Grades for the Adequacy and Accuracy of Coverage of Child Maltreatment (CM) in 10 Top-selling Abnormal Psychology Textbooks

Based on Wilgus, S.J., Packer, M.M., Lile-King, R., Miller-Perrin, C.L. & Brand, B.L. (2015, May 25). Coverage of Child Maltreatment in Abnormal Psychology Textbooks: Reviewing the Adequacy of the Content. Psychological Trauma: Theory, Research, Practice and Policy. Advance online publication. http://dx.doi.org/10.1037/tra0000049¹

Author(s)	Year Published	DSM Version*	Grade ²	Reasons for Grade
Barlow & Durand	2012	DSM-IV- TR	D	 Consistently poor ranking for mentions of child maltreatment (CM) (rank = 8), CM citations (rank = 8), and CM links with psychological disorders (rank = 6). Fails to present research documenting that recovered memory of CM is as accurate as is continuously recalled CM (1-4). Fails to present research showing that "recovered memory" patients scored <i>lower</i> on suggestibility than did a psychiatric control group (5) Fails to present studies that have found corroborating evidence of severe CM in individuals with dissociative identity disorder (DID) (6-10) Only text to discuss the False Memory Syndrome Foundation; describes it as a group whose goal it is to educate the public and professionals about "false memories" of child abuse.

¹ The study and its coding of textbooks are described in detail in Wilgus, S.J., Packer, M.M., Lile-King, R., Miller-Perrin, C.L. & Brand, B.L. (2015). Coverage of Child Maltreatment in Abnormal Psychology Textbooks: Reviewing the Adequacy of the Content. *Psychological Trauma: Theory, Research, Practice & Policy*.

Ten popular abnormal psychology textbooks were coded using three indices:

- (a) the number of times a type of child maltreatment [CM] (i.e., child abuse, CSA, child physical abuse, child emotional/verbal/psychological abuse, childhood trauma, neglect, CM, and inconsistent or harsh parenting) was mentioned, hereafter referred to as *CM Mentions*,
- (b) the number of psychological disorders linked to CM, hereafter referred to as Link Mentions, and
- (c) the number of research citations about CM, hereafter referred to as CM citations.

Strong intra-class correlation coefficients were found between raters on the three indices (ICCs ranged from 0.84 - 0.94, p < .01). The books were ranked across the three indices; lower scores indicate better performance compared to other textbooks.

² Grading: A's given to books with consistent top 3 or 4 rankings without any evidence of errors or possible bias in covering child maltreatment (CM). B's were given to books with moderate or inconsistent rankings and/or minor suggestion of possible bias or somewhat inaccurate portrayal of some aspect of CM. C's were given to books with moderate or inconsistent rankings and moderate evidence of inaccuracies or possible bias. D's given to books with moderate, low, or inconsistent rankings and more serious suggestion of inaccuracies or possible bias. F's given to books with consistently poor rankings and/or evidence of serious inaccuracies or possible bias.

Beidel, Bulik, & Stanley	2014	DSM-5	D	 Average ranking for CM mentions (rank = 5) and CM citations (rank = 5), and poor with CM links (rank = 8). Presents the second lowest number of psychological disorders (N = 6) that are linked to CM. Fails to present research documenting that recovered memory of CM is as accurate as is continuously recalled memories of CM (1-4). Dedicates 5 pages to reviewing the recovered memory controversy, yet the authors do not equally present both sides of the controversy. Authors contend that some theorists conclude that anyone who experiences dissociative symptoms must have been abused, yet do not substantiate this claim, which is contradictory to theories of dissociation articulated by leading dissociation experts (11, 12). Fails to present studies that have found corroborating evidence of severe CM in individuals with dissociative identity disorder (DID) (6-10) Fails to present studies that show that treatment of DID is associated with consistent improvements in symptoms and functioning (13-18). Inaccurately claims that dissociative identity disorder (DID) is rare. This is not substantiated by research (19-25).
Butcher, Mineka, & Hooley	2013	DSM-IV- TR	C+	 Excellent ranking for mentions of CM (rank = 1) and CM citations (rank = 1), but lower on CM links with psychological disorders (rank = 5). Incorrectly states that people typically recall childhood abuse while in therapy with a therapist who believes repressed memoreis of CSA are a very common cause of psychopathology. Research does not support this (26). Inaccurately claims that DID is rare. This is not substantiated by research (19-25). Emphasizes controversies about CM at the expense of informing students about the links between CM and psychopathology.
Comer	2014	DSM-5	C-	 Consistently poor ranking for mentions of child maltreatment (CM) (rank = 7) and CM links with psychological disorders (rank = 7), although high on CM citations (rank = 2). Emphasizes controversial cases related to CM at the expense of informing students about the prevalence, impact and treatment of CM (e.g., dedicated 19 sentences on the Sybil case). Some readers may be insulted by a joke about repression, particularly if they have experienced CM.

Kring, Johnson, Davison, & Neale	2014	DSM-5	B-	 Consistently very good ranking for mentions of CM (rank = 2), for CM citations (rank = 3) and CM links with psychological disorders (rank = 3). Fails to review most of the research showing that treatment of DD is associated with consistent improvements in symptoms and functioning (13-18, 27). States that dissociative disorders (DD) treatment has potentially negative effects and references treatment approaches that are not advocated by DD experts (e.g., "facilitated communication")(28, 29). Discusses controversial meta-analysis about child sexual abuse (30) without adequately discussing the study's methodological weaknesses and wide condemnation of the authors' conclusions (31).
Lyons & Martin	2014	DSM-5	С	 Inconsistent rankings: excellent for CM link mentions (rank = 1), but fair for CM mentions (rank = 6) and poor for CM citations (rank = 9). Discusses controversial meta-analysis about child sexual abuse (30) without adequately discussing the study's methodological weaknesses and wide condemnation of the
				authors' conclusions (31).
Winner of A	BA Divisio	n F6'o Poo	4 Abnor	authors' conclusions (31).
Winner of Al		n 56's Bes	t Abnorr	
		on 56's Bes DSM-5	t Abnorr	authors' conclusions (31).

				 the long-term effects of CM find little evidence of a consistent link with psychopathology (e.g., dissociation). Considerable research contradicts this opinion (11, 32-39). This is the only book that recognizes that Munchausen-by-proxy is a form of child abuse. Inaccurately claims that DID is rare. This is not substantiated by research (19-25). Fails to present studies that have found corroborating evidence of severe CM in individuals with DID (6-10) while emphasizing the controversy about CM being the cause of DID. States there is no systematic research on the effectiveness of any treatment for DD, despite there being many published studies and a metanalysis about DD treatment (e.g., (13-15, 17, 27, 40, 41)).
Rosenberg & Kosslyn	2011	DSM-IV- TR	B-	 Consistent very poor ranking for CM mentions (rank = 10) and CM links (rank = 9) but fair on CM citatons (rank = 6). Has a section dedicated to presenting information about CM. Empirically sound presentation of statistics about the prevalence and impact of CM. Cites research documenting corroborated history of severe CM in DID patients (6-10). This is the one of the few texts that presents the impact of CM on attachment and the stress response system.
Whitbourne & Halgin	2014	DSM-5	F	 Consistent very poor ranking for CM mentions (rank = 9), CM citations (rank = 10) and CM links (rank = 10). Presents the lowest number of psychological disorders (N = 3) that are linked to CM. Almost no discussion of CM.

DSM-IV-TR = Diagnostic and Statistical Manual of Mental Disorders, Edition IV, Text Revision. DSM-5 = Diagnostic and Statistical Manual of Mental Disorders, Edition 5.

References

- 1. Dalenberg C. Recovered memory and the Daubert criteria: recovered memory as professionally tested, peer reviewed, and accepted in the relevant scientific community. Trauma, Violence & Abuse. 2006;7:274-310.
- 2. Dalenberg CJ. Accuracy, timing, and circumstances of disclosure in therapy of recovered and continuous memories of abuse. Journal of Psychiatry and Law. 1996;24:229-276.
- 3. Dalenberg CJ, Palesh OG: Scientific progress and methodological issues in the study of recovered and false memories of trauma. in The Hidden Epidemic: The Impact of Early Life Trauma on Health and Disease. Edited by Lanius RA, Vermetten E, Pain C. Cambridge, UK, Cambridge University Press; 2010. pp. 225-233.

- 4. Williams LM. Recall of childhood trauma: A prospective study of women's memories of child sexual abuse. Journal of Consulting and Clinical Psychology. 1994;6:1167-1176.
- 5. Leavitt F. False attribution of suggestibility to explain recovered memory of childhood sexual abuse following extended amnesia. Child Abuse and Neglect. 1997;21:265-272.
- 6. Lewis DO, Yeager CA, Swica Y, Pincus JH, Lewis M. Objective Documentation of child abuse and dissociation in 12 Murderers with dissociative identity disorder. American Journal of Psychiatry. 1997;154:1703-1710.
- 7. Swica Y, Lewis DO, Lewis M. Child Abuse and Dissociative Identity Disorder/Multiple Personality Disorder: The Documentation of Childhood Maltreatment and the Corroboration of Symptoms. Child and Adolescent Psychiatric Clinics of North America. 1996;5:431-447.
- 8. Coons PM. Confirmation of childhood abuse in child and adolescent cases of multiple personality disorder and dissociative disorder not otherwise specified. The Journal of Nervous and Mental Disease. 1994;182:461-464.
- 9. Bowman ES, Coons PM. The use of electroconvulsive therapy in patients with dissociative disordes. Journal of Nervous and Mental Disease. 1992;180:524-528.
- 10. Kluft RP. The confirmation and disconfirmation of memories of abuse in DID patients: A naturalistic clinical study. Dissociation: Progress in the Dissociative Disorders. 1995;8:253-258.
- 11. Dalenberg CJ, Brand BL, Gleaves DH, Dorahy MJ, Loewenstein RJ, Cardeña E, Frewen PA, Carlson EB, Spiegel D. Evaluation of the evidence for the trauma and fantasy models of dissociation. Psychological Bulletin. 2012;138:550-588.
- 12. Dalenberg CJ, Brand BL, Loewenstein RJ, Gleaves DH, Dorahy MJ, Cardeña E, Frewen PA, Carlson EB, Spiegel D. Reality versus fantasy: Reply to Lynn et al. (2014). Psychological Bulletin. 2014;140:911-920.
- 13. Brand B, Classen C, Lanins R, Loewenstein R, McNary S, Pain C, Putnam F. A naturalistic study of dissociative identity disorder and dissociative disorder not otherwise specified patients treated by community clinicians. Psychological Trauma: Theory, Research, Practice, and Policy. 2009;1:153-171.
- 14. Brand B, Loewenstein RJ. Does phasic trauma treatment make patients with dissociative identity disorder treatment more dissociative? Journal of Trauma & Dissociation. 2014;15:52-65.
- 15. Brand BL, Classen CC, McNary SW, Zaveri P. A review of dissociative disorders treatment studies. Journal of Nervous and Mental Disease. 2009;197:646-654.
- 16. Brand BL, Loewenstein RJ, Speigel D. Dispelling myths about dissociative identity disorder treatment: An empirically based approach. Psychiatry. 2014;77:169-189.
- 17. Brand BL, McNary SW, Myrick AC, Classen CC, Lanius R, Loewenstein RJ, Pain C, Putnam FW. A longitudinal naturalistic study of patients with dissociative disorders treated by community clinicians. Psychological Trauma: Theory, Research, Practice, and Policy. 2013;5:301-308.
- 18. Eliason JW, Ross CA. Two-year follow-up of inpatients with dissociative identity disorder. American Journal of Psychiatry. 1997;154:832-839.
- 19. Sar V. Epidemiology of Dissociative Disorders: An overview. Epidemiology Research International. 2011.
- 20. Sar V, Akyuz G, Dogan O. Prevalence of dissociative disorders among women in the general population. Psychiatry Res. 2007;149:169-176.
- 21. Ross C, Duffy C, Ellason JW. Prevalence, reliability and validity of dissociative disorders in an inpatient setting. Journal of Trauma & Dissociation. 2002;3:7-17.
- 22. Ross CA, Joshi S, Currie R. Dissociative experiences in the general population. The American Journal of Psychiatry. 1990;147:1547-1552.
- 23. Ross CA, Joshi S, Currie R. Dissociative experiences in the general population: A factor analysis. Hospital & Community Psychiatry. 1991;42:297-301.
- 24. Johnson JG, Cohen P, Kasen S, Brook JS. Dissociative disorders among adults in the community, impaired functioning, and axis I and II comorbidity. J Psychiatr Res. 2006;40:131-140.
- 25. Akyuz G, Dogan O, Sar V, Yargic LI, Tutkun H. Frequency of dissociative identity disorder in the general population in Turkey. Comprehensive Psychiatry. 1999;40:151-159.
- 26. Chu JA, Frey LM, Ganzel BL, Matthews JA. Memories of childhood abuse: Dissociation, amnesia, and corroboration. American Journal of Psychiatry. 1999;156:749-755.
- 27. Jepsen EKK, Langeland W, Sexton H, Heir T. Inpatient treatment for early sexually abused adults: A naturalistic 12-month follow-up study. Psychological Trauma: Theory, Research, Practice, and Policy. 2013.

- 28. International Society for the Study of Dissociation, (Chu JA, Dell PF, Somer E, Van der Hart O, Cardeña E, Barach PM, Loewenstein RJ, Brand B, Golston JC, Courtois CA, Bowman ES, Classen C, Dorahy M, Sar V, Gelinas DJ, Fine CG, Paulson S, Kluft RP, Dalenberg CJ, Jacobson-Levy M, Nijenhuis ERS, Boon S, Chefetz R, Middleton W, Ross CA, Howell E, Goodwin G, Coons PM, Frankel AS, Steele K, Gold SN, Gast U, Young LM, Twombly J. Guidelines for treating dissociative identity disorder in adults, third revision. Journal of Trauma and Dissociation. 2011;12:115-187.
- 29. Brand BL, Myrick AC, Loewenstein RJ, Classen CC, Lanius R, McNary SW, Pain C, Putnam FW. A survey of practices and recommended treatment interventions among expert therapists treating patients with dissociative identity disorder and dissociative disorder not otherwise specified. Psychological Trauma: Theory, Research, Practice, and Policy. 2011.
- 30. Rind B, Tromovitch P, Bauserman R. A meta-analytic examination of assumed properties of child sexual abuse using college samples. Psychological Bulletin. 1998;124:22-53.
- 31. Dallam SJ, Gleaves DH, Cepeda-Benito A, Silberg JL, Kraemer HC, Spiegel D. The effects of child sexual abuse: Comment on Rind, Tromovitch, and Bauserman (1998). Psychological Bulletin. 2001;127:715-733.
- 32. Carlson EB, Dalenberg C, McDade-Montez E. Dissociation in posttraumatic stress disorder Part 1: Definitions and review of research. Psychological Trauma: Theory, Research, Practice, & Policy. 2012;in press.
- 33. Dalenberg C, Carlson EB. Dissociation in Posttraumatic Stress Disorder Part II: How theoretical models fit the empirical evidence and recommendations for modifying the diagnostic criteria for PTSD. Psychological Trauma: Theory, Research, Practice, and Policy. 2012.
- 34. Dalenberg CJ, Brand BL, Gleaves DH, Dorahy MJ, Loewenstein RJ, Cardena E, Frewen PA, Carlson EB, Spiegel D. Evaluation of the evidence for the trauma and fantasy models of dissociation. Psychol Bull. 2012;138:550-588.
- 35. Lynn SJ, Lilienfeld SO, Merckelbach H, Giesbrecht T, McNally RJ, Loftus, Malaktaris. The trauma model of dissociation: Inconvenient truths and stubborn fictions: Comment on Dalenberg et al. (2012). Psychological Bulletin. In Press.
- 36. Trickett PK, Noll JG, Putnam FW. The impact of sexual abuse on female development: Lessons from a multigenerational, longitudinal research study. Development and Psychopathology. 2011;23:453-476.
- 37. Ogawa JR, Sroufe LA, Weinfeld NS, Carslson EA, Egeland B. Development and the fragmented self: Longitudinal study of dissociative symptomatology in a nonclinical sample. Development and Psychopathology. 1997;9:855-879.
- 38. Diseth TH. Dissociation following traumatic medical treatment procedures in childhood: A longitudinal follow-up. Development and Psychopathology. 2006;18:233-251.
- 39. Lyons-Ruth K. Contributions of the mother-infant relationship to dissociative, borderline, and conduct symptoms in young adulthood. Infant Mental Health Journal. 2008;29:203-218.
- 40. Brand BL, McNary SW, Myrick AC, Classen CC, Lanius R, Loewenstein RJ, Pain C, Putnam FW. A longitudinal naturalistic study of patients with dissociative disorders treated by community clinicians. Psychological Trauma: Theory, Research, Practice, and Policy. 2012.
- 41. Ellason JW, Ross CA. Two-year follow-up of inpatients with dissociative identity disorder. American Journal of Psychiatry. 1997;154:832-839.