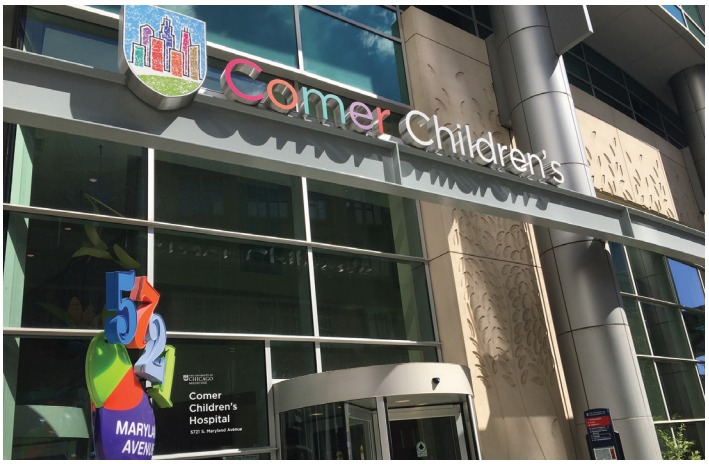
HOSPITALS AGAINST VIOLENCE

American Hospital Association

CASE STUDY

HEALING HURT PEOPLE-CHICAGO

John H. Stroger, Jr. Hospital of Cook County and The University of Chicago Medicine Comer Children's Hospital | Chicago, IL



In August 2013, John H. Stroger, Jr. Hospital of Cook County (left) collaborated with The University of Chicago Medicine Comer Children's Hospital and the Center for Nonviolence and Social Justice at Drexel University in Philadelphia to launch Healing Hurt People-Chicago (HHP-C), a hospital-based violence intervention program.

Healing Hurt People-Chicago seeks to save lives by offering support beyond the hospital

Overview

Chicago saw a spike in violent crime during the past few years, with an all-time high of 771 homicides and 3,550 shootings occurring in 2016. In 2017, those rates decreased, but at 650 homicides and 2,785 shootings, the city still exceeded the number of killings in New York City and Los Angeles combined. In addition, a high percentage of those violent crimes took place on Chicago's West Side, where John H. Stroger, Jr. Hospital of Cook County is located.

In August 2013, Stroger Hospital collaborated with The University of Chicago Medicine Comer Children's Hospital and the Center for Nonviolence and Social Justice at Drexel University in Philadelphia to launch Healing Hurt People-Chicago (HHP-C), a hospital-based violence intervention program. Through assessment, psycho-education, intensive case management, group therapy and mentoring, HHP-C helps youth who have been violently injured heal both physically and emotionally.

"We try to identify patients as early as possible," says Bradley Stolbach, Ph.D., associate professor of pediatrics at University of Chicago Medicine and co-principal investigator and clinical director for HHP-C. "We want to make contact with them as soon as they've been identified as having suffered a

violent injury, while they're still at Comer or Stroger, whether they are admitted or not."

In the initial contact, a trauma intervention specialist or other HHP-C staff member provides the patient with basic psychoeducation about trauma and how to cope with it. They discuss the response that the patient might be feeling and strategies for managing reactions.

The staff member will also then talk to the patient and their family about HHP-C's ongoing services that are available. If the patient is interested, they are put in touch with a trauma intervention specialist who will be their main point of contact throughout their HHP-C experience.

"Our people work with them to assess what is happening in the patient's life – what they've been through during this injury and in the past, what symptoms they're experiencing, their psychosocial needs, their needs in their daily lives, and their goals," Stolbach says. "Their goals often have to do with education, jobs, medical care, family issues, housing or the court system. "We find out what they want and help them get there – they're their goals, not ours."

SELF groups

One of the ways they do this is through psychoeducational groups, known as SELF (Safety, Emotions, Loss, and Future) groups. Whether in the individual context or within groups, HHP-C staff work to facilitate conversations about those four domains.

"When you're dealing with trauma and violence, you often have struggle," Stolbach says. "Most of our work occurs after discharge – what happens in the hospital is engagement and gaining their trust. The work of the trauma intervention specialists is almost all outside the hospital – in the community, in patients' homes, going to court or medical appointments with people, trying to have contact with every patient at least weekly, ideally face to face."

This work may also include working with family members and helping them obtain access to services as well. Trauma intervention specialists can help them navigate those various systems and advocate for themselves.

"Sometimes they need us to advocate for them as well," Stolbach says. "In a lot of these systems, if our patients didn't have someone next to them with light skin and an advanced degree, they wouldn't be heard at all."

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Bradley Stolbach, Ph.D., associate professor of pediatrics, University of Chicago Medicine; co-principal investigator and clinical director, Healing Hurt People-Chicago

Staying safe

Many of the HHP-C participants were injured in their own neighborhoods, so after discharge, they return to that environment and its risks.

"A lot of our work is helping patients identify how to keep themselves safe in that environment," says Rev. Carol Reese, LCSW, violence prevention coordinator and chaplain for the Department of Trauma/Burns at John H. Stroger, Jr. Hospital of Cook County and co-principal investigator and program director for HHP-C. "They might have trouble getting from home to school safely. They might have to go past the place where they were shot to get to school or work. Sometimes there's an ongoing dispute between the patient and the person who hurt them, and the worry is that

they're going to do something unsafe, like retaliation. We don't want to see these kids back with another injury. All parts of the SELF model are important, but we spend a lot of time on emotions and emotional self-regulation."

Reese notes that many young people who live in unsafe conditions are chronically activated, particularly if they have suffered a violent injury.

"They're constantly on guard and waiting for something bad to happen, then something minor happens and they engage before they stop to think about it," she explains. "We give them strategies for managing their reactions before they do something they will regret for a long time."

"Most of our patients have also lost friends, family members and close associates due to community violence, so this is with them all the time. We need to help them integrate the concepts of violence prevention into their lives and plan for their future. We want them to be able to envision something good for themselves down the road."

Rev. Carol Reese, LCSW, violence prevention coordinator and chaplain for the Department of Trauma/Burns, John H. Stroger, Jr. Hospital of Cook County; co-principal investigator and program director, Healing Hurt People-Chicago

The Healing Hurt People model was developed over a decade ago at the Drexel Center for Nonviolence and Social Justice under the direction of John Rich, M.D., Ted Corbin, M.D., and Sandra Bloom, M.D., and is also being implemented in five Level 1 Trauma Centers in Philadelphia.

Additional programs

In September 2016, Dr. Stolbach received a grant to allow The University of Chicago Comer Children's Hospital to offer screening and mental health care for patients and their families through the University of Chicago Medicine Recovery and Empowerment After Community Trauma Program (REACT). REACT works in conjunction with HHP-C, serving patients and families affected by community violence whether they were injured or not. The program is linked to the Comer emergency department and pediatric intensive care unit. In addition, the program conducts outreach on Comer's Pediatric mobile medical unit, as well as brief trauma intervention and ongoing psychotherapy for those who need it.

Another related program is Project FIRE (Fearless Initiative for Recovery and Empowerment), an artist development employment program that offers healing through glassblowing, combining glass arts education, mentoring, and trauma psychoeducation to support trauma recovery and create jobs for youth injured by violence. Co-created by glass artist Pearl Dick and Stolbach with the support of a University of Chicago Medicine Urban Health Initiative Faculty Fellowship, Project FIRE is a partnership of HHP-C, Firehouse Glass Studio, and ArtReach Chicago. As a result of the success of Project FIRE, HHP-C is looking to create similar programs in other arts disciplines, such as improv.

The University of Chicago also hosts the Center for Youth Violence Prevention, one of the CDC's six National Centers of Excellence in Youth Violence Prevention. This program is not a part of HHP-C, as it does not offer patient services, but it conducts research to help programs like HHP-C determine the best methods for serving its patients.

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Impact

HHP-C tracks a variety of outcome indicators, including rates of reinjury, retaliation, and involvement in the criminal justice system. Based on reports from the trauma intervention specialists and their clients, approximately 90 percent of the patients who have worked with HHP-C for six months or longer have avoided reinjury, have not been involved in retaliation, and have not been charged with crimes.

Other indicators they watch for include increased service utilization, decreased post-traumatic stress disorder (PTSD) symptoms, and decreased substance use.

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of patients who have worked with HHP-C for six months or longer have avoided reinjury, have not been involved in retaliation, and have not been charged with crimes.

"Substance use is the toughest to make a dent in," Stolbach says. "About 60 percent of our patients show reduced substance use, which is good, but not as good as our PTSD and service utilization numbers, which are around 80 percent. We're continually looking into ways to make more progress in helping reduce substance use further."

Meanwhile, a number of HHP-C participants have moved into the roles of group leaders or co-facilitators in the program, whether with HHP-C or Project FIRE.

"They're focused not just on their own recovery but also on spreading the recovery to others," Stolbach says.

Cost containment

Reese notes that while cost-benefit analyses don't always move organizations to get involved in programs such as this, there is definitely a financial advantage.

"The cost of caring for a patient through HHP-C for a few months to a few years is $3,500 to $5,000," she says. "That's significantly less than what it would cost for repeated injury treatment. This type of intensive service is also about one-tenth the cost of another hospital admission or long-term therapy."

Research on hospital-based violence intervention programs has shown that in a worst-case cost scenario, they may cost as much as the usual care. However, when compared with other, less intensive intervention, they're more effective.

"Simulations showed that the savings over time are anywhere from thousands to millions of dollars," Stolbach says.

Of course, much of the impact of HHP-C cannot be measured with data.

"What we see in these kids is that we can have a positive impact on their physical and emotional healing," Reese says. "Maybe they're coming up in homes where parents aren't engaged, or the family may be impoverished. One trauma intervention specialist went to the home of a kid with a spinal cord injury, and she found him trying to get out of the house by himself in the dark. Also, she found that there was no food in the house. Many patients have very basic needs like this: If you don't have food in the house, and you don't have anyone who can help you around, you're not going to be able to heal from an injury. Our resources promote healing and keep young people from re-engaging with the health care system. We can help them avoid the 'revolving door.'"

Lessons Learned

"One of the big things we've learned is that safety plays a major role not only for our patients and their families, but for our front-line workers, whether peer workers or licensed clinical social workers," Reese says. "Early on, we did not pay adequate or intensive enough attention to the negative impact that safety issues were having on our staff. Because they're going out into communities to work with patients, they're also witnessing violence and feeling unsafe. There's also some secondary trauma that comes from hearing about the violence that our patients have experienced. We had a few staff resign, and safety was part of their reasoning to move on."

Therefore, HHP-C leaders have been reworking policies and procedures to give staff some strategies

to stay safer. For example, when going to the first home visit with a new patient, staff must attend in pairs; previously, it was presented as an option, but now it is a requirement. Additionally, staff now have apps on their phones that include "panic buttons," which notify Reese, Stolbach, and other trauma intervention specialists if they're in an unsafe situation.

The organization is also working to find other, safer spaces where meetings can take place, such as schools or churches.

"Staff may be fearful about spending time in some of these neighborhoods, and then we remember that our patients and their families live there all the time," Stolbach says.

Future Goals

Currently, HHP-C's "biggest hope" is to expand the age groups served, Reese says.

"We're very focused on serving older adolescents and young adults, ages 18 and younger," she explains. "But the vast majority of people injured with penetrating trauma are young adults, ages 18 to 26 or 27. We're working with a few organizations to try and secure funding to expand to that population."

Another goal for HHP-C's near future is building a more robust mental health response.

"The clinicians we work with are very good, but we need even more resources," Reese says. "We're working to connect with a behavioral health consortium convened by Cook County Health to expand our resources. The REACT program is one part of that."

In the longer term, Reese and Stolbach would like to partner with some of Chicago's many level 1 trauma centers to provide this type of support to more children and young adults who are violently injured.

Meanwhile, they would like to be able to offer more jobs and more hours to the young people who have been successful in the program.

"We want them to know how much we value their time and expertise," Reese says.

CONTACT

Bradley C. Stolbach, Ph.D.

Clinical Director and Co-Principal Investigator, The University of Chicago Medicine Comer Children's Hospital

773-834-4394

bstolbach@peds.bsd.uchicago.edu

CONTACT

Rev. Carol S. Reese, LCSW

Program Director and Co-Principal Investigator, John H. Stroger, Jr. Hospital of Cook County

312-864-2755

creese@cookcountyhhs.org