



Community Intervention Approaches for Youth Chronically Exposed to Violence

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Presentation Outline

Research goals and conceptual framework

Community Based Participatory Research

Impact of violence exposure

HOPE Project example



Research Goals and Objectives

Build collaboration with communities and organizations to identify, implement, and evaluate appropriate and relevant mental health interventions for children and adolescents

Capacity Building:

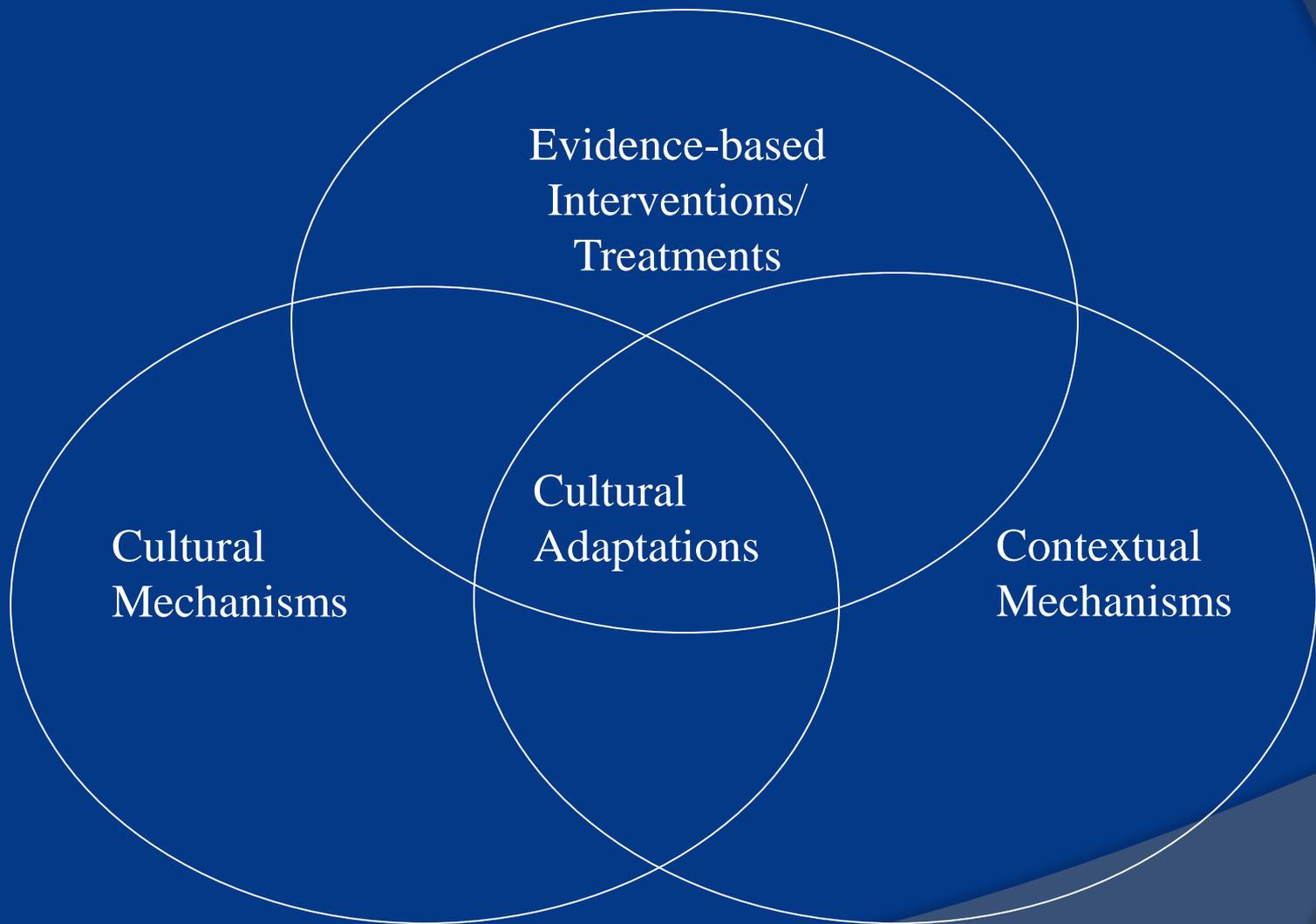
- Utilization of a systems approach to address the infrastructure of child and adolescent mental health programs

Development, implementation, and evaluation of evidenced-based intervention to ensure cultural and contextual relevance

Examine protective networks for youth exposed to violence (i.e., chronic stress, complex trauma)



Conceptual Model for Intervention Development





COMMUNITY BASED PARTICIPATORY RESEARCH



Defining CBPR

- “Collaborative approach to research, equitably involves all partners in the research process and recognizes the unique strengths that each brings. CBPR begins with a research topic of importance to the community with the aim of combining knowledge and action for social change to improve community health and eliminate health disparities”



Essential to Defining CBPR

- ⦿ PARTNERSHIP and PARTICIPATION
- ⦿ RESEARCH : a systematic investigation of a topic of importance to the community
- ⦿ ACTION : The research is not the primary objective; focus is action – action to improve health and well-being of community members



CBPR Principles

- ◎ CBPR recognizes community as a unit of identity
- ◎ CBPR builds on strengths and resources within the community
- ◎ CBPR facilitates collaborative, equitable partnership in all phases of the research



CBPR Principles

- CBPR promotes co-learning and capacity building among all partners
- CBPR integrates and achieves a balance between research and action for the mutual benefit of all partners.
- CBPR emphasizes local relevance of public health problems and ecological perspectives that recognize and attend to the multiple determinants of health and disease



CBPR Principles

- CBPR involves systems development through a cyclical and iterative process
- CBPR disseminate findings and knowledge gained to all partners and involves all partners in the dissemination process
- CBPR involves long-term process and commitment





The Road to Effective Mental Health Interventions for Youth Exposed to Violence





Health Opportunities and Partnership (HOPE) Project



Center for Adolescent Health (CAH) at Johns Hopkins:
CDC Prevention Research Center

Collaboration with academic and community partners

Prioritized mental health as focus for ongoing collaboration
between Youth Opportunities (YO) and CAH

Intervention to prevent depression among YO members

Disconnected Emerging Adulthood

- Public schools in the United States graduate only about 70% of their students, with many urban school systems, including the Baltimore City School System, graduating 50% or fewer (Balfanz & Legters, 2006; Maryland Report Card, 2008).
- Many of these school dropouts are also disconnected from the labor force. Nationally, the employment rate of 16-24 year-olds who dropped out of school is only 46%, with this figure dropping to 31% for 16-24 year old African American youth (Sum et al., 2009)
- Mental health a primary barrier to job training.



Mental Health Needs of Emerging Adults

- Epidemiologic research has found that 25% of adolescents and young adults, aged 16-24, will experience a depressive episode by age 24—the highest incidence rate of any age group (Kessler et al., 2005; Kessler & Walters, 1998).
- Depression may also affect the ability of adolescents and young adults to successfully complete school or employment and workforce development programs, particularly for individuals with limited assets and supports.

Impact of Violence Exposure for Youth Residing in Inner City Communities

Exposure to violence represents an uncontrollable stressor that characterizes the developmental context of many inner-city youth (Buka et al., 2001)

African American youth are disproportionately represented in low-income communities, which are significantly affected by violence and crime

Depression and posttraumatic stress frequently related to violence exposure in inner-city children and adolescents



Mental Health Interventions

Mental health interventions and prevention are needed to address the mental health needs of this population

Few evidenced-based interventions take into consideration the cultural and contextual factors



Prevalence of Depression Symptoms Among YO Members

	Overall	Age Group ²			Gender ³	
Depressive Symptom Level		16-17 (n = 133)	18-20 (n = 236)	21-22 (n = 69)	Male (n = 234)	Female (n = 204)
No/Low symptoms (CES-D 0-9)	33%	33%	33%	33%	35%	31%
Mild/moderate symptoms (CES-D 10-24)	51%	48%	54%	44%	53%	50%
Severe symptoms (CES-D \geq 24)	16%	19%	13%	23%	12%	19%

¹ Participants with > 1 CES-D item missing (n = 14) excluded from analysis

² Respondents > 22 years (n = 2) excluded from analysis

³ Respondents identifying as "transgender" (n = 2) excluded from analysis





STOP

AW
WALK
OVER





Josbel City **Mimi Market**
Cold Sandwiches
FRESH MEATS & MEATSALTS FRESH FISH EGGS CHEESE HOT CORNMEAL SWEET CORN ATM LOTTERY

INSTANT
LOTTO

WE
SERVE
ALL
KINDS
OF
FOODS
&
BEVERAGES

LOTTO
OFFERS
CASH ON HAND





Peer Intervention Curriculum

High rates of violence reported among YO members

- 40% reported carrying a weapon
- 28% witnessed a homicide (40% of males)

Young people experiencing life events including death, violence, abusive relationships



Structured Psychotherapy for Adolescents Responding to Chronic Stress (SPARCS)

Learning collaborative of The National Child Traumatic Stress Network

Length: 16 week and 6 week abbreviated

Draws upon concepts from:

Cognitive-Behavioral Therapy

Dialectical Behavioral Therapy for Adolescents

Trauma Adaptive Recovery – Group Education Therapy (TARGET)

School-Based Trauma/Grief Psychotherapy Program



Curriculum Adaptation

Adaptation related to group characteristics:

- ⊙ Exposure to violence and personal relationships two significant stressors for urban Baltimore youth
- ⊙ SPARCS sessions adapted to make curriculum examples anchored to these stressors

Adaptation related to program delivery staff:

Peer Leadership Group (PLG) members trained as interventionists not mental health professionals

Road to Adaptations...

This can't be like school. If you make it like school you are going to lose people. This has to be exciting. It has to be real
(commenting on intervention content).

Mental health doesn't mean you are crazy. Everybody goes through something. There's good mental health and bad mental health. People need to know they can talk to someone. You wouldn't go to your aunt or cousin if you had a bullet in you. Not taking care of your mental health is like doing that
(on why mental health is important).



Participatory Curriculum Adaptation

Weekly PLG meetings

Practice sessions of SPARCS

Critique and feedback

Tape recordings and note taking

Discussions

Pressing issues affecting youth residing in East Baltimore

Stress and coping in East Baltimore

Community norms related to mental health

Development of supplemental sessions based on themes from conversations with PLG





Sample NON-SPARCS Session

Mental Health Disparities and Stigma

Defining Mental Health

Stigma and Mental Health in East
Baltimore

Myths/Facts Related to Mental Health

Understanding Mental Health
Disparities

Mental Health Resources in East
Baltimore

Vignette:

Margaret (age 18): Her parents died when she was 5. She moved in and out of several foster homes and she was abused by her foster parents. She has no real family members, and she feels no one loves her. She does not have anyone she can talk to about her problems. She had one friend but her friend got shot by a stray bullet and then she started feeling really alone. She's very insecure and she has slept around in search of love. She lost interest in things, sleeps most of the day, keeps to herself, doesn't eat well, rarely eats, and feels worthless. Sometimes she wonders why she is even here.



Adapted Mental Health Curriculum

Stress and coping strategies*

Mental health stigma, mental health disparities

Self-awareness*

Stress and the body*

Emotion expression

Distress tolerance*

Stress and symptoms; mid-intervention assessment

Building/maintaining relationships

“Make a link”*

Problem solving*

Identifying personal triggers

Review/goals and hopes for future

* SPARCS session

Challenges and Needs for Further Adaptations

Length of Intervention

Competing Goals

Employment Opportunities





Adapted Mental Health Intervention

Stress and Coping Strategies*

Problem Solving – LET GO*

Mental Health Stigma, Mental
Health Disparities

MAKE-A-
LINK*/Relationships

States of Mind*

Distress Tolerance*

The Body, Stress, and
Violence*

Review/goals and hopes for
future

Anger and Violence

* SPARCS session

HOPE Project Team

2006 – 2009 Intervention Leaders:

Benjamin Byrd, Jahon Jones

Clinicians:

Dr. GiShawn Mance

Dr. Tamar Mendelson

HOPE Project Coordinator

Meg Tucker

HOPE Project Principle Investigators

Dr. Freya Sonenstein

Dr. Darius Tandon



CENTER *for*
ADOLESCENT
HEALTH

Questions

Thank You



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Preliminary Findings

Formative Process Data Regarding Peer Leaders:

I like how they were patient with us and they got down their points and stuff and that we could use it not only in a group but outside too. I like the fact of that. **(group member)**

...and with males being our group leaders it was like a mixed group I think they presented themselves well. I liked it because you don't usually see like two young guys really handling a group of teens that maybe in their age range or younger and handling it as well as they did. **(group member)**



Preliminary Findings

Qualitative Data Regarding Content:

What did you like about the group?

All of 'em. Um, I liked when we learned about the body alarm systems 'cause like when I get mad and stuff, it's these certain stuff going on with me and I don't know what it is. So, um the body alarm system helped me and the SOS thermometer so I can um you know self-check and orient myself, so I wouldn't have to you know go up to somebody...So, it was...the whole group was nice it helped me with a lot. **(group member)**



Ethical Issues and Community Participation

- ⦿ Individual vs community
- ⦿ Consent
- ⦿ Data
- ⦿ Dissemination