Possible Topics for “Are You Sure” Workshop at the

San Diego International Conference on Child and Family Maltreatment

It seems to me that there are at least two broad reporting issues that might aptly be covered by the panel: 1) The individual mandate to report and the factors that influence individual reporting decisions; and 2) the system level detection and measurement/validity issues related to reporting. Preliminary thoughts (and sometimes free associations, sorry) on each described below.

1. Individual Reporting
2. Problems
   1. Under-reporting
      1. Judgment heuristics and biases (ala Kahneman & Tversky)
         1. Ambiguity effect, framing effects, belief bias, confirmation bias, conservatism, outcome bias
      2. Utility maximization has to consider serious negative consequences of action, e.g., malpractice suits, loss of reputation, loss of patients, etc.
         1. Loss aversion?
      3. Personal responsibility to report (is there a diffusion of responsibility?)
   2. Over-reporting?
      1. Judgment heuristics and biases (ala Kahneman & Tversky)
         1. Base rate neglect, pseudodiagnosticity, stereotype and framing effects
      2. Individual variation in mental decisional threshold (ala signal detection theory)- some individuals carry around mental thresholds that are too low
      3. Where should the “reasonable suspicion” threshold lie?
3. Solutions?
   1. Education & training
   2. CPS system feedback to reporters (learning to calibrate those subjective thresholds that trigger reporting action)
   3. What if? Objective all-purpose, maltreatment screening measures (a fun thought experiment with serious practical limitations?)
      1. Use sensitivity, specificity, positive predictive value, negative predictive to derive scoring thresholds that quantify “reasonable suspicion”
         1. If it could be done, what would the optimal sensitivity, specificity, ppv, and npv values be?
            1. Build a formal utility maximization model
            2. Or, rely on screening guidelines from other contexts (e.g., cancer screening)
      2. Train professionals to administer screening instrument and mandate reporting for scores above evidence-based threshold
         1. Acceptable inter-rater reliability?
4. Implications for Maltreatment Research
   1. Studies examining heuristics and biases affecting reporting decisions
      1. e.g., racial disparities or biases
   2. Efficacy of brief physician/professional interventions to educate and train
      1. Could this reduce individual variation in decisional thresholds
   3. Psychometric development of all-purpose maltreatment screener
      1. Can we quantify utility for all critical outcomes
5. CPS System-level Maltreatment Outcomes
6. Under detection
   1. Changes in “screened out” rates over time (e.g., budget cuts are directly related to the screening out rates observed in Oklahoma)
   2. Region by region differences in reporting and in substantiations
      1. Different mandates (who is mandated)
      2. Differential success of prosecution
      3. Public perception effects on CPS diligence (e.g., OK is under the microscope currently due to some high profile fatality cases)
      4. Differential investigative protocols
      5. Differential determination of “substantiation”
      6. “Gaming-the-system” biases
         1. e.g., investigator and case worker “knows best” which treatment/placement to offer and, therefore, which determination to make
7. Over detection?
8. Misclassification of maltreatment types
   1. Runyan et al. (2005) finds consistency among Modified Maltreatment Classification System (MMCS) and the Second National Incidence Study coding system (NIS-2); CPS codes did not agree well with these structured coding systems
      1. We have OK data comparing CPS classifications to MMCS that supports the Runyan et al. finding
   2. Quality controls over reporting system and data management
   3. Policy changes affect subtype determinations (e.g., OK CPS has taken domestic-violence off the books as a possible maltreatment reason)
9. Solutions?
10. Implications for Research
    1. Surveillance bias? (Chaffin & Bard, 2006)
    2. What outcome should be used to evaluate prevention models?
       1. OK has been exploring regional pre-post changes in reports
       2. Should you ignore substantiation, etc.
    3. Can state-to-state variations in reporting be explained by policy differences?
       1. Can policy differences be easily identified/captured for analysis
    4. Should researchers rely on case file review and higher quality subtype classification (using MMCS, NIS-2, and the like)