



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

EDITOR: Bethany Mohr, MD
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Medical Director

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President's Corner

By N. Debra Simms, M.D., FAAP

Division Chief, Center for Child Protection, Helen DeVos Children's Hospital

"May you live in interesting times" – a curse or benediction?



Times are indeed very interesting. Our country will be electing a new president this fall with one of the most interesting primaries in history. The economy is said to be the key voter issue. In Michigan, concerns about the economy, joblessness, rising gasoline prices and increased food costs are discussed on a daily basis.

The state of our economy has an effect on the institutions we work for and the children we serve. We are told that it is imperative that we learn to do more – with less. The needs of the families and children we serve increase daily - and the funds available to establish and maintain necessary resources do not increase – rather the opposite.

In 2008, the State of Michigan was forced to make tough choices in the ongoing support of traditional programs. The 14th Annual Child Abuse and Neglect conference did not happen. There is hope (and expectation) that 2009 will be a better year. The State of Michigan Department of Human Services has chosen to continue

support for child maltreatment services by offering an RFQ for Medical Resource System programming from 2008 to 2011. This program helps establish a safety net for the children in our state by providing for a 24/7/365 Medical Hotline, continued work in developing a medical provider network, and a single source for Child Protective Services case reviews and second opinions (except MSBP). More work is needed to establish a mechanism of support for the complex and time-consuming MSBP case reviews.

APSAC has also been working toward reorganization of the individual state affiliations and our relationship to the national organization. Very few states currently have active state chapters. National leadership is looking at what needs to be done to change that sad statistic. Establishing different levels (and cost) of membership to encourage front-line workers to join and participate in the National/State organization is a current topic of discussion in monthly conference... (Continued on page 3)

Join the MiPSAC Member Listserv

By contacting Dena Nazer at dnazer@dmc.org

(Reminder...you must be a member of APSAC in Michigan or MiPSAC to participate)

(Sponsored by Wayne State University)

MiPSAC Membership

Please direct questions about MiPSAC membership, the newsletter, or other issues to:

MiPSAC
P.O. Box 12264
Lansing, Michigan 48901

Meetings & Conferences

MiPSAC Board Meetings

2nd Friday, even months, 12 noon – 2 PM

Michigan Children's Ombudsman's Office, Lansing

Debra.simms@devoschildrens.org

The MiPSAC Annual Membership Meeting is held the Monday afternoon of the University of Michigan CAN Conference in October. See the conference program for time and place.

MiPSAC Officers

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MiPSAC is pleased to announce our new website at

www.mipsac.org

The fall version of our newsletter can be viewed online at our website:

Downloadable PDF and Archive Version: <http://www.mipsac.org/newsletter.php>

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

MiPSAC is the Michigan Chapter of APSAC



President's Corner (Cont'd)

... calls. Our MIPSAC chapter has already seen this need and established the State-only design for a yearly fee of \$25.00. This is to encourage individuals in the Departments of Human Services, Children's Protective Services, Foster-care, Law Enforcement, etc. to join with us. By joining MIPSAC, they are able to access members-only areas of our new web-site, participate in the MIPSAC listserv, and help identify additional strengths, talents, and resources in the State of Michigan.

MIPSAC continues to encourage multi-disciplinary networking of child abuse and neglect professionals at our meetings in Lansing at noon on the 2nd Friday of even months (February, April, June, August, October, and December). The listserv allows those individuals with the want (but not the way) to participate. Meeting agendas and minutes are posted on the listserv. Any member with questions, concerns or seeking case opinions or referrals can utilize the listserv for this purpose. A speaker's bureau continues to be a project under development and will assist organizations in the State of Michigan to identify educational speakers with expertise in the area of child maltreatment.

Individually, we are also affected by the interesting times we live in. Professionally we are pressured to do more and more with less time and resources to achieve our goals. Stress related burn-out is an ever present threat. Individuals in service-related fields must challenge themselves to take care of themselves, finding balance in the demands of the job, family, commitments, and personal development. My favorite Dr. Seuss character, Horton the elephant said:

*I meant what I said and
I said what I meant,
an elephant's faithful
100%.*

I, too, believe that with all the negative pressures facing our world, our county, our state, and our individual lives, we must say what we mean and mean what we say. We must support and nurture one another and we must be 100% faithful to the children and families we serve.

2008 MIPSAC President N. Debra Simms, MD, FAAP

Teen Drivers' Safety: Awareness of the Risks and Intervention Strategies

By: Ray Bingham, PhD



Both parents and their teenage children look forward to the day when the teen is licensed to drive. For most teens, they look forward to that day with positive expectation. The expectations of parents are much more mixed, including both feelings of relief that they will no longer be burdened with transporting their teen to sports and social events of all kinds, and feelings of considerable fear and anxiety. In a study that we are conducting right now at the University of Michigan Transportation Research Institute (UMTRI) we have been talking with groups of parents whose teens are in the process of learning to drive. Their concerns about their teenage children driving consistently focus on two areas. One is cost, including the cost of driver education classes and licensure, insurance, and gasoline. The other concern that is commonly expressed, and that is perhaps their most urgent concern, is for their teens' safety.

We (and I mean we as in we parents of teens learning to drive, of which I am a member), have heard warnings about teen drivers; that being in a motor vehicle crash is the leading cause of non-fatal injury and death among teens. I would also point out that teen drivers crash much more often than middle-aged adults. As concerned parents, we want to do something to avert the risks that teens face when they drive, but what can we do? Research on teen driving provides several important points to remember as you help your teen avoid harm while learning to be a safe driver.

1. Passengers increase teen drivers' chances of crashing. Teen drivers are more likely to crash when they have passengers who are not adults. Adult drivers, on the other hand, experience a slight increase in safety when they have passengers. This is not true of teen drivers when they have passengers who are not adults. Having one non-adult passenger almost doubles a teen driver's risk of crashing. But it doesn't stop there. Teen drivers' risk of crashing increases more with each additional non-adult passenger, so that one passenger nearly doubles the chances of being in a crash, but having a second passenger nearly doubles the chances again. Worst of all, the largest increases in teen drivers' chances of crashing when they have a passenger is for the most serious kinds of crashes: crashes where someone is injured or killed. Finally, there is no evidence from the research that driving with a non-adult brother or sister as a passenger is any less risky than having a friend as a passenger.
2. Teen drivers are more likely to crash while driving at night. I suppose we know this just from common sense and reasoning, but what research does that reasoning cannot tell us that when teens drive at night they are between three to four times more likely to be involved in a crash than are adult drivers. That's probably a bigger increase in the chance of crashing than most of us would have imagined.
3. Teen drivers are most likely to crash during the first six months of driving independently, but teen drivers chances of being in a crash remain high for several years after licensure compared to adult drivers. This means it is not enough to help our teens be safe drivers during the first months or year of driving, but for several years to come.
4. Teen drivers are more easily distracted than adult drivers, and this includes distractions outside the vehicle as well as those inside. There are often many things in the cars teens are driving that can be dangerously distracting, including MP3 players such as an iPod, but also cell phones used to talk on or text, and advanced entertainment systems to name a few.
5. Combined risk factors multiply teen drivers' chances of being in a crash. When multiple conditions that increase teen drivers' chances of being in a crash occur at the same time, teens' chances of crashing increase dramatically. For example, as pointed out above, teens are between three and four times more likely than adults to crash while driving at night, but when driving at night is combined with speeding, teen drivers' chances of crashing are between six and eleven times greater than adults.
6. Parents can make a difference. Parents can make their teens safer. Placing restrictions on their teens' driving privileges, having rules governing driving behaviors, and monitoring their teens' driving leads to safer teen drivers.

This last point is encouraging, or should be for parents with children who are learning to drive. There are many ways that parents can increase their teen drivers' safety and reduce their chances of crashing as their teens learn to drive. What parents can do depends, in part, on your teen's stage of licensure. The Graduated Driver Licensing (GDL) Program in Michigan divides driver licensure into three levels. Level 1 requires teens to drive with a parent or other designated adult. Level 2 allows teens to drive independently without a supervisor except between the hours of midnight and 5 am. Level 3 is full licensure without restrictions, and this lasts until the teen reaches age

18, at which point they receive a regular license. Now, let's consider ways parents can enhance their teens' safety during each level of licensure and beyond.

Level 1: Supervised Driver License

In Michigan, teens with a Level 1 License must complete 50 hours of supervised driving, 10 of those hours must be at night, before they qualify to receive a Level 2 License. Parents and teens are on the honor system when reporting how many hours of supervised driving have been completed, and I'm sure more than a few fudge, at least a little. It may be tempting for parents, after their teens have completed some hours of supervised driving, to sign the required form for beginning the second segment of driver education and getting a Level 2 License, but parents who do this are cheating themselves and their teens out of a valuable opportunity for the teen to learn and hone driving skills that are essential to driving safely. However, many parents are at a loss as to what to do when they are supervising their teen's driving, and are uncertain what would help their teen drive more safely. Here are some suggestions parents might consider:

7. Limit your teen's driving to the safest conditions while they are learning, and then, as they acquire greater skill at driving, allow them to drive in more challenging conditions. BUT, increase the level of challenge gradually so that your teen has time to acquire and practice the new skills required as the challenge of driving increases. Begin driving with your teen in an area with few obstacles, low driving speeds, light traffic, and where additional hazards and distractions such as pedestrians are few or non-existent. A large empty parking lot is a good place to start. Set up a course for your teen to drive that will allow him or her to get the feel of the car, practice using the turn signals, throttle, brakes, steering, and judge distances and closing speeds, and so on. Meanwhile, as your teen is acquiring basic driving skills, you have the chance to practice being a driving supervisor. Once your teen and you are comfortable, introduce your teen to a slightly more challenging driving situation, perhaps a quiet country road. After that, move to another more challenging area, and so on, gradually, and only when you feel your teen has the skills needed to be safe, with your assistance, of course, in a more challenging situation.
8. Use coaching techniques. When you are supervising your teen's driving, it is often important and necessary to give instructions, but the use of effective coaching techniques is also important. One example of such a technique is called "commentary driving." This is where a person verbally describes hazards and potential threats that they see as they are driving. Perhaps, as the parent, you should begin by simply stating the things that you would be paying attention to if you were driving. Commentary driving consists of simple statements, and not explicit commands or driving instructions. It is an exercise in learning to identify potential problems so they can be avoided. Commentary driving might sound something like this: "I see a car slowing in front of me. It looks like the driver might be planning to make a left turn, but is not signaling. The light up ahead has been green for some time now, and may be turning amber soon. The car in the right lane is weaving a bit. The driver is probably distracted and could move all the way into this lane without meaning to." Next, it's your teen's turn to comment as she or he drives, noting for him or herself what is happening on the roadway. While practicing commentary driving, remember that teens are easily distracted, so if she or he is silent and not making commentary while executing a challenging driving maneuver that is perfectly fine. Commentary driving is a good way for parents to help their teens learn to see events on the road that need their attention and, at the same time, avoids parents giving a constant stream of instruction--"Watch that car on the right...no, don't slow down yet. You should speed up now. Watch that light, I think it might turn amber any second..."--that might be both irritating and distracting to the teen.
9. Drive regularly with your teen. By driving together regularly, your teen will learn more quickly. If there is too long a gap between driving opportunities, your teen may forget some of what he or she has learned in previous driving experiences and the learning process will take longer. Having a schedule for regular supervised drives might be useful.

10. The purpose of supervised driving is for your teen to learn to drive safely. Supervised driving should be about learning to drive and not about just getting from point A to point B. Rather than allow supervised driving to consist of your teen passively running you on your errands, make it a focused event when you and your teen work together on learning safe driving.

11. Supervise your teen's driving in varied conditions. Once your teen's driving skills have progressed to the point where she or he can drive pretty much anywhere while being supervised, begin introducing your teen to varied driving conditions. Coach him/her in driving at night, when it's raining, snowing, or blowing, through construction zones, in heavy traffic, and so forth. Again, when introducing your teen to new driving conditions, start in areas and on roadways that present the fewest other hazards so your teen is not overwhelmed, and then increase the challenge as your teen's skills improve.

12. Finally, be patient, don't yell, and stay calm. It will be a much more pleasant experience for you and your teen if you can do this.

Level 2: Restricted Driver License

The restrictions that are imposed during Level 2 Licensure are meant to limit teen drivers' exposure to the highest risk driving conditions. These restrictions set by the state also provide "Parent Power." Essentially, all parents with teenage children learning to drive are concerned about their teen's safety, but it is often hard to always be the heavy, set limits, say "No," and so on. The restrictions on Level 2 Licenses relieve parents of some of this burden, because parents can say "Hey, I understand that you really want take your girlfriend to the late movie, but the law says you can't drive after midnight. I'm sorry, but that's just the way it is." But, the restrictions imposed on a Level 2 License do not relieve parents of all responsibility. There are still many things that parents can do, and should be doing, to help their teens continue to be safe as they learn to drive. Here are some suggestions.

13. Create a driving contract with your teen. There are many driving contracts out there offered by many agencies, but most of them are lacking and only one has been shown to be effective, a program called "Checkpoints." The contract used by the Checkpoints Program has three components: rules, privileges, and consequences. Let's start with the rules. Clearly teens need driving rules to help keep them safe, but it is only fair that there be rules for parents as well. The rules in a driving contract address things that are to be either always done or never done. Examples of rules for teens are: always wear a safety belt when driving or riding in a car; require your passengers to wear safety belts; never talk on the cell phone or text while you are driving; never drive when impaired by sleepiness, alcohol, or drugs; always ask permission to use the car (this is a good idea even if your teen has his/her own car); and always let your parents know where you are going and when you will return when you drive. Examples of rules for parents include: always set a good example as a driver; never talk on your cell phone while driving; be fair when administering rules and privileges. Privileges are things that your teen is permitted to do, and examples include: drive to and from school three times a week; drive after dark; and have one passenger ride with you. Consequences are what result if the teen breaks a rule or ignores a privilege. Examples are: not be allowed to drive after dark for a week; wash the car once a week for a month; be home by 6 pm every day for a month. One must remember two things regarding consequences. First, consequences are not punishments, but are the result of your teen's misbehavior. This subtle difference in perspective changes the consequences from something that is imposed by parents (punishment) to something that the teen can choose to avoid (consequences). Second, the consequence should fit the offense. Now, here is the challenge, when making the agreement, do it together with your teen, get his/her input, negotiate the rules, privileges and consequences, and use the agreement as a learning and teaching tool and not as a means of punishing or controlling your teen. Once the agreement is made, both parent and teen should sign it, and then the parent and teen should meet regularly, say once a

month or more often if needed, to review the agreement, discuss any consequences experienced, and increase privileges if the teen's behavior merits it.

14. Ride with your teen regularly, say once a week or so, to monitor how their driving ability is progressing. Riding with your teen also allows you the opportunity to continue coaching, to correct bad habits that are just starting, and to help your teen continue to become a safer driver.

15. Monitor your teen. Driving increases teens' independence from their parents. More independence is a good thing because teens need to learn how to be independent, but it requires parents to be aware of what the teen is doing, where she or he is going, and with whom they are driving. Monitoring is simply a process of requiring that your teen tell you where she or he is going, where she or he is, when she or he will return, the purpose of the trip, and so forth. Remind your teen from time to time that you are not monitoring him or her because of a lack of trust. Instead, you are doing it because you care about your teen and because you do trust him or her and you want to help your teen maintain that trust.

16. As a parent, you know your teen best. GDL guidelines and restrictions are meant to help keep teens safe generally, but teens vary greatly in their skills and abilities. So, if your teen needs more restrictions than GDL requires in order for him or her to be safe, you have the authority and responsibility to set restrictions that are greater than those required by law. So, if your teen is not yet able to drive safely after dark, it is in his or her best interest for you to restrict your teen from driving after dark until his or her skills improve. Also, remember that non-adult passengers dramatically increase teens' chances of being in a crash, so one restriction parents should consider is on passengers. GDL includes what the state requires, but as a concerned parent and someone who knows your teen's limitations, it is up to you to set restrictions that fit of your own child's ability.

Level 3: Full Licensure

When your teen is in the third level of GDL, the state no longer imposes any restrictions on his or her driving. But, as a parent, you should continue what you've been doing at the previous two levels. Ride with your teen regularly, continue coaching safe driving behavior, and restrict driving privileges if necessary for your teen's safety. Continue to insist that driving rules you and your teen have agreed upon be obeyed. Monitor your teen's driving. Finally, at all stages of licensure and points in the process of learning to drive, remember to praise your teen for things that she or he does well.

Dr. Bingham is a Research Associate Professor in the division of Social and Behavioral Analysis at the University of Michigan Transportation Research Institute

Car Seat Education

By: Naina Shrivastav, MSEd



With only a few weeks left before the arrival of your little bundle of joy, you purchase that first car seat or baby carrier because you can't bring Baby home without one. You take the seat out of the packaging, flip through the manual quickly, and install it to the best of your abilities. A few days later you merrily strap Baby in and drive off to a brand new life.

But is that car seat installed properly? Is anyone checking? In all the excitement, new parents, and some veteran ones too, aren't thinking about it. But the hospital is making sure you have one for a

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reason. According to NHTSA, car accidents are the #1 cause of death for children ages 3-14. 7 out of 10 children are not buckled in properly. In an impact, your child's life depends on this device. Taking this into consideration, it seems critical that the parents-to-be understand the importance of not just having a car seat, but also properly installing and using it.

While this can be a part of the education given before discharge from the hospital, it may be too late, as the car seat is usually already purchased and installed by that time. Parents are also overwhelmed at the time and may not soak in the full significance of the matter. Perhaps the best way to reach them is during pre-registration at the hospital or from the OBs end. This is the one person that is involved the most during prenatal appointments and may have a great influence on what the parents-to-be are doing to ensure their baby's health. Further, there is still time to carefully choose a safe car seat, learn to install it properly, and even have it checked by a certified technician in the area.

According to NHTSA, car accidents are the #1 cause of death for children ages 3-14.

While installation and usage are not "rocket science," they can be tricky at times. Many parents initially think that it is as simple as placing the device into their back seat and looping the seatbelt through. A visit to an inspection location, however, will reveal that there are nuances to car seat installation, such as proper positioning and use of the LATCH system and harnesses, size/weight limitations, and air bag considerations that can compromise your child's safety in a collision. When I met with a certified technician, I was mortified to learn that I had been driving my precious cargo around for two years with an improperly installed car seat. I felt so guilty and thankful that it was never put to the test. I realized that I owe it to my children to do it right. Now, sensitive to the issue, I am amazed at how often I see improperly installed car seats in dealing with my relatives, neighbors, friends, and other parents at my child's school--I'm seeing it everywhere. To me, this indicates a need for proper intervention.

Just as other education is mandatory, prospective parents should be required to go to a car seat clinic before taking their precious new bundle home. It would be even better if hospitals had a certified technician on hand to do a quick inspection. But, if that is not an option, then, at the least, those involved in prenatal care or pre-registration to the hospital should stress the importance of proper car seat usage, and encourage the future parents to go to an inspection location. Car seat clinics and inspections are available at most police and fire departments these days, and only take about 20 minutes. Not a big investment for something that could save the life of that precious baby you've brought into the world.

Mrs. Shrivastav is a psychologist with the U.S. Navy and also the mother of two small children.

Hot Weather and Vehicles can be a Deadly Combination for Kids

By: Amy Teddy



As temperatures heat up, children are at serious risk for heat stroke when left alone, even for a few minutes, in a closed vehicle. Every year, hyperthermia takes the lives of about 35 children. From March – September 1, 2008, however, 33 children have already died across the country from heat stroke caused by being trapped in a vehicle.

These cases have no socio-economic boundaries. It can happen to anyone. The common denominator for most of these tragedies is a deviation from a regular routine. More than half of these children were unintentionally left behind in a closed, parked car by parents or caregivers while nearly a third of these children were trapped while playing in a vehicle unattended. Sadly, one in five children who died was intentionally left in the vehicle by an adult.

Heat is much more dangerous to children than to adults. When left in a hot vehicle, a young child's core body temperature may increase three to five times faster than that of an adult. This can cause permanent injury or even death. Heat stroke occurs when the core body temperature reaches 104 degrees Fahrenheit. A core body temperature of 107 degrees Fahrenheit is considered lethal.

The inside of a vehicle can rise 19 degrees above the outside temperature in just 10 minutes. After an hour, the temperature inside and outside of a vehicle can differ by 45 degrees or more – even if a window is “cracked.”

For example, temperature increase inside a car with an outside temperature of 80 degrees (elapsed time in minutes) results in the following:

- After 10 minutes: **99 degrees inside car**
- 20 minutes: **109 degrees**
- 30 minutes: **114 degrees**
- 40 minutes: **118 degrees**
- 50 minutes: **120 degrees**
- 60 minutes: **123 degrees**

(Source: General Motors; Jan Null, San Francisco State University)

According to research conducted by San Francisco State University, even with relatively cool temperatures outside – 70 degrees – the inside of a car can reach a dangerous temperature in just minutes.

Safe Kids Washtenaw County led by C.S. Mott Children's Hospital: Pediatric Trauma offers these tips for parents and caregivers:

- Teach children not to play in, on, or around vehicles
- Never leave a child unattended in a vehicle, even with the window slightly open
- Always lock a vehicle's doors and trunk – especially at home. Keep keys and remote entry devices out of children's reach.
- Place something that you'll need at your next stop – such as a purse, a lunch, gym bag, hospital ID, or briefcase – on the floor of the backseat where the child is sitting. This simple act could help prevent you from “accidentally” forgetting a child.

More info:

<http://www.4rkidssake.org/>

<http://www.safekids.org>

<http://www.harrisonshope.org/>

<http://ggweather.com/heat/>

Ms. Teddy is part of the Pediatric Trauma Program at the University of Michigan and is the program manager for Injury Prevention.

EDITOR'S NOTE: Only 14 states have laws prohibiting leaving a child unattended in a vehicle and Michigan is not one of those states. Michigan did, however, previously propose unattended laws (2005). Much controversy exists regarding whether the caregivers of children who die from hyperthermia in cars should be prosecuted and “wide

disparity exists in sentences for leaving kids to die in hot cars.” An AP study examined both the frequency of prosecutions and length of sentences in hyperthermia deaths:

- Charges were filed in 49% of all the deaths. 81% resulted in convictions.
- In cases with paid caregivers (i.e., childcare workers, babysitters) 84% were charged and 96% convicted.
- Only 7% of the cases involved drugs or alcohol.

HIGHLIGHTS from the 16th ANNUAL APSAC COLLOQUIUM in PHOENIX, AZ, JUNE 2008



Two of my colleagues and I attended the APSAC Colloquium in Chandler, Arizona, this past June. We are family therapists who work specifically with families whose children are in foster care, so attending APSAC was extremely helpful to informing our work. We attended a number of presentations and trainings that had to do with the assessment of trauma, research on child sexual behaviors and their treatment, therapy for sexually abused children, and practices that were pertinent to families and children in the child welfare system. I attended several presentations of John Briere, the author of the Trauma Symptom Inventory, who was extremely impressive in his integration of evidence-based with practice-based knowledge for the assessment of trauma symptoms in children.

I also attended a workshop by Eliana Gil, who discussed therapy with sexually-abused children. Ms. Gil's presentation provided an excellent overview of therapy practices, research, and child development. Ms. Gil was accessible for questions and consultation as well. Katie Bozek, Jennifer Bak, and I presented a poster on our community-based therapy program, Families in Transition (FIT); and we had a great time meeting various child welfare professionals and learning about other programs and resources. We were able to bring home a great deal of valuable information which integrates research and practice. Overall, we had a fantastic time at the Colloquium; and the beautiful resort setting, the Arizona sun, and the five pools with the water slide just made for a really great time. I look forward to attending again next year.

Kathleen Jager, Ph.D., LMFT, is an Assistant Professor and Clinic Director at the MSU Family & Child Clinic, Families in Transition Program in East Lansing, MI



This June, I traveled to the APSAC Annual Colloquium in Phoenix in the last month of my pediatric residency, which was a great lead-in to my new position as a pediatrician with the Helen DeVos Children's Hospital Center for Child Protection. Held at the beautiful Wild Horse Pass Resort, the conference was a great place to meet people from the broad spectrum of occupations that serve at-risk children ...and a great way to get ready for summer – the temperature topped 110° each day!

The medical presentation that grabbed my attention the most was, “When the Body is the Only Thing That Talks,” presented by Sheridan Miyamoto MSN, FNP, with the CAARE Center at the University of California, Davis, Children's Hospital. Their center runs a Medical Clearance Program so that each child entering foster care is examined urgently (usually less than 6 hours from removal). In their study population, out of 134 children removed to foster care for reasons other than sexual abuse, 28 had healed hymenal trauma and 3 had acute hymenal trauma at the time of the Medical Clearance exam. I am curious if studies like this one will help to start universal foster care placement exams across the country, including here in Michigan.

Dr. Sarah Brown is a pediatrician with the Helen DeVos Children's Hospital Center for Child Protection in Grand Rapids, MI.

Two MIPSAC Members Receive Outstanding achievement awards at APSAC's 16th Annual Colloquium

Fran Waters, DCSW, LMFT & Cavalcade Productions, Inc. received the 2007 APSAC Outstanding Media Coverage Award. The Award recognizes a reporter or team of reporters in newsprint or broadcast journalism whose coverage of child maltreatment issues shows exceptional knowledge, insight, and sensitivity.



Fran Waters Receives her Award from Michael Haney, APSAC President, and Viola Vaughan-Eden, Ph.D., Awards Committee Chair.

Fran Waters is a MIPSAC member currently in private practice in Marquette as a LMSW and LMFT.

Fran gathered experts in the field of trauma, dissociation, forensic evaluations and prosecutors from around the country and in England to speak about three major areas:

1. behavioral impact of trauma on children,
2. interviewing issues, and
3. prosecution.

The DVD set includes an extensive trainer's guide for structured workshops, extensive bibliographies, articles, and websites. Readers can go to the ISSTD website at <http://www.isst-d.org/store/trauma-and-dissociation-children-video.html> to find detailed information explaining this project and a short video clip. The training materials have been endorsed by the National Child Protection Training Center and the National Center to Prevent Sexual Abuse of Children. Presenters on the video include Victor Vieth, Linda Steele, Tom Lyons, and John Myers. The training materials are helpful to anyone working with traumatized children, whether as therapists or as part of the child protection, forensic interviewing or legal systems.

Fran started as a child protective service worker and later trained CPS workers in Iowa. She was president of the International Society for the Study of Trauma and Dissociation and ISSTD needed a project for the development campaign funds they were collecting. Since ISSTD is committed to education and training, particularly with first responders, and there has been a cut back in funding for training of CPS workers, Fran proposed this project and ISSTD agreed to fund it. Fran, as the ISSTD's executive producer, along with Cavalcade Productions Company, produced a 3-part DVD, Trauma and Dissociation in Children, geared toward child protective service workers, forensic evaluators, and prosecutors.

The International Society for the Study of Trauma and Dissociation is an international, non-profit, professional association organized to develop and promote comprehensive, clinically effective, and empirically-based resources and responses to trauma and dissociation; and to address its relevance to other theoretical constructs.

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Kathleen Coulborn Faller, Ph.D., L.M.S.W., A.C.S.W. is the Marion Elizabeth Blue Professor of Children and Families and Director of the Family Assessment Clinic at the University of Michigan School of Social Work. The Marion Elizabeth Blue Professor of Children and Families is an endowed professorship given to a senior faculty at UMSSW who plays a leadership role in setting the School's agenda related to children and families.

Dr. Faller received the 2007 APSAC Outstanding Research Career Achievement Award.

The Award recognizes an APSAC member who has made repeated, significant and outstanding contributions to research on child maltreatment over his or her career.



Professor Faller Receives her Award from Viola Vaughan-Eden, Ph.D., Awards Committee Chair, and Michael Haney, APSAC President.

Rather than focusing on generating research questions and developing protocols and doing the research to answer these questions, Professor Faller has focused much of her career on answering the pressing child welfare questions of the day using existing research. Exemplary of this approach is the recent book (2007): *Interviewing Children about Sexual Abuse: Controversies and Best Practice*. New York: Oxford University Press. Various

chapters were authored or co-authored by Professor Faller and Deborah Davies, Lisa A. Fontes, William N. Friedrich, Sandra K. Hewitt, & Erna Olafson. The book is a critical review of research and best practice on interviewing children about sexual abuse.

Book Description adapted from the Oxford University Press web site.

Interviewing children who may have been sexually abused is a daunting task fraught with far-reaching consequences for the children, families, institutions, and professionals involved. With no room for error, forensic and clinical interviewers must navigate the complex, and often contradictory, evidence that informs their decision making. Professor Faller critically analyzes the research on assessing child sexual abuse. Noting that issues such as memory and suggestibility, questioning techniques, the use of media, and false allegations remain hotly contested, chapters guide readers in applying available research to professional judgment while also drawing on best practice guidelines and conceptual, clinical, and consensus-based writings. *Interviewing Children About Sexual Abuse* covers the entire interview process, showing professionals how to structure, document, and follow up on children's responses in interviews; work with children who are very young, have special needs, or come from diverse backgrounds; use standardized tests and measures; formulate conclusions about sexual abuse; and defend those decisions in a courtroom or clinical setting.

Mental health, forensic, and child welfare professionals will find expert information that will guide them through the often murky, always emotional, process of interviewing children about sexual abuse.

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Upcoming Trainings/Conferences 2008-2009

Seventh North American Conference on Shaken Baby Syndrome/Abusive Head Trauma

Vancouver, British Columbia
 October 5-7, 2008



27th Annual Michigan Statewide Conference on Child Abuse and Neglect: Prevention, Assessment and Treatment

Plymouth, MI
 October 20-21, 2008

XIth ISPCAN European Regional Conference on Child Abuse and Neglect

Lisbon, Portugal
 November 18 -20, 2008

APSAC's 2009 Advanced Training Institutes

San Diego, CA
January 26, 2009

**23rd Annual San Diego International Conference on Child and Family
Maltreatment**

San Diego, CA
January 26 – 30, 2009

APSAC Child Forensic Interview Clinics

Virginia Beach, VA
March 9 – 13, 2009

17th National Conference on Child Abuse and Neglect

Atlanta, GA
March 30 – April 4, 2009

APSAC Child Forensic Interview Clinics

Seattle, WA
June 1 – 5, 2009

APSAC's 17th Annual National Colloquium

Atlanta, GA
June 17 – 20, 2009

For more training opportunities, please see the following links:

<http://www.mipsac.org/training.php>

<http://www.apsac.org/mc/community/eventList.do?orgId=apsac>