

Mayerson Center for Safe and Healthy Children



K. Makoroff, R. Shapiro, E. Pearl, F. Putnam

Division Data Summary

Research and Training Details

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|-------------------------------------|-----------|
| Number of Faculty | 2 |
| Number of Joint Appointment Faculty | 2 |
| Direct Annual Grant Support | \$582,859 |
| Peer Reviewed Publications | 12 |

Clinical Activities and Training

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|----------------------------|---|
| Number of Clinical Fellows | 1 |
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Faculty Members

Kathi Makoroff, MD, Adjunct Assistant Professor ; *Fellowship Director, Child Abuse Pediatrics; Director, Child Abuse Resident / Medical Student Elective; Program Committee Chair, Ray Helfer Society*

Frank Putnam, MD, Professor ; *CCHMC Research Integrity Officer; CCHMC Ethics Committee; Member of the Institute of Medicine Committee on Parental Depression; Trustee of the Ohio Children's Trust Fund - Governor's appointment. Only member retained from prior administration*

Joint Appointment Faculty Members

Robert Shapiro, MD, Professor
Emergency Medicine
child maltreatment

Erica Pearl, PsyD, Professor
Psychology and Behavioral Medicine
foster care

Clinical Staff Members

- Heidi Malott, MSW, LISW

Trainees

- Berekeley Bennett, MD, pgy -9, Texas Children's Hospital

Significant Accomplishments in FY08

Telemedicine

The Mayerson Center has leveraged telemedicine technologies to extend its expertise by providing child abuse education and consultation to providers in rural Ohio, peer review of forensic interview skills to social workers evaluating allegations of child maltreatment, and collaborative learning to child abuse fellows. Using WebEx, an internet conferencing technology available at CCHMC, the Mayerson Center physicians and nurses meet with small groups of providers each month to review cases, provide didactic lectures, or conduct collaborative patient rounds. The Mayerson Center social workers, using video conferencing equipment, conduct a monthly multi-disciplinary peer review with other social workers and prosecutors in Ohio. Using secure email, the Mayerson Center physicians provide second opinions of examination findings based on forensic examinations photo documentation. The Mayerson provides second opinions to 16 remote sites and didactic lectures to sites in 5 different states. Remote sessions are typically attended by 30 participants from 12 different sites and currently 11 different Ohio communities participate in forensic interview peer review sessions.

Inflicted Head Trauma Clinic

The Mayerson Center's Post-Injury Growth and Development Clinic follows children who have suffered inflicted head injury. The clinic was started in April, 2003 in conjunction with the Division of Behavioral Medicine & Clinical Psychology, and currently follows approximately 30 patients. All children are evaluated at six-month intervals by a pediatrician and by a developmental pediatrician; growth, neurological function, social situation and developmental status are evaluated at every visit. This clinic is the first of its kind in the country and we follow the development of the largest cohort of patients with inflicted head injury. We have presented data at two national meetings and we are currently preparing two manuscripts. Patients seen in the clinic also are evaluated for a prospective study of hypopituitarism in children with traumatic head injury. This research is being performed in collaboration with the Division of Endocrinology and Metabolism.

Female Adolescent Development Study (FADS)

The Female Adolescent Development Study is a collaborative prospective study with Dr. Jennie Noll in the Division of Psychology that investigates factors that increase risk of maltreated girls for teen pregnancy and future victimization by other perpetrators. Cross-sectional research finds that a history of abuse increases risk for teen pregnancy about 2 – 3 fold and for revictimization about 3 fold. Girls with substantiated cases of sexual and/or physical abuse are recruited from Mayerson and compared with a matched group recruited from Adolescent Medicine clinic. The study is focused on identifying risk factors that can be targeted for preventive interventions. One innovative aspect of the study is looking at risk factors for internet-initiated sexual victimization.

Significant Publications in FY08

Wallace GH, Makoroff KL, Malott HA, Shapiro RA (2007). Hospital-based multi-disciplinary teams can prevent unnecessary child abuse reports and out-of-home placements. *Child Abuse & Neglect*, 31:623-629.

Childhood maltreatment can be a difficult to distinguish from accidental trauma. Failure to recognize maltreatment may result in additional suffering, injury or death of the child. Failure to recognize accidental trauma or medical mimics of childhood maltreatment may result in unwarranted removal of children from their families and inappropriate criminal prosecution. The hospital multi-disciplinary team (MDT) can be an effective service to prevent unnecessary child abuse reports and out-of-home placements. This paper describes how the MDT at CCHMC prevented unnecessary reports of suspected child maltreatment.

Pearl ES (2008). Parent-child interaction therapy with an immigrant family exposed to domestic violence. *Clinical Case Studies* 7(1), 25-41.

This was a semi-quantitative case study of PCIT with an African immigrant victim of domestic violence and her child. This case study is an example of how PCIT was effective with a family who just transitioned from an emergency shelter. This case also demonstrated that PCIT was effective even though English was not the caregiver's first language.

Adams J, Kaplan R, Starling S, Mehta N, Finkel M, Botash A, Kellogg N, Shapiro R. "Guidelines for Medical Care of Children Who May Have Been Sexually Abused". *Journal of Pediatric and Adolescent Gynecology*. June 2007 (20). P 163-172.

This article represents consensus agreement between many American child abuse experts. It is an update regarding the clinical care and examination interpretation of child sexual abuse.

Noll JG, Zeller MH, Trickett PK, Putnam FW. Obesity risk for female victims of childhood sexual abuse: a prospective study. *Pediatrics*. 2007; 120: e61-7.

Follow-up of a prospective longitudinal sample recruited in mid-1980's ages 6 -15, now adult reveals high rates of obesity defined by CDC criteria. First prospective study to confirm hypothesized linkage between child maltreatment and increased risk for obesity.

Division Highlights

Frank Putnam, MD

Effectiveness of evidence-based child trauma treatments implemented in community settings

Treatment of maternal depression and its effect on child development

Development of secondary and tertiary prevention programs for CACs serving abused and neglected children

Kathi Makoroff, MD

Hypopituitarism in survivors of traumatic brain injury - collaboration with Division of Endocrinology

Utility of Liver Transaminases to recognize abuse in pre-verbal children (multi-site study with 21 other centers)

Utility of follow-up skeletal surveys in suspected child physical abuse evaluations when the initial skeletal survey is normal

Division Collaboration

Collaboration with Division of Disability and Behavioral Pediatrics; ; ;

Collaborating Faculty: Alice Lawrence, MD; ; ;

Monthly clinic following up children with traumatic head injury

Collaboration with Division of Psychiatry

Collaborating Faculty: Linda Richey; Drew Barzman

The purpose of this exploratory study is to retrospectively investigate a Psychiatry Intake Assessment Form to assess if cruelty to animals is a "red flag" that could alert professionals to modifying both their prevention and intervention approaches.

Collaboration with Division of Psychology and Behavioral Medicine

Collaborating Faculty: Robert Ammerman, PhD

Development of a in-home treatment for major depression in mothers receiving home visitation services through Every Child Succeeds.

Collaboration with Division of Psychology and Behavioral Medicine

Collaborating Faculty: Jennie Noll, PhD

Study of the psychological factors associated with teen pregnancy in sexually abused adolescents.

Division Publications

1. Ammerman RT, Putnam FW, Kopke JE, Gannon TA, Short JA, Van Ginkel JB, Clark MJ, Carrozza MA, Spector AR. [Development and implementation of a quality assurance infrastructure in a multisite home visitation program in Ohio and Kentucky](#). *J Prev Interv Community*. 2007; 34: 89-107.
2. Bonanno GA, Colak DM, Keltner D, Shiota MN, Papa A, Noll JG, Putnam FW, Trickett PK. [Context matters: the benefits and costs of expressing positive emotion among survivors of childhood sexual abuse](#). *Emotion*. 2007; 7: 824-37.
3. Fairbank JA, Putnam FW, Harris WW. "The prevalence and impact of child traumatic stress." In: MJ Friedman, TM

- Keane, PA Resick, eds. *Handbook of PTSD : science and practice*. New York: Guilford Press; 2007: 229-251.
4. Kim K, Noll JG, Putnam FW, Trickett PK. [Psychosocial characteristics of nonoffending mothers of sexually abused girls: findings from a prospective, multigenerational study](#). *Child Maltreat*. 2007; 12: 338-51.
 5. Lindberg DM, Lindsell CJ, Shapiro RA. [Variability in expert assessments of child physical abuse likelihood](#). *Pediatrics*. 2008; 121: e945-53.
 6. Minnick J, Pearl ES. "Child-adult relationship enhancement (CARE)." In: C Huff, HJ Sites, eds. *An integrated model for treatment of early childhood abuse*. Royal Oak, MI: Self-Esteem Shop; 2007: 120.
 7. Noll JG, Zeller MH, Trickett PK, Putnam FW. [Obesity risk for female victims of childhood sexual abuse: a prospective study](#). *Pediatrics*. 2007; 120: e61-7.
 8. Schubert C, Makoroff K. "Sexual abuse." In: LC Garfunkel, JM Kaczorowski, C Christy, eds. *Pediatric clinical advisor : instant diagnosis and treatment*. Philadelphia: Mosby/Elsevier; 2007: 519-520.
 9. Shapiro RA, Lindberg D. "Child sexual abuse." In: PJA Hillard, ed. *The 5-minute obstetrics and gynecology consult*. Philadelphia: Lippincott Williams & Wilkins; 2008: 308-309.
 10. Shapiro RA, Schubert CJ. [Forensic examination of the sexual assault victim.](#) In: C King, FM Henretig, eds. *Textbook of pediatric emergency procedures*. Philadelphia: Wolters Kluwer Health/Lippincott Williams & Wilkins; 2008: 882-887.
 11. Silverman WK, Ortiz CD, Viswesvaran C, Burns BJ, Kolko DJ, Putnam FW, Amaya-Jackson L. [Evidence-based psychosocial treatments for children and adolescents exposed to traumatic events](#). *J Clin Child Adolesc Psychol*. 2008; 37: 156-83.
 12. Zink T, Klesges LM, Levin L, Putnam F. [Abuse behavior inventory: cutpoint, validity, and characterization of discrepancies](#). *J Interpers Violence*. 2007; 22: 921-31.

Grants, Contracts, and Industry Agreements

Grant and Contract Awards

Annual Direct / Project Period Direct

Putnam, F

Test of Feasibility of Implementing and Evaluating Depression Screening Using the EPD

Ohio Department of Health (Hamilton County Community Mental Health Board)

12-CS-07-01 07/01/06 - 06/30/08 \$160,000 / \$260,000

Child Abuse Trauma and Neglect Do Tank (CAN DO)

Anonymous

07/01/05 - 06/30/08 \$140,000 / \$420,000

Program Support Grant NCA

US Department of Justice (National Children's Alliance)

01/01/04 - 12/31/08 \$10,000 / \$38,500

Child Abuse Trauma Treatment Replication Center

Anonymous

01/01/06 - 12/31/09 \$150,000 / \$1,000,000

Time 7 Longitudinal Study

Anonymous

01/01/08 - 12/31/09 \$69,445 / \$138,890

Shapiro, R

Victims Assistance Funds (Victims Of Crime Act)

Crime Victims' Assistance Office

2008VADSCE483 10/01/05 - 09/30/08 \$53,414 / \$162,182

Current Year Direct

\$582,859

Total \$582,859