Crisis in Children’s Mental Health Care: A Well-kept Secret

Karen Saywitz & Laura Nabors

“Growing numbers of children are suffering needlessly because their emotional, behavioral, and developmental needs are not being met by those very institutions which were explicitly created to take care of them.”


These are the words of former U.S. Surgeon General, David Satcher, who concluded that our system of delivering children’s mental health care was in crisis and that a nationwide overhaul was necessary. Recently, President Bush appointed the New Freedom Commission on Mental Health to re-examine the issue. Preliminary reports referred to the situation as a public health crisis. In response, the American Psychological Association (APA) passed a resolution on children’s mental health and funded two task forces to outline the role Psychology should play as a leader in a national reform effort. Both task forces concluded that the public, the policy-makers, and many professionals remain unaware of the problem, recommending that increased awareness both inside and outside of Psychology be a top priority.

In short, one in ten children or adolescents have a serious mental health problem, and another 10% have mild to moderate problems. However, less than half of children with mental health problems actually receive treatment or services. Even then, only one in five receive treatment from a professional specifically trained to work with children or teens. Moreover, there are grave disparities in identification and prevention of mental health problems as well as in access to services for families of color, in poverty, or who have children with special needs. Reform is even more urgent now that research indicates many mental health disorders in children and adolescents are treatable and even preventable.

The costs to our country are staggering. Untreated mental health problems in children can lead to tragic consequences, including suicide, substance abuse, inability to live independently, incarceration, lack of vocational success, and health problems. Not only are families affected but also communities, schools, employers and the nation as a whole.

(continues on page 8)
President’s Column

Keeping Our Kids Out of Harm’s Way

Sharon G. Portwood, J.D., Ph.D.
University of Missouri-Kansas City

On April 1, 2005, as has become the tradition, the President signed a proclamation designating April as National Child Abuse Prevention Month. This formal expression of our country’s renewed commitment to child abuse prevention presents an ideal opportunity for reflecting on what we know about preventing child maltreatment and how we can apply that knowledge to improve the lives of children.

Although the field of child maltreatment is relatively young, the available data do support several promising approaches to child abuse prevention. Foremost among these are parent education programs, particularly those that contain a home visiting component and are initiated early in the child’s life or prenatally. These programs are critical to reducing the overall incidence of child maltreatment since they focus on physical abuse and neglect, which together represent almost three-quarters of all identified cases.

We also know that in order to have maximum impact, child abuse prevention efforts must focus on potential perpetrators who are known to the child. National figures show that in almost 80 percent of all cases, the abuser was a parent. In cases of sexual abuse, almost 30 percent of all perpetrators were other family members. Nonetheless, many child sexual abuse prevention programs promote strategies that are more effective with strangers. Also, prevention efforts cannot rely solely on school-based programs, which fail to reach the youngest and largest group of potential victims, who have not yet reached school age.

In 1974, Congress passed the Child Abuse Prevention and Treatment Act (CAPTA). However, 30 years later, it remains the sole federal program aimed specifically at child abuse prevention. Moreover, to date, full funding for the program has never been secured – actual funding has always fallen short of the amount authorized.

During the past three decades, we have seen a dramatic increase in public awareness of child abuse and neglect. However, increased awareness without a sustained commitment to action is not enough. According to the most recent data released on April 1 of this year by the U.S. Department of Health and Human Services, in 2003, approximately 2.9 million reports of potential abuse were made to child protection agencies. Approximately two-thirds were investigated, resulting in the identification of 906,000 victims of child abuse and/or neglect. Overall, the likelihood of victimization was inversely related to age, with children in the youngest age group (birth to 3) accounting for the highest rate of victimization – 16.4 per 1,000 children.

“Increased awareness without a sustained commitment to action is not enough”

Child abuse and neglect can be prevented, if not totally eliminated. However, active and sustained public support is critical to ensure that prevention services are provided to all families, or even to those most in need. Children are not in a position to advocate for themselves; rather, child abuse is the responsibility adults. Those of us in the field of child maltreatment and child, youth, and family services more broadly have a special obligation to advocate for abused and neglected children. The first step toward becoming an effective advocate is, of course, to be informed on relevant issues. In addition to our regular policy update from Tom Birch of the National Child Abuse Coalition, this newsletter contains two special reports: Karen Saywitz and Laura Chaffin report on the Crisis in Children’s Mental Health Care; and Annie Toro reports on the recent Surgeon General’s Workshop entitled “Making Child Maltreatment a National Priority- Implementing Innovations of a Public Health Approach.” I urge each of you to read these contributions carefully as we work together as a Section to enhance our capacity to serve as effective advocates for children.
Available data demonstrates that the experience of maltreatment is clearly a significant risk factor for the development of psychiatric disorders, yet the negative sequelae associated with abuse are not inevitable. Risk for negative outcomes may be modified by both intrinsic and extrinsic factors. The goal of our investigation was to extend current research on child maltreatment by incorporating risk and protective factors at the genetic and environmental levels simultaneously to understand processes underlying resiliency for maltreated children and their high-risk counterparts. To date, few researchers have documented the interactive effects of genetic and environmental factors in the development of psychiatric disorders in maltreated children, and this study represents the first investigation to examine gene x environment interactions associated with resiliency in this population. Examining the contribution of molecular level factors to positive functioning will provide insight into resiliency processes that have not been previously explored.

The study involved 195 five to fourteen year-old children: 115 maltreated children who were removed from the care of their primary guardian(s) due to allegations of maltreatment (i.e., physical abuse, sexual abuse, emotional abuse, neglect), and 80 non-maltreated demographically matched community-control children. Children’s levels of behavioral, intellectual and academic, emotional, social and global resiliency were assessed. A measure of social supports was collected, and the serotonin transporter, brain-derived neurotrophic factor, catechol-O-methyltransferase, dopamine D2 receptor, and GABAA receptor α-2 subunit were genotyped from buccal cell DNA.

In predicting global resiliency, low SES and maltreatment experiences contributed to diminished global resiliency, while the presence of stable and positive supports contributed to higher functioning on this measure. After accounting for the effects of these environmental factors, GABRA2 genotype was found to be a significant predictor of children’s global resiliency scores. In addition, each of the other genes examined contributed to variability in one or more of the specific domains of resiliency assessed, with main and gene x environment effects identified in the current investigation.

Child maltreatment is a devastating societal problem with significant costs for the child, the family, and society at large. A growing body of research suggests however, that not all maltreated children will experience problems. Understanding resiliency in maltreated children requires the examination of genetic factors, the modifying role of supportive relationships, and gene x environment interactions. Identifying the complementary effects of intrinsic and extrinsic factors for adaptation will enhance our understanding of resilient functioning in the context of chronic adversity, and inform prospective intervention efforts aimed at attenuating the deleterious effects of stress for vulnerable children. Understanding how maltreated children may be able to adapt positively will serve to inform researchers of the nature of resiliency, but also, of the expression of resiliency within a group facing a particular type of adversity. This investigation demonstrates that the study of both genetic and environmental risk and protective factors simultaneously affords the identification of complex interrelated processes involved in resiliency and has the potential to improve interventions, treatments, and policy aimed at attenuating the devastating effects of early trauma and helping vulnerable children and families.
Public Policy

Budget Politics Threaten Child Welfare Spending

Thomas L. Birch, J.D.
National Child Abuse Coalition

For advocates seeking increased investments in federal child welfare spending, the overall federal budget situation with continuing record high deficits spells tough times ahead. Starting with the budget proposal President Bush sent to Capitol Hill in February, the $2.57 trillion total budget request would freeze most child welfare and domestic spending. With inflation at the rate of nearly three percent, even level funding equals a spending cut for child welfare services. At the same time the President is asking Congress to eliminate or slash funds for more than 150 federal programs, the White House seeks significant increases in spending for defense and homeland security, not even including near future expenses for war operations in Afghanistan and Iraq.

The FY 2005 omnibus appropriations bill passed by Congress just before Thanksgiving was a kind of preview of this year’s budget debates. In the 2005 budget, Congress hit most federal programs with an across-the-board cut. Going into the current fiscal year, the federal budget faces a record deficit, one so large that Congressional budget leaders are looking at deficit reduction as their number one policy priority this year. That means cutting not just discretionary spending but entitlement programs as well.

The President’s budget request for 2006 set the tone for this year’s debate. In contrast to the election year budget the President proposed for FY05, doubling funds for child protective services and for community-based prevention grants and increasing other selected child welfare funds, the budget for 2006 would leave those programs at the current spending levels. For example, funding for the Child Abuse Prevention and Treatment (CAPTA) basic state grants would remain at the FY05 level of $27 million, up from $22 million in 2004, and community-based prevention programs would also be level-funded at the 2005 level of $43.2 million, having received a $10 million increase over the 2004 appropriation. The Head Start program, which got a $70 million increase from Congress in 2005 is set for a modest increase of $45 million to $6.88 billion in the President’s FY06 budget. At the same time, the Compassion Capital Fund, initiated by President Bush to support social services grants to faith-based and community organizations would almost double in the President’s plan from $54 million this year to $100 million next year.

The Administration’s budget proposal explains that overall growth in discretionary spending is being held below the projected rate of inflation to 2.1 percent, meaning a reduction in real terms for total discretionary spending in the budget proposal. In fact, in non-security discretionary accounts, the President has proposed to cut spending by nearly 1 percent, in effect to finance an increased national defense program and begin reducing the federal budget deficit projected at a record $427 billion.

Just before taking off for Spring break, the House and Senate each passed by close votes – 51 to 49 in the Senate and 218 to 214 in the House – their versions of the federal budget resolution for FY2006, with serious consequences for services to children and families. The Senate budget would have a negative impact on vulnerable children and families, and the House budget would be even worse. If the budget that emerges from a Senate-House conference committee resembles the House budget, there will be a deep impact on children’s services for years to come.

Both the House and Senate budget bills contain over $200 billion in cuts to domestic discretionary programs outside of defense and homeland security spending; both bills impose a three-year cap as well on discretionary spending, locking in the proposed cuts in domestic programs with no possibility of spending growth in the near term. In addition, deep cuts are proposed in entitlement spending, significantly in Medicaid, and threatening cuts in other programs serving low-income families, including the Earned Income Tax Credit, Temporary Assistance to Needy Families (TANF), food stamps, and child care. So far, the budget plans mean that more children who are being severely abused will go unnoticed, and fewer of them will get the protection they need. With less money slated for childcare, more children will be left alone or left in unsafe care while their parents work.

Although most of the spending cuts are taken in the name of deficit reduction, both budget resolutions would increase rather than decrease the deficit in the coming years. Provisions for further tax cuts take care of that with benefits for the wealthiest Americans, such as extending the tax cuts on dividend income and capital gains due to expire in 2008.
The Urban Institute-Brookings Institution Tax Policy Center estimates that nearly three-quarters of the benefits from these tax cuts will go to just 3.1 percent of American households.

During debate on the budget resolution before the Spring break, Sen. Russell Feingold (D-WI) offered an amendment on the Senate floor to link “pay-as-you-go” rules to tax cuts. The rule - which applies to spending increases, requiring a spending increase to be offset by a spending cut elsewhere in the federal budget - does not apply to proposed tax cuts. The Feingold amendment lost on a tie vote, 50-50. According to the Center on Budget and Policy Priorities, low revenues are the main reason for the rise in the deficit. As a share of the economy, revenues are lower than in any year in the past four decades, the Center says.

Despite the talk in Washington about the importance of reducing the size of the federal budget deficit – the President has promised to cut the deficit in half in five years – an analysis of the President’s FY06 budget request done by the nonpartisan Congressional Budget Office asserts that the President’s budget not only fails at deficit reduction, it would in fact increase the deficit by $104 billion over the next five years (2006 through 2010) and $1.6 trillion over the next 10 years (through 2015), compared with the deficits that would occur if no changes were made in current budget policies.

Congress came back from Spring recess in April and went back to work on developing the budget resolution that will guide the funding decisions in the appropriations bills to come later in the year. Child welfare advocates are focused on rallying their grassroots to contact their Senators and Representatives to let them know their tax and budget proposals will do harm to children and families in need of help.

As background to the debate over the federal role in child welfare spending, the Urban Institute published in December 2004 its most recent survey of child welfare spending data from the states, showing an overall increase in spending from all levels of government on the full range of child welfare services, from prevention to protective services, through foster care to adoption. Significant to the current congressional budget debate, the new report - The Cost of Protecting Vulnerable Children IV – finds that states are using more TANF, Title XX Social Services Block Grant (SSBG), and Medicaid funds than the open-ended Title IV-E funds to cover the costs associated with children in out-of-home placements. The Urban Institute report notes the increase might be explained by the fact that TANF and SSBG do not require state matching funds as does Title IV, or because states are using Medicaid to serve children with more health care needs. Cuts to entitlement spending for Medicaid and TANF proposed in the budget resolutions passed by the House and Senate in March could produce seriously negative consequences for child welfare services.

According to the Urban Institute, at least $22.2 billion were spent on child welfare activities in 2002, 8 percent ($1.5 billion) more than in 2000. Despite the increase in total spending, changes vary by state, with 13 states experiencing a decline in total spending while six states saw increases of 21 percent or more. Of the total, $11.3 billion came from the federal government, $8.2 billion from state governments, and $2.6 billion from local governments. Federal and state spending each increased 7 percent, while local spending increased 15 percent, with California and New York accounting for all but one percent of the local spending increase.

The two largest funding streams were Titles IV-B and IV-E, accounting for 53 percent of all federal child welfare funding in 2002. Next, came three federal programs not dedicated for child welfare activities: Medicaid, SSBG, and TANF, with 43 percent of the federal funds. Significantly, spending increases in TANF and Medicaid accounted for nearly all the growth in federal child welfare spending. Spending on adoption appears to have increased the most between 2000 and 2002. The report notes that the adoption spending increase was expected, given the federal mandates to move children from foster care to adoption.

Overall, state and local spending on child welfare services increased faster than federal spending, the Urban Institute reports. National trends conceal substantial differences in states’ spending patterns, and while spending rose overall, several states - including Illinois, Michigan, and Missouri - saw declines. Finally, caseload size in foster care does not seem to be the main factor influencing the spending growth. Out-of-home placement spending increased even as foster care caseloads declined between 1999 and 2002. Meeting the needs of children in care may be more costly now, as children in foster care have more severe needs requiring more expensive services and placement settings.
Judicial preferences in child custody determinations have shifted over the past couple of centuries. These shifts reflect cultural changes in the nature and perception of children, childhood and families, as well as reflecting the evolution of children’s rights in such matters. Judicial opinions moved from treating children as paternal property, to favoring mothers during children’s tender years, to considering what is in a child’s best interests. The latter standard often includes consideration of a child’s primary caregiving figure, and remains the operant standard today in most jurisdictions.

Yet, the public has repeatedly witnessed heart-rending scenes in which children are wrenched from their parents’ hands and given to virtual strangers, generally in honor of parental rights. Such cases beg the question – how do we balance parental rights with children’s best interests? Moreover, in acrimonious custody cases, what should courts do when one parent allegedly seeks to thwart the other’s parental rights? These are questions the State of New York has been facing in *Aylsworth v. Marks*.

The *Aylsworth v. Marks* case involved custody of 4-year-old twins Scarlett and Amber. The girls’ mother, Bridget Marks, is a model/actress who met their father, casino mogul John Aylsworth, while he was on a business trip in New York. The two began an intimate relationship, the issue of which was the twins. However, Aylsworth, the father of four grown children, was married. Aylsworth paid child support and visited with his daughters on occasion, but his relationship with Marks deteriorated after he decided to remain married to his wife.

After their relationship ended, Aylsworth filed for visitation, which Marks requested be supervised, claiming that Aylsworth had been sexually inappropriate with the girls from infancy. Subsequently, Marks claimed that Aylsworth molested their daughters during his ‘supervised’ visitation. The allegations were investigated, particularly in the context of the custody determination. However, the allegations were not found to be credible. Numerous experts testified in the case, and those not hired by Marks recommended custody go to Aylsworth. They indicated that the allegations were likely false and that Marks had coached her daughters to make them. As a result of Marks’ apparent false allegations and inability to foster healthy father/daughter relationships, custody was awarded to Aylsworth.

However, Marks fought back through the media. She made public appearances on *The O’Reilly Factor*, *PrimeTime Live* and *Larry King Live*, in addition to garnering favorable newspaper coverage in *New York Daily News*. Indeed, the change of custody was televised. In a gripping scene, Marks hysterically gave over her daughters to Aylsworth’s waiting vehicle. Some viewers saw the scene as a melodramatic, staged scene to garner support and sympathy for Marks, against the children’s best interest. Others saw the episode as the dramatic representation of an injustice.

Most recently, however, the appeals court reversed the custody order – in three concurring opinions. In essence, the justices argued that the maternal false allegations, though abhorrent, should not outweigh her daughters’ best interests. The Judges agreed that the allegations (either intentional or sincere, but irrational) were false, but stated that this finding “does not lead inexorably to the conclusion that custody should be awarded to the father.” Indeed, the custody change was perceived more as a punishment for maternal behavior than as recognition of the children’s best interests.

Instead, the Judges reasoned that “despite the finding that the mother was attempting to undermine the relationship

Such cases beg the question - “How do we balance parental rights with children's best interests?”

*Wielding the Best Interests of the Child Standard*

By Angela M. Crossman, Ph.D.  
*John Jay College of Criminal Justice*
between the father and the children, the relationship was, in fact, a healthy one, one that even yielded affection and fondness between the children and the father’s wife.” Given this relationship, and that the mother was a good mother, the court argued that, in light of the totality of the circumstances, it was not in the girls’ best interests to be taken away from their mother and home. Instead, the appropriate response to the mother’s conduct is “treatment of her condition”.

Of particular interest, in one opinion, the Judges wrote, “it is psychologically abusive for a parent to plant in the mind of a three- or four-year-old the false notion that the other parent is sexually abusing the child”. In another, the Judge wrote “such conduct may or may not harm the child or interfere with the child’s relationship with the other parent….the effect of such coaching on a child must be decided in each case.”

Taken together, these two decisions raise numerous questions regarding the best interest of the child standard and what it should encompass. Clearly, the judges had differing opinions about whether coaching false abuse allegations indicates an unfit parent, one who would necessarily thwart the other parent’s relationship with their children. Moreover, there was some question over the impact on the children of such behavior – whether it was abusive per se. Perhaps relevant to this question is debate on the so-called Parental Alienation Syndrome (PAS).

Championed by the late Richard Gardner, PAS is “a disorder that arises almost exclusively in the context of child-custody disputes” in which children denigrate the alienated parent due to the alienating parent’s brainwashing (Gardner, 1998). While it is clearly possible for a parent to endeavor to alienate a non-custodial parent from their children, such as through coaching false allegations of sexual abuse, there is debate over the existence of PAS as a ‘syndrome’ (Emery, 2005).

“In a gripping scene, Marks hysterically gave over her daughters to Aylsworth's waiting vehicle”

Though extensive amounts have been written on the topic, to date, only one empirical analysis of the phenomenon exists, conducted by Gardner (Emery, 2005). Clearly, this research is lacking, as is research relevant to the psychological impact of coaching abuse allegations on children. The difficulty in doing such research, of course, is the limited number of children in this situation, as well as their hugely varied circumstances, as the Judges point out. One child, for example, may come to believe in the false claims, for whom one might predict worse outcomes than a child who is simply complying with the alienating parent. Empirical study of the phenomenon is thus vitally important, as this is an area in which the legal system needs guidance.

Finally, the Judges cautioned against overreliance on psychological expert testimony in such cases – that the totality of circumstances, including the abuse allegations, should “the ultimate determination on any such issue is a judicial function, not one for the expert”

REFERENCES

Newsletter Article Contributions

If you would like to contribute an article, please send a word document (maximum 500 - 700 words) to Victoria Talwar, Victoria.talwar@mcgill.ca before the following deadlines:

Fall Edition: September 1, 2005
Winter Edition: January 1, 2006
Spring Edition: April 1, 2006
What is APA Doing?
Eight APA Divisions have joined efforts in an Inter-divisional Task Force on Children’s Mental Health Care to promote the conceptualization and realization of a new national model for promoting, preserving and restoring our children’s mental health. This model calls for a comprehensive, sustainable, collaborative system. Components include:

- Promotion of healthy social and emotional development for all children
- Prevention of mental health disorders in children
- Early screening and identification of indicators of mental health problems in schools, daycare, health clinics, emergency rooms, and especially high risk settings such as juvenile justice and child welfare programs
- Early childhood intervention grounded in emerging research highlighting the role of environmental factors in brain development
- Universal access to a comprehensive range of treatments and services for children and families identified with mental health problems coordinated across agencies and service systems that are culturally, linguistically, and developmentally sensitive, individualized, family centered, home-school- and-community based, and evidence-based
- Sufficient funding and realignment of funding streams to create an infrastructure that supports a comprehensive array of services

How? Here Are Resources To Help…
The Inter-divisional Task Force on Children’s Mental Health is developing materials to provide members with the background information necessary to spread the word. We are creating a website to centralize information on children’s mental health to be accessed by both the lay public and professionals. We have completed a set of Talking Points you can use to advocate for reform found at http://mirror.apa.org/ppo/issues/tftalkingpoints.html. We created a Fact Sheet on Early Signals of Possible Infant, Child, and Adolescent Mental Health Problems to help educate colleagues in other disciplines. We are organizing congressional briefings by experts and a national multidisciplinary summit to address child mental health policy.

Visit the website, peruse the links, download fact sheets and talking points. Then...

- Educate colleagues, patients, parents, coaches, church, community and PTA members, school administrators, and school boards about this crisis in children’s mental health services.
- Talk to a department head at a Psychology program near you. Let the chair know how important it is to train graduate students to work with children and families.
- Educate colleagues in other disciplines. Increase awareness of early warning signs, guideposts for referral, and effective treatments. Volunteer to train new providers — supervise someone who wants to learn. Give an inservice presentation.

What Can You Do?
Spread the Word… The system is broken and needs repair.

- Educate others about the seriousness of mental health problems for children and the stigma that prevents families from seeking treatment
- Inform others that children’s mental health and social, emotional, and behavioral well-being are critical for “healthy” development
- Improve awareness of the early signals of mental health problems and the fact that there are effective treatments available
- Inform others about the shortage of mental health professionals trained to work with children, adolescents and their families using evidence-based treatments

Inter-divisional Task Force on Children’s Mental Health
Participating Divisions:
- Developmental Psychology
- Clinical Psychology
- School Psychology
- Child, Youth & Family Services
- Family Psychology
- Society for Community Research & Action
- Society for Pediatric Psychology
- Society of Clinical Child and Adolescent Psychology
Donate time to help a child in a high-risk group who lacks access to quality mental health services.

Write and visit your local congressperson. Contact state psychological associations or departments of mental health or write them a letter delineating these needs. Contact local mental health boards and advocate on behalf of children or families.

Encourage pediatricians and nurses you know to take time for a “mental health check up” with the children and families they serve.

Lobby managed care providers so that they will cover mental health services for all youth, and especially for children and adolescents who are likely to be underserved.

Advocate for comprehensive mental health care plans for children, with supporting infrastructures.

Bringing these issues to the public will take effort, perseverance, and vigorous lobbying, but the crisis in children’s mental health care cannot remain a well-kept secret. With two Presidential commissions recommending historic reforms and the science of Psychology at critical mass, psychologists are poised to make a meaningful difference in the lives of children and families nationwide. There is broad consensus that this is an ideal moment to for us to intensify our effort.

To Learn More


Inquiries about the Interdivisional Task Force on Child and Adolescent Mental Health can be directed to Karen Saywitz, Chair, at ksaywitz@ucla.edu.

Please Let Us Know What You Think

We invite our members to contribute to the newsletter! If you have suggestions for the newsletter, comments about the articles and issues discussed, or would like to contribute an article or details of recent publications to be included in future newsletters, please contact the editor at the following address along with your contact information.

Victoria Talwar
McGill University
Dept. Educational & Counselling Psychology
3700 McTavish Street
Montreal, Quebec H3A 1Y2

Email: victoria.talwar@mcgill.ca
Fax: (514) 398-6968
Surgeon General’s Workshop: Making Child Maltreatment a National Priority

Annie G. Toro, J.D.
Senior Legislative & Federal Affairs Officer
American Psychological Association
Public Policy Office

The Surgeon General’s Workshop, Making Prevention of Child Maltreatment A National Priority Implementing Innovations of a Public Health Approach, meeting at NIH on March 30 and 31, 2005, brought together some 100 invited participants representing diverse fields of medicine, public health, child development, social services, child welfare, academia, education, law enforcement, faith community, juvenile justice, philanthropic foundations, communications, mental health, as well as federal government representatives about half of the attendees - from the Departments of Health and Human Services, Education, State, Justice, Defense and Agriculture.

U.S. Surgeon General Richard H. Carmona in his welcoming remarks called on the workshop participants to formulate a new public health priority: preventing child maltreatment and promoting child well-treatment. He set the aim of the initiative to “integrate prevention services into all systems of care and incorporate child development literacy into the national consciousness.” Carmona proposed adopting a public health approach to prevent child maltreatment, identifying ways to promote the prevention of child abuse and neglect, and focusing attention on the gap in public health and what can be done to make a difference.

The first day’s panels, “Defining the Public Health Approach”, elicited the following observations:

- Home visitor services for poor mothers with a first baby have shown to improve pregnancy outcomes, improve child health and development, and improve the parent’s economic self-sufficiency
- Co-occurring with child maltreatment are issues of poverty, domestic violence, substance abuse, mental illness and depression, and race and ethnicity
- To develop the public will for change at the national level involves creating a social movement, calling upon the involvement of “authentic voices”

The second day’s panels, “Achieving the Public Health Approach,” raised these observations:

- Effective policy change depends on a variety of strategies, including the placement of messages into media and entertainment; the Surgeon General should convene media experts to develop a social marketing strategy
- Because of the interrelationship of child maltreatment to other issues, assessment of the problem depends upon ability to scan for data across other systems and sources
- Additional resources are essential to the effort
- Promoting optimal child health demands the mobilization of community partnerships: no system can do it alone

At the conclusion, the Surgeon General closed with remarks laying out thinking for developing a strategic plan beginning with a report which would condense the information presented at the two-day workshop, look at themes which emerged, and identify next steps needed to carry the initiative forward. He called on the workshop participants to “keep my feet to the fire.”
Division 37 Program Summary

Look for these Sessions in the upcoming APA Annual Convention in Washington, D.C.

**August 18 - Thursday**

8:00 AM - 9:50 AM  Symposium: Clinical Application of Attachment Theory in Child Placement Decisions

10:00 AM - 10:50 AM  Poster Session: Child, Youth, and Family Services

11:00 AM - 11:50 AM  Poster Session: Child Maltreatment and Child, Youth and Family Services

12:00 PM - 1:50 PM  Invited Symposium: Cultural Diversity in Psychology: Improving Services by Addressing Public Policy

2:00 PM - 2:50 PM  Roundtable Discussion: Current Topics in Mental Health Services and Mental Illness

7:00 PM - 8:50 PM  Invited Symposium: A Major Meta-analysis of Positive Youth Development: Its Important Implications

**August 19 - Friday**

10:00 AM - 10:50 AM  Invited Address: Gary B Melton: A Story of Strong Communities: Uniting to Keep Kids Safe

2:00 PM - 2:50 PM  Division 37 Presidential Address

Bette L. Bottoms: *The Impact of Socially Supportive Interviewing on Children’s Eyewitness Testimony*

3:00 PM - 3:50 PM  Invited Address: Nicholas Hobbs Award

4:00 PM - 4:50 PM  Invited Address: Child Advocacy Award

**August 20 - Saturday**

8:00 AM - 9:50 AM  Invited Panel Discussion: The “Real Deal” on Bridging Research and Policy for Children

10:00 AM - 11:50 AM  Invited Symposium: From Proof to Practice: Does Research Change Policy and Practice in Children’s Services

12:00 PM - 1:50 PM  Symposium: Addressing Child Maltreatment through Child Advocacy Centers

3:00 PM - 4:50 PM  Cross-cutting Symposium: Psychology and Children: Translating Research into Better Policy and Services
Section Executive Committee

President
Sharon Portwood
Department of Psychology
University of Missouri - Kansas City
portwoods@umkc.edu

President-Elect
Anthony Mannarino
Department of Psychiatry
Drexel University College of Medicine
amannari@wpahs.org

Past-President
Thomas D. Lyon,
University of Southern California
Law School
tlyon@law.usc.edu

Secretary
Angela M. Crossman
Department of Psychology
John Jay College of Criminal Justice
The City University of New York
acrossman@jjay-cuny.edu

Treasurer
Jodi A. Quas
Department of Psychology
and Social Behavior
University of California, Irvine
jquas@uci.edu

Member-At-Large
Kathleen Kendall-Tackett
Family Research Lab
University of New Hampshire
kkendallt@aol.com

Member-At-Large
Jane Silovsky
Center on Child Abuse and Neglect
University of Oklahoma Health
Sciences Center
Department of Pediatrics
jane-silvosky@ouhsc.edu

Member-At-Large
Mark Chaffin
Center on Child Abuse and Neglect
University of Oklahoma Health
Sciences Center
Department of Pediatrics
mark-chaffin@ouhsc.edu

Membership Chair
Cindy Miller-Perrin
Social Science Division
Pepperdine University
cperrin@pepperdine.edu

Newsletter Editor &
Section Program Chair
Victoria Talwar
Educational & Counselling
Psychology
McGill University
victoria.talwar@mcgill.ca

Newsletter of the Section on Child Maltreatment
Division 37 Administrative Office
American Psychological Association
750 First Street, NE
Washington, DC 20002-4242