

Community Violence Intervention - Evidence Based Practices

1. Evidence-based programs and practices to prevent and/or reduce community violence.

If there are EBPs that are implemented by or in partnership with law enforcement, please emphasize. Also, if there are known EBPs specific to gun violence and/or violence from drug trafficking, please note.

Resource Websites (the first resource is not a specific program; there are five programs following it)		What strateg(ies) are recommended	Measurement/ outcomes/ implementation strategies
Community policing (this is a grouping of various programs and practices that can be found at the website listed. Some specific programs are pulled out and detailed below.)	Community policing, also called community-oriented policing, is a policing philosophy based on community partnership, organizational transformation, and problem-solving techniques. This approach requires partnerships between local law enforcement and community members to proactively address immediate public safety issues. Law enforcement uses a team approach rather than special units and officers have long-term assignments to specific geographic areas. Community policing includes various strategies such as neighborhood newsletters, bike and foot patrols, educational programs in schools, and neighborhood watches set up with police assistance; strategies depend on the needs of each law enforcement agency and community. https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/strategies/community-policing	Build on existing partnerships/ coalitions, for example, stepping up committees, coalitions developed through the local ADAMHS Board)	Community satisfaction with law enforcement encounters; reduced incident of crime (gun violence, assaults); reduced use of force incidents
Handle with Care Handle with Care, cont.	Ohio Handle With Care is a trauma-informed, cross-systems, collaborative program aimed at ensuring that children who are exposed to adverse events receive appropriate interventions and have opportunities to build resilience through positive relationships with teachers and first responders. Ohio Handle With Care is supported by a partnership between Hopewell Health Centers and the Ohio Department of Mental Health and Addiction Services. LAW ENFORCEMENT & FIRST RESPONDERS: "Handle with Care" provides the school or childcare agency with a "heads up" when a child has been identified at the scene of a traumatic event. It could be a meth lab explosion, a domestic violence situation, a shooting in the neighborhood, witnessing a malicious wounding, a drug raid at the home, a house fire, car accident, etc. Police and other first responders are trained to identify children at the scene, find out where they go to school	Provide basic trauma informed care training to law enforcement so they have context of how trauma can impact children.	Improved or development of resilience in participants; improved perceptions of law enforcement by participants; increased engagement in social services; increased report of sense of safety by participants; increased collaboration between law enforcement and schools;

<p><u>EVIDENCE-PROMISING*</u> (Based on components from EB children’s’ programs; a recent program so may need more time for research to be completed)</p>	<p>or daycare and send the school/agency a confidential email or fax that simply says . . . “Handle Johnny with care”. That’s it. No other details. In addition to providing notice, all first responders also build positive relationships with students by visiting schools on a regular basis. They visit classrooms, stop by for lunch, attend class parties, school assemblies, and simply chat with students to help promote positive relationships and perceptions of officers.</p> <p>https://handlewithcareoh.org/handle-with-care.php</p>		
<p>Cure Violence Health Model (also known as Operation Ceasefire)</p> <p><u>EVIDENCED PROMISING/BASED</u> when implemented with fidelity.</p>	<p>This model has been used in 24 cities (in CA, DE, IL, LA, MO, MD, NJ, NY, PA, TX, and P.R.) and is considered evidence-based/evidence-promising. There has been more than one study, but no RCTs. Information obtained from Crime solutions website. This is a program related to focus deterrent strategies (see next model).</p> <p>This is a problem-solving strategy and uses a public health approach and outreach workers to develop relationships with high-risk individuals and to promote community norms. It also uses violence interrupters for mediation work. The program works with law enforcement to select intervention areas. It has shown reduced gun violence and reduced homicide. Works best in high crime urban areas when implemented with fidelity.</p> <p>https://crimesolutions.ojp.gov/ratedprograms/207 Also: https://cvg.org/</p>	<p>Hold focus groups with identified communities to plan whom to include and what to monitor for outcomes. Train community BH outreach workers; train violence interrupters in both identified and adjacent neighborhoods. Hold quarterly (or monthly?) focus groups for ongoing adjustments.</p>	<p>Reductions in youth homicide, gun assaults, calls for service, and recovered new guns.</p>

<p>Focused Deterrence Strategies</p> <p><u>EVIDENCED BASED</u> (when done with fidelity, and depending on strategies utilized)</p>	<p>Focused Deterrence Strategies (also known as “pulling levers” policing programs) aim to reduce serious violent crime, often committed by gangs, and recurring offending by highly active individual offenders. The program seeks to change offender behavior by understanding underlying crime-producing dynamics and conditions that maintain recurring crime problems, and then implementing an appropriately focused strategy of law enforcement, community mobilization and social service actions. There is direct communication of increased enforcement risks, and availability of social service assistance to target groups and individuals. These are the defining aspects of this strategy.</p> <p>More information can be found at:</p> <p>https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/strategies/focused-deterrence-strategies</p> <p>Additional Information and References:</p> <ul style="list-style-type: none"> • Braga, Anthony A., David L. Weisburd, and Brandon Turchan. 2018. “Focused Deterrence Strategies and Crime Control: An Updated Systematic Review and Meta-Analysis of the Empirical Evidence.” <i>Criminology & Public Policy</i> 17(1):202—50. • https://cebcp.org/evidence-based-policing/what-works-in-policing/research-evidence-review/focused-deterrence/ 	<p>See above – focus groups, trainings, ongoing operational assistance to those trained.</p>	<p>Reduction in gun violence (assaults, homicides); improved problem solving (non-criminogenic)</p>
<p>EPIC/ABLE</p>	<p>The New Orleans PD developed Ethical Policing is Courageous – EPIC – http://epic.nola.gov/home/ . It is a peer intervention program, to empower and support officers on the streets. “At its core, EPIC is an officer survival program, a community safety program, and a job satisfaction program.” It promotes culture change. In 2020, EPIC worked with Georgetown University who started a non-profit organization called ABLE: Active Bystandership for Law Enforcement. More than 1300 trainers from more than 200 law enforcement agencies in 39 states and 3 Canadian provinces have been trained. ABLE agencies include city PDs (NYC, Boston, Dallas, Seattle, Baltimore, and more) and sheriff departments.</p> <p>There are three pillars to ABLE: 1. To prevent misconduct. 2. To prevent mistakes. 3. To enhance officer wellness. The third pillar is directly aimed</p>	<p>Training is free to law enforcement agencies but commitment required. Obtain departments to agree; hold trainings, provide ongoing support (session updates, case conferences for difficult incidents) as</p>	<p>Reduced complaints to law-enforcement; reduced unnecessary use of force events; reduced suicides. Self-report of job satisfaction.</p>

<p><i>EVIDENCE PROMISING*</i> (Active Bystander programs are evidence based, but it is unclear if ABLE has sufficient research as yet to support an EB tag)</p>	<p>to reduce police suicides. If the program is effective, there is less data to easily report, but NOPD may have some data on reduced citizen complaints and other outcome measures.</p> <p>The ABLE Fact Sheet can be found here: https://drive.google.com/file/d/1PPImHwxyI8nYP8E38FIXVNKSXoQbCjf7/view ABLE: https://www.law.georgetown.edu/cics/able/.</p>	<p>program is rolled out</p>	
<p>Safe and Successful Youth Initiative (SSYI)</p> <p><i>EVIDENCE-PROMISING</i></p>	<p>SSYI is considered an evidence promising practice (there is more than one study on this program) and is being implemented in Massachusetts and elsewhere. This program engages/focuses on young men who are likely to commit or be the victim of gang or gun-crime to reduce incarceration and victimization from violent crime. They found that SSYI young men were significantly less likely to be incarcerated; that cities with SSYI programs had statistically significant reductions in all measured city-level crime victimization rates when compared with comparison cities.</p> <p>https://crimesolutions.ojp.gov/ratedprograms/717</p> <p>Additional information and references: https://www.air.org/resource/report/community-based-violence-prevention-study-safe-and-successful-youth-initiative</p>	<p>Work with cities that have implemented the program for additional suggestions prior to training and implementation. Focus groups to identify participants</p>	<p>Incarceration status; differences in monthly city-level violent crime victimization rates for the targeted population (17-24 y/o males of various races/ethnicity); reduced homicide victimization rates for targeted population; reduced city-level aggravated assault victimizations for the targeted population.</p>

2. Evidence-based programs and practices to address the wellness of first responders (fire, EMS, police, sheriffs, dispatchers).

Please consider the exposure to trauma that is inherent in the profession and ways to support the physical, mental and emotional health of these professionals.

Resource Websites		What strateg(ies) are recommended	Measurement/ outcomes/ implementation strategies
<p>Eye Movement Desensitization Reprocessing (EMDR)</p> <p><i>EVIDENCE-BASED</i></p>	<p>EMDR is a form of psychological treatment. This integrative therapeutic approach can help a police officer who has experienced a traumatic event find a way to deal with distressing memories. Whether it is bearing witness to the death of a child or a fellow police officer – or some other heinous tragedy – police frequently are exposed to incidents and images that haunt them for a long time. Having experienced either a one-time traumatic event, or by having seen multiple traumatic things over time, some individuals can suffer from nightmares, flashbacks, and other symptoms of PTSD. And sometimes, a traumatic memory can become frozen – stuck – in the brain, where it can continue to be triggered by reminders.</p> <p>https://www.emdr.com/what-is-emdr/</p>	<p>Establish a workforce of licensed clinicians with training in EMDR and training in the culture of policing who can offer treatment</p>	<p># of clinicians trained, # of LE seen. Reduced PTSD symptoms and other reduced trauma- related systems, 6-month follow up assessment</p>
<p>Cognitive-Behavioral Therapy (CBT)</p> <p><i>EVIDENCE-BASED</i></p>	<p>Cognitive behavioral therapy (CBT) is a form of psychological treatment that has been demonstrated to be effective for a range of problems including depression, anxiety disorders, alcohol and drug use problems, marital problems, eating disorders, and severe mental illness. Numerous research studies suggest that CBT leads to significant improvement in functioning and quality of life. In many studies, CBT has been demonstrated to be as effective as, or more effective than, other forms of psychological therapy or psychiatric medications.</p> <p>https://www.apa.org/ptsd-guideline/patients-and-families/cognitive-behavioral</p> <p>Brief Cognitive Behavior Therapy is a potential alternative to CBT. This treatment can be offered individually or in a group: https://health.osu.edu/health/mental-health/zero-suicides#.Yhw6b5l4Dso.mailto</p>	<p>Establish a workforce of licensed clinicians with training in CBT and training in the culture of policing who can offer treatment</p>	<p># of clinicians trained, # of LE seen. Reduction in symptoms of anxiety, depression, PTSD, 6-month follow up assessment</p> <p>Reduced suicide attempts in the military compared to traditional treatment</p>

<p>Cognitive Processing Therapy</p> <p><i>EVIDENCED-BASED</i></p>	<p>Cognitive Processing Therapy (CPT) is an evidenced-based, manualized treatment protocol that has been found effective for the treatment of posttraumatic stress disorder (PTSD) and other corollary symptoms following traumatic events. It is a specific type of CBT, usually delivered over 12 sessions, that involves psychoeducation, trauma processing, and cognitive modification. It can be done in individual or group sessions.</p> <p>https://www.apa.org/ptsd-guideline/treatments/cognitive-processing-therapy</p> <p>https://www.ptsd.va.gov/understand_tx/cognitive_processing.asp</p>	<p>Establish a workforce of clinicians with training in CPT and training in the culture of policing who can offer treatment</p>	<p># of clinicians trained, # of LE seen. Reduced symptoms of PTSD and other trauma-related responses, 6-month follow up</p>
<p>Emotional Freedom Technique (EFT), also known as “tapping” or psychological acupressure.</p> <p><i>EVIDENCE-PROMISING +</i></p>	<p>According to Bach (2019), EFT is found to be an “evidence-based” practice for anxiety, depression, phobias, and posttraumatic stress disorder. It is considered a self-help technique because once learned, an individual can administer it as needed.</p> <p>There is disagreement among experts as to how well it works, but research shows support.</p> <p>https://www.efttappingtraining.com/</p> <p>Gaesser, A. and Karan, O.C. 2017. A randomized controlled comparison of emotional freedom technique (EFT) and Cognitive Behavioral Therapy(CBT) to reduce adolescent anxiety: a pilot study. <u>Journal of Alternative and Complementary Medicine</u>. 23/2. https://www.liebertpub.com/doi/abs/10.1089/acm.2015.0316 Thanos Karatzias¹, Kevin Power, Keith Brown, Theresa McGoldrick, Millia Begum, Jenny Young, Paul Loughran, Zoë Chouliara, Sally Adams 2011. A controlled comparison of the effectiveness and efficiency of two psychological therapies for posttraumatic stress disorder: eye movement desensitization and reprocessing vs. emotional freedom techniques <u>Journal of Nervous and Mental Disorders</u>. June, 199 (6): 372-378. (This was an RCT).</p>	<p>Train MH providers in EFT, provide trainings for L/E; purchase resources and references for access as indicated.</p>	<p># people trained; frequency of use; percent reduction in self-reported anxiety, etc. Reduced sick leave/call-offs?</p>

<p>Stress First Aid</p> <p><i>EVIDENCE-BASED for some populations</i></p>	<p>Stress first aid for law enforcement – provides self-care strategies for law enforcement and those in high-stress situations. It is based on the Psychological First Aid model, which is an EBP, and has been adapted for law enforcement (and fire fighters, health care workers, and military) and covers a continuum of four stress phases (ready/reacting/injured/ill) and addresses four common types of exposures for law enforcement: life-threatening; loss; inner conflict; wear and tear. It also addresses the issue of stigma.</p> <p>This is a useful practice as it does not require a diagnosis or therapy and so is available without additional cost, stigma of seeking treatment, and can be utilized early in any traumatic incident, or as a way to build resilience.</p> <p>https://www.ptsd.va.gov/professional/treat/care/toolkits/police/managingStrategiesPolice.asp</p> <p>https://ptsd.va.gov/professional/treat/care/toolkits/police/docs/PoliceStressFirstAid.pdf</p>	<p>Train staff, supervisors, BH workers and officers in the model. Provide resources and references/ Check-ins for all participants.</p>	<p>Number of people trained; physiological changes (BP, etc.); self-report; reduced request for sick leave; reduced use of force.</p>
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Additional Information and Reference:

Dolan Consulting Group: A consulting group led by Dr. K. Gilmartin, who is well known for his research on officer wellness. The links are for articles on their website and research briefs. Dr. Gilmartin wrote Emotional Survival for Law Enforcement: A Guide for Officers and Their Families (2021). It may be worth making some of the materials/apps available, once vetted.

- <https://www.dolanconsultinggroup.com/news/>
- <https://www.dolanconsultinggroup.com/news/category/research-briefs/>