

Section on Child Maltreatment Newsletter

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President's Column

Jennifer Kaminski, PhD

Those of you who already know me will be surprised to read that I started out at a loss for what to say in a President's Column. Trying to fill the shoes of **Past President Mary Haskett** is a daunting prospect. Under her leadership, the Section grew both in terms of membership and financial health. Mary acted as a conduit for Section members to provide expertise to APA and other groups on a number of important policy, practice and academic efforts. She also pushed the field forward by initiating a task force around positive parenting in the context of homelessness. I am grateful that she has handed over to my care a very strong Section, with members eager to be involved.

My goals for 2013-2014 are to capitalize on that momentum by seeking ways to increase our visibility as a valued resource for the field of child maltreatment, remove barriers to more effective Section functioning, and increase the sense of community among Section members. By focusing my energies in these ways, I hope to facilitate Section members' ability to have a positive impact.

To accomplish these goals, I am asking for your assistance in two ways. First, I need you to let me know how I can help you do your work better. With Division 37, I am working to improve the process of membership renewals by equipping the Section to accept online credit card payments. We are hopeful this will remove a disincentive for renewal (writing and mailing a check), and will ultimately be beneficial for both the organization and the individual members. But I can only work to remove the barriers of which I am aware, so please let me know what others you would like me to help tackle during my term.

Second, I need members to respond to what I hope will be many requests for input, feedback, or comments on substantive issues. I will of course be seeking new ways to increase our visibility, but one sure way to make ourselves more well-known is to respond capably to existing requests. Please do not discount the value of your perspective when I send out requests for input, and please do not discriminate against yourself on the basis of age or career stage. The more responses I receive, the more representative and well-informed my compiled feedback is likely to be.

I predict this will be an exciting year for the field. On the policy front, the Protect our Kids Act (P.L. 112-275) passed just weeks ago (<http://www.apa.org/about/gr/issues/cyf/reduce-child-fatalities.aspx>), with both APA and the Section having provided expertise. With that Act's creation of the Commission to Eliminate Child Abuse and Neglect Fatalities, 2013 could be a landmark year in child maltreatment prevention and child welfare services. I recently circulated via the listserv a draft of the US Preventive Services Task Force recommendation on primary care interventions to prevent child maltreatment, on which we were asked to comment. Their final recommendation will undoubtedly spark discussion and perhaps research and action as well. Home visiting will surely continue to be prominent in policy and practice, and political attention to early childhood education appears to be on the rise. These may provide new and unique opportunities for the Section's involvement, and I encourage members to actively engage in opportunities as their time and expertise allow.

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This should also be an exciting year for the Section. We have several officers who began terms in January with great energy. **Penny Trickett** has joined the Board as President-Elect and **Susan Hall** is our new Treasurer. **Christina Rodriguez**'s focus as a new Member-at-Large will be on visibility of child maltreatment outside of psychology and relationships with other (psychology and non-psychology) organizations. **Kim Burkhart** has been appointed as the first Chair of the recently created Communications and Technology Committee, and hopes to leverage those tools to improve Section networking and outreach efforts. Early Career Psychologists and Graduate Students looking to get more involved can contact **Barbara Oudekerk** (ECP Committee Chair; bao2b@virginia.edu) or **Brittany Reyes**

(Graduate Student Rep; brittany.reyes@okstate.edu) for other opportunities for engagement. If you have not yet considered running for a Section office, please look for the solicitation for nominations for this year's elections.

All the best,
Jennifer Kaminski

Case Notes

The Newtown Tragedy and Connecticut's Trauma-Informed Response

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The shootings at Sandy Hook Elementary School in Newtown, Connecticut were an unthinkable tragedy. Returning to a sense of security and normalcy is a difficult process for these children and families. When children are exposed to traumatic events, such as school shootings, they are at increased risk for mental health consequences in both the short and long-term. Now more than ever, there has been increased national attention on identifying and implementing the most effective treatments for child traumatic stress.

There has been a range of intensive and comprehensive efforts made in response to the Newtown tragedy by state agencies, providers and other stakeholders across Connecticut. However, before this awful event ever occurred, Connecticut's state agencies and provider

community had begun to build a statewide trauma-informed system of mental health care for its most vulnerable children and families. Many of these services and supports have been instrumental in part of the response to the Newtown tragedy. The Child Health and Development Institute (CHDI) is a non-profit institute funded by state and federal agencies and philanthropy, and is just one of the entities in Connecticut who have collaborated with providers and state agencies to help build a trauma-informed system of care. Below is a brief overview of a few collaborative efforts that are responding in the wake of the Newtown tragedy at multiple levels on the continuum of care. It is important to note that many other important initiatives are currently underway and this brief article reviews only a few of those efforts.

Educating Practices in the Community (EPIC)

CHDI, supported by the Children's Fund of Connecticut, worked in partnership with the CT Chapter of the American Academy of Pediatrics and the CT Chapter of the American Academy of Family Physicians, to develop the EPIC training program to inform pediatricians and other health providers about critical children's health issues. The EPIC model of "academic detailing," covers a variety of topics including identifying and screening traumatic stress issues in children. In collaboration with the State Department of Education (SDE), the EPIC "trauma module" has been delivered to pediatricians, school nurses, school psychologists, social workers, teachers and other school staff across the state in the wake of the Newtown tragedy. The module is designed to educate professionals who work with children on the signs and symptoms of trauma as well as link them to community-based resources. Training pediatricians to better identify and respond to children experiencing traumatic stress reactions can help prevent future health and mental health consequences that can adversely impact their development and lead to life-long difficulties.

Emergency Mobile Psychiatric Services (EMPS)

EMPS is a mobile crisis stabilization service for children and an important element of the Connecticut Department of Children and Families (DCF) community-based system of mental health services and supports. There are 15 EMPS sites across the state that collectively provide coverage of every city and town in Connecticut, offering crisis stabilization, brief trauma-informed care, and linkage to ongoing services and supports. The EMPS service is available free of charge to children up to age 18 in Connecticut, irrespective of income or insurance status. Training and quality improvement activities for EMPS are coordinated by the Performance Improvement Center at CHDI.

EMPS clinicians provided mental health support to students, parents and other family members, and school professionals at Sandy Hook Elementary and in the surrounding communities. In the days and weeks that followed, EMPS clinicians continued to provide ongoing support to these individuals and families. In all, more than 40 EMPS clinicians and community-based agency administrators were involved in a trauma-informed mental health response. All EMPS clinicians receive training on understanding child trauma, recognizing symptoms of trauma exposure, and intervening with trauma-exposed youth and their families. In addition, EMPS providers receive training and consultation on issues of secondary trauma and self-care. The EMPS service has been a vital component to Connecticut's response to the Newtown tragedy and is an integral component of Connecticut's community-based system of care. Crisis

clinicians play an important role in early identification, acute treatment and prevention of long-term consequences following exposure to a traumatic event.

Trauma Focused Cognitive Behavioral Therapy (TF-CBT)

Children and families seeking ongoing behavioral health services in the months and years following the shootings in Newtown have access to a network of treatment providers trained in evidence-based, trauma-focused care. Beginning in 2007, CHDI has worked with the Department of Children and Families (DCF) to disseminate an evidence-based model, Trauma-Focused Cognitive Behavioral Therapy (TF-CBT), in community-based children's outpatient clinics across Connecticut through a combination of state funding and a federal grant from the Administration for Children and Families (ACF). There are currently 22 agencies with more than 250 clinical staff trained to provide TF-CBT. Four of these agencies are within 30 minutes of Newtown. Since 2007, this network has provided TF-CBT to more than 2,000 children and families. TF-CBT, one of the most effective treatments for chronic traumatic stress reactions in children, has become a vital component of Connecticut's continuum of community-based mental health service system.

Trauma Informed Child Welfare Practice

Connecticut's child welfare system has been working towards developing a trauma-informed system of care. As part of the ACF funded initiative, DCF is planning a statewide rollout of universal trauma screening and workforce development to help child welfare staff understand and recognize the symptoms of trauma, and to administer a brief, standardized trauma screening tool. All children involved in the child welfare system will be screened for trauma exposure and traumatic stress symptoms, and those deemed at risk will be referred for further assessment by clinicians trained in trauma-focused treatment.

The Connecticut School Based Diversion Initiative

Following the Newtown shootings, schools will continue to examine issues of school safety, school climate, student discipline, and access to mental health care. Although Connecticut's School Based Diversion Initiative (SBDI) was initially developed to reduce the number of children who are arrested in schools and processed through the juvenile courts, a broader goal involves enhancing school linkages to community-based mental health care. SBDI is supported by the MacArthur Foundation's *Models for Change* Initiative, the Connecticut Judicial Branch, DCF, and SDE. SBDI offers training to school personnel on recognizing students' mental health needs and accessing mental health services and supports in the school and the community. In addition to

training, SBDI offers disciplinary policy consultation and coordination with community-based mental health services that can help ensure that at-risk students access mental health care and are able to remain in school to graduation.

Focus on Child Traumatic Stress: Next Steps

The children and families, school personnel, first responders, clinicians, and others directly involved with the shootings in Newtown have experienced an unimaginable tragedy. To no one's surprise, there has been a ripple effect that has reverberated throughout Connecticut and across the nation. A follow-up response takes a network of community-based providers and state agencies to collaborate and coordinate in order to provide effective services to children and families who have experienced trauma. The programs described above are one institute's efforts to work collaboratively with state partners to build a community-based system of care that is positioned to respond to this crisis on multiple levels.

This collaborative approach is not only important in Connecticut in the wake of the Newtown tragedy, but can also be replicated in other states looking to become more trauma-informed. In the months and years to follow,

Connecticut will continue to cope with the aftermath of these events and build upon the foundation of trauma-informed resources and supports in order to meet the needs of the most vulnerable children and families impacted by traumatic stress.

More information about Connecticut's trauma-focused and other services to support children is available at:

www.chdi.org

www.kidsmentalhealthinfo.com

www.chdi.org/ourwork-signature-epic.php

www.tinyurl.com/childtrauma

Public Policy

APA Public Interest Government Relations Office Update

Kerry Bolger, PhD, Senior Legislative & Federal Affairs Officer
APA Public Interest Government Relations Office

New law creates national commission to prevent child maltreatment fatalities

On Jan. 14, President Obama signed into law APA-supported legislation, the Protect our Kids Act of 2012 (P.L. 112-275), to create a Commission to Eliminate Child Abuse and Neglect Fatalities. The commission will comprise 12 members — to be appointed by the President and congressional leaders — including members with experience in psychology, mental health, and child development. The bill passed the House of Representatives on Dec. 19 and the Senate on Jan. 2. APA's Public Interest Government Relations Office (PI-GRO) had been working in support of the bill since 2011, when it originally was introduced in Congress. In December 2012, APA submitted written testimony in support of the bill to the

House of Representatives Committee on Ways and Means, Subcommittee on Human Resources, for a hearing on reducing child deaths due to maltreatment.

Federal Trade Commission updates children's online privacy protection rule

The Federal Trade Commission (FTC) has updated its Children's Online Privacy Protection Rule to strengthen privacy protections for children and give parents more control over the personal information that websites and online services may collect from children under 13. APA and a broad coalition of partner organizations encouraged the FTC to update the Rule to reflect the growing use of newer technologies, such as social networks and smartphone apps.

Under the new FTC Rule, which was released on Jan. 17, websites and smartphone apps will have to obtain parental consent before gathering photos, videos, or geographic location of children, and before tracking children's online behavior. Web sites that collect information on children will be required to protect it, keep it "for only as long as is reasonably necessary," and then delete it safely.

for juveniles. The meeting provided an opportunity for partners from around the country to build relationships and share strategies in response to the recent Supreme Court decision abolishing mandatory life without parole sentences for children, *Miller v. Alabama*.

APA participates in National Convening on Fair Sentencing of Youth

APA's PI-GRO participated in a panel at the 2012 National Convening of the Campaign for the Fair Sentencing of Youth on Nov. 15 at Georgetown University Law Center in Washington, D.C. PI-GRO staff discussed APA's contributions to the fair sentencing of youth, including APA's influential amicus curiae briefs submitted to the Supreme Court in cases on capital punishment and sentences of life without parole

Student's Corner

Greetings from Your Student Representatives!

Brittany Reyes

Oklahoma State University

Anna Westin

University of Maryland

Welcome students to a new and exciting year! Please allow me to introduce myself. I am the Section Graduate Student Representative and am very pleased to have the opportunity to work with you this year! I am a graduate student at Oklahoma State University and a psychology pre-doctoral intern at the University of Tennessee Health Sciences Center. My clinical interests include parenting and assessment and therapy in populations concerning child maltreatment and developmental disability. My current research activities include examination of the psychometric properties of inventories related to child maltreatment and intergenerational trajectories of parenting practices. Also, please allow me to extend a very warm welcome to Anna Westin, the incoming Co-Student Representative. Anna is a psychology graduate student at the University of Maryland, Baltimore County. Her clinical interests include assessment, prevention, and intervention related to trauma and child maltreatment among low income families. Her research focuses on the promotion of positive youth adjustment among disadvantaged populations, with a particular emphasis on understanding how contextual variables influence the experience and response to stress and trauma. She is a great addition to the team and we are very excited to have her on board. Anna and I look forward to serving as student representatives for the Section and collaborating with students who have interests in child maltreatment, assessment, prevention, and policy.

I would like to express my deepest gratitude to Kate Cuno, our previous Section Graduate Student Representative, whom I worked alongside last year as the Co-Student Representative. I am grateful for the guidance, support, and leadership she provided during this past year. Kate demonstrated outstanding leadership qualities throughout her term as the Section Student Representative, particularly in her active role in establishing the Student Advisory Board. I will do my best to uphold her standards this upcoming year. Kate's next steps include completing her psychology pre-doctoral internship at Louisiana State University Health Sciences Center this summer and obtaining a postdoctoral fellowship in the area of child maltreatment. I anticipate we will see more of Kate throughout the years, as she is highly committed to serving youth and families in the field of child maltreatment.

Increasing student membership remains a top priority for the Section this year. The first year of membership is free; however benefits of membership do not end. Therefore, we encourage you to renew your application as soon as you can. There are many benefits to membership in the Section, including dissertation award grants, poster presentation awards, involvement with the Section Student Advisory Board, all of which are wonderful additions to your CV. Specific goals of the Student Advisory Board are to increase student membership in the Section, provide valuable resources for Section members, and collaborate with students on tasks and activities that will promote and grow the Section.

The Student Advisory Board consists of four positions held by Section student members including Diversity, Public Policy, Newsletter, and Communications. Anna Westin, the Co-Student Representative and the Diversity Chairperson, is developing documents related to issues of diversity and maltreatment and plans to disseminate these through various outlets. She is also developing a fact sheet on Pacific-Rim cultures and child maltreatment with a goal to disseminate at the APA conference in Hawaii. Katherine Stanford, with the Harvard Graduate School of Education, is our Public Policy Chairperson and in charge of developing fact sheets related to pending legislation and child advocacy resources and research for dissemination. Mallory Malkin, with the University of Southern Mississippi, is our Newsletter Chairperson and Sarah Kelly, with Wheaton College, is our Communications Chairperson. Mallory and Sarah plan to coordinate with the Student Representatives and the Section Executive Board to develop website and social media outlets for the Section.

If you are interested in becoming involved with student activities within the Section or with the Student Advisory Board, please email Brittany Reyes (Brittany.reyes@okstate.edu) or Anna Westin (aw10@umbc.edu). We would be thrilled to include you in our exciting student activities. We look forward to hearing from you!

Best Practices

Best Practices for Disseminating Early Childhood Maltreatment Evidence-Based Care: The LAUNCHing ABC in NC Project

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Robert A. Murphy, Ph.D.,
& Ashley Alvord, MPH

Defining the Need

Child maltreatment is a serious public health problem, particularly for infants and young children. In the United States in 2010, 695,000 children, more than 9.2 of every 1,000 (0.92%), were identified as victims of abuse or neglect (U.S. Department of Health and Human Services [US DHHS], 2011). Victimization rates among children between birth and age 1 were over twice as high (2.06%). The largest proportion of maltreatment-related fatalities (79.4%) occurred among children younger than 4 years old (US DHHS, 2011). Child maltreatment portends an array of problematic outcomes, including depression and other internalizing problems (Johnson et al., 2002; Toth, Manly & Cicchetti, 1992), aggression and violence (Kotch et al., 2008; Lansford et al., 2007), and problematic parenting of one's own children (Berlin, Appleyard & Dodge, 2011; Dixon, Brown & Hamilton-Giachritsis, 2005; Noll, Trickett, Harris & Putnam, 2009). The earlier in a child's life that maltreatment occurs,

the more likely it is to recur, and the more detrimental its developmental sequelae (Cicchetti, Toth & Maughan, 2000; Keiley, Howe, Dodge, Bates & Pettit, 2001).

The impact of child maltreatment underscores the need for evidence-based prevention and intervention programs to enhance children's development. Access to such evidence-based programs focused on early childhood parent-child relationships and maltreatment is very limited, however. This article will provide an overview of one intervention designed for this population, Attachment and Biobehavioral Catch-up, and an effort underway to disseminate this model to community providers using an implementation science-based approach.

Attachment and Biobehavioral Catch-up: Meeting the Needs of Young High-Risk Children

Attachment and Biobehavioral Catch-up (ABC; Dozier,

Lindheim & Ackerman, 2005), developed by Dr. Mary Dozier at the University of Delaware, is an intervention designed to meet the needs of young children who have experienced maltreatment or who have experienced early childhood attachment disruptions placing them at risk for maltreatment. With its roots in attachment theory and research, ABC is a manualized, brief model consisting of 10 sessions delivered to parents and infants in their homes. ABC addresses four issues identified as important for children who have experienced adversity: (a) parental nurturance, (b) following the child's lead, (c) delighting in the child, and (d) non-threatening, non-frightening caregiving behavior. Sessions provide in-the-moment feedback as well as video feedback to the parent, resulting in a more responsive and predictable environment for the child and enhanced, healthy interactions for both child and caregiver.

Results from two randomized trials (one with infants in foster care and their parents, a second with neglected infants and their biological mothers) indicate that ABC:

1. Enhances attachment security and reduces attachment disorganization (Bernard, Dozier, Bick & Carlson, 2012)
2. Helps normalize diurnal patterns of cortisol regulation (Dozier, Bernard & Gordon, 2012)
3. Enhances children's executive functioning (Lewis-Morrarty, Dozier, Bernard, Moore & Terraciano, 2012).

The program has received California Evidence-Based Clearinghouse ratings of "promising research evidence" and "high relevance to child welfare population" (CEBC, 2009).

Learning Collaborative Methodology: Meeting the Dissemination Needs of Early Childhood Practitioners

Access to evidence-based treatments (EBTs) focused on early childhood maltreatment, such as ABC, is limited. Many barriers to the adoption of EBTs (e.g., inadequate training and supervision, limited resources, wariness of change, challenges in transforming policies and procedures) prevent such widespread dissemination (Amaya-Jackson & DeRosa, 2007). Moreover, traditional didactic trainings, which are focused on transferring knowledge about a clinical intervention, do not effectively translate EBTs from the laboratory to sustainable community clinical practice (Fixsen, Naoom, Blase, Friedman & Wallace, 2005). Developed by the UCLA-Duke National Center for Child Traumatic Stress (NCCTS), the *Learning Collaborative Model on Adoption & Implementation of EBTs* integrates established quality improvement and implementation science methods with fidelity-grounded clinical training to address these barriers (Ebert, Amaya-Jackson, Markiewicz & Burroughs, 2008). Successful adoption and implementation of new practices require assessment of organizational readiness for change, involvement of senior management, attention to fidelity through

continuous supervision, and testing and practice of a series of incremental changes prior to widespread use. These strategies are central to the Learning Collaborative methodology (Markiewicz, Ebert, Ling, Amaya-Jackson & Kiesel, 2006). The Learning Collaborative features three training tracks, for clinicians, supervisors, and senior leaders, designed to address all levels of agency or system involvement needed to fully support adoption and sustainability. Figure 1 summarizes the steps and timeline involved in a typical Learning Collaborative. A growing body of literature supports the effectiveness of Learning Collaboratives, such as successful implementation of EBTs and high model fidelity by clinicians, enhanced client outcomes corresponding to higher model fidelity, and increased organizational capacity to support and sustain EBTs (Amaya-Jackson, 2010; Ebert, Amaya-Jackson, Markiewicz & Fairbank, 2012a & 2012b).

Bringing Together Developmental Science and Implementation Science: The LAUNCHing ABC in NC Project

A collaborative endeavor between the University of Delaware and Duke University's Center for Child & Family Health (CCFH) seeks to disseminate ABC, and thereby enhance early childhood developmental outcomes for children at risk of maltreatment, through a pilot training and dissemination project guided by Learning Collaborative methodology called *LAUNCHing ABC in NC*. The program is funded by a contract with a local county that is seeking to enhance early childhood services through a SAMHSA LAUNCH grant. The primary objective of *LAUNCHing ABC in NC* is to examine the feasibility of a Learning Collaborative-based model for dissemination of ABC, which can then be tested through a randomized control trial. Based on prior ABC and implementation science research, the central hypothesis is that children will benefit more (i.e., show better developmental outcomes) from evidence-based treatments (i.e., ABC) supported by effective training models and implementation supports (i.e., Learning Collaborative methodology). The rationale for the proposed research is that once it is known how EBTs such as ABC are best translated into community practice, dissemination of ABC can be more successfully and sustainably achieved, resulting in enhanced prevention and treatment of maltreatment and its maladaptive sequelae.

In collaboration with Dr. Mary Dozier at the University of Delaware, faculty from Duke's CCFH are currently enrolling 10 clinicians from three North Carolina counties in a pilot "Learning Community" to be trained in ABC as well as quality improvement skills in order to develop sustainable ABC programs. Over the course of 12 months, service providers and agency leaders will attend three face-to-face learning sessions with intensive clinical and implementation training. Interspersed with the face-to-face sessions, service delivery and implementation-focused action periods will

allow ABC providers and agencies to put knowledge into practice with regular case consultation, group calls, and data collection and reporting. Providers will complete three ABC cases with weekly clinical consultation and fidelity monitoring. Agency administrators will develop implementation plans with monthly consultation calls to monitor agency support for the model. Data or “metrics” on client functioning, clinician adherence and fidelity, and agency implementation activities will be regularly reported and tracked throughout the process. The pilot data gathered from 30 participant families at pre- and post-assessment as well as from ABC providers and agency administrators during the course of services will be used to develop a randomized control trial examining the Learning Collaborative approach compared with training as usual.

The proposed project offers an innovative and novel approach to disseminating an EBT to prevent and intervene with young children at risk for maltreatment and to promote young child mental health. The results are expected to have an important positive impact on the public health problem of early childhood maltreatment by improving the quality of training for community early childhood intervention providers and increasing their use of evidence-based practices with model fidelity. In turn, this work will promote positive developmental and mental health outcomes and prevent mental health disorders in young high-risk children.

Figure 1

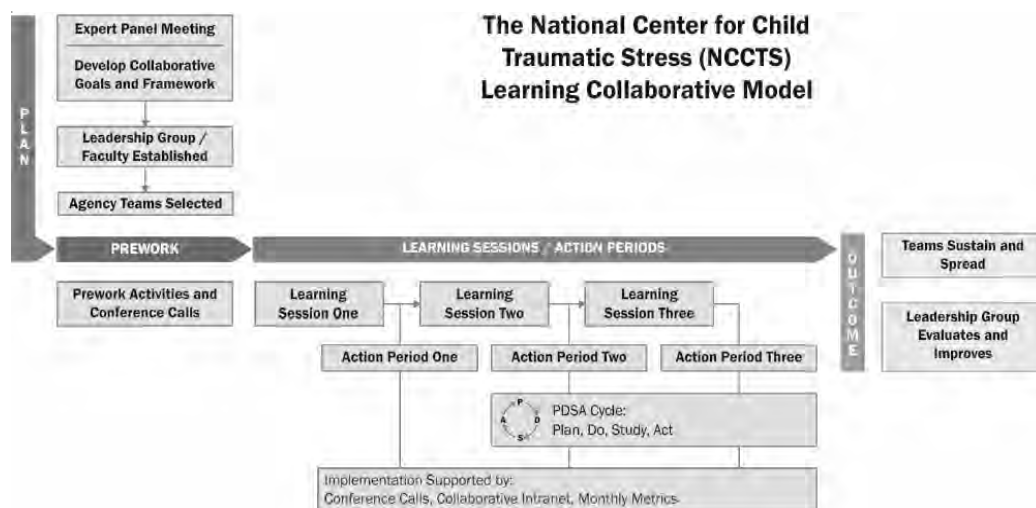


Figure adapted from Institute for Healthcare Improvement (IHI), 2003

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Recent Member Publications

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