

Committee on the Prevention of Mental Disorders and Substance Abuse Among
Children, Youth, and Young Adults:
Research Advances and Promising Interventions
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Statement of Barry Anton, PhD, ABPP
on behalf of the
American Psychological Association

Thank you for the opportunity to provide a statement on behalf of the American Psychological Association. It is an honor to represent the Association before this Committee today.

Given the high prevalence of children's behavioral concerns and the pressing unmet need for and under-funding of mental health care services, efforts at improving the quality of care are especially timely and have gained public health salience (Resolution on Children's Mental Health, 2003). A range of effective treatments for addressing child and adolescent mental health problems have been identified but systems for delivering them are lacking. Systems must address the unique challenges for providers in developing, strengthening and disseminating evidence-based practices for children and youth.

Families and children should receive the best available care based on the best available scientific knowledge. There should be consistent high-quality care across clinicians and setting. Systems should be responsive to family and youth needs through prevention, early intervention, treatment, and continuity of care. Unfortunately, one of the most salient characteristics of the children's mental health system is its fragmentation.

Access to the most effective care should be democratized to ensure equal access across age, gender, sexual orientation, and disability, inclusive of all racial, ethnic, and cultural groups. For mental health practices to be implemented effectively, they must be contextually based, collaboratively built, and created in partnership among researchers, practitioners, and families

The American Psychological Association (APA) has a long-standing commitment to children, youth, and families and, in particular, to child and adolescent mental health issues. The APA Committee on Children, Youth, and Families (CYF) was established in 1986 to "...ensuring that children, youth, and families receive the full attention of the Association in order that all human resources are actualized." Over time, the APA has supported a great number of initiatives addressing specific areas of children's mental health.

One of the Association's early efforts was the establishment of the Working Group on Children's Mental Health (WGCMH). Their report titled *Developing Psychology's National Agenda for Children's Mental Health: APA's Response to the Surgeon General's Action Agenda for Children's Mental Health* is available at this web address <http://www.apa.org/pi/cyf/dpnacmh.pdf>

Through the work of the WGCMH and the CYF, the APA adopted the APA Resolution on Children's Mental Health in February 2004 (Appendix 1). One of the Association's current efforts is the APA Task Force on Evidence Based Practice for Children and Adolescents (EBPCA). The EBPCA was established to:

“reviewing the extant literature and preparing a comprehensive report on the current state of knowledge concerning evidence-based psychological practice with children and adolescents. The report will include empirically supported principles and evidence applied to psychological assessment, case formulation, possible mediating variables such as therapeutic relationship, and intervention with children and adolescents (and often their caregivers). Also included will be the acknowledgement of the variety of settings in which services are provided to children, including schools, clinics, hospitals, independent practices, and homes and the need to consider setting characteristics when implementing evidence-based practice. In addition, developmental and cultural characteristics that influence the applicability, acceptance, and efficacy of evidence-based practice will be addressed. The Task Force is also encouraged to consider implications of its findings for future research agendas and for the education and training of psychologists with specificity to evidence-based practice with children and adolescents.”

Across the Association, various groups (i.e., APA Working Group on Children's Mental Health, Interdirectorate Task Force on Children's Mental Health, and the Task Force on Psychology's Agenda for Child and Adolescent Mental Health, etc.) have considered issues similar to those under discussion today. The depth and scope of this work demonstrates the Association's continued commitment to child and adolescent mental health issues.

□ What role do evidence-based practices and other relevant research play in your efforts?

Psychologists are educated in the scientific basis of behavior and the importance of applying science-based information to their professional functions in serving client needs with particular emphasis on interventions. (draft report page 5) In order to deliver quality care to children, youth and their families, the integration of science and practice must be a priority for researchers and practitioners. Developing and disseminating evidence-based interventions for children demands consideration of the importance of multifaceted developmental processes (e.g. physical, cognitive, social and emotional development) as well as

the realities of how children and families access (or fail to access) systems of care. That is, children often cannot or do not seek care independently of their families and their difficulties may surface in other settings (e.g. schools, healthcare system).

Researchers and practitioners should join to ensure that the research available on psychological practice is both clinically relevant and internally valid. It is important not to assume that interventions that have not yet been studied in controlled trials are ineffective. However, widely used psychological practices as well as innovations developed in the field or laboratory should be rigorously evaluated and barriers to conducting this research should be identified and addressed.

□ **How are evidence-based practices best translated to your field/service system?**

Clinical expertise is used to integrate the best research evidence with clinical data (e.g., information about the patient obtained over the course of treatment) in the context of the patient's characteristics and preferences to deliver services that have a high probability of achieving the goals of treatment. Integral to clinical expertise is an awareness of the limits of one's knowledge and skills and attention to the heuristics and biases—both cognitive and affective—that can affect clinical judgment. Moreover, psychologists understand how their own characteristics, values, and context interact with those of the patient.

The treating psychologist determines the applicability of research conclusions to a particular patient. Individual patients may require decisions and interventions not directly addressed by the available research. The application of research evidence to a given patient always involves probabilistic inferences. Therefore, ongoing monitoring of patient progress and adjustment of treatment as needed are essential to EBPP.

□ **What are the biggest barriers to the adoption of evidence-based practices?**

Access to training in evidence-based practice is limited. Many graduate training programs do not have the resources and faculty do not have the skills to offer training in a wide variety of EBTs. Continuing education options for practicing psychologists often do not meet the intense training and supervision needed to acquire the competencies needed for effective implementation. In many settings, interventions are delivered by staff with less formal education and training. Facilitating training and ongoing supervision for a wide range of providers is essential in order for interventions to “take hold” in settings and systems of care.

Furthermore, the “therapeutic relationship” has expanded to include a variety of individuals who are not clients in the traditional sense (i.e., families,

administrators, teachers, peers,) and a range of settings that, for some, are not part of standard practice (i.e., educational settings, hospitals, communities, child welfare, foster care and adoptive services and juvenile justice). Within this expanded universe, collaboration skills that optimize the expertise of the psychologist in varying contexts and relationships must be part of professional training.

Given the array of factors that impinge on the development and well-being of children and adolescents, it is clear that those who provide clinical care to youngsters need specialized training. Such training needs to convey an understanding of developmental change, capacities and vulnerabilities at various developmental levels, family characteristics and functioning, and the interplay of young people and the settings in which their development unfolds—including schools, peer and neighborhood contexts, and medical and mental health care provider settings. In addition, developmentally appropriate training of clinicians should focus on skills in engaging and working not only with children but also with the significant others whose behavior impinges on them, including siblings, parents, extended family members, and teachers. Such basic training can provide an essential foundation for the use of evidence-based practice in child and adolescent mental health care.

EBP interventions must be culturally constituted and the psychologist must be culturally competent. Practitioners and researchers must be trained to address developmental, gender, disability, sexual orientation, transgender, ethnic minority issues and family structures that may change over time and vary across ethnicities and cultures.

A gap exists between research findings and practical application in the field. Most evidence-based treatments have been developed outside the community setting and may be perceived as overly rigid in structure and delivery. Increased collaborative endeavors are necessary in order to develop approaches with an evidence base but that are also feasible and relevant across patients, providers and settings.

Conclusion

One out of every ten children or adolescents has a serious mental health problem, and another 10% have mild to moderate problems. There is a lack of mental health services for children and adolescents. Less than half of children with mental health problems get treatment, services, or support. Only one in five get treatment from a mental health worker with special training to work with children. Families that are poor, are people of color, or have children with other disabilities or health concerns have an especially difficult time getting services that would identify, prevent or treat mental health problems. Children and adolescents with mental health problems are usually involved with more than one agency or service system, including mental health, special education, child

welfare, juvenile justice, substance abuse, and health. Yet, services are fragmented and no agency or system usually takes responsibility for coordinating their care or prevents them from falling through the cracks and not getting needed services. It is critically important that in developing evidence-based research and practice interventions that policy implications be considered and that researchers and practitioners work together to create a mental health delivery system that addresses the needs of all children and adolescents.

Thank you.

APA Resolution on Children's 1 Mental Health:

The Report of the Surgeon General's Conference on Children's Mental Health: A National Action Agenda states that the "nation is facing a public crisis in mental healthcare for infants, children and adolescents. Many children have mental health problems that interfere with normal development and functioning" (U.S. Public Health Service, 2000). Currently, the best epidemiological evidence indicates that between 10 and 15% of children and adolescents in the United States suffer from a mental disorder severe enough to cause some level of functional impairment (Burns et al., 1995; Shaffer et al., 1996; Roberts, Attkisson, & Rosenblatt, 1998) however, only about 1 in 5 of these children receive specialty mental health services (Burns et al.). The World Health Organization indicates that by the year 2020, childhood psychiatric disorders will rise proportionately by over 50% internationally, and will become one of the 5 most common causes of morbidity, mortality, and disability among children. The Surgeon General's report highlights the lack of a unified infrastructure nationwide to provide mental health services to children, leading to fragmented treatment services, limited prevention and early identification, and low priorities for resources.

Given the vicissitudes of healthy child development, the complexities of child mental disorders, and the multiple settings in which children live, grow, and function, there is an urgent need for a comprehensive policy to promote child mental health. According to the Surgeon General's report "Mental health in childhood and adolescence is defined by the achievement of expected developmental cognitive, social, and emotional milestones and by secure attachments, satisfying social relationships, and effective coping skills. Mentally healthy children and adolescents enjoy a positive quality of life; function well at home, in school, and in their communities; and are free of disabling symptoms of psychopathology" (Hoagwood et al., 1996).

The report further suggests the need for a community health system for children's mental health that balances mental health promotion, disease prevention, early detection, and universal access to care. This system must include a balanced research agenda, including basic biomedical, clinical, behavioral, health services, and community-based prevention research, address the issue of stigma, and eliminate racial/ethnic and socioeconomic disparities in access to quality mental health care services (U.S. Public Health Service, 2000).

Whereas psychology has been in the lead in demonstrating the importance of mental health in child development (Burns, Hoagwood, & Mrazek, 1999; Coie et al., 1993; Mrazek, & Haggerty, 1990; Marsh & Fristad, 2002; Wolchik & Sandler, 1997).

Whereas psychology is committed to providing the highest quality mental health care to children based on the best available evidence derived from ecologically valid research and evaluation of promotion, prevention, and treatment interventions (Biglan, A., Mrazek, P. J., Carnine, D., & Flay, B. R. 2003; Nation, M., Crusto, C., Wandersman, A., Kumpfer, K. L., Seybolt, D., Morrissey-Kane, E., & Davino, K. 2003; Weisz, J.R., Jensen, A.L., & McLeod, B.D. in press).

Whereas there are various types of useful evidence of the effectiveness of interventions, including clinical consensus, program evaluations, research using randomized experimental and quasi-experimental designs, single-subject designs, and successful replicated demonstrations of effectiveness in real world settings (Chamberlain, P., & Smith D.K. in press; Durlak, J. A. & Wells, A. M.1997; Durlak, J.A., Wells, A.M., Cotton, J.K., & Johnson, S. 1995). For the purposes of this document, “evidence-based practice” involves the integration of best research evidence with clinical expertise and patient values (Institute of Medicine, 2001).

Whereas psychology has taken a leadership role in developing mental health promotion, prevention, and treatment interventions that meet high standards of effectiveness (Christopherson, E. R. & Mortweet, S. L. 2001; A. E. Kazdin & J. R. Weisz, Eds., 2003).

Whereas there is inadequate access to appropriate evidence-based promotion, prevention, and treatment services for children with, or at risk for, mental disorders (Paavola, 1994; Weisz, Donenberg, Han, & Weiss, 1995).

Whereas stigma regarding mental health imposes risk for children, and impedes understanding of mental health issues and access to needed mental health services (Corrigan & Lundin, 2002).

Whereas there is a disparity of access to appropriate evidence based promotion, prevention, and treatment services based on poverty, ethnicity, race, and special needs of children (Leong, 2001; Rollock & Gordon, 2000; U.S. Department of Health and Human Services, 2001).

Whereas there is inadequate financing for culturally competent, appropriate, evidence-based promotion, prevention, and treatment services (Bazelon Center for Mental Health Law, 1999; Sturm et al., 2000).

Whereas there is a need for increased research on the translation of evidence-based practices into promotion, prevention, or treatment services that are appropriate for children, families, schools, and communities in real world settings (Burns, 1999; Burns & Friedman, 1990; Burns & Hoagwood, 2002; Clarke, 1995; Kazdin & Weisz, 1998; Schoenwald & Hoagwood, 2001).

Whereas there is a need for increased research on the effectiveness of promotion, prevention, and treatment services for children, families, schools, and communities that are developed by practitioners dealing with problems and varied contexts in the community (Weisz, Donenberg, Hans, & Weiss, 1995).

Whereas there is an increased need for research on assessment and diagnosis of children's mental health problems and strengths in the context of their culture, family, school and community (Wandersman, A., & Florin, P., 2003; Kumpfer, K. L. & Alvarado, R., 2003; Wilson, D. B., Gottfredson, D. C., & Najaka, S. S., 2001; Wolchik, S. A., Sandler, I. N., Millsap, R. E., Plummer, B. A., Greene, S. M., Anderson, E. R., Dawson-McClure, S. R., Hipke, K., & Haine, R. A., 2002).

Whereas there is a shortage of trained providers to deliver culturally competent evidence-based promotion, prevention, and treatment services for children (U.S. Department of Health and Human Services, 1999; U.S. Public Health Service, 2000).

Therefore be it resolved that:

The American Psychological Association (APA) take a significant leadership role to support and advocate that it is every child's right to have access to culturally competent, developmentally appropriate, family oriented, evidence-based, high-quality mental health services that are in accessible settings.

APA take a leadership role in ensuring that the utilization of promotion, prevention, and treatment interventions for child mental health meet the highest standards of available evidence.

APA collaborate with other organizations, consumers, and policy makers to develop and implement a primary mental health care system for children that integrates culturally competent, evidence-based, high quality, promotion, prevention, and treatment services for children, families, schools and communities.

APA provide leadership, support, and advocacy for basic and applied research to develop culturally appropriate knowledge on the promotion of mental health and the prevention and treatment of mental health problems, to translate findings from research into effective services and to evaluate services that are developed at the community level.

APA support and advocate for developing adequate funding sources that are coordinated and efficient for supporting a primary mental health care system.

APA support, advocate, and provide leadership for education and training that builds upon culturally competent, evidence-based promotion of mental health

and prevention and treatment of mental health problems for all children, and reduces economic, racial, ethnic and gender disparities.

¹ For ease of presentation the term *child* is used to refer to infants, children and adolescents.

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