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Talking With Children About Race and Racism

Katherine A. Lingras

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Abstract
Children notice race from an early age. They also observe and can understand injustices among people. However, research shows that not all caregivers discuss race, identity, and racism. Some avoid the topic altogether. There are significant repercussions when we do not provide space for these formative conversations. Silence allows stereotypes, biases, and racism to be reinforced. There is a role and a responsibility for mental health practitioners to undertake these sometimes difficult conversations and practices with patients and parents. Illustrative examples to use with children of different ages are presented as a means of supporting parents in their discussion of race and racism with their children.

Vignettes

Jessica is White and enjoying a movie with her 6-year-old niece and her niece's best friend. She is excited to see that a Latina actress is playing Cinderella. She is surprised, however, when Cinderella appears on the screen and her niece exclaims "Cinderella's not Mexican!" Jessica is even more surprised to see her niece's best friend (who is a child of color) nod in agreement.

Angela is the Black mother of a 10-year-old Black boy. She worries about him when he leaves the house, but especially this year since there have been more protests than usual and people seem to be on high alert to Black boys' behavior. Angela has had 'the Talk' with her son about how to behave if he is approached by police and how to act when he is in mainly White spaces to make sure he comes home safely. She wonders about the psychological impact of seeing and experiencing racial injustices—both for him and for her.

Vince is Cambodian and was born in a refugee camp. He came to the U.S. with his parents as a teenager. He is now married and raising two daughters (9 and 11), who identify as Asian American. He tries to explicitly teach his daughters about racism and privilege, and they have largely been protected from direct (explicit) experiences with racism. However, Vince's younger daughter came home from school last week talking about how her classmates made fun of her and asked if she was spreading the 'Chinese virus.'

Clinical Challenge

The situations described above represent just a few of the ways that conversations about race and racism can arise for young children. It is certainly not exhaustive. In recent months, psychologists have been asked more and more by parents, teachers, and caregivers about how to speak with children about the events happening in their community and around the country.

These community events and demonstrations are shown on television, so they cannot be ignored or denied. Kids may also witness them in person.

Many physical health and mental health professionals and associations are acknowledging the widespread impact of racism and discrimination on children. The American Psychological Association (APA) recently noted that the current "racism pandemic" has serious mental and physical health consequences (APA, 2020). The American Academy of Pediatrics (AAP) has identified the same (Trent et al., 2019). Psychologists need to provide advice and guidance to patients and parents for discussing race, privilege, and racism or discrimination.

Children Notice Race

From a very young age, children (even babies) notice difference. The ability to differentiate is well-documented across areas of development. For instance, babies can differentiate between male and female caregivers nearly from birth (e.g., Quinn et al., 2002). They quickly develop the ability to differentiate between speakers of their native language and those who speak another language. This ability also shifts preference. Infants preferentially look to and accept toys from speakers of their native language (Kinzler et al., 2007). Later, in preschool, they select friends who are speakers of their native language.

By three months of age, infants show preference to a person whose race matches their own (Kelly et al., 2005) due to

perceptual narrowing. By six months, infants begin to show differential associations across their own versus other races. For example, at six months, infants were found to associate own-race faces with happy music and other-race faces with sad music (Xiao et al., 2017). At six to eight months, infants rely on own-race adults for learning when uncertainty is present (Kelly et al., 2005). These preferences continue over the early years. By age 2, in parallel with gender identity, children are beginning to develop their racial identity.

To accurately understand the findings above, however, it is important to understand the role of exposure. In many studies that illustrate preferences toward own-race faces, exposure is the key. In fact, infants generally see 90+% of faces that match their own race. However, when infants are regularly exposed to both own- and other-race faces, the findings of differentiation at three months dissipate (e.g., Sangrigoli & De Schonen, 2004; Anzures et al., 2012).

Noticing difference, and even the preferences described above, do not inherently indicate a value judgment or bias about those who are different (i.e., less familiar). However, by age two to four, children begin to internalize racial bias. By early elementary school, children judge "in-group" members more favorably than outgroup members (Dunham et al., 2011) and infer others' stereotypes (e.g., McKown & Weinstein, 2003). Because children can become quite set in their beliefs by age 10, it is important to begin discussions about race, racism, and bias early.

Race Matters

That children notice race and internalize beliefs about race from an early age is clear, but parents and caregivers are variable and inconsistent in giving attention to it. For instance, in a recent study (Kotler et al., 2019), which examined parent and teacher beliefs and conversations about social identities, only 10% of parents surveyed responded that they "often" discussed race/ethnicity (an additional 28% indicated that they 'sometimes' discussed the topic). Notably, this was especially true of White parents. Parents of color were much more likely to indicate that they talk about race/ethnicity 'often' or 'sometimes' (61% of Black parents, 56% of Asian parents, and 46% of Hispanic parents). Teachers surveyed also indicated a relatively low rate of discussion about race/ethnicity; only 39% felt it was appropriate to discuss this topic with students.

The decision not to discuss race/ethnicity is to some extent one of privilege. That is to say, for White families, the matter of race is less salient to daily interactions, so it is easier to ignore or choose not to talk about. However, families of color are more likely to identify that their child's race/ethnicity shapes their child's identity (58–68% compared with 40% of White families). They are more likely to report that their child has heard a negative comment about their identity than White parents (Kotler et al., 2019). For these families of color, race/ethnicity is part of their children's daily experience and is impossible to ignore.

Historically, it has been common and acceptable to minimize differences and emphasize "inclusive" ideas. Parents modeled and encouraged children to express beliefs that de-emphasize racial differences, such as: "I don't see color," "under our skin we are all the same," and expressed sentiments such as "I don't see color when I look at you, I just see my daughter/friend/grandson/etc." Many may still use these messages today. While on the surface such statements seem positive and inclusive, in reality they minimize and erase identities. Such language can unintentionally send a message that differences are not okay to discuss.

The Rise of Racial Trauma (and Resilience)

Despite the increasing numbers of non-White children in our nation, and the increased diversity of most community and work spaces, many places in our society remain racially segregated. This is not an accident. This dates back to systems such as housing and education that were built on systemic racism to benefit White individuals. The centuries of disparities that resulted from inequitable opportunities and treatment in housing (e.g., redlining), education (e.g., segregation), healthcare (e.g., the Tuskegee Studies), and increased risk of interaction with police and the criminal justice system (e.g., racial profiling, mass incarceration).

These disparities are seen today as early as prenatally, where African American mothers and infants both have 2–4 times higher mortality rates (Wallace et al., 2017; CDC, 2018) as well as higher preterm birthrates (Bower et al., 2018) compared to non-Hispanic White mothers or infants. These disparities are not explained by income or educational attainment (Phelan & Link, 2015). Preschool expulsion rates are significantly higher for young Black boys than for their White counterparts (Gilliam et al., 2016). Physical and mental health disparities over the entire life course are significant as well and can be attributed, in part, to interpersonal and structural racism (Williams et al., 2019; Hicken, Kravitz-Wirtz et al., 2018; Trent et al., 2019).

There is also a rise in racial trauma experienced by young children. Witnessing police brutality towards their caregivers, community, and peers is associated with increased negative mental health consequences for both adults and children in the Black community (Alang et al., 2017; Bor et al., 2018) as well as in Latinx communities (Tynes et al., 2019). Similarly, young children have shown increased distress in recent years as incidents are made public and circulated quickly on social media (Ang, 2020; Tynes et al., 2019). The videos and news coverage can be retraumatizing for those who have directly or indirectly witnessed or experienced community violence (Staggers-Hakim, 2016).

It is also important to acknowledge the resilience that exists in impacted communities. Cultural pride and strengths allow generations of communities of color and Indigenous people to persist and continue to raise strong children. While historical trauma has persisted across generations and many cultures, cultural healing practices add strength to the resilience of those affected. For instance, Walters and Simoni (2002) identify a model in which "cultural buffers" or coping strategies can mitigate the impact of historical trauma, emphasizing protective factors rather than pathology. Incorporating culturally specific religious or spiritual beliefs or traditions into treatment (e.g., traditional healing practices and beliefs) has been found to relate to positive health outcomes (Wallace & Forman, 1998; Buchwald et al., 2000; French et al., 2020). Conversations about cultural socialization and pride have been found to be protective in combination with conversations that focus on preparation for bias (Anderson & Stevenson, 2019).

The Role and Responsibility of Mental Health Professionals

Psychologists and other mental health professionals should be prepared to talk about race with children (of all races) and prepared to provide guidance to parents about how best to talk about race with their children. Children who have experienced racism and discrimination need support for the healthy development of a future society.

Importantly, these conversations will likely look very different when talking with White children (who need to learn about experiences of their peers, as well as their own privilege) as compared to conversations with children of color (who are more likely to be directly affected by racism and discrimination and need concrete tools for understanding and reconciling these experiences). Some specific language differences are highlighted below.

Lessons that mental health professionals have gained from broadening language related to other aspects of identity may apply here. For instance, mental health providers often have experience discussing family structures (e.g., "families look all different ways—some kids have a mom and a dad, some have two moms or two dads, some have a grandma or an aunt, etc."), or religious clothing (e.g., "the scarf Fatima wears on her head is called a hijab. She wears it because it is part of her religion."), or gender pronouns ("some kids know they are a boy, some kids know they are a girl, some kids don't feel like either, and some kids feel like both! Shawn uses they/them instead of he or she because they feel like they aren't a boy or a girl.").

Similar inclusivity can be applied to conversations about racial identities. The key is to be positive in discussing difference in order to avoid implying that something unfamiliar is negative or "weird." Ultimately, the commonality in these examples is in giving voice to topics that previously may have been overlooked in mental health spaces. Asking caregivers of both children of color and White children what conversations have occurred regarding race, identity, racism, and even privilege is a good starting place (and a shift from historical practices within mental health). Inquiring about experiences related to race and racism/discrimination should be as common an intake question as learning about developmental and family history.

Prior to delving into any of these conversations, however, practitioners should plan to do their own self-reflection and education about topics such as implicit bias, privilege, racial injustice, and racial identity. In recent months, many resources have been created and made available online for low or no cost. Practitioners should endeavor to seek out resources that have been created by BIPOC individuals in order to honor advice, lessons, and the emotional labor of those who have lived experiences of racial injustice and discrimination. For instance, the following Google documents provide specific readings and activity suggestions: "Raising a (White) Antiracist Kid" (n.d.), "Antiracism Resources" for adults (Flicker & Klein, 2020), and "Scaffolded Anti-racist Resources" (Stamborski et al., 2020).

Mental health practitioners should also add to their personal libraries books like *So You Want to Talk About Race* (Oluo, 2018), *How to Be an Antiracist* (Kendi, 2019), and *Why are all the Black Kids Sitting together in the Cafeteria?* (Tatum, 2017). These books can serve as personally accessible entry points for the complex layers of consideration related to racism and antiracism. Delving more deeply into consideration of White supremacy, whiteness, and the long-term (intergenerational) impact of historical and racial trauma can be supported with *Me and White Supremacy* (Saad, 2020), *White Fragility* (DiAngelo, 2018), and *My Grandmother's Hands* (Menakem, 2017). Finally, pairing activities like taking the Implicit Attitudes Test (IAT; Greenwald et al., 2009) and completing checklists for White privilege (McIntosh, 1990) and other identities (Brown et al., 2015) with discussions with colleagues can be an effective way of translating theory to application.

Providing Parental Guidance in Discussing Race With Children

Psychologists should be attentive to comments and issues that offer openings to discuss race and racial experiences with patients, including White patients. This is particularly important if one is doing parental guidance work or family therapy. Many parents do not realize that racial factors are affecting their child's development, whether or not it is openly being discussed.

How should we do it for our patients? The following ABC(DEFG) guidelines provides a checklist of sorts on how to do this.

Access resources to help. Tips found in articles, books, and freely available online materials can help. For instance, websites like EmbraceRace (www.embracerace.org), Teaching Tolerance (www.tolerance.org), and Raising Race Conscious Children (www.raceconscious.org), and NPR's Life Kit (https://www.npr.org/lifekit) on parenting all contain tips for adults to consider.

Resources such as Social Justice Books, PBS, Sesame Street's Antiracism Town Hall, and Woke Kindergarten are just a few examples of psychoeducational materials geared towards younger children. Books like *Not My Idea: A Book about Whiteness* (Higginbotham, 2018) and *Something Happened in Our Town: A Child's Story about Racial Injustice* (Celano et al., 2018) can help explain complex topics like White privilege, racism, and police brutality in simplified terms. *A Terrible Thing Happened* (Holmes, 2000) can provide a platform for discussing racial trauma. APA Magination Press provides psychoeducational titles and children's books on identity (e.g., LGBTQ+, gender, race/ethnicity) that may be helpful in these conversations as well.

It is important to tell parents to accentuate and celebrate the positives of differences when reading such books to children. Therapists should have a list of these resources and other children's book catalogs available to give to parents. Therapists may want to use these resources to update their own libraries as well. It is also important to incorporate books that represent diverse identities in everyday situations. Ensure that the books you have do not solely focus on the Civil Rights movement or specific historical figures. Books that depict varied identities, family structures, and cultures allow children to see themselves (and for White children to see others who don't look like them) represented in the first day of school, losing a tooth, and other routine children's book activities. This helps to normalize the diversity of children in their daily lives in addition to highlighting historical or heroic roles.

Be proactive. The best time for parents to discuss race with their child is before a child comes to them with questions. But, as the saying goes, the second-best time is now. It is important for psychologists to teach parents to watch for opportunities to discuss race and racial differences with their child(ren). The more normalized discussions are, the easier it will be for a child to come to their caregivers with questions. If caregivers wait for a child to come with questions, the child may already be formulating beliefs and opinions that may be incomplete or based on inaccurate ideas.

For example, the young girls who agree that 'Cinderella is not Mexican' in the first vignette above might be gently corrected by their aunt. Psychologists can model and encourage language such as "Cinderella is a story, so that means anyone can play her role. I really like to see so many different faces representing Cinderella, and I like seeing princesses that come from different backgrounds."

Caregivers should be encouraged to also let children know where they might encounter bias—either experiencing or witnessing it. For instance, caregivers might have noticed, as Vince did in the third vignette, that racial slurs related to the COVID-19 virus were rising. To proactively prepare their children, they might say "you may hear people call this virus the 'Chinese Virus.' When people say that, it is wrong, and it is racist. People who call the virus that might not know it is racist or they might be trying to be mean to people from China or other Asian countries. If you hear that [or someone says it to you], you can correct them by reminding them to call it the Coronavirus or COVID-19."

It is important to note that parents of color like Angela (in the second vignette) who have to prepare their children for bias are more likely to be having these conversations proactively in order to maximize safety for their children. White providers and caregivers need to be aware of the privilege that they hold in choosing when to have these conversations; practitioners can help parents recognize this privilege and encourage proactive conversations even though they may be uncomfortable.

Concrete/honest language. Children recognize when adults are uncomfortable or hiding things. Parent/caregiver sessions offer excellent opportunities for psychologists to guide caregivers on how to be concrete and honest in their discussion of complex topics. This does not necessarily mean that they should provide adult-level detail, but they should be specific about what they do share.

For instance, in discussing a recent police-involved shooting, caregivers can say that "police hurt a man/woman/person who was Black" and can choose careful wording to describe the person injured (e.g., making sure to emphasize that "even if the person was doing something wrong, they did not deserve to be hurt/killed"). Even discussing protests following such a shooting can be explained honestly and concretely; caregivers might say "Police killed a Black man, and people are really angry about it. They went out into the streets to say they are angry, so people will start to listen that it's not okay to treat Black people badly."

Everyday experiences of racism and discrimination are important to note to children in order to help them understand more subtle examples of racism. Children often label things that are unfamiliar to them as "weird." It is important for caregivers and providers to catch these moments and correct them (e.g., "your friend's lunch isn't weird. It's called curry, and it is just different than what you bring for lunch. Where Maya's family is from, a lot of people eat curry. I've tried it too, and it's very yummy!" When noticing racist responses in the neighborhood (e.g., a neighbor questioning what a person of color is doing in a predominantly White neighborhood), parents might respond, rather than ignore, and say "there's no reason to think that isn't one of our neighbors! People with all different skin colors live in our neighborhood."

Older children may observe these responses for themselves or their friends. Again, naming a racist belief is an important part of correcting it. For example, an adolescent might notice a Black teenager running and comment: "That boy probably stole something." The parent could respond: "Why do you think that? He might just be jogging. Sometimes people think that if someone whose skin is darker is running it is because they did something wrong, but that is a racist belief. People with all skin colors run in their neighborhoods, and if the person is White no one questions why they are running."

Developmentally appropriate explanations. Children need varied levels of detail depending on their age. But, even young children can understand many complex topics related to race, racism, discrimination, and privilege. For instance, rather than 'shushing' a child who comments on someone's darker skin color, a simple explanation like "people have different colored skin because of something called melanin. The more melanin a person has, the darker their skin is" can suffice.

In the opening vignette, Angela likely has had a version of 'The Talk' with her son several times before, but the situations she describes likely vary based on what he might encounter at different ages (e.g., talking about what to do if pulled over while driving or followed at a store is appropriate with a teenager, but not in early childhood). For specific language recommendations for 'the Talk', practitioners can review resources such as a webinar with Drs. Riana Elyse Anderson and Shawn C.T. Jones "Moving 'The Talk' to 'The Walk' for Black Children" (EmbraceRace, 2020) or a conversation on "Parenting in Support of Black Lives: How to Build a Just Future for Kids (and How Media Can Help)" (Common Sense, 2020) with Drs. Ibram X. Kendi and Allison Briscoe-Smith.

When framed in the context of fairness, children can also begin to understand racism and discrimination (e.g., "you noticed the teacher call on all of the White students but not the Latinx children who had their hands raised; they may have been treated differently because of the color of their skin. When that happens it is called racism, and it is unfair and wrong").

Even privilege can be explained by telling a child "people with your/our color skin have tried to make people with different colored skin feel like they aren't as good. You haven't and our family doesn't, but a lot of people with our skin color have done that for a long time. You have privilege because your skin is white. That means people won't treat you badly just because of the color of your skin."

Below is an illustration of a conversation in which a White parent took the opportunity to turn his 7-year-old White son's innocent question about 'cages' on the back of trucks (in Arizona) into a discussion about racism and privilege. He chose to do this rather than ignore the question or give an answer that avoided the difficult topics (e.g., "oh that's just to transport things!"). They passed a group of 10 Customs and Border Patrol (CBP) trucks driving along the Arizona highway and the child asked about the tiny cages in the truck bed.

Dad: Well, in our city and around Arizona, the people that work for CBP try to find people that were either not born in the U.S. or people who look like they were not born in the U.S.

A: How would they know they were not born in the U.S.?

Dad: Well, they usually look at a person's skin color. And, if a person has skin color like ours, they will usually leave us alone. If a person has darker skin, like brown or black skin, then they may question them and ask them for something to prove that they are allowed to be in the U.S. If the person can't prove that they are allowed to be in the U.S., the CBP will arrest them and take them to what's called a detention center. And they take them to the detention center in the back of those trucks.

A: That is awful. All of these trucks should be split in half with a gigantic steel knife so that people can escape and so that they can't capture people anymore.

Dad: I agree. How are you feeling about this?

A: Angry. I just don't understand why they would do that.

Dad: It makes me angry too. It's important for you to know that you, me, and mommy don't have to worry about it for ourselves. CBP isn't going to question us because we have white skin. So we have what is called **privilege,** which just means that we don't have to worry about this every day.

A: Will they capture my friend, Carlos? (referring to a friend with darker skin)

Dad: Well, it's complicated. CBP probably wouldn't do that to Carlos or his family, but it may happen. But, Carlos' family does have to deal with something related that's called **racism**. So, the police might try to arrest someone in Carlos' family just because of the color of their skin. That happens more often to people with brown and black skin than it does to people with white skin. And that's what racism is about.

The above are only examples. Older children will have more nuanced understandings of race, racism, and the

sociopolitical landscape, so their questions may delve deeper. Psychologists should develop their own style and their own language to describe these topics and practice these conversations with their own family and/or colleagues so they are better prepared to have these discussions with patients. Psychologists should encourage caregivers to do the same, or support that practice in a caregiver session. Practice may not make perfect, but it will start to increase adult comfort with these complex topics, which will show through when talking with their children, and it will increase emotional tolerance for difficult or uncomfortable conversations.

Ease feelings of distress and acknowledge impact. In situations where a child or family has experienced racism or discrimination, Psychologists should teach caregivers to focus on the feelings of the child in order to acknowledge and ease distress. Validate the feelings of a hurt person. Regardless of intention, focus on the impact on the child or parent in front of you. Consider language like "That was really hurtful when your friend called you that name." Avoid adding excuses or comments that may explain the behavior when discussing impact (e.g. "…but I'm sure he didn't mean it that way").

If the child witnessed an adult experience a hurtful interaction, encourage the adult to model language that acknowledges their own feelings and names the 'ism' involved (e.g., "I really didn't like it when that man called me a name. It wasn't kind, and what he said was racist."). Naming racism as the problem can also help children understand that the problem or wrong behavior lies there and not with the child's appearance or behavior.

Find hope and safety. Emphasizing and highlighting hope, resistance, and resilience can be protective for children who experience or witness racism or discrimination. Make sure to learn (ideally, proactively) about where a family draws strength and healing from in order to contextualize resilience in individualized ways. For instance, "you have talked about relying on your ancestors and their resilience when you have gone through hard times. Can you tell me more about how that plays out for you?" By learning more specifics from a family, providers will have more information to apply in conversations about cultural strengths and healing. Practitioners can coach parents to balance cultural strengths and healing practices with preparation for bias.

Dr. Riana Elyse Anderson provides an extended example of this in the EmbraceRace (2020) video cited above:

> I'm really excited to take you to the African American History Museum today. Our history is such a rich and wonderful place to be in. I love learning about who we are. I'm excited for you to see other people who look like you. You know, sometimes your beauty is so brilliant and fantastic that people might not be able to take it all in. So your hair, the way it curls so perfectly, the way we lovingly condition it and give it strength at night by braiding and protecting it – sometimes people don't understand how complex that is. And they might point or talk about you in a disparaging way. When that happens, I'm wondering if there are things we might be able to say to protect our heart, to protect our spirit. I might say something like…. What do you think you might want to do?

Biased-based incidents can be used as a teaching moment to re-teach stereotypes or correct inaccuracies in children's understanding or beliefs. For example, watching a movie that perpetuates stereotypes (e.g., only villain characters having accents) can provide an opportunity for a caregiver to name and discuss this with a child using language such as "I noticed that the 'bad guys' in this movie always have accents—what do you think about that? [allow a few moments for child's thoughts, before continuing]. I don't think I like it very much because it makes it seem like only the bad guys are from another country, which can be a stereotype." Conversely, commenting aloud that you appreciate a movie in which the characters represent many identities can highlight hope and representation for children of color who many not be used to seeing themselves reflected in superhero characters or mainstream children's show characters. For instance, "I loved 'Spider-Man: Into the Spider-Verse' because I got to see a superhero that looked like you! He was powerful, and strong, and brave just like you are!"

Guide conversation based on child knowledge/interest. Children often come into any given topic with knowledge or beliefs of their own. They have questions and want answers. Start by inquiring what a child knows or what questions they may have about a particular topic (e.g., race, skin color, etc.). Their initial knowledge is a great starting point for a conversation and will likely naturally lead to more questions. Remind parents that children, especially young children, often take in information in "small bites" and will digest that for a while before coming back for more. If important points do not arise based on a child's knowledge/interest, providers and caregivers can be more proactive, and then allow the child's questions to guide the level and type of detail of further information.

Wrapping Up: Points to Remember

- Do your own work first. Self-reflect on biases prior to (and alongside) introducing topics of race, identity, racism, and discrimination to children. Therapists need to do this. Caregivers need to do this.

- Children notice difference. It is a natural part of how human brains are wired. It is okay (and important) to talk about it. Exposure and framing difference positively are key to reducing biases about difference.
- Introduce ideas of race, privilege, racism, and discrimination in simple and age-appropriate terms. It is important for caregivers to know that it is possible to give simple descriptions of complex concepts.
- Consider racial trauma that may be experienced or witnessed by children of color. Focus on the impact on the child, rather than intention of the perpetrator, and validating emotions related to these experiences.
- Make sure to highlight resilience and cultural strengths. It is important for both for White children and children of color to understand the positives of different cultures and not just the struggles.
- Remember the ABC(DEFG)s when initiating these conversations:

– Access resources to help accentuate the positive
– Be proactive
– Concrete and honest language
– Developmentally appropriate explanations
– Ease feelings of distress
– Find hope and safety
– Guide based child interest/question

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Dr. Katherine A. Lingras is an Assistant Professor and Child Psychologist at the University of Minnesota in the Department of Psychiatry and Behavioral Sciences. She received her PhD from the University of Minnesota's Institute for Child Development and her BA and MA from Stanford University. Dr. Lingras specializes in early and middle childhood mental health, with an emphasis on behavioral concerns and trauma. Dr. Lingras also serves in various Equity, Diversity, and Inclusion leadership roles and regularly conducts trainings integrating EDI work with children's mental health.