violence & behavioral health 2023 levers for change

National Dialogues on Behavioral Health Conference

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Violence and Aggression

▶ Best understood from a system's oriented, developmentally sensitive biopsychosocial approach.

▶ Violence and aggression is a final common pathway for numerous antecedent processes.

▶ Those with most intense aggression early on tend to have their aggression persist.

"The child who is not embraced by the village will burn it down to feel its warmth."

-African Proverb

Clinical Application of Biopsychosocial Model

Mapping the Ecology of Identity

Age, Gender, Race/Ethnicity, Nationality, Culure, Religion, etc
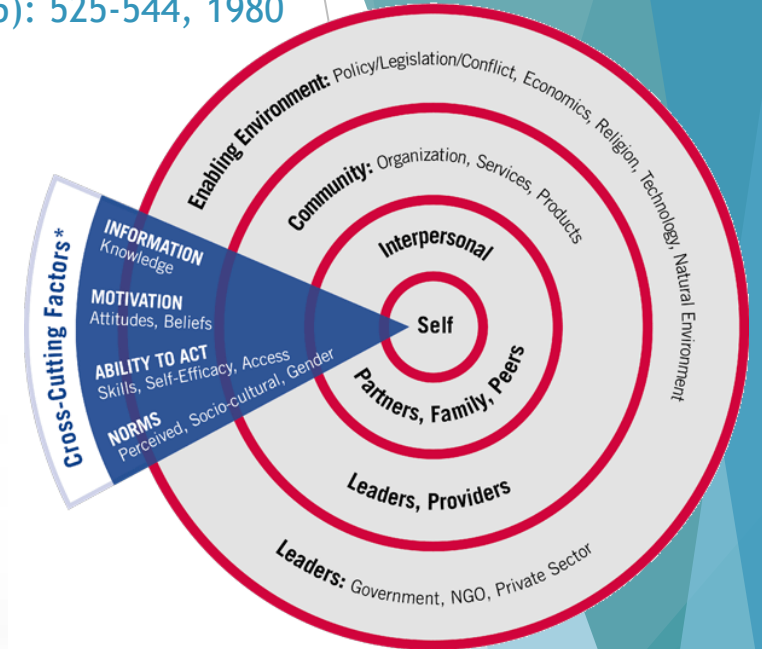
Family, Peers, Work/School, Neighborhood

World Events, Media, Politics, Policies, Legal Status, etc

Cultural Traditions, Economic Conditions, Historic Context, Patterns of Inclusion, and Exclusion

Biosphere
Society – Nation
Culture-Subculture
Community
Family
Two –Person

Person
(experience and behavior)

Nervous System
Organs/Organs Systems
Tissues
Cells
Organelles
Molecules\Genes
Atoms
Subatomic Particles

Enabling Environment: Policy/Legislation/Conflict, Economics, Religion, Technology, Natural Environment

Community: Organization, Services, Products

Interpersonal

Self

Partners, Family, Peers

Leaders, Providers

Leaders: Government, NGO, Private Sector

Cross-Cutting Factors*

INFORMATION
Knowledge

MOTIVATION
Attitudes, Beliefs

ABILITY TO ACT
Skills, Self-Efficacy, Access

NORMS
Perceived, Socio-cultural, Gender

*These concepts apply to all levels (people, organizations, and institutions). They were originally developed for the individual level.

SOURCE: Adapted from McKee, Manoncourt, Chin and Carnegie (2000)
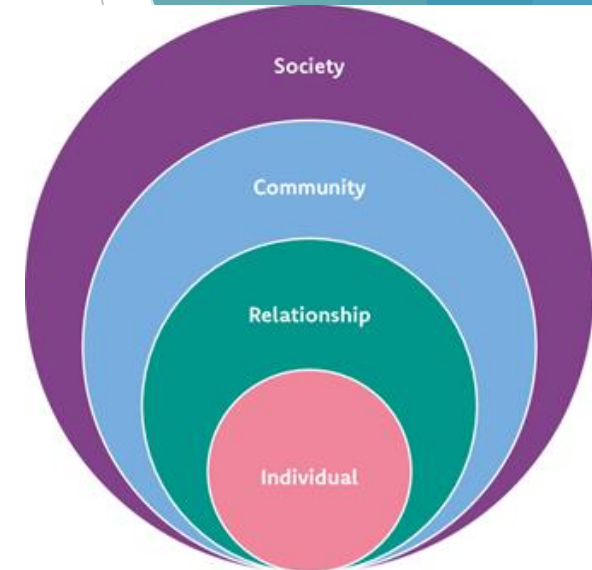
Interesting Study on Mice

Ann Kennedy, PhD

- ▶ Observing natural models and expression of aggression in the wild, researchers noted aggression typically builds over time, before violent expression, and escalate only if opponent does not back down, then persists for a time afterward.

- ▶ Kennedy et al., fitted mice with head-mounted miniaturized microendoscopes to measure neuronal activity in ventrolateral portion of ventromedial hypothalamus, as mice freely interacted.

- ▶ When neuron activity was weak, mice ignored one another, but as activity grew, so did aggressive posturing, such as dominance mounting.

- ▶ Mice that never fought showed only weak ramping activity, whereas intense fighters showed strong and long-lasting ramping.

- ▶ "Its' like a scalable knob of how angry the mouse is, that gets cranked up over the course of an interaction." Not really a decision to act violently…

- ▶ Is epgenitcs and early environmental experience/trauma implicated? Does it sort of set the baseline of the "knob" up a few points?

socio-ecological model of violence

According to the **socio-ecological model**, violence is a product of the biological, social, cultural and economic factors present at the individual level, the level of interpersonal relations, the community level, and at the level of the society as a whole…

https://www.cdc.gov/violenceprevention/aces/fastfact.html

-The Social-Ecological Model: A Framework for Prevention -CDC

https://www.cdc.gov/violenceprevention/about/social-ecologicalmodel.html#:~:text=Prevention%20requires%20understanding%20the%20factors,%2C%20community%2C%20and%20societal%20factors
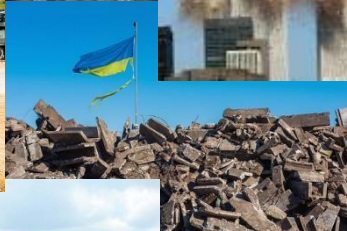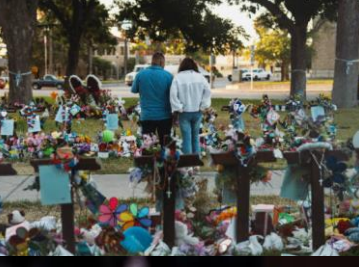
types of violence
more than just gun violence

- Gun
- Domestic Partner
- Sexual Exploitation
- Psychological Abuse
- Stalking
- Economic
- Verbal
- Rape
- Child Abuse
- Terrorism

- Human Trafficking
- Bullying
- Cyber Bullying
- Homicide/Murder
- Youth/Peer
- Social
- Elder Abuse
- Suicide
- War

risk and prevention categories of violence

- **Individual**
- **Family**
- **Peer & Social**
- **Community**
- Others: *Gun, suicide, solitary versus group, etc.*
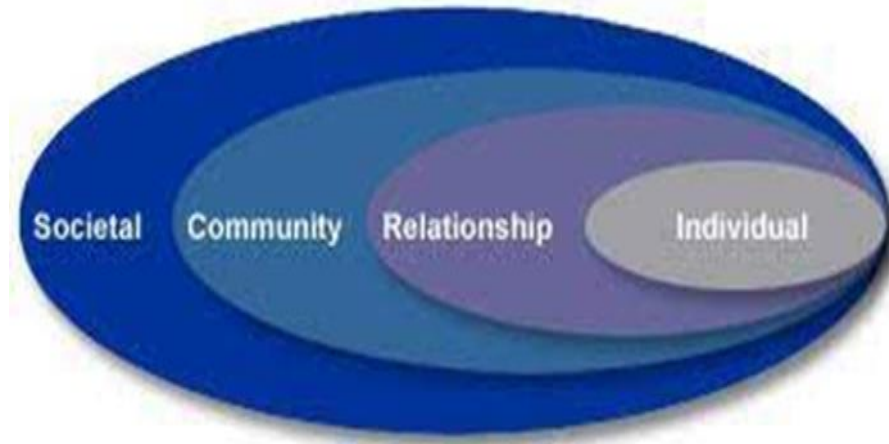
Societal   Community   Relationship   Individual

(CDC Centers for Disease Control and Prevention , March 2020)

violence risk v. protective factors

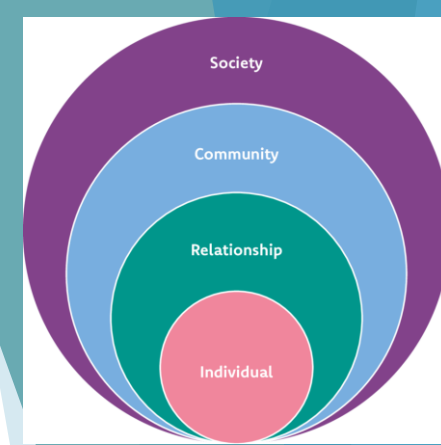*(CDC Centers for Disease Control and Prevention , March 2020)*

▶ **Individual**

  ▶ **Risk Factors:** History of victimization, ADHD, history of early aggressive behavior, drug/alcohol, low IQ, poor behavior control, cognitive processing deficits, high emotional distress, history of treatment for emotional problems, antisocial beliefs and attitudes, and *exposure to trauma, violence and conflict in the family*.

  ▶ **Protective Factors**: Inter-tolerant attitudes toward deviance, high IQ, high GPA, high educational aspirations, positive social orientation, popularity acknowledged by peers, highly developed social skills/competencies and skills for realistic planning, religious beliefs…

violence risk v. protective factors

(CDC Centers for Disease Control and Prevention , March 2020)

Societal · Community · Relationship · Individual

▶ **Family**

▶ **Risk Factors:** Authoritarian childrearing attitudes, harsh/lax/inconsistent disciplinary practices, low parental involvement, low emotional attachment to parents or caregivers, low parental education and income, parental SUD, poor family function, and poor monitoring and supervision of children.

Note: While aggression/violence does run in families, *genetic expression* not enough to explain aggression/violence.

Epigenetics? Mirroring neurons?

▶ **Protective Factors**: Connectedness to family or adults outside of family, ability to discuss problems with parents, perceived parental expectations about school performance are high, frequent shared activities with parents. Consistent presence of parent during at least one of the following: when awakening, arriving home from school, evening mealtime, going to bed; involvement in social activities; parent/family use of constructive strategies for coping with problems (providing models of constructive coping). *Non-violent parenting.*

57% still spank in US

violence risk v. protective factors
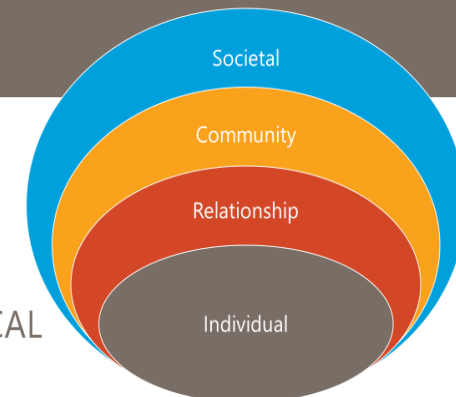*(CDC Centers for Disease Control and Prevention, March 2020)*

▶ **Peer & Social**

  ▶ **Risk factors:** association with delinquent peers, gangs, social rejection by peers, lack of involvement in conventional activities, poor academic performance, low commitment to school and failure. *(As many as 55-70% of youth may be victims of bullying.)*

  ▶ **Protective Factors**: possession of affective relationships with those at school that are strong, close and prosocially-oriented, commitment to school, close relationships with non-deviant peers, membership in peer group that does not condone antisocial behavior, involvement in prosocial activities. Exposure to school climates with: intensive supervision, clear behavior rules, firm disciplinary methods, engagement of parents and teachers.

  (e.g., anti-bullying curricula in schools.)

SOCIAL ECOLOGICAL MODEL

Societal

Community

Relationship

Individual

violence risk v. protective factors
(CDC Centers for Disease Control and Prevention , March 2020)

▶ **Community**

 ▶ **Risk Factors:** diminished economic opportunities, high concentrations of poor residents, high level of transiency, high level of family disruption, low levels of community participation, socially disorganized neighborhoods, high crime areas/neighborhoods/cities, presence of guns, presence of alcohol and drugs, impact of school shootings, corporal punishment in home and school...

 ▶ **Protective Factors:** *(inverse of risk factors)*

Social Ecological Model

SOCIETAL	POLITICAL SYSTEMS CULTURE NORMS
COMMUNITY	SCHOOL FAITH COMMUNITY COMMUNITY CENTER
INTERPERSONAL	FAMILY FRIENDS PARTNERS
INDIVIDUAL	KNOWLEDGE ATTITUDES HABITS

Prevent Violence NC

violence risk assessment

▶ **If we can do a better job assessing risk, perhaps we can intervene proactively and engage in primary violence *prevention…***

▶ *Commonly known/used violence risk assessments used in psychiatric hospitals*

  ▶ *Imminent (within 24 hours)*

    ▶ Brøset Violence Checklist (BVC)

    ▶ Dynamic Appraisal of Situational Aggression (DASA)

    ▶ *Others (COVR, PCL-R, PCL: SV, VRAG, VRS, HCR-20, START)*

  ▶ *Longer-term -> Adverse Childhood Experiences (ACEs) may be predictive*

<u>Note</u>: Instruments designed for prediction of imminent violence performed better at predicting inpatient violence than instruments designed for longer-term follow-up periods…

Ramesh T, Igoumenou A, Vazquez Montes M, Fazel S. Use of risk assessment instruments to predict violence in forensic psychiatric hospitals: a systematic review and meta-analysis. Eur Psychiatry. 2018 Aug;52:47-53. doi: 10.1016/j.eurpsy.2018.02.007. Epub 2018 Apr 4. PMID: 29626758; PMCID: PMC6020743.

mental illness as a violence risk factor

► **Overall**, people with SMI (e.g., major depressive d/o, bipolar disorder, schizophrenia, & schizoaffective disorder are *somewhat more likely* than members of the general public to commit acts of violence.

► In a national community sample of 34,653 people from the National Epidemiologic Survey on Alcohol and Related Conditions, **2.9% of people with SMI had committed violent acts between 2 and 4 years following the study's baseline, compared with 0.8% with no SMI or SUD.**

   (According to research published by the APA, of all crimes committed by people with serious mental   disorders, *only 7.5 percent were directly related* to symptoms of mental illness.)

► **Note: 10% of people with <u>both</u> SMI <u>and</u> SUD committed such acts during that time** (*Social Psychiatry and Psychiatric Epidemiology*, Vol. 47, No. 3, 2012).

► When violence occurs, it is often intertwined with other issues such as history of <u>trauma</u>, <u>ACE</u>s, environmental and additional risk factors.

► Those with SMI are **more likely to be *victims*** of violence than perpetrators…

Adverse Childhood Experiences

▶ Adverse childhood experiences (ACEs) are traumatic events that happen between ages 1 and 17. These negative experiences affect a child's brain and health as they grow into adults.

▶ Adverse childhood experiences (ACEs) can have a tremendous impact on future violence victimization and *perpetration*...

▶ ACEs are quite common, in a middle-class population: more than 2/3 of the population report experiencing one ACE, and nearly 25% have experienced 3 or more.

▶ People who have experienced significant adversity (or many ACEs) are not irreparably damaged. There is a spectrum of potential responses to ACEs and their possible *chain of developmental harm* that can help a person recover from trauma caused by toxic stress.

ACEs Trauma-Related Questions:

▶ **3 Types of abuse:**
- sexual
- verbal
- physical

▶ **5 types of family dysfunction:**
- Parents with Mental Illness
- Parents with alcohol use
- Mother who is domestic abuse victim
- Family member who has been incarcerated
- Loss of a family member

▶ **Expanded ACEs:** Later Added emotional and physical neglect items, then witnessing violence, felt discrimination, adverse neighborhood experiences, being bullied, living in foster care.

CDC Violence Resources for Action
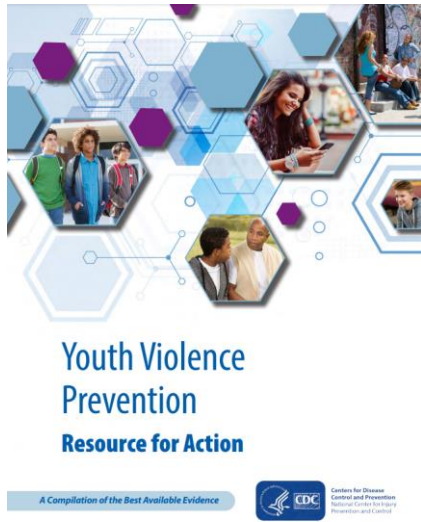
https://www.cdc.gov/violencepreventio n/pdf/YV-Prevention-Resource_508.pdf
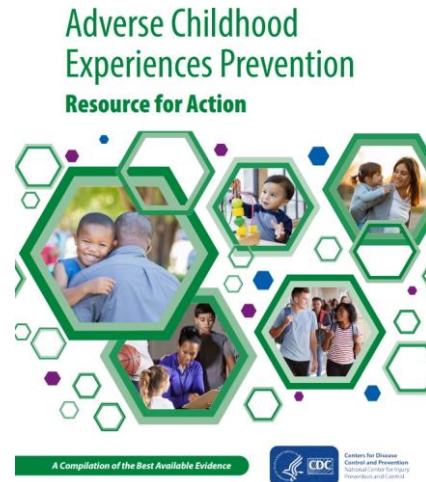
https://www.cdc.gov/violenceprevention/p df/ACEs-Prevention-Resource_508.pdf
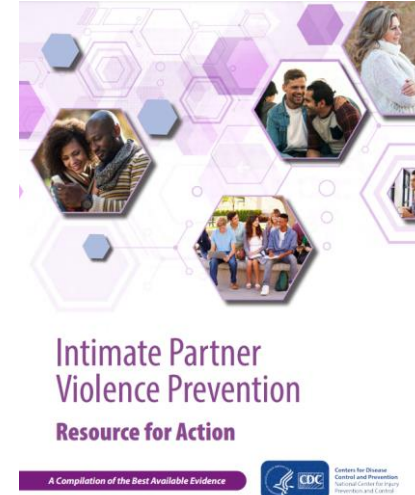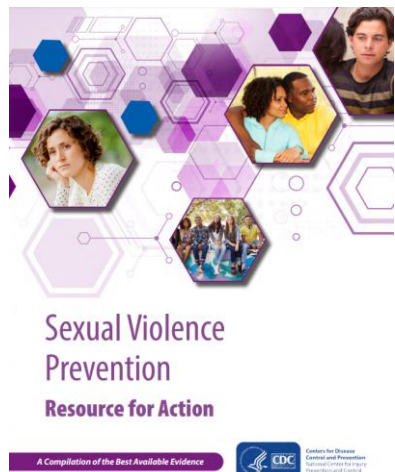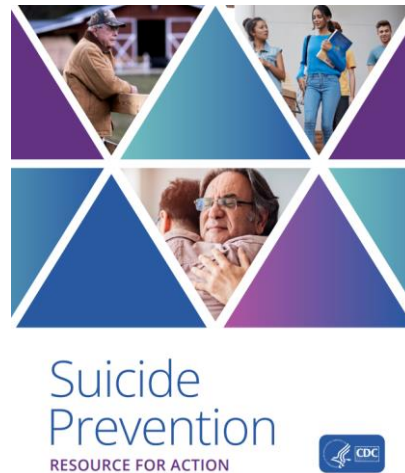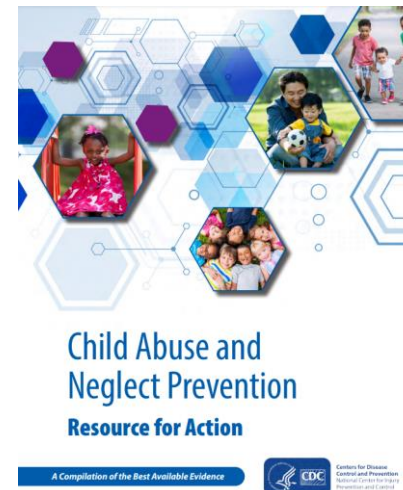
https://www.cdc.gov/violenceprevention/pdf/IPV-Prevention-Resource_508.pdf

https://www.cdc.gov/violencepreventio n/pdf/SV-Prevention-Resource_508.pdf

https://www.cdc.gov/violencepreve ntion/pdf/CAN-Prevention-Resource_508.pdf

https://www.cdc.gov/suicide/pdf/pr eventionresource.pdf

Centers for Disease Control and Prevention
https://www.cdc.gov/violenceprevention/pdf/YV-Prevention-Resource_508.pdf

Strategies and Approaches to Prevent Youth Violence

Strategy (Protective Factors)	Approach
Promote family environments that support healthy development	• Early childhood home visitation *(e.g., NFP)* • Parenting skill & family relationship programs • *("good enough parenting") e.g., PMT, PCIT, PPP, etc.*
Provide quality education early in life	• Preschool enrichment w/family engagement
Strengthen youth's skills	• Universal school-based programs (e.g., anti-bullying, PAX Good Behavior Games)
Connect youth to caring adults and activities	• Mentoring programs & After-school programs
Create protective community environments	• Modify the physical and social environment • Reduce exposure to community-level risks • Street outreach & community norm change
Intervene to lessen harms and prevent future risk	• Treatment to lessen harms of violence exposures • Treatment to prevent problem behavior and further involvement in violence (e.g., Mindfulness, CBT, DBT, etc.) • Hospital-community partnerships

Youth violence starts _early_ in the lifespan

▶ Physical aggression can be common among toddlers. Most children learn alternatives to using violence to solve problems and express their beliefs and emotions **before starting ELEMENTARY school**.

▶ A subset of children may continue to be aggressive, and if these behaviors are not addressed, aggression can persist & increase.

▶ In addition to early physical aggression, many other factors associated with future violence, _(e.g., impulsivity, poor emotional control, and weak social and problem-solving skills)_, are evident in **early childhood**.

▶ Many risks for violence _(e.g., child abuse/neglect, academic problems, poor supervision and management of children's behavior),_ emerge early and heighten likelihood for violence during adolescence/young adulthood.

These signs provide opportunities to change behaviors and conditions _before_ violence patterns are established and become harder to modify.

Critical Response Once Violent Acts Occur

- Mass violence and terrorism incidents require a coordinated, cross-sector approach among federal, state, local, and tribal governments; private entities; and nonprofit organizations to drive an effective response.

- Tools and resources for developing a comprehensive victim assistance plan that can be incorporated into the community's existing emergency response plan are required.

- **Individual Therapies for _perpetrators_:**

  - **Meditation/Mindfulness**, sometimes used in conjunction with CBT and DBT

  - **Behavioral Therapies**/breaking negative reinforcement patterns that increase aggressing (identify antecedents, behaviors, consequences, etc.)

  - **Behavior-based** (PMT, PCIT, etc.)

  - **CBT**

  - **Systems-based Care** (coordinated network of services, providers organized to meet needs of children and youth)

  - **Psychopharmacological Treatments**

National Centers of Excellence in Youth Violence Prevention (YVPCs)

▶ CDC's YVPCs are academic-community collaborations that advance the science and practice of youth violence prevention. Through local partnerships, the YVPCs develop, implement, and rigorously evaluate innovative strategies to prevent violence and create safer, healthier family and community environments for youth.

▶ **The 2021 – 2026 YVPCs are:**

- Center for Youth Equity at Tulane University
  Tulane University of Louisiana

- Kansas City Youth Violence Prevention Research Center
  University of Kansas, Lawrence

- Michigan Youth Violence Prevention Center
  University of Michigan at Ann Arbor

- VCU's Clark-Hill Institute for Positive Youth Development
  Virginia Commonwealth University

- Youth Violence Prevention Center-Denver
  University of Colorado, Boulder

Center for Youth Equity at Tulane University
Violence Prevention Institute

- Tulane's Center for Youth Equity is a culturally responsive youth violence prevention research center embedded within the ongoing community partnerships and existing infrastructure of the Violence Prevention Institute of Tulane University to build and strengthen the network for youth violence prevention in New Orleans and across the Gulf South.

- Its activities include partnerships with the City of New Orleans Office of Gun Violence Prevention, the New Orleans Children and Youth Planning Board, and University Medical Center. With funding from the Centers for Disease Control and Prevention (CDC), CYE is the first CDC-funded Prevention Research Center in the Gulf South explicitly focused on youth violence prevention and one of only five in the United States.

- **CYE Activities**

  - **Research & Evaluation** - establish a research core with two distinct projects

    - Enrichment 2 Empowerment (E2E) - adapt, implement, and evaluate a multi-component enrichment and empowerment program to prevent and reduce exposure to community and police violence among younger African American youth (14 through 19 years) through youth-led research and social action.

    - Supportive Hospital-based Intervention for Firearm Trauma (SHIFT) - evaluate the effects of a hospital-initiated, community-integrated practice-based approach in reducing gun violence among older youth (18-24 years)

  - **Training & Education** - develop innovative and trans-disciplinary educational and training opportunities for early career and junior scholars, youth, and professionals aimed at developing and strengthening a workforce that is best positioned to impact youth violence prevention efforts locally, regionally, and nationally

  - **Outreach & Translation** - translate the evidence base for community youth violence prevention strategies into wide spread outreach and dissemination efforts targeting community groups, youth-serving organizations, hospital systems, and policymakers

Kansas City Youth Violence Prevention Research Center (YVPC-KC)

Black and Hispanic/Latinx youth experience disparities in violence nationally and in the Kansas City metro area. The Kansas City YVPC is designed to expand the evidence base for participatory strategies to prevent and reduce youth violence, particularly among Black and Latinx youth. Strategies include *ThrYve4Change*, a youth mobilization strategy, and REVIVE (Reducing the Effects of Violence through Intervention and Victim Empowerment), a scaled multisite hospital violence prevention program. This project will examine changes in community conditions, risk and protective factors, firearm-related hospital admissions, and youth homicides.

Michigan Youth Violence Prevention Center (MI-YVPC)

Structural factors associated with racism and inequitable distribution of resources are determinants of violence, including interpersonal firearm violence. The MI-YVPC's project results will be used to create toolkits for community and youth-engaged firearm violence prevention that can be translated to multiple contexts. MI-YVPC will implement and evaluate emergency department and community-driven strategies to advance youth firearm injury prevention in Muskegon, Michigan and surrounding area, and Washington, DC. A multi-case study design will be used to analyze community-level police incidents and injury data. This project will also include a public health leadership training program for underrepresented minority undergraduate and graduate students.

Clark-Hill Institute for Positive Youth Development – VCU Healthy Communities for Youth

▶ Youth account for the majority of homicide victims in Richmond, Virginia, and African American youth are disproportionately impacted. VCU's project will help identify strategies that prevent and decrease rates of youth violence in Richmond and similar communities. VCU's efforts will support the implementation and evaluation of complementary participatory strategies for youth violence prevention in three communities in Richmond experiencing economic disadvantage. Impact will be measured based on community-level indicators of youth violence exposure. The strategies include a culturally responsive curriculum for African American adolescents, a method where youth and adults identify and develop an action plan to address social and structural conditions, hospital-based violence prevention, and partner education to build capacity for youth-serving grassroots organizations.

Youth Violence Prevention Center-Denver

The YVPC- Denver project is designed to build the science and create a collaborative, practical, and culturally informed approach for violence prevention. YVPC-Denver's project will use a youth-community-university partnership to implement and evaluate youth violence prevention strategies (*The Power of One for Youth Engagement Initiative, Violence Prevention and Interruption through Bystander Reporting and Social Media Monitoring, and Enhancing Youth Athletics and Career Development Programs*) in two Denver, Colorado communities experiencing a high violence burden. Youth receive training through a youth advisory council and an early career researcher program. Success will be measured by reductions in rates of youth violence, increases in positive social opportunities, and sustainable improvements in public health practices.

Lessons Learned from YVPCs

► Lessons learned have focused primarily on developing surveillance systems, partnerships, program implementation, and sustainability.

► **Surveillance Systems**

  ► collect data tracking magnitude and burden of youth violence and measure impact over time to help identify relevant risk and protective factors.

► **Partnerships**

  ► a collaborative process that involves multi-disciplinary and multi-sector partnerships, and relies on the quality of partnerships and capacity of schools, faith-based organizations, and other prominent community organizations

► **Program Implementation**

  ► substantial and sufficient resources are required – especially during the planning and initial implementation phases

► **Sustainability**

  ► Consistent funding is pivotal, as is establishing local organizations, such as non-profit organizations.

  ► Establishing and maintaining programs and strategies within local agencies and community organizations through scale-up and replication across school districts, neighborhoods, cities, and state-wide are also key.

Louisiana/OBH Initiatives

▶ **OBH EBP's:**

These build conflict resolution, coping skills and holistically promote violence prevention among youth...

▶ OBH's collaboration with LSUHSC's Center for Evidence to Practice supports implementation of Child-Parent Psychotherapy, FFT, Functional Family Therapy-CW, Homebuilders, MST, NFP, PCIT, Pre-School-PTSD Treatment, Trauma-focused CBT, Triple P, Youth-PTSD, and EMDR.

SECOND STEP

▶ **SECOND STEP** – Emphasizes building a foundation for a positive, inclusive culture through developing social-emotional competencies, to include perspective-taking, empathy, processing emotions, understanding and resolving conflicts, and building positive relationships.

School aged students served SFY23 - 8,871

Funding Allocated - $343,651 (SAPT Block Grant)

TOO GOOD FOR DRUGS/VIOLENCE

- This curriculum promotes character values, social-emotional skills, and healthy beliefs in elementary and middle school students. The program includes seven lessons per grade level for elementary school (K–5) and nine lessons per grade level for middle school (6–8). All lessons are scripted and engage students through role-playing and cooperative learning games, small group activities, and classroom discussions. Students are encouraged to apply these skills to different contexts. Too Good for Violence also includes optional parental and community involvement elements.

School aged students served SFY23 – 6,921

Funding Allocated – $394,425 (SAPT Block Grant)

POSITIVE ACTION

▶ A comprehensive coherent program that has components for all parts of the school, the family, and the community. It works on many levels of the school—from the individual to the classroom to the entire school system. It addresses all areas of the self: the physical, intellectual, and social/emotional. It is both a content area and a teaching method.

▶ Within its curriculum, it teaches standards of achievement in every content subject area directly and applied. It is also integrated into all subject areas. It is taught at every level of learning: cognitive, affective, and behavioral. It also brings all the power of positive-ness so potential is reached and barriers are removed. The synergy of all these dynamic working together improves behavior, school performance, self- concepts and attendance.

School aged students served SFY23 – 2,277

Funding Allocated – $15,200 (Partnerships for Success II Grant)

Additional OBH Activities and Resources:

▶ Suicide prevention resources. https://www.ldh.la.gov/page/4490

▶ Members of the Prevention and Wellness Team have participated in School Safety Collaborative Meetings.

▶ OBH's Dr. Robyn Thomas, State Suicide Prevention Coordinator, serves on the Terrorism and Disaster Gulf Coast Coalition for Children and Family Resilience.

▶ OBHs Disaster Behavioral Health Response Resources on its webpage. https://ldh.la.gov/page/2519.

▶ The following resources are found on this page:

   ▶ Community Violence: Reactions & Actions in Dangerous Times

   ▶ Coping with Grief after Community Violence

   ▶ Coping with Stress After a Traumatic Event

   ▶ Explaining the news to kids

   ▶ How to Talk with Children About Difficult News & Tragedies

   ▶ National Child Traumatic Stress Network Center: Catastrophic Mass Violence Resources

   ▶ LSU Health Sciences Centers: Terrorism and Disaster Coalition for Child and Family

   ▶ Louisiana CASA: Hurricane Ida Resources for Family and Children

Hospital-Based Violence Intervention/Prevention Programs

- HVIPs are multidisciplinary programs that combine the efforts of medical staff with trusted community-based partners to provide safety planning, services, and trauma-informed care to violently injured people, many of whom are boys and men of color.

- Engaging patients in the hospital, during their recovery, is a golden opportunity to improve lives and reduce retaliation and recidivism. The support network continues once patients are released with a pathway for outpatient care and other services.

- Instead of waiting for the patient to seek care, HVIPs bring trauma-informed care to the patient while in a hospital-based setting.

- Hospital-based violence intervention programs (HVIPs) are multidisciplinary programs that identify patients at risk of repeat violent injury and link them with hospital- and community-based resources aimed at addressing underlying risk factors for violence.

Ochsner & LSU Health Shreveport's

PROTECT-**P**rovide **R**esources & **O**utreach **T**ools for **E**very **C**hild & **T**een: A hospital violence intervention program for pediatric victims

▶ PROTECT is a hospital violence intervention program for victims who are 17 years of age and under. We work with victims, alongside their families, while they are being treated for firearm related injuries. We take a public health approach to violent injury by providing internal and external support with the goal of reducing risk factors associated with violent injuries.

Offerings:

- Child Care
- Crisis Intervention
- Art Therapy
- Housing Services
- LGBTQ Support

- Shelter Assistance
- Mentoring
- Educational Services
- Mental Health Services

https://www.ochsnerlsuhs.org/protect
318-626-3737