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Recommendations for the Biden-Harris Administration. A Statement of Priorities from the Society for Developmental and Behavioral Pediatrics

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“That could be my son,” reported the mother of a 7-year-old African American boy with autism spectrum disorder after the recent killing of Walter Wallace, Jr., by the police. Mr. Wallace had known mental health conditions and, when he became aggressive, his parents called 9-1-1 for help. Instead, the police responded and within 40 seconds fatally shot Mr. Wallace. “Where can I call if my boy gets aggressive? Will the police shoot first and ask questions later?” she wonders.

A 9-year-old with ADHD and executive functioning problems, who often has difficulty with change and transition, has had to deal with a frequently changing school

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schedule, moving between variations of in-person and hybrid models. Each time provokes a “meltdown” that lasts for days. “How can we prepare him for these changes when they come so quickly?” his parents wonder. “How is this going to affect his school performance this year?”

As developmental-behavioral clinicians, we have provided comprehensive care to these families and have repeatedly heard stories like these. They have caused us to reflect upon the turmoil and unrest that has characterized our nation and also on stories of hope, too, for the future. The increased complexity of care we have needed to provide to children and families has brought into focus how deeply the events of 2020 continue to affect all members of our country, particularly those of children, whose voices are often not heard. This year challenges us with the financial and emotional fallout of a pandemic, bereavement of lost loved ones, the societal fractures of structural racism and partisan strife, and a troubling political environment.

When families are asked how they are doing, we often hear, “We’re fine” or “We’re managing.” But, in truth, none of us—children, families, communities, and our society at large—is really fine right now. Surviving is not the same as thriving.

The parents of a 5-year-old girl have been careful about shielding her from the news and their stress over the elections and COVID-19. Imagine their surprise when their daughter asked them, “Now that the election is over, does this mean that the virus is going to go away?” and then resumed her play. Later she asked, “Do you think maybe someday I could be Vice-President too?”

A 14-year-old Latinx boy with anxiety and ADHD who receives special education has been refusing to attend virtual classes and spends most of the day playing video games. His mother worries, “Is he going to be able to graduate from school?”

The pandemic has exacerbated and worsened stressors that families face and negatively affected daily functioning. But there are longstanding barriers to the provision of critically needed services that predate COVID-19. There is a severe workforce shortage of physician and nonphysician providers who provide developmental-behavioral pediatric care; longstanding lack of prioritizing and funding “primary prevention” programs designed to prevent developmental delays and poor school readiness; poor access to care for children with developmental, emotional, and behavioral disorders; disparities in care with a widening divide in this country, whereby marginalized communities experience more health inequity, racism, and poverty; and inadequate research regarding effective interventions and best practices for children with developmental and behavioral problems.

“What choice do I have?” the single mother of an 18-month-old boy laments about how much television her toddler has been watching during the pandemic. “I still have to work at my job and my 18-year-old niece who is watching him does not read to him or really know how to play with him. I’m too worn out at the end of the day to do that, too.”

Some of these challenges may appear to resolve when the threat of the virus subsides, but they are likely to leave a lasting mark. Telehealth has literally invited us into patients’ homes and lives over this year. We have seen firsthand the corrosive effects of this “new normal:” children regressing in their skills; dramatically increased rates of mental health and substance use disorder, loneliness, and isolation; and parents whose own self-care has suffered. Although families might be surviving, most are clearly not thriving.

The mother of a 2-year-old girl with autism laments that after evacuating their home in Louisiana because of hurricanes, they have not been able to re-establish early intervention while living with relatives in Texas because of insurance constraints, bureaucracy, and COVID restrictions. She wonders, “Is this fair? Is this really how it’s supposed to be?”

As we prepare to transition to a new presidential administration, the needs of children and families are more pressing than ever. As an interprofessional organization that represents developmental-behavioral pediatricians, psychologists, nurse practitioners, and other clinicians who care for children with complex medical, developmental, and behavioral conditions, SDBP believes that it is crucial to address children and families’ needs immediately. We call on President-elect Joseph Biden and Vice President-elect Kamala Harris and all elected officials—regardless of party affiliation—to take decisive action toward:

1. Developing a national strategy to reduce the spread of COVID-19.

2. Ensuring the *safe* return of children to school so they can learn and thrive and reducing the technological divide.
3. Implementing enforceable policies to ensure racial justice in this country.
4. Guaranteeing that all children with disabilities and special health care needs have appropriate access to services and supports that will maintain and promote their development and healthy functioning.
5. Safeguarding family cohesion by reuniting children separated at the border with their families and permanently ending family separation policies.
6. Guaranteeing a clean, livable world for the next generation and those to come.
7. Addressing social determinants of health to ensure that children and families living in poverty and under adverse circumstances do not fall further behind.
8. Identifying and implementing solutions to the workforce shortage crisis of physician and nonphysician developmental and behavioral professionals needed to care for children with developmental and behavioral disabilities.
9. Funding scientific research to determine best practices, including telehealth, related to improving outcomes for children’s developmental, emotional, and behavioral health during the current crisis.

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