

Section on Child Maltreatment Newsletter

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President's Column

News from the President

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I begin writing this column just a few weeks following the American Psychological Association Convention in San Diego, California. The Convention was a huge success for the Section which was well represented in many exciting events. It is clear that the Section on Child Maltreatment continues to thrive, contributing to many activities which support research, prevention, training, and treatment related to child maltreatment. I would like to take this opportunity to thank the members of the Executive Committee who took time away from their busy schedules to participate in the Section's activities. I would like to particularly thank **Jenelle Shanley**, Section Program Chair, and **Elizabeth Risch**, Program Co-Chair, for the wonderful job they did in collaborating with the Division 37 program leadership to develop an excellent program for the Section. Jenelle and Elizabeth also deserve our appreciation for their hard work in maintaining the hospitality suite for the Section as well as the Division.

One of the highlights of the Convention was the Section Presidential Symposium on *Human Trafficking of Children* which included presentations by **Thema Bryant-Davis**, **Nathan Moon**, **Melissa Anderson-Hinn**, and I. The goal of the symposium was to educate psychologists about the problem of human trafficking as part of the charge of an interdivisional APA Task Force on human trafficking. Symposium participants, all members of the task force, focused on definitions and prevalence of human trafficking of children, developmental, racial, and treatment considerations, as well as prevention and policy efforts. The symposium was very well attended and the knowledge and passion of the speakers was both inspiring and informative.

We were also able to recognize several individuals at the convention for their outstanding work in the field of child maltreatment. **Margaret Stevenson** was the recipient of the Section Early Career Award for Outstanding Contributions to Research in the Field of Child Maltreatment. Margaret is an assistant professor in the Department of Psychology at the University of Evansville, Indiana. She has published widely

on issues pertaining to child abuse, juvenile sex offending, and the law. The Section also recognized **Julie Laura Cohen** from the University of Arizona as the Section Student Dissertation Award winner. Her dissertation research entitled, *Enhancing Retention of Foster Parents: The Role of Motivational Interviewing*, should make a valuable contribution to the field. Finally, the outstanding research of graduate students conducting research in the field was acknowledged during two different poster sessions offered by the Division and Section at the Convention. **Colin King** from the University of Toronto was the winner of the Section's award for his excellent presentation supervised by Katreena Scott and titled *Comparing Child Abuse Referrals Received from Educators to Others*. Congratulations to all on these wonderful achievements!

The Section Executive Committee had a very productive meeting during the convention. A significant concern addressed by the Executive Committee in past years is the

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Section's declining membership. I am happy to report, however, that for the first time in seven years the Section has gained several members! Although we still plan to continue several initiatives to maintain and increase membership, special thanks go to **David Kolko** and **Rochelle Hanson** for their efforts to address membership concerns. As the Executive Committee works on this issue, we would also like to urge all of you currently in our membership to encourage colleagues and students to either join the Section or remember to renew their memberships. **Please remind your students that they will receive free membership for their first year!** Renewing memberships or joining the Section is easy – one need only access our website at www.apa.org/divisions/div37/child_maltreatmentn/child.html. You may download the membership form and simply mail it in to APA at the address provided on the form.

In an effort to both decrease operational expenses and to be more environmentally responsible, the Executive Committee of the Section decided to **move to an electronic version of the Section's Newsletter**. The current Newsletter will

therefore be the last issue for which you receive a print copy. In order to continue receiving the Section's Newsletter electronically, please make sure to update your email address with **Amie Lemos-Miller**, the Section's Newsletter Editor (amielemos@hotmail.com).

At the time of this writing, my term as Section President is quickly winding down. Beginning in January 2011 I will turn over the reins of the Section to the exceptionally capable hands of **Mary Haskett**. I know that Mary will do an exceptional job leading the Section and I look forward to working with her and the other members of the Section Executive Committee in the future. In celebration of the Section's 15th Anniversary, Mary plans to conduct an historical review of the Section's history, highlighting our many accomplishments over the years. There are many people to thank for the Section's efforts – too many to list here – but please know that your dedication to the Section and its goal to support and promote scientific inquiry, training, professional practice, and advocacy in the area of child maltreatment are *very* much appreciated!

Congratulations to the Section's 2010 Award Winners!

Section Early Career Award Recipient: Dr. Margaret Stevenson

Dr. Stevenson is an Assistant Professor of Psychology in the Department of Psychology at the University of Evansville. Previously she was the recipient of the Section's Dissertation Award and then won the First Place Dissertation Award from the American Psychology-Law Society (Division 41) and was recently published in the prestigious *Psychology, Public Policy and Law*. Dr. Stevenson has already made 27 conference presentations, has published 4 published chapters (comprehensive reviews that are drawing attention in the field), an encyclopedia article, one law review article, and 5 peer-reviewed journal articles. Both of the psychologists who nominated her endorsed Dr. Stevenson as one of the most outstanding young psychologists to enter the field of child maltreatment that they have ever known.

Section Dissertation Award Recipient: Julie Laura Cohen

The Dissertation Award recipient is **Julie Laura Cohen** from the University of Arizona. Her project, entitled "Enhancing Retention of Foster Parents: The Role of Motivational Interviewing," is a longitudinal study using brief Motivational Interviewing (MI) in order to try to significantly improve the retention and satisfaction rates of new foster parents.

Section Student Poster Award Winner: Colin King, University of Toronto, Ontario, Canada

King, C.B., & Scott, K.L. (2010, August). Comparing child abuse referrals received from educators to other professionals. Poster presented at the annual meeting of the American Psychological Association, San Diego.

Best Practices

Multisystemic Therapy – Building Stronger Families (MST-BSF): Comprehensive Treatment for Co-Occurring Child Maltreatment and Parental Substance Abuse

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Previous contributors to this newsletter (Saldana, Fall 2009) and others (e.g., Donohue, Romero, & Hill, 2006; U.S. Department of Health and Human Services, 1999) have highlighted the need for improved services for families involved in the child welfare system to better address the co-occurring problems of parental substance use and child abuse or neglect. This article describes a family-based treatment model that comprehensively addresses these problems and the service system issues that contribute to uncoordinated care. The model, called Multisystemic Therapy-Building Stronger Families (MST-BSF) integrates two existing intervention approaches that have research support: Multisystemic Therapy for Child Abuse and Neglect (MST-CAN; Swenson, Schaeffer, Henggeler, Faldowski, & Mayhew, 2010) and Reinforcement-Based Treatment for adult substance abuse (RBT; Jones, Wong, Tuten, & Stitzer, 2005; Tuten, Jones, Schaeffer, & Stitzer, in press). In the context of ongoing assurance of child safety, the goals of MST-BSF are to eliminate parental substance use, address the multiple factors associated with maltreatment for a given family, and keep children living with their parents or other members of the natural ecology (e.g., relatives) whenever possible.

The foundation of MST-BSF is Standard MST (Henggeler, Schoenwald, Borduin, Rowland, & Cunningham, 2009), originally developed in the 1970s as a treatment for delinquent youth and their families. Through a rigorous 30 year program of research, MST has come to be recognized as a leading evidence-based intervention for highly complex, multi-need families (e.g., U.S. Public Health Service, 2001). MST's theoretical roots are in systems theory and social-ecological models of behavior. As such, behavior is viewed as multi-determined by characteristics of the key systems in which individuals are embedded (e.g., family, school, peer, work, neighborhood). Within this social-ecological program

of research, MST has come to be recognized as a leading evidence-based intervention for highly complex, multi-need families (e.g., U.S. Public Health Service, 2001). MST's theoretical roots are in systems theory and social-ecological models of behavior. As such, behavior is viewed as multi-determined by characteristics of the key systems in which individuals are embedded (e.g., family, school, peer, work, neighborhood). Within this social-ecological conceptual framework, MST incorporates intervention techniques that are evidence-based (e.g., cognitive behavior therapy [CBT], behavioral parent training, behavioral family therapy).

The MST-CAN model includes all of the characteristics of Standard MST as well as several structural, administrative, and clinical adaptations to meet the needs of a child welfare population. Structurally, like Standard MST, an MST-CAN team consists of a clinical supervisor and three therapists who each carry a small caseload of families. Therapists deliver all interventions within the family's home and other natural settings (e.g., in children's schools, at the homes of extended family members). Sessions are provided at times that are convenient for families, and therapists share a round-the-clock on-call roster for after-hour crises. The treatment is intensive, as families are seen several times per week. In addition, MST uses a quality assurance protocol that aims to enhance family outcomes by supporting therapist treatment fidelity and clinical efforts.

Because child welfare cases are generally more severe than delinquency cases and usually involve the need to treat more family members, MST-CAN adapts the structural and administrative features of Standard MST in the following ways. First, therapists carry a lower caseload (no more than four families) than Standard MST for a longer treatment period (i.e., 6-9 months in MST-CAN vs. 4-6 months in Standard MST). Also, each MST-CAN team includes two additional members: a full-time crisis case worker to assist

families with case management needs (e.g., for housing or child support); and a model-trained psychiatrist (10 hours/week) who can provide evidence-based pharmacotherapy for children and adults when warranted. Administratively, MST-CAN interventions devote considerable attention to the relationships between the family, CPS staff, and the MST-CAN team. CPS caseworkers receive training in MST and MST-CAN, periodically attend treatment sessions with families, and participate in weekly case review meetings with the team to facilitate clinical outcomes for families.

Clinically, MST-CAN also expands upon Standard MST in several ways. First, more attention is given to individual adult treatment since the adult behavior is the reason for the maltreatment referral. Second, in addition to the family therapy, parent training, and CBT techniques used in Standard MST, several other empirically-based strategies are used with all families who receive MST-CAN. These include extensive child and family safety planning, functional assessment of the abuse incident(s) to guide interventions, and clarification of the abuse. Finally, several additional empirically-supported interventions are provided when warranted. Specifically, MST-CAN provides treatment for PTSD symptomatology, problems with anger management, and family communication training when there is evidence that these issues are drivers of maltreatment.

MST-BSF is a clinical expansion of MST-CAN for parents with severe substance abuse or dependence. In addition to all of the MST and MST-CAN components noted, MST-BSF provides Reinforcement-Based Therapy (RBT) to intensively address parental substance use. RBT is an incentive-based treatment model based on the community reinforcement approach (CRA), which has been studied extensively and found to be effective in treating a range of substance abuse problems (Roozen et al., 2004). Like CRA, RBT conceptualizes substance abuse as a learned behavior that originates and is maintained by the reinforcement that people receive for using drugs. Understanding why drug use “works” for each individual (i.e., its functions), therefore, is a key part of treatment planning. The therapist’s main task with regards to interventions to address substance use is to help the client identify alternative ways to get the functions currently served by drug use (e.g., to have fun, to avoid feelings of failure) met in other, more positive ways.

To support client efforts to achieve and maintain abstinence, the MST-BSF therapist provides individual RBT counseling, which is augmented by a weekly group intervention. Individual RBT treatment components include short-term detoxification (5-7 days) when necessary (i.e., for opiates or alcohol) to address physical dependency, the use of feedback as a motivational technique, coaching clients to

use day plans to avoid unstructured time, and contracts for specific behaviors (e.g., agreeing to not walk past a corner where a drug dealer stands). To help clients make the links between their engagement in activities and sobriety, therapists create simple, visually-appealing graphs of client behaviors that are regularly reviewed with clients. Examples of behavioral monitoring graphs include days abstinent (based on results of urine and breathalyzer testing), job goal attainment, recreational activities, and other important activities (e.g., AA or NA attendance). Clients receive frequent verbal and tangible reinforcers (e.g., stickers and motivational comments on graphs) for progress in each area, and clients are guided to attribute their success in recovery to their commitment to the competing reinforcing activities. The group intervention is a weekly 2-hour meeting called “Social Club,” which provides an opportunity for clients to experience drug-free recreation and peer group reinforcement for treatment progress. Throughout this wide array of interventions, a range of incentives (e.g., monetary vouchers, certificates, ceremonies, peer praise) is used to initiate and maintain sobriety, and therapists maintain a non-confrontational, motivational stance.

Randomized clinical trials have demonstrated the efficacy of MST-CAN in addressing child maltreatment and of RBT in reducing substance use. Regarding MST-CAN, in a study of families involved with child protection for physical abuse, Swenson et al. (2010) found that MST-CAN was significantly more effective than standard community treatment in reducing youth mental health symptoms, parent emotional distress, parenting behaviors associated with maltreatment, youth out-of-home placements, and changes in youth placement across a 16-month follow-up. MST-CAN also was significantly more effective at improving natural social support for parents. Regarding RBT, in a study of adults who were heroin-dependent and exiting detoxification facilities, Jones et al. (2005) found that RBT was superior to standard outpatient services at increasing days abstinent, days worked, and income earned over a 6-month follow-up period.

The feasibility of integrating MST-CAN and RBT has been demonstrated through extensive pilot testing of the MST-BSF model in collaboration with the Connecticut Department of Children and Families (DCF) and the DCF New Britain Area Office (Swenson et al., 2009). In this pilot work, parents who received MST-BSF reported significant pre- to post-treatment reductions in alcohol and drug use, depressive symptoms, and use of psychological aggression toward their child; youth who received MST-BSF reported significant decreases in anxiety (Schaeffer, Swenson, Tuerk, & Henggeler, 2010). When compared to a matched group of parents and children also involved with DCF across a 24-

month follow-up period, families who received MST-BSF had significantly fewer maltreatment reports, and children in this condition were 65% less likely than those in standard services to have experienced an out-of-home placement (Schaeffer et al.). A randomized clinical trial of MST-BSF currently is underway (Swenson and Schaeffer: PIs; NIDA, R01DA029726).

Consistent with the recommendations of many researchers, advocacy groups, and federal agencies, the family- and community-based MST-BSF model addresses key service gaps for substance abusing parents in child welfare. MST-BSF removes barriers to service access by delivering treatment in families' homes and incorporates evidence-based treatments for adult substance abuse and child maltreatment. Importantly, these interventions are well integrated, comprehensive, intensive, and coordinated with stakeholders in the child welfare system.

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Public Policy

Legislative Decisions Left To Post-Election Session

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CONGRESS POSTPONES LEGISLATING TO A LAME DUCK SESSION

The House and Senate returned from the August recess on September 14, but with just two weeks left before adjourning at the end of the month, there was little time – and even less political will — to accomplish much. Congress was scheduled to stay at work for another week but legislators chose instead to leave a backlog of bills for the post-election session.

As has happened in recent years, Congress had not finished with its appropriations bills before the start of the new fiscal year. In fact, no appropriations were completed before the 2011 fiscal year began. Again, Congress had to pass a

continuing resolution by September 30 in order to keep federal agencies funded in the new 2011 fiscal year beginning October 1. The continuing resolution funds most existing programs at current spending levels through Dec. 3, with a reduction in overall funding by \$9 billion. The likely outcome when Congress reconvenes for the lame duck session would be an omnibus funding bill that rolls all the appropriations into a single measure to carry business through the full 2011 fiscal year.

Before adjourning for the August recess, the Senate Appropriations Committee did approve the FY 2011 Labor-HHS-Education appropriations bill with Child Abuse Prevention and Treatment Act funds at \$105.519 million. The Senate bill

includes level funding both for the basic state grants, at \$26.535 million, and for community-based child abuse prevention grants at \$41.689 million. The measure includes an increase of \$8.275 million over the current 2010 funding, with \$10 million designated for new funding requested by the Obama administration to support a program of competitive grants for evidenced-based child maltreatment prevention programs focused on families with very young children who are at the greatest risk of child maltreatment.

In the House, the Labor-HHS-Education Appropriations Subcommittee in July approved its version of the spending bill. Details of the 2011 funding bill have not been made available, but summary information distributed following the subcommittee vote shows an overall increase in programs within the HHS Administration for Children and Families at \$1.838 billion more than in 2010. Within that funding increase, children and family services programs would see an additional \$1.037 billion in the coming year, although the distribution of those funds has not been indicated. In addition, the Obey subcommittee's plan would provide growth in funding for the Child Care and Development Block Grant with an increase of \$700 million, and \$866 million in new money for Head Start. However, both the child care and the Head Start funds would come in at some \$100 million each below the President's proposed dollar levels.

The bill in the House does not appear to include the additional spending for CAPTA proposed by the President. In that case, when the final measure is in fact resolved – reconciling the funding levels proposed by the House with those from the Senate – some difficult decisions will need to be made. The outcome for any new funding such as that proposed in the Senate bill for CAPTA will depend upon negotiations between the House and Senate setting final funding levels for FY 2011 — decisions expected to be made after the November elections when Congress returns.

Prior to adjournment, Senate Majority Leader Harry Reid (D-NV) announced his intention to deliver a final spending bill for 2011 which would set total discretionary spending at \$20 billion below that requested in the President's budget, similar to a discretionary spending cap proposed earlier in the year by Sens. Jeff Sessions (R-AL) and Claire McCaskill (D-MO). For his part, Sen. Daniel Inouye (D-HI), who chairs the Senate Appropriations Committee, has indicated an intention to deliver spending with discretionary spending totaling out at \$14 billion below the President's budget. The House would be the more "generous" of the two chambers: Rep. David Obey (D-WI), Appropriations Committee chair, plans a target of \$5 billion less than the President's budget in discretionary funds. Anyway it goes, CAPTA spending and all other discretionary programs in the federal budget would be at risk coming into the final resolution for 2011 spending.

CAPTA REAUTHORIZATION BILL INTRODUCED IN SENATE

On September 22, long-awaited legislation to reauthorize the Child Abuse Prevention and Treatment Act was introduced in the Senate by Sen. Christopher Dodd (D-CT) with Sens. Michael Enzi (R-WY) and Tom Harkin (D-IA). However, the fate of the legislation, S. 3817, remains in limbo. The bill was scheduled for markup by the Senate Committee on Health, Education, Labor and Pensions (HELP) before Senators left for elections campaigning, but the meeting was postponed until some time in November when Congress reconvenes. While no companion bill has been introduced in the House, there is an understanding between the two chambers that the House would follow after the Senate has acted on CAPTA reauthorization.

The CAPTA Reauthorization Act of 2010, S. 3817, addresses such themes as promoting differential response in child protective services, addressing the co-occurrence of child maltreatment and domestic violence, and sharpening the prevention focus of the community-based child abuse prevention grants.

Clearly reflecting Sen. Dodd's interest in a differential, or alternative, response to child protective services expressed by him at the HELP Committee's 2008 hearing on CAPTA, his bill seasons provisions throughout CAPTA with references to addressing an alternative approach to protecting children from harm, with a charge to HHS to address best practices in differential response through dissemination of information, research, training of personnel, as an eligible use of basic state grant funds for improving child protective services, and as a state grant eligibility requirement to identify "as applicable" policies and procedures around the use of differential response. The bill also would require state policies and procedures encouraging the involvement of families in decision-making pertaining to cases of abuse and neglect of children.

The bill's findings include a new provision recognizing the co-occurrence of child maltreatment and domestic violence in "up to 60 percent of the families in which either is present," and calls for the adoption of procedures aimed at "enhancing the safety both of children and the victims of domestic violence." Other provisions in S. 3817 follow this theme, with directions to HHS to disseminate information on effective programs and best practices in collaborations between child protective services and domestic violence services; in research, technical assistance and training; and through support for development of collaborative practice.

Attention to services for children exposed to domestic

violence would be an eligible expenditure of basic state grant funds, and states would be required to have procedures in place to address the co-occurrence of child maltreatment and domestic violence. The bill also includes domestic violence services that provide services and treatment to children and their non-abusing caregivers in an extensive list of services appropriate for addressing through CAPTA Title II community-based child abuse prevention grants.

The Dodd bill sharpens the prevention focus of CAPTA Title II with a broad mandate to support the range of community-based and prevention-focused activities which include a variety of services and strategies. The bill also seeks to enhance the involvement of parents in planning and implementation of prevention services.

Finally, in recognition of the relationship between child maltreatment and substance abuse, the Senate bill in a number of provisions seeks to address through research, technical assistance, program innovation, policies promoting collaborations with substance abuse treatment services, and in preventive services to improve upon the ability of the child welfare system to intervene effectively in child maltreatment cases where substance abuse presents itself as a factor.

Sen. Christopher Dodd (D-CT) who chairs the HELP Subcommittee on Children and Families and is retiring at the end of this year announced early in 2010 that he fully intends to have CAPTA reauthorization passed out of the committee before the close of the current 111th Congress. The committee chair, Sen. Tom Harkin (D-IA) apparently assured him that would happen. The work remains to be done.

McCARTHY INTRODUCES SCHOOL CORPORAL PUNISHMENT BAN

On June 29, Rep. Carolyn McCarthy (D-NY) introduced the Ending Corporal Punishment in Schools Act (H.R. 5628), legislation aimed at eliminating the use of corporal punishment still permitted as a legal form of school discipline in schools in 20 states. The bill would amend the General Education Provisions Act to deny federal education funds to any state or local education agency that has a policy or practice which allows school personnel to inflict corporal punishment upon a student either as a form of punishment or for the purpose of modifying undesirable behavior. The bill defines corporal punishment as “paddling, spanking, or other forms of physical punishment, however light, imposed upon a student.”

The bill would allow school personnel to use “reasonable restraint to the lightest possible degree” on a student whose

behavior “poses an imminent danger of physical injury to the student or others,” when less restrictive interventions would be ineffective in stopping the danger of physical injury, and “the reasonable restraint ends immediately upon the cessation of the conditions.”

Where a local school district receives its federal education funds through the state, and the state permits corporal punishment but the locality does not, the local school board would receive its funding directly from the federal government. The legislation does not apply to home schooling.

To assist school boards in improving school climate and culture for discipline, the bill authorizes the U.S. Department of Education to award 3-year grants for coaching and training of principals, teachers, and other staff aimed at implementing evidence-based systematic approaches to school-wide positive behavior supports. While the legislation is not likely to be on the list of bills Congress plans for action during the lame duck session this year, it will be ripe for consideration when the House and Senate take up the reauthorization of federal elementary and secondary education law in 2011.

FUNDS CONTINUE FOR CAPTA EVIDENCE-BASED HOME VISITING

In allotting funds to each of the states for the new home visiting program authorized in health care reform legislation enacted earlier this year, HHS has included in the funding allocation for each of the 15 states in which 5-year evidence-based home visiting (EBHV) grants had been awarded two years ago would include approximately \$673,000 per year (the amount equal to their current second year grant) to continue support for the 17 grantees receiving funds under the Child Abuse Prevention and Treatment Act (CAPTA). The FY 2010 appropriations bill for CAPTA funding had dropped the home visiting money on the assumption that health care reform legislation with a major new program of funding for home visiting – then yet to be enacted – would take over supporting those grants. That has now happened.

The grants will continue to be administered through 2013 – the end of the EBHV grant period — by the Administration for Children and Families. The EBHV funding is contingent upon the state submitting an approvable plan in its application for the home visiting program. If a state does not apply for or receive home visiting program funds, the EBHV grantee will not receive an allocation under this program. A state has no flexibility not to fund these programs. Funding will also continue for the next three years for the EBHV cross-site evaluation.

Case Notes

Does a History of Childhood Maltreatment Shape Perceptions of Juvenile Offenders?

Margaret C. Stevenson, Ph.D. & Allison L. Skinner, M.A.

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The link between child maltreatment and juvenile delinquency is well established (e.g., Malinosky-Rummell, & Hansen, 1993). In fact, children with a history of abuse or neglect have delinquency rates 47% higher than children without a history of maltreatment (Ryan & Testa, 2005). Myriad explanations for this link (e.g., attachment disorders, behavioral disorders, mental health problems, cognitive deficits) have been proposed and supported by empirical research (for a review, see Quas, Bottoms, & Nunez, 2002). Yet, one potential explanation has received less empirical attention: To what extent do stereotypes about abused and neglected adolescents shape perceptions of their potential for rehabilitation when they enter the justice system as juvenile delinquents (Stevenson, 2009)? Are maltreated juvenile offenders perceived as “lost causes” with little chance of rehabilitation and do these perceptions result in a self-fulfilling prophecy that potentially strengthens the relationship between child maltreatment and juvenile delinquency?

Consider the case of Addolfo Davis, an African American boy who was incarcerated at the age of fourteen (Paul, 2008, April 9, 10; *Illinois v. Davis*, 2009). Addolfo was born to a single, drug-addicted mother who severely neglected him. Before age 10, Addolfo was running away from home and turning to local gangs for protection. Addolfo was just 9 the first time he robbed someone for money to buy food, resulting in the first of several run-ins with the juvenile justice system. In early adolescence, Addolfo was removed from his mother, and placed under his grandmother’s care in her decrepit one-room cellar apartment, which already housed three other family members. Around this time, according to Addolfo’s social worker, he began exhibiting self-injurious behaviors, such as banging his head against walls and burning himself with cigarettes. He eventually was removed from his grandmother and deemed a ward of the state.

Shortly after Addolfo turned 14, he and two older gang members went to the apartment of a rival gang member, ostensibly to discuss a turf dispute. When they arrived, the two older gang members entered the apartment and shot four people, killing two. Yet, according to witness testimony,

Addolfo never even fired a shot. Instead, a rival gang member knocked the gun out of Addolfo’s hand as his accomplices began shooting. Later that day, police apprehended Addolfo and interrogated him with no attorney present. Instead, the only person present to represent Addolfo was his mother, who was no longer his legal guardian and who later testified that she was intoxicated at the time of the police interrogation. Furthermore, the poor literacy skills of both Addolfo and his mother likely prevented either from fully understanding the confession Addolfo signed. Even so, Addolfo’s case was transferred to adult court where he was charged and convicted of two counts of murder and two counts of attempted murder. Twenty years later, Addolfo is still serving his life sentence.

It seems likely that Addolfo’s unstable and abusive childhood considerably contributed to his path toward crime and subsequent life sentence. Yet, according to the Juvenile Court Act (1987), Addolfo’s history of childhood maltreatment should have been used as a mitigating factor when determining whether to transfer his case to adult criminal court. Was it? Recent research has begun testing the extent to which a juvenile offender’s history of child abuse is perceived as a mitigating factor, reducing sentence severity. Vignette studies in which a juvenile offender’s history of child abuse is experimentally manipulated reveal that, on average, mock jurors generally treat an abused juvenile less punitively than a non-abused juvenile (e.g., fewer recommendations of transfer to adult court) (Nunez et al. 2007; Stalans & Henry, 1994).

Yet, what happens in the real world, beyond the confines of experimentally controlled laboratory settings? Unfortunately, it appears that a juvenile offender’s history of child abuse is more likely to “backfire,” instead being used against the juvenile as a factor that enhances sentence severity. For instance, juvenile court officials perceive maltreated juvenile offenders, as compared to non-maltreated juvenile offenders, as less likely to be rehabilitated and as more deserving of severe treatment (i.e., incarceration or transfer to adult court) (Salekin et al., 2002). Those studies, however, confound child abuse with many other factors such as an unsupportive “chaotic” family environment, juvenile

behavioral problems (i.e., hostile demeanor), mental health problems, and school problems, all of which predict punitive juvenile court sentences (Clarke & Koch, 1980; Fenwick, 1982).

It is possible that Addolfo's unfortunate, yet all too common, history of childhood maltreatment might have not only placed him on a path toward crime, but also indirectly enhanced the severity of his treatment in the justice system. The unpleasant reality appears to be that adolescents who are maltreated as children face even greater disadvantages within the juvenile justice system relative to their non-maltreated counterparts. Child advocates should consider policy designed to ensure that a history of child maltreatment be used as a mitigating factor, as it is intended to be used by the Juvenile Court Act (1987). Specifically, policy makers should promote non-punitive, psychological rehabilitation of abused juvenile offenders to help break the negative cycle that child abuse appears to perpetuate: dysfunctional behavior, delinquency, and in turn severe treatment in court.

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Coming in 2011

A Celebration of 15 years!

The Section on Child Maltreatment was formed in 1995
with Jeffrey Haugaard as our first President

In the next issue of the Section newsletter, we will celebrate our early years...
...stay tuned!!!!



Section Elections

The Section on Child Maltreatment will hold an election for three positions on the Executive Committee this Fall, with terms to begin January 1, 2011:

President-Elect Member-at-Large Secretary

Nominations are now being sought for these positions.
Self-nominations are encouraged.

President-Elect:

The President-Elect assumes the duties of Section President in his or her absence and, after a two-year term as President-Elect, moves into the office of President. As President, he or she will be responsible for setting the tone and providing leadership to the Section regarding overall vision and mission, as well as regular activities. Both the President and the President-Elect are responsible for coordinating and attending all Section Executive Committee and business meetings, which occur in conjunction with the APA Annual Meeting (typically in August).

Secretary:

Consistent with the Bylaws, the Secretary shall safeguard all records of the Section, shall keep the minutes of the meetings of the Section, shall assist/inform the President in preparing the agenda for business meetings of the Section, and shall maintain coordination with the Division and the Central Office of the American Psychological Association, shall issue calls and notices of meetings, shall inform the membership of action taken by the Executive Committee, and shall perform all other usual duties of a Secretary. The new Secretary's term will begin January 1, 2011. Each Secretary serves a 3-year term.

Self-nominations may be made by sending a vitae and letter of interest. Those wishing to nominate someone else should check to see that he or she would be willing to accept the nomination, and then submit a letter or nomination. The nominee will also be asked to submit a curriculum vitae to the Elections Committee.

All nominations should be sent to:
Anthony P. Mannarino, PhD
Professor and Vice President
Drexel University College of Medicine
Four Allegheny Center
Pittsburg, PA 15212
amannari@wpahs.org

Member-at-Large:

Each of the Section's three Members-at-Large provide direction to the Executive Committee and, in consultation with the other members of the EC, creates and carries out at least one project over his or her 3-year term.

Participation on the Section Executive Committee helps to promote the mission of the Section and is an effective way of starting or expanding participation in a range of Section, Division, and APA activities. Previous experience in Section or Division activities is not required, and people who have never held an office in APA and who are eager to participate in Section activities are encouraged to apply. To run for and to serve in office, membership in the Section is required.

Nominations must be received by November 10, 2010, so that candidates will have sufficient time to submit a brief statement that will be printed with the ballot.

Please Let Us Know What You Think

We invite our members to contribute to the newsletter!

If you have suggestions for the newsletter, comments about the articles and issues discussed, or would like to contribute an article or details of recent publications to be included in future newsletters, please contact the editor at the following address.

Attention Section Members

If you have recently published an article, or have other exciting news (e.g., featured on a radio show, etc.) that you would like to share with other Section members, email the information to: Amie Lemos-Miller at amielemos@hotmail.com. The announcement will be included in a future edition in the Section's newsletter.

Please join the Section's listserve! Email amielemos@hotmail.com to join and receive pertinent updates and information regarding the Section

Recent Publications by Section Members:

Currie, J., & **Widom, C.S.** (2010). Long-term consequences of child abuse and neglect on adult economic well-being. *Child Maltreatment, 15*, 111-120.

Wakschlag, L.S., **Tolan, P.H.**, & Leventhal, B.L. (2010). *Journal of Child Psychology and Psychiatry, 51*, 3-22.

Brennan, D.J., Welles, S.L., **Miner, M.H.**, Ross, M.W., & Rosser, B.R. (2010). HIV treatment optimism and unsafe anal intercourse among HIV-positive men who have sex with men: Findings from the Positive Connections Study. *The Positive Connections Team; AIDS Education and Prevention, 22*, 126-137.

Cohen, J.A., **Berliner, L.**, & **Mannarino, A.** (2010). Trauma focused CBT for children with co-occurring trauma and behavior problems. *Child Abuse & Neglect*.

Boyle, C.L., Sanders, M.R., **Lutzker, J.R.**, Prinz, R.J., Shapiro, C., & Whitaker, D.J. (2010). An analysis of training, generalization, and maintenance effects of Primary Care Triple P for parents of preschool-aged children with disruptive behavior. *Child Psychiatry and Human Development, 41*, 114-131.

Olweus, D., & **Limber, S.P.** (2010). The Olweus Bullying Prevention Program: Implementation and evaluation over two decades. In Jimmerson, S.R., Swearer, S.M., & Espelage, D.L. (Eds.), *Handbook of bullying in schools: An international perspective* (pp. 377-401). New York: Routledge/Taylor & Francis Group.

Herschell, A.D., **Kolko, D.J.**, Baumann, B.L., & Davis, A.C. (2010). The role of therapist training in the implementation of psychosocial treatments: A review and critique with recommendations. *Clinical Psychology Review*.

Newsletter of the Section on Child Maltreatment

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