



Thursday Memo – April 17, 2014

This week I am delighted to have a Memo from one of our community health/research faculty. We have such depth and breadth in our department - I always love to hear about the many diverse aspects of our work. Carole Upshur, Professor and Director of Research Training and Development, has written about the work she is doing with children and families around violence and behavioral health. During this week of the anniversary of the Boston bombings, this reflection is very pertinent. She asks the hard questions and goes further in offering potential answers. Her example of children experiencing "practice drills" is a harrowing reminder of what looms all around us and yet what is so real for many. She ends with the progress that her team is making to offer such families hope in little things that they can do that add up to big changes in their lives.

You can respond to Carole at carole.upshur@umassmed.edu or to the list serve in general. Enjoy!

When is it too much?

You hear all about the shootings, all too frequently. Newtown, Fort Hood, Oakpark, Columbine, US Navy Yard. While you know it can happen anywhere to any of us, we put it out of our thoughts and go about our business--caring for patients, counseling families, conducting our studies. Last month it hit very close. I was in a Head Start classroom in Worcester as part of a preschool study funded by the US Department of Education. The study grew out of work on young children with out-of-control behavior, who become a risk to other students and teachers, even at age 3 and 4. I have been working with a wonderful community coalition called Together for Kids (TFK), and with Community Healthlink, a UMass Memorial affiliated mental health services organization. TFK received money from The Health Foundation of Central MA over several years to develop mental health interventions in preschool classrooms designed to help kids, teachers, and families. Eventually the work resulted in a state budget line item in the Department of Early Education and Care for such services all over Massachusetts. The wonderful news is that intervention at this age can prevent many long term issues for these children. Our work following children receiving services in preschool versus those on a waiting list demonstrated hardly any required special behavior services in kindergarten. But we couldn't get funding for a large scale study to follow up our NIMH pilot work for over 5 years. While the

data are lacking, we wondered about the long term trajectory of some of these young children. Are such early indicators some of the predictors of those who end up as shooters? Why isn't there more funding for children's mental health services and for longitudinal child research? Thankfully we finally did receive funding and have been able to incorporate the latest findings from neuroscience around regulation and executive functioning of young brains into our work.

That's why a study staff member and I were in a classroom that day. Observing how a Head Start teacher was delivering a lesson on social skills and executive functioning. The building supervisor came in and told us that we would be on 'lock down' in a few minutes. It was a drill but they would announce on the PA system the code words for the drill that were supposedly secret and innocuous, but meant teachers were to act immediately. We were stuck. We knew we didn't have time to leave and we needed to be models for the children and teachers. The announcement came. The door was locked. The light shut off. Children were herded to a corner of the classroom far away from the windows, hidden from the glass panel in the door, and behind a wooden bookcase that would act as a barrier for a shooter's sight lines from outside. I crouched down on the floor on the other side of the barrier, in full view of the windows, thinking what if there really was a shooter? What were the children thinking? Especially those who already had trauma and stress in their lives, domestic violence, and for whom gunshots might not be a foreign concept? From a rambunctious group of 4 and 5 year olds who barely could sit still or stay quiet for story time, nary a peep was heard. The only sound was their quick breathing and the teachers every so often whispering ...'shh...' ... 'good job'. It went on for what seemed half an hour, but it was only five minutes. When the drill was over, the children immediately jumped up laughing and calling to each other, running back to play areas in the classroom, while the adults stood around a few seconds a bit dazed. What kind of courage do you have to learn to be a preschool teacher? When will we be called on to put our bodies in front of children, patients? Why does the US have the most non-combat gun violence in the world? Why isn't it recognized as one of our most pressing public health issues? What kind of lessons are we teaching children about their futures?

Then I thought about why we were there and that the experimental curriculum we were working on was part of the answer. We were teaching young children empathy, social skills and executive functioning skills. We were already seeing children saying 'are you okay' when someone fell; helping an upset child calm down by taking belly breaths; offering to trade toys when someone wanted to play with that red truck or dress up cape they held. Many of the shooters were children with hidden issues. We were working on a universal intervention that reaches all children, not just those already identified. Maybe this would be one answer.