

# Community Violence and Mental Health: Supporting Patients and Building Resilience

Monday, October 25, 2021 at 2:00 - 3:30pm ET

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Song: What's Going On by Marvin Gaye  
Photograph by Ümit Bulut via [unsplash.com](https://unsplash.com)



**NATIONAL  
NURSE-LED CARE  
CONSORTIUM**  
a **PHMC** affiliate

# National Nurse-Led Care Consortium

The **National Nurse-Led Care Consortium (NNCC)** is a membership organization that supports nurse-led care and nurses at the front lines of care.

NNCC provides expertise to support comprehensive, community-based primary care.

- Policy research and advocacy
- Technical assistance and support
- Direct, nurse-led healthcare services

# Community Violence and Mental Health Webinar Series

## **Webinar 1: Supporting Patients and Building Resilience**

**Monday, October 25, 2021 at 2:00pm ET**

## **Webinar 2: Supporting Health Center Staff and Building Resilience**

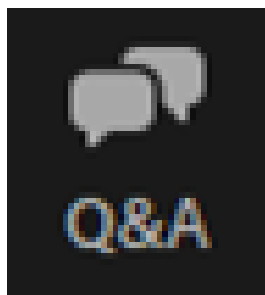
Monday, November 29, 2021 at 2:00pm ET

[Register here.](#)

## **Webinar 3: Health Center Strategies for Violence Prevention and Intervention**

Look out for this webinar in December!

# Housekeeping



## **Please ask questions!**

- Click Q&A and type your question into the open field.
- The Moderator will either send a typed response or answer your questions live at the end of the presentation.



**Captions:** To adjust or remove captions, click the “Live Transcript” button at the bottom of your Zoom window.

**Evaluation:** Please take the Zoom evaluation at the end of this webinar to help us improve.

**Continuing Education Credits:** You must complete survey to receive CE credits.



**Technical Issues?** Please raise your hand to let us know.

# Today's Agenda

- Introduction/Grounding Exercise (10 minutes)
- Didactic Presentation (20 minutes)
- Audience Q&A to Didactic Speaker (5 minutes)
- Panel Discussion (25 minutes)
- Audience Q&A to Panel (25 minutes)
- Wrap-up/Grounding Exercise (5 minutes)

# Check-in: Grounding Exercise



Drop your shoulders and relax your jaw if it's clenched.



If you're feeling stiff, stretch or move your body a bit.



Focus on your breath, or notice your surroundings.



If you need some energy, rub your palms together to create heat, then press one hand over your heart.

# Disclosing Personal Information

This webinar series will discuss sensitive and difficult topics, and may cause you or others stress or discomfort. Please feel free to give yourself permission to take breaks and to step away if you need to.

This webinar is a public space. When using the chat, be mindful of any personal information or stories you are sharing, and about sharing other people's stories that are not yours to share.

Please respect the privacy of our attendees and speakers who may share personal information. Personal information is confidential and should not be disclosed, recorded, or discussed with anyone outside of this webinar unless given consent



**Community Violence and Mental Health:  
Supporting Patients and Building Resilience**  
October 25, 2021



# Mentimeter

**Interactive tool called Mentimeter that is very simple to use.**

- You can use your **cellphone** or open another internet browser window.
- Go to [menti.com](https://www.menti.com) and enter the code at the top of the interactive slide.



# In one word, what brings you to this session?

disparities  
understanding  
knowledge  
learning  
community-building  
education  
healing  
awareness  
rest  
better help others  
health  
helplessness  
concern

BUMP





# What challenges do you face as a provider in caring for your patients who have experienced community violence?

Lack of available resources

Not being aware of the challenges of clients

building trust

They are not always willing to share their experiences.

lack of trust

Knowing how to appropriately help

Access to providers, addressing barriers to care, willingness to get help

Lack of resources

lack of resources



# What challenges do you face as a provider in caring for your patients who have experienced community violence?

Providers not taking my stress/adversity into account .

Stigma

Not sure how to be sensitive and help my clients without retraumatizing them and generally creating a safe place for them to be open.

Being apart of the LGBTQ community.

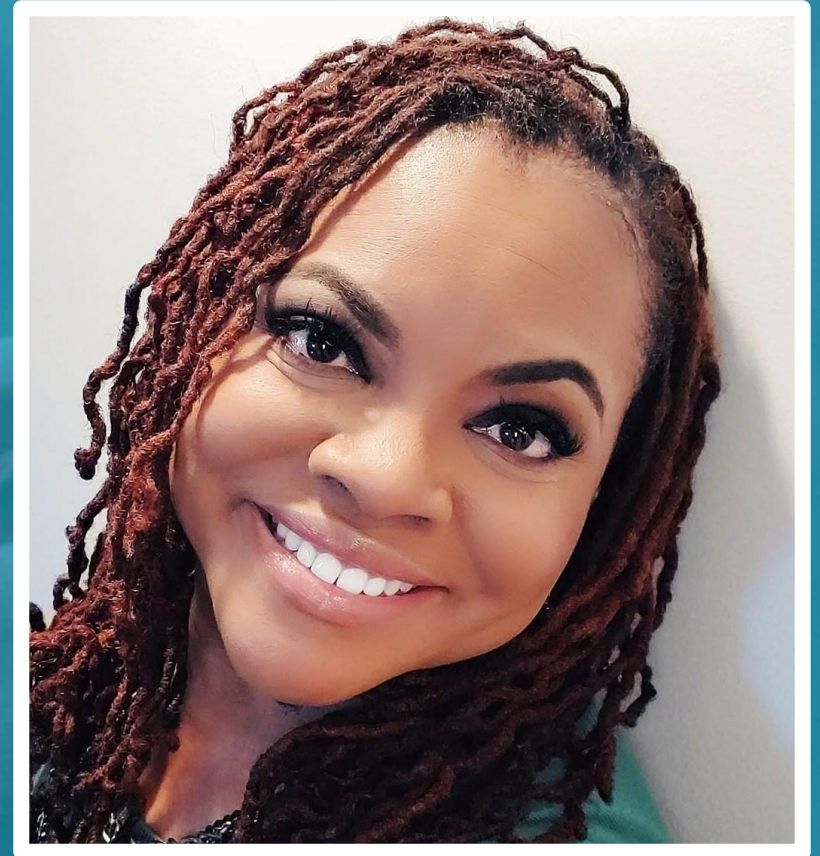
Having

Lack of resources.

no one wants to change

# Didactic Presentation

Jameca Woody Cooper, PhD.





# OBJECTIVES

1. Understanding trauma exposure in the context of community violence

2. Risks and effects of unaddressed trauma and uninformed care (unconscious bias) in patients

3. Mental health stigma among patients

4. Signs of trauma exposure in patients

5. How health center staff can care for people exposed to community violence

6. How to build short- and long-term resilience in patients



# UNDERSTANDING TRAUMA EXPOSURE

EPIDEMIOLOGICAL RESEARCH SUGGESTS  
THAT APPROXIMATELY 50%–90% OF THE  
UNITED STATES POPULATION IS EXPOSED TO  
AT LEAST ONE TRAUMATIC EVENT IN HIS OR  
HER LIFETIME

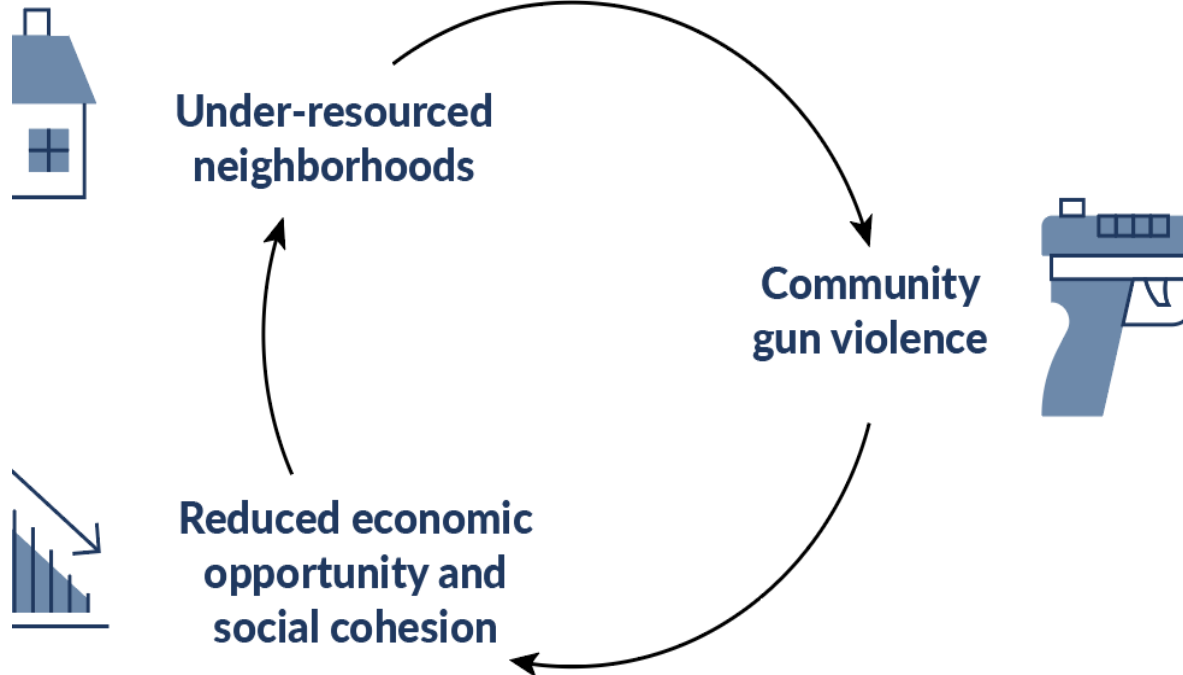
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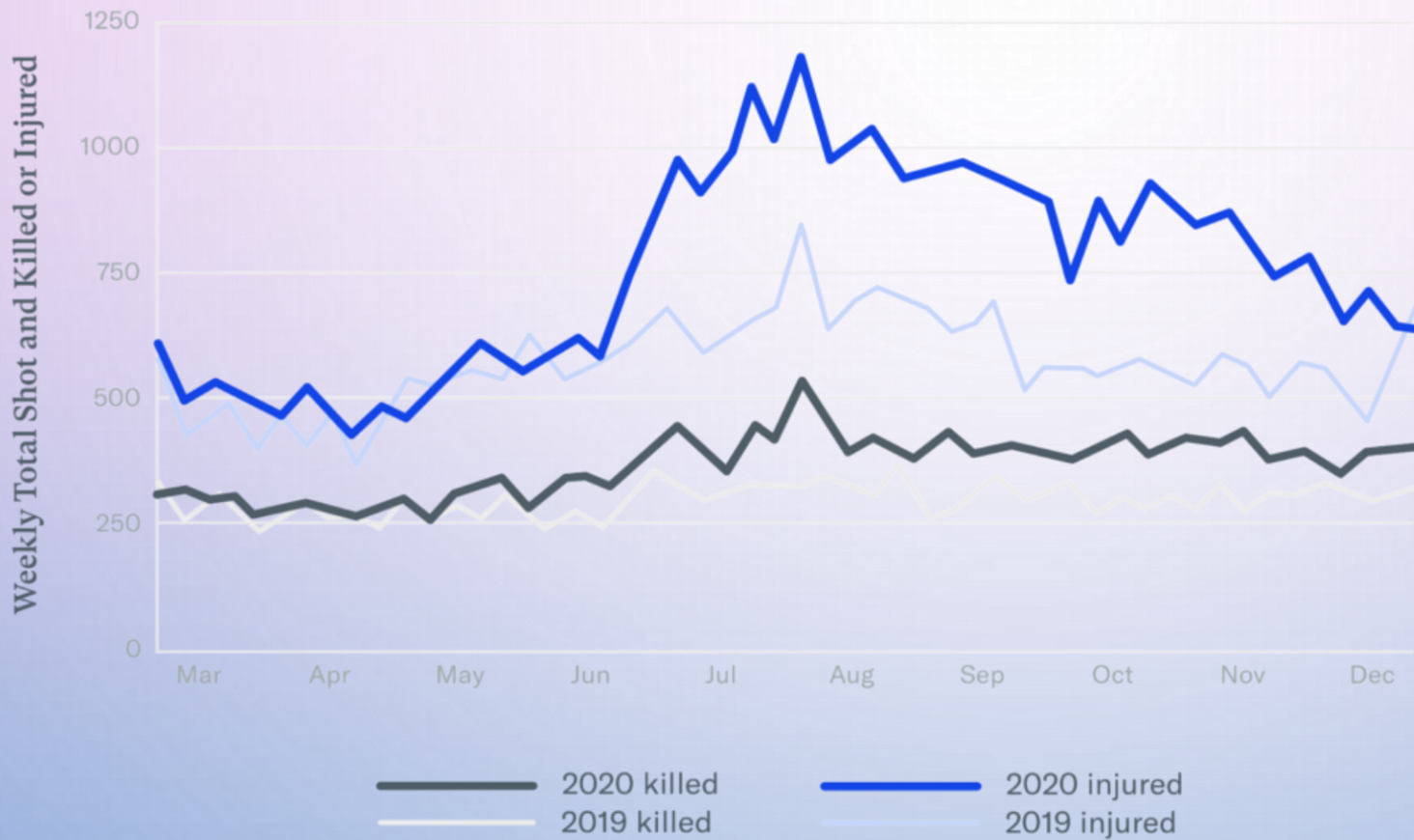
# COMMUNITY VIOLENCE

- CRIME AND VIOLENCE EXPERIENCED BY INDIVIDUALS LIVING IN A COMMUNITY IS AN IMPORTANT PUBLIC HEALTH ISSUE.

## Cycle of Violence



# GUN VIOLENCE



- **PANDEMIC RATES OF GUN VIOLENCE**

The **causes of violence** are multiple. The literature usually divides these causes into four categories:

- Biological,
- Socialization,
- Cognitive, and
- Situational factors

# CAUSES OF VIOLENCE

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The **biological** factors refer to the wide array of neurological, physiological, or chemical influences on aggression and violence.

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**Socialization** factors refer to those processes through which a person learns patterns of thinking, behavior, and feeling from his or her early life experiences

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**Cognitive** factors refer to the ideas, beliefs, and patterns of thinking that emerge as a result of interactions with the world during a person's lifetime.

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**Situational** factors refer to the characteristics of the environment, such as stress or aggression in others, that encourage or engender violent behavior

# RISK FACTORS

There are a number of factors that may increase or decrease the risk of perpetrating and/or experiencing violence.

High rates of poverty and limited educational and economic opportunities

- high unemployment rates
- easy access to drugs and alcohol
- few community activities for young people



# FACTORS THAT CONTRIBUTE TO COMMUNITY VIOLENCE

The background of the infographic is a stylized illustration of a city street. On the left, there are several-story buildings with windows. A large green tree stands in the middle ground. In the foreground, a group of five diverse people (three men and two women) are standing and talking. To the right, another person is partially visible, looking towards the group. The overall style is simple line art with flat colors.

## Societal

Exposure to messages that accept and violence, lack of policies that provide access to resources in certain communities (job opportunities, prevention programming)

## Relationship

Conflict in the home, poor monitoring, exposure to delinquent peers, no access to supportive adults

## Community

Unstable housing, neighborhood crime and gang activity, Isolation and lack of connectedness in the community

## Individual

Early exposure to violence, lack of support for academic or impulse control difficulties

# FORMS OF VIOLENCE IN COMMUNITIES

Predatory

Interpersonal

- Domestic abuse
- Child abuse

Drug related

- Gang related

Sexual Violence



**COMMON  
VS.  
NORMAL  
URBAN  
TRAUMA**

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Gun violence

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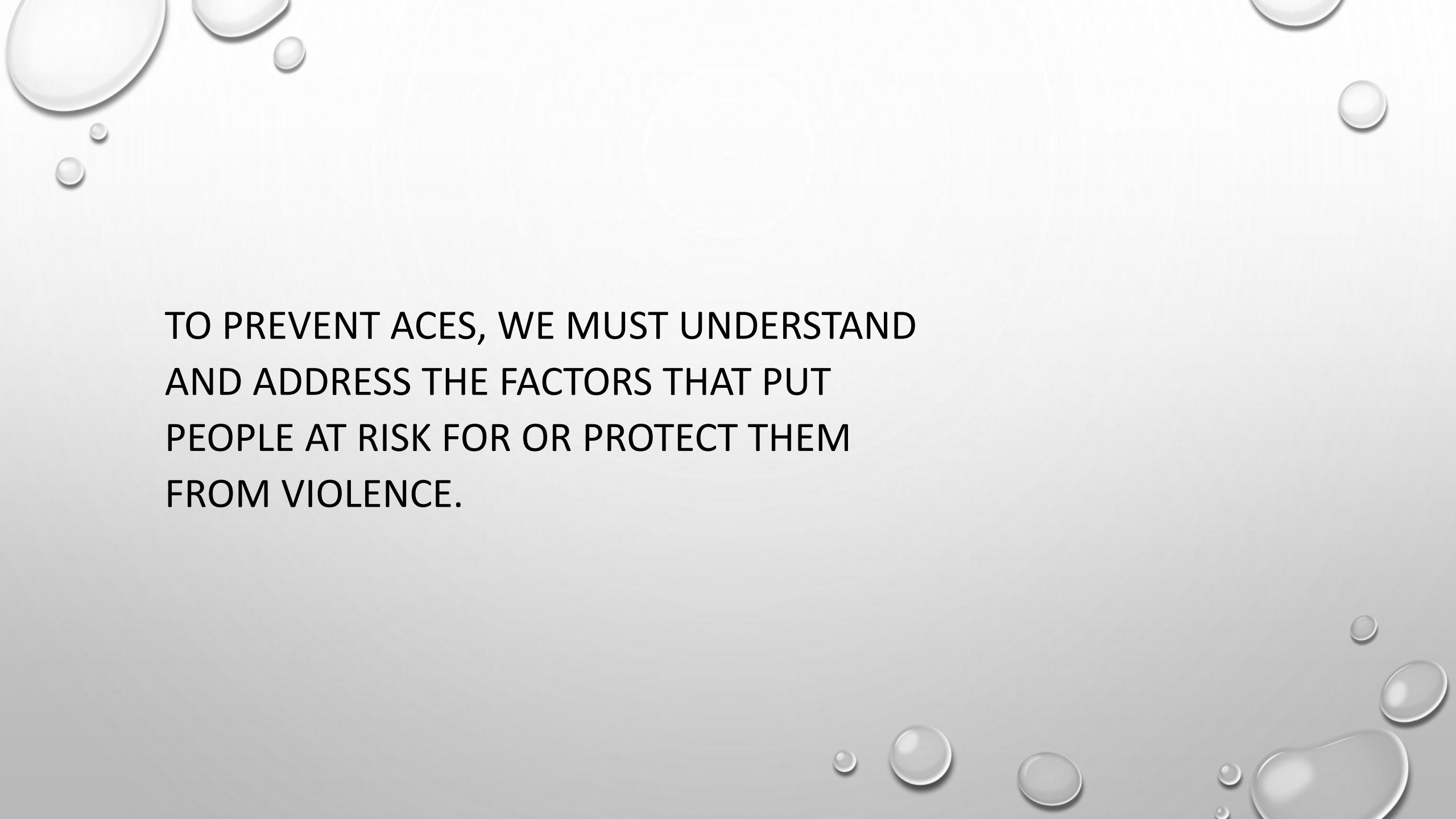
Community Violence

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Crime - drug sales, prostitution, theft

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Intergenerational Poverty

The background features a light gray gradient with several realistic water droplets of various sizes scattered in the corners. The droplets have highlights and shadows, giving them a three-dimensional appearance. The text is centered in the middle of the page.

TO PREVENT ACES, WE MUST UNDERSTAND  
AND ADDRESS THE FACTORS THAT PUT  
PEOPLE AT RISK FOR OR PROTECT THEM  
FROM VIOLENCE.

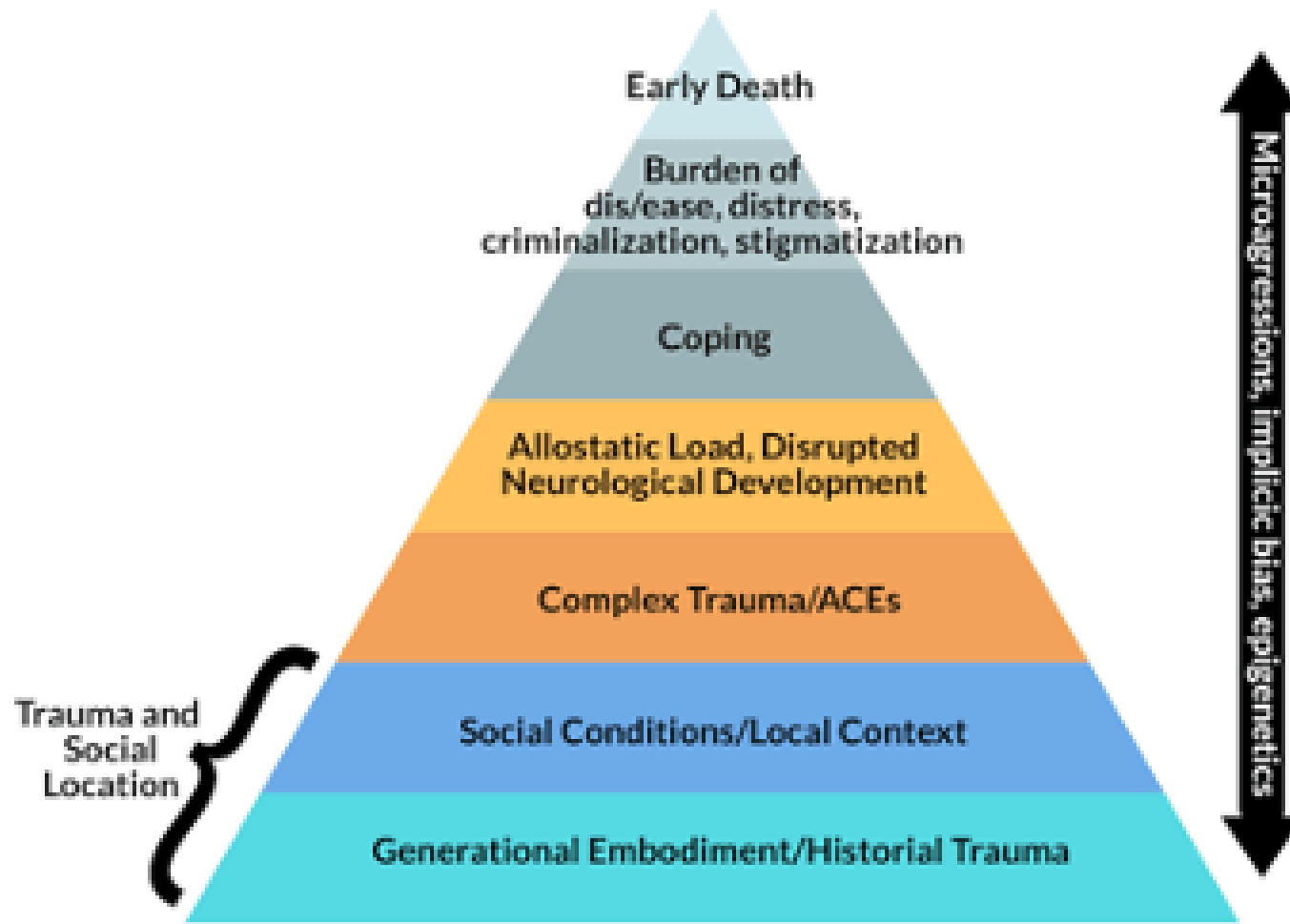


**UNADDRESSED TRAUMA**

# ACES

## Adverse Childhood Experiences

There is a powerful, persistent correlation between the more ACEs experienced and the greater the chance of poor outcomes later in life, including dramatically increased risk of heart disease, diabetes, obesity, depression, substance abuse, smoking, poor academic achievement, time out of work, and early death.



Adapted from the 



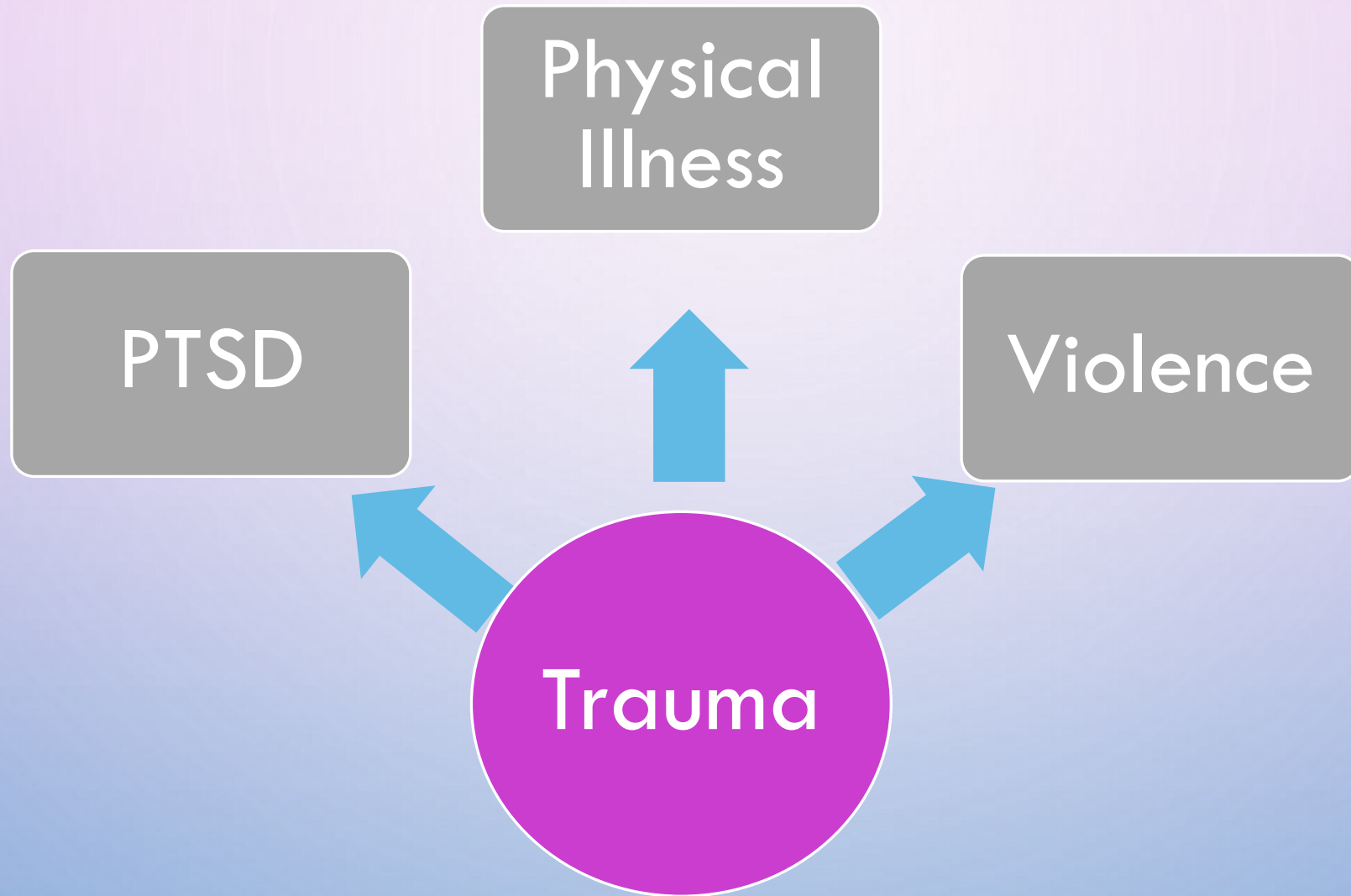
# DEFINITION OF TRAUMA

- “A TRAUMATIC EXPERIENCE IS AN EVENT THAT THREATENS SOMEONE’S LIFE, SAFETY OR WELL BEING (NCTSN, 2010).”



# Diversity of Traumatic Experiences

- Sexual abuse
- Physical abuse
- Intimate Partner Violence (aka domestic violence)
- Community and school violence
- Medical trauma
- Motor vehicle accidents
- Pandemic
- Slavery
- Colonization
- Acts of terrorism
- War experiences
- Natural and human-made disasters
- Suicides / Homicides
- Other traumatic losses



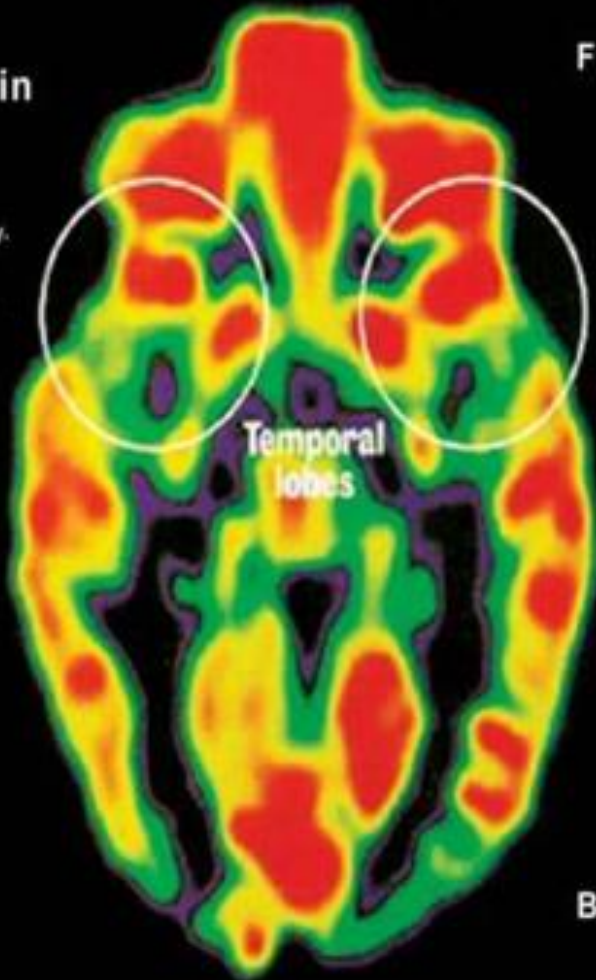


# TRAUMA OUTCOMES

- CHILDREN WHO GROW UP IN DEPRIVED ENVIRONMENTS WHERE POVERTY, FRUSTRATION, AND HOPELESSNESS ARE PREVALENT ARE AT MUCH GREATER RISK FOR LATER INVOLVEMENT IN VIOLENCE THAN OTHER CHILDREN.

## Healthy Brain

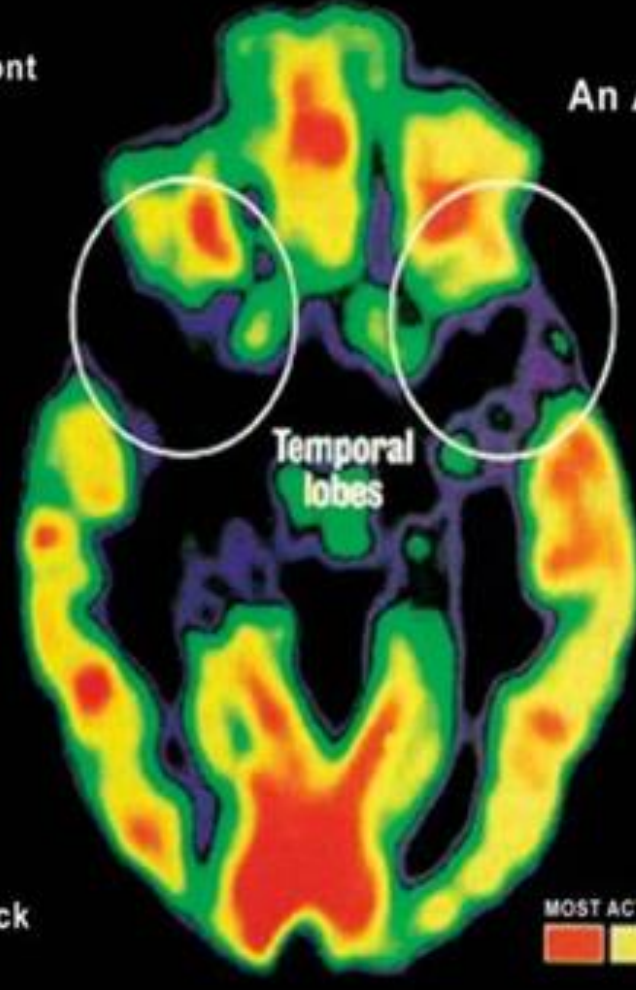
This PET scan of the brain of a normal child shows regions of high (red) and low (blue and black) activity. At birth, only primitive structures such as the brain stem (center) are fully functional; in regions like the temporal lobes (top), early childhood experiences wire the circuits.



Front

## An Abused Brain

This PET scan of the brain of a Romanian Orphan, who was institutionalized shortly after birth, shows the effect of extreme deprivation in infancy. The temporal lobes (top), which regulate emotions and receive input from the senses, are nearly quiescent. Such children suffer emotional and cognitive problems.

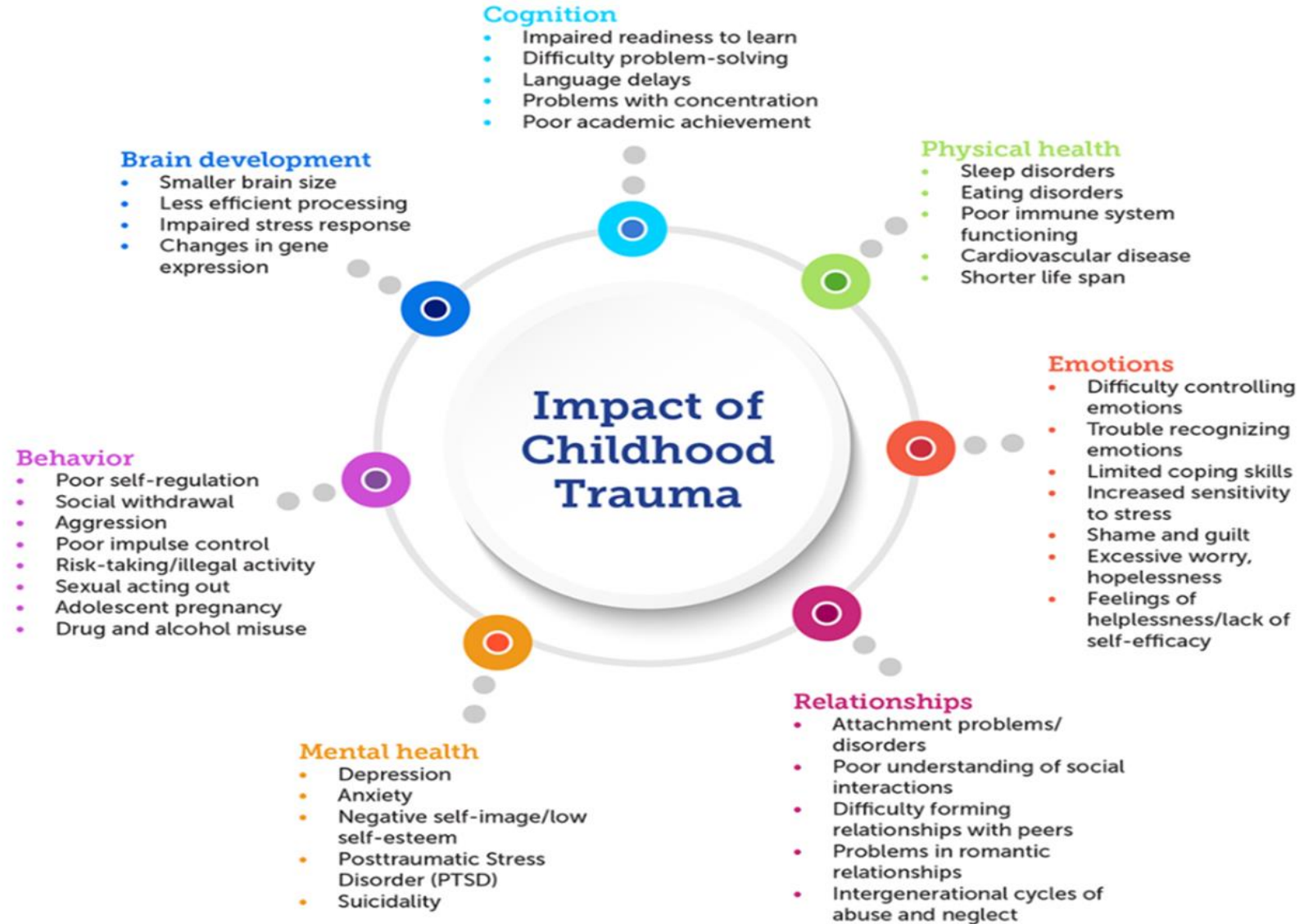


Back



# IMPACT OF TRAUMA

## Impact of Childhood Trauma





# Symptoms of Trauma

“The ability to read social cues and respond appropriately during times of conflict is compromised by traumatic experiences”

– Heather T. Forbes, LCSW

## Social

Difficulty making and maintaining friendships

Limited social supports

Likely to misinterpret neutral social cues as threatening (e.g. neutral face as angry face)

## Emotional

Lack of Emotional Control

Increased likelihood of developing a mental disorder (e.g. anxiety, depression)

Difficulty trusting others

## Cognitive

Persistent Fear Response

Hyperarousal

Delayed Developmental Milestones

# WHAT HAPPENS AFTER TRAUMA?

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Studies conducted within communities exposed to mass casualty, terrorism, and disaster demonstrate distinct trajectories including:

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(a) resistance—exposure to trauma with no reported pathological distress over time;

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(b) resilient—initially increased symptomatology, which decreases over time to pre-event functioning

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(c) chronically distressed—elevated symptoms following the traumatic event with little or no improvement over a reasonable amount of time and

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(d) delayed distressed—low levels of distress in the immediate aftermath of the event with increasing symptomatology over time.



**UNINFORMED  
CARE  
(UNCONSCIOUS  
BIAS) IN  
PATIENTS**

# MENTAL HEALTH STIGMA

According to the Mental Health Foundation, nearly 9 out of 10 people with a mental illness feel stigma and discrimination negatively impact their lives.

A 2017 study involving more than 200 individuals with mental illness over a period of two years found that greater self-stigma was associated with poorer recovery from mental illness after one and two years.



# STIGMA AND CARE

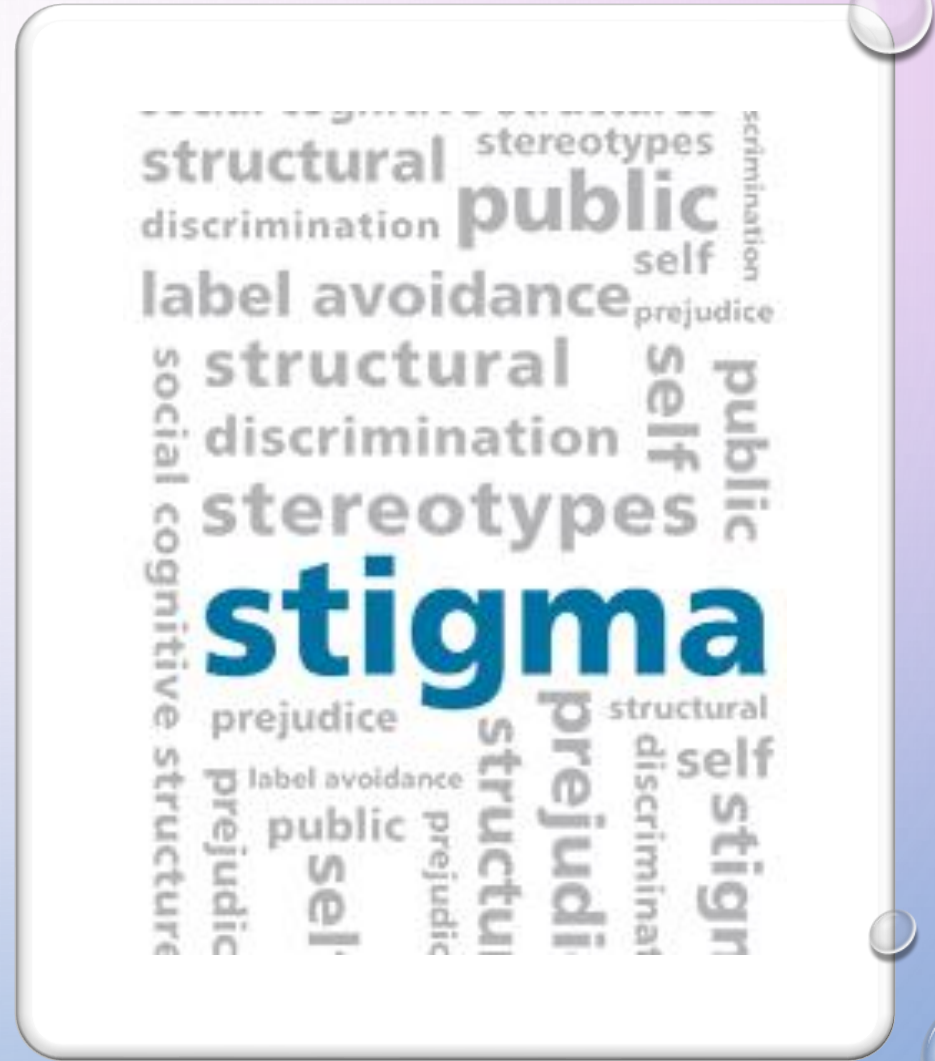
- STIGMA CAN ALSO PREVENT INDIVIDUALS FROM SEEKING OUT HELP
- **SELF-STIGMA** THE PERSON WITH A MENTAL ILLNESS INTERNALIZES THE BELIEFS OF OTHERS.
- **LABEL AVOIDANCE** IF THE PERSON WITH A MENTAL ILLNESS PERCEIVES SOCIAL STIGMA, THEY WILL AVOID BEING LABELED BY NOT SEEKING TREATMENT.
- ONE STUDY FOUND THE MOST COMMON REASONS PEOPLE DID NOT GET HELP FOR PTSD.
  - **28** PERCENT DID NOT THINK ANYONE COULD HELP THEM.
  - **28** PERCENT THOUGHT THEIR PROBLEM WAS ONE THAT THEY SHOULD BE ABLE TO COPE WITH.
  - **13** PERCENT WERE TOO EMBARRASSED TO DISCUSS THE PROBLEM WITH ANYONE



STIGMA



HELP SEEKING AND  
TRAUMA RECOVERY





Safety

Trustworthiness

Choice

Collaboration

Empowerment

## **THE FIVE GUIDING PRINCIPLES OF TRAUMA INFORMED CARE**

# PRINCIPLES

- **SAFETY**

- PROTECTING INDIVIDUALS SENS OF EMOTIONAL AND PHYSICAL SAFETY IS FIRST AND FOREMOST.

- **TRUSTWORTHINESS**

- THE PROVIDER MUST SHOW THE CLIENT THAT THEY ARE TRUSTWORTHY ENOUGH TO FEEL SAFE ENOUGH TO OPEN UP AND BECOME VULNERABLE.
- CONSISTENT BOUNDARIES AND CLEAR EXPECTATIONS OF THE SERVICE EXPERIENCE.

# PRINCIPLES

- **CHOICE**

- TRAUMA-INFORMED CARE CAN EMPOWER PEOPLE WITH MAKING ACTIVE CHOICES IN THEIR TREATMENT PLAN.

- THESE OPTIONS COULD INCLUDE DECIDING LENGTHS OF STAY, LEVEL OF CARE, OR EVEN WHAT TO WORK ON IN THERAPY.

- **COLLABORATION**

- A COLLABORATION BETWEEN A THERAPIST (OR STAFF MEMBER) AND CLIENTS.
- SHOULD RELY ON EMPATHY AND INTUITION.

- **EMPOWERMENT**

- EMPOWERS PEOPLE TO DISCOVER AND BUILD ON EXISTING STRENGTHS. DEVELOP HEALTHIER COPING SKILLS AND, A MORE SOLID FOUNDATION
- TRAUMA-INFORMED CARE PROMOTES RESILIENCE AND PROVIDES THE HOPE THAT RECOVERY IS POSSIBLE.

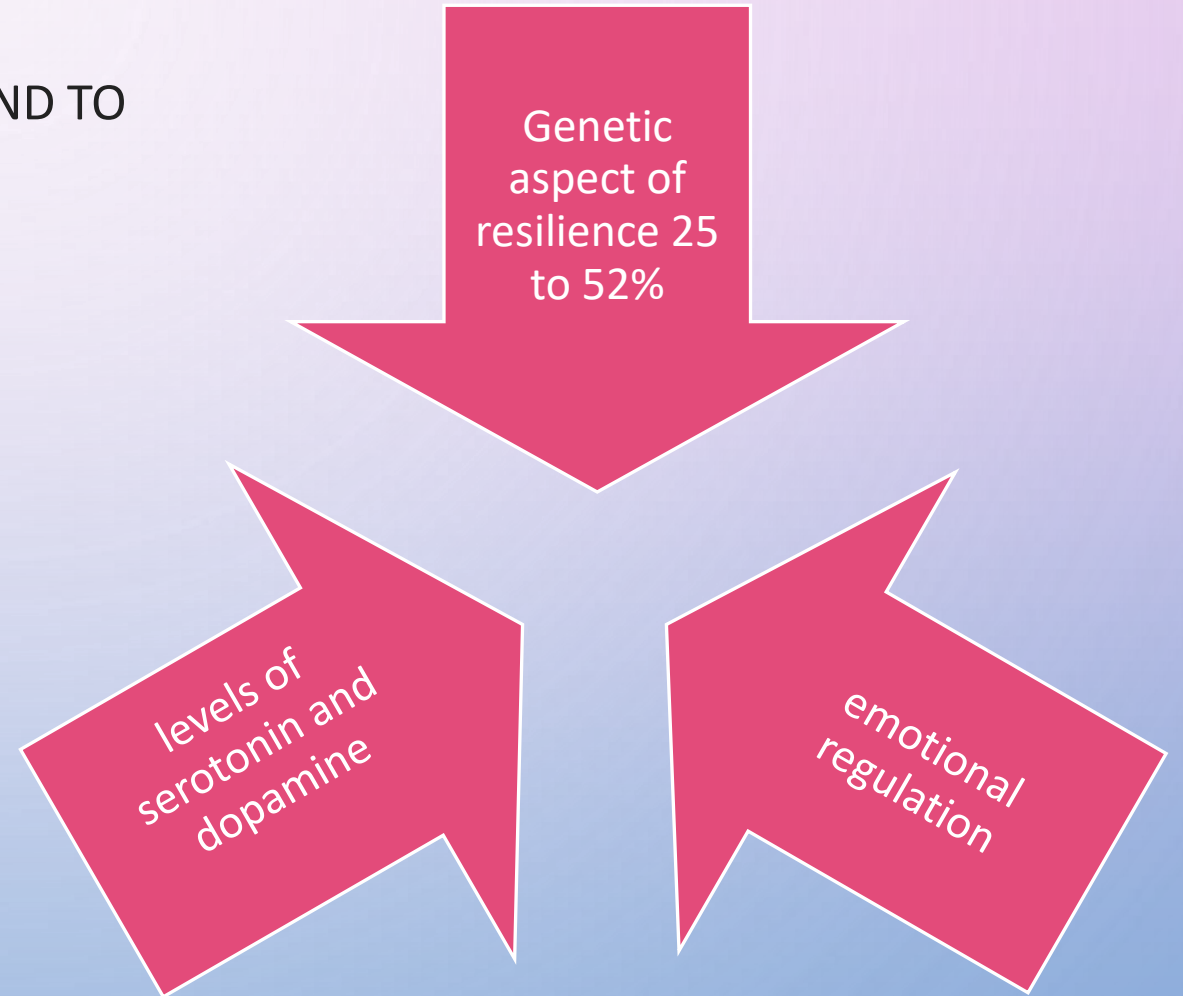


# RESILIENCE

THE PROCESS OF ADAPTING WELL IN THE FACE OF ADVERSITY, TRAUMA, TRAGEDY, THREATS, OR SIGNIFICANT SOURCES OF STRESS—SUCH AS FAMILY AND RELATIONSHIP PROBLEMS, SERIOUS HEALTH PROBLEMS, OR WORKPLACE AND FINANCIAL STRESSORS

# RESILIENCE

- THOSE WITH HIGHER LEVELS OF RESILIENCE TEND TO
  - USE SUPPORTS,
  - ENGAGE IN SELF CARE,
  - REGULATE EMOTIONS WELL,
  - ENGAGE IN POSITIVE THINKING,
  - COGNITIVE REFRAMING AND
  - HUMOR.



# RESILIENCE

THE MOST SIGNIFICANT DETERMINANT OF RESILIENCE — NOTED IN NEARLY EVERY REVIEW OR STUDY OF RESILIENCE IN THE LAST 50 YEARS — IS THE QUALITY OF OUR CLOSE PERSONAL RELATIONSHIPS, ESPECIALLY WITH PARENTS AND PRIMARY CAREGIVERS. EARLY ATTACHMENTS TO PARENTS PLAY A CRUCIAL, LIFELONG ROLE IN HUMAN ADAPTATION.



# HOW CAN STAFF WORK TO BUILD RESILIENCE?

- YOU CAN PROVIDE PSYCHOEDUCATION AND SUPPORT BY:
  - ❖ TEACHING NEW METHODS IN COPING LIKE COGNITIVE REFRAMING
    - EMERGING SCIENTIFIC RESEARCH HAS BEGUN TO SHOW THAT NEUROBIOLOGICAL SYSTEMS ASSOCIATED WITH RESILIENCE CAN BE STRENGTHENED TO RESPOND MORE ADAPTIVELY TO STRESS.



For example, research using EEG and fMRI technology has shown that mindfulness meditation and training in cognitive reappraisal can increase activation of the left prefrontal cortex

This is important because people with greater activation of the left prefrontal cortex recover more rapidly from negative emotions such as anger, disgust, and fear.

- Enhancing social support and connecting with resources
- better stress management





**QUESTIONS**

A photograph of a person's hands clasped together in a prayerful gesture, set against a blue gradient background. The hands are positioned in the lower right quadrant of the frame. The text 'Panel Discussion' is centered over the image in a white, bold, sans-serif font.

# Panel Discussion

# Q&A

Please type your questions into the Q&A pod!

# Thank You to Our Presenters & Panelists!



**Jameca Woody Cooper, PhD.**  
Licensed Psychologist,  
Emergence Psychological  
Services



**Ivy Clark**  
Community Advisory Board  
Member, Care Clinic,  
Public Health Management  
Corporation



**Trina Dow, ATR-BC, LPC**  
Art Psychotherapist and  
Victim Advocate



**Kira Bellolio Murillo, JD**  
Program Director, Family  
Wellness Department,  
Congreso de Latinos Unidos



# Grounding Exercise: Dandelion Breathing



# Thank you!

- Please fill out the [Evaluation survey](#) – should take <2 minutes.
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- CME/CNE link will be emailed to attendees after the webinar.
- See link to [additional resources](#) in the chat.