The California Professional Society on the Abuse of Children
Strengthening Practice Through Knowledge

THE CONSULTANT

Fall 2018

Munchausen by Proxy Child Abuse & Neglect

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The American Professional Society on the Abuse of Children (APSAC) recently published national guidelines on best practices related to the identification, reporting, assessment, and management of Munchausen by Proxy (MBP). The guidelines are currently available on the APSAC website at http://bit.ly/apsacmbp or apsac.org/guidelines.

MBP is defined as "Abuse by pediatric condition falsification, caregiver-fabricated illness in a child, or medical child abuse that occurs due to a specific form of psychopathology in the abuser called factitious disorder imposed on another" (APSAC Taskforce, 2018). Any medical condition can be induced, simulated, misrepresented, or exaggerated. Behavioral, educational, and psychiatric problems can also be falsified. Therapists and school personnel, who often see youth more frequently than they are seen by pediatricians, may be in the best position to play a role in early identification of MBP. Psychologists may also provide therapy to victims or abusers and their other family members, or encounter this form of abuse and neglect during forensic activities.

Victims can be harmed by the abuser in numerous ways, including direct harm (such as by poisoning, suffocation or more traditional forms of child abuse and neglect); over-exposure to clinical interventions; limiting appropriate school, social and developmental opportunities; and causing the development of a distorted view of their health and abilities. Victims can also

become ill or physically and mentally harmed by diagnostic and treatment efforts. Children who survive can have severe psychological damage and highly disturbed attachments with others.

Psychologists are encouraged to be aware of the warning signs of MBP and recommended steps when MBP is suspected. Warning signs appear in Box 1 (with copyright permission from APSAC).

Box 1. Warning Signs

1. Reported symptoms or behaviors are not congruent with observations. For example, the abuser says the child cannot eat, and yet the child is observed eating without the adverse symptoms reported by the abuser.
2. Discrepancies exist between the abuser's reports of the child's medical history and the medical record.
3. Extensive medical assessments do not identify a medical explanation for the child's reported problems.
4. Unexplained worsening of symptoms or new symptoms correlate with abuser's visitation or shortly thereafter.
5. Laboratory findings do not make medical sense, are clinically impossible or implausible, or identify chemicals, medications, or contaminants that should not be present. An example is a serum sodium level that is not clinically possible.
6. Symptoms resolve or improve when the child is separated and well protected from the influence and control of the abuser.
7. Other individuals in the home or the caregiver have or have had unusual or unexplained illnesses or conditions.
8. Animals in the home have unusual or unexplained illnesses or conditions—possibly similar to the child's presentation (e.g., seizure disorder).
9. Conditions or illnesses significantly improve or disappear in one child and then appear in another child, such as when another child is born and the new child begins to have similar or other unexplained symptoms.
10. Caregiver is reluctant to provide medical records, claims that past records are not available, or refuses to allow medical providers to discuss care with previous medical providers.
11. The abuser reports that the other parent is not involved, does not want to be involved, and is not reachable.
12. A parent, child, or other family member expresses concern about possible falsification or high healthcare utilization.
13. Observations of clear falsification by the caregiver. This may take the form of false recounting of past medical recommendations, test or exam results, conditions, or diagnoses. This can also include observation of induction, such as poisoning or suffocation.

Health professionals, including mental health experts, are no better than the general public in determining if someone is lying. Box 2 summarizes evaluation and treatment recommendations for clinicians caring for a suspected victim (with copyright permission from APSAC).

Box 2. Evaluation and Treatment Recommendations

1. Gather all medical records from past and present treating professionals (see procedure in the MBP guidelines, APSAC Taskforce, 2018).
2. Make contact and regularly communicate with both parents (all caregivers).
    a. Provide all caregivers with ongoing education and feedback about observations and recommendations.
    b. Ask all caregivers to repeat back the information provided to them.
    c. Carefully document all education and other discussions with the caregivers.
3. Collect collateral data from school personnel and other independent observers who have regular access to the child.
4. Review suspected abuser's online social media activity.
5. Carefully devise evaluation and rehabilitation plans that systematically and objectively challenge claims made by the suspected abuser or victim.
    a. All descriptions of symptoms and disability made by family members must be considered possibly inaccurate. For example, in suspected victims, g-tubes and other non-oral feeding interventions should not be placed based solely on verbal reports of symptoms. Objective inpatient observations by clinicians of feeding attempts provide important data for clinical decision-making.
    b. Family members cannot be relied upon to properly prepare the child for diagnostic assessments or treatments. For example,
        i. Consider performing a toxicology screen prior to manometry testing to ensure no gut-altering substances have been ingested.
        ii. Consider having a sitter in the room for a pH probe test to ensure that the child is provided only the prescribed oral intake and to ensure the probe position is not changed.
6. Meet with the other clinicians involved in the care of the child to compare data and coordinate plans.
7. Alert other clinicians (verbally and in the chart) about the poor reliability of symptom reports or behavior of the suspected abuser, the importance of relying upon objective data, to proceed conservatively, and the need to document well.
8. Minimize school accommodations, prescriptions, and invasive testing and treatments.
9. While devising evaluation and rehabilitation plans, consult with an expert if possible.
10. Report reasonable suspicion of child abuse and neglect to the proper authorities.

The MBP guidelines provide education on terminology, warning signs and identification, assessment of abuse and psychopathology, reporting requirements, case management, treatment, and reunification. Companion articles in the Winter 2018 issue of *The APSAC Advisor*, review ways that pediatric conditions may be simulated or induced, how MBP can present in school and

mental health settings, guidance for child protective services and legal professionals, and how electronic and Internet advances have impacted cases of MBP.

References

APSAC Taskforce (2018). APSAC Practice Guidelines: Munchausen by proxy: Clinical and Case Management Guidance. *The APSAC Advisor*. *March, 30(1):* 8-31.

APSAC Taskforce (2018). Special Issue: Munchausen by proxy. *The APSAC Advisor*. *March, 30(1).*

Members of the APSAC Taskforce: Abuse by Pediatric Condition Falsification are as follows:

- Randell Alexander, MD, PhD, University of Florida, College of Medicine—Jacksonville
- Catherine Ayoub, RN, EdD, Harvard Medical School, Boston Children's Hospital, Massachusetts General Hospital
- Brenda Bursch, PhD, Departments of Psychiatry & Biobehavioral Sciences, and Pediatrics, David Geffen School of Medicine at UCLA.
- Kenneth Feldman, MD, Seattle Children's Hospital
- Marc Feldman, MD, University of Alabama
- Danya Glaser, MD, Great Ormond Street Hospital for Children, London, United Kingdom
- James Hamilton, PhD, University of Alabama
- Carole A. Jenny, MD, Pediatrics, University of Washington, Seattle
- Michael Kelly, MD, Department of Psychiatry, Stanford Medical School
- Bethany Mohr, MD, Michigan Medicine, University of Michigan, Ann Arbor
- Thomas A. Roesler, MD, Seattle Children's Hospital
- Mary Sanders, PhD, Stanford Medical School
- Herbert Schreier, MD, Department of Psychiatry, UCSF–Benioff Children's Hospital Oakland
- Suzanne M. Schunk, LCSW, ACSW Southwest Human Development, Phoenix, Arizona
- John Stirling, MD, FAAP, Child Abuse Pediatrics, San Diego
- Claudia Wang, MD, Department of Pediatrics, David Geffen School of Medicine at University of California, Los Angeles.
- Michael Weber, BS, Tarrant County Texas District Attorney Investigator
- Beatrice Yorker, RN, MS, JD, California State University, Los Angeles

*This article previously appeared in the APA Division 37 Section on Child Maltreatment newsletter *Insider*, Summer 2018, Vol. 23, Number 2, and is printed here with permission from the authors and APA.

CAPSAC TRAINING…

Munchausen by Proxy Child Abuse, Or is it?

Guidelines for Identification and Intervention

October 18, 2018 / 8:00 am – 5:00 pm / Los Angeles, CA

Course Overview*:* This training will present national practice and management guidelines on Munchausen by Proxy: Abuse by Pediatric Condition Falsification, Caregiver-Fabricated Illness in a Child, or Medical Child Abuse Due to Factitious Disorder Imposed on Another. Course is designed for professionals in child protection, healthcare, law enforcement, family court, education, mental health, prosecution and defense. Bring your confusing or difficult cases to share with colleagues and review with experts.

Topics to be covered:

- ***Definitions and terminology***
- ***Warning signs***
- ***Epidemiology***

- ***Identification in healthcare, schools, and other settings***
- ***Reporting suspected abuse***
- ***Obtaining evidence***
- ***Appropriate documentation***
- ***Determining risk and harm***
- ***Ruling out abuse***
- ***Case management and treatment***
- ***Supervised visitation***
- ***If and when to reunify***
- ***Support for the family***
- ***Where to go with vexing cases***

By the end of this workshop, participants will be able to:

- ***Identify the warning signs of exaggerated, fabricated, or induced conditions in children***
- ***Explain evaluation, reporting, and evidence collection strategies***
- ***Discuss the requirements for supervised visitation***
- ***List the steps required prior to reunification***
- ***Utilize resources for best practice***

Presenters are members of the APSAC (American Professional Society on the Abuse of Children) Taskforce on Munchausen by Proxy:

Brenda Bursch, Ph.D. – Professor of Psychiatry & Biobehavioral Sciences and Pediatrics, David Geffen School of Medicine at UCLA

Michael Weber, B.S. – Investigator, Tarrant County District Attorney's Office (Texas)
FYI, here is an article in the FBI Law Enforcement Bulletin by Michael Weber:
https://leb.fbi.gov/articles/featured-articles/investigating-medical-child-abuse

Beatrice Yorker, J.D., R.N., F.A.A.N. – Professor Emerita of Nursing and Criminal Justice, California State University Los Angeles

Claudia Wang, M.D., F.A.A.P., - Clinical Professor of Pediatrics, David Geffen School of Medicine and Mattel Children's Hospital at UCLA

AGENDA

8:00am Registration / Continental Breakfast

8:30am Overview of MBP, National guidelines for practice

10:15am Understanding the warning signs, psychodynamics, and what is not MBP

12:00pm Lunch

1:00pm Law enforcement and CPS investigation

2:00pm Team approaches to intervention, court, custody, long term outcomes

2:30pm CPS guidelines to visitation

3:00pm Cases from the audience

4:30pm Wrap-up, evaluations, CEUs

REGISTRATION*

$75 Non-Members

$55 APSAC/CAPSAC Members & Students

$100 At-the-door

For agency groups of 10 or more E-mail byorker@calstatela.edu for discount information.

Register online (with eventbrite surcharge, through Oct. 17) REGISTRATION LINK:

https://www.eventbrite.com/e/munchausen-by-proxy-training-tickets-47486630791

OR mail a check no later than Oct. 4 to:

CAPSAC, 1485 Linda Vista Ave., Pasadena, CA 91103

Coffee, Continental Breakfast, Box Lunch included / Parking permits may also be purchased in advance for a fee. E-mail byorker@calstatela.edu for more info.

CONTINUING EDUCATION

LCSW/LMFT: Course meets qualifications for 6.5 hours of continuing education credit for LMFTs and LCSWs as required by the California Board of Behavioral Sciences (Provider #128510). CEUS provided by the Center for Innovation and Resources, Inc. (CIR). If you are interested in continuing education, please apply and pay $45 for credit at the training. Check payments accepted; payable to CIR.

Psychology: This program is co-sponsored by The American Professional Society on the Abuse of Children and the California American Professional Society on the Abuse of Children. The American Professional Society on the Abuse of Children (APSAC) is approved by the American Psychological Association (APA) to sponsor continuing education (6.5 hrs) for psychologists. APSAC maintains responsibility for this program and its content. Cash or check for $45 payable to CAPSAC at the training.

Nursing: 6.5 hours of CEUs will also be available on site. **POST** credits pending approval.

Individuals with disabilities who require accommodations to participate in this training should contact Bea at byorker@calstatela.edu. Requests must be received by October 5, 2018. For more information, questions, or grievances, please contact Bea at the e-mail address above.

GRANT AVAILABLE!

The Paul Crissey Graduate Student Research Grant to be Awarded

January 27, 2019

The California Professional Society on the Abuse of Children (CAPSAC) annually awards a grant of **$750** for outstanding research by a graduate student (up to one-year post MA/Ph.D. degree) in the field of child maltreatment. The recipient will also receive a one-year membership to APSAC (American Professional Society on the Abuse of Children) and CAPSAC.

The American Professional Society on the Abuse of Children (apsac.org), founded in 1987, is a nonprofit national organization focused on meeting the needs of professionals engaged in all aspects of services for maltreated children and their families. Especially important to APSAC is the dissemination of state-of-the-art practice in all professional disciplines related to child abuse and neglect.

CAPSAC aims to provide additional support to California professionals working in the field of child abuse through training, consultation, advocacy and networking.

Applicants must:

1. Be a graduate student within one year (before or after) of completion of a Master's or Doctorate degree from an accredited California educational program;

2. Submit a one thousand word summary of the research in progress or completed study in the field of child maltreatment. The study title should be on the first page of the summary. Identifying information (name, address, telephone number, title of study and academic institution) should be sent in a separate file that will not be sent to the reviewers;

3. Submit one or two letters of recommendation from faculty members or academic readers who are familiar with your research;

4. Be available to receive the award and present a poster of the study at the CAPSAC reception Sunday, January 27 at the 2019 San Diego International Conference on Child and Family Maltreatment. Travel expenses will be paid not to exceed $300.00. Alternatively, be available to receive the award and present an overview of the study at a CAPSAC meeting or a CAPSAC training event in 2019.

5. Agree to the publication of the submitted summary in the CAPSAC newsletter, *The Consultant*.

Deadline: All materials must be received by **November 1, 2018.**

Send submissions to:

CAPSAC Research Award Committee, c/o Toni Cavanagh Johnson, Ph.D. at toni@tcavjohn.com

If you have any questions, contact Research Award Committee Chair: Toni Cavanagh Johnson, Ph.D. at toni@tcavjohn.com/ +1(626) 817-2142.

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CAPSAC to present at the 2019 San Diego International Conference on Child and Family Maltreatment:

Essentials of a Multidisciplinary Team Approach: Benefits and Challenges

Each member of the healthcare, child protective service and criminal justice communities has a responsibility to provide timely and appropriate responses when a child is a victim of abuse. This institute is ideal for all professionals entering, returning, or refreshing their knowledge in the field of child maltreatment. Using a case-study format, a multi-disciplinary team of presenters will provide the essentials of identifying, reporting, documenting and communicating effectively their concerns of abuse and neglect. Topics include background on the MDT approach, physical and sexual abuse, forensic interviewing, psychological impact of childhood trauma, prosecution, legal advocacy and evidence-based approaches to child protection.

Date & Time: Pre-Conference Institute G, Sunday, January 27, 2019, 8:00 am to 4:30 pm

Rate: $200

Register online at sandiegoconference.org

Presenters:
Colleen Friend, PhD., LCSW
Rachel Gilgoff, MD, FAAP
Shelley Hamilton, LCSW
Bradley McCartt, BA, BFA, JD
Julie Robbins, MSW, ACSW, LCSW

You're cordially invited…

CAPSAC, APSAC, AVA, NCA, and ISPCAN Networking Reception and Social Hour

Sunday, January 27, 2018 at 4:30pm - 6:30pm

Please join leaders of the Academy on Violence and Abuse (AVA), the American Professional Society on the Abuse of Children (APSAC), the California Chapter of APSAC (CAPSAC), the National Children's Alliance (NCA), and the International Society on the Prevention of Child Abuse and Neglect (ISPCAN), for the latest updates about our exciting organizations.

Enjoy the Paul Crissey Research poster session and Award presentation while networking with colleagues in the field. Light appetizers with cash bar. ****This will also be the CAPSAC Annual General Membership Meeting and all CAPSAC members and California conference attendees are especially welcome!***

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Congratulations to Marianne Lacsamana of California State University - Los Angeles, winner of the CAPSAC Outstanding Student Research Poster Award for her research poster:

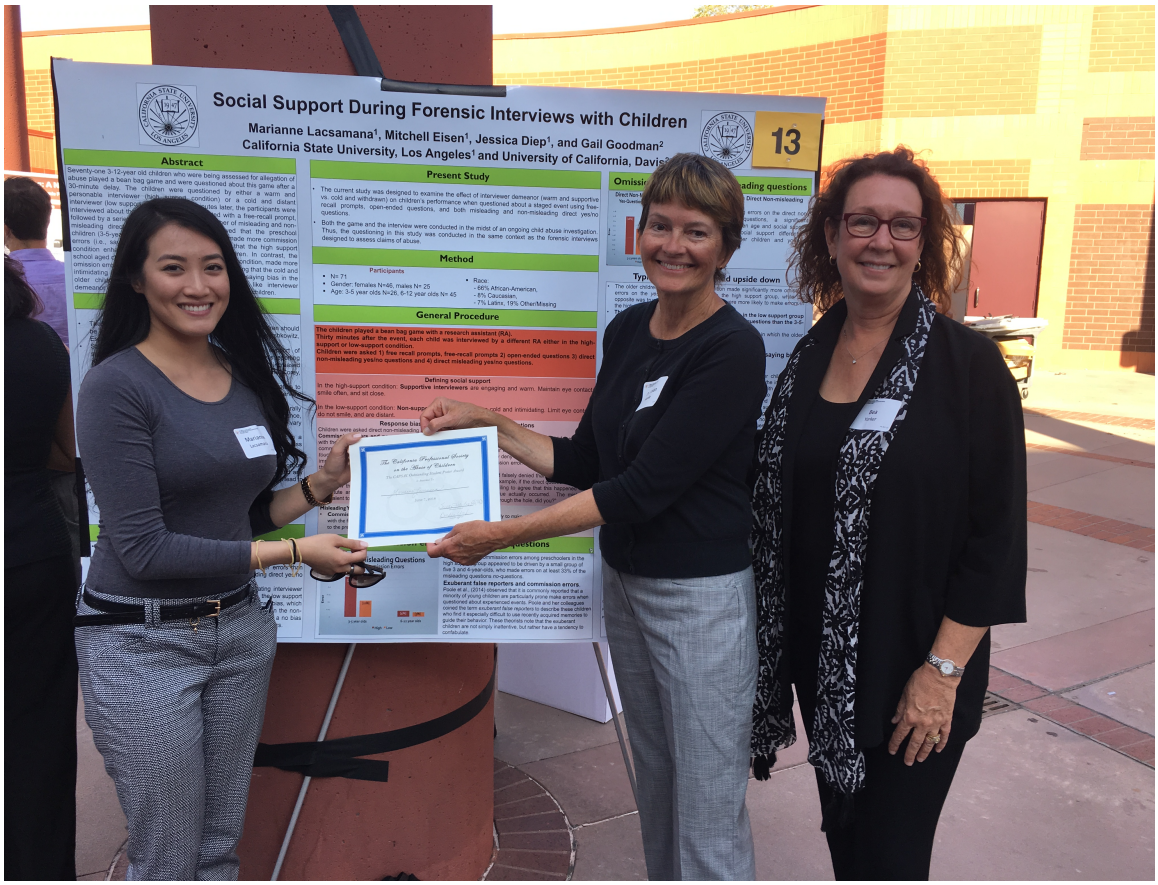
Social Support During Forensic Interviews With Children

Marianne Lacsamana, California State University, Los Angeles
Mitchell Eisen, California State University, Los Angeles
Gail Goodman, University of California, Davis
Jessica Diep, California State University, Los Angeles
Deborah Goldfarb, Florida International University, Miami
Julie Olomi, University of Denver

Abstract
Seventy-one 3-12-year old children who were being assessed for allegations of abuse played a beanbag game and were questioned about this game after a 30-minute delay. The children were questioned by an interviewer that was either warm and personable (high support condition) or cold and distant (low support condition). The interview began with a free-recall prompt, followed by a series of open questions, non-misleading direct yes/no questions and misleading direct yes/no questions. Results showed that the preschool children (3-5-year olds) made significantly more commission errors (i.e., saying *yes* to questions for which *no* was the correct

answer) in the high support compared to the low support condition. However, social support did not affect commission errors among school-aged children (6-12-year olds). In contrast, when considering omission errors (i.e., saying *no* to questions for which *yes* was the correct answer), the school-aged children made more errors in the low social support compared to the high social support condition. Moreover, the older children in the low support group actually made more omission errors than the preschoolers in the same condition. These data suggest the cold and intimidating low support interview conditions may have created a nay-saying bias in the older children. Results suggest that situational factors like interviewer demeanor can have a direct effect on response bias in children.

*The original study, *The Effects of Supportive Versus Intimidating Interviewing Conditions on Children's Memory and Suggestibility* was originally funded by NCAN. The manuscript is currently in preparation.



Marianne Lacsamana (left) receives her award certificate from Susan Hardie, CAPSAC President and Bea Yorker, CAPSAC Treasurer on June 7, 2018 at the 18th Annual Dr. Hershel Swinger Partnership Conference for Children and Families in Los Angeles County. As part of the award, Marianne received $100 and a one-year membership to APSAC/CAPSAC.

Marianne Lacsamana is a second year student in the Master's Forensic Psychology Program at California State University, Los Angeles. She is expected to graduate in May 2019 and plans to attend a PhD program soon after, in hopes of joining law enforcement. Currently, Marianne is working with Dr. Eisen in a study on post-identification feedback on lineups.

Accepting the CAPSAC Poster Award, Marianne said, "Studying the effects of social support during forensic interviews with children has allowed me to understand the difficult and intimidating process young children who have been abused endure. I've learned so much valuable information and will take it with me as I pursue further research in my academic and professional career. I'm grateful for the opportunity this research and award has given me as I learn more about others' research within the APSAC community. I'm excited to leave a mark on the world not only through research, but also through interaction with others so that little by little those affected by injustice can live a better life."

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The Academy of Forensic Nursing Inaugural Conference: Leveraging the Role of the Forensic Nurse

CAPSAC Board member Diana Faugno, MSN, RN, CPN, SANE-A, SANE-P, FAAFS, DF-IAFN is among the faculty of this upcoming training.

Join us for the Academy of Forensic Nursing Inaugural Conference: "Leveraging the Role of the Forensic Nurse" on October 2nd & 3rd, 2018 in Las Vegas, NV at the Jockey Club located on the Las Vegas Strip. Click here to learn more and register today!

Join forensic nurse specialists that are committed to advancing clinical practice guidelines, forensic science and best practices to build your career trajectory. The AFN is dedicated to fostering knowledge, skills and attitudes, also referred to as clinical competencies, through research dissemination, practice and mentorship. AFN leadership represents over 500 years in nursing and 240 years in Forensic Nursing Science. We strive to link research to practice through dissemination of scholarship, education and service to those affected by and responding to trauma.

Medical and non-medical personnel can attend this conference and walk away with a wealth of valuable information.

Medical attendees can earn 14 contact hours for this one and ½ day, live course: Provider approved by the California Board of Registered Nursing, Provider Number 15641, for 14 contact hours.

Some covered topics will include how to...

- Non-Fatal Strangulation Protocols
- How To Grow Your Forensic Business and Community Action Plan
- Increase The Number of Your Forensic Patients
- Create & Implement a Sound Business & Community Action Plan
- Plan & Implement a Mobile Response Unit
- Identify Available Assessment/Screening Tools
- Formulate a Community Assessment for Readiness
- Critically Analyze The Physical & Physiologic Effects of Strangulation
- Identify Clinical & Community Opportunities for Expanding Forensic Nursing Practice

Visit www.sdfi.com/conferences2.asp or call us at 1-310-492-5372 for more information.
SDFI®-TeleMedicine, LLC 806 Buchanan Blvd Suite 115 299 Boulder City, NV 89005

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New Resource: SafeSport Toolkits

CAPSAC is pleased to share Parent Toolkits co-authored by APSAC Executive Director Janet Rosenzweig for the US Center for Safe Sport, the independent, national safe sport organization responsible for delivering education and resolving allegations of misconduct within the US Olympic and Paralympic movements.

Please share this link widely with your colleagues, and encourage them to share it with youth and sport organizations in their communities.

Complete Parent Toolkit

- Parents of Preschool Children
- Parents of School-Age Children
- Parents of Middle School Youth
- Parents of High School Aged Adolescents

Direct link: https://resources.safesport.org/toolkits/library.html

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