American Medical Association's Youth Violence Prevention Training and Outreach Guide

Lyndee M. Knox, PhD, Carmela Lomonaco, PhD, Arthur Elster, MD

Abstract: This article describes the development and contents of a training and outreach guide *Connecting the Dots to Prevent Youth Violence: A Training and Outreach Guide for Physicians and Other Health Professionals* (the Guide) on youth violence prevention for healthcare providers developed by the American Medical Association. The Guide, was developed to help translate recommendations made by the Commission for the Prevention of Youth Violence in their 2000 report, *Youth and Violence: Medicine, Nursing, and Public Health: Connecting the Dots to Prevent Violence*, into healthcare practice. The Guide, which will also be available in Spanish in early 2006, is structured as a speaker's kit and includes prepared speeches, case studies, issue briefs, and copies of screening tools and patient education materials from a variety of sources appropriate for use in the clinical setting. Results of a preliminary evaluation of the Guide indicate that the training can be effective in increasing providers' awareness about the problem of youth violence and encouraging them to incorporate into healthcare visits violence prevention activities such as screening youth for exposure to violence and educating patients and caregivers on strategies for reducing the risk for violence.

(Am J Prev Med 2005;29(5S2):226–229) © 2005 American Journal of Preventive Medicine

Introduction

In 1999, the American Medical Association (AMA) with financial support from the Robert Wood Johnson Foundation convened a commission of health professional associations to make recommendations for preventing youth violence in the United States. The Commission reported its recommendations in *Youth and Violence: Medicine, Nursing, and Public Health: Connecting the Dots to Prevent Violence.*[1] To aid in their translating these recommendations into health professional practice, the Commission published a companion document, *Connecting the Dots to Prevent Youth Violence: A Training and Outreach Guide for Physicians and Other Health Professionals* (the Guide), which is intended to support training for health professionals on youth violence prevention and emphasize the critical role they play in prevention.[2]

Development of the Dots Training and Outreach Guide

After recognizing the need for a companion guide, the Commission approached the Southern California Developing Center of Academic Excellence on Youth Violence Prevention to assist in its development. The Commission asked the Center to develop a "speaker's guide" that could be used to support short, 30- to 90-minute training sessions on youth violence prevention for health professionals. Ideally, health professionals also could use the Guide to conduct outreach training in their own communities. The content and structure of the Guide were based on the Commission's report,[1] a recent report on core competencies for health professionals on youth violence prevention,[3] a review of existing training materials such as Bright Futures,[4] and already existing training materials for health professionals on domestic violence, firearm injury prevention, youth violence prevention, elder abuse, and child abuse including resources from the California Medical Training Center, the Massachusetts Medical Society, and the American Psychological Association's ACT Against Violence curriculum, as well as Emergency Medical Services for Children provider training in violence prevention.[5–8]

Online searches were conducted to identify existing resources for health professionals that could be referenced or included in the Guide. In the areas where none could be identified, content experts from the Centers for Disease Control and Prevention's Academic Centers of Excellence were engaged to develop support materials and to provide expert review of their content. Two practicing physicians and three Southern California youths whose lives

From the University of Southern California and the Southern California Developing Center of Academic Excellence on Youth Violence Prevention (Knox, Lomonaco), University of California, Riverside, California; and Division of Medicine and Public Health, American Medical Association (Elster), Chicago, Illinois

Address correspondence and reprint requests to: Lyndee Knox, PhD, Department of Family Medicine, University of Southern California, 1420 San Pablo, PMB-B205, Los Angeles CA 90033. E-mail: knox@usc.edu.

0749-3797/05/$–see front matter
doi:10.1016/j.amepre.2005.08.029

Table 1. Contents of the Dots Training and Outreach Guide

Chapter title	Content
Preparing the presentation	Establishing objectives
	Recruiting co-presenter from the community
	Conducting an online search for recent data
Speeches	Health professional audience
	Community audience
Case studies	Bullying
	Firearms
	Media violence
Issue briefs	Adolescent substance abuse
	Bullying in schools
	Child abuse
	Dating violence
	Firearm-related violence
	Firearm safety
	Media violence
	Risk and protective factors for youth violence
	School violence
	Youth development and violence prevention
	Youth gangs
	Youth suicide
Act Now handouts	What health professionals can do
	What families can do
	What youth can do
	What schools can do
	What law enforcement can do
	What the media can do
	What legislators can do
	What business and civic leaders can do
	What faith-based organizations can do
Resources: professional and patient/family	Patient assessment tools: FISTS
	Patient education materials
	Myths and facts about violence
	Teaching basics of violence prevention
	When children witness violence
	Violence prevention in the home
	Time-out
	Key points on firearm injury and death
	Pulling the plug on TV violence
	You are the experts in raising violence-free children
Additional information	List of online and paper-based resources for health professionals on youth violence prevention

FISTS, fighting, injuries, sex, threats, self-defense.

have been affected by violence also were involved in its development, and they provided feedback on its content and structure.

Contents of the Guide

The Guide is structured as a speaker's kit, and it contains all of the resources and materials needed to conduct a 45-minute to 2-hour training session on youth violence prevention for an audience of health professionals. Table 1 provides an overview of its contents. The Guide recommends ways to set up a room for training sessions, develop a training agenda, and use handouts and other materials. It also shows how to conduct pre-training research on local violence statistics and resources. The Guide supports three different types of training sessions: a 30-minute introductory lecture for health professionals on youth violence prevention; a 2-hour training session that includes an introductory lecture and three case examples that can be used in grand rounds, continuing medical education (CME) training, and medical student training; and a 60-minute provider-delivered outreach session with community residents. The sessions can be delivered by a single trainer, but the Guide calls for the information to be presented by multidisciplinary teams that include adults and youths from the community and representatives from various professional sectors including health care, law enforcement, education, and social services. The Guide recommends that the trainer/speaker tailor the contents of the training to the unique needs of the provider participants and their patient populations. For example, it directs trainers to find local news stories and statistics to personalize the

information they are presenting, and it recommends that they incorporate information on local services for youth and families that providers can use when making referrals. The Guide provides a list of websites and other information resources that trainers can use to identify these data. The Guide also recommends ways to develop an overview of resources in the local area. Information contained in the Guide is extensive. It includes two scripted, 30-minute speeches on youth violence, three case studies, accompanying PowerPoint presentations that can be downloaded from the AMA website, 11 issue briefs that can be used as handouts, copies of screening tools and patient education handouts for use in clinical settings, and a comprehensive list of resources for further information and training. The Guide is available free for download from the AMA (www.ama-assn.org/ama/pub/category/8197.html) and from the National Youth Violence Prevention Clearinghouse website (www.safeyouth.org/scripts/faq/prosdo.asp). A Spanish version of the guide will also be available in early 2006.

Evaluation of the Connecting the Dots Training and Outreach Guide

A pilot study of the Guide was conducted to determine how effective it is in influencing health professionals to view youth violence prevention as relevant to their practice and to consider incorporating screening, counseling, and referral activities that may contribute to the prevention of youth violence into their daily practice. The study was conducted in collaboration with LANet, a primary care practice-based research network located in inner-city Los Angeles. The Guide was piloted in eight community clinics in the network. A 30- to 90-minute training program was presented to physicians and midlevel providers at each of the sites during one of their regular staff meetings. The trainings were delivered by physicians and allied health professionals who were recruited by the evaluation team and who had expertise or interest in youth violence prevention.

A total of 105 physicians and midlevel practitioners received the training program across the eight clinical sites. Participants completed a 24-item survey that assessed provider knowledge, attitudes, and clinical practices related to youth violence prevention immediately after the training (immediate post-test) and again at 3-month follow-up (3-month follow-up). Survey items were drawn from a larger survey developed by the American Academy of Pediatrics[9] to assess provider beliefs and practices regarding youth violence and its prevention and included forced choice and open-ended items. Additional items were developed by the evaluation team to assess provider satisfaction with the training and solicit recommendations for improving the training.

Ninety-eight participants completed the immediate post-test survey (45 medical doctors and 39 midlevel providers). Of these, 84 (86%) indicated that they intended to modify their attitudes about youth violence as a result of the training, 89 (92%) indicated that they intended to modify their assessment practices as a result of the training, and 88 (89%) indicated that they expected to revise their approach to providing referrals as a result of the training. Four (4%) participants reported that the training resulted in "no change" to their attitudes about youth violence and did not expect it to affect their assessment or referral practices in this area. All participants reported that they believed the training was relevant to their practice. There were no significant differences between medical doctors and midlevel providers in their response to these survey items.

Forty participants also completed the 3-month follow-up survey. Of these, 35 (88%) reported that the training had modified their attitudes about youth violence, 35 (88%) reported that they had modified their approach to assessing youth violence in their patients, and 29 (73%) reported that they had modified their approach to providing resources as a result of the training. Two (5%) reported no change, and 3 (8%) reported that they no longer believed the training was relevant to their practice. There were no statistically significant differences in participant responses between Time One (immediate post-test) and Time Two (3-month follow-up).

To assess their overall satisfaction with the training and to solicit recommendations for improving the curriculum, key-informant interviews were conducted with a subsample of 14 study participants to determine the type, extent, and frequency of changes they had introduced into their practice after the training. Interview subjects were selected based on their willingness to be interviewed and their availability. Participants reported making the following changes in their practice: screening more of their young patients for exposure and involvement in violence; talking to parents and young patients about risk for violence; counseling parents and youth about strategies for reducing risk; distributing to patients handouts on violence prevention; and making more referrals for services for youth and families who may be at risk for violence. One key informant related the following about its impact on his level of awareness of the problem: "I find it surprising that I had not thought about youth exposure to violence in the context of my patients' community. The presentation made me more aware of screening for violence in younger children as well as adolescents."

There are a number of limitations to the current evaluation. Because no control group was utilized, it is not possible to determine if reported changes actually resulted from the training program or from other factors. In addition, because all data were self-reported, they are subject to reporting biases. To assess more accurately the impact of the training intervention, a controlled study

that uses a combination of self-report, direct observation, and patient exit interviews is needed. The preliminary evaluation findings, however, suggest that the AMA training program was well received by providers and can be effective in raising provider awareness about the problem of youth violence, its relevance to primary care practice, and actions that providers can take during the healthcare visit that may contribute to its prevention.

Discussion

The *Connecting the Dots Training and Outreach Guide* is a user-friendly resource that can introduce health professionals and students to the basic concepts of youth violence prevention and to screening, counseling, and referral resources that they can incorporate into their own practices. Findings from the initial pilot study of the Guide indicate that one-time, office-based instruction on youth violence prevention such as that provided in the Guide may be a an effective way to increase provider awareness of the problem of youth violence and to increase the number of physicians and midlevel providers who deliver simple screening and counseling interventions for youth violence in their daily practice. A more comprehensive study, however, is needed. Additional research should include objective measures of provider behavior to assess the impact of the training on the care that providers deliver. Further study also is needed to evaluate the effects of primary care–based screening, counseling, and referral for youth violence on patient health and well-being.

This publication was supported in part by R49/CCR918589 from the Centers for Disease Control and Prevention. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Centers for Disease Control and Prevention.

No financial conflict of interest was reported by the authors of this article.

References

1. Commission for the Prevention of Youth Violence. Youth and violence: medicine, nursing and public health: connecting the dots to prevent youth violence. 2000.
2. Knox L, ed. Connecting the dots to prevent youth violence: a training and outreach guide for physicians and other health professionals. Chicago, IL: American Medical Association, 2003.
3. Knox L, ed. Youth violence and the health professions: core competencies for effective practice. Los Angeles, CA: Southern California Center for Academic Excellence on Youth Violence Prevention, 2001.
4. Jellinek M, Patel BP, Froehle MC, eds. Bright futures in practice: mental health. Vol. i. Practice guide. Arlington, VA: National Center for Education in Maternal and Child Health, 2002.
5. Massachusetts Medical Society. MMS Youth Violence Slides on-line. Available at: www.massmed.org. Accessed August 2005.
6. UC Davis Health System. California Medical Training Center Domestic Violence Curriculum. Available at: www.ucdmc.ucdavis.edu/medtrng/domain/domestic.htm. Accessed August 18, 2005.
7. Training EMSC Providers in Violence Prevention. A Report by the American Psychological Association To the Emergency Medical Services for Children Program Maternal and Child Health Bureau Health Resources and Services Administration US Department of Health and Human Services. Available at: www.apa.org/pi/pii/trainems.html. Accessed January, 1998.
8. American Psychological Association. Adults and children together against violence (ACT). Available at: www.actagainstviolence.com/about/what/index.html. Accessed August, 2005.
9. American Academy of Pediatrics. AAP Periodic Survey of Fellows #38. Elk Grove Village, IL: American Academy of Pediatrics, 1998.