

## 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/tra0000049><sup>1</sup>

*Note: The three textbooks that received consistently highest ratings and were found to have the fewest weaknesses are highlighted in yellow below.*

Author(s)	Year Published	DSM Version*	Summary of Findings
Barlow & Durand	2012	DSM-IV-TR	<ul style="list-style-type: none"> <li>Consistently poor ranking for mentions of child maltreatment (CM) (rank = 8), CM citations (rank = 8), and CM links with psychological disorders (rank = 6).</li> <li>Fails to present research documenting that recovered memory of CM is as accurate as is continuously recalled CM (1-4).</li> <li>Fails to present research showing that “recovered memory” patients scored <i>lower</i> on suggestibility than did a psychiatric control group (5)</li> <li>Fails to present studies that have found corroborating evidence of severe CM in individuals with dissociative identity disorder (DID) (6-10)</li> <li>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.</li> </ul>
Beidel, Bulik, & Stanley	2014	DSM-5	<ul style="list-style-type: none"> <li>Average ranking for CM mentions (rank = 5) and CM citations (rank = 5), and poor with CM links (rank = 8).</li> <li>Presents the second lowest number of psychological disorders (<math>N = 6</math>) that are linked to CM.</li> <li>Fails to present research documenting that recovered memory of CM is as accurate as is continuously recalled memories of CM (1-4).</li> </ul>

<sup>1</sup> 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.

			<ul style="list-style-type: none"> <li>• Dedicates 5 pages to reviewing the recovered memory controversy, yet the authors do not equally present both sides of the controversy.</li> <li>• 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).</li> <li>• Fails to present studies that have found corroborating evidence of severe CM in individuals with dissociative identity disorder (DID) (6-10)</li> <li>• Fails to present studies that show that treatment of DID is associated with consistent improvements in symptoms and functioning (13-18).</li> <li>• Inaccurately claims that dissociative identity disorder (DID) is rare. This is not substantiated by research (19-25).</li> </ul>
Butcher, Mineka, & Hooley	2013	DSM-IV-TR	<ul style="list-style-type: none"> <li>• Excellent ranking for mentions of CM (rank = 1) and CM citations (rank = 1), but lower on CM links with psychological disorders (rank = 5).</li> <li>• Incorrectly states that people typically recall childhood abuse while in therapy with a therapist who believes repressed memories of CSA are a very common cause of psychopathology. Research does not support this (26).</li> <li>• Inaccurately claims that DID is rare. This is not substantiated by research (19-25).</li> <li>• Emphasizes controversies about CM at the expense of informing students about the links between CM and psychopathology.</li> </ul>
Comer	2014	DSM-5	<ul style="list-style-type: none"> <li>• 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).</li> <li>• 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).</li> <li>• Some readers may be insulted by a joke about repression, particularly if they have experienced CM.</li> </ul>
Kring, Johnson, Davison, & Neale	2014	DSM-5	<ul style="list-style-type: none"> <li>• Consistently very good ranking for mentions of CM (rank = 2), for CM citations (rank = 3) and CM links with psychological disorders (rank = 3).</li> <li>• 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).</li> <li>• Discusses controversial meta-analysis about child sexual abuse (30) without adequately</li> </ul>

			discussing the study's methodological weaknesses and wide condemnation of the authors' conclusions (31).
Lyons & Martin	2014	DSM-5	<ul style="list-style-type: none"> <li>• Inconsistent rankings: excellent for CM link mentions (rank = 1), but fair for CM mentions (rank = 6) and poor for CM citations (rank = 9).</li> <li>• 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).</li> </ul>
<b>Awarded the "Best Coverage of Child Maltreatment in Undergraduate Psychology Textbooks Award" by Division 56 of APA:</b>			
Nevid, Rathus, & Greene	2014	DSM-5	<ul style="list-style-type: none"> <li>• Presents the largest number of psychological disorders (<math>N = 13</math>) that are linked to CM.</li> <li>• Excellent section dedicated to presenting information about CM.</li> <li>• Consistent very good ranking for mentions of CM (rank = 3) and CM links (rank = 2), but only fair on CM citations (rank = 7).</li> <li>• This is the only textbook that reviews several studies that show that DID treatment is associated with consistent improvements in symptoms and functioning (13-18, 27).</li> </ul>
Oltmanns & Emery	2012	DSM-IV-TR	<ul style="list-style-type: none"> <li>• Consistent average ranking for mentions of CM (rank = 4), CM citations (rank = 4) and CM links (rank = 4).</li> <li>• Emphasizes controversies about CM at the expense of informing students about the links between CM and psychopathology.</li> <li>• Fails to present research documenting that recovered memory of CM is as accurate as is continuously recalled memories of CM (1-4).</li> <li>• Presents statements about the long-term impact of CM that are not well substantiated by research. Example: Authors state that studies of 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).</li> <li>• This is the only book that recognizes that Munchausen-by-proxy is a form of child abuse.</li> <li>• Inaccurately claims that DID is rare. This is not substantiated by research (19-25).</li> <li>• 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.</li> <li>• States there is no systematic research on the effectiveness of any treatment for DD, despite there being many published studies and a meta-analysis about DD treatment (e.g., (13-15, 17, 27, 40, 41)).</li> </ul>

Rosenberg & Kosslyn	2011	DSM-IV-TR	<ul style="list-style-type: none"> <li>• Has a section dedicated to presenting information about CM.</li> <li>• Empirically sound presentation of statistics about the prevalence and impact of CM.</li> <li>• Consistent very poor ranking for CM mentions (rank = 10) and CM links (rank = 9) but fair on CM citations (rank = 6).</li> <li>• Cites research documenting corroborated history of severe CM in DID patients (6-10).</li> <li>• This is the one of the few texts that presents the impact of CM on attachment and the stress response system.</li> </ul>
Whitbourne & Halgin	2014	DSM-5	<ul style="list-style-type: none"> <li>• Consistent very poor ranking for CM mentions (rank = 9), CM citations (rank = 10) and CM links (rank = 10).</li> <li>• Presents the lowest number of psychological disorders (N = 3) that are linked to CM.</li> <li>• Almost no discussion of CM.</li> </ul>

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.

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