

Mayerson Center For Safe and Healthy Children

DIVISION PROFILE	
Number of Faculty	3
Number of Fellows	
Clinical Fellows	2
Number of Graduate Students	23
Number of Other Students (full and part-time)	12
Number of Support Personnel	14
Annual Total Grant Support (direct)	\$525,879
Number of Peer Reviewed Publications	4
Patient Encounters	
Outpatient	1,837
Inpatient	63

FACULTY LISTING

Frank W. Putnam, MD, Professor of Pediatrics; Professor of Psychiatry, Division Director, Mayerson Center for Safe & Healthy Children; Scientific Director, Every Child Succeeds

Kathi L. Makoroff, MD, Research Assistant Professor, Research Coordinator, Mayerson Center for Safe & Healthy Children

Robert A. Shapiro, MD, Professor of Pediatrics, Medical Director, Mayerson Center for Safe & Healthy Children

OVERVIEW

The Mayerson Center for Safe and Healthy Children (Center) is focused on providing services to abused and neglected children and their families at Children's. The Center provides state-of-the-art diagnostic evaluation for physical and sexual abuse, child abuse forensic training programs for physicians, nurses and social workers, and cutting edge research in the field of child sexual abuse, child physical abuse and child neglect. The Mayerson Advocacy Center (MAC) is the home of the Child Abuse Team and the front door through which most children and families present for services. The CCHMC Child Abuse Team consists of staff from Emergency Medicine and Social Services. In addition, the MAC staff includes 7 Child Abuse Investigation Workers and a supervisor from the Hamilton County Department of Jobs and Family Services (DJFS), 2 permanently assigned detectives from the Cincinnati Police Department's Personal Crimes Unit and 2 resident detectives from the Hamilton County Sheriff's office. In addition, a Child and Adolescent Victim's Advocate from the Office of the Hamilton County Prosecutor provides services to victims and their families. The Center is housed on the fifth floor of the Albert B. Sabin Education Center.



Left to Right: K. Makoroff, F. Putnam, R. Shapiro

We seek to serve all children in the multi-county area surrounding Cincinnati who are or are alleged to be victims of child abuse or neglect or who are considered at risk for maltreatment. In the past year, we have seen 1,837 children and performed 976 forensic interviews and 824 medical examinations.

The vision of the Center is to assure safe, healthy and nurturing families and communities where all children can achieve their full potential. The Center's mission is to be the national leader and resource in the development and validation of best practices for the evaluation, treatment and prevention of child maltreatment. Programs being developed by the Center span the scale from individual therapy for abused children to community public health interventions for the promotion of healthy parenting and prevention of child abuse.

HIGHLIGHTS

The Mayerson Advocacy Center (MAC) officially opened its doors in January 2000 bringing all the collaborative agencies together to provide services for abused and neglected children and their families. Since that time, our volume has significantly increased due to community awareness and close working proximity of the agencies. The MAC provides a child-friendly setting in which the many professionals involved in the evaluation and investigation of child abuse allegations coordinate their efforts to minimize the stress for the child and family and maximize the quality of the evaluation.

Trauma Treatment Replication Center

The purpose of the Trauma Treatment Replication Center (TTRC) is to develop expertise in implementing evidence-based treatments for traumatized children in community settings. This is accomplished through a cycle-based replication method designed to disseminate evidence-based treatments through training and on-site consultation, while continually refining the treatments in real world settings through clinician feedback. Not only does the research inform practice, but practice informs practice. Trainees who take treatments back to their agencies and use them with their clients know what works and what doesn't and can help us understand why. This continuous quality improvement loop allows us to understand how to implement specific evidence-based treatment models, like Parent-Child Interaction Therapy, in community agencies, while at the same time, teaches us about the process of implementing evidence-based treatment models in general. In essence, replicating evidence-based treatment models is a co-creation among model developers, trainers, agency administrators, and clinicians.

Replication of Parent-Child Interaction Therapy

The first model being replicated by the TTRC is Parent-Child Interaction Therapy (PCIT). PCIT was selected based on a focus group discussion with Drs. Putnam, Olafson and Boat and representatives from seven local agencies. Discussions focused on 1) agency need, 2) clinical effectiveness, 3) agency costs and resources, 4) reimbursement potential, and 5) client population. Beginning in June, 2003 the TTRC conducted site visits and presentations to interested agencies and recruited therapists to be trained in PCIT.

This APA recognized evidence-based model is currently in its third cycle of replication. Drs. Olafson and Boat conduct an intensive 5-day training in which trainees receive 30 CEUs. The training consists of lecture, role play, and live coaching. Trainees receive two PCIT manuals, a resource CD, parent packets, therapist packets, and handouts. Drs. Olafson and Boat give additional on-site training and consultation when therapists begin their first PCIT session and as needed depending on trainees' requests.

Thirty-seven clinicians (twenty-five local and two from level III NCTSN site) will have been trained upon completion of this third training cycle. Two past trainees are being trained as trainers and will begin to conduct on-site consultation as well. Training manuals, handouts, coding sheets and other training materials are under ongoing revision based on trainee feedback and new research.

Therapists who attend PCIT training agree to collect data for the NCTSN data set on five clients. In addition, agency administrators agree to contribute information about the assets/liabilities of PCIT in their agencies. The TTRC will gain an understanding of the optimal conditions for conducting PCIT. In conjunction with one of the accelerated projects in the NCTSN, this activity will generate a PCIT implementation tool kit.

At the All Network Meeting in December, 2003, the TTRC met with the two Ohio Level III sites, 1) The Cullen Center for Children, Adolescents, and Families in Toledo and 2) The Children Who Witness Violence Program in Cleveland, and Marla Himmeger from the Ohio Department of Mental Health and discussed creating an

Ohio Network. Lisa Connelly co-presented with the other two Ohio sites about this possibility and gave information about the NCTSN to the Ohio Association of County Behavioral Health Authorities (OACBHA).

The Patricia Myers Scholars Fund was established in March 2003. This is an ongoing fund that supports two social workers; Amy Thomas and Tammy Vogelgesang who conduct forensic interviews along with community outreach education. We held our first annual Patricia Myers Lecture Series in April of 2003. Participants included law enforcement, social workers and prosecutors from around the tri-state area.

The Child Abuse Team continues to offer consultation services to the community and concentrates on identification and reporting of abuse and neglect. The Mayerson Center conducts national quarterly child abuse peer review sessions through an Internet based program. Physicians and nurses throughout the country contribute and participate in this educational activity.

TRAINING

Karen Farst, MD	PL VI	Texas Tech University
Gregory Wallace, MD	PL VI	West Virginia School of Osteopathic Medicine

GRANTS, CONTRACTS AND INDUSTRY AGREEMENTS

Grant and Contract Awards	Annual Direct/Project Period Direct
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Putnam, F.		
Program Support Grant		
Department of Justice (National Children's Alliance subcontract)	01/01/04 – 12/31/04	\$8,500
Child Abuse Trauma Treatment Replication Center		
Substance Abuse and Mental Health Services Administration	09/01/02 – 08/31/05	\$409,982/\$1,246,359
U79 SM 54292		
Special Emphasis Grant		
Department of Justice (National Children's Alliance subcontract)	01/01/04 – 12/31/04	\$45,441

Shapiro, R.		
Victims Assistance Funds (Victims of Crime Act)		
Department of Justice (Ohio Crime Victims Assistance)	10/01/97 – 09/30/04	\$61,956/\$176,388
98VACHAE321		

Current Year Direct	\$525,879
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Industry Contracts

Current Year Direct Receipts	\$0
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TOTAL	\$525,879
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PUBLICATIONS

1. Bonanno GA, Noll JG, **Putnam FW**, O'Neill M, Trickett PK. Predicting the willingness to disclose childhood sexual abuse from measures of repressive coping and dissociative tendencies. Child Maltreat 2003;8(4):302-18.
2. Makaroff KL, **Putnam FW**. Outcomes of infants and children with inflicted traumatic brain injury. Dev Med Child Neurol 2003;45(7):497-502.

3. Noll JG, Horowitz LA, Bonanno GA, Trickett PK, **Putnam FW**. Revictimization and self-harm in females who experienced childhood sexual abuse: results from a prospective study. *J Interpers Violence* 2003;18(12):1452-71.
4. **Putnam FW**. Cherish your expectations. *J Child Sex Abuse* 2004;12(2):133-135