

TTAC

NYC Early Childhood
Mental Health

Training and Technical Assistance Center



Deconstructing Systemic Racism within Our Infant & Early Childhood Mental Health and Early Childhood Serving Systems

Presented by: **Barbara Stroud, PhD**

Who We Are

The New York City Early Childhood Mental Health Training and Technical Assistance Center (TTAC), is funded by the NYC Department of Health and Mental Hygiene (DOHMH)

TTAC is a partnership between the New York Center for Child Development (NYCCD) and the McSilver Institute on Poverty Policy and Research

- **New York Center for Child Development** has been a major provider of early childhood mental health services in New York with expertise in informing policy and supporting the field of Early Childhood Mental Health through training and direct practice
- **NYU McSilver Institute for Poverty Policy and Research** houses the Community and the Managed Care Technical Assistance Centers (CTAC/MCTAC), which offer clinic, business, and system transformation supports statewide to all behavioral healthcare providers

TTAC is tasked with building the capacity and competencies of mental health and early childhood professionals through ongoing training and technical assistance

<http://www.TTACny.org>

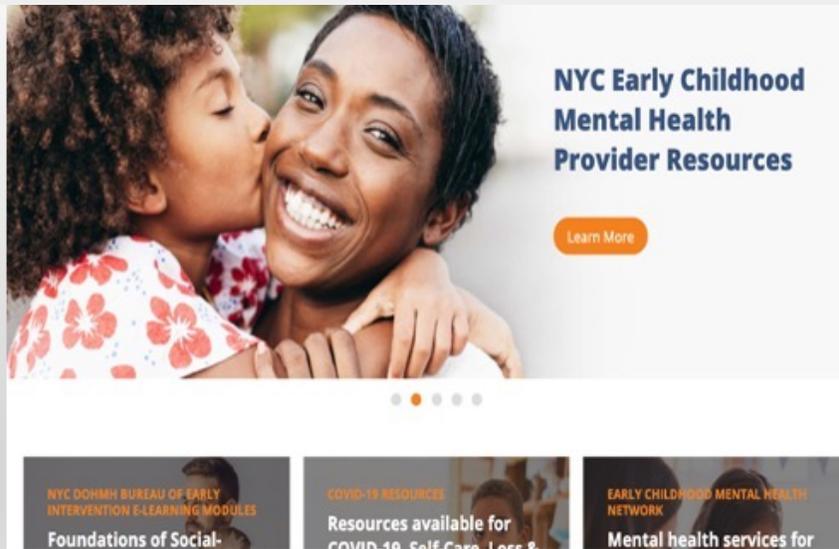


Updated TTAC Website

A Selection of Features:

- Seamlessly filter, toggle and search through upcoming and archived content, trainings and resources
- View videos, slides, and presenter information on the same training page
- Contact the TTAC team by clicking on Ask TTAC and filling out our Contact Us form
- And more!

Explore all the provider resources at ttacny.org



Have questions or need assistance? Please contact us at ttac.info@nyu.edu and we'll be happy to assist you





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Deconstructing Systemic Racism within Our Infant & Early Childhood Mental Health and Early Childhood Serving Systems

BARBARA STROUD, PhD

ZERO TO THREE FELLOW

IFECMH ENDORSEMENT REFLECTIVE MENTOR LEVEL

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When You Feel Uncomfortable

This is not a discussion of blame, rather a search for equity and justice

We have all inherited a vastly inequitable and unjust social structure that impacts all of our systems – education, health, part c, mental health, child welfare, the criminal justice system, and more

As we move through our time today, notice your stress activation responses to the content – you have power over your stress response – use that power in real time today

My goal for today is to afford you the power to identify inequity and systemic racism, as well as take action within your spheres of influence

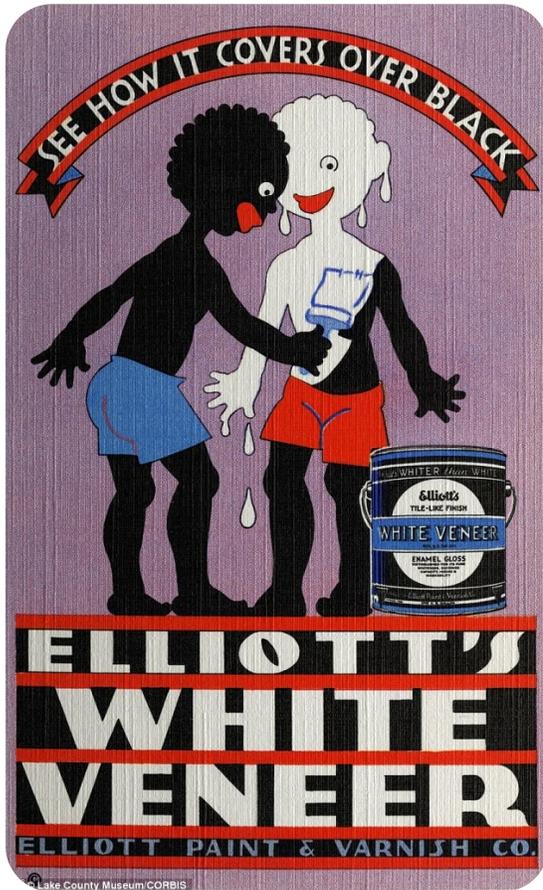


History of Race

White (as in “white people”): The term white, referring to people, was created by Virginia slave owners and colonial rulers in the 17th century. It replaced terms like Christian and “Englishman” to distinguish European colonists from Africans and indigenous peoples. European colonial powers established white as a legal concept after Bacon’s Rebellion in 1676 during which indentured servants of European and African descent had united against the colonial elite. The legal distinction of white separated the servant class on the basis of skin color and continental origin. The creation of ‘white’ meant giving privileges to some, while denying them to others with the justification of biological and social inferiority

<https://www.racialequitytools.org/resourcefiles/Definitions-of%20Racism.pdf>

White Supremacy



- White supremacy is an historically based, institutionally perpetuated system of exploitation and oppression of continents, nations and peoples of color by white peoples and nations of the European continent; for the purpose of maintaining and defending a system of wealth, power and privilege. - <https://www.racialequitytools.org/resourcefiles/Definitions-of%20Racism.pdf>
- The belief that the white race is inherently superior to other races and that white people should have control over people of other races - *Merriam Webster Dictionary*
- The social, economic, and political systems that collectively enable white people to maintain power over people of other races - *Merriam Webster Dictionary*



The Power of Privilege

Privilege opens doors

Privilege allows you to be your authentic self in all environments

Privilege is universal safety

Privilege is the opportunity to remain ignorant of inequities that do not impact you

Privilege is never needing to assimilate because you represent the system of power

Privilege does not mean you never suffer; privilege means you will never fully understand the suffering of those most disenfranchised in our nation



The Goal of Assimilation

Immigrant communities have been historically taught to shed their former cultural and national identities to become fully 'American', specifically white American

Resulting losses – names were changed, home language discontinued, perhaps customs or rituals discontinued as well

Immigrants from non-European nations would never fully assimilate, as they would always be othered based on their non-white appearance

BIPOC – Black, Indigenous, People of Color - What have been the risks of failure to assimilate?

- Death, disease, stolen children, incarceration/internment, unemployment or under employment, poorly educated, unsafely housed, mis-diagnosed and mis-treated by the health and mental health communities, and more



Who Holds the Power?

Where do you have power?

Cisgender Male > Cisgender Female > Transgender (Non-Binary/Gender Non-conforming)

White > BIPOC

Straight > Queer

Able-bodied > (dis)Abled

We can all use our power for good or for harm

Combating the false narrative that assimilation to the normative standard makes one of greater value in society

Creating time in every interaction with families, to ask, affirm, and seek to understand this family's cultural identities



Normative Standards

What we know verses what we do not know:

Who defines normative or typical?

What populations are present or not present in the research samples?

Who is doing the research and how might this influence their perspective?

Who are the gatekeepers of which scientific content will be published?

Surviving a racist and inequitable system can take many forms - do we offer understanding of differences, or do we pathologize that which we do not understand?

Our current science stands on white norms, and those outside of that normative standard have been historically pathologized by our systems



White Supremacy in Action

Using power to control and promote assimilation

Creating systems to promote the ~~dominant~~-Eurocentric culture / white standard

- English only paperwork – or English only to be spoken in the work place
- Dress codes that restrict cultural clothing (hijabs)
- Learning at a desk in a chair vs. learning in movement or via body-based experiences
- Memorizing facts vs. having experiences
- Using the power of the written word and dismissing the oral traditions of many cultures

Shaming, punishing, or pathologizing responses, behaviors, or individuals that act outside of the standards of 'whiteness'

Failure to ask about family culture, history, racial identity, traditions, as well as what might have been lost in your immigration (*if appropriate*) to the US



Infant Mental Health Definition

‘Infant Mental Health’ refers to how well a child develops socially and emotionally from birth to three. It is the developing capacity of the child to experience, regulate, and express emotions; form close and secure interpersonal relationships; and explore the environment and learn – all in the context of family, community and cultural expectations.

OR



ZERO TO THREE
Early connections last a lifetime

Family culture is present in all caregiving interactions. It is within culturally informed relationships that all development unfolds. Children learn to experience, regulate, and express emotion as defined by their cultural communities. Children form protective relationships with caregivers that can ensure their safety within inequitable and racist environments. Children bring their cultural self to learning environments using exploration, yet some are encouraged while others are punished.

Stage One of Social Emotional Development

To experience and express emotions:

- How does the dominant culture (systemic racism) interpret emotional expressions in the BIPOC community?
- Are BIPOC children in preschool encouraged to share emotions or are they punished for emotional expression?
- Is it safe for my BIPOC child to express emotions in public?





Our Attachment to Our Mother Country

Considering an Attachment Model – how might BIPOC individuals come to form a nurturing connection to the United States of America?

- A nurturing caregiver is called to protect – Does this BIPOC family or individual believe they are protected by larger governmental systems, including our program or agency?
- A nurturing caregiver is sensitive to my needs – Does the BIPOC community experience sensitivity of response from larger systems (education, health care, child welfare and more)?
- A nurturing caregiver offers unconditional love and empathic understanding – Are we as a provider community bringing these elements to our relationships with the BIPOC community?



Engagement Phase

Considerations when working with families impacted by systemic racism and structural inequities

- How does your system provide emotional safety and sensitivity of response to this family/client? – Does this provider represent a community that has harmed this family?
- Do we interpret this individual's actions as a stereotype, or a racialized cliché? (Angry Black person, Asian as the model minority, Having an accent means someone must be an immigrant, Judgement for not speaking English fluently)
- Sharing Power – Can we give the individual power in the interaction? - Power over their experience, honor and accept their emotional story, create space for the individual to question our suggestions, assumptions, and interpretations
- Can we remain safe in the understanding that we will never fully know the internalized experience (institutional harm and generational trauma) experienced by another



Assessment Phase

Challenging our assessment tools – Is this tool normed on the population we are serving?

Considering the social factors that impact health and mental health

- Social determinates of health
- Income – under-employment
- Poor quality schools
- Safe or unsafe living conditions
- Environmental factors (clean air, clean water, noise pollution, gun shots, sirens, and more)

History of racism in our diagnostic systems, the eugenics movement, and forced sterilization of defined communities



The Tasks of Colonialism

Enter a land currently inhabited by an indigenous community

Take possession of local resources and establish power over the indigenous community

Dismantle the indigenous community's culture, history, and lifestyle

Teach Eurocentric values and practices as superior to indigenous ways of being and relating

Affirm integration of Eurocentric values by the indigenous community as success in the newly established social structure

Thought Challenges

Home Visitation as a Parallel to Colonialism

Are we asking families to parent in accordance with a white supremacy normative standard?

or

- Are we starting with embracing the family's cultural background as a strength?
- Are we adapting our curricula and strategies to create alignment with the family's cultural agenda?
- Do families have the power to request center-based services and not allow us into their homes?





How to Decolonize Our Systems?

1. Admit that our systems are infected with implicit bias, assumptions of white supremacy, and produce inequitable outcomes
2. Do my interventions seek to force assimilation or celebrate the unique cultural agenda of the family?
3. How might my assessment or diagnostic systems be limited, or demonstrate bias (by race, culture, SES, language, sexual orientation, disabling condition, gender status, and more)?
4. Is the current child or family's challenge a product of an inequitable system or inherit to the individual?
5. What skills do I have in order to determine the difference?



Promoting Power within Family System

- Celebrate the unique gifts and diverse talents of each family you experience
- Begin asking families about their experiences of inequity (being unseen or miss-seen by our systems)
- Give families authority to teach you about their culture, history, and experiences of racism and/or microaggressions
- Create a mechanism for marginalized groups in your community to be active participants in the development of more culturally sensitive or equitable service delivery methods
- Change our narrative from ‘unit of service’ to ‘seeking the authentic experience of the other’



The Gift of Story

We are the stories we tell, of who we are, how we came to see ourselves, and the world as we do.

We all seek to be unconditionally accepted in our truth

The infant desires to be seen in truth, responded to with understanding and compassion, to be loved for who they are, not what they do

Translating these concepts to marginalized communities –

- Do we see the truth of their experience as well as our role in that injustice?
- Do we offer understanding or judgement, compassion or shame?
- Do we require the internalization of white normative standards in order to achieve social acceptance?



The Power of Your Cultural Diamond

We are all culturally unique and culturally complex

We are multi-cultural and share membership in a cultural community, yet express our cultural identity in a distinctive manner that sets us apart, while maintaining connection to the group

Culture is interactive and demonstrated in relationships

- We actively seek to connect via culture (*we are drawn to those that value what we value*)
- And we seek to be understood culturally (*acceptance and validation in our cultural practices*)

As an individual you are multi-faceted, one of a kind, and priceless – like a diamond





Voices that Have Been Silenced



Listen to me, and afford me power over my experience

Listen to why I have selected these caregiving strategies, and how they are designed to keep my child safe, in an unsafe America

Listen to my reality of being dismissed, devalued, and unseen by your systems, standards, and caregiving practices

Listen to my emotions, without minimizing, attempting to fix, or trying to pacify my intensity

Listen to my passion, love, and fear for my child

Stop talking, teaching, and intervening long enough to listen



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We Will Resume in 15 Minutes at 1:30

For LMSWs, LCSWs, LMHCs: Please be sure to make sure you are logged in via the Zoom link in order to obtain full credit for continuing education units!

