigator on the Hasbro Early Assessment Project. All of these are programs at University of Michigan. She is author of seven books and approximately sixty articles.

Patricia Toth, JD currently works as a program manager in charge of child abuse training with the Washington State Criminal Justice Training Commission. She provides training nationally and started her career in 1980 as a prosecutor in Washington State, served eight years as Director of APRI's National Center for Prosecution of Child Abuse, and worked as a federal prosecutor in the Child Exploitation Section of the U.S. Department of Justice.

In Search of a New Model for Coordinated Urban Child Abuse Investigations

Charles Wilson, MSSW
Patrick McGrath, JD

Multidisciplinary teams began to emerge as a best practice for investigating child sexual abuse in the mid- 1980s (CAG, 2000; CDSS, 2003; Pence & Wilson, 1994; OVC, 1997). As time passed, the lessons and successes of team investigation led many communities to extend the team model to all forms of serious child abuse. Today the team model is also being applied to coordinated efforts to respond not only to child sexual abuse and serious physical abuse but also in other circumstances, such as domestic violence cases in which children are involved and to drug cases in which children are considered in harm's way.

The team concept has become one of the foundational elements of the child advocacy center (CAC) movement (Walsh, Jones, & Cross, 2003), which has developed across the nation based on the initial efforts of the National Children's Advocacy Center in Huntsville, Alabama, and later the National Children's Alliance (NCA). Indeed, membership in the National Children's Alliance requires a community to establish a team model (NCA, 2000).

Although a broad consensus appears to exist that multidisciplinary teams are the best way to approach serious abuse, there is less agreement about what the word *team* really involves. The membership standards of the National Children's Alliance, for example, do require that the team be established through a written protocol and include specific agency representatives (law enforcement, child protection, prosecution, medical, mental health, victim advocacy, and the child advocacy center). The NCA standards go on to require that a team participate in a case review process and that the case review system be utilized to increase the understanding of team members of the complexity of child abuse cases. Beyond those elements, the community has great latitude in forming its teams.

The very word *team*, however, implies different things to different people. Some might suggest the word is often misapplied to groups that lack the common traits of true teams. A recent *Webster's Dictionary*, for example, will provide little guidance and defines *team* as a number of persons associated together in work or activity. For many people, the most common use of the word in everyday language brings to mind sports teams. In this context, teams, whether comprising 8-year-olds playing soccer or professional athletes competing in the World Cup or the Super Bowl, are typically associated with a formal sense of membership (you are on the team or you aren't, or you wear the team jersey or you don't), a common mission (to win as a team not as an individual), some degree of role definition (forwards vs. goalies or quarterbacks vs. wide receivers), and some elements of trust in each other (needed to pass the ball or puck from one player to another or to stay focused on the player's specific job, such as guarding the left side of the field without being "drawn out of position"). In fact, success in sports teams depends not just on the skill of the individual players, but also on their ability and willingness to integrate those skills into a cohesive whole.

Authors in the business literature have drawn a distinction between mere working groups and teams. A work group has been characterized as a collection of individuals who come together for a joint effort, but whose outcomes rely primarily on individual contributions; whereas a team is characterized as one in which members work collectively to magnify the group impact beyond that which individuals alone can attain (Maxwell, 2002). Further, Katenbach and Smith (1999) have defined *teams* as "a small number of people with complementary skills who are committed to a common purpose, performance goals, and approach for which they hold themselves accountable." Anne Donnelon (1996), writing about product development teams, defined *team* as "a group of people who are necessary to accomplish a task that requires the continuous integration of the expertise distributed among them."

Some authors (Fisher, Rayner, & Blgard, 1995) have identified key components of successful teams, such as the following:

Common purpose— The members share commitment to the common mission
Trust—The members work for each other's success and can count upon one another
Clear roles—Members know what is expected and what to expect from one another
Open communications—The team is characterized by continuous sharing of information
Diversity—Teams enjoy a mix of styles, ideas, cultures, background, and expertise
Balance of tasks and relationships—The team focuses on the mission and on the need to maintain a strong relationship among members

Donnelon (1996) also observed in her research that successful workplace teams have at least three common elements:

Team identity—Like those on sports teams, members know that they are on the team, and they know who are the other members of this joint enterprise with a common mission
Interdependence—They depend upon each other to accomplish the task before them; no one member can do it all, and they must share the workload
Trust—True interdependence cannot be achieved unless the members of the team trust one another to fulfill their respective roles and duties

Although many communities attempt to coordinate their child abuse investigations at least some of the time and may call their response a "team" model, not many truly fit the team model as defined above. Their efforts can better be described as "joint investigations." Joint investigations involve parallel investigative efforts in which those involved share information while maintaining their independent mission and decision making. Joint investigations have their limitations. For example, such investigations increase the potential to inflict inadvertent secondary trauma on the victim through redundant interviews or the possibility for one entity to inadvertently interfere with the investigative plans of the other (i.e., CPS talks with the suspect in such a way that he seeks a lawyer prior to law enforcement's interview). Such efforts are contrasted with a team model (see Figure 1), in which the investigative tasks are divided

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among the team members, roles are clearly defined and delimited, actions are coordinated, information is shared, and the outcome meets the needs of all involved.

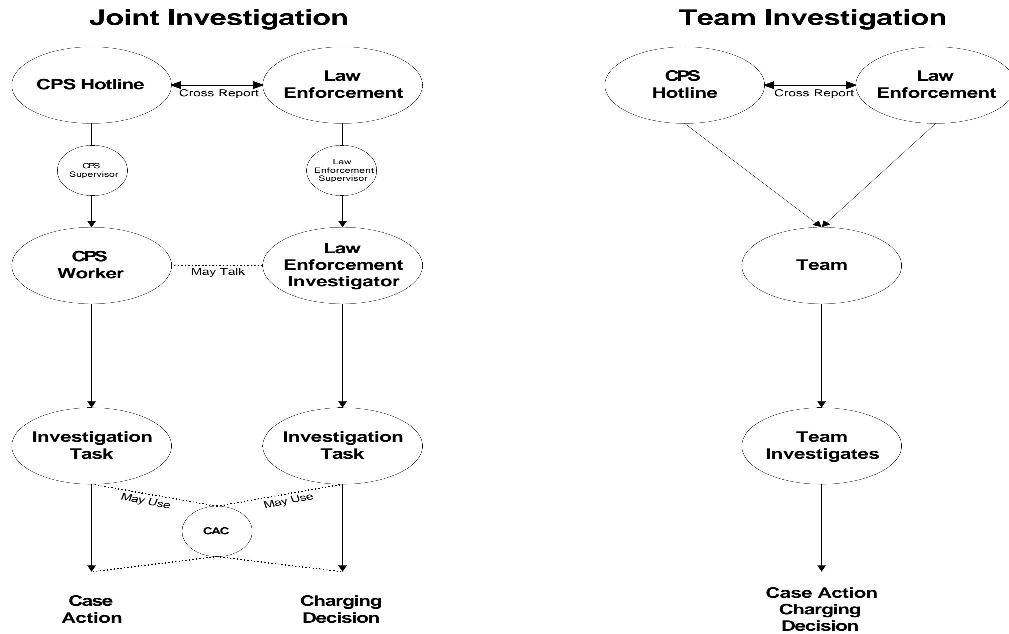

Figure 1. Joint Investigation Versus Team Investigation

To achieve a team model, successful child abuse teams must master Donnelon's (1996) three team components in unique ways:

Team identity—Individuals often come to a team assignment having a strong identification with their own discipline or agency and not with the collective mission. To become a team, child protective services staff, law enforcement investigators, prosecutors, medical practitioners, and mental health professionals who are part of the team need to know that they belong to "the team." Without such an identity, interdependence and pursuit of a common mission are very challenging. Some communities have been very effective in accomplishing this by building a true team culture in which team members identify as much with the multidisciplinary team as they do with their own agency. These members understand the team's unique language (they talk in the language of their team: protocol, forms, laws, and a unique slang that they understand but that others might find confusing), customs (going to lunch together after the case review meeting or rotating who brings food to the meetings), and even clothing (they may have special team shirts made). In some places, multiagency teams are colocated in shared office space at the CAC or elsewhere, making team identity clear.

Interdependence—Child abuse teams typically are guided to some extent by a team protocol that sets out broad roles and expectations for all participating agencies. Each member depends on his or her colleagues for some aspect of the process. These protocols only lay the groundwork for interdependence. Success, however, is often built on the experiences the members have in repeatedly working with one another on a range of cases. Through experience, they learn who does what well, how to backstop for each other, and when to let a team member "have the ball."

Trust—Just as with all teams, interdependence requires the team members to trust one another. If the protocol provides for one person to conduct the child interview on behalf of the team, then the other team members must trust that person to do so in the interest of all or must trust that any questions suggested by team members observing the interview are asked in a skillful and effective way. Likewise, law enforcement is often best trained to gather information from alleged perpetrators of abuse who may have a vested interest in hiding the truth from investigative agencies. Many child abuse teams give law enforcement the lead in such interviews, but child protection agencies must trust that their colleagues will gather the information CPS needs or, at the very least, not say anything that will unnecessarily make subsequent interviews more difficult. The same is true for the other elements of the team, from trusting the medical provider to conduct a competent exam to trusting the prosecutor to aggressively pursue the case in court.

Child abuse teams, like all successful teams, require one other vital element:

Skills—Trust is not, however, built in a vacuum or merely upon team identity and interdependence. It must also be built upon the solid professional skills of team members at performing the tasks involved. If team members are going to trust one member to conduct an investigative interview for all of them, then the interviewer must possess the prerequisite skills in child interviewing or the trust will be quickly lost. The same is true for each and every member, just as an outstanding quarterback will not trust the receiver to catch the ball if the receiver has not demonstrated the skills needed to do so.

Many communities have found that achieving this level of team operation is challenging and elusive for a number of reasons, from time and staff experience to interpersonal conflict or varying degrees of commitment to the team process (Pence & Wilson, 1994). A casual review of these components reveals that they are facilitated, however, by a clear sense of team membership and ongoing personal interactions and peer review among the team members. This level of interaction is facilitated by familiarity born of experience together, and it has been supported by a wide range of efforts from team-building retreats to colocation of the team members in a common office suite.

Although such strategies have much promise, they are most elusive in large metropolitan areas, where literally hundreds of social workers, police, prosecutors, and even many doctors and mental health professionals all work on the most serious child abuse cases. For example, in San Diego, California (population 2.9 million), where over 10,000 reports of sexual abuse and serious physical abuse are made each year, a case may be assigned to any one of over 100 "immediate response" social workers and 60 specialized law enforcement child abuse investigators working in one of 16 law enforcement jurisdictions. If prosecuted, the case may be assigned to any one of 29 deputy district attorneys who specialize in child abuse, and it may be seen by any one of 40 therapists at the Chadwick Center (local CAC) or any number of other counseling agencies or private practitioners. The medical assessment is the most centralized, and all sexual abuse or serious physical abuse is likely to be seen at one of three hospitals.

In such an environment, applying the lessons of successful teaming is challenging. How can such large urban environments implement the lessons of team development? In some large communities, the sense of team may be reserved for the "case review team." In this model, a core of professionals (often in supervisory roles) meets regularly to staff cases, with individual investigators or child protection workers attending on a case-by-case basis or participating through their supervisor or agency representative. Although such teams have many benefits, they touch only a small percentage of the cases reported. For example, in San Diego only about 500 cases a year, out of over 10,000, are reviewed at one of the county's two child protection teams' case review meetings. In many urban communities, this leaves most actual field investigation in the hands of front line staff who do not really perceive themselves to be part of "the team," who may not know their counterparts in the other agencies, and who, despite a county protocol, have no prearranged plan for who is going to do what, in what order, and how the information will be shared. Nevertheless, there are many examples of individual workers and investigators reaching out to each other and forming very effective ad hoc teams. The challenge is to routinely aspire to the benefits of standing teams who know and trust each other well, and doing so in an environment in which it is not practical to establish standing, cross-agency partnerships on an ongoing basis at the individual investigator level.

Though sports and workplace teams serve as a useful analogue for child protection teams in smaller and mid-sized communities, they often do not work as well for urban environments. A search for another analogue from which to draw leads to the concept of "crews" as they are defined in the airline industry and military. The aircraft cockpit crew must function as a cohesive team, each member having his or her own roles and responsibilities. The failure of the crew to function as a "team" can, and on occasion has, spelled true disaster causing the deaths of hundreds. These crews, however, often meet only the day of the flight; the realities of aircraft scheduling make it impossible for most airlines and some military applications to create tight-knit standing teams who routinely work together as a unit. In this way, these crews are like the child abuse professionals in an urban area. They must function as a team in this case, even if they have not previously worked together (Helmreich & Foushee, 1993).

An examination of cockpit crew management literature reveals some common characteristics of crew management (Helmreich, Merritt, & Wilhelm, 1999; Helmreich & Merritt, 1998; Helmreich & Foushee, 1993; Harvey, 2001; Wickens, Mavor, & McGee, 1997; Bounds, 2004) that may be applied to child abuse teams. Clearly, crews are different from teams in some important ways (see Figure 2).

Team vs. Crew

	Team	Crew
Membership	Stable	Variable
Role Definition	General—Very flexible within broad parameters	Clearly defined—Flexible within narrow parameters
Identity	Team and others with similar training	Overall System and others with similar training
Interdependence	High—Based on interpersonal experience	Limited—Defined by roles
Accountability	Individual/Team	Individual/System
Communication	Open/Business/Casual Non-business	Structural/Business
Leadership	Personal/Shared Role Defined	Role Defined
Team Building	Develops over time	Must be accomplished quickly
Trust	Built on interpersonal experience	Built on training

Figure 2. Team Versus Crew

In applying the crew concept to child abuse investigations, however, it may be best to create a hybrid model (see Figure 3). Such a model could include a coordinating team (at the supervisory level within the agencies) with a clear sense of identity, interdependence, and trust that manages the system and assignment of cases and interchangeable crews being formed for each case of serious child abuse that requires the attention of child protection and law enforcement—and potentially, medical, mental health, and prosecution. This system can be examined in five stages: referral, assignment, crew formation, crew operation, and case decision making.

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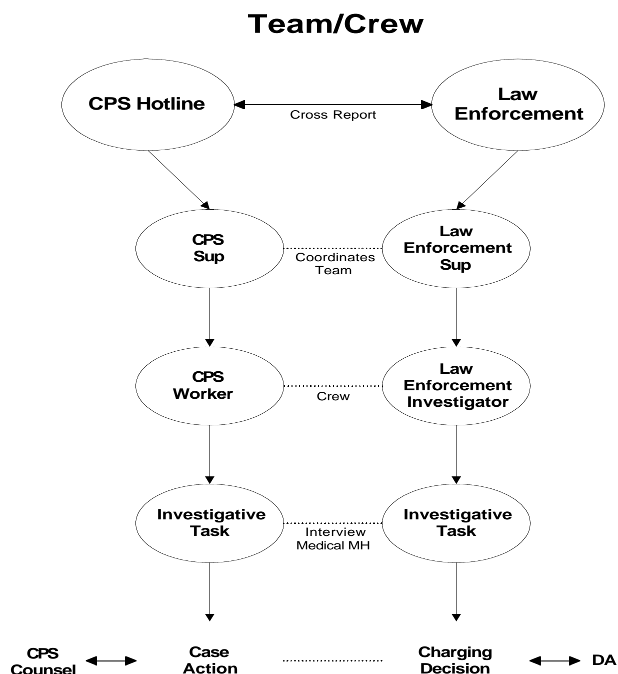

Figure 3. Team/Crew Hybrid Model

This will require some difference from existing practice in many communities. For example,

Protocol—Most child abuse protocols are general and egalitarian in nature. They leave a great deal of latitude for teams to decide who does what in a specific case. This allows the team to tailor its response to the unique fact set. A "crew" protocol may actually require greater structure in the defined roles for each party and clear lines of authority. This could be accomplished using a "Pathway" or algorithm to paint a visual image of how the case should be managed. As such, the pathway would guide the work of the crew just as a flight plan and operations manual guides the actions of a flight crew. The crew protocol might include a preinvestigative checklist to outline decisions that need to be made before initiating the investigation and an investigative checklist to track the actions (APRI, 2003). As with cockpit crews, clear role descriptions are needed. The protocol may need to stipulate the typical order of actions, such as who is to interview the referent, the child, and the suspect and which cases should be scheduled for case review. The crew can deviate from the protocol as needed upon mutual agreement and approval of the supervisors.

Training—Cockpit crews are extensively trained to work in mutually supportive ways with others they do not know. A crew model would need to focus training not just on the skills needed to conduct an investigation or fulfill the appropriate role of the discipline but also with significant attention to standardized ways to accomplish interchanges with the other disciplines. Additionally, each "crew member," like is done with flight crews, must be trained to understand the roles, functions, and responsibilities of each of the other members of the crew. Without a thorough knowledge of each crew member's roles, functions, and responsibilities, successful control of a complicated aircraft or complicated investigation cannot be effectively handled by a group of personnel who may have met each other for the first time minutes before a flight or in the lobby of a hospital.

Team Building—Successful teams have rituals that foster team identity and interdependence. Likewise cockpit crews engage in preflight rituals each and every time to facilitate the operation as a cohesive team despite individuals' relative unfamiliarity. These rituals include a standardized preflight briefing before embarking—to get acquainted, to go over normal procedures, to consider any special circumstances (i.e., weather), and to discuss risks particular to their specific flight and mission. Once on the plane, members go through a standard preflight checklist to familiarize themselves with the plane and one another.

Crew Formation—The child abuse team equivalent of crew formation could include the following, depending on how cases develop:

- a standardized way for the child protective service worker to contact the law enforcement investigator (if known) or law enforcement supervisor (if assigned investigator is unknown) to touch base and share known information, such as prior referrals or arrest records;
- a standardized way for the law enforcement investigator to contact the child protective service worker (if known) or child protective service supervisor (if assigned worker is unknown) to touch base and share any information known at this point, such as prior referrals;
- standardized initial briefing to include normal procedures, coordination of investigations, division of responsibilities, prioritization of actions, and standardized guidelines to coordinate plans, as is done with flight crews.

Investigative Planning and Tasks—The crew, following the crew protocol and preinvestigative checklist, would need to formally discuss who is going to take what action, and how and when the information gained will be shared with one another.

Crew Decision Making—The crew protocol would need to clearly articulate which decisions can be made only after consultation, and with whom (such as the return of a child previously removed only after consultation with other crew members, or arrest in consultation with prosecutor), and which decisions would be made without formal consultation, and how those decisions will be shared (charging decisions, placement decisions, treatment decisions).

The crew and team models can be put together in a modified way at the urban region level as a system. Such a system would have four levels (see Figure 4):

Stakeholders—The community response would be guided by "stakeholders," who meet at least annually to reaffirm their commitment to collaborative efforts to effectively protect children. Stakeholders in this case are community leaders at the senior executive level of the involved agencies, such as the district attorney, chiefs of police, the sheriff, the director of the department that has child protection responsibilities, the executive leadership of the CAC, and others. If the actual elected or appointed officials cannot participate, this group should include at least their senior deputies.

Child Protection Management Team—In this model, actual design and management of the system would be the responsibility of the "child protection management team." This team is composed of designated management staff of the respective agencies, such as the child welfare manager for child protection agency, captains and/or lieutenants of the child abuse squads in the law enforcement agencies, the head of the child abuse prosecution unit, and the executive director of the child advocacy center. This team would meet regularly to address system-level issues and modify the community response to issues as they emerge. In San Diego, for example, this team meets monthly and includes law enforcement and child protection managers, the chief county counsel (who represents and advises CPS in court actions), the leadership of the Family Protection Unit at the district attorney's office, a representative of Navy Family Advocacy, child abuse physicians from Children's Hospital, and the senior leadership from the Chadwick Center (the CAC).

Coordinating Team—The actual day-to-day operational management of investigations would fall to a series of coordinating teams. For example, each major law enforcement jurisdiction could participate in at least one such team, and larger departments might participate in several teams, perhaps one for each child abuse sergeant who supervises child abuse investigators. These law enforcement supervisors would be paired with child protection counterparts. A designated prosecutor (and perhaps a CPS legal advisor) would support these two disciplines and be available for advice, as needed. These would be standing teams, so that members will develop a sense of team membership, interdependence, and trust. As with every other form of team, the practical realities of professional and personal lives would require the acceptance of substitutes and temporary assignments across teams, to support one another when time conflicts, illness, vacations, and other logistical factors impact on team operation.

These coordinating teams would receive the referrals and assign them to individual crew members they designate. The coordinating team members would consult with their investigators and with one another, as needed, on case-specific investigative strategy and decision making. These coordinating team members would share a common mission and hold one another and their crewmembers accountable for the collective outcome.

Crew—The crew, individuals selected by the coordinating team members, would conduct the actual investigations. The crew members would review the referrals and any historical information in their agency records and make contact with their counterpart(s) in person or over the phone. During this initial contact, the assigned members will introduce one another and engage in whatever preinvestigative rituals have been established by the child protection management team. This could include simply getting to know each other and working through a brief preinvestigative check list that describes what initial steps are in order, who is going to do what, which tasks they may want to do together (such as interview or watch the interview of the child at the CAC together), and how they will keep each other informed. The crew would then conduct the investigation following the protocol, sharing tasks and information much like a standing team.

Case Review—In this model, in which thousands of cases come to the attention of the system, a criterion should be established for the type of cases most appropriate for case review. This may include cases in which complicated medical or mental health information needs to be shared with all agencies at once, or cases in which the agencies may have divergent perspectives on the events or on how best to proceed.

Even though such a system will never function as well as the best true team models, it may allow large, complex urban environments to approach the benefits of team environments. In fact, one could anticipate that the pool of professionals (as defined by the coordinating team's range of responsibilities) from which the crews are drawn will be small enough that individual members will find themselves working together repeatedly over time. This repeated interaction will result in some of the interpersonal challenges and benefits of teams (which will range from interpersonal conflict on the downside to trust and respect on the upside). In the end, if the stakeholders, child protection management team, coordinating teams, and crew members all understand the collective mission, children and the community will be safer, those who abuse children held more accountable, and maltreated children will be less likely to suffer long-term effects of the abuse and the systems' response to it.

Figure 4. Four-level System of Hybrid Crew and Team Models

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Remembering the Essential Link Between Poverty and Maltreatment During Policy Decisions

Tasha R. Howe, PhD

Last summer, President Bush signed the Keeping Children and Families Safe Act, which included reauthorization of the Child Abuse Prevention and Treatment Act (CAPTA). With the juggling of funds for various forms of the bills, we saw about $7 million in cuts in discretionary grants as well as increases of about $2 million. It is disheartening to hear that despite epidemic proportions of child abuse and neglect in the United States, there are still arguments over so little funding. Readers may be interested in some events that happened last time CAPTA was being discussed for reauthorization. It is hoped that professionals will remember the real families who are affected by these policy decisions and that appropriate action in the form of impact data, letter writing, e-mailing, and lobbying will be in place next time CAPTA is up for reauthorization.

In October 2001, the U.S. House of Representatives' Education and Workforce Committee met regarding the reauthorization of CAPTA. They heard from psychologist Joann Grayson, PhD, who has served as a forensic evaluator in Virginia courts and runs a child abuse prevention program. She testified regarding the long-term negative effect of abuse and argued that CAPTA has funded research, services, and training that help prevent abuse and neglect. She said, "The need for CAPTA is clear. It has been successful in many ways, but the work of this legislation is not finished. Child abuse and neglect *must remain a national priority*" (http://edworkforce.house.gov/hearings/107th/sed/capta101701/grayson.htm).

As you know, poverty is one of the key correlates of higher incidences of child maltreatment. Therefore, as part of our interactions with government and policy officials, it is necessary to inform them about the impact of Welfare Reform in the same breath as our discussions about CAPTA and Child Protective Services (CPS).

In fact, the *Journal of Social Issues* (Winter 2000) devoted an entire special issue to the impact of welfare reform. The 1996 Personal Responsibility Work Opportunity and Reconciliation Act (PRWORA), the reformed welfare policy, required work for those receiving welfare and limited the amount of time allowable for receiving benefits. There were also requirements for parental behavior, such as child care, paternity identification, and school attendance. In light of these changes, the journal stated that welfare (Temporary Assistance to Needy Families, or TANF) caseloads declined by 37% between 1995 and 1998. However, the number of people in poverty did not decline *and the number of children living in extreme poverty actually increased.*

One article in this special issue focused particularly on the impact of PRWORA on CPS. Researchers Diana Romero and Wendy Chavkin from Columbia University and Paul Wise from Boston Medical Center surveyed state administrators of CPS all across the country to illuminate what, if any, effect Welfare Reform has had on CPS. The researchers argued that the effects of reduced or discontinued benefits on Child Protective Services caseloads and rates of abuse and neglect have been largely ignored. With an extreme shortage of adequate child care available, it would be conceivable that child care sanctions and problems obtaining employment without child care could increase maltreatment rates in TANF recipients.

Their study (Romero, Chafkin, & Wise, 2000) found that in the year after PRWORA, 52% of states reported an increase in CPS caseloads; 17%, a decrease; and 29%, no change. The new policy incorporated sanctions for people breaking TANF rules. Administrators reported that the sanctions most likely to result in a TANF report to CPS were school absenteeism, positive drug test, teen mother school absenteeism, teen mother residency and noncooperation with child support collection. Child maltreatment referrals did not seem to increase in this same period.

However, the authors found that by surveying all 50 states and all U.S. territories, it was virtually impossible to assess the effect of Welfare Reform on CPS or maltreatment because *PRWORA does not require states to conduct evaluations of their programs and there are no comparative assessments of individual programs*. Also, 20% of states had done no assessments at all regarding the consequences of time-limited benefits on children. These researchers argue the need "for continued attention to the potential impact of TANF policies on child welfare" (Romero et al., 2000, p. 807).

There is a role for all of us who work in the field of child maltreatment. I invite you to be cognizant of the effects of these welfare reforms on the families you serve. Please lobby for any changes you feel are needed. This fall, legislators signed the most recent incarnation of TANF (Personal Responsibility and Individual Development for Everyone, or PRIDE), which includes even stiffer requirements (e.g., recipients must work 38 hours per week instead of the previous 30, yet there is no increase in child care funding; there is, however, $1 billion in funding to promote marriage in welfare recipients).

If welfare reform does not move families out of poverty and decrease rates of child maltreatment, government and policy officials must hear this from us. In your work, please encourage data collection and outcomes-based services so that we may better document the effects of TANF reform, whether good or bad. Without tracking the influences of these changes in welfare, thousands of poor families may be put at even further risk for maltreatment.

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The APSAC Annual Trauma Treatment Clinic

Julie Robbins, LCSW

On December 1, 2003, over 100 psychotherapists from all over the country and abroad (including Croatia and Australia) joined together for the First Annual APSAC Trauma Treatment Conference in Maui. The conference was held for 5 (glorious) days in an incredible setting. Most people would say, and as most of my colleagues said, "Yeah sure you were in classes all day…" But, the program was filled with six of the most talented and skilled clinicians in our field. Although classes began at 7:30 am and did not end until 3:00 pm, I found myself attending each moment because the quality and caliber of each day was so excellent. The conference was organized by Jon Conte and Tricia Williams; many thanks to both of them for all their efforts. Because the conference was so successful, it will be held next year in Maui from November 29-December 3, 2004, so for those of you who missed out (and you did), you can start saving now for this wonderful experience. For more information on next year's Trauma Treatment Clinic, contact Tricia Williams at 405-271-8202.

The conference began with a moving Hawaiian song and ritual emphasizing the bond between child and parent and the beauty of the child, as represented in this exquisite Hawaiian culture. This set the tone for the next 5 days, illustrating what we all have come into this field to do—assist, educate, and witness the healing of the child and the healing of those parental bonds when possible.

John Briere lectured on the first day and for anyone who has ever experienced a lecture by John, you find that it takes anywhere from 10 to 30 minutes to acclimate to his wealth of information. John has an art of integrating research, clinical theory (of many disciplines—psychoanalytic, object relations, cognitive, and biology), practical case vignettes, and personal experience with clients and humor into his presentation. Very few experts can do this, and I personally feel that John Briere will be known to future generations as one of the greatest theoreticians and clinicians in the field of psychotherapy and trauma.

In the first section of John's presentation, he covered various types of trauma and what ultimately affects our clients. He covered the elements of the brain, affect regulation, early attachment disruption, and cognitive distortions. He pointed out the complexities of different types of trauma and the overlay with long-term effects and the early onset of childhood trauma. He also brought in the additional factors of culture, history, and gender—important elements in the processing of trauma.

John discussed at length the self-trauma model as a foundation for treatment. He is one of the few clinicians that I have heard present in the last 15 years who is very responsible in acknowledging the totality of the patient and, therefore, the complexity and totality of the treatment. He beautifully lays out why the integration of multilevels of clinical theory and practice (biology, affective, cognitive, psychodynamic, medical, cultural) must all be a function of treatment for treatment to be effective in the long term. Dr. Briere discussed attachment at length and the disruption of attachment in childhood due to early trauma. The use of the therapeutic relationship can be critical in helping clients restore that disruption. He discussed how affect regulatory skills develop early in our clients and the need to change this over time. He covered the need for cognitive intervention within the treatment as a means to correct and help a client learn new ways of coping.

Dr. Briere then reviewed three common symptomatic reactions resulting from trauma—reliving, avoiding, and fight/flight responses. John discussed the means to intervene—exposure, activation, disparity, counter-conditioning, extinction, and resolution. The key in treatment, one that we all are challenged with, is the need to expose our clients to the trauma (without their avoiding) and to assist them in reintegrating it in healthy ways without overwhelming and flooding them. This requires a "therapeutic window" in which maximum safety and efficiency are required, according to Briere. He reviewed the three ways to process the traumatic material—the abstract, the narrative, and the reexperiencing—and then illustrated how to lead clients into that window and keep them there, yet know when and how to get them out so that it is not harmful. How we interview and intervene with our clients is how we would move them in and out of those windows—clearly, the art of good therapy!!!

The next day was equally filled with wonderful information and quality work. Jon Conte presented on "Managing the Therapeutic Relationship." This is often an area that receives little, if any attention, in our profession (hard to believe), yet one that does require attention for the health of ourselves and our clients. Jon eloquently covered the complexity and need for the therapeutic relationship, and he also was most open and self-reflective about his own clinical experience. He reviewed the elements of doing trauma work—relationship, listening, observation, strong emotions, painful material, and powerful events. Countertransferential material was reviewed. He identified the various types of countertransferential reactions and illustrated ways to identify when a clinician experiences this. He then presented the interaction of a client's traumatic transference and its impact on the clinician. He pointed out that this type of reaction is not necessarily "secondary," because trauma work involves the telling and retelling of a traumatic experience. The reactions the clinician is having to it is in the present and, therefore, this is a primary reaction. He reviewed the elements of empathetic strain, burn out, and vicarious trauma. He also reviewed the various symptoms of each of these, so that we all can identify and manage them in our clinical work. He concluded with an important section on the management of our reactions through identification, discharge, self-awareness, limit setting, purging of files, consultation and supervision, spirituality, empathetic connections, and other critical self-care possibilities.

Jon Conte's presentation was followed by an inspiring and most informative presentation by Veronica Abney on "Race, Class, and Culture in Child Maltreatment." I have attended numerous presentations on cultural diversity, yet few as comprehensive and moving as this one. Veronica began by reviewing the definition differences between ethnicity, race, culture, class, diversity, cultural identity, and acculturation. She then discussed the differences between

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various cultural groups and the reporting of child abuse. She reviewed various assumptions as well as research related to different groups and the types of abuse that are reported. She delineated the issue of racism as having an integral part of interpretations as well as the actual reporting and investigation of various forms of abuse. She then reviewed a variety of issues that influence treatment. These may be quite obvious, yet they are the practice fundamentals we all need to remind ourselves of on a daily basis. Some of these include not stereotyping or culturally grouping any of our clients, the need to respect each and every client's individual cultural (religious, sexual, etc.) group, the need consistently to be aware of differences in language, communication, and interpretation, views on mental illness and therapy, differences in family values and what are perceived as family strengths, time perspectives, views on oppression and racism, child rearing beliefs, and so forth. Veronica was clear in pointing out that we all have our prejudices and biases; and to be ethical and good clinicians, we must be very aware of what these are and know if they are interfering in any way with good practice. She concluded her workshop with segments of a most powerful film on prejudice and bias—*Color of Fear*. This powerful movie displays a group of men and their experience over a course of time, expressing their prejudices, anger, fear, hatred, and biases. It is a wonderful and powerful tool for group members to learn and express their own feelings regarding issues of diversity. Overall, Veronica Abney communicated a most difficult issue in a comprehensive, emotionally powerful, and effective way.

William Friedrich presented on the third day, discussing issues regarding "Empirically-Based Treatment of Sexual Behavior Problems in Children." He began with the commonly held notion that children who act out sexually have been sexually abused. Friedrich noted that nonsexually abused children have higher rates of sex offenses. He discussed the great variability in children with sexual offending behavior. The variables include developmental issues, unplanned and interpersonal offenses, self-focused offenses, planned and interpersonal offenses, and planned interpersonal and coercive offenses. Friedrich pointed out that society's reaction to sexuality and each culture's willingness to look at a child's sexual behavior will affect the responses (and interventions) to these offenses. He then discussed various risk factors involved in sexual behavioral problems. Some of these risk factors are whether children experience sexual arousal in their own abusive experience, children's ambivalence regarding their own abuse, a child's lack of empathy, depression, and a child's individual range of affect. The child's history also affects factors involved in the sexual acting out, such as loss of a parent, physical and emotional abuse, if sexualized interactions are common in the family, the mother's own history of abuse and neglect, boundary problems, and role reversals in the family dynamic. Some considerations to use to assist in determining if the child's behavior is in the category of planned and coercive behavior are nonmutuality, harm that is caused, power differential, persistence, and premeditation.

Friedrich then reviewed various assessment tools for working with this population. He pointed out that it is important to conduct a thorough assessment of sexual behaviors of all the siblings. Additional critical factors in the assessment process include the existence of domestic violence, pornography in the home, substance abuse, models of intimacy in the home (i.e., distant parent vs. overly sexualized parent), sexual abuse histories in all family members, and quality of attachments in the family (i.e., security of the attachment, positive perceptions of the child, and absence of secrets). Assessment would also involve a sexual inventory of the family, assessing issues regarding privacy, cobathing and nudity, and safety and protection issues (including appropriate limit setting, discipline, etc.). Certainly, treatment must involve the entire family.

Friedrich delineated a variety of issues that must be addressed with the child and with the parents. Some primary strategies are rules for sexual behavior, self-control techniques, emotional expression, and social skills. Play and individual therapy, parent groups, relapse intervention, and family therapy are all components of a comprehensive treatment plan. Goals should be set early on with the family. Friedrich identified three primary goals as the focus of treatment: relationships in the family, problematic sexual behavior, and safety (to include the parent's ability to observe, intervene, and manage risk behaviors). Although many elements of the treatment model are not included here, Friedrich's treatment approach is comprehensive and thorough.

Cynthia Swenson presented the next day on "Comprehensive Treatment for Families Experiencing Child Physical Abuse." She made a very strong argument for the need for a comprehensive focus of treatment that includes not only the parent and child, but the community that serves the family, which includes all the therapists, the school, Child Protection, the police, and so on. This is a multisystemic therapy approach (known as MST), which is an ecological model with the primary goals of treating to reduce criminal activity and antisocial behaviors. She introduced eight areas that are the focus of the work with the family—to improve parental discipline practices, to increase family affection, to decrease the family's association with deviant peers, to increase the association with prosocial peers, to improve school/vocational performance, to engage in positive recreational activities, to improve the family's community relationships, and to empower the family to help solve future problems.

Swenson pointed out that caregivers are essential in this process and that engaging the family into the treatment process is the key of success. A focus on the family's (and the individual's) strengths is essential in the process. The treatment team includes everyone in the system—caregivers, child teachers, relatives, and so forth. Swenson then discussed some of the most critical aspects of a MST approach—engaging the family into the process, getting the family motivated for treatment, supporting the focus on the caregiver involvement, addressing the multidimensional nature of the clinical problems, the integration of interventions, the use of intensive services (i.e., need for more than one therapist, multiple sessions per week, low caseloads, etc.), quality assurance (i.e., ongoing training, supervision, etc.), and an organized analysis of the case. Some of the strategies for MST cases are the use of a family safety plan, the analysis of the use of physical discipline and force in the family, anger management interventions, treatment of posttraumatic stress symptomology (using cognitive techniques, etc.), substance abuse treatment, family communication training, and the clarification of the abuse. Cynthia Swenson's workshop on MST was also comprehensive. It is clear that if this method is used, a well-coordinated, organized, and supportive system is necessary.

On the last day, we were able to indulge in Lucy Berliner's workshop on "Applying Proven Trauma-Specific Interventions." Lucy

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stressed that good treatment requires proven strategies that are empirically based. These treatment approaches are characterized by behavioral and cognitive techniques, the use of specific procedures, goal directedness, and skill-building orientations, and the use of feedback. She cited the goals of treatment—to reduce trauma-related sexual and behavioral problems, to help the child and family place the trauma in perspective, and to restore and maintain normal developmental functioning. Some useful tools are the use of checklists, questionnaires, cognitive distortion exercises, assessing family capacity and responses, role-playing, books and handouts, homework assignments, emotional regulation strategies, relaxation techniques, and anger management strategies. Ms. Berliner also discussed the need to create a trauma narrative through discussion, exposure, reintegration of senses and feelings, and grieving the trauma. Sharing the trauma narrative with the parent is also critical. Her workshop was a nice transition from Cynthia Swenson's on the previous day because she reiterated the critical need for the engagement of the children and family in the treatment process. She reviewed the numerous barriers to engagement and pointed out that it is the therapist who plays the most critical role in breaking through those barriers. Ms. Berliner spoke at length about the motivational interview as one of the key ingredients in facilitating the engagement of the client in treatment. Several case examples and video tapes were utilized to illustrate elements of the motivational interview. Problem solving, behavior management, revictimization prevention, safety planning, and the integration of parent and teacher interventions were also discussed.

At least from this author's perspective, each and every presenter at the Maui Trauma Treatment Clinic was not only an expert in his or her respective area but also had a wealth of information to share with participants. Each one shared that information well, and most of us walked away feeling professionally nourished. And, certainly the backdrop of the Island of Maui helped us all to return home feeling physically and emotionally nourished. I highly recommend that clinicians take advantage of this wonderful opportunity next year!!

ABOUT THE AUTHOR

Julie Robbins is a Licensed Clinical Social Worker and has been doing psychotheray with children, adolescents, and adults for the past 24 years. She is one of the founding members of APSAC and has sat on the CAPSAC (California) board for over 10 years. Ms. Robbins has coauthored two editions of the *Child Sexual Abuse Custody Dispute Annotated Bibliography* by Sage Publications. Ms. Robbins currently lives in San Francisco where she has a private practice and consults and teaches part-time. Contact info: JulieBRobb@aol.com

Director
Job Description

The University of Missouri—St. Louis is seeking an experienced scientist practitioner for the position of Director of the Children's Advocacy Services of Greater St. Louis (CASGSL). Applicants also should hold a doctoral degree and merit an appointment as an Associate or Full Professor in a tenure track position in the Department of Psychology, Social Work, Nursing, or Counseling. Appointments are for a 12-month period. CASGSL is a center of excellence in the region for the delivery of comprehensive services (forensic, clinical, and medical) to sexually abused children and their nonoffending parents. The center annually serves approximately 500 children, and staff train over 1,500 professionals through an annual symposium, workshops, national presentations, colloquia, seminars, internships, and classroom teaching. The CASGSL is a full member of the National Children's Alliance and is one of the SAMHSA selected sites for the National Child Traumatic Stress Network. With an annual budget of approximately $1 million, the agency is staffed by 9 experienced clinicians/forensic specialists and 5 administrative staff.

CASGSL works with the University's academic units and continuing education to accomplish its mission. The Director will provide leadership in clinical/forensic programs, training, and research. Limited direct service also is expected. The successful applicant must have experience in trauma research, administration, and external funding. The Director will report to the Provost. Salary is commensurate with qualifications. A letter of application describing one's background and experience, a vita, a sample of recent research reprints, and three letters of recommendation should be sent to the Dr. Don Driemeier, Chair of the CASGSL Search Committee; 401 Woods Hall, UM-St. Louis, South Campus; 8001 Natural Bridge; St. Louis, MO 63121. Review of applications will begin April 15, 2004, and continue until the position is filled. The University of Missouri—St. Louis is an equal opportunity/affirmative action employer committed to excellence through diversity.

WASHINGTON UPDATE

Thomas Birch, JD, PhD
National Child Abuse Coalition

President Doubles CAPTA Prevention/Protection Funds

Funding for child abuse prevention services and for child protective services was singled out for significant increases in the President's FY2005 budget proposal, which was sent to Congress the first week in February. With an overall 4% increase in discretionary spending for the HHS Administration for Children and Families, the Bush budget seeks a doubling of funds for the Child Abuse Prevention and Treatment Act (CAPTA) basic state grants and Title II community-based child abuse prevention grants. In addition, spending for the Safe and Stable Families Program, Title IV-B(2), which is designated for prevention and other supportive services to families of children at risk, would increase by $101 million to a requested level of $505.

The National Child Abuse Coalition—of which APSAC is a member—had urged the administration, well in advance of the development of the FY05 budget, to pay attention to the long-neglected appropriations for the CAPTA programs. CAPTA's basic state grants for improvements in protective services, funded at $22 million in 2004, would go to $42 million in 2005. CAPTA's Title II, Community-Based Child Abuse Prevention grants would increase from $33 million in 2004 to $65 million in 2005. CAPTA discretionary competitive grants for research and demonstrations—funded in 2004 at $35 million—would be held even at the level of $27 million, with the elimination of $8 million in earmarked spending that was included in the FY04 budget.

According to HHS budget documents, the increase in CAPTA's state grants "will shorten the time to the delivery of post-investigative services by 40 percent and increase the number of children receiving those services by almost 20 percent." The increased funding for the community-based prevention grants, says HHS, "will fund prevention services, including parent education and home-visiting, available to an additional 55,000 children and families."

Slight funding increases are included in the administration's budget for child welfare services, Title IV-B (1); Head Start; and child care. The Early Learning Fund for support services to very young children and their families, set at an appropriation of $33 million in 2004, is zeroed out in the Bush budget (as has been the case in the past), and the Senate has each year restored the funding.

House Panel Hears Child Welfare Testimony

At the third in a series of hearings on federal and state roles in child welfare services, occasioned by the New Jersey case of four boys apparently starved while in the care of their adoptive parents, legislators on the House of Representatives Ways and Means Subcommittee on Human Resources heard testimony on January 28, 2004, from a long line-up of witnesses urging greater flexibility in federal child welfare funding, more attention to support for preventive services, and additional resources to do the job.

The lead witness, HHS Assistant Secretary for Children and Families Wade Horn, focused the first half of his testimony on the results of the Child and Family Services Reviews conducted by HHS over the past 3 years with 46 states, Puerto Rico, and the District of Columbia. The following were among the significant findings:

- Timely responses to reports of abuse and neglect
- Need to improve level of services to families to reduce risk of future harm
- Strong correlations between frequency of caseworker visits to children and positive outcomes for children
- Need to improve judicial processes for monitoring children in foster care.

Horn observed that often less attention is paid to providing services to intact families known to child welfare services. He explained, "We believe that many states need to strengthen the up-front preventive services they provide to intact families if they are to be successful in preventing the unnecessary break-up of families and in protecting those children who remain at home rather than being placed in foster care."

The second topic Horn addressed—the President's proposal for a Child Welfare Program Option, first revealed in the Bush administration's FY04 budget—would give states the choice of receiving Title IV-E foster care entitlement funds as currently provided, or taking a fixed lump sum over a 5-year period to apply to a range of child welfare services besides foster care support.

In reference to the President's funding option proposal, two hearing witnesses from New York testified about their own state's experiences with a block grant in state funds for child welfare services. New York City Commissioner for Children's Services, William Bell, referred to New York's experience and raised questions whether a

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block grant would ensure adequate funding levels or would shift costs to states and localities. Rep. Ben Cardin (D-MD) observed that little progress could be made with a flexible funding option block grant without increasing the size of the federal funds available.

Monsignor Kevin Sullivan, director of Catholic Charities for the New York Archdiocese, told the subcommittee, "[T]here is a misperception that the extension of block grants to foster care is a 'silver bullet' of greater flexibility and targeting resources. In New York…funds were diverted from foster care to other services, leaving a strapped foster care system even more pressed for critical resources. Block grants for foster care bear a far greater resemblance to 'snake oil' than 'silver bullets.'"

Testifying for the National Child Abuse Coalition, legislative counsel Tom Birch called attention to the disparity in federal funds between spending for foster care and adoption subsidies, at $7 billion, and funds for prevention and intervention services to children and their families, at less than $900 million in 2004. Birch said, "For every federal dollar spent on foster care and adoption subsidies, we spend less than thirteen cents in federal child welfare funding on preventing and treating child abuse and neglect."

He also discussed the spending gap in child welfare, with federal, state, and local dollars short by $13 billion of the $15.9 billion total cost of what ought to be spent on current protective and preventive services.

Statements for all hearing witnesses are available at the Committee's website at: http://waysandmeans.house.gov/hearings.asp?formmode=detail&hearing=122

U.S. SUPREME COURT TO REVIEW JUVENILE DEATH PENALTY

The U.S. Supreme Court has agreed to decide whether to abolish the death penalty for juvenile offenders. In an announcement on January 26, the court said it would hear the appeal of a ruling by Missouri's Supreme Court in the case of *Roper v. Simmons* that the execution of a man who committed murder at 17 would violate the U.S. Constitution's ban on cruel and unusual punishment.

The Missouri court based its ruling on reasoning developed by the U.S. Supreme Court in 2002 banning the execution of mentally retarded offenders. Then, the justices ruled 6 to 3 that recently enacted state laws against executing mentally retarded criminals, which the court had upheld in 1989, confirmed that American society had come to regard such punishment as "cruel and unusual" and unconstitutional. Advocates for the abolition of the juvenile death penalty submit that juveniles, like the moderately mentally retarded, lack the emotional and intellectual maturity—with brain development still in flux during the teenage years—to be held to the same penalty as adult wrongdoers.

Currently, 38 states have a death penalty and sixteen of those do not permit execution of juvenile offenders, five of which have banned juvenile executions since 1989 when the Supreme Court last reviewed the issue. Twelve states have no capital punishment at all, bringing to 28—a majority of the states—in which there is no death penalty for juveniles. There is no federal juvenile death penalty.

The case is scheduled for oral argument in the fall and a decision by July 2005.

LETTER TO THE EDITOR

Dear *APSAC Advisor*,

William N. Friedrich, PhD, edited two special issues of the *Advisor* (Summer & Fall, 2002) about unproven and potentially dangerous treatments, such as the so-called "holding therapies," for attachment disorder. *Advisor* readers may wish to learn that the American Academy of Child and Adolescent Psychiatry, AACAP, recently approved a policy statement developed by its Child Abuse Committee warning of the dangers associated with "Coercive Interventions for Reactive Attachment Disorder" and urged that these practices be discontinued. That policy statement can be found on the Policy Statement page of the Society's website at: www.aacap.org.

David L. Corwin, MD, Chair, AACAP Child Abuse Committee
Medical Director
Primary Children's Center for Safe and Healthy Families
Professor and Chief, Division of Child Protection and Family Health
Pediatrics Department, University of Utah and
Primary Children's Medical Center

Welcome to Hollywood and the Site of Colloquium 2004 — Part II

C. Terry Hendrix, MA
Retired Publisher and Former Hollywood Resident

This is the second of the two-part article to acquaint you with highlights of what there is to see and do in Hollywood for you and your family before, during, and after the 2004 Colloquium next August. The weather will be warm in the daytime with relatively low humidity and the evenings will be pleasantly cool. The Colloquium hotel has a great outdoor pool and sun deck, and the immediate area affords interesting and entertaining attractions.

The Kodak Theater

Housed in the Hollywood & Highland complex is the new Kodak Theater, built primarily as a permanent home for Academy Awards ceremonies. It is in the same complex as the 22-story, 640-room Renaissance Hollywood Hotel, the site of the 2004 Colloquium. The Kodak Theater seats 3,300 in glamorous surroundings. Guided tours of the auditorium and backstage areas are available 7 days a week from 10:00 am to 2:30 pm. The tour costs $15 for adults, $10 for seniors and kids under age 12, and $12 per person for groups of 15 or more. Musicals and celebrity performers, such as Barry Manilow, Prince, and the Dixie Chicks, are booked into the Kodak Theater.

Entrance to the Kodak Theater on Hollywoood Boulevard

Griffith Park

A true treasure, Griffith Park is an undeveloped park in the heart of Los Angeles and in the lap of Hollywood. The park is twice the size of New York's Central Park and San Francisco's Golden Gate Park combined. In addition to performances at the Greek Theater, you can walk wooded trails, visit the zoo, play golf, ride horseback, visit the Griffith Observatory, bicycle, visit the Bird Sanctuary, ride a 1926 merry-go-round, travel on a miniature train, or enjoy a picnic. Again, this site is a short cab ride from the Colloquium hotel or easily reached by busses traveling east on Hollywood Boulevard.

The Greek Theater

Situated in Griffith Park, the Greek Theater is another outdoor theater seating 4,700 and offering a variety of musical attractions during the summer evenings. From May to October, this venue offers everything from ballet to rock to musicals. It is about a 10-minute cab ride from the Colloquium hotel, and Metro busses 180 and 181 run east on Hollywood Boulevard beside the hotel to the entrance to Griffith Park.

Autry Museum of Western Heritage

Also located in Griffith Park is the Autry Museum of Western Heritage, which offers permanent galleries and changing exhibitions that explore both the mythological and the authentic Old West. On display are memorabilia from movie cowboys Gene Autry, John Wayne, and Roy Rogers and artifacts from historical figures, such as Annie Oakley, Buffalo Bill, and Teddy Roosevelt. The museum is open Tuesday through Sunday from 10:00 am to 5:00 pm. Admission is $7.50 for adults, $5.00 for seniors and students ages 13 to 18, and $3.00 for children ages 2 to 12.

Hollywood & Highland

The Hollywood & Highland is an entertainment complex that includes the Renaissance Hollywood Hotel (with a 35,000 square foot ballroom, which is the site of the Governor's Ball following the Academy Awards and where the APSAC Membership Luncheon will take place), 20 restaurants, over 70 specialty shops, and the Chinese Theater. Some free attractions at the site include the following:

- Babylon Court is a spacious, outdoor gathering place with umbrella tables and benches. It is a replica of the movie set built for D. W. Griffith's 1916 film classic, Intolerance, and includes giant pillars topped with white elephants and a colossal arch, which perfectly frames the distant Hollywood Sign.
- The Best Picture Awards Walk is the passageway used by the stars

Babylon Court at the Hollywood & Highland complex

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entering the Kodak on Oscar night. Columns throughout this area display plaques commemorating each of the Best Picture winners from 1929 to the present.

- The Road to Hollywood is a mosaic-tiled path that winds up the grand stairs and through Babylon Court. Along the road are panels containing stories of how people, famous and unfamous, first came to Hollywood to try their luck as actors, directors, musicians, camera operators, gaffers, and so on.
- "Starbursts" is a circular stone piece that depicts dancers in formation. Located on Levels 1 and 2 on the flooring outside entrances to the Kodak Theater, it was inspired by the great Hollywood Director Busby Berkeley's celebrated overhead camera shot in the 1934 film Dames. In the scene, a hundred girls in black tights and frilly white blouses fragment and transform themselves into kaleidoscopic patterns and abstract geometric designs. Viewed from Levels 3, 4, and 5, the patterns in the stone piece merge and the dancers come into focus.
- "Chandelier Fall" is located along the main entrance escalators and is visually accessible from each level of the Hollywood & Highlands complex. Designed by Michael Davis, "Chandelier Fall" is an evocative sculpture, a suspended arrangement of fantasy, dream, memory, and desire.

Hollywood Boulevard Walk of Fame

The Walk of Fame extends 15 blocks along the north side of the street and 12 blocks along the south side. There are over 2,000 "stars," which are brass plaques embedded in the concrete sidewalks bordering Hollywood Boulevard. They are dedicated to stars of film, TV, radio, recordings, and theater. Because there are five categories, some entertainers have more than one star, but only Gene Autry has all five. The brass stars are inscribed with the name of the personality and a symbol indicating the category for which the star is recognized. It is fun to stroll along either side of Hollywood Boulevard and see how many stars you recognize or remember. The more you remember the older you probably are! Just walk out of the Colloquium hotel through the Hollywood & Highland complex, and head in either direction to enjoy the Hollywood Walk of Fame (and get a little exercise in the process).

The Capitol Records Building

Visible from the Colloquium hotel, and practically any other place in Hollywood, is the distinctive Capitol Records Building. It is thirteen stories tall and shaped like a stack of records. Many famous recording artists cut their records in this building, including Frank Sinatra, the Beatles, and Nat "King" Cole. Gold albums are on display in the lobby, and in the sidewalk in front of the unique building are stars honoring the most prominent artists of Capitol Records. This is yet another free and interesting place to visit in Hollywood.

Hollywood High School

Two blocks off Hollywood Boulevard at the intersection with Sunset Boulevard, and a short walk from the Colloquium hotel, is Hollywood High School. It is probably the most famous high school in the United States because so many students later became stars—Carol Burnett, Jean Peters, James Garner, John Ritter, Jason Robards, Mickey Rooney, Lana Turner, and the Nelson brothers (David and Ricky), to name a few.

Located at 1521 North Highland Avenue are the school's art deco science and liberal arts buildings, which have been standing since the 1930s; and although only white students once attended, the current student body is an amazing mix of races and ethnic groups. The school does not offer tours, but if you are a movie buff, walk by and indulge in a bit of Hollywood nostalgia.

Hollywood and Vine

This intersection is probably the best known corner in the world. At the present time, it does not have a lot to offer, except the nostalgic memories of the past. But it is close to the Colloquium hotel and worth a walk and perhaps a photo shot or two. It is also on your way to the Pantages Theater and the Hollywood and Vine Metro Red Line stop. For $1.35, the Metro will take you to downtown Los Angeles or in the opposite direction to the Universal Studios theme park and entertainment complex. There is also a Metro station even closer to the Colloquium hotel, the Hollywood and Highland station in the Hollywood & Highland complex adjoining the hotel.

The Egyptian Theater and American Cinematheque

Built in 1922 on what had been a small lemon orchard, the Egyptian Theater was the epitome of grand movie houses and opened with the premier for *Robin Hood*, starring Douglas Fairbanks. The last big premier at the theater was *Funny Girl* in 1968, and then the theater went downhill along with the neighborhood and closed in 1992.

The City of Los Angeles bought the Egyptian and gave it to the nonprofit foundation American Cinematheque with the promise the theater would be restored to its original grandeur. It has reopened as a movie buff's dream and shows a variety of films—first-run movies, classic films, foreign films, and so on. *Forever Hollywood*, an hour-long film covering a century of movie making, is a great introduction to Hollywood and the Egyptian Theater. It is shown Saturday and Sunday at 2:00 pm and 3:30 pm. Tickets for this film are $7 for adults and $5 for seniors. Tickets for tours of the theater are $5.

Hollywood Forever

Formerly Hollywood Memorial Park, Hollywood Forever is a cemetery with more dead movie stars than any other single site. It is located at 6000 Santa Monica Boulevard, a short cab ride or a long walk from the Colloquium hotel. The cemetery backs up to Paramount Studios and has been a Hollywood fixture since 1901. There are no regularly scheduled tours, but visitors are welcome, and a map of stars' gravesites is sold at the cemetery office for $5. Three kiosks on the grounds display videos showing biographies of some of those buried in the cemetery.

Among the many famous interred here are Rudolph Valentino, Tyrone Power, Clifton Webb, Cecil B. De Mille, Marion Davies, Louis Calhern, John Huston, Nelson Eddy, Jayne Mansfield, Edward G. Robinson, Norma Talmadge, Peter Lorre, and Paul Muni. Forever Hollywood is a must for movie buffs—and it's free.

The road to Hollywood and the grand stairs leading to the Babylon Court of the Hollywood & Highland complex.

Paramount Pictures

This is the movie studio closest to the Colloquium hotel, and 2-hour tours (limited to 15 people) are given every half hour from 9:00 am to 2:00 pm. This is a working studio, so you will visit various departments and sound stages, and you may see scenes being filmed. The commissary has a cafeteria and a dining room, where you may have lunch. You must call for reservations for the tour and also for a table in the dining room. The tour costs $15. The studio is located at 5555 Melrose Avenue in Hollywood, a short cab ride or a long walk from the Colloquium hotel.

Universal Studios

Not in Hollywood, but a quick subway ride on the Metro Red Line from the Colloquium hotel, is Universal Studios and theme park. The studio tour is conducted on 50-passenger trams, and you will see where various films were shot. You may also enjoy any of the shows and rides in the theme park (all based on Universal movies, such as *E.T.*, *Jurassic Park*, and *Back to the Future*). There is also a variety of eateries and shops within the park if you need a change of scene. Admission is $43 for anyone over 10 years of age.

Downtown Los Angeles

The Metro Red Line will also take you from the Hollywood & Highland complex to downtown Los Angeles in about 30 minutes, The stop at Pershing Square puts you more or less in the center of downtown—the famous Biltmore Hotel is across the street and China Town, Little Tokyo, and the Hispanic area of El Pueblo and Olvera Street are within walking distance.

The Metro Red Line stop at First and Hill Streets puts you near the Music Center, City Hall, the impressive new Our Lady of the Angeles Cathedral, and L.A.'s new icon, the Walt Disney Concert Hall. The Music Center is a three-theater complex, which includes the large Ahmanson Theater (for major musicals), the more intimate Mark Taper Forum (for new works or new stagings of dramas or comedies, often with major stars), and the Dorothy Chandler Pavillion (for opera, ballet, and modern dance). Across the street is the spectacular Walt Disney Concert Hall designed by Frank O. Gehry. It is the home of the Los Angeles Philharmonic (except during the summer when the orchestra plays at the Hollywood Bowl), but the Hall also presents other musical events, including jazz, chamber music, choral groups, and pop artists. The acoustics in the auditorium are exceptional, and the audience surrounds the performance platform. Tours of this exciting building are also offered.

If you stay on the Metro Red Line you end up at Union Station. It was built in 1939 but is still the central railway station for Los Angeles. The interior of the station, with its high ceiling, massive wooden beams, and enormous chandeliers, continues to attract and impress visitors.

You can visit many other interesting sites at the 2004 Colloquium. Come early, or stay after, or do both!

APSAC Announces 12th Annual Colloquium Hollywood Renaissance, Hollywood, CA

August 4-August 7, 2004

Plan Now to Attend!

APSAC's Annual Colloquium is a major source of education and research necessary for professionals in the field of child maltreatment, including mental health, medicine and nursing, law, law enforcement, education, prevention, and child protective services.

Colloquium seminars begin where seminars at other conferences end!

Colloquium Features:

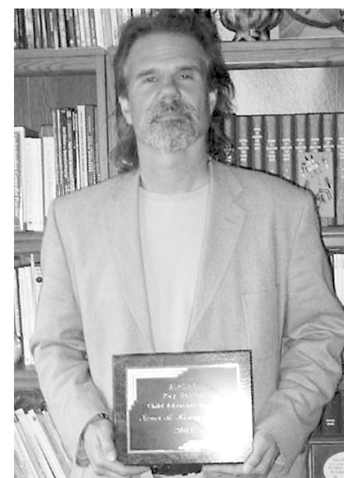
- Institute on Cultural Considerations in Child Maltreatment
- Intensive, interdisciplinary, skills-based training seminars on all aspects of child maltreatment
- Field-generated skills-based training, research, poster presentations, and symposia
- Networking opportunities with other professionals and APSAC members in your area

The spectacular new Renaissance Hotel in the heart of Hollywood will host APSAC on August 4-7, 2004. The Renaissance Hotel is connected to the magnificent new Hollywood & Highland shopping, dining, and entertainment complex, which includes a six-screen movie theater, the Kodak Theater (home of the annual Academy Awards as well as many live entertainment events), five restaurants, and a wide variety of interesting shops. In addition, Wolfgang Puck is the head caterer of the hotel and the welcome reception will be held in the same venue as the Governor's Ball.

HOTEL ACCOMMODATIONS:
Rooms are available at the Hollywood Renaissance, 1755 N. Highland Avenue, Hollywood, CA 90028, at $139.00/night (single, double), $159.00 (triple), and $179.00 (quad) plus tax.
For reservations call 323-856-1200 or 800-468-3571 and request the APSAC Colloquium rate.
We urge you to make your hotel reservations early.
The hotel cut-off date to receive the conference rate is July 14, 2004.

For more information please visit our website: www.apsac.org
or
Contact APSAC's Education Department
Tricia Williams, PO Box 26901, CHO 3B3406, Oklahoma City, OK 73190
Phone: (405) 271-8202 Fax: (405) 271-2931
E-mail: Tricia-Williams@ouhsc.edu Website: www.apsac.org

2003 MiPSAC Child Advocate Award Winner



James Henry, PhD, received the MiPSAC Ray Helfer Child Advocate Award on October 22, 2003, at the Michigan Statewide Child Maltreatment Conference. He is Director of the Southwest Michigan Children's Trauma Assessment Center. Dr. Henry is also an associate professor in the School of Social Work at Western Michigan University with an extensive history in serving abused and neglected children.

2003 Pro Humanitate Awards Presented at the 11th Annual APSAC Colloquium, Orlando

The Center for Child Welfare Policy of the North American Resource Center for Child Welfare (NARCCW) has announced the 2003 winners of the Pro Humanitate Literary Awards. The awards are conferred annually to authors from the United States and Canada who demonstrate the intellectual integrity and moral courage to transcend political and social barriers to champion "best practice" in the field of child welfare.

The winner of the 2003 Daniel Douglas Schneider Child Welfare Book Award is **Nina Bernstein** for her book, *The Lost Children of Wilder: The Epic Struggle to Change Foster Care*. Ms. Bernstein is a reporter for the *New York Times*.

Three peer-reviewed articles each receive the Pro Humanitate Medal and a cash prize of $1000. Due to a tie in scoring, there were four awards this year, presented on July 25 at the 11th APSAC Colloquium in Orlando. The Herbert S. Raskin Child Welfare Article Award winners for 2003 are as follows:

Duncan Lindsey, PhD, Professor of Social Welfare, UCLA; **Sacha Klein Martin, MSW**, Child Welfare Policy Director, Association of Community Human Service Agencies; and **Jenny Doh, MSW**, Independent Consultant for El Sol Science & Arts Academy of Santa Ana, for their 2002 article, "The Failure of Intensive Casework Services to Reduce Foster Care Placements: An Examination of Family Preservation Studies," *Children and Youth Services Review, 24*(9/10), 743-775.

Sandra Jo Wilson, PhD, Research Associate, Vanderbilt Institute; **Mark W. Lipsey, PhD**, Senior Research Associate, Vanderbilt Institute; and **Haluk Soydan, PhD**, Research Director, National Board of Health and Welfare Center for Evaluation of Social Services, Stockholm, for their January 2003 article, "Are Mainstream Programs for Juvenile Delinquency Less Effective With Minority Youth Than Majority Youth? A Meta-Analysis of Outcomes Research," *Research on Social Work Practice, 13*(1), 3.

Erna Olafson, PhD, PsyD, Associate Professor of Clinical Psychiatry and Pediatrics, and **Barbara Boat, PhD**, Associate Professor of Psychiatry, both of Cincinnati Children's Hospital and the University of Cincinnati College of Medicine, for their 2000 article, "Long-term Management of the Sexually Abused Child: Considerations and Challenges," in *Treatment of Child Abuse: Common Ground for Mental Health, Medical, and Legal Practitioners* (Chapter 2), Baltimore, MD and London: The John Hopkins University Press.

Anthony Petrosino, PhD, Research Associate and Project Manager, Harvard Graduate School; **Carolyn Turpin-Petrosino, Ph.D.**, Associate Professor of Criminal Justice, Bridgewater State College, and **James O. Finckenauer, PhD**, Professor II, Rutgers University, for their 2000 article, "Well-Meaning Programs Can Have Harmful Effects! Lessons From Experiments of Programs Such as Scared Straight," *Crime and Delinquency, 46*(3), 354-379.

The North American Resource Center for Child Welfare (NARCCW), formed in October 2000, is an independent, nonprofit, privately endowed organization located in Columbus, Ohio. One mission of the Center is to develop, promote, and disseminate public policy that promotes "best practice" in the field of child welfare.

NARCCW relies on the expertise of both academicians and direct service practitioners to formulate sound and effective recommendations for policy and practice development. NARCCW's activities include annual symposia to examine child welfare practice dilemmas and controversies, such as risk assessment, transracial adoptions, and sexual abuse interventions. Policy recommendations are disseminated through white papers, internet web sites, educational and training conferences, and journal publication.

Dr. Ronald C. Hughes is the Director of NARCCW and the Center for Child Welfare Policy.
For more information about NARCCW and the Pro Humanitate Awards, visit www.narccw.com.

EARLY CAREER AWARD FOR OUTSTANDING CONTRIBUTIONS TO PRACTICE IN THE FIELD OF CHILD MALTREATMENT

The Section on Child Maltreatment of APA Division 37 (Child, Youth, and Family Services) is proud to announce its Early Career Award for Outstanding Practice Contributions in the Field of Child Maltreatment. The award will be made at the 2004 convention of the American Psychological Association. Self-nominations are welcome.

ELGIBILITY:

Nominees should be professionals who have made substantial contributions related to practice and/or other direct services relevant to child maltreatment, and who have demonstrated the potential to continue such contributions. Nominees must have received their terminal degree (e.g., PhD, JD, DSW, MSW) no more than 8 years prior to August 2004. Nominees need not be current members of the APA Section on Child Maltreatment.

TO NOMINATE: SEND FOUR (4) COPIES OF THE FOLLOWING:

1. A statement (no more than three (3) pages) outlining the nominee's accomplishments to date and anticipated future contributions. This statement should describe the nominee's major accomplishments related to the field of child maltreatment, and it should specify the importance and impact of the nominee's work;
2. The nominee's current curriculum vitae;
3. One letter of support; and
4. If possible, other relevant supporting material, as appropriate (e.g., no more than two articles authored by the nominee).

NOMINATION DEADLINE:

All materials should be received (in one package) by June 15, 2004.

SEND NOMINATIONS OR DIRECT QUESTIONS TO:

Bette L. Bottoms, Chair of the Section Awards Committee, Department of Psychology (MC 285), University of Illinois at Chicago, 1007 W Harrison St., Chicago, IL 60607-7137. Phone: 312-413-2635; e-mail: bbottoms@uic.edu.

2004 DISSERTATION GRANT AWARD

The Section on Child Maltreatment (Section 1 of Division 37, APA) announces its annual dissertation award. A $400 prize will be awarded to one successful graduate student applicant to assist with expenses in conducting dissertation research on the topic of child maltreatment.

The award will be presented at the 2004 meeting of APA in Honolulu, Hawaii, July 28-August 1.

TO APPLY: APPLICANTS ARE REQUESTED TO SUBMIT:

1. a letter of interest, indicating how the applicant would use the award funds toward the completion of the dissertation research,
2. a 100-word abstract, and
3. a five-page proposal summarizing the research to be conducted.

APPLICATION DEADLINE: JUNE 15, 2004

SEND APPLICATIONS OR DIRECT QUESTIONS TO:

Mark Chaffin, Ph.D.
Director of Research, Developmental and Behavioral Pediatrics
University of Oklahoma Health Sciences Center
P.O. Box 26901
Oklahoma City, OK 73190
Ph: 405-271-8858 Fax: 405-271-2831
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Journal Highlights

Ronald C. Hughes, Judith S. Rycus, Sally Dine Fitch
North American Resource Center for Child Welfare

Journal Highlights informs readers of current research on various aspects of child maltreatment. APSAC members are invited to contribute by sending a copy of current articles (preferably published within the past 6 months) along with a two- or three-sentence review to: Ronald C. Hughes, PhD, Institute for Human Services, 1706 East Broad Street, Columbus, Ohio 43203 (fax: 614-251-6005 or phone: 614-251-6000).

The Impact of Child Maltreatment on Language Development

This study evaluated whether maternal maltreatment is correlated with language delays in children, particularly in the domain of syntactic development, and whether such delays are related to the quality of maternal utterances. The study used a cross-sectional design. Participants included 33 mother-child dyads. In 19 of these, the children had experienced documented maltreatment. The remaining 14 dyads consisted of a demographically comparable group of low-income families in which the children had not been maltreated. In all abuse cases, the mothers had been identified as the perpetrators, and the children had experienced chronic maltreatment. Mother-child dyads were observed and videotaped through a one-way mirror during play interaction. A series of standardized assessments of children's development and intelligence was used to evaluate the syntactic abilities of the children. The study found that maltreated children exhibited syntactic delays at the early age of 5, producing less complex language with less knowledge of vocabulary. This investigation provides a description of the impact of a maltreating environment on children's syntactic development and supports a policy of speech-language evaluation for children identified as experiencing maltreatment.

Eigsti, Inge-Marie, & Cicchetti, Dante. (2004, February). The impact of child maltreatment on expressive syntax at 60 months. *Developmental Science, 7*(1), 88-102.

How Well Do We Prepare Pediatric Radiologists Regarding Child Abuse?

This article reports the results of a 24-question survey conducted by the Society for Pediatric Radiology Committee on Child Abuse to evaluate the training of pediatric radiologists, regarding both radiological diagnosis of child abuse, and forensic investigation and legal procedures in cases of child maltreatment. Surveys were mailed to radiologists who completed a one-year training fellowship in pediatric radiology during 1999 and 2000. The questionnaires included 9 items evaluating objective information about training programs, and 15 statements eliciting subjective Likert scale responses regarding the perceived presence and adequacy of relevant educational and training. Results indicated considerable variability in training and education experiences. Although the average rankings for training in diagnosis of child abuse indicated confidence in the adequacy of training, the wide range of the responses indicated that some respondents perceived their training to have been deficient. A large majority of respondents felt poorly trained to interact with the child protective services system, other investigative teams, and the legal system. The authors recommend the creation of a standardized training program for pediatric radiology fellows on child abuse to promote uniform training in both radiologic diagnosis of child abuse, and collaboration with child abuse investigators and legal advocates.

Pennington, Debra J., Lonergan, Gael J., and Mendelson, Kenneth L. (2004, January). How well do we prepare pediatric radiologists regarding child abuse? Results of a survey of recently trained fellows. *Pediatric Radiology, 34*(1), 59-65.

Physical Maltreatment Victim to Antisocial Child

The goal of this study was to evaluate whether physical maltreatment of children leads to their later development of antisocial behavior, and if so, is it via an environmental causal process or via genetic transmission. The authors tested these hypotheses in a representative Environmental-Risk cohort of 1,116 twin pairs and their families, who were assessed when the twins were 5 and 7 years old. Mothers reported on their children's experiences of physical maltreatment, and mothers and teachers reported on these children's antisocial behavior. The well-documented association between child maltreatment and the later development of antisocial behaviors was replicated in this study. The authors also found that heritable characteristics of the child did not provoke physical maltreatment. The study supported the hypothesis that physical maltreatment is an environmental risk variable that is causally linked to later antisocial behavior in children, and provides evidence that approximately half of the intergenerational transmissions of antisocial behaviors is environmentally generated. The authors conclude that preventing physical maltreatment should be a public health priority because doing so is likely to reduce future rates of antisocial behavior in children.

Jaffee, Sara R., Caspi, Avshalom, Moffit, Terrie E., and Taylor, Alan. (2004, February). Physical maltreatment victim to antisocial child: Evidence of an environmentally mediated process. *Journal of Abnormal Psychology, 113*(1), 44-55.

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Vicarious Trauma: A Comparison of Clinicians Who Treat Survivors of Sexual Abuse and Sexual Offenders

This study compared vicarious trauma as experienced by clinicians who treat survivors of sexual abuse (n=95) and clinicians who treat sexual abuse offenders (n=252). The study explored the levels of vicarious trauma experienced by the two populations; the impact of demographics, personal history of abuse and personal coping strategies on vicarious trauma; and how these variables differed between the two groups of respondents. A survey of demographic data and two standardized measures of trauma were administered to members of the American Professional Society on the Abuse of Children (APSAC) and members of the Association for the Treatment of Sexual Abusers. Respondent groups did not differ in age, ethnicity, length of service (56% reported a tenure of ten years or more), or history of childhood maltreatment, even when controlling for gender. Of the respondents, 75.8% reported experiencing at least one form of maltreatment as a child; 53.6% reported experiencing multiple forms of maltreatment. The study determined that the level of vicarious trauma for the majority of the sample fell within the clinical range, which is consistent with previous studies. Clinicians who treated survivors were found to use positive coping strategies more frequently than did clinicians treating offenders. However, clinicians treating offenders were more likely to work in residential or prison settings, and it was not known how job setting might have influenced their use of coping strategies. Further, in the group treating survivors, respondents who had been clinicians for shorter periods of time reported higher levels of vicarious trauma. The authors provided several explanations, including that persons experiencing greater vicarious trauma also engaged in more coping strategies to counter the effects of their work, or that clinicians most affected by vicarious trauma had left the field prematurely and were not represented in this sample. Both findings appear to support specialized training for clinicians on the risks of treating both sexual abuse survivors and offenders, as well as training on effective self-care strategies that can help mitigate the effects of vicarious trauma.

Way, I., VanDeusen, K., Martin, G., Applegate, B., Jandle, D. (2004). Vicarious trauma: A comparison of clinicians who treat survivors of sexual abuse and sexual offenders. *Journal of Interpersonal Violence, 19*(1), 49-71

Promoting the Educational Competence of Youth in Foster Care

This study explored predictors of academic achievement of youth in foster, kinship, group, and residential care, or living independently. The potential study group included 400 youth randomly. selected from 2415 teens in substitute care in Illinois as of December 1, 1998. Caseworkers provided consent for 218 youth to participate in the study; data were ultimately collected for 152 youth. The study questionnaire incorporated several standardized scales, including the Mental Health Inventory (Veit & Ware, 1983); the Multidimensional Scale of Perceived Social Support (Zimet, Dahlem, Zimet, & Farley, 1988); part of the Child Health and Illness Profile: Adolescent Edition (Starfield et al., 1995); and the Wide Range Achievement Test-Revised (WRAT-R). The dependent variable, educational success, was represented by level of reading skill, as measured by the WRAT-R. Nine variables identified in the literature as important predictors of school success were selected as independent variables. Study methods combined descriptive analyses, bivariate analyses, and backward regression models. Both Pearson and Spearman techniques were used to determine correlations. Factors positively correlated with reading skill levels were high educational aspirations, good problem-solving skills, participation in extracurricular activities, positive school experiences, placement in kinship care, positive affect, emotional ties with others, and life satisfaction. Variables negatively correlated with reading skills included high levels of depression, loss of control, participation in special education, and drug use. Although cautioning that some findings may have been affected by selection bias, and that directionality of some correlations could not be ascertained, the authors suggest that promoting active participation in extracurricular activities, supporting aspirations for higher education, providing mentoring programs, and identifying and treating substance abuse may help promote educational achievement of youth in care.

Shin, Sunny Hyucksun. (2003, September-October). Building evidence to promote educational competence of youth in foster care. *Child Welfare, LXXXII*(5), 615-632.

Child Welfare Practice in Organizational and Institutional Contexts

This exploratory study consisted primarily of private, qualitative interviews with 15 foster care caseworkers from both public and private child welfare agencies regarding their perceptions and descriptions of their daily work, and the barriers that prevented them from performing activities identified as family-centered, strengths-based, and empowerment-based (i.e., "best") practice. The study used a subset of data collected during a multimethod study of reunification in foster care. Interview transcripts and field notes were subjected to repeated reading, coding, and classification, using both open and selective coding methods. Although the authors suggest that study limitations preclude generalization, their findings illustrate how organizational, environmental, and institutional dynamics appear to undermine child welfare practice. Barriers identified by study participants included high numbers of children in substitute care, resource shortages, waiting lists for services, competing goals, and significant pressures to comply with agency and juvenile court expectations for accountability. Workers reported that direct work with parents warranted a low priority among the factors competing for their time and instead viewed visits with children in care, court appearances, and case record documentation as core activities. Workers often met requirements for parental contact through letters or telephone calls and, rather than conduct outreach, often waited for parents to contact them.

They then interpreted lack of response from parents as lack of interest in services or in reunification. Explicit agency rules to assure accountability promoted a regimented rather than individualized approach to case planning and service delivery. Parents' completion of easily documentable casework activities, rather than client change, was used to anchor service plans, because "documentable activities form a supportable case that vulnerable decision makers can use to defend their actions in a volatile environment." The study suggests that less-than-adequate services on the line, often attributed to caseworker failure to implement "best practice" concepts taught in training, may result from powerful organizational and environmental pressures that interfere with best practices. The study illuminates some of the conceptual complexity of child welfare practice and establishes a foundation for future research.

Smith, Brenda D., & Donovan, Stella E. F. (2003, December). Child welfare practice in organizational and institutional context. *Social Services Review, 77*(4), 541-563.

Characteristics and Challenges: Adopting Children With Special Needs

This study examined demographic differences in child, parent, and agency characteristics in special needs adoption to determine if these have predictive value in relation to positive adoption outcomes. Eligible participants included all families in Nevada receiving or contracted for adoption subsidies as of January, 2000. Respondents to a mailed survey questionnaire included 249 special needs adoptive families representing 373 children. Ethnic backgrounds of parents and children suggested numerous cross-cultural adoptions. Data were collected on child characteristics (behavior and emotional problems, delinquent or aggressive behaviors, physical handicaps, and disabilities); parental characteristics (attitudes and opinions regarding parenting and expectations for children's behavior); and agency practices (amount of information parents were given about a child's background and characteristics prior to adoption and difficulties obtaining needed services). Positive adoption outcomes were represented by parental satisfaction, the quality of the parent-child relationship, and impact of the adoption on the family and/or marriage. The majority of respondents reported good adoption outcomes in spite of problems. Many families reported significant behavior problems and disabilities in their children, with close to a third indicating the problems were profound or severe. Increasing problems were associated with greater length of time in the home. This reinforces that children's problems often manifest many years after placement. Fifty-eight percent of families reported not receiving enough information on the child prior to adoption; and 37% reported the child's problems to be more serious than originally reported by the adoption agency. Families reported significant barriers in obtaining postadoptive services, often not knowing where to go and perceiving that many providers did not understand their unique issues. A multiple regression equation joining child, parent, and agency characteristics had significant, although limited, predictive value. The more appropriate a parent's expectations for the child, the more positive the impact on all outcomes. The fewer behavior problems children had, the higher parent's satisfaction with parenting. Contrary to other research, no differences were found between former foster parents and new parents on any of the adoption outcomes. Study limitations include reliance on self-reports and the fact that the sample was drawn from adoptions handled by a single state agency.

Reilly, T., & Platz, L. (2003). Characteristics and challenges of families who adopt children with special needs: An empirical study. *Children and Youth Services Review, 25*(10*),* 781-803.

Predicting Infant Maltreatment in Low-Income Families

This study assessed child neonatal status at birth and maternal attributions as predictors of infant maltreatment, including harsh parenting and safety neglect. The study population included 73 families recruited for participation prior to or soon after the birth of a child, based on their risk for child maltreatment as assessed by Kempe's Family Stress Checklist. Participants were primarily Hispanic families with low incomes and low levels of education, having recently emigrated from Mexico. Half were single mothers. Maternal attributions were assessed using the Parent Attribution Test (PAT, Bugental et al. 1989); harsh parenting was measured by the Conflict Tactics Scale (CTS, Straus, 1979); and maternal depressive symptoms were measured by the Beck Depression Inventory (BDI, Beck, Ward, Mendelson, Mock, & Erbaugh, 1961). Children were identified as "at risk" based on a low APGAR score or a premature birth. Mothers completed the PAT and the BDI immediately prior to or following birth. When their children were 1 year old, they completed the CTS, the BDI, and two neglect measures (Framingham Safety Survey and the Accidental Injury Interview). Mothers with low perceived power in their relationship with their infant, when paired with an at-risk infant, were more likely to physically abuse their infant or use nonabusive corporal punishment. Depressive symptoms were significantly correlated with mothers' use of physically harsh parenting strategies; and mothers who were physically abusive showed substantially higher levels of depressive symptoms. Power-based cognitions were also found to predict higher levels of safety neglect and higher levels of child injury, and this pattern was stronger in families with high-risk infants. Study limitations included the small sample size, the cultural and socioeconomic similarities of the sample families, and participation by some families in different service programs during the course of the study. However, results do suggest parental cognitions as qualifiers of maternal responses to at-risk children.

Bugental, D. B., & Happaney, K. (2004, March). Predicting infant maltreatment in low-income families: The interactive effects of maternal attributions and child status at birth. *Developmental Psychology, 40*(2), 234-243.

cont'd on page 26

Risk Factors Associated With High Potential for Child Abuse and Neglect

This 4-year follow-up study examined the association between the presence of major psychosocial risk factors for child maltreatment and the degree of chronicity of child abuse and neglect. The authors hypothesized that chronic maltreatment was associated with the presence of a greater number of risk factors related to both the parent's own personal history and their current living situation. Subjects were 56 mothers evaluated by social service agencies as being abusive, neglectful, or at high risk for either. The study attempted to differentiate between those mothers who continued to show a high potential for child abuse and neglect in spite of intervention (chronic) and those who were able to over come their problems (transitory). When initially recruited, families were receiving social services after having been identified as maltreating or at risk for maltreatment. A set of 14 variables was compiled based on research identifying risk factors for child maltreatment. Subjects were administered a battery of tests at the time of their recruitment, at the end of the intervention programs 2 years later, and at follow-up 4 years after their recruitment. Results indicated no significant demographic differences between the chronic and transitory groups. Mothers categorized as having chronic problems showed, on average, more risk factors than mothers displaying transitory problems. Single-parent families were proportionately more numerous in the transitory group. Variables found to be significantly associated with situations of chronic abuse and neglect included initial level of severity of potential for abuse; number of children at the time the case was opened; dual-parent status; the fact that the mother herself had been placed in a foster home; that she had been sexually abused; and that she had run away from home during her adolescence. When considered individually, the only factors for which a statistically significant relationship could be observed were those related to the parent's antecedents during childhood or adolescence. Although several factors were considered, including neglect, physical violence, abandonment, and break-up, the most significant to the chronic maltreatment of their own children were a personal history of foster care and sexual abuse. The authors hypothesize that parents who have unresolved trauma develop psychic mechanisms that are detrimental to their capacity for attachment and especially to their sensitivity as parents. Finally, the study indicated that after 4 years of intervention and services, 62% of the mothers still displayed a high level of abuse and neglect problems.

Ethier, Louise S., Couture, Germain, & Lacharite, Carl. (2004, February). Risk Factors Associated With the Chronicity of High Potential for Child Abuse and Neglect. *Journal of Family Violence, 19*(1), 13-24.

Predictors of Maternal Support: The Point of View of Adolescent Victims of Sexual Abuse and Their Mothers

Although this study addresses a well-researched topic (i.e., predictors of maternal support in cases involving child sexual abuse), it adds to the literature by 1) examining frequently-researched factors predictive of maternal support from the perspective of both the mother and the victim (i.e., maternal distress characteristics, victim characteristics, abuse characteristics such as severity and duration, and disclosure characteristics), 2) examining less often studied variables, such as maternal occupational status, admission of guilt by perpetrator, the person to whom the teen first disclosed, and the time of the disclosure, and 3) examining whether the variables determined to be significant remained consistent when examined from the perspectives of mothers and adolescents. A total of 120 adolescents (107 females and 13 males) aged 12 to 17 years, and their mothers, were recruited from a child protective services agency to participate in the study. Data were collected using established standardized questionnaires and semi-structured interviews. Multiple regression analyses were performed separately on mother and child data sets, which revealed several predictors of maternal support, four of which were seen as significant predictors of maternal support by both mothers and teens. Three of these variables were found to be predictive of supportive maternal responses.. They were initial disclosure of the abuse to the mother rather than to someone else, admission of guilt by the perpetrator, and maternal occupational status (mothers were more supportive if they were economically independent of the offender). The fourth variable, the mother living with the perpetrator, was predictive of maternal nonsupport. Although the relationship between the mother and the offender represents one of the most commonly studied predictors of degree of maternal support, the findings of this study indicate the offender's civil status as father or stepfather was less important than whether he actually lived with the mother. Teens indicated that confirmation of the abuse by outside sources, such as a friend, sibling, or professional, was of predictive value, and mothers indicated the quality of the maternal-child relationship was significant from their perspective.

Mireille, C., Wright, J., Toupin, J., Oxmna-Martinez, J., McDuff, P., Thériault, C. (2003). Predictors of maternal support: The point of view of adolescent victims of sexual abuse and their mothers. *Journal of Child Sexual Abuse, 12*(1), 39-65.

CONFERENCE CALENDAR

May 16-19, 2004
2004 Prevent Child Abuse America National Conference, Lake Buena Vista, FL
call Ann Johnson 312-663-3520 or fax 312-939-8962 or e-mail: ajohnson@preventchildabuse.org or visit www.preventchildabuse.org/news/conf.htm

June 2-4, 2004
Colorado's 13th Annual Child Welfare Conference, Vail, CO
call Melissa Eiben 520-318-0828 or fax 520-327-9260 or e-mail: meiben@ridgewoodpr.com or visit www.cwconf.com

June 7-11, 2004
Sexual Abuse Forensic Examiner Course
call Diana Faugno 760-739-3444

June 14-18, 2004
APSAC Forensic Interview Clinic, Norfolk, VA
call 405-271-8202 or fax 405-271-2931 or e-mail: tricia-williams@ouhsc.edu

August 4-7, 2004
APSAC 12th Annual Colloquium, Hollywood, CA
call 405-271-8202 or fax 405-271-2931 or e-mail: tricia-williams@ouhsc.edu

September 12-15, 2004
Fifth National Conference on Shaken Baby Syndrome, Ogden, UT
call Steven Franks 801-627-3399 or e-mail: sefranks@mindspring.com or visit www.dontshake.com

September 29, 2004
18th Annual Children's Network Conference, Ontario, CA
call Jennifer Celise-Reyes 909-387-8966 or fax 909-387-4656 or e-mail: jcelise-reyes@hss.sbcountry.gov or visit www.co.san-bernardino.ca.us/childnet/18th_annual_conference.htm

October 27-30, 2004
22nd Annual Research and Treatment Conference, Albuquerque, NM
write to: 4900 SW Griffith Drive, Suite 274, Beaverton, OR 97005 or visit www.atsa.com

May 17-21, 2004
The Ninth Annual Rocky Mountain Child Advocacy Training Institute, Denver, CO
call 303-871-6326 or fax 303-871-6100

June 5-8, 2004
National CASA Conference, Washington, DC
call Tracy Flynn 800-628-3233 or fax 206-270-0078 or visit www.nationalcasa.org/casa/confer.htm

June 7-11, 2004
Child Welfare League of America(CWLA) 2004 Mid-West Regional Training Conference & National Juvenile Justice Summit, Indianapolis, IN
call 202-638-2952 or fax 202-638-4004 or visit www.cwla.org

July 11-13, 2004
Prevent Child Abuse Georgia's 20th Annual Symposium, Atlanta, GA
call Jeanette B. Meyer 404-870-6588 or e-mail: jeanettem@preventchildabusega.org or visit www.preventchildabusega.org

July 11-14, 2004
Victimization of Children & Youth: An International Research Conference, Portsmouth, NH
e-mail: sarahg@cisunix.unh.edu or visit www.unh.edu/frl

September 19-22, 2004
ISPCAN 15th International Congress on Child Abuse and Neglect, Brisbane, Australia
call 617-3844-1138 or fax 617-6844-0909 or e-mail: ispcan2004@icms.com.ua or visit www.congress2004.com

October 18-22, 2004
OUR KIDS Training: The Evaluation and Management of Child Sexual Abuse, Nashville, TN
call Suzanne V. Petrey 615-341-4911 or fax 615-341-4919 or e-mail: suzanne.v.petrey@vanderbilt.edu

November 17-20, 2004
ASC Annual Meeting, Nashville, TN
call 614-292-9207 or fax 614-292-6767 or e-mail: asc41@infinet.com or visit www.asc41.com

May 25-28, 2004
3rd National Sexual Violence Prevention Conference, Los Angeles, CA
call 916-446-2520 or fax 916-446-8166 or e-mail: info@calcasa.org or visit www.cdc.gov.ncipc

June 6-9, 2004
10th International Conference: Recognizing Strength & Resilience, Vienna, Austria
e-mail: safety2004@sicherleben.at or visit www.safety2004.info

June 7-11, 2004
OUR KIDS Training: The Evaluation and Management of Child Sexual Abuse, Nashville, TN
call Suzanne V. Petrey 615-341-4911 or fax 615-341-4919 or e-mail: suzanne.v.petrey@vanderbilt.edu

July 20-22, 2004
Advocacy in Action: Becoming a Powerful Voice for Youth! Research Triangle Park, NC
call Nancy Carter 800-820-0001 or fax 919-384-0338 e-mail: nancy.carter@ilrinc.com or visit www.ilrinc.com/eposter/productdetail1.asp?catalogID=257

September 19-22, 2004
9th International Conference on Family Violence, San Diego, CA
call 858-623-2777 ext. 427 or fax 858-646-0761 or e-mail: fvconf@alliant.edu or visit www.fvsai.org

October 20-22, 2004
2004 Child Welfare League of America Biennial Leadership Summit, Hilton Head, SC
call 202-638-2952 or fax 202-638-4004 or visit www.cwla.org/conferences/conferences.htm

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