

Mayerson Center for Safe & Healthy Children

DIVISION PROFILE

Number of Faculty	4
Number of Joint Appointment Faculty	1
Number of Staff Physicians	2
Number of Fellows	
Clinical Fellows	3
Number of Graduate Students	
Number of Other Students (full and part-time)	2
Number of Support Personnel	17
Annual Total Grant Support (direct)	\$448,940
Number of Peer Reviewed Publications	9
Patient Encounters	
Outpatient	1,530

FACULTY LISTING

Frank W. Putnam, MD, Professor of Pediatrics, Division Director
Robert A. Shapiro, MD, Professor of Pediatrics, Medical Director
Kathi Makoroff, MD, Assistant Professor of Pediatrics, Staff Physician
Erica Pearl, PsyD, Instructor of Clinical Pediatrics, Clinical Psychologist

FACULTY JOINT APPOINTMENT LISTING

Robert A. Shapiro, MD, Professor of Pediatrics, Emergency Medicine

STAFF PHYSICIAN LISTING

Robert Shapiro, MD, Medical Director, Mayerson Center
Kathi Makoroff, MD, Staff Physician, Mayerson Center

OVERVIEW

The Mayerson Center for Safe and Healthy Children provides services to abused and neglected children and their families. Located in the Sabin Education Building at Cincinnati Children's Hospital Medical Center, the center has state-of-the-art facilities for the forensic and medical evaluation of allegations of sexual abuse, severe physical abuse and medical neglect. In addition, the center provides training programs for physicians, social workers, nurses, psychologists, psychiatrists and law enforcement personnel. The center's research program includes projects improving forensic evaluations including enhancing child



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

interviews, refining diagnostic measures for sexually transmitted diseases in children and better identification and improved outcome for inflicted head injuries in children. In addition, the center evaluates a series of training programs ranging from forensic interview training, pediatric sexual assault evaluations, and community adoption of evidence-based treatment models. The center has three main components: 1) The

Mayerson Advocacy Center (MAC); 2) The Trauma Treatment Training Center (TTTC); and the Child Abuse and Neglect Do Project (CAN DO). In addition, the center collaborates with Every Child Succeeds, The Childhood Trust, and the TIP program in Division of Developmental and Behavioral Pediatrics to improve prevention and treatment opportunities for at-risk children.

The Mayerson Advocacy Center (MAC)

The MAC is home to the Child Abuse Team and the front door through which many children and families present for services. The Child Abuse Team currently consists of CCHMC pediatricians, nurses and social workers and a child psychiatrist and psychologist together with 7 Hamilton County Department of Jobs and Family Service child protection workers and their supervisor from the 'in-home' sexual abuse investigational unit. This year, we have been joined by an additional 4 Hamilton County Department of Jobs and Family Service child protection workers and their supervisor from the 'medical neglect' unit. In addition, the center houses 4 law enforcement officers, 2 from the Personal Crimes Division of the Cincinnati Police Department and 2 from the Hamilton County Office of the Sheriff. The team also includes a full-time Victim's Advocate from the Office of the Hamilton County Prosecutor. Other professionals from within CCHMC or county investigational agencies join the Child Abuse Team as appropriate for specific investigations. In the past year, the MAC has evaluated 1,530 children, performed 1,424 forensic interviews and conducted 716 medical examinations.

The vision of the MAC 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.

HIGHLIGHTS

The Trauma Treatment Training Center (TTTC)

The Trauma Treatment Training Center (TTTC) was originally developed with a grant from SAMHSA and is currently supported in part with a grant from the Irving Harris Foundation. The TTTC is dedicated to developing strategies to disseminate evidence-based treatments (EBTs) for trauma and abuse to community mental health providers serving children, adolescents, and families. The TTTC offers training in multiple EBTs to community child mental health providers as well as CCHMC staff. To date, the TTTC has worked with 219 community mental health providers agencies, training a total of 176 therapists in Parent-Child Interaction Therapy (PCIT), 26 in Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) and 17 in Treating Traumatic Loss in Children (TTLC).

In addition to disseminating EBTs, the TTTC is working with agencies to adapt components of EBTs for special circumstances or to address unmet clinical needs. An example of this process is the creation of Child-Adult Relationship Enhancement (CARE), which is a training model intended to help non-clinical staff working with traumatized children to better understand their behavior and to be able to interact with them in a positive, but effective fashion. To date, over 112 non-mental health staff have been trained in CARE including: teachers, nurses, and day-hospital and residential treatment aides. In a number of instances, community agencies have requested that their entire staffs be trained in CARE. The TTTC is in the process of transitioning over to a fee-for-training basis with the intention of becoming a self-supporting training program. The TTTC is using a business model developed by Lori Mackey, Vice President for Operations for the Cincinnati Children's Research Foundation, and her staff. The goal is for the TTTC to be self-sustaining by 2009-10.

Child Abuse and Neglect Do Tank (CAN DO)

At the beginning of this fiscal year (2006), the Mayerson Center initiated the privately-funded CAN DO project, which seeks to develop a model service network for traumatized children in Ohio that will serve as a national model. CAN DO seeks to be a 'value-added' component that enhances already existing services and networks as well as creates new linkages among the now largely fragmented services provided to traumatized children and adolescents. CAN DO currently consists of several interlocking components with others in the planning or development stage.

The CAN DO Mapping Project utilizes Graphical Information System (GIS) methods to create geographical maps of risks and resources for traumatized children. The project is developing tools to be incorporated into a national website, Healthlandscapes, that is being funded by the Health Foundation of Greater Cincinnati, the American Academy of Family Practice, the Robert Graham Center and the University of Cincinnati. A variety of public domain datasets will be included on the site, which will allow the geographical mapping of health related data provided by user. The tools developed by the CAN DO mapping project will be used to identify hotspots for child maltreatment, domestic violence, infant mortality and related outcomes and their relationship to risk factors such as poverty, alcohol and drug arrests, and community dysfunction. In addition, the maps can be used to improve allocation of existing resources and inform future prevention efforts. A standardized risk factor matrix drawn from U.S. Census Tract public datasets has been created through a principal-components analysis. Thus a community-specific risk factor map can be created for any county in the U.S. and overlaid on local geocoded incidence data from anywhere in the United States. In addition, CAN DO will work specifically with Ohio providers to map relevant data as part of creating a greater awareness of risks and better utilization of resources and collaborations for traumatized children. The use of maps to measure community outcomes of prevention programs will also be investigated.

TRAINING

Barbara Knox, MD	PL-IV	University of Wisconsin-Madison
Daniel Lindberg, MD	PL-V	University of Chicago

GRANTS, CONTRACTS AND INDUSTRY AGREEMENTS

Grant and Contract Awards	Annual Direct/Project Period Direct
---------------------------	-------------------------------------

Putnam, F

Program Support Grant Department of Justice (National Children's Alliance subcontract)	01/01/06 – 12/31/06	\$4,556/\$18,500
Child Abuse Trauma Treatment Replication Center Anonymous	01/01/06 – 12/31/09	\$390,000/\$1,140,000

Shapiro, R

Victims Assistance Funds (Victims of Crime Act) Department of Justice (Ohio Crime Victims Assistance) 98VACHAE321	10/01/05 - 09/30/07	\$54,384/\$108,768
---	---------------------	--------------------

Current Year Direct	\$448,940
---------------------	-----------

Industry Contracts

Current Year Direct Receipts	\$0
------------------------------	-----

TOTAL	\$448,940
--------------	------------------

PUBLICATIONS

1. Frasier LD, Makoroff KL. Medical evidence and expert testimony in child sexual abuse. Juv Fam Court J 2006;56(1):41-48.
2. Makoroff KL, Cecil KM, Care M, Ball WS, Jr. Elevated lactate as an early marker of brain injury in inflicted traumatic brain injury. Pediatr Radiol 2005;35(7):668-76.
3. Zimmerman S, Makoroff K, Care M, Thomas A, Shapiro R. Utility of follow-up skeletal surveys in suspected child physical abuse evaluations. Child Abuse Negl 2005;29(10):1075-83.
4. Putnam FW. The impact of trauma on child development. Juv Fam Court J 2006;56(1):1-11.

5. Scheeringa MS, Zeanah CH, Myers L, Putnam FW. Predictive validity in a prospective follow-up of PTSD in preschool children. *J Am Acad Child Adolesc Psychiatry* 2005;44(9):899-906.
6. Stevens J, Ammerman RT, Putnam FW, Gannon T, Van Ginkel JB. Facilitators and barriers to engagement in home visitation: a qualitative analysis of maternal, provider, and supervisor data. *J Aggress Maltreat Trauma* 2005;11(4):75-93.
7. Zink T, Levin L, Wollan P, Putnam FW. Mothers' Comfort with Screening Questions about Sensitive Issues, Including Domestic Violence. *J Am Board Fam Med* 2006;19(4):358-67.
8. Zink T, Siegel R, Chen L, Levin L, Pabst S, Putnam FW. Physician knowledge and management of children exposed to domestic violence in Ohio: a comparison of pediatricians and family physicians. *Clin Pediatr (Phila)* 2005;44(3):211-9.
9. Shapiro RA, Makoroff KL. Sexually transmitted diseases in sexually abused girls and adolescents. *Curr Opin Obstet Gynecol* 2006;18(5):492-497.