



AMERICAN
PSYCHOLOGICAL
ASSOCIATION

September 25, 2007

Duane Alexander, MD
Director
National Institute of Child Health and Human Development
National Children's Study
6100 Executive Boulevard, Room 5C01
Bethesda, MD 20892

Dear Dr. Alexander:

On behalf of the American Psychological Association (APA), I am writing to provide comments on the National Children's Study (NCS) 2007 Research Plan. I would like to commend you and the NCS Program Office for the tremendous effort in developing the study protocol over the past seven years and for providing us with multiple opportunities to speak with you and to the NCS Advisory Committee about our concerns and priorities for this important study.

APA is the largest scientific and professional organization representing psychology in the United States and is the world's largest association of psychologists. APA's membership includes 148,000 researchers, educators, clinicians, consultants, and students. Through its divisions in 53 subfields of psychology and affiliations with 59 state, territorial, and Canadian provincial associations, APA works to advance psychology as a science, as a profession, and as a means of promoting health, education, and human welfare. As APA represents a broad range of psychological scientists and practitioners, we are interested in many of the exposures and outcomes that will be examined by the NCS, including: cognitive, emotional, and social development; parent and child mental health; high risk behaviors; health disparities; healthy behaviors; child maltreatment; childhood obesity; learning disabilities and educational attainment.

We believe this groundbreaking study offers unique opportunities to examine the complex interactions of genetic and environmental influences on child health and development, including the critical role of the social and family environments. The NCS will also provide a rich resource of information for future scientists to utilize in studying their own hypotheses, so it is vital that the following issues are considered as the hypotheses continue to evolve and the cohort approaches adolescence and emerging adulthood.

Mental Health Outcomes

Mental health is a key component of overall health and plays a significant role in the prevention or exacerbation of chronic diseases. Given the prevalence of mental, behavioral and emotional disorders in childhood, we support the NCS's inclusion of learning, sensory and motor disorders; attention and other conduct disorders; autism spectrum disorders; depression and anxiety disorders; and schizophrenia. Given the prevalence of eating disorders in adolescent and college-aged populations, we would recommend these also be included.

Mental health is also more than the absence of mental illness. Positive mental health outcomes should also be measured, including resilience, optimism, and emotional regulation. Resilience in children in the face of adversity, including poverty, trauma, bullying, stress or family violence, may prevent the onset of some mental and physical disorders. Measures such as the Children's Attributional Style Interview or the Children's Attributional Style Questionnaire would provide important information on a child's resiliency and risk for depression.

Positive Child Health and Development Outcomes

As the overall goal of the study is to improve the health and well-being of children, it is important to reiterate that a child's optimal health and development are more than the absence of disease. We are disappointed that the NCS continues to reflect a strong focus on the antecedents and consequences of pathology and disease, while providing insufficient measures of protective factors that promote positive developmental and health outcomes.

The NCS offers a tremendous opportunity to provide scientists with information about positive cognitive, social, emotional and behavioral developmental outcomes. Unfortunately, it appears that direct behavioral assessments of the children are extremely limited, with the remaining core measures being assessed from reports by parents or other adults. It is especially disconcerting that temperament and emotional/social indicators come from parent report when other well-validated behavioral assessments are available, such as the Laboratory Temperament Assessment Battery (LAB-TAB) for temperament. Furthermore, it appears that parent-child attachment quality is not assessed. The Brief Infant-Toddler Social Emotional Assessment-Parent Version (BITSEA) being proposed in the study does not measure attachment. Failure to address the attachment domain of development seems short-sighted, given the consequences of early relationship quality to future relationship development and mental health. While there are legitimate concerns about overburdening the participants, it would be unfortunate not to collect data on these critical developmental outcomes.

Child Neglect, Maltreatment and Trauma

Measuring levels of maternal stress, depression and other psychosocial factors during pregnancy, post-partum, and throughout the study will provide critical information about the family environment. The influence of maternal or paternal mental illness or substance abuse

on child development, child maltreatment and the development of mental disorders in children is also an important issue for this study.

Exposure to trauma in childhood, whether in the home, school or community, is a critical area of importance, as research indicates that childhood trauma contributes to many health problems later in life. Child maltreatment, particularly neglect, can have a major impact on development. As the participants will be referred to social services under conditions of child maltreatment, it would be important to retain those families in the study, particularly if the children are removed from the home. Information on child maltreatment could be obtained through parent report, child welfare records, and retrospective report from the child at 21 years of age.

Health Disparities

We commend the NCS for including attention to health disparities across multiple hypotheses and for attempting to oversample racial and ethnic minority populations in the study. Behavioral and social scientists have a history of studying the influence of environmental, physical and social factors on health outcomes for diverse populations. The strong association of low socioeconomic status (SES) and race with a multitude of health and education outcomes requires further in-depth evaluation.

Minority populations face higher rates of asthma, obesity, diabetes, sexually transmitted diseases, severe mental disorders, and unintended pregnancies. Access to high quality health care, childcare, and education resources are also affected by circumstances related to SES. Likewise, parental educational attainment also plays a role in a child's health and educational achievement. Measuring cultural and environmental factors related to these outcomes will provide a clearer picture of what leads to such disparities.

As the NCS moves into the recruitment and implementation phase, it will be important that research staff are aware of potential cultural and language differences in both assessments and outcomes. To accommodate populations with limited English proficiency, the NCS Program Office should consider having bilingual interviewers or translators involved with the project from the initial stages to assist with appropriate translations of the materials and the measures being utilized. For those measures that have not been validated in ethnically and socioeconomically diverse samples, researchers should also be prepared to address potential cultural differences. While the NCS has planned to measure acculturation, which is an important factor in determining health outcomes, there is no indication of which definition of acculturation is being used or which measure of acculturation, among the several available, is going to be utilized in the study. Further discussion of these critical factors should be undertaken before recruitment begins and should be addressed in the community outreach process.

Underserved Populations

Much more work is needed to analyze the differences among minority populations as well, including Hispanic, African-American, Asian Pacific Islanders and Native Americans. By

oversampling from these groups, from low and high SES backgrounds, critical information can be learned about the effect of SES and distinct cultural, racial, and ethnic factors.

The NCS research plan unfortunately does not mention the inclusion of same-sex families, a chronically understudied population that is rarely included in population-based studies, despite the significant presence of households headed by lesbian or gay parents in U.S. society. Given the increasing rates of non-traditional family structures, it is important that information regarding non-marital domestic partnerships, including same-sex families, be collected to provide a more complete picture of American families.

The NCS also provides an unprecedented opportunity to prospectively explore the development of gender identity and sexual orientation. We recommend that the NCS include developmentally appropriate assessment of gender identity and sexual orientation. There is no evidence across several major surveys of the general population (including the National Longitudinal Study of Adolescent Health, the Nurses Health Study, the Women's Health Initiative, the National Survey of Family Growth, the National Health and Nutrition Examination Survey) that assessment of sexual orientation markers limit survey quality. Although there is less experience with the assessment of gender identity in research populations, developmental psychologists have developed methods for assessing gender identity in children and adolescents.

Understanding linkages of sexual orientation and gender identity with other biological and environmental factors and processes will shed light on both basic mechanisms of biobehavioral development and on mechanisms through which sexual orientation and gender identity affect health disparities. Both variables are crucial to two of the major areas of hypotheses in the NCS: family influences on child health and development and reproductive development.

Furthermore, minority sexual orientation and gender identity represent social challenges profoundly affecting parenting behaviors, relationship formation and maintenance, and child and adolescent development. Understanding how a subpopulation regularly exposed to high rates of social discrimination maintains healthy, happy, and productive lives, both as individuals and in families, offers a rare scientific opportunity to study human resiliency.

Adolescent Behaviors

As the NCS is focused on child health and development, it is important to maintain a longitudinal framework when developing hypotheses. A child's environmental exposures will change over time as children progress from elementary school to secondary school and college, and the influence of their peer groups will have an additional impact on their health behaviors. Adolescent sexual behavior can have serious implications for physical and emotional health that last into adulthood.

Other high risk behaviors common in adolescents and young adults include substance abuse, binge drinking and high risk sexual behaviors and should be examined as outcomes

associated with early exposures to parental substance abuse, domestic violence, child maltreatment or neglect.

Thank you for considering our comments on the NCS 2007 Research Plan. Though we have mentioned several alternative measures for your consideration, APA does not endorse any specific measure or instrument. If you have any questions or need additional information, please contact Karen Studwell, Senior Legislative and Federal Affairs Officer, at kstudwell@apa.org or 202-336-5585.

Sincerely,

A handwritten signature in black ink, appearing to read "N. Anderson", with a long horizontal flourish extending to the right.

Norman B. Anderson, PhD
Chief Executive Officer