CASE WESTERN RESERVE UNIVERSITY | SCHUBERT CENTER FOR CHILD STUDIES

Conversation Series 2013-2014
Overcoming Adversity in Childhood

Youth and Violence: Understanding Risk, Response and Recovery

Thursday, February 27, 2014

James Adams, CEO
Geauga County Board of Mental Health and Recovery Services

Jean Frank, MPH, Manager, Community Initiatives
CWRU Prevention Research Center for Healthy Neighborhoods

Jeff Kretschmar, PhD, Research Assistant Professor
Begun Center for Violence Prevention Research and Education
Mandel School of Applied Social Sciences

Violence in Childhood: Understanding Prevalence, Risk and Prevention Strategies

Jean L. Frank, MPH

Manager of Community Initiatives

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at Case Western Reserve University

Acknowledgements

- Funding provided by:
  - Ohio Department of Health/Federal Government, Bureau of Child and Family Health Services through the Cuyahoga County Board of Health's Child and Family Health Service Program
  - Centers for Disease Control and Prevention (1-U48-DP-001930)
  - St. Luke's Foundation
- School Districts and students

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Plan for Today

- Review items included in survey
- Describe violence behaviors
- Examine groups most at risk
- Consider associations

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Youth Risk Behavior Survey

- Developed by the Centers for Disease Control and Prevention
- Provides a "snapshot" of student's health risk behaviors
- Wide array of topics:
  - Personal safety, tobacco use, alcohol use, other drug use, violence, physical activity, sexual behaviors

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History of Local Efforts

- www.prchn.org/yrbs.aspx
- www.cdc.gov/healthyyouth

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Survey Items – Violence Participant

- Carried a weapon, past 30 days
  - In general
  - On school property
- In a physical fight, past 12 months
  - In general
  - On school property
- Did not go to school because of safety concerns, past 30 days

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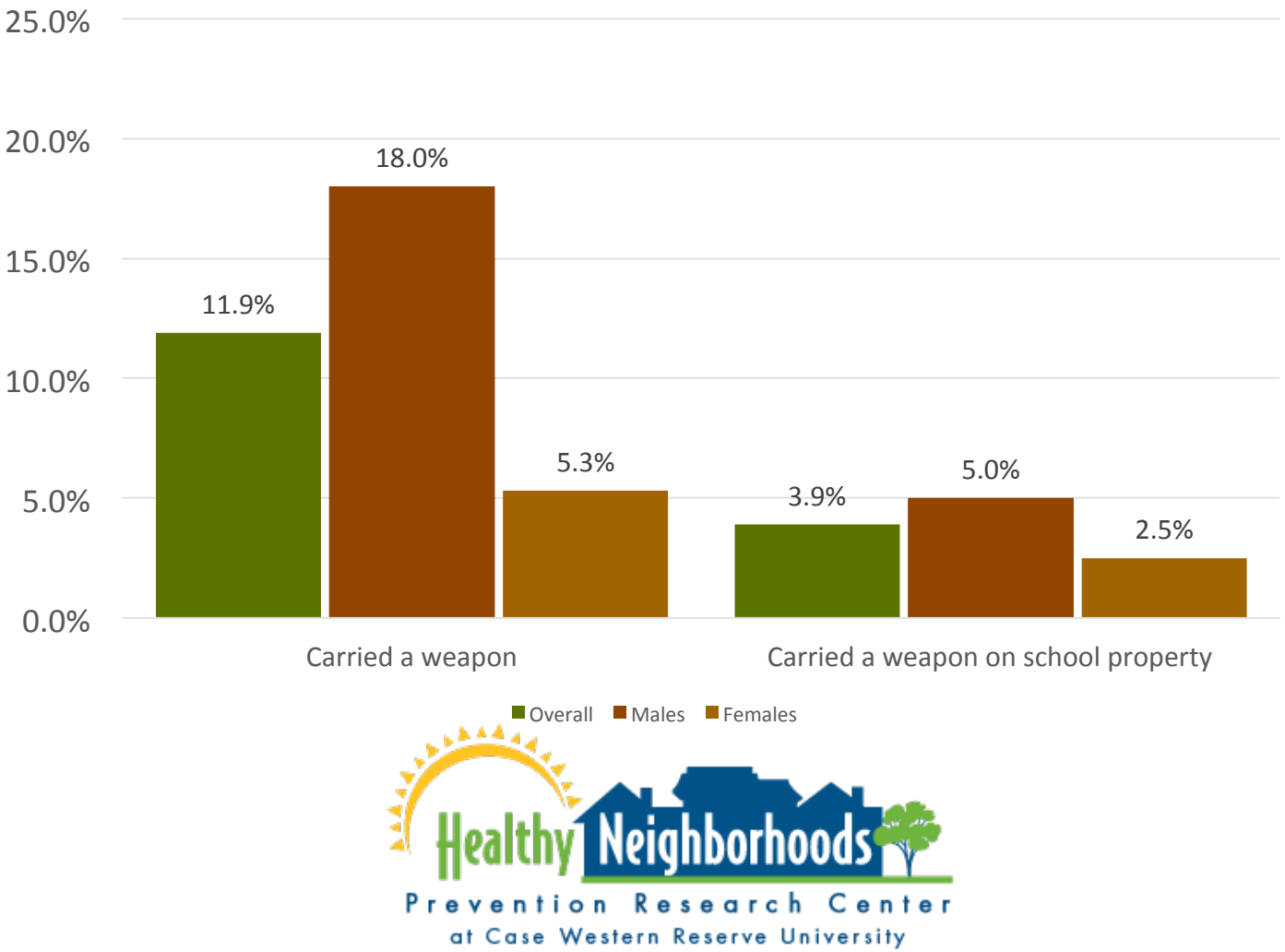
Weapons, past 30 Days: HS



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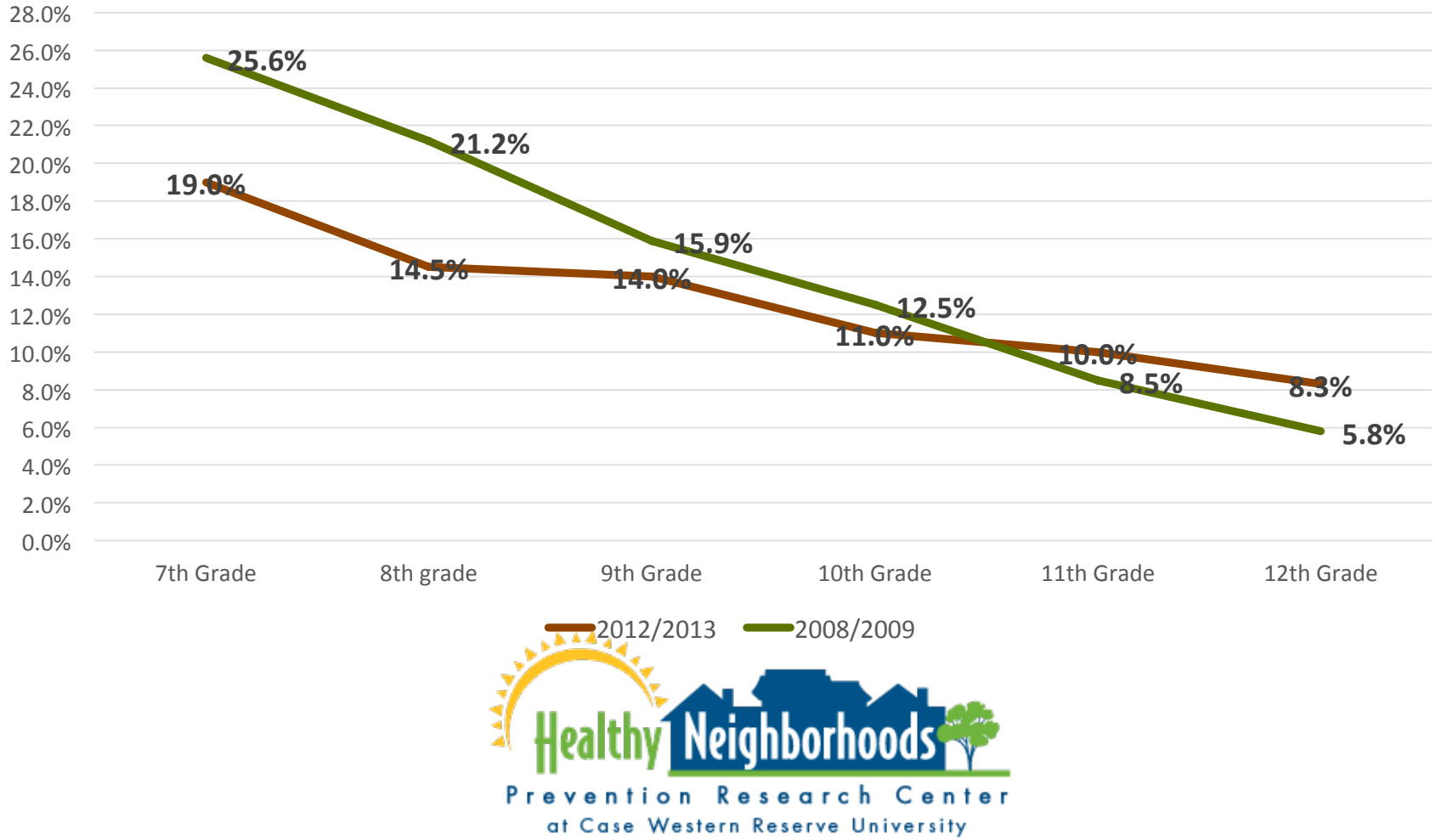
Physical Fight on School Property, past 12 months: by grade



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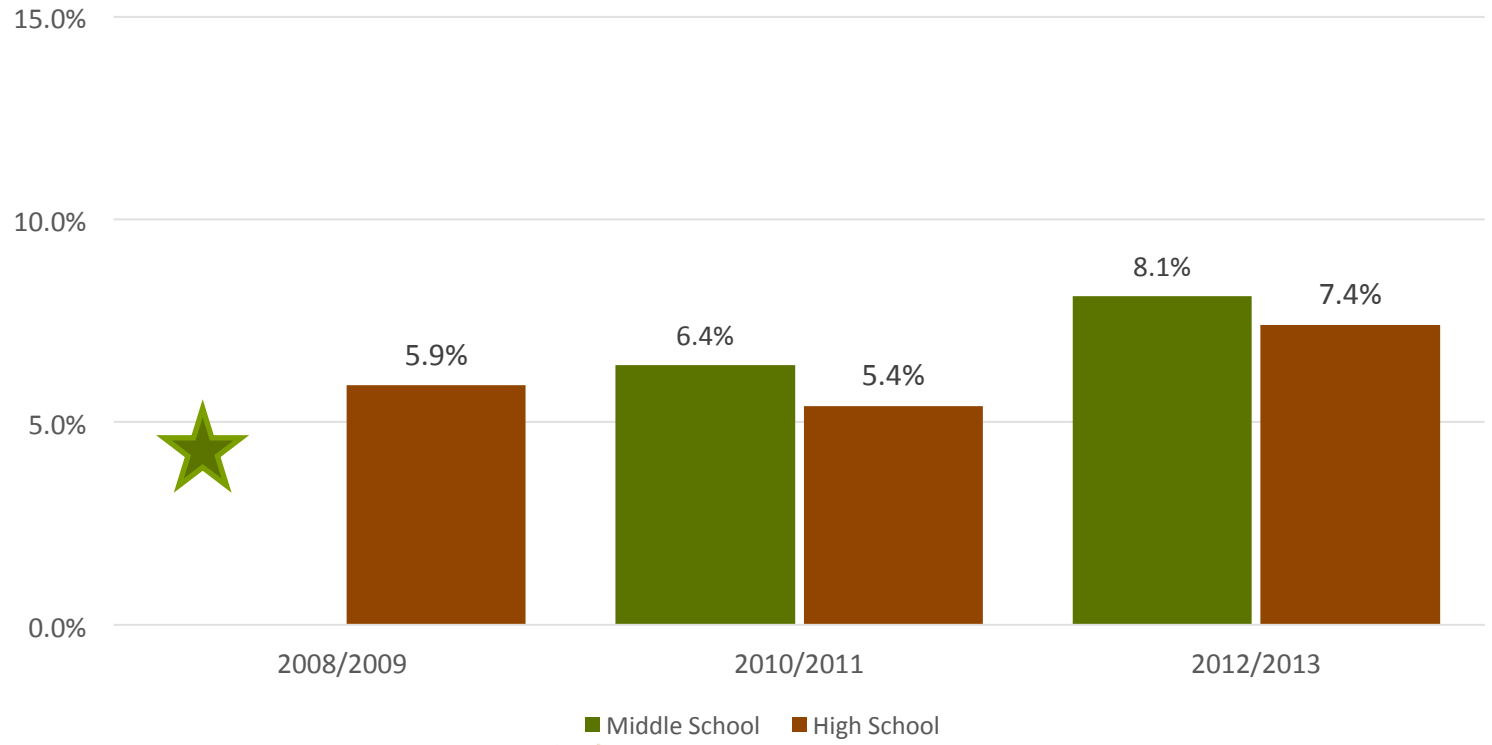
Avoided School Due to Safety Concerns: MS, HS



★ Item not included.

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Associations with Substance Use: HS

Physical Fighting	No	Yes	p
Current Tobacco Use	15.9	39.9	<.05
Current Alcohol Use	28.5	46.8	<.05
Current Marijuana Use	16.5	41.0	<.05

Avoided School Due to Safety Concerns	No	Yes	p
Current Tobacco Use	20.6	43.7	<.05
Current Alcohol Use	32.4	47.1	<.05
Current Marijuana Use	21.7	37.9	<.05

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Associations with Protective Factors: HS

Physical Fighting	No	Yes	p
4 – 6 Assets	39.3	28.5	<.05
No Current Substance Use	60.0	32.5	<.05
Earned A's & B's in School	77.9	55.4	<.05
Dinner with Family/Week	83.3	78.1	<.05

Avoided School Due to Safety Concerns	No	Yes	p
4 – 6 Assets	37.0	29.4	<.05
No Current Substance Use	54.1	32.4	<.05
Earned A's & B's in School	73.4	56.3	<.05
Dinner with Family/Week	82.2	77.7	<.05

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Survey Items – Violence Victim

- Threatened or injured with a weapon on school property, past 12 months
- Bullied on school property, past 12 months
- Electronically bullied, past 12 months

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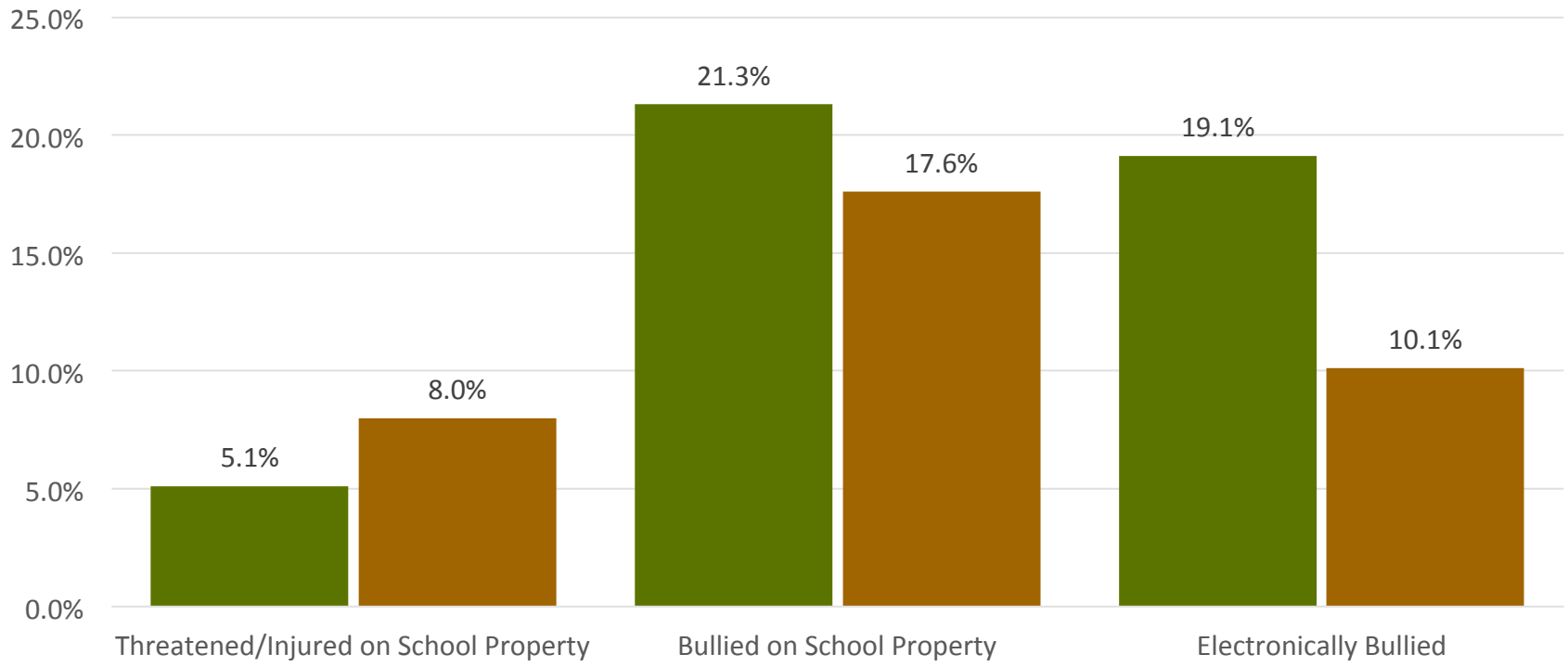
Victim of Violence, by gender: HS



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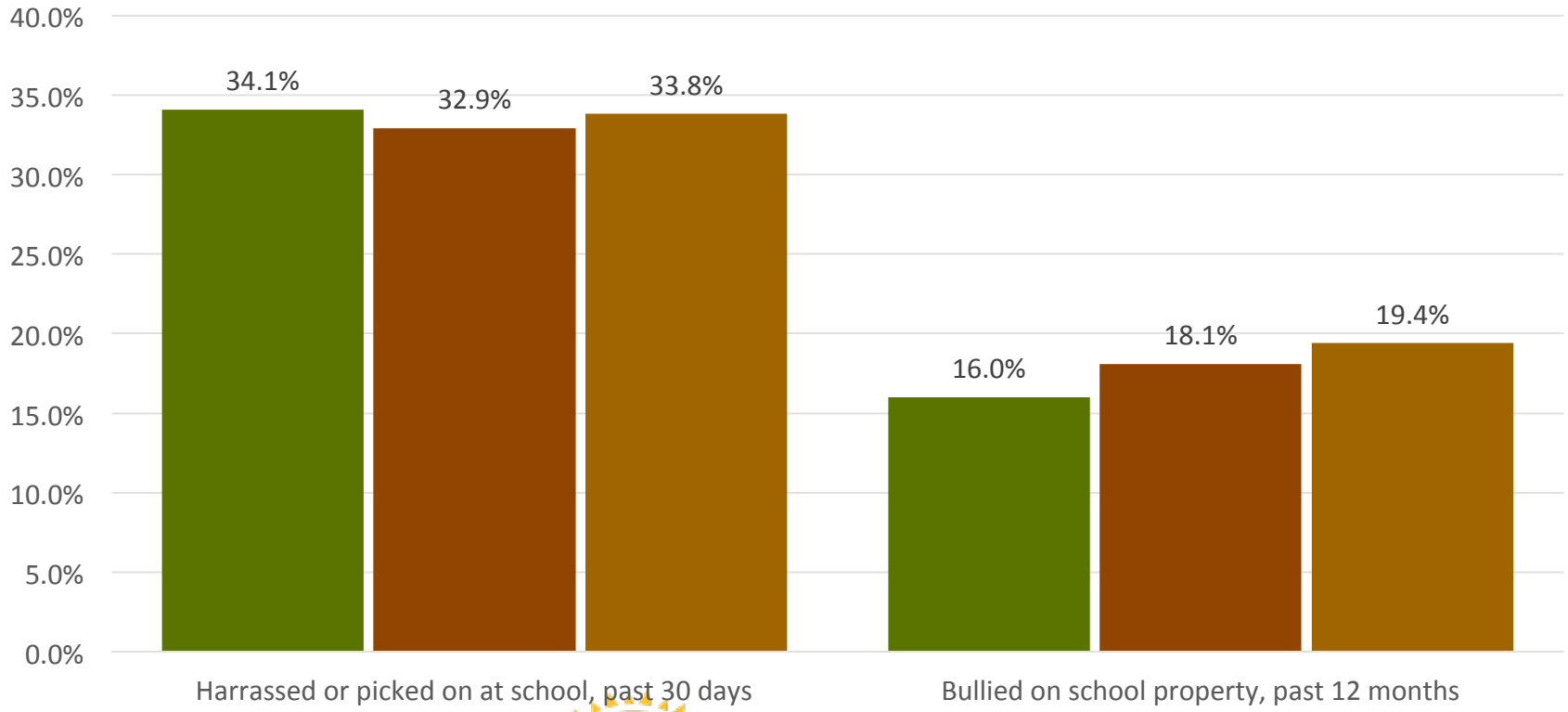
Harassed or Picked On or Bullied on School Property: MS,HS



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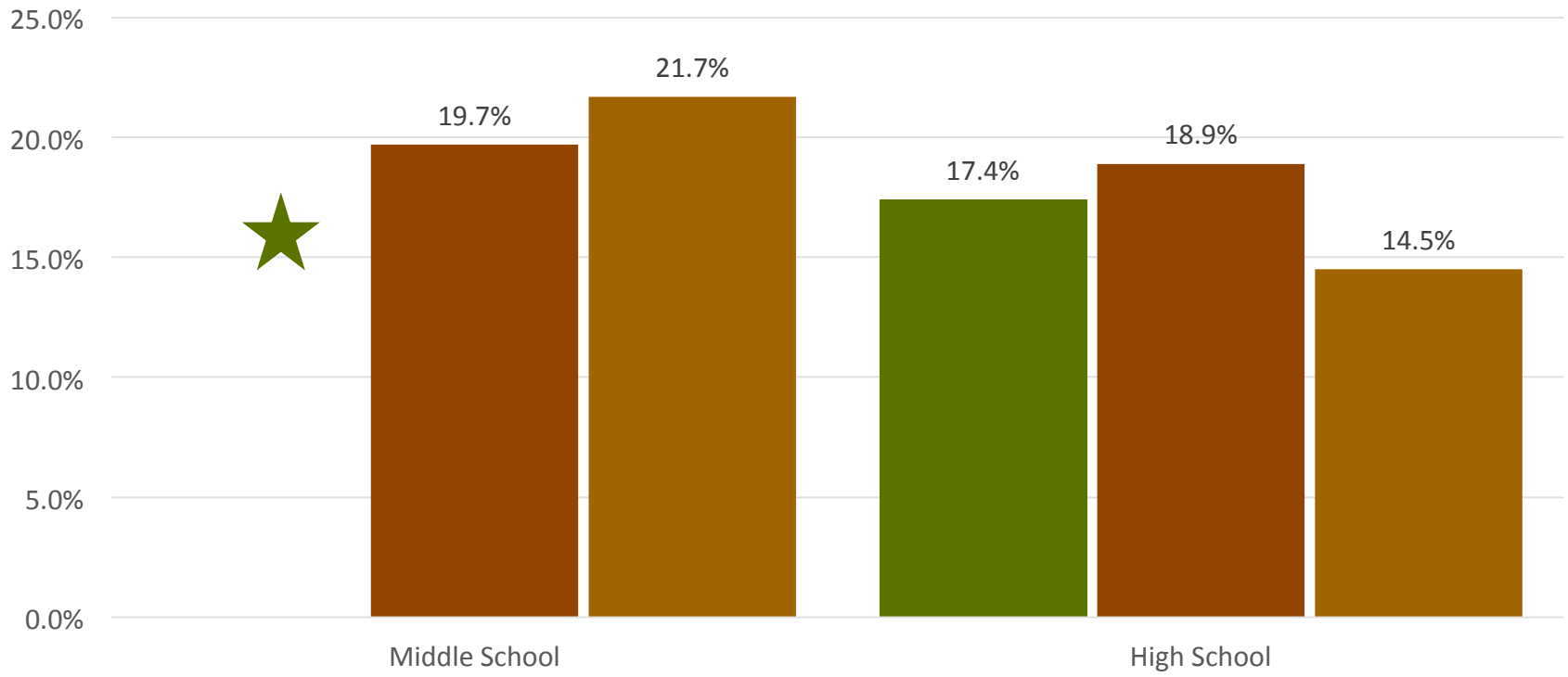
Electronically Bullied, past 12 months: MS, HS



★ Item not included.

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Associations with Substance Use: HS

Bullied on School Property	No	Yes	p
Current Tobacco Use	21.3	26.4	<.05
Current Alcohol Use	32.6	36.9	ns
Current Marijuana Use	23.1	21.9	ns

Electronically Bullied	No	Yes	p
Current Tobacco Use	20.4	33.3	<.05
Current Alcohol Use	31.7	43.7	<.05
Current Marijuana Use	21.8	29.5	<.05

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Associations with Protective Factors: HS

Bullied on School Property	No	Yes	p
4 – 6 Assets	36.9	34.0	ns
No Current Substance Use	54.3	41.7	<.05
Earned A's & B's in School	72.4	71.0	ns
Dinner with Family/Week	82.4	79.0	ns

Electronically Bullied	No	Yes	p
4 – 6 Assets	36.9	34.0	ns
No Current Substance Use	54.3	41.7	<.05
Earned A's & B's in School	72.4	71.0	ns
Dinner with Family/Week	82.4	79.0	ns

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Summary

- Younger students are more likely than older students to report both participating in and victimization from violence-related behaviors.
- The prevalence of several violence-related behaviors has declined among secondary school students in Cuyahoga County.
- Participation in violence-related behaviors is positively associated with tobacco, alcohol and marijuana use.
- Victimization from violence-related behaviors is positively associated with several substance use behaviors.
- Protective behaviors are associated with violence participation, but less consistently with victimization.

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Contact Information

- Jean Frank, Manager of Community Initiatives
  - (216) 368-5913
  - Jlf16@case.edu
- Laura Danosky Yoder, Data Manager
  - (216) 368-5745
  - lmd68@case.edu
- Erika Trapl, Principal Investigator
  - (216) 368-0098
  - est2@case.edu
- www.prchn.org

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Childhood Violence Exposure and the Behavioral Health/Juvenile Justice Initiative

Jeff Kretschmar, Ph.D.

Begun Center for Violence Prevention Research and Education
Jack, Joseph and Morton Mandel School of Applied Social Sciences
Case Western Reserve University

Acknowledgements

- Fred Butcher
- Sarah Myers
- Wendy Boerger
- Dan Flannery
- Mark Singer
- The Ohio Department of Youth Services
- The Ohio Department of Mental Health and Addiction Services

What is BHJJ?

- Diversion program for juvenile justice-involved youth with mental/behavioral health issues
  - Sponsored by the Ohio Departments of Mental Health and Addiction Services (ODMHAS) and Youth Services (ODYS)

- Current goal is to reduce the number of youth with mental/behavioral health issues that are being sent to ODYS and local juvenile justice facilities.
  - In lieu of detention, appropriate youth are referred to the BHJJ program for evidence-based mental/behavioral health treatment.
  - Youth may be treated in the home, in outpatient settings, or in more intensive inpatient facilities if needed.

What is BHJJ?

- Participating counties must use an evidence-based treatment model, but are free to use the evidence-based treatment model that best suits the needs of the youth and families in the county.
  - Types of EBP's currently used:
    - Multi-systemic Therapy (MST)
    - Functional Family Therapy (FFT)
    - Intensive Home-Based Therapy (IHBT)
    - Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)
    - Integrated Co-Occurring Treatment (ICT)
    - Hi-Fidelity Wraparound

Target Criteria

- BHJJ targets youth:
  - DSM IV diagnosis
  - Aged 10 to 18
  - Substantial mental status impairment in affective, behavioral, and/or cognitive domains
  - Co-occurring substance abuse
  - Violent and/or pattern of criminal behavior
  - Charged and/or adjudicated delinquent
  - Exposed to/victim of trauma and/or domestic violence
  - History of multi-system involvement

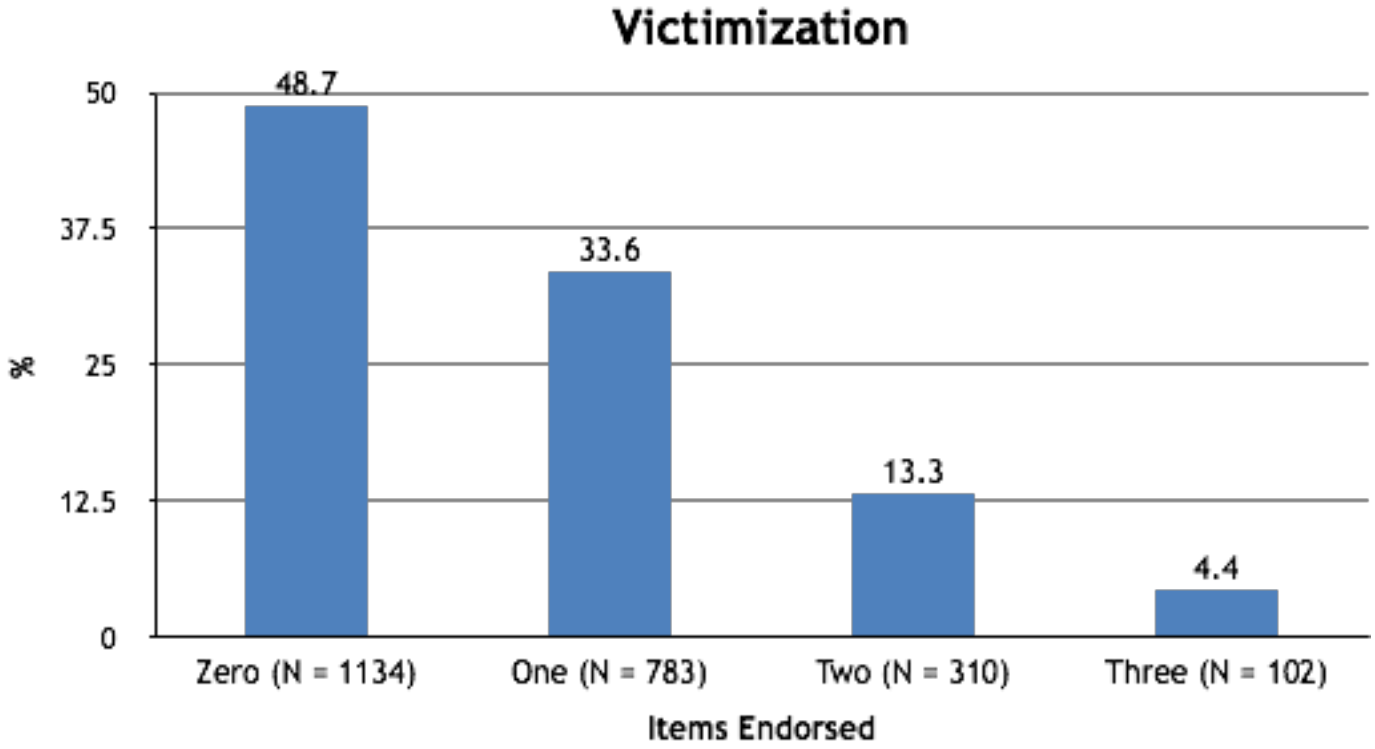
BHJJ Population

- Over 2,500 youth enrolled since 2006 from 11 counties
  - 58% male
  - 52% White
  - Average Age: 15.6 years

- Average of 2.3 Axis I DSM diagnoses
  - ODD, Cannabis, ADHD, Depressive, Alcohol, Conduct, Bipolar, PTSD

Youth and Family History

Question	Females	Males
Has the child ever been physically abused?	20.5% (n=194)**	15.3% (n=208)
Has the child ever been sexually abused?	28.1% (n=262)***	7.1% (n=95)
Has the child ever been exposed to domestic violence or spousal abuse, of which the child was not the direct target?	43.8% (n=414)*	39.4% (n=536)



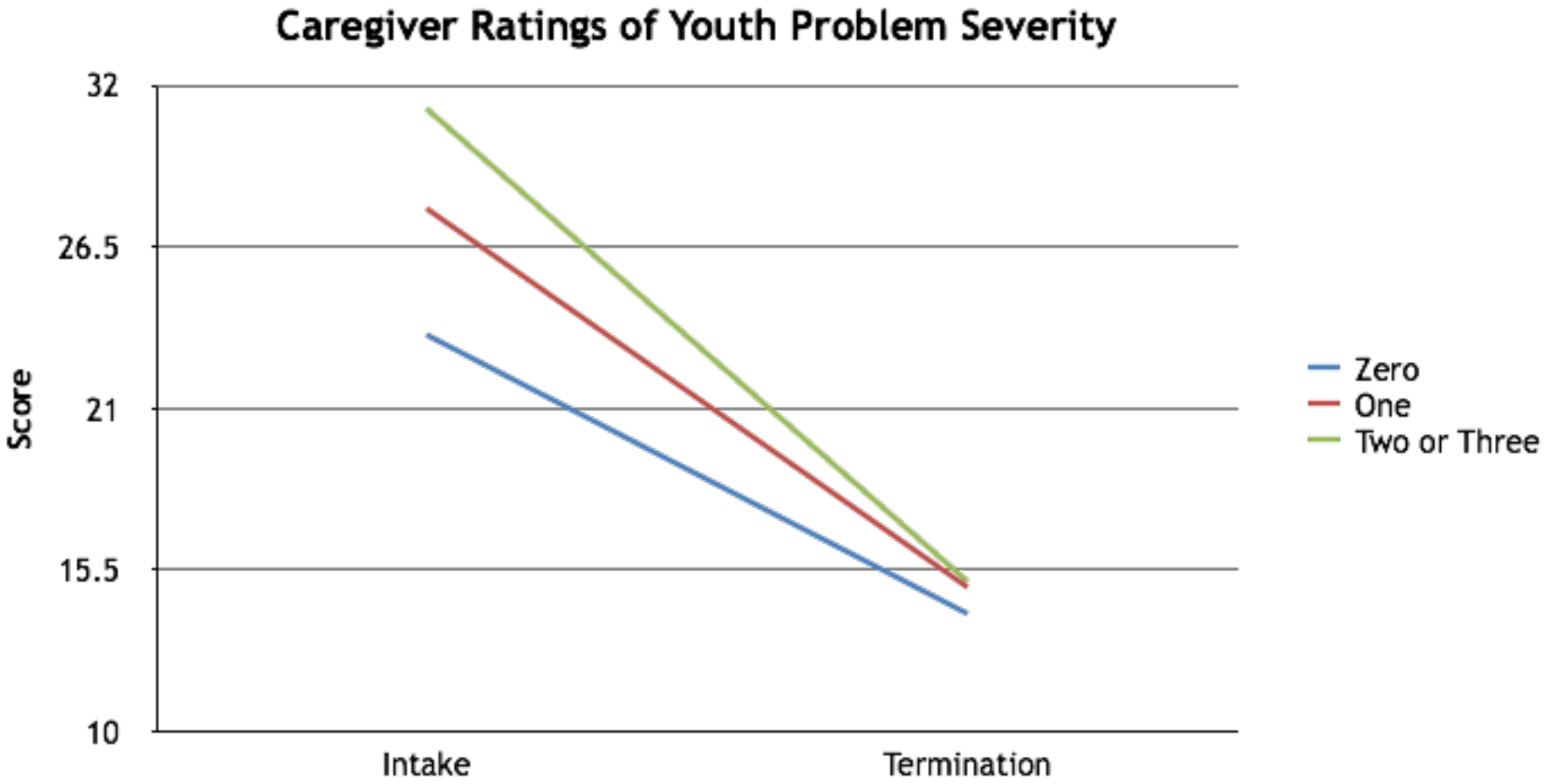
Cumulative Violence

	Zero (n = 1134)	One (n = 783)	Two or Three (n = 412)
Has the child ever talked about suicide?	***29%***	***44%***	***57%***
Has the child ever attempted suicide?	***8%***	***17%***	***30%***
Has anyone in the child's biological family ever been diagnosed with or shown signs of depression?	***51%***	***70%***	***84%***
Has anyone in the child's biological family had a mental illness, other than depression?	***19%***	***40%***	***49%***
Has the child ever lived in a household in which someone was convicted of a crime?	***27%***	***50%***	***64%***
Has anyone in the child's biological family had a drinking or drug problem?	***49%***	***69%***	***82%***

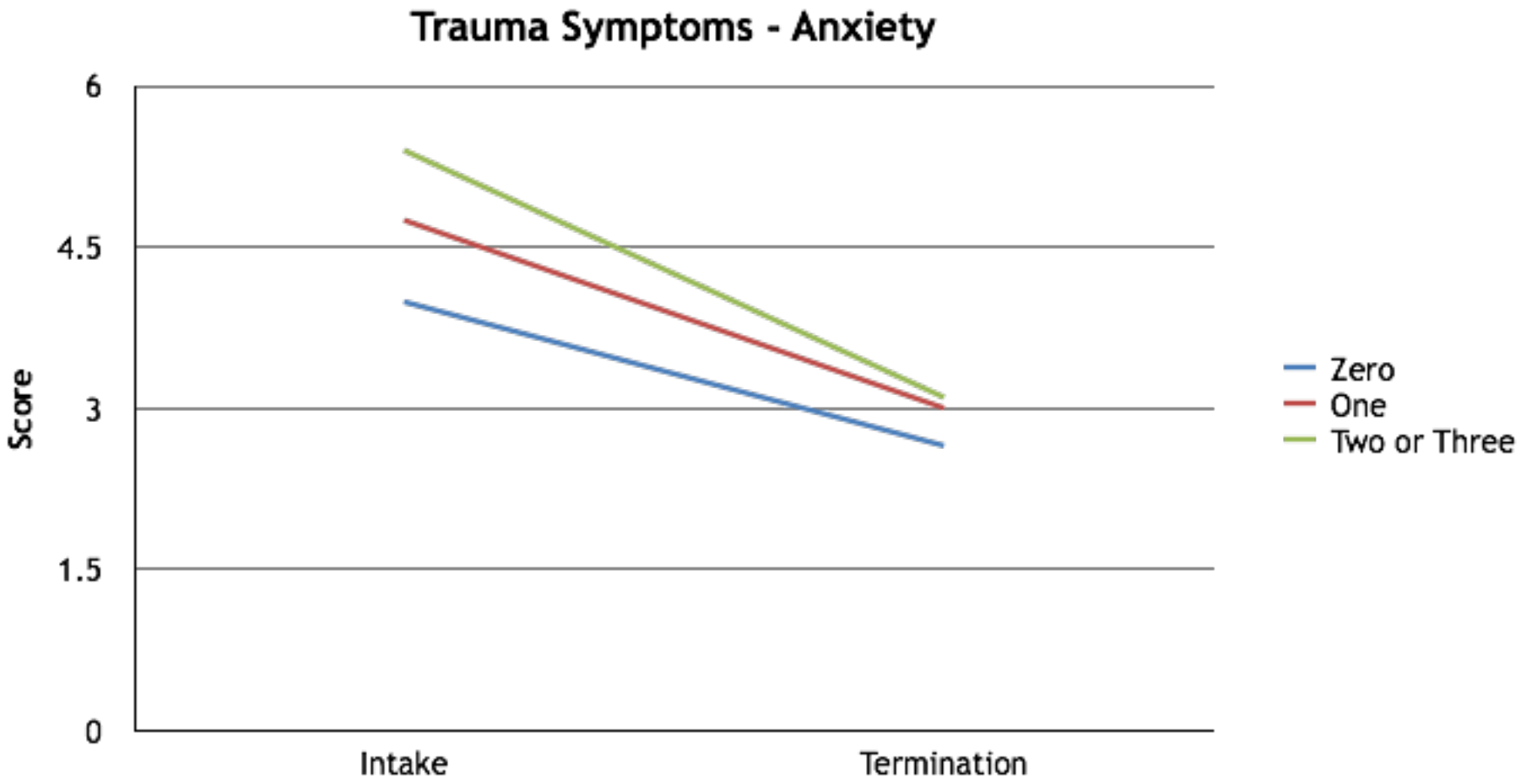
Cumulative Violence

	Zero (n = 1134)	One (n = 783)	Two or Three (n = 412)
PTSD diagnosis	*3%*	*7%*	*20%*
Depression diagnosis	*23%*	*24%*	*26%*
Anxiety disorder	*8%*	*12%*	*26%*
Parent rating of Problem Severity (Ohio Scales)	*23*	*28*	*31*
Youth rating of Problem severity (Ohio Scales)	*19*	*21*	*24*
Anxiety trauma symptoms (TSCC)	*3.9*	*4.7*	*5.4*
Depression trauma symptoms (TSCC)	*5.3*	*6.2*	*7.2*
Anger trauma symptoms (TSCC)	*8.8*	*9.7*	*10.1*

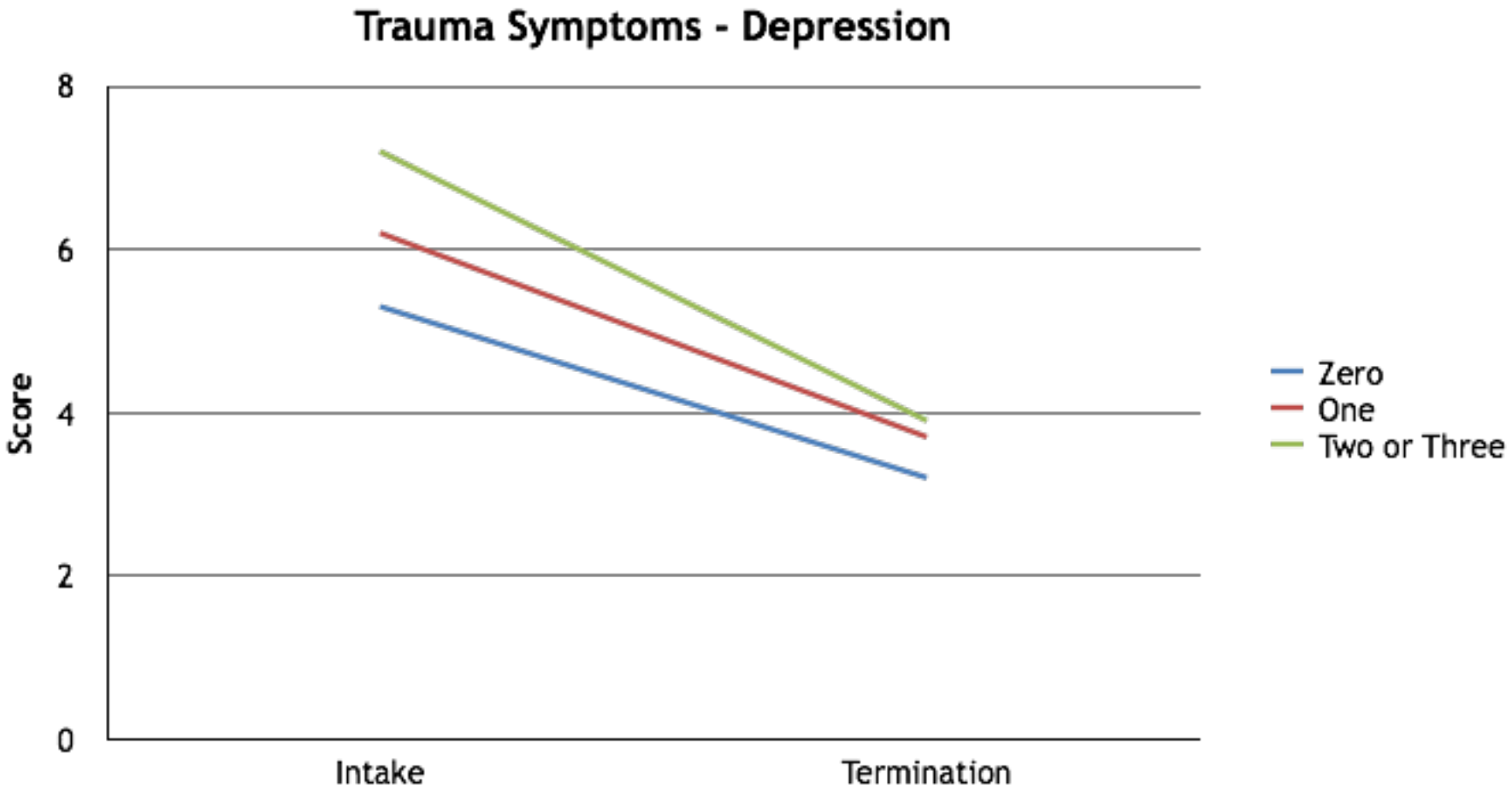
Treatment Impact



Treatment Impact



Treatment Impact



Treatment Impact

	Zero (n = 1134)	One (n = 783)	Two or Three (n = 412)
Felony 12 months prior to intake	*35%*	*31%*	*22%*
Felony 12 months after termination	*19%*	*18%*	*13%*
Violent charge 12 months prior to intake	*33%*	*35%*	*42%*
Violent charge 12 months after termination	*20%*	*26%*	*21%*
Terminated treatment successfully	*69%*	*64%*	*64%*

Exposure during treatment

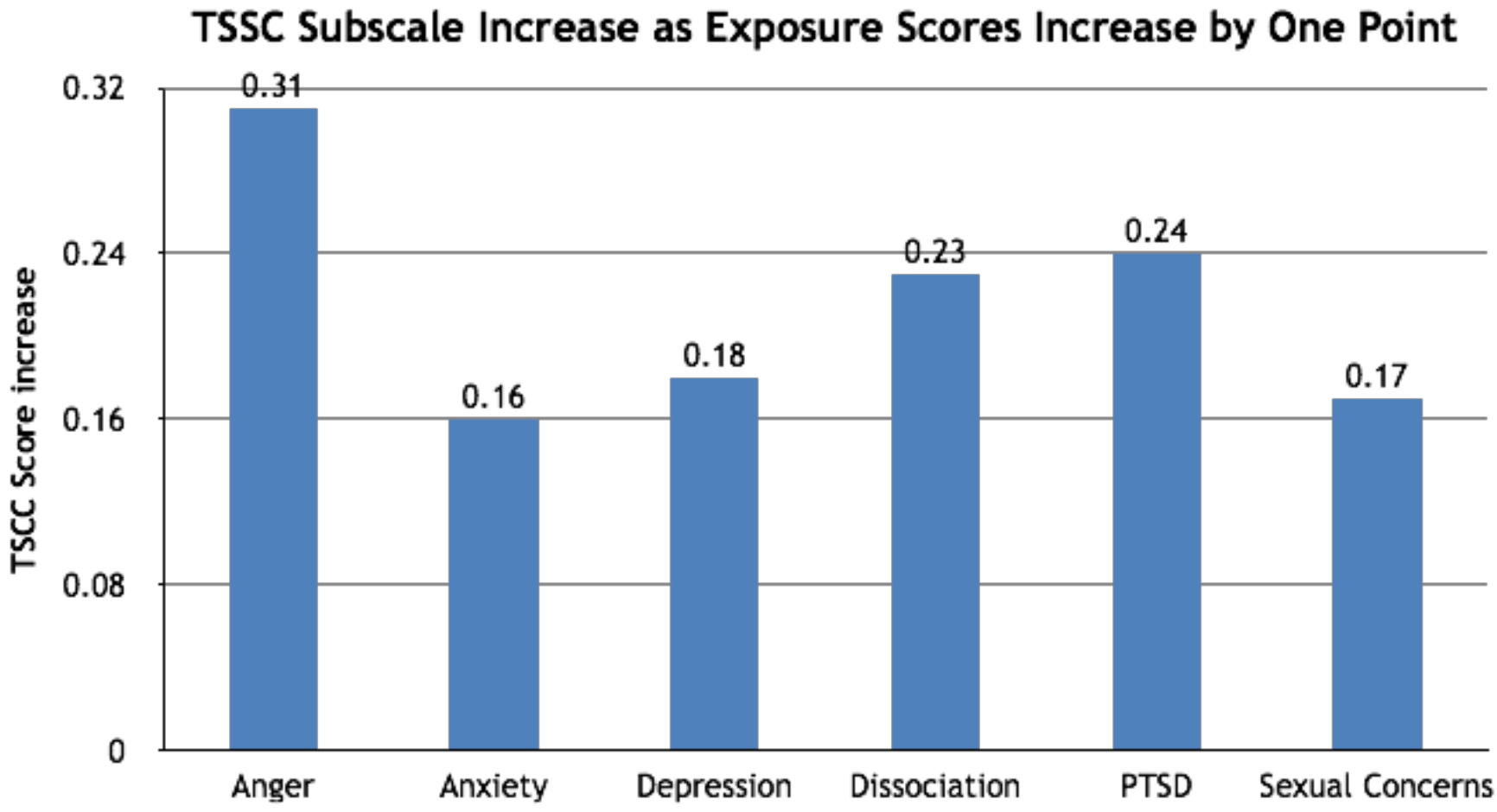
- Measured self-reported violence exposure (witness or victim) at home, school, and in the community at intake and termination using the 26-item Recent Exposure to Violence Scale (Singer, et al., 1995) (0-78 scale).

- Examined the impact of violence exposure during treatment on trauma symptoms (TSCC) at termination.

Exposure during treatment

- Linear regression controlling for gender, race, age, TSCC subscale score at intake, and exposure at intake and termination
- For all six subscales (Anger, Anxiety, Depression, Dissociation, PTSD, Sexual Concerns), an increase in exposure during treatment led to significant increases in trauma scores from intake to termination.

Exposure during treatment



Summary

- While cumulative exposure has significant impacts on youth, evidence-based treatment can be effective
- Upon completion of treatment, youth with multiple exposures can look similar to other youth on trauma symptoms and functioning.
- Violence exposure during treatment has a negative impact on trauma symptoms

THE CHARDON SCHOOL SHOOTING: FROM CRISIS TO RECOVERY

Jim Adams, CEO, CBHE
Geauga County Board of Mental Health And Recovery Services
February 27, 2013

A Quick Quiz…

- What percent of all youth homicides happen at school in any given year?
  - A. 14% B.21% C. 10% D. none of the above

  Multiple shooting deaths at school have increased over the past twenty years? True or False

  What percent of high school students were threatened or injured with a weapon on school property in 2011?

  A. 8% B. 18% C. 23% D. 48%

  Individuals that commit acts of violence on school grounds with a gun, give some indication of their intentions to other individuals….

  A. 20% B. 40% C. 50% D. 75% …of the time.

  Quick access to social media today by students is…

  A. A good thing. B. A bad thing.

Just the Facts as Reported:

- February 27, 2012, at approximately 7:30 a.m.
- Shooting occurred in the cafeteria of Chardon High School, Chardon, Ohio
- One Shooter, no accomplices, 22 caliber handgun – taken from a family member's house
- Six victims shot within 38 seconds, three were declared dead within days, one treated at the scene, two admitted to separate hospitals.
- Of the two hospitalized victims that survived, one was discharged after several days, one is permanently paralyzed.

Parents and children are reunited at a different Chardon School.

Cell phones fail. Parents can not reach kids being held inside at the middle school. Mental Health professionals help to unite families and begin providing trauma and grief support.

The mother of the female victim does not learn of her daughter's injuries until she is told while waiting in line.

A look at the Facts:

- School shootings are VERY rare.
- Shootings occur most often on the first day of the school week, often at the beginning of the semester
- Weapons used in school shootings are most often taken from a family member or friend's house
- At Columbine High School the two perpetrators had successfully completed an early intervention program for at-risk youth
- At Chardon High School, the lone shooter had posted images of himself with weapons on the internet.
- School shootings are VERY rare.

Risk factors for violence…

Including Violence to Self…

History of violence
Inadequate leisure activity
Problems at work or school
Changes in Eating Patterns, Sleeping Patterns
Comments about causing harm to self or others
Giving away prized possessions
Recent loss or traumatic experience

Risk Factors vs. Protective Factors:

- Risk Factor:

  Low parental involvement

  Lack of appropriate free time activities

  Poor Commitment to School

  Neighborhood Crime and Low Support from local Community

- Protective Factor:

  Up to 3 relationships with trusted adults.

  Availability of community resources, e.g. parks, sports,

  Perception of reward and expectation of school success.

  Community Celebrates Success

  (From *Search Institute – Developmental Assets*)

Predicting Violence:

*Is an individual with a mental illness more likely to commit violence?

More likely to be a victim
Increase chance with a substance abuse diagnosis
Federal definition of violent crimes: murder, robbery, rape, assault
Individuals with untreated mental illness and substance abuse = 4% -5%, same as general population

Predicting Low Probably Base Rate Events

Virtually Impossible due to the extremely low numbers
Clinicians tend to over predict
Risk Factors can be mitigated with Assets

Social Media:

*Facebook and social media sites begin to emerge, set up by students. A vigil is held the evening of the shooting on Chardon Square, facilitated solely by social media.

*Social Service Agencies like United Way, Mental Health, 211, law enforcement, are inundated with calls.

- Cell and hard line phone systems fail in an emergency.
- Students monitor social media in all settings.
- Schools are establishing "see something, say something" procedures.
- What is school policy on cell phone use during school hours?
- Is your school monitoring social media sites?

What a Continuum Looks Like…

- Youth Mental Health First Aid
- Suicide Prevention Coalition
- Cognitive Behavioral Intervention for Trauma in Schools
- Trauma Informed Care
- Crisis Intervention Training
- *Peer to Peer, Family to Family, Parents and Teachers as Allies*

We are still learning…

- Contact Us At:
  - Jim Adams, CEO
  - Geauga County Board of Mental Health & Recovery Services

    13244 Ravenna Road

    Chardon, Ohio 44024

jadams@geauga.org

(440) 285-2282

Geauga County Courthouse, Chardon, Ohio
February 27, 2012

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