

SECTION ON

CHILD MALTREATMENT INSIDER



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President's Column

Jennie G. Noll, PhD
President

Greetings Division 37, CM Section members. This quarter has been a busy one policywise for those who follow child welfare policy at the Federal and State levels. Our very own Member At Large, Angelique Day, has summarized much of the Federal activity in her column of this newsletter. As always, thank you so much Angelique for being on top of this legislation and for so succinctly and expertly translating this activity into meaningful terminology and relevant action steps! You provide this Section an invaluable service.

Angelique details a solicitation from the U.S. Department of Health and Human Services, Administration for Children and Families, Children's Bureau for feedback on initial criteria and potential candidate programs and services for review in a Clearinghouse of evidence-based practices in accordance with the Families First Prevention Services Act (FFPSA)—legislation that was passed earlier this year. I'm quite proud to report that our Section, in collaboration with the *Research-to-Policy: Child Welfare Rapid Response Team*, Penn State's P50 Center for Health Children, and over 20 researchers from around the country responded with advice about how to shape such a Clearinghouse. A detailed response was compiled by the Rapid Response Team and sent to the Children's Bureau in time for a full consideration of recommendations. Many thanks to those who contributed content and to those who sent the solicitation on to researchers and experts who could weigh in. And a very special thanks to Taylor Scott who manages the Rapid Response Team for spearheading this effort, compiling the information, and approaching signatories. This is exactly the type of coalescing that is necessary in order for



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Society for Child and Family Policy and Practice
Division 37 of the American Psychological Association

policy makers to have access to state-of-the-art science to inform decisions have the best chance of impacting the lives of vulnerable children and families. Email me directly (jgn3@psu.edu) or contact Taylor Scott (taylor.scott@research2policy.org) and we'd be happy to forward the response and the list of supporting signatories. If you missed out on the opportunity to weigh in on this important issue and would like to be a part of the Rapid Response Team, visit this link to join:

(<https://docs.google.com/forms/d/e/1FAIpQLSeGiVDkQKQKkffHYb9TA7D1T57hixfCLd1wud9RWGkUgwWEKA/viewform>)

In other news I'd like to showcase what the Section has going on at this year's APA convention in San Francisco. In lieu of a Presidential symposium, we are embarking on something a bit new this year. We were invited to contribute to a competitive call for a "Collaborative Symposium"—an innovative APA initiative to bring together leaders from differing APA Divisions in one collaborative session on a single, uniting theme. Together with myself (Div. 37), Yolanda Jackson (Div. 45) and Chad Shenk (Div. 53) we submitted a proposal that was accepted for presentation.

The symposium is titled *Future Directions for Research in Child Maltreatment—Innovation in Science, Education, and Policy* will address recommendations regarding the next generation of science on child maltreatment. The abstract is below:

Child maltreatment is a complex and significant public health issue, related to a myriad of both physical and mental health problems over the lifespan. Research has provided a significant contribution to the field's larger understanding of the nature of child maltreatment, but little consensus is evident between education, science, practice and policy regarding how child maltreatment should be measured and how the data collected thus far is prescriptive for the next generation of science. The symposium will bring together researchers across several areas (e.g., education, policy, practice) to discuss next steps and guidelines for research on child maltreatment. Dr. Jackson will present the latest in research on education and training in child maltreatment and share recent longitudinal findings from the SPARK project on education needs for youth exposed to child maltreatment. Dr. Shenk will provide information on measurement and methods in child maltreatment research and next steps regarding efficacious approaches to designing research studies on child maltreatment. Dr. Noll will present information on the Research-to-Policy Collaboration model, which addresses policy priorities and facilitating connections between legislative staff and relevant research experts. The presentations will include a specific focus on ethnic minority youth and families exposed to child maltreatment and the unique research agenda needed to grow the knowledge base in this area. Attendees will be encouraged to share their own ideas for research and a portion of the time will be spent in discussion with the audience regarding how their ideas for research fit with the gaps in the field and how to build consensus between ideas so that the next generation of research is impactful and moves knowledge forward.

This symposium is scheduled in the Convention Center room 157 Fri 8/10 10:00-11:00. At this time, I will also present Section Awards, so please plan to attend! A big congratulations to our award winners.

- Samantha Gonzalez, M.A.—Section on Child Maltreatment, Dissertation Award
- Miguel T. Villodas, Ph.D.—Section on Child Maltreatment, Early Career Award for Outstanding Contributions to Research and Advocacy

**Congratulations to
Samantha Gonzalez & Miguel T. Villodas!!**

APA Best Practices: Munchausen by Proxy Child Abuse & Neglect

Brenda Bursch, PhD

Professor of Clinical Psychiatry & Biobehavioral Sciences

Professor of Clinical Pediatrics

Clinical Director, Pediatric Psychiatry Consultation Liaison Service

David Geffen School of Medicine at UCLA

The American Professional Society on the Abuse of Children (APSAC) recently published national guidelines on best practices related to the identification, reporting, assessment, and management of Munchausen by proxy (MBP). The guidelines are currently available on the APSAC website at <http://bit.ly/apsacmbp> or apsac.org/guidelines.

MBP is defined as “Abuse by pediatric condition falsification, caregiver-fabricated illness in a child, or medical child abuse that occurs due to a specific form of psychopathology in the abuser called factitious disorder imposed on another” (APSAC Taskforce, 2018). Any medical condition can be induced, simulated, misrepresented, or exaggerated. Behavioral, educational, and psychiatric problems can also be falsified. Therapists and school personnel, who often see youth more frequently than they are seen by pediatricians, may be in the best position to play a role in early identification of MBP. Psychologists may also provide therapy to victims or abusers and their other family members, or encounter this form of abuse and neglect during forensic activities.

Victims can be harmed by the abuser in numerous ways, including direct harm (such as by poisoning, suffocation or more traditional forms of child abuse and neglect); over-exposure to clinical interventions; limiting appropriate school, social and developmental opportunities; and causing the development of a distorted view of their health and abilities. Victims can also become ill or physically and mentally harmed by diagnostic and treatment efforts. Children who survive can have severe psychological damage and highly disturbed attachments with others.

Psychologists are encouraged to be aware of the warning signs of MBP and recommended steps when MBP is suspected. Warning signs appear in **Box 1**.

Health professionals, including mental health experts, are no better than the general public in determining if someone is lying. **Box 2** summarizes evaluation and treatment recommendations for clinicians caring for a suspected victim.

Box 1. Warning signs

1. Reported symptoms or behaviors are not congruent with observations. For example, the abuser says the child cannot eat, and yet the child is observed eating without the adverse symptoms reported by the abuser.
2. Discrepancies exist between the abuser's reports of the child's medical history and the medical record.
3. Extensive medical assessments do not identify a medical explanation for the child's reported problems.
4. Unexplained worsening of symptoms or new symptoms correlate with abuser's visitation or shortly thereafter.
5. Laboratory findings do not make medical sense, are clinically impossible or implausible, or identify chemicals, medications, or contaminants that should not be present. An example is a serum sodium level that is not clinically possible.
6. Symptoms resolve or improve when the child is separated and well protected from the influence and control of the abuser.
7. Other individuals in the home or the caregiver have or have had unusual or unexplained illnesses or conditions.
8. Animals in the home have unusual or unexplained illnesses or conditions—possibly similar to the child's presentation (e.g., seizure disorder).
9. Conditions or illnesses significantly improve or disappear in one child and then appear in another child, such as when another child is born and the new child begins to have similar or other unexplained symptoms.
10. Caregiver is reluctant to provide medical records, claims that past records are not available, or refuses to allow medical providers to discuss care with previous medical providers.
11. The abuser reports that the other parent is not involved, does not want to be involved, and is not reachable.
12. A parent, child, or other family member expresses concern about possible falsification or high healthcare utilization.
13. Observations of clear falsification by the caregiver. This may take the form of false recounting of past medical recommendations, test or exam results, conditions, or diagnoses. This can also include observation of induction, such as poisoning or suffocation.

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Box 2. Evaluation and Treatment Recommendations

1. Gather all medical records from past and present treating professionals (see procedure in the MBP guidelines, APSAC Taskforce, 2018).
2. Make contact and regularly communicate with both parents (all caregivers).
 - a. Provide all caregivers with ongoing education and feedback about observations and recommendations.
 - b. Ask all caregivers to repeat back the information provided to them.
 - c. Carefully document all education and other discussions with the caregivers.
3. Collect collateral data from school personnel and other independent observers who have regular access to the child.
4. Review suspected abuser's online social media activity.
5. Carefully devise evaluation and rehabilitation plans that systematically and objectively challenge claims made by the suspected abuser or victim.
 - a. All descriptions of symptoms and disability made by family members must be considered possibly inaccurate. For example, in suspected victims, g-tubes and other non-oral feeding interventions should not be placed based solely on verbal reports of symptoms. Objective inpatient observations by clinicians of feeding attempts provide important data for clinical decision-making.
 - b. Family members cannot be relied upon to properly prepare the child for diagnostic assessments or treatments. For example,
 - i. Consider performing a toxicology screen prior to manometry testing to ensure no gut-altering substances have been ingested.
 - ii. Consider having a sitter in the room for a pH probe test to ensure that the child is provided only the prescribed oral intake and to ensure the probe position is not changed.
6. Meet with the other clinicians involved in the care of the child to compare data and coordinate plans.
7. Alert other clinicians (verbally and in the chart) about the poor reliability of symptom reports or behavior of the suspected abuser, the importance of relying upon objective data, to proceed conservatively, and the need to document well.
8. Minimize school accommodations, prescriptions, and invasive testing and treatments.
9. While devising evaluation and rehabilitation plans, consult with an expert if possible.
10. Report reasonable suspicion of child abuse and neglect to the proper authorities.

The MBP guidelines provide education on terminology, warning signs and identification, assessment of abuse and psychopathology, reporting requirements, case management, treatment, and reunification. Companion articles in the Winter 2018 issue of *The APSAC Advisor*, review ways that pediatric conditions may be simulated or induced, how MBP can present in school and mental health settings, guidance for child protective services and legal professionals, and how electronic and Internet advances have impacted cases of MBP.

References

APSAC Taskforce (2018). APSAC Practice Guidelines: Munchausen by proxy: Clinical and Case Management Guidance. *The APSAC Advisor*. March, 30(1): 8-31.

APSAC Taskforce (2018). Special Issue: Munchausen by proxy. *APSAC Advisor*. March, 30(1).

Members of the APSAC Taskforce: Abuse by Pediatric Condition Falsification are as follows:

- Randell Alexander, MD, PhD, University of Florida, College of Medicine—Jacksonville
- Catherine Ayoub, RN, EdD, Harvard Medical School, Boston Children's Hospital, Massachusetts General Hospital
- Brenda Bursch, PhD, Departments of Psychiatry & Biobehavioral Sciences, and Pediatrics, David Geffen School of Medicine at UCLA
- Kenneth Feldman, MD, Seattle Children's Hospital
- Marc Feldman, MD, University of Alabama
- Danya Glaser, MD, Great Ormond Street Hospital for Children, London, United Kingdom
- James Hamilton, PhD, University of Alabama
- Carole A. Jenny, MD, Pediatrics, University of Washington, Seattle
- Michael Kelly, MD, Department of Psychiatry, Stanford Medical School
- Bethany Mohr, MD, Michigan Medicine, University of Michigan, Ann Arbor
- Thomas A. Roesler, MD, Seattle Children's Hospital
- Mary Sanders, PhD, Stanford Medical School
- Herbert Schreier, MD, Department of Psychiatry, UCSF—Benioff Children's Hospital Oakland
- Suzanne M. Schunk, LCSW, ACSW Southwest Human Development, Phoenix, Arizona
- John Stirling, MD, FAAP, Child Abuse Pediatrics, San Diego
- Claudia Wang, MD, Department of Pediatrics, David Geffen School of Medicine at University of California, Los Angeles
- Michael Weber, BS, Tarrant County Texas District Attorney Investigator
- Beatrice Yorker, RN, MS, JD, California State University, Los Angeles

Federal Policy Status Update from the APA Public Interest Government Relations Office (PI-GRO) – Summer 2018

Micah A. Haskell-Hoehl

Senior Policy Associate Administrator

Congressional Fellowship Program Government Relations Office

Public Interest Directorate American Psychological Association

APA Federal Policy Update

It is with extremely mixed emotions that I write these words: this will be my final article for the Section on Child Maltreatment newsletter. I have accepted a position in the Vera Institute of Justice Washington Office; while this is a very exciting opportunity, there will be so much about the work at APA I will miss—first and foremost, all of you and the other incredible APA, Division members and fierce advocates working on child issues. You all not only bring immense passion to your work but are such a joy to work with. Thank you all for your incredible leadership, partnership, and everything you have taught me over what has been an amazing eleven years. During the transition period, please contact Ben Vonachen at bvonachen@apa.org or 202-336-6097 regarding any questions, thoughts, or concerns on APA's children, youth, and families policy portfolio.



And yet, the work goes on! It's been an alternately exciting and tragic few months on the child and family policy-front, and I'm pleased to be able to communicate the below updates on APA Public Interest Government Relations Office (PI-GRO) and federal government activities.

Family separation and unaccompanied minors at the US-Mexico border

As part of APA's ongoing response to the tragic situation facing children and families at the US-Mexico border

- APA President Dr. Jessica Henderson Daniel released [a July 26 statement](#) to the press.
- APA CEO Dr. Arthur Evans recorded [a message](#) on trauma and mental health concerns distributed by Senate Democrats.
- The Association has engaged in a number of additional high-level activities outlined in the Recent APA Advocacy Related to Immigration section of our [Immigration advocacy](#) webpage.

Family First Prevention Services Act

On July 20, APA provided [its response](#) to a Department of Health and Human Services [request for comment](#) (RFC) on a new clearinghouse of programs under the recently enacted Family First Prevention Services Act (FFPSA). The request solicited feedback on evidence standards for programs to include as well as for program nominations to include in the clearinghouse. APA designed a survey to gather input from APA and Division members on programs that should be included, performed an internal review to ensure a high likelihood of inclusion by HHS, and collated the information for easy analysis by HHS.

Additionally, APA signed on to [comments](#) authored by psychologists at the Penn State Center for Healthy Children addressing questions in the RFC about evidence standards.

The Association will continue to roll out information about FFPSA implementation until the law fully comes online October 1, 2019.

Meeting with Children’s Bureau, Administration on Children, Youth, and Families (ACYF) leadership

On July 27, PI-GRO and APA Violence Prevention Office staff met with Jerry Milner, DSW, Associate Commissioner for the Children’s Bureau and Acting Commissioner for ACYF at the Department of Health and Human Services, and other senior agency staff. Dr. Milner’s portfolio includes operation of the Child Abuse Prevention and Treatment Act and implementation of FFPSA. The conversation covered several key topics, including Dr. Milner’s goals for his time at the helm of the agency, outlining the strengths of the APA [ACT Raising Safe Kids](#) program, and offering the expertise of APA and its membership in support of agency activities. Dr. Milner emphasized his focus on primary prevention and the importance of [Title II of CAPTA](#), which is the only federal program geared toward preventing the first instance of child maltreatment. The meeting also came on the heels of Dr. Milner’s appearance at a congressional hearing, The Opioid Crisis: Implementation of FFPSA. A full recording of the hearing and Dr. Milner’s written testimony are available for review on the [Committee website](#).

Homeless Children and Youth Act

On July 24, the House Financial Services Committee [passed the Homeless Children and Youth Act](#) (HCYA, [H.R. 1511](#)) out of committee by a vote of 39-18. The legislation seeks to amend the Department of Housing and Urban Development definition of homelessness to allow for expanded services for additional groups of young people, such as those staying on the couch of a friend or family member. APA has endorsed this critical legislation and included co-sponsorship for the bill as the central ask in a [2017 congressional briefing](#) on child and family homelessness. Advocates are hopeful that the bill can make it to the President’s desk before the current congressional session comes to a close later this year.

GET INVOLVED!

APA sends out monthly activities updates and occasional action alerts on critical legislative activities through our [Federal Action Network](#). To participate in APA public policy advocacy related to children, youth, and families and other issues, please [sign up](#)!



Families First Act: A Look at Implementation & What's at Stake

Angelique Day, PhD, MSW

Section Member-at-Large

University of Washington-Seattle

School of Social Work

In the Spring 2018 newsletter, I provided you the context of the **Family First Prevention Services Act (FFPSA)** that was signed into law on February 9, 2018. Quick recap, the law restructures the federal financing available for child welfare. In summary, the new law 1) limits the length of stay for children and youth in congregate care settings and 2) loosens restrictions (starting in FY 2020) on Title IV-E of the Social Security Act to pay for services (include mental health, substance abuse treatment and in-home skill-based parenting services) that may allow children to stay with their families rather than enter foster care.



On June 22, 2018, the U.S. Department of Health and Human Services, Administration for Children and Families, Children's Bureau released a federal register notice soliciting feedback on initial criteria and potential candidate programs and services for review in a Clearinghouse of evidence-based practices in accordance with FFPSA. The Clearinghouse will identify promising, supported, and well-supported practices for mental health and substance abuse prevention and treatment programs, in-home parent skill-based programs, and kinship navigator programs appropriate for children who are candidates for foster care pregnant or parenting foster youth, and the parents or kin caregivers of those children and youth.

Potential initial criteria for identifying eligible programs and services for review by the Clearinghouse

- prioritizing eligible programs and services for review
- identifying eligible studies aligned with prioritized programs and services
- prioritizing eligible studies for rating
- rating studies
- rating programs and services as promising, supported, and well-supported practices

To qualify as an evidence-based intervention under the new law-

- The practice must have a book, manual, or other available writings that specify the components of the practice protocol and describe how to administer the practice.

Book or Manual

- There is no empirical basis suggesting that, compared to its likely benefits, the practice constitutes a risk of harm to those receiving it.

No Empirical Risk of Harm

- If multiple outcome studies have been conducted, the overall weight of evidence supports the benefits of practice.

Weight of Evidence Supports Benefits

- Outcome measures are reliable and valid, and are administered consistently and accurately across all those receiving the practice.

Reliable & Valid Outcome Measures

- There is no case data suggesting a risk of harm that was probable caused by the treatment and that was severe or frequent.

No Case Data for Severe or Frequent Risk of Harm

Why was it important to weigh in on the federal registrar notice?

Jurisdictions and system partners had the opportunity to decide whether to weigh in on the approach ACF/HHS is taking as to how the Clearinghouse will prioritize criteria and programs.

As practitioners and researchers, you have unique knowledge about programs you have implemented that may qualify for Title IV-E reimbursement under FFPSA, commenting on the prioritization guidelines for the Clearinghouse gave psychologists and other behavioral health researchers the opportunity to have their comments reviewed in efforts to expedite/help the process.

There are some key differences between what the law says and how HHS is interpreting it and what it is proposing, and it is important for jurisdictions and system partners to understand them. One example of this key difference is how the kinship navigator programs are described in the law and how the DHHS has captured the program in the federal registrar notice. The FFPSA separates the kinship navigator program from the other prevention services language in the Act. The federal registrar notice combines the kinship navigator programs under prevention services and imposes identical requirements on both.

Members of American Psychological Association's Division 37, Section on Child Maltreatment, in partnership with several other national child welfare advocacy organizations responded to this call. Interested in reviewing the federal registrar notice? Please visit: <https://www.federalregister.gov/documents/2018/06/22/2018-13420/decisions-related-to-the-development-of-a-clearinghouse-of-evidence-based-practices-in-accordance>.

Casey Family Programs, one of the largest, private child welfare think tanks reviewed multiple evidence-based Clearinghouses and the law, identified more than 140 interventions that qualify for FFPSA funding. These included 82 mental health interventions designed to serve children and their parents, 25 substance abuse treatment programs, and 14 in home parent skills training programs. To access the complete list, visit <https://www.casey.org/family-first-clearinghouse-feedback/>. Casey Family Programs is interested in hearing from experts that have ideas for additional interventions that fit the clearinghouse criteria that do not appear on their list that you believe should be included. Please share ideas with Peter Pecora at ppecora@casey.org

All responses to the federal registrar were received by DHHS on July 22, 2018. These comments are now being reviewed by the department and will impact the final regulations that will be put place for state compliance.

Other related legislation recently signed into law

HR 3105/S. 1091 (Public Law No: 115-196) - Supporting Grandparents Raising Grandchildren Act (McGovern (D-MA-2/Collins, R-ME) Signed into law!

On July 7, 2018, S 1091 was signed into law. It establishes a taskforce to support grandparents who are primary caregivers for their grandchildren. The Task Force is charged with identifying, promoting, coordinating, and disseminating information publicly about federal information, resources, and best practices available, on the date of the determination, to help grandparents or other relatives raising children in their care meet the health, educational, nutritional, and other needs of the children in their care as well as maintain their own physical and mental health and emotional well-being, including those raising children in their care as a result of the opioid epidemic. This bill's assigned task force also seeks to ensure that the needs of members of Native American tribes are addressed.

By January 2019 the Task Force has been charged to submit a report to the Special Committee on Aging and the Committee on Health, Education, Labor, and Pensions of the Senate that includes best practices, resources, and other useful information for grandparents and other relatives raising children in their care; and an identification of the gaps in needs of grandparents and other relatives raising children in their care.

This bill also stipulates a follow-up report from the Task Force to the Special Committee on Aging and the Committee on Health, Education, Labor, and Pensions of the Senate within two years of the enactment of this bill. The Task Force is charged with establishing a process for public input to inform the development of, and updates to, the best practices, resources, and other useful information and the gaps in needs, including a process for the public to submit recommendations to the Task Force and an opportunity for public comment. The Task Force is due to terminate after three years.

Thank your members in the House and Senate for supporting the passage of this important legislation. Don't know who your elected officials are? Please visit <https://www.usa.gov/elected-officials/>

Join the Section listserv!

Please join us on the Section on Child Maltreatment listserv to communicate with other Section members about upcoming meetings, funding opportunities, research, practice and policy, and other announcements related to child maltreatment.

To subscribe: send an email message with "New Member" in the subject line to: DIV37CHILDMALTREATMENT-REQUEST@LISTS.APA.ORG. Include your full name and email address.

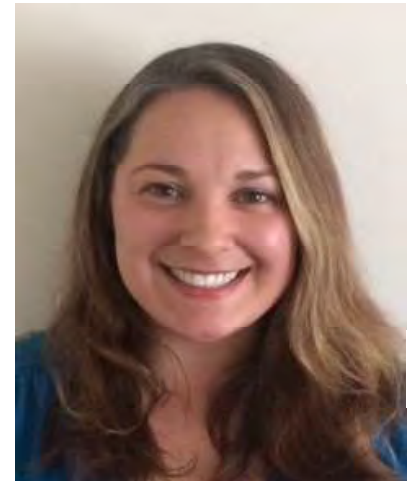
For more details, visit: <http://www.apadivisions.org/division-37/about/email-list/index.aspx>

Spotlight on Early Career Psychologists

Helen Milojevich, PhD
ECP Committee Co-Chair

The ECP column will continue to spotlight early career psychologists within the field of child maltreatment. Successful ECPs from a variety of career paths are chosen to help graduate students, interns, and early ECPs in making wise training and career choices. Our current spotlighted ECP is a great role model for members interested in a career within a consulting and forensic evaluation setting working to promote the safety and welfare of children and their families.

Claire Gilligan, PsyD, is a Licensed Psychologist-Doctorate and partner at Vermont Forensic Assessment, PLLC. She prepares comprehensive forensic evaluations and offers consultation services for child protection agencies, corrections, attorneys, mental health agencies, employers, and schools. She is skilled in evaluating a diverse range of examinees involved in criminal, family, and civil matters. Dr. Gilligan assists in criminal cases by determining issues of competency to stand trial, criminal responsibility, and by conducting violence risk and psychosexual assessments. She aids state agencies and private sector employers in identifying mental health issues that may be impairing an employee's work performance and suggests appropriate treatments through fitness-for-duty evaluations.



Dr. Gilligan's multimethod approach to evaluating parenting capacity aims to educate referral sources about a parent's ability to meet his/her child's basic needs in the context of myriad risk and protective factors and provides recommendations relevant for reunification planning.

Dr. Gilligan graduated from the Clinical Psychology program at Antioch University New England in Keene, New Hampshire with a PsyD in 2010. Due to personal circumstances, namely having a young family and her husband's job, she opted to create an internship site with one of her classmates who was in a similar circumstance. They were fortunate to have the opportunity to create a site at the University of Vermont's doctoral training program in Clinical Psychology where they worked and trained collaboratively with PhD students and faculty in both research and clinical endeavors. A primary focus of Dr. Gilligan's work was supporting the clinical needs of refugees and asylum seekers as well as conducting research in this area.

Dr. Gilligan's initial interest in clinical family work began prior to graduate school when she provided case management services to impoverished families in rural Vermont. Her interest in family work was bolstered in graduate school during a placement at a juvenile residential facility where she engaged in family therapy and conducted comprehensive psychological evaluations. The majority of these adolescents had significant trauma histories that often included parental maltreatment. Dr. Gilligan was especially interested in what supports the adolescents needed to foster resiliency and overcome adversity in their family of origin. It was at this placement that she met one of her current colleagues

who mentored her in forensic psychology. Throughout the latter parts of graduate school and alongside her internship, she continued to gain skills in forensic evaluations. Upon completion of graduate school she and her husband decided to remain in Vermont to raise their family. The practice where Dr. Gilligan had obtained her training in forensic psychology also needed a female psychologist. She gladly accepted the position as an independent psychologist with Vermont Forensic Assessment, PLLC where she has continued to work full-time for the past eight years.

Dr. Gilligan's first three years in the practice were focused on criminal cases where she conducted psychosexual evaluations, violence risk assessments, competency to proceed evaluations, and evaluations focused on mitigation. While she enjoyed working in the criminal arena, she missed working with families with acute and chronic needs (e.g., poverty, substance abuse, mental health). At that time, her practice had also begun to receive referrals for evaluations of parents and families involved in the local child protective services agency. Given Dr. Gilligan's background in case management with families and her passion for working with them, she decided to pursue additional training in family court matters with a focus on parental capacity evaluations.

Dr. Gilligan's training in parenting capacity evaluations began after she reviewed the available literature and came across several articles and book chapters authored by Karen Budd, PhD. With a growing interest in these evaluations she reached out to Dr. Budd for consultation and attended a training through the American Association of Forensic Psychology. Dr. Budd graciously referred her to Jennifer Clark, PsyD with whom she has consulted over the past several years.

Currently, Dr. Gilligan's work is focused on family forensic evaluations and parenting capacity evaluations. She receives referrals through the local CPS agency as well as through parents' attorneys. Along with her three business partners, she also supervises doctoral-level practicum students. A smaller percentage of her work involves presentations on parenting capacity evaluations and research in the field.

Dr. Gilligan is also working on a research project with Dr. Clark to assess family court judges' use of and value of parenting capacity evaluations to inform best practices for professionals. Dr. Gilligan was inspired to pursue this area of research given the paucity of literature on best practices for conducting parenting capacity evaluations. In addition, she is a member of several APA divisions relevant to family forensic matters including the Society for Child and Family Policy and Practice, the American Psychology Law Society, and the Society of Clinical Child and Adolescent Psychology.

Having trained and worked in the field of forensic psychology for almost ten years now, Dr. Gilligan has learned the importance of self-care and consultation. As she states, she is fortunate and blessed to work in a practice with three other colleagues with whom she can consult on an almost daily basis. The consultation is essential, not only to have a sounding board, but more importantly to have a space to share her feelings and address potential vicarious trauma that can impede her ability to be an effective evaluator, mother, and wife. Dr. Gilligan would highly encourage early career psychologists in the field to seek out mentors or colleagues with whom they can process the emotional side of our work. There are also issues of safety in child maltreatment. In her own experience, she has had to prematurely end interviews and observations in homes and at her office due to safety concerns. As such, Dr. Gilligan would also encourage early career psychologists to develop safety plans for being in the field. Her most important piece of career advice to ECPs is to never hesitate to reach out to experts in the field. Had she not done so, she would not be where she is today in her career.

Dr. Gilligan has already made remarkable contributions to the field of child maltreatment via forensic evaluation and consulting. She is passionate about her work and has improved the lives of many vulnerable youth. We wish her the best of luck in her future endeavors and thank her for her insights to our students and ECPs!

Independent Research Institutions

By Jonathan Reader & Elizabeth Demeusy
Graduate Student Co-Representatives

For students seeking an alternative to the traditional tenure-track academic position, employment at an independent, nonprofit research institute such as Mathematica, RTI International, or Child Trends may be of interest. The missions of these institutes vary, but collectively revolve around improving public health by using high-quality research to impact practice and policy. These institutions provide a range of services to government agencies, foundations, universities, professional associations, and businesses. Broadly, services include data collection and analysis, as well as program design, implementation, and evaluation. Typically, a number of focus areas exist within each institution. For instance, Mathematica lists early childhood, education, family support, health, and nutrition as *but a few* of their areas of interest. Larger institutions tend to exist in multiple locations, allowing for some flexibility when determining where to live. For example, RTI International has locations in eleven states in the United States as well as locations in Canada, China, India, Spain, Sweden, and several other countries. Institutions are likely to have employment opportunities available for individuals with varying levels of education from Bachelor's to Doctorate. In addition, summer fellowships or internships may be available. For those looking for post-education employment, job categories span a variety of domains including administrative support, communications, research, and project management.



Independent research institutions have been important in demonstrating policy-level impact across their many focus areas. For example, Mathematica has recently been involved with an evaluation of Medicaid & Children's Health Insurance Program (CHIP). Health experts from this institution assisted in creating the newly released CHIP Scorecard which aims to increase public transparency about how the program is administered and related outcomes. Similarly, a recent RTI International study found improved coverage for behavioral health conditions since the Affordable Care Act went into effect.

In addition to independent research institutes, government research opportunities (e.g., Office of Planning, Research & Evaluation [OPRE] of the Administration for Children and Families) also provide research and program evaluation opportunity. Numerous divisions often exist in these administrations. For example, the OPRE houses four divisions which focus on economic independence, child and family development, family strengthening, and data.

Interested in learning more about such positions? Gaining internship experience and talking to those in the field is a great way to gather more information. For instance, some universities, the American Psychological Association, and organizations such as the Society for Research in Child Development offer policy workshops as well as pre- and post-doctoral fellowships.

Section Executive Committee

Visit our webpage for more information:

<http://www.apadivisions.org/division-37/sections/leadership/index.aspx>

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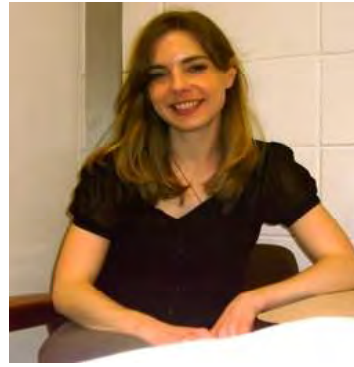
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MISSION STATEMENT

The Section on Child Maltreatment of Division 37 (Society for Child and Family Policy and Practice) supports and promotes scientific inquiry, training, professional practice, and advocacy in the area of child maltreatment.

PURPOSE

The purpose of the Section on Child Maltreatment is to promote the general objectives of the American Psychological Association and the Society for Child and Family Policy and Practice; to support and encourage the development of the scientific study of child maltreatment and of sound professional practice relevant to child maltreatment; to provide up-to-date information about maltreatment; to encourage networking across Divisions/Sections in the area of maltreatment; and to advance scientific inquiry, training, and professional practice in the area of child maltreatment as a means of promoting the well-being, health, and mental health of children, youth, and families.

Interested in joining the Division or have a friend who may be interested? Go to <http://www.apadivisions.org/division-37/sections/index.aspx> and click the *Online Application* link.

