

Behavioral Developments



Advocacy Action Moments

We are humbled to present the membership with a special edition newsletter focused on racism and racial inequalities. The experience of racism affects the developmental trajectory of children of color. Evidence demonstrates that the formation of implicit biases and racist beliefs take root early in development. With this knowledge in hand, we can state that racism is a developmental issue.

The coronavirus pandemic has placed a spotlight on disparities across the United States; highlighting a second, chronic pandemic of racism that that Black Americans have known intimately for hundreds of years. While police brutality disproportionately aimed toward Black individuals maintains a spotlight in the media the importance and need for advocacy is critical. As professionals in child development we can speak on the importance of equity in access to early childhood education, equity in access to health care and special education services, and the importance and need to mitigate the negative/adverse effects of racism especially for children.

As an organization, we are taking our first steps in learning to have uncomfortable and difficult conversations, looking inward and reflecting upon our own personal biases, and learning how to make widespread changes within our organizations. In this issue of the SDBP Newsletter, we highlight the work of our members who are reflecting,

Summer 2020

IN THIS ISSUE

[Tackling Racism During Early Childhood](#)

[Process the Problem, Prepare the Plan](#)

[Talking the Talk: How the Field of DBP Can Lead the Way to Anti-Racist Practice](#)

[SDBP Advocacy in Action](#)

changing, and advocating on behalf of their patients and children everywhere.

We encourage you to find your own personal calls to advocacy in action. While reading these, we encourage you to consider participating in some of the following next steps:

- Ensure that children of color are equally represented in the stock photos and advertisements visible in your office space.
- Work with your office or hospital staff to ensure that barriers to care are evaluated at regular intervals. For example, some families may have difficulty completing long packets of information prior to scheduling appointments. Others may have difficulty arranging transportation or childcare for their visits.
- Speak up when talking to other professionals, including teachers, medical providers, and parents, who express conscious or unconscious bias.
- Complete your census. Encourage your colleagues, patients, and community to do the same.
- Vote in the November presidential election. Encourage others to do the same. Consider timelines for mail in ballots as applicable.
- Write letters/emails and make phone calls to your elected officials regarding racial disparities and inequalities in your community. Provide them with action steps to help ensure equity for development of children of color.
- Discuss systemic barriers with families and their experiences with racism and bias. Educate yourself on how to address these problems for your patients.
- Modify your curricula and training models to include and highlight issues of race and inequity.
- Reflect on your personal biases, the disparities you witness in healthcare, and how you see your role evolve.
- Follow Black individuals on social media, read their work, and elevate their platforms.

- Learn more about and participate in events lead by SDBP's R.A.C.E.C.A.R.D. group.
- Join upcoming SDBP Connect Sessions.
- Share your reflections and advocacy experiences in the Advocacy section of the SDBP Discussion Board

Thank you to all of our members who make advocacy an active, mindful, daily choice. To quote American poet and civil rights activist Maya Angelou, "Nothing will work unless you do."



**Rob Keder, MD and
Jenna Wallace, PsyD**
*Advocacy Committee
Co-Chairs*

R.A.C.E. C.A.R.D. stands for *Race and Children Educational Collaborative of Anti-Racist DBProfessionals*. RACE CARD was established in 2017 when [Dr. Adiaha Spinks-Franklin](#) approached several members of SDBP to ask them if they would join her in creating workshops and materials that address race and racism in children through a DBP lens. Since then, RACE CARD has developed a host of anti-racism training materials. They have conducted training workshops and seminars around the country and collaborate with outside organizations including Embrace Race (www.embracerace.org) to produce anti-racism training materials.

RACE CARD is excited to have new SDBP members join in on anti-racism and social justice work. We all have internalized racist messages while growing up and living in the United States that include white superiority and the inferiority of non-white people. We recognize we all have implicit racial biases that influence our interpersonal interactions and clinical care skills. RACE CARD is committed to fighting against, changing and unlearning our internalized racism and negative racial biases both implicit and explicit on a daily basis.



Contribution from the Early Childhood Committee

Tackling Racism During Early Childhood

MARIE CLARK, MD, MPH; SHRUTI MITTAL, MD; and RACE CARD



As developmental-behavioral pediatrics providers, we know how astutely children are watching those around them. They take in every little thing their parent or family member says or does, even when those family members wish their children weren't

quite so observant. This is especially true of how their parents or family members treat others. The death of George Floyd, as well as those of countless other African-Americans killed because of the color of their skin, has brought renewed attention to the long-standing and deplorable history of racism in our country. Babies are not born racists; they watch and learn from the adults and children close to them.

The available research gives us some information about how children develop an understanding of racial differences. Near the time of birth, babies look equally at faces of all races. However, by the time they reach 3 months, they already start to show a preference for faces that match the race of their caregivers. At age 2.5 years, children will gravitate towards playmates of the same race. At this age, they are also starting to learn about physical differences and colors, so they may point out physical differences in people or ask questions about their appearances. In one famous doll study, 65% of African-American kindergarteners chose to play with a white doll, and 76% of the African-American children chose the African-American doll as being the doll that "looked bad." This speaks to the internalization of negative thoughts that African-American children experience in a racist society, and something that we must understand how to reverse.

However, these trends are not set in stone, and research has shown that speaking directly with children age 5-7 positively about inter-racial friendship can dramatically turn the course of these biases. Starting these discussions even earlier can help to lay the groundwork for a positive and affirming view of differences in the world. Parents may fear that speaking with children about race will cause further division. However, the opposite appears to be true. Speaking with

children about race early and often is necessary to help children develop healthy and positive views about diversity and dispel any misconceptions about race they may have absorbed. Setting this course for our children early can help to raise a generation of more tolerant and generous citizens, willing to see individuals beyond the color of their skin.

We suggest a few pearls to help guide parents in discussions during early childhood:

1. Don't quiet children when they mention race or physical differences in others, such as skin tone. Rather, use it as an opportunity to discuss differences in a positive way. Be watchful for when children start to make value judgments related to race: be prepared to question these judgments in an open-ended way and gently correct the child.
2. Don't wait for children to bring the topic of race up – find creative ways to weave positive themes of diversity into your conversations with children.
3. Encourage parents to seek books and other media that feature diverse families and affirm a positive view of embracing racial diversity. Public libraries can be good resources, as well as national organizations that provide age-appropriate lists of books:
 - a. The National Association for the Education of Young Children (NAEYC) (www.naeyc.org)
 - b. Reading Rockets (www.readingrockets.org)
 - c. The Stories for All Project (www.FirstBook.org)
 - d. Lee and Low Books (www.leeandlow.com)
4. Think creatively about how you can introduce more diverse experiences to your child. Examine your own social network and think critically about how engaging with individuals or activities outside your usual circle can provide positive opportunities.
5. Refer parents to online resources for additional support:
 - a. www.EmbraceRace.org
 - b. Talking about Race from the National Museum of African-American History and Culture: <https://nmaahc.si.edu/learn/talking-about-race>

Time is of the essence with young children, and now is the time to talk with them early and often about the power found in embracing diversity. As developmental-behavioral pediatrics providers, we have a particular duty to guide parents in this mission. However, everyone who interacts with children has an opportunity to model generous, kind and equitable behavior to individuals of all backgrounds. If fear of showing your own biases is holding you back, remember that none of us are perfect. As beautifully stated by author Ijeoma Oluo, "The beauty of anti-racism is that you don't have to pretend to be free of racism to be anti-racist. Anti-racism is the commitment to fight racism wherever you find it, including in yourself. And it's the only way forward."

REFERENCES

Greenwood Davis, Heather. Talking to kids about race. <https://www.nationalgeographic.com/family/in-the-news/talking-about-race/#close> June 1, 2020.

Society for Developmental and Behavioral Pediatrics. Race & Children Resource Guide for Healthcare Professionals. The Children's Community School. They're Not Too Young to Talk about Race. www.thechildrenscommunityschool.org Feb 28, 2018.



Process the Problem, Prepare the Plan

JENNIFER WALTON, MD, MPH



Racism is in the foundation of many key norms and institutions in the United States. Various initiatives have been tried to combat racism, racial inequality, and racial discrimination, and there have been moments where some have believed we have overcome this construct. The Civil Rights Movement of the 1940s-1960s led to positive actions banning segregation, expanding voting rights, and changing immigration laws. For two consecutive terms this country elected its first African American President. But despite some meaningful progress, it is apparent that not everyone is playing on a level field, clear inequities and disparities still exist, and African Americans and other underrepresented minority populations fall behind on outcomes in several categories compared to White or Caucasian Americans. ***Why is that?***

Disparities exist among children of color, and specifically children of color with developmental disabilities. Although there are some signs of improvement, racial differences still exist at the age of evaluation to identify an Autism Spectrum Disorder, with minority children receiving a diagnosis at an older age than Caucasian children (CDC, March 2020). African American students are two to four times more likely to be sent to the office due to “problem behavior” compared to their Caucasian counterparts (Skiba, R., et al, 2011). Minority children are less likely to be diagnosed with developmental disabilities in elementary and middle school compared to Caucasian children, and therefore less likely to receive the necessary special education services (Morgan et al, 2015). ***Why is that?***

Racism entails one group of people having an advantage while another group is oppressed. In the current situation the Caucasian population holds the advantage while African American and other minority populations

are oppressed. Although there are levels of racism, centuries of institutionalized racism have resulted in structural differences and power imbalance, particularly in terms of access to a clean environment, education, employment, housing, and health care (Jones, 2000). Institutionalized racism influences the attitudes and expectations society will express, intentionally and unintentionally, and this impacts pediatric health and education. Institutionalized racism shapes personally mediated racism and internalized racism, which involves prejudice, bias, and an individual's worth (Jones, 2000). Exposing children to this is detrimental. ***Why is this important?***

There are inequities in the developmental behavioral pediatrics (DBP) workforce. As the DBP field strives to address patient demands and stay viable, of the 558 physicians who completed the 2017 workforce survey, only 1.8% of the physicians self-identified as African-American, 5.9% Latino, 8.4% Asian, and 0.9% American Indian/Pacific Islander, while 76.7% were Caucasian (Bridgemohan et al, 2018). This disparity is also seen in other areas impacting the development of children. According to the U.S. Department of Education's *State of Racial Diversity in the Educator Workforce* report, racial diversity is more evident in the student population, although not necessarily so in the teacher population (U.S. Department of Education, 2016). Last year the NIH published a notice on the importance of diversity and the benefits of engaging with underrepresented populations on education, research, and "enhancing public trust" (NIH, 2019). As we promote the need to enhance children's exposure to diverse activities and environments and emphasize these concepts in our patient-provider communications, we must also promote and support diversity, equity, and inclusion in all professions and organizational leadership.

It is the responsibility of developmental behavioral pediatricians, affiliated health professionals, and organizations including the Society for Developmental and Behavioral Pediatrics (SDBP), to address this public health problem. In the last two years, developmental behavioral pediatricians have presented in national forums on racial identity development, the impact of racism on child health, and the emphasis of talking to our children about race and racial differences. Developmental-behavioral pediatricians are essential to process this problem for patients, families, and colleagues.

We must speak out against the racism that adversely affects optimal developmental and behavioral child health. However, our voice will not have a significant impact if racism and racial inequality are not addressed within organizations, including SDBP. Let us all process the problem: the deeply rooted foundation of racism in this country, AND its impact on child development and child health. Then let us prepare a plan, not just for this moment, but one that will hopefully last. As we teach trainees about theories of development, let's include the development of racial identity and racial awareness in the core curriculum. Ongoing conversations on racism and racial/ethnic disparities in developmental behavioral pediatrics should occur in our journal clubs and/or case conferences. Implicit bias and anti-racism training at all levels (from trainee to the highest levels of leadership) is strongly needed not just once, but annually. Lastly, as SDBP we must strengthen our strategic plan with concrete action items, that we stand against racism, and stand for equity, diversity, and inclusion. Everyone must process the problem, so that together we prepare the plan.

REFERENCES

Autism Prevalence Rises in Communities Monitored by CDC. Centers for Disease Control and Prevention, U.S. Department of Health & Human Services, April 16, 2020. <https://www.cdc.gov/media/releases/2020/p0326-autism-prevalence-rises.html>

Bridgemohan C, Bauer NS, Nielsen BA, et al (2018). A Workforce Survey on Developmental-Behavioral Pediatrics. *Pediatrics*. 141(3):e20172164. <https://pediatrics.aappublications.org/content/pediatrics/141/3/e20172164.full.pdf>

Crimmins, D., Wheeler, B., Wood, L., Graybill, E., & Goode, T. (2019). Equity, Diversity & Inclusion Action Plan for the UCEDD National Network. Association of University Centers on Disabilities: Silver Spring, MD. https://www.aucd.org/docs/urc/Equity_Diversity_and_Inclusion_Action_Plan_Final.pdf

Jones C. P. (2000). Levels of racism: a theoretic framework and a gardener's tale. *American Journal of Public Health*, 90(8), 1212–1215. <https://doi.org/10.2105/ajph.90.8.1212>

Morgan, P. L., Farkas, G., Hillemeier, M.M., Mattison, R., Maczuga, S., Li, H., & Cook, M. (2015). Minorities are disproportionately underrepresented in special education: Longitudinal evidence across five disability conditions. *Educational Researcher*, 44, 278-292. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4950880/pdf/nihms749741.pdf>

Notice of NIH's Interest in Diversity. Notice Number: NOT-OD-20-031. National Institutes of Health, November 22, 2019. <https://grants.nih.gov/grants/guide/notice-files/NOT-OD-20-031.html>

Russell J. Skiba, Robert H. Horner, Choong-Geun Chung, M. Karega Rausch, Seth L. May & Tary Tobin (2011). Race Is Not Neutral: A National Investigation of African American and Latino Disproportionality in School Discipline, *School Psychology Review*, 40:1, 85-107, DOI: 10.1080/02796015.2011.12087730

U.S. Department of Education, Office of Planning, Evaluation and Policy Development, Policy and Program Studies Service, The State of Racial Diversity in the Educator Workforce, Washington, D.C. 2016. <http://www2.ed.gov/rschstat/eval/highered/racial-diversity/state-racial-diversityworkforce.pdf>



Talking the Talk: How the field of Developmental-Behavioral Pediatrics Can Lead the Way to Anti-Racist Practice

KATE E. WALLIS, MD, MPH (she/her)



The last weeks have seen an awakening in our country to the fierce racial injustice experienced by Black Americans for decades and centuries. The brutal killing of George Floyd, following shortly after the murders of Ahmaud Arbery and Breonna Taylor, has affected our country in a way that prior killings of unarmed Black men and women—as well as Black children—have not. This is the moment not just to address police violence,

but to implement policies and practices that address the pervasive and systemic racism that our patients and families, and our colleagues, have long suffered across experiences—including in healthcare. The field of developmental-behavioral pediatrics can and should lead that charge to anti-racist practices, because our patients of color with disabilities (two intersectional identities with their own vulnerabilities) are at even higher risk of the negative effects of racism. And as experts in child development, we recognize the lasting damage that is being done.

At a minimum, we should make sure that our patients see themselves represented—on images in our halls and waiting rooms, and in the healthcare workers they interact with in our practices. My own family members have asked me if Black and Latinx children have Down Syndrome, because they have not seen images of non-white children with Trisomy 21 represented. Only 2% of developmental-behavioral pediatricians in a [recent survey](#) identified as Black or African American. We can do better.

As a field of predominately white professionals, we should be committed to pursuing our own education of the ways racism may impact our patients, our interactions, and how we may benefit from racist systems. This journey to self-awareness is a process, and we should be humble in recognizing the life-long learning that is required. Only with this intentional knowledge-seeking can we move beyond being color-blind (seeing all as equal) to being [anti-racist](#) (whereby we acknowledge differences in experiences that have been brought about by racist policies, and try to correct them). One of the highlights of the last weeks has been the sharing of resources by friends and colleagues to begin or continue this education. I highly recommend work by [Robin DiAngelo](#) and [Ibram X. Kendi](#).

As professionals, we should use the knowledge we gain to begin to have difficult conversations with families. Much like we offer adolescents a safe place to talk about whatever is on their minds, we should create spaces for families to discuss the ways that the news and racism affect them and their children. For white clinicians, this can feel really uncomfortable and hard. But using empathetic openings, such as “the news is really hard to watch these days. How is your family managing the increased focus on racism?” can let families know that we recognize and care about how they are being impacted. When we ask families to plan for what to do if their child has a behavioral emergency, we should be aware that many—including Black and immigrant families—may not feel comfortable dialing 911. We should help them develop an alternative plan, which may include calling a behavioral health crisis team, or even a trusted family or community member to intervene, if necessary.

We ask about other Social Determinants of Health, such as food insecurity, housing, and childhood trauma. We should develop the skills and tools to make sure we also engage in meaningful dialogue about racism, discrimination, poverty, and immigration on a routine and regular basis. I will not always have the solutions to the concerns that may arise, but having these conversations has added depth to my relationship with my patients’ families,

and [empathetic listening](#) can itself be therapeutic. For families of color, the experience of racism is not new, but increased attention to these experiences may create strong emotions, and we should encourage dialogue. Through this dialogue, we can explore an individual family's experiences, without making assumptions that we know what their reaction will or should be (a way of homogenizing a complex experience).

We should also be keenly aware of the way that racism and implicit biases may impact how behaviors of children of color are interpreted. Especially for children with invisible disabilities such as autism spectrum disorder, which were long depicted as affecting primarily white children and [diagnosed at differential rates as a result](#), there may be little forgiveness for the behaviors of children of color that are core features of this condition. There is also ample evidence that from a very young age, more [attention is paid to negative behaviors](#) in children of color. [Black children are estimated to be older](#) than they are, which results in behavioral expectations that exceed what is reasonable. So we should practice with a questioning attitude and ask families if they believe their children are being singled out as a result of their skin color. We should help families recognize that despite the injustice, their children may be judged differently, and so we may need to consider behaviors differently to protect their children from harm.

As a nation and a field, we are just beginning to have these conversations about what anti-racist practices look like. I urge our field to lead these conversations—internally among ourselves and with the families we care for. As experts in child development, we can positively contribute to breaking down the systems of racism—a critical [adverse childhood experience](#) that may be foundational to all of the others.



SDBP Advocacy in Action: Race is a Developmental Issue

In June, the Advocacy Committee and RACE CARD issued an advocacy action moment focused on submitting blog posts, op-ed pieces, letters to the editor, and commentaries regarding the developmental impact of racism. The purpose of the media blitz was to encourage families to talk to their children about racism **often** and **early**, and to increase awareness of racism's emergence in the early developmental period and its impact on development for those who experience racism.

Below are examples of pieces published in local newspapers as the result of this action moment:

- [Hard Conversations: Racism is a Developmental Issue](#), by Drs. Jenna Wallace and Claire Baniak
- [Combating Racism Needs to Start at a Young Age](#), by Drs. Marie Clark, Andrea Matthew, and Lolita McDavid
- [Helping Your Child Develop](#), by Dr. Elizabeth Barnhardt

For more reading on race as a developmental issue, check out these content resources:

- Kramer, M. R., & Hogue, C. R. (2009). [What causes racial disparities in very preterm birth? A biosocial perspective](#). *Epidemiologic reviews*, 31(1), 84-98.
- Lanier, Y., Sommers, M. S., Fletcher, J., Sutton, M. Y., & Roberts, D. D. (2017). [Examining racial discrimination frequency, racial discrimination stress, and psychological well-being among Black early adolescents](#). *Journal of Black Psychology*, 43(3), 219–229.
- Skiba, R. J., Horner, R. H., Chung, C.-G., Rausch, M. K., May, S. L., & Tobin, T. (2011). [Race is not neutral: A national investigation of African American and Latino disproportionality in school discipline](#). *School Psychology Review*, 40(1), 85–107.

Interested in writing your own op-ed? Check out these resources:

- [How to Write an Op-Ed: A Step by Step Guide](#)
- [Writing Effective Op-Eds](#)
- [5 Tips for Writing a Great Health Care Blog](#)
- [Understand the Basics of Framing to Communicate Effectively](#)



Coming soon A COMMITTEE ON
**DIVERSITY, EQUITY,
AND INCLUSION**



This special issue of *Behavioral Developments* was compiled through a team effort led by the Advocacy Committee (Jenna Wallace, Rob Keder, Dinah Goodwin, Jennifer Cervantes), RACE CARD, Shruti Mittal (co-editor), Alyssa Schlenz (co-editor), and Michele Ledesma (designer).

Questions about submissions can be sent to **Alyssa**

Schlenz alyssa.schlenz@childrenscolorado.org or to Shruti Mittal shrutimittal88@gmail.com.

