

# Reflections from Baltimore: The Role of Early Childhood Mental Health Providers in Responding to Community Unrest

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**Abstract:** Many families in Baltimore have been impacted by decades of racial injustice, poverty and multiple adversities, resulting in poor access to basic needs, such as jobs, housing, quality education, and healthy food. These conditions are associated with an accumulation of exposure to traumatic events compounded by circumstances that result in physical and mental health disparities. The death of Freddie Gray in Baltimore on April 19, 2015 sparked a strong response across the nation, and forced sentiments to the surface that have been brewing in Baltimore's citizens for decades. This reflective article details the process, role, and trauma-informed response of a team of early childhood mental health clinicians at the University of Maryland immediately following the civil unrest in Baltimore in April 2015.

**Keywords:** Early Childhood; Mental Health; Trauma

At the Taghi Modarressi Center for Infant Study (CIS), a program within the Division of Child and Adolescent Psychiatry at the University of Maryland School of Medicine, we experienced the death of Freddie Gray and the civil unrest that followed from the vantage point of early childhood mental health clinicians and consultants. We are well acquainted with the injustices in Freddie Gray's community because most of the families with whom we work have been impacted by decades of racial injustice, poverty and multiple adversities, resulting in poor access to basic needs, such as jobs, housing, quality education, and healthy food. These conditions are associated with an accumulation of exposure to traumatic events compounded by circumstances that result in physical and mental health disparities (Centers for Disease Control and Prevention, 2013; Collins et al., 2010; Substance Abuse and Mental Health Services Administration, 2014). It is estimated that nearly one third of Baltimore City's children between the ages of 0 to 17 experience two or more traumas and adverse life events (Child & Adolescent Measurement Initiative, 2014). Even though we work with families facing these challenges daily, the civil unrest highlighted the magnitude of the work that is needed to transform Baltimore into a city where all families can thrive.

As we witnessed the events in Baltimore unfold, many members of our team felt a sense of despair, worrying about the families and school communities with whom we work. However, immediately following the unrest, rather than feeling defeated, our team did what many people in Baltimore did that day: We gathered together, shared our thoughts and

feelings, and planned how we could mobilize our skills as mental health clinicians to support the neighborhoods most impacted by the uprising and unrest.

The CIS provides mental health services to children from birth to age five. One of the primary ways we do this is through mental health consultation in early childhood settings, including Head Starts, Early Head Starts, and Judith P. Hoyer Early Child Care and Family Education Centers. We collaborate with parents, caregivers, and teachers of children who are experiencing social-emotional challenges in order to develop strategies to help children reach their full developmental potential. We also provide training and support to teachers on best practices for promoting social-emotional development for all the children in their care. Building caregiver and teacher capacities to support young children in the midst of community unrest was a critical function in our roles as consultants at this time.

In order for our team to adequately support the community, we first needed to come together and support each other. The day after the unrest began, all Baltimore City schools were closed, so our team gathered at our downtown office. That day, we started a multi-day process of reflecting on how we personally were affected by the events. Our team members shared a variety of thoughts and feelings including fear, anger, sadness, and anxiety. One team member shared her experiences of participating in the peaceful protests and her disappointment that the media attention was now shifting towards the riots. Another shared how difficult it was to explain what was

happening to her 10-year-old son and assure him that he was safe. Another expressed the stress of having extended family urging her not to come to work in Baltimore because they feared she was putting her life in danger. Another talked about how surreal it was to see the National Guard on every corner outside our offices. Another, how difficult it was to hold both the perspective of her friends who are in law enforcement and of the families we work with who face injustice every day. A few of our team members also participated in cross-agency teleconferences with colleagues from the National Child Traumatic Stress Network (NCTSN), Johns Hopkins, Kennedy Krieger Institute, University of California San Francisco and professionals from Ferguson, Missouri and Chicago, Illinois. The support and guidance from NCTSN Directors and colleagues during this time was immeasurable in its value. The NCTSN is a SAMHSA-funded, national network of clinics and institutions whose mission is to raise the standard of care and improve access to services for traumatized children, their families, and communities throughout the United States. Via electronic communication, teleconference, and personal calls, the NCTSN provided a holding place for us to process, seek support from one another, and obtain immediate guidance and advice from other teams of professionals who had experienced similar events in their communities.

Taking the time to reflect as a team and seek guidance from other professionals strengthened the social support we were able to provide for each other. Getting in touch with our own experiences and taking the time to hear each other's perspectives helped prepare us to work in the classrooms and within the community. Once schools reopened, we spent most of our time listening and supporting others; a very draining task given the content of what we were hearing. Being able to periodically come back together and share our own feelings with peers helped us sustain the emotional energy required to support teachers and caregivers in the community.

As a trauma-informed clinic, our clinicians approached the task of identifying how to best support Baltimore families through an evidence-informed, strengths-based lens. Namely, Psychological First Aid (National Child Traumatic Stress Network, 2006), an intervention frequently

used by service-providers or first responders in acute times of crisis (e.g., disasters, school shootings) provided a framework for our team to adapt to use in early childhood environments. Often, teachers and parents struggle with knowing how to appropriately process stressful situations with young children under their care, so we developed a series of fact sheets on common reactions in young children, tips for monitoring media coverage, and steps for caregiver and teacher self-care. One of the aims of the consultation services is to help teachers and family members learn to better understand the meaning of young children's behavior. When coping with memories and feelings related to traumatic experiences, young children often exhibit changes in their behavior, including crying more, becoming clingy, having separation anxiety, throwing temper tantrums, hitting others, having problems sleeping, becoming afraid of things that didn't bother them before, and losing developmental skills. Young children's capacity to understand depends on age and ability to comprehend the world.

Following the unrest, our consultants helped parents, caregivers, and teachers find words to use to help children understand what was happening in their community and to express their thoughts and feelings about the scary and confusing events. The consultants supported program directors, teachers, and families to focus on their own concerns about safety and reflect on their thoughts and feelings about the events, as well as conditions that are at the root of the problems and inequalities facing families in Baltimore. Understanding their priorities and perspectives was an important first step in helping them to focus on how to help children. Families and teachers were offered resources to guide their efforts to help children cope by offering their love and support as a secure base for children to check in with as they regained their confidence in the safety of the environment. They were also encouraged to reestablish routines as a way to reduce stress and increase comfort and reassurance that everyone is working together to move forward.

With the goal of providing teachers, parents, and young children with ways to regulate their feelings, our clinicians also developed classroom "kits." These kits include boxes filled with coping-oriented toys (e.g., play-doh, bubbles, stuffed animals, toy cars), as well as social stories, which are educational narratives, written by CIS team members specifically for children

in Baltimore. These stories guide children on ways to handle stressful situations and how to identify helpers in their community in a developmentally appropriate manner. To create the social stories, we sought feedback from teachers and parents about who they see as helpers in the community, and then incorporated their suggestions into the final versions of the stories. While the text of the stories is general and applicable to any stressful situation, the photos are specific to Baltimore, including a photo of religious leaders leading a peaceful protest and a child offering a police officer a bottle of water in a Baltimore neighborhood. These images help link the supportive content of the stories to the specific situation going on in the community and serve as conversation starters for caregivers and teachers as they read the stories with their children.

As consultants, one of our goals is to increase the capacity of teachers to the point where they are able to integrate social-emotional interventions directly into the fabric of the school day. This was challenging during the civil unrest because the teachers were also affected by the stress and tension in the city. To help the teachers best support the children, we first talked with them about their own stress and how they were coping with what was happening. We then talked with them about their biggest concerns in the classroom, and what they noticed about how the children were reacting. Many teachers expressed hesitation and uncertainty about how to talk to the children about such serious and complex events. We supported them by using the fact sheets to provide developmental guidance and demonstrated how they could use the social stories to talk with the children. In some classrooms, we created space for the children to express their thoughts and feelings through art and drawing. For teachers who needed extra support, we sat with them to read the social stories during circle time and helped guide developmentally appropriate conversation.

Many of the residents of Baltimore city experience a significant amount of traumatic stress in their daily lives. The recent events in Baltimore have forced to the surface sentiments that have been brewing in its citizens for quite some time. However, the children and families in Baltimore City are also extraordinarily resilient. The Enoch Pratt Library at the epicenter of the events remained open as a safe

haven for the surrounding community; the 300 Men March organization position themselves between protestors and police officers to protect law enforcement; citizens lined the streets early in the morning with brooms and trash cans to begin cleaning the neighborhood; the University of Maryland mobilized a Wellness Mobile to distribute medicine to citizens who were unable to access pharmacies. These are a few examples of resiliency and positivity in Baltimore. As service providers, our overarching goal is to foster this resiliency and advocate for Baltimore's youngest citizens and their caregivers. Within the community early childhood programs, we hold a prime opportunity to reach families within their own communities. Due to frequent apprehension and mistrust in service systems, stemming from years of degradation, we have a responsibility to meet families where they are and provide them with a vehicle towards healing. Although the widespread unrest in Baltimore has calmed, our work is just beginning.

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