



# MiPSAC

**Newsletter of the Michigan Professional Society on the Abuse of Children, Inc., the Michigan Chapter of APSAC.**

**Volume 9, Issue 1**

**January - March, 2004**

## **PRESIDENT'S CORNER**

By Elaine S. Pomeranz, MD  
University of Michigan Health System

I find myself feeling somewhat inadequate to the task of taking the reins from Pat Siegel, who is a very difficult act to follow. So I will start by thanking her for the wonderful leadership she provided in 2003. I'm very proud of all the MiPSAC members who have taken time away from their busy schedules to meet in Lansing on a bi-monthly basis. I hope to see some new faces around our already crowded conference table during my tenure as MiPSAC president.

I see this year's work as a continuation of the work already begun under the guidance of Charles Enright,(our current vice-president) who has been helping us to focus on an achievable goal for our always well-intentioned, but not historically always well-directed group.

As I say that, I must confess to having mixed feelings about being so goal-oriented. The jobs we do are difficult, and one of the wonderful things about MiPSAC meetings is that they give us an opportunity to trade war stories with colleagues that can truly empathize. However, as we all know, trading anecdotes and "venting" doesn't change anything, and it is very exciting to think that we are now moving forward as a group. So, let's all continue to enjoy a few minutes of kibbitzing over lunch (thanks again, Mike Harmon, for arranging our meals) and then rolling up our sleeves to come up with a concrete plan for improving child abuse and neglect education and training in Michigan. What we lack in financial resources, we more than make up for in human resources.

I am looking forward to a rewarding year working with all of you!

### ***In this Special Issue on San Diego (with Guest Editor Dr. Annamaria Church)***

<b>Page 1</b> .....	<b>President's Corner, by Elaine S. Pomeranz, MD</b>
<b>Page 2</b> .....	<b>MiPSAC Announcements &amp; Upcoming Meetings</b>
<b>Page 3</b> .....	<b>Revising criteria for sexual abuse examination findings, by Vincent J. Palusci, MD MS</b>
<b>Page 4</b> .....	<b>Abusive Head Trauma: Defense Theories, by Elaine S. Pomeranz, MD</b>
<b>Page 6</b> .....	<b>Parent-Child Interaction Theory, by Rosalynn Bliss, MSW CSW</b>
<b>Page 8</b> .....	<b>MiPSAC Information</b>

# MiPSAC ANNOUNCEMENTS & UPCOMING MEETINGS



## **MiPSAC Board Meeting (Next Meeting- June 4)**

2<sup>nd</sup> Friday, even months, 12 noon – 2 PM  
Michigan Children's Ombudsman's Office, Lansing  
[Harmonm@michigan.gov](mailto:Harmonm@michigan.gov)

## **National CAC Medical Training Academy: Basic**

St. Paul, MN, April 22-24 and May 13-15, 2004  
[www.nationalCAC.org](http://www.nationalCAC.org)

## **FIA Physicians Child Abuse Conference**

Holland MI, May 18-19, 2004. [hofstrah@michigan.gov](mailto:hofstrah@michigan.gov)

## **University of New Hampshire, Victimization of Children and Youth Conference**

July 11-14, 2004,  
Portsmouth, NH [www.unh.edu/frl](http://www.unh.edu/frl)

## **APSAC 12<sup>th</sup> Annual National Colloquium**

August 4-7, 2004 Hollywood, FL.  
[Tricia-Williams@ouhsc.edu](mailto:Tricia-Williams@ouhsc.edu)

## **15<sup>th</sup> ISPCAN International Congress on Child Abuse and Neglect**

September 19-22, 2004 Brisbane, Australia  
[ISPCAN2004@icms.com.au](mailto:ISPCAN2004@icms.com.au)

## **DeVos Children's Hospital 8<sup>th</sup> Biannual Child Maltreatment Conference**

October 5, 2004 Grand Rapids, MI  
[Tracy.Cyrus@spectrum-health.org](mailto:Tracy.Cyrus@spectrum-health.org)

## **National CAC Medical Training Academy: Advanced**

St. Paul, MN, October 21-23, 2004  
[www.nationalCAC.org](http://www.nationalCAC.org)

## **University of Michigan 23<sup>rd</sup> Statewide Child Abuse Conference**

Ypsilanti, October 25-26, 2004

Sue Smith [sasmi@umich.edu](mailto:sasmi@umich.edu)

## **MiPSAC Annual Meeting**

Monday October 25, 2004 Location: TBD

## **Michigan Professional Society on the Abuse of Children, Inc.** **2004 MiPSAC Board of Directors**

President: Elaine Pomeranz, MD, University of Michigan  
Child Protection Team, Ann Arbor, (734) 763-0215  
[pomeranz@umich.edu](mailto:pomeranz@umich.edu)

Vice President: Charles Enright, MD MSW, Midland,  
[enrightcha@voyager.net](mailto:enrightcha@voyager.net)

Treasurer: Vincent Palusci, MD, DeVos Children's Hospital,  
Grand Rapids, [Vincent.Palusci@Spectrum-Health.org](mailto:Vincent.Palusci@Spectrum-Health.org)

Secretary: Rosalynn Bliss, MSW, DeVos Children's  
Hospital, Grand Rapids, [Rosalynn.Bliss@Spectrum-Health.org](mailto:Rosalynn.Bliss@Spectrum-Health.org)

### **At-Large Board Members:**

Kimberly Aiken, MD PhD, University of Michigan  
Annamaria Church, MD, DeVos Children's Hospital  
Leni Cowling, M.Ed. Bellaire, MI  
Howard Fischer, MD, Children's Hospital of Michigan  
Collette Gushurst, MD, MSU Kalamazoo Ctr Med Studies  
Michael Harmon, BA, Michigan Ombudsman Office  
Linda Hibst, RN, CPNP Battle Creek  
Pamela Ludolph, JD, University of Michigan  
Patricia Siegel, PhD, Children's Hospital of Michigan  
Mary Smyth MD, William Beaumont Hospital  
Kimberly Steed, MSW, MSU Chance at Childhood Program  
Honorary Members: Edie Kessler, Lynne Martinez, Nancy Skula, RN

Newsletter Editors: Leni Cowling & Vince Palusci  
Guest Editor: Annamaria Church, MD, DeVos Children's  
Hospital

*MiPSAC was founded in 1995 and incorporated in 1996 as the Michigan non-profit 501(C)3 state chapter of APSAC. The comments expressed in this newsletter reflect the views of the author(s) and do not necessarily represent the views of MiPSAC or the American Professional Association on the Abuse of Children. (APSAC).*



*Compliments of*

## ***MiPSAC's Goals***

- To bring together professionals working in the area of child maltreatment
- To foster networking
- To be an information resource
- To sponsor quality training

# **What I learned in San Diego: Revising the Fresno criteria for physical examination findings in sexual abuse cases**

By Vincent J. Palusci, MD MS  
DeVos Children's Hospital

On January 26, 2004 at the San Diego Conference, APSAC sponsored a Special Institute focusing on guidelines for medical assessment of child sexual abuse (CSA), starting with Joyce Adams' Fresno classification of physical and laboratory findings in CSA. This work group was convened to apply principles from evidence-based medicine to the classification system to standardize training in this field and help clinicians to better assess specific physical exam and laboratory findings and their association with child sexual abuse. Dr. Adams has published several versions of these guidelines which have been called the Fresno guidelines or the Joyce Adams classification system in the past. The original guidelines were published by Adams, Harper and Knudson in 1992. They were subsequently revised in the APSAC advisor in 1993, the Archives of Pediatric and Adolescent Medicine in 1996, the AAP SCAN newsletter in 1997, in web-based materials in 1999, and as a publication in Child Maltreatment in 2001 (see below). In 2003 and 2004, additional revisions were disseminated through email lists, websites and listservs.

The group began by reviewing the 2003 revision, particularly the physical examination and laboratory findings and their relationship with categories of 'probable' or 'definitive' sexual abuse. In prior revisions, physical findings have been grouped into 'normal', 'indeterminate', 'concerning' or 'definitive' categories. Sexually transmitted diseases were also grouped by different levels of certainty with regard to the need for sexual contact if acquired after birth. Robert Shapiro, MD presented a review of the medical literature as it applied to physical findings previously associated with CSA. Dr. Adams then led the 20 attendees through several proposed changes, and the group formed several subcommittees to address these revisions.

The participants reached some consensus regarding restructuring and revision of the classification system. In general, while there was sufficient evidence supporting the existing classification, the group expressed some concern about the use of four categories and the relative lack of large controlled trials with both abused and non-abused children. Three levels of physical finds were proposed for the new revision, including:

- (I) Normal: findings documented in newborns which were commonly seen in non-abuse children (these are findings seen in a child who gives no history of abuse and need not raise any concern of abuse; includes normal variants and findings caused by other medical conditions);
- (II) Indeterminate: these are findings for which there is insufficient or conflicting evidence from research to classify as either related or unrelated to abuse (Each clinician's index of suspicion for making a report to protective services may vary); and
- (III) Diagnostic of trauma and/or sexual contact (with moderate specificity, high-specificity, or definitively diagnostic; these are findings which in the absence of a clear, timely, plausible history of accidental injury or non-sexual transmission should be reported to Child Protective Services.).

While no final consensus statement has been released, it is anticipated that the findings of this workgroup and its subcommittees will be made available to the APSAC membership and other interested parties and submitted for publication. It was stressed that these are only guidelines based on published medical studies and that the overall level of research in the area of physical findings would benefit from larger controlled trials. It continues to be difficult to interpret physical findings based solely on studies of abused children

alone. It was noted that recent studies appear to be including larger numbers of non-abused children as well, which can allow inference regarding the nature of individual physical findings. Dr. Adams ([jadams@UCSD.edu](mailto:jadams@UCSD.edu)) requested ongoing input from clinicians and researchers in the field, and the subcommittees are to report back periodically with the hope that another meeting can be convened during the next year. You can also learn more through the interactive course at <http://child-abuseCME.ucsd.edu>. Look for further information in various child abuse listservs and from MIPSAC as it becomes available.

#### Prior Versions:

1. Adams J.A., Harper, K, Knudson, S. A proposed system for the classification of anogenital findings in children with suspected sexual abuse. *Adolescent Pediatric Gynecology*, 1992;5: 73-75.
2. Adams, J.A., Knudson, S. Genital findings in adolescent girls who were referred for suspected sexual abuse. *Archives of Pediatric and Adolescent Medicine*, 1996; 157: 850-857.
3. Adams, J.A. Revised classification of genital findings in suspected sexual abuse, AAP SCAN newsletter, 1997; 2-3.
4. Adams, J.A. Classification of anogenital findings and children with suspected sexual abuse: An evolving process. *The APSAC Advisor* 1993; 6: 11-13.
5. Adams, J.A. Two-part classification for assessing physical laboratory and historical information and suspected child sexual abuse-Fourth Revision, 1999.
6. Adams, J.A. Evolution of a classification scale: Medical evaluation of suspected child sexual abuse. *Child Maltreatment* 2001; 6: 31-36.
7. Adams, J.A. Adams classification of ano-genital findings in child sexual abuse: Fifth Revision, 2003.
8. Adams, J.A. & Johnson, C.F. Adams classification of physical and laboratory findings. Email: January 9, 2003.
9. Adams, J.A. Research-based classification system for assessing physical and laboratory findings in suspected child sexual abuse (Draft). February 23, 2004. Accessed from [HelferSociety.org](http://HelferSociety.org), April 22, 2004.

## **Report from San Diego: APSAC Workshop, San Diego, 1/26/04: “Abusive Head Trauma: The spectrum of defense theories, 2004” Robert Block, Brian Holmgren and Betty Spivack**

By Elaine S. Pomeranz, MD  
University of Michigan Health System

This all-day workshop was taught by three extremely knowledgeable and experienced professionals—two physicians and one attorney. For those of us who end up in court offering testimony in such cases, it should have been extremely valuable, and I, for one, found it so. However, some of my physician colleagues felt that it was too much review, and that the attorney, Brian Holmgren, did not contribute anything of value to the session. So much for criticism—now I’ll try to summarize the content...

Selected court cases that Block, Holmgren and Spivack were involved in from the past year were presented as a springboard for discussion.

Dr. Spivack’s case involved a short fall defense, and she used the opportunity to review some of the relevant literature. Her discussion began with articles addressing the question of whether short falls can be fatal

(Claydon 1996; Reiber 1993; Chiavello et al, 1994; Hall et al, 1989; Plunkett 2001). The answer, based on these articles, is yes, short falls can be fatal. However, she then went on to note that the pattern of injury in fatal falls is different from those seen in abusive head trauma (AHT). The patterns seen in the aforementioned studies include epidural hematoma, large, mass-occupying subdurals and cervical fractures—i.e., all contact injuries. None of them resulted in diffuse retinal hemorrhages. She then focused on the frequency of fatal short falls and concluded that serious injuries are quite rare. There were no deaths in a series of 839 observed short falls and none in another series of 368 such falls. Examining data from large databases, she concludes that the annual age-specific population incidence of fatal falls is 0.36-0.56 deaths per 100,000 children, or 1 death per 200,000-300,000 falls. She also pointed out the shortcomings of some of the above studies, as well as many others. Numerous studies documenting the role of retinal hemorrhages in AHT versus accidental injury were reviewed in detail and supported the specificity of extensive retinal hemorrhages for AHT.

Dr. Spivack is well known for her analysis of biomechanical theories of traumatic brain injury, and it is therefore not surprising that she spent a considerable amount of time reviewing the biomechanical literature to answer the question of whether shaking can cause the injuries seen in AHT. She found major flaws in the studies that conclude that shaking alone cannot account for the pattern of injury seen in shaken baby syndrome, but none of these were new in the past year. She did, however, discuss an article by Donohoe on evidence based medicine and SBS that appeared in the American Journal of Forensic and Medical Pathology 2003;24(3):239-42, which is an article which will certainly be brought up in court. She pointed out that this was a literature review based on a poorly executed Medline and Internet Explorer search that used only the keywords “shaken baby syndrome” starting in 1966 (before the syndrome was named and described as such) and therefore failed to capture many of the most seminal articles in the field. Moreover, she points out that evidence-based medicine is a method of analysis developed to test the validity of research in drug and treatment regimens, and is not appropriately applied to child abuse work, “since no one is going to shake 100 kids, and drop 100 more 3-4 feet head first and then compare the outcomes.”

Dr. Block discussed a Daubert hearing in Oklahoma that addressed the issue of whether Shaken Baby Syndrome is a “real” diagnosis. The expert who testified that it was not was a biomechanics specialist whose testimony was so poor and who was so arrogant that the judge in the hearing concluded that “given the opportunity, he would have claimed for his discipline the fact that biomechanics or biomechanicians probably had a hand in the drafting of our Declaration of Independence and the Constitution of the State of Oklahoma...” Dr. Block was able to report that the hearing concluded that Shaken Baby Syndrome is, indeed, a real diagnosis. He also discussed some 2003 articles on the subject including Denton & Mileusnic, Geddes et al, and Bonnier et al.

Mr. Holmgren discussed some problematic court decisions as well as the significance of Daubert hearings on the subject of SBS. He noted that there have been numerous such hearing throughout the country, including in OK, MD and CA, and all have resulted in favorable rulings for the prosecution. He also described the debate over shaking vs. impact as irrelevant for his purposes because it is abuse in either case. He concluded with some practical suggestions for trying these cases, such as:

- have the defendant reconstruct the alleged fall, documenting with video and appropriate measurements
- avoid dealing with biomechanical data (except in Daubert hearings) because they only confuse everyone, including the judge and jury and the defense expert will always be better at playing with the math
- emphasize that defense theories lack logical consistency and are inconsistent with human experience
- utilize frequency data regarding falls

There was obviously a lot more that was covered in this intensive workshop, but I believe I've hit on some of the high points. I have the handouts from this session, which includes all the references I've mentioned above and many more. I'd be happy to provide them to any of you who are interested. I would urge you all to take advantage of any opportunities to hear Mr. Holmgren or Drs. Spivack or Block, as their knowledge exceeds any summary I can offer.

## Parent Child Interaction Therapy (PCIT) with Anthony Urquiza

By Rosalynn Bliss, MSW, CSW  
DeVos Children's Hospital

On Monday, January 26, 2004 at the Child Maltreatment Conference in San Diego, Anthony Urquiza facilitated two workshops on Parent Child Interaction Therapy (PCIT). PCIT is a behavioral and interpersonal dyadic intervention for children between the ages of 2 and 8 and their parents. PCIT is focused on decreasing externalized child behavior problems such as aggression, increasing positive parent behaviors, and improving the quality of the parent-child relationship. PCIT was developed by Sheila Eyberg and began in the 1970s as a way to treat children with serious behavior problems and then adapted to the child maltreatment population. During PCIT sessions, parents wear a small bug-in-the-ear device. A trained professional observes the parent and child through a one-way mirror and communicates with the parent through the earbug. Parents are coached to remove criticism, commands and questions directed at the child and practice strategies that reinforce positive behavior. The emphasis is on restructuring parent-child patterns and the professional takes an extremely active and directive role in the process.

The intervention consists of approximately six initial sessions devoted to enhancing positive interactions, considered the Relationship Enhancement component and then another six that focus on improving disciplinary practices, considered the Discipline component. Progress is tracked and once parents achieve competence in the first component, they shift to the second component. The Relationship Enhancement component consists of the following elements:

- Parents are taught the PRIDE skills (P = praise, R = reflect what your child says, I = Imitate what your child does, D = describe what your child is doing, and E = enthusiasm).
- Parents are encouraged not to use "No, Don't, Stop, Quit, Not" in interactions with their child.
- The parent is instructed to play with their child and to ask the child to clean up for specific periods of time while being observed from behind the mirror.
- The parent wears a bug-in-the-ear to listen to directions, prompts and instructions to practice the PRIDE skills.
- Specific behaviors are tracked and charted at periodic intervals to provide parents with specific information about progress in positive interactions and achievement of mastery.

Once mastery is achieved, parents begin the Discipline component of PCIT. The Discipline component consists of the following elements:

- Parent is instructed to give commands and directions.
- Child is given a difficult task that may evoke defiance or other difficult behaviors.
- Parent receives coaching through the bug-in-the-ear to discipline their child appropriately.
- Parent is instructed in ways to generalize the skills to siblings and "problem times".

Empirical studies have demonstrated the effectiveness of PCIT as a treatment for abused children and their families. The CAARE Center at the University of California Davis Medical Center in Sacramento studied 162 groups of "parent"-child pairs who were living with their biological parents (93), with foster parents (41) and in kinship care (28). They were surveyed to examine risk factors before and after completing the PCIT program. The following results were impressive:

- Children and biological parents: 41% at risk before PCIT, 16.1% at risk after PCIT
- Children and foster parents: 58.5% at risk before PCIT, 34.1% at risk after PCIT
- Children in kinship care: 50% at risk before PCIT, 34.1% at risk after PCIT

Research from CAARE indicates that parents show improvement in listening skills, and positive, constructive dialogue and a decrease in sarcasm, criticism of the child and parental distress. Follow up data indicates that skills are maintained up to six months after the intervention.

## MiPSAC 2004 Child Advocate Award

MiPSAC is currently seeking nominations for the 2004 Child Advocate Award. The award will be presented in October 2004 at the MiPSAC Annual Meeting

### ELIGIBILITY

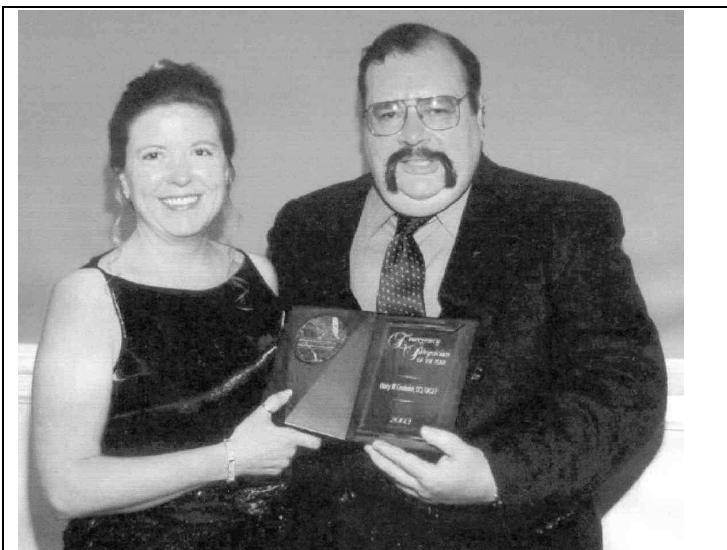
Nominees should be individuals who have made substantial contributions to practice relevant to child maltreatment/welfare and who have demonstrated the potential to continue such contributions. Nominees need not be current members of MiPSAC and can be from any discipline/level of service. Ideas for potential nominees include CPS workers, law enforcement, judges, individuals in the medical field, volunteers, attorneys, foster care workers, and social workers.

TO NOMINATE, Send 2 copies of:

- 1) A cover letter outlining the nominee's accomplishments to date and anticipated future contributions. This letter should describe the nominee's major accomplishments related to the field of child maltreatment and how the nominee's work has had an impact on the field;
- 2) The nominee's current curriculum vitae;
- 3) Two letters of support; and
- 4) If possible, other relevant supporting material, as appropriate

NOMINATION DEADLINE: Postmarked by May 15, 2004.

SEND NOMINATIONS OR DIRECT QUESTIONS TO: Rosalynn Bliss, MSW, CSW, DeVos Children's Hospital Child Protection Team, 100 Michigan Street NE, Mail Code 178, Grand Rapids, MI 49503, or (616) 391-3834.



## CONGRATULATIONS HARRY FREDERICK!

APSAC member Dr. Harry Frederick, Medical Director of United for Kids-Children's Assessment Center of Saginaw County, was named 2003 Emergency Physician of the Year by the Michigan Chapter of the American College of Emergency Physicians and is presented the award by Dr. Catherine Cowling, daughter of our own Leni.-Ed..

### Join the MiPSAC member email listserv

(sponsored by Wayne State University)

by contacting Vince Palusci at

[Vincent.Palusci@Spectrum-Health.org](mailto:Vincent.Palusci@Spectrum-Health.org)

or leave a message for MiPSAC at

(616) 391-2297

### **REMINDER!**

Please renew your annual membership for APSAC.

You must have APSAC membership to be a member of MiPSAC.

*Part of you dues to APSAC pays for MiPSAC membership automatically!*

**American Professional Society on the Abuse of Children**

P.O. Box 30669

Charleston, S.C. 29417

Phone: (843) 225-2772

Fax (843) 225-2779

Membership info: [apsac@knology.net](mailto:apsac@knology.net),

[www.apsac.org](http://www.apsac.org)

**Website resources for information on child maltreatment, local and national organizations, statistics, legislative updates and prevention,** by

Rosalynn Bliss

[www.apsac.org](http://www.apsac.org)

[www.michiganschildren.org](http://www.michiganschildren.org)

[www.michigan.gov/fia](http://www.michigan.gov/fia)

[www.childtrauma.org](http://www.childtrauma.org)

[www.firststar.org](http://www.firststar.org)

[www.nationalcalltoaction.com](http://www.nationalcalltoaction.com)

[www.preventchildabuse.org](http://www.preventchildabuse.org)

[www.cwla.org](http://www.cwla.org)

[www.childrensdefense.org](http://www.childrensdefense.org)