Issues in Clinical Child Psychology

Anne McDonald Culp
Editor

Child and Family Advocacy

Bridging the Gaps Between Research, Practice, and Policy

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Editorial Board

Preface

Act as if what you do makes a difference. It does.

William James

This book is intended to help people become passionate about initiating or renewing their advocacy skills for children and families in the United States. We as a society have too many children who live in families that are chronically or temporarily living below poverty level; we have too many children who are abused and neglected; we have too many children who are not receiving the education they need to reach their potential; in general, we have too many children being ignored in our country (Children's Defense Fund, 2012). As a student or professional in the human sciences and services, and a concerned citizen and fellow human, I believe you as a reader of this book feel a responsibility to do something, yet where do you start?

First and foremost, you must believe that you can improve the lives of children and families by creating a world where children are safe, that they can grow up healthy, and that they can be productive citizens as they age to adulthood. Yes, you want their parents to do the majority of the work of giving their children safe, healthy, and productive lives. Nonetheless, many parents confront obstacles that prevent them from providing resources necessary for their children's healthy development (Lieberman & Van Horn, 2009).

When situations are not conducive for parents to give their children safe, healthy, and productive lives, neighborhoods, communities, state government, federal government, and others step in to make sure that the constitutional rights of every child are secure. However, the systems and programs, which we as a society put in place, may not be working out as well as we had hoped. Funding, lack of training, lack of research, lack of public understanding and education all play a role in our systems weakening. When this happens, we must expand the arena of "helpers" and we find ourselves reaching out to citizens, especially those citizens being trained as professionals working with children, to step up and advocate for the decency of lives—the unalienable right of children to have safe, healthy, and productive lives in the United

States (and elsewhere in the world). The authors of the chapters of this book discuss the need to raise the standards for the quality of life for children in the United States.

Advocacy as an Ethical Responsibility

Many of us belong to professional organizations that have a code of ethical conduct. It is the moral compass for our professions. Within the ethical code document, there is usually a section which articulates standards and core values that reflect the highest of ethics. In almost all professions that work with children and families, there is a respect for the dignity and worth of each child and family member. We would all agree that we should not harm children. We shall not discriminate against children for being homeless, poor, or the many indicators of risk in which they themselves did not put themselves. We recognize that children, especially the very young, are at critical junctures in their lives in which certain interventions would be highly effective, and we recognize that not all children have the chance to function at their best.

We perform practices and teachings that promote healthy children and families, both in physical health and in mental health. These values provide a conceptual framework by which professionals define their work as clinicians, educators, and practitioners.

In the past few years it has become common for graduate curriculums to require a content knowledge base in public policy and advocacy (Kaslow et al., 2009). In fact, for professional psychology, the public policy curriculum is found within the construct of ethical and legal standards. The expected competencies in public policy and advocacy skills span across topics of assessment, diagnosis, intervention, research, supervision, and management. It permeates all curriculum constructs within doctoral work of clinical psychologists (Roldolfa et al., 2005). Each profession should identify the knowledge, the skill set, and the values that develop advocacy and public policy. However, there have been few resources to guide these efforts toward professional child and family advocasy. This book provides a research-based approach to address this need in many disciplinary fields.

Description of the Book

The book provides a functional model for integrating research and advocacy for children, youth, families, and communities to a large number of professions and practices. The work is a product of the ongoing professional agenda of the Society for Child and Family Policy and Practice, Division 37, of the American Psychological Association. The primary mission of the Society's work is to carry out research with children and families, advance education and training based on the research findings, and advocate for positive change in social and public policy. Based on this

perspective, it is assumed that changes in social and public policy should be firmly grounded in scholarly research and that research development and funding should be influenced by social and public policy.

Many professionals lack training and experience in translating research into policy and utilizing research in advocacy efforts directed toward children, families, and communities. This volume provides a knowledge base for effective social and public policy as well as specific training for effective professional advocacy. One of the unique contributions of the book is that it serves as a model for psychological professional advocacy work in addition to specific guidelines applied to critical topics related to the well-being of children and families.

The book describes a range of advocacy skills: from grassroots efforts to testifying before legislative bodies, from efforts in neighborhoods and communities to efforts in state capitols and national efforts in Washington, DC. The authors translate research into action steps for changes in child and family policy. The authors describe how they use research to inform advocacy efforts at the community, state, and federal levels.

Definition of Child Advocacy

Advocacy involvement spans differing levels from service activities in school and communities, to grass root groups organizing for community social justice and change, to political lobbying, and to testifying before legislative bodies on behalf of quality of life issues for children's growth and development. This book spans each, but primarily focuses on how to make legislative policy changes on behalf of children and families. The advocacy work in the legislative arena is focused on public programs and social services, based on solid child development research, that assure safe and healthy (physical and mental) development for children and their families.

Organization of the Book

The organization of the book is based on a developmental ecological approach with four parts. The first part of the book provides two important chapters to provide the ground work for the remaining chapters: the state of the child in the United States; and an overview of the policy process which will provide an advocacy policy model for children and family issues.

The second part of the book presents substantive chapters providing a summary of research and advocacy related to key issues at the child and family levels of analysis. This part is reserved for chapters which concentrate on specific child issues. Each chapter defines the child issue, provides a research summary of the issue, and then specifies the advocacy goals. The authors underscore steps that have yielded success in policy change, whether it is local change in the community, or

state or federal changes. Topics in this part include children's mental health, health disparities, homelessness, child abuse prevention, juvenile justice, media violence, working with Native American families, reform in child welfare, education, and early childhood and child care.

The third part of the book has four chapters in which authors share personal experience in the public policy domain. This part stands out as unique from Part II because the authors focus on the advocacy process within a child or family issue, rather than the child issue as the focus, as it is in Part II. For example, you will read first-hand accounts of testifying on Capitol Hill for IDEA, winning and losing policies for adolescent reproductive health, and how to engage families in your advocacy efforts.

The fourth part is an interesting chapter on the history of Division 37, whose primary function at the American Psychological Association is to promote child and family advocacy utilizing research-based evidence.

Each of the chapters' authors is committed to believing that you, the reader, can stand up and do what they have accomplished. They write their chapters in enough detail that you should be able to say, "I can do this!"

I would like to end with another quote relevant for advocates:

> Our greatest weakness lies in giving up. The most certain way to succeed is always to try just one more time.
>
> Thomas A. Edison

Orlando, FL, USA Anne McDonald Culp

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Part I
Introduction

Chapter 1
The Wellbeing of Children in the United States: Evidence for a Call for Action

Cynthia Schellenbach, Anne McDonald Culp, and Lap Nguyen

> *The gross national product does not allow for the health of our children, the quality of their education, or the joy of their play… it measures neither our wit nor our courage; neither our wisdom nor our learning; neither our compassion nor our devotion to our country; it measures everything, in short, except that which makes life worthwhile.*
>
> Robert F. Kennedy

When we examine the status of children and families in the United States today, it is clear that the state of the wellbeing of children and families in America does not meet the standards of our leaders a decade ago. Today, our children suffer from poverty in a country of great wealth; they may lack the educational skills that will allow them to be competitive in the future job market. Many of their parents experience chronic unemployment or transience, as well as periods of family instability. The lives of many children are scarred by abuse and neglect. Many children live in homes or neighborhoods which expose them to domestic or community violence. They are involved in an educational system that does not allow them to develop their full learning potential. Still others are homeless or confront food insecurity on a daily basis. As Marian Wright Edelman states

> Together we can and must build the powerful, proactive, united, courageous, and insistent voice required to enable all our children to get a healthy start; a quality early childhood

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> foundation; excellent and stimulating in and out of school experiences; and the comprehensive continuum of support to make the successful transition to adulthood every child needs and deserves (Children's Defense Fund, 2012, p.2).

The purpose of this book is to provide evidence-based models for social advocacy designed to improve the quality of life of children, youth, and families in our communities today. When we examine the status of our nation and its citizens today, we note that the United States has the highest gross national product of any country in the world (Children's Defense Fund, 2012). In the face of this economic wealth, glaring disparities exist among those living in poverty. Indeed, evidence indicates that family economic wellbeing has significantly deteriorated in the decade since 2001 (Foundation for Child Development, 2012). Data suggest that families have experienced a significant increase in poverty, a decrease in median family income, as well as a decrease in family economic insecurity for middle-class and low-income families (see also Aber, Morris, & Raver, 2012).

In addition to family economic instability, families have experienced profound changes in family structure through the past 10 years. Demographic data derived from the decade of the 2000s support the picture of a more diverse family life cycle, including many different family structures such as married parents, gay and lesbian parents, blended families, divorced, and single parent-headed households. These are all examples of families, in which all family structures provide for the functions of the private and public family (Cherlin, 2010).

There have been multiple significant changes in the family life cycle that have affected children during the last 40 years in the United States. During the 1980s, Glick (1988) presented the evidence for a linear family life cycle based on stage-oriented transitions in the life course such as progressing from being single to getting married to childbearing, launching adult children, the empty nest, and finally widowhood. According to Cherlin (2010) this early empirical evidence did underscore the importance of divorce, single parenthood, cohabitation, and remarriage. In 2000, a revised life cycle framework that emphasized the effects of race, ethnicity, and social class on the family life course (Teachman, Tedrow, & Crowder, 2000).

More recent analyses (Mclanahan, 2004) suggested that educational attainment and income have prominent influences on the family life cycle. Specifically, the family life cycle trajectories of those with higher educational attainment (e.g., a college degree) tended to have more positive outcomes in terms of less divorce and more positive lifetime opportunities. Those with lower educational attainment tended to have more negative outcomes (higher rates of divorce) and greater probability of negative lifetime opportunities. Cherlin (2010) emphasizes the divergent life pathways and eventual outcomes based on educational attainment and income apparent in the life courses of families in the future. Those children whose parents have lower educational outcomes are likely to have more negative social and behavioral outcomes over the life course.

Risk Factors for Children, Youth, and Families in the United States

Although there are a multitude of risk factors that potentially affect the status of children in the United States, this review will focus on factors derived from two primary sources: the *State of America's Children Handbook* (Children's Defense Fund, 2012) and the *Child and Youth Well-Being Index* estimates of child wellbeing for 2001–2011 (Foundation for Child Development, 2012). These indices include poverty and economic wellbeing, physical health, educational attainment, emotional and behavioral wellbeing, housing and homelessness, juvenile justice, and other domains.

Poverty

The Foundation for Child Development (2012) reports that the economic wellbeing of children has declined in the last decade (2001–2011). In general, the evidence indicates that the probability of childhood poverty has increased from 15.6 % in 2001 to 21.4 % in 2011. In 2012, one in five children lived below the United States government poverty line. Sadly, our nation's youngest children under the age of five are the poorest age group in the country (25.9 %). Children of minority status are at highest risk for poverty. In fact, nearly two-thirds of African American children are in the lowest fifth of all income levels. It is important to note that one-third of the most significant increase in poverty among children was during the years 2001–2007, prior to the impact of the Great Recession. In fact, all increases in economic wellbeing for children since 1975 were lost during the last decade (Foundation for Child Development, 2012). There was no state in the nation that reported a decrease in poverty rates among children.

Many of these statistics utilize a measure of poverty based on the "poverty line" established by the US government. Researchers suggest that there are several other meaningful ways to define the meaning of poverty for children and families (Aber, Jones, & Raver, 2007). For example, subjective poverty defines poverty on the basis of individuals' perceptions and local economic conditions. Relative poverty is assessed by judging how far a family's income is from the national median for families. The family self-sufficiency standard assesses the needs of the family without benefit of outside assistance. The "poverty line" as defined by the US government is the lowest of all of these estimates of poverty. Based on these definitions, 15.5 million of poor American are children under the age of 18. In addition, 15.1 % of the population is considered "poor" and 21 % of all the children are considered "poor" by this lowest standard of the definition of poverty.

Based on demographic data, Cherlin (2010) notes significant differences in the life course trajectories of poor children in comparison to children of higher

socioeconomic status. Families with parents with higher educational attainment tend to have more children with more positive life outcomes compared to children of parents with lower educational attainment. Only 4 % of low income children will experience an upward increase in social mobility over their life courses.

A decrease in parental secure employment has also contributed to the negative economic status of children. Evidence indicates that secure employment of parents has decreased over the past decade, with only 71 % of children having at least one parent with secure full-time employment in 2011. This rate is particularly high for children of single parent mother-headed households. The Foundation for Child Development (2012) reports that 6.5 million children were living with one unemployed parent in 2011.

Finally, there has been a 10 % decrease in median family income as well. All of these factors contribute to the decline in economic wellbeing of children in the United States. Children suffer not only from poverty and parental unemployment but they also confront hunger as well. In a report for the United States Department of Agriculture, Nord, Coleman-Jensen, and Andrews (2010, 2012) state that 20 % of all children experience food insecurity. More than one of five children do not know when or where they will have their next meal. About 85 % of households with food insecure children had a working adult, including 70 % with a full-time worker. Fewer than half of these households with a food insecure child included an adult educated past high school. Thus, job opportunities and wage rates for workers with lower educational attainment are identified as important factors affecting the food security of children (Nord et al, 2010, 2012).

Researchers from a decade of work underscore that poverty predicts long-term problems in physical–biological outcomes, cognitive–academic outcomes, and social–emotional outcomes (Duncan & Brooks-Gunn, 1997; Aber, Morris, & Raver, 2012). There are several pathways through which poverty affects child outcomes including biological, ecological or contextual, and academic pathways.

The majority of the chapters in Part II of this volume discuss poverty as a contributing factor to the child and family issue highlighted in the chapter. For example, children's mental health services are not as readily available, many times absent, in communities dominated by poverty (McCabe, Wertlieb, & Saywitz, this volume). Health reform is aimed at making sure those with less advantage and accesses have decent health insurance coverage (Dawes, this volume). Homelessness among children and families is directly associated with family unemployment and poverty (Murphy, Bassuk, Coupe, & Beach, this volume). Access to affordable child care is limited if a family has very little income (Raikes, St. Clair, Kutuka, & Potter, this volume); and certain populations, such as Native American families are disproportionately affected by high poverty rates (Willis & Spicer, this volume).

In a recent SRCD social policy report, Aber, Morris, and Raber (2012) discuss policy implications associated with poverty. They recommend merging the research studies on prevention with studies in developmental science to help make decisions for program curriculum. The many factors associated with poverty have high levels of significance for our nation's budget in health and educational outcomes.

Physical Health

According to data derived from the Children's Defense Fund (2012), one in ten children or almost eight million children are uninsured. Again, minority children are more likely to be uninsured in comparison to other groups. For example, Hispanic children (14 %) were twice as likely as non-Hispanic Caucasian children to be uninsured for health care (Dawes, this volume).

Twelve percent of children in families with incomes less than $35,000 had no health insurance compared to 2 % of children in families with incomes of $100,000 or more. Although the Medicaid and CHIP programs provided coverage to more than 60 % of low income children, many remain uninsured (Bloom, Cohen, & Freeman, 2011). The adolescent pregnancy rate has been decreasing since the 1990s. Although the United States has the highest teen birth rate among industrialized nations, the birth rate is actually the lowest rate recorded at 34.3 births for every 1,000 teens aged 15–19. In 2010, 40.8 % of all births were to single parent mothers.

Researchers suggest that the daily experience of poverty causes children and their parents to react to repeated or chronic exposure to stressors that lead to long-term physiological costs such as negative changes to the cardiovascular system, the immune system, and the neuroendocrine and cortical systems (Shonkoff et al., 2012). Indeed, parents suffer the consequences of exposure to the chronic stressors of life in poverty, experiencing higher rates immune diseases and cardiovascular problems in adulthood in comparison to higher income comparison groups.

In Part II of this volume, researchers define and delineate issues and recommend advocacy steps to take to maximize health coverage for all children and families.

Social and Emotional Health

The experience of living in poverty includes ecological factors that lead to negative social and psychological adjustment (Aber et al., 2012). The structural and physical characteristics of inferior housing exert a negative influence on child development. Low-income housing is also likely to have a toxic influence from exposure to unsanitary conditions, pollutants, and overcrowding. Murphy, Bassuk, Coup, and Beach (this volume) describe strategies for ending homelessness among children and families.

Moreover, studies demonstrate that children living in unsafe neighborhoods are likely to have a higher incidence of stress and anxiety in comparison to those who live in safe neighborhoods. Exposure to community violence in high-risk neighborhoods can negatively affect children's social, emotional, and cognitive development (Leventhal & Brooks-Gunn, 2000). Exposure to natural disasters has disturbing consequences to children's social and emotional health if we do not react quickly and help first responders in these communities devastated by hurricanes, tsunamis, and other natural disasters (Osofsky & Osofsky, this volume). Murray (this volume) summarizes the history of research on the exposure to media violence and how it relates to children's social and emotional behavior.

The peer environment for low-income children and families may also be directly related to higher rates of negative peer behaviors and delinquency (Cocozza, DePrato, Phillippi, & Keator, this volume). The neighborhood environment may also exert a negative influence on the development of negative social behaviors among children and adolescents. In all chapters of Parts II and III of this volume, the authors highlight further research findings and recommendations for advocacy steps and outcomes so that our nation can move forward in supporting programs and treatments in social and emotional health to better the lives of our children and their families.

Educational Achievement

According to evidence from the Organization for Economic Cooperation and Development, graduation trends in 34 member countries was at 82 % compared to 76 % graduation rate in the United States (OECD, 2011). At present, three million individuals eligible by age have not earned a high school diploma. Based on standardized testing from 2000 through 2009, students in the United States showed a decline in reading scores, as well as "below average" rating in math literacy.

Moreover, evidence from the High Scope Perry Preschool Project (Schweinhart et al., 2005), utilizing a sample of 123 children born in poverty between the years of 1962 and 1967 (aged 3–4 years) were tracked by the researchers for over 40 years. Remarkably, 97 % of the original sample was retained throughout the 40 years. At age 40, the participants in the High Scope Perry Preschool Project were more likely to have graduated from high school, to be gainfully employed, and to have higher IQ scores over time. Thus, the impact of an effective early intervention or prevention program is likely to have a lasting positive impact on high-risk children and families for many years to come (Raikes et al., this volume).

Chapters in Part II of this volume underscore a research and advocacy plan to promote education reform in the twenty-first century and address the urgent educational needs of our nation's children and adolescents as they prepare for productive lives in the future (Littlefield & Siudzinski, this volume).

Child Abuse and Neglect

Based on data derived from the statistics from the Department of Health and Human Services, there were approximately three million reported cases of child maltreatment including physical abuse, sexual abuse, neglect, and psychological maltreatment in 2010 (U.S Department of Health and Human Services, 2011). Of these reports, 436,000 were substantiated following investigation by Child Protective Services. In 2010, 1,560 children died as a direct result of child abuse and neglect. Researchers suggest that these estimates are lower than the actual rates of abuse and neglect. This occurs because of variation in definitions and differences in reporting

sources. Based on these data, child abuse and neglect are serious risks that endanger the physical and social wellbeing of our nation's children.

Chapters in Part II of this volume provide research and advocacy agenda that address child abuse prevention and the urgent need for prevention and intervention for these vulnerable children. Specifically, the chapters on child maltreatment prevention (Miller-Perrin & Portwood, this volume) and child welfare reform (Armstrong, Yampolskaya, Jordon, & Anderson, this volume) summarize the research and advocacy needs on this topic.

One prominent advocacy outcome, implementing home visitation services for families with newborns, is in the Patient Protection and Affordable Care Act (P.L. 111-148). President Obama is establishing the Maternal, Infant, and Early Childhood Home Visiting Program. Obviously, we as child advocates need to follow this bill closely and promote the bill in obtaining the funding it needed for prevention of child abuse and neglect.

Conclusions and a "Call to Action"

We have ample evidence that children and families in our country are in need of a new beginning. We present evidence in Part II of this volume of the best environments for children to thrive in their development and make positive contributions to society. We are in a national crisis with the need to change our social and public policies to benefit children. We need advocates to make those changes, so that all children are educated equally and are taught to reach their potential and that all children and families get services and attention as early as the prenatal period of life. We have ample evidence now that the earlier we support children and families, the more likely they are to succeed in our society, and the less likely they are to represent a cost to our society. Rather than waiting for families to fall apart, let us take a stand and get support, both financial and programmatic, to the children as early as possible and as soon as possible.

> We are now faced with the fact that tomorrow is today. We are confronted with the fierce urgency of now. In this unfolding, conundrum of life and history there is such a thing as being too late … we must move past indecisiveness to action. Dr. Martin Luther King, Jr.

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Chapter 2
Advocating for Children, Youth, and Families in the Policymaking Process

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Policymaking happens in a context that is dynamic and complex, but not unknowable. Policymakers are influenced by many factors. These include budget, constituents, science, experts, anecdotes, recent news, and the campaign/election cycle, among others. The weight of each of these factors will vary depending on the issue and on how much the various factors are in alignment or conflict. Advocating on behalf of children and youth can be particularly challenging because most people feel they already know a lot about children. Furthermore, children and youth, particularly those from disadvantaged backgrounds, typically do not have a voice of their own in policy decisions that affect them. Thus, it is incumbent upon those who have knowledge about and care for children to advocate on their behalf.

Effective advocacy must take into consideration the factors that influence policy. Critical steps to creating a strong voice for children include: defining the problem; reviewing research relevant to solving the problem; setting a specific advocacy goal(s); and bringing research to bear on the policymaking process, to reach the advocacy goal(s). This chapter will address each of these steps, providing guidance and resources to prepare advocates to engage in the policymaking process.

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