A significant number of children in American society are exposed to one or more traumatic events over the course of their lifetime. Traumatic events are those that threaten injury, death, or the loss of physical integrity to self or others and are often marked by feelings of horror, terror, or helplessness. Some children live with chronic trauma and have no opportunity to heal between events. Children display a variety of reactions to trauma, including development of new fears, separation anxiety, sleep disturbances, sadness, loss of interest in normal activities, numbing, reduced concentration, decline in schoolwork, anger, somatic complaints, and irritability.

Mental health professionals are concerned about the impact of these events on children, adolescents, and their families and can play important roles in facilitating recovery from traumatic events. These roles may include offering guidance to policymakers and first responders; providing information and support to parents and other caregivers, teachers, children, and adolescents; helping them reestablish normal roles and routines; providing clinical services to children, adolescents, and families; encouraging hope for full recovery; and conducting research to identify indicators of risk, effective interventions, and an understanding of the path to recovery.

Public policies that are proactive and promote healthy development among children and youth, within the contexts of their family, community, and culture, are needed to offer the best outcomes for those who have experienced trauma. To that end, federal policy initiatives should address a broad range of mental and behavioral health needs across diverse settings (i.e., family, community, school, religious institutions, etc.). They should take into consideration differences in culture, developmental level, ethnicity, socioeconomic status, gender, sexual orientation, and disability status.

The American Psychological Association (APA) urges support for the following policy recommendations related to trauma and posttraumatic stress disorder (PTSD) in children and adolescents:

**Research**

- Increase federal support for research related to childhood trauma to close the gap between science and practice, with particular attention to the following:
  - Studies that include diverse populations (e.g., culture, ethnicity, developmental stage) and diverse contexts (e.g., trauma types and characteristics)
  - Longitudinal studies to understand how risk and resilience factors interact in shaping outcomes and to develop practical predictors of outcomes
  - Development of interventions that target risk factors and mediating influences
  - Models of care that match intervention intensity and duration to individual child and family needs over time
  - Studies of systems of care or service delivery models that reduce or mitigate barriers to service provision and receipt of services

- Encourage federal agencies to include mental health professionals with expertise in diverse perspectives on child trauma as members of federal grant review panels, interagency workgroups, and stakeholders groups.

- Develop and support mechanisms to conduct federal research following human-made and natural disasters and national or regional acute traumatic events, with special attention to research challenges associated with such events (e.g., institutional review board issues, expedited funding).

For more information, please contact Diane Elmore, PhD, MPH, in the APA Public Interest Government Relations Office at 202-336-6104 or delmore@apa.org.
Practice/Service

- Support federal policy initiatives that develop and disseminate evidence-based practices for prevention, intervention, and treatment of trauma and associated mental and behavioral health problems in diverse populations of children and families, including (but not limited to):
  
  ° National Child Traumatic Stress Network—Funded by the Substance Abuse and Mental Health Services Administration (SAMHSA) to support the development and broad adoption of culturally appropriate evidence-based interventions to increase the standard of care for child trauma.
  
  ° Safe Start Initiative—Funded by the Department of Justice to broaden the knowledge of and promote community investment in culturally appropriate evidence-based practice for reducing the impact of children's exposure to violence.
  
  ° Child Abuse Prevention and Treatment Act (CAPTA) (P.L. 93-247)—Funded by the Department of Health and Human Services to support prevention, assessment, investigation, prosecution, and treatment activities. Provides grants to public agencies and nonprofit organizations for demonstration programs and services related to child abuse and neglect.
  
  ° Public Mental Health Emergency Preparedness Act (S. 1452)—Would enhance national preparedness, response, and recovery efforts to address the mental health aspects of public health emergencies, with special attention to the needs of children and other potentially vulnerable populations.
  
  ° Centers for Disease Control and Prevention (CDC)—Efforts to develop, evaluate, and disseminate evidence-based public health interventions that prevent child maltreatment and promote safe, stable, and nurturing relationships for children with parents and for other significant persons.

- Enhance current federal mechanisms for postdisaster care (e.g., Crisis Counseling Assistance and Training Program and SAMHSA Emergency Response Grant Program) to be more flexible (e.g., include needs-based mental and behavioral health services for children and families who continue to need assistance following disasters; support treatment needs of disaster survivors who have preexisting mental health or substance-related disorders).

- Support federal policy initiatives that reduce barriers to mental and behavioral health care for children and families.

Education/Training

- Support federal policy initiatives that enhance education and training opportunities in child trauma for mental health professionals and students and retraining for mid-career professionals transitioning to child trauma research and/or practice, including (but not limited to):
  
  ° Graduate Psychology Education Program—Funded by the Health Resources and Services Administration to support the interdisciplinary training of psychology graduate students while they provide supervised mental and behavioral health services to such underserved populations as children and victims of abuse and trauma, including returning military personnel and their families.

- Develop and sustain a pipeline of minority mental health professionals trained in child trauma through support of federal policy initiatives, including:
  
  ° Minority Fellowship Program—Funded by SAMHSA to train minority mental health professionals to provide culturally competent, accessible mental health and substance abuse services for diverse populations.

- Support a culturally competent public education campaign regarding child trauma, with a focus on raising awareness, reducing stigma, recognizing stress symptoms, supporting parents/families, and enhancing short- and long-term response.

- Support federal initiatives to train new, or retrain mid-career, culturally competent child health care professionals to screen for child trauma, recognize persistent trauma reactions, and understand how to identify and make referrals to appropriate resources.