



DETROIT LIFE IS VALUABLE EVERYDAY (DLIVE)

**Detroit Medical Center –
Sinai-Grace Hospital | Detroit, MI**

Overview

Detroit Life is Valuable Everyday (DLIVE) was created to address a significant medical issue in its community: Homicide is the number one cause of death for Detroit residents ages 15 to 34, and violent injury recurrence rates have been reported to be as high as 30 to 45 percent at several trauma centers. The first paper looking at recurrent injury rates actually came out of Detroit’s trauma centers in the 1980s; the paper found recurrent injury rates – termed as trauma recidivism – to be 44 percent and mortality rates to be 20 percent. Additionally, statistics show that once someone has been treated for an assault injury, they will often suffer a repeat injury within two years.

To address the issue, emergency medicine physician Tolulope Sonuyi, M.D., MSc, decided to approach it like any other chronic, recurring disease process – by addressing the risk factors.

“The driving force behind this was very simple,” says Sonuyi, director of DLIVE. “We were seeing young people either being severely injured or dying at an alarming rate, and we knew it was predictable and preventable.

Sonuyi added, “When you look at heart disease and diabetes, for example, you see that there are risk factors, treatments, and critical interventions. When a patient comes to the ED with concerning chest pain, that patient is admitted and a variety of tests, monitoring, risk-reduction strategies, medications, and follow-up plans are put into place to reduce the risk of a major cardiac event occurring in the immediate future and beyond. You need to apply that same model to violence. If we can intervene and address the upstream factors that contribute to violence, we can dramatically reduce their likelihood of sustaining premature morbidity and mortality.”



DLIVE Violence Intervention Specialists Calvin Evans (left) and Ray Winans stand with Ray’s award from the Healing Justice Alliance “for outstanding work on the front line of a hospital-based violence intervention program.”

Photo courtesy of Morgan Bellinger and the National Network of Hospital-Based Violence Intervention Programs

Based out of Detroit Medical Center – Sinai-Grace Hospital with the Wayne State University Department of Emergency Medicine, DLIVE was launched in April 2016 after being awarded grants from the DMC Foundation and the Skillman Foundation. The program is anchored by highly trained trauma practitioners of violence intervention, also known as violence intervention specialists (VIS). DLIVE’s intervention is targeted at patients ages 14 to 30 who are survivors of intentional community violence, namely firearm violence, stabbing, or blunt assault.

The DLIVE team is an essential component of the emergency medicine and trauma surgery team,

as the VIS's initial bedside engagement takes place within the flow of the trauma patient's medical care. Given the captive, contemplative moment that is often present after someone has had a life-threatening physical injury, DLIVE takes this "teachable moment" to provide trauma-informed crisis intervention as well as offer an opportunity for the trauma patient to embrace the DLIVE program.

Patients who wish to participate work with the VIS to conduct risk and need assessments and develop a therapeutic plan that is customized for each individual. Essential to the development and execution of the plan is the establishment of an intentional therapeutic relationship between the VIS and the DLIVE participant, whereby "the participant is essentially a patient of the VIS," says Sonuyi.

"We can't have bureaucratic holdups and lots of layers impeding the flow of care. We need to be able to respond quickly and dynamically. Resources need to be leveraged quickly. This is life and death."

Tolulope Sonuyi, M.D., MSc, director of DLIVE

The plan covers short-term concerns such as the patient's immediate safety, prevention of retaliation, and continuing medical treatment, while also providing resources for long-term success, such as education, job training, legal advocacy and support, or substance abuse treatment. Central to effectively addressing all of these social determinants of health is DLIVE's focus on mental health and wellness. Unaddressed mental illness, whether existing prior to or after the trauma, serves to perpetuate the cycle of violence. Hence, the DLIVE program includes trauma peer support group (TPSG) meetings, held approximately twice a month.

"[TPSG] provides a healing-centered space

that allows for peer exchange, critical education moments, and emotional support," says Sonuyi. DLIVE participants, often referred to as DLIVE "members," also receive individualized one-on-one mental health counseling with a licensed therapist. Patients typically complete the program in nine to 18 months, although the duration may be shorter or longer depending on each individual. DLIVE continues to hone this process.

Family members or friends of patients may receive services as well. "Patients' social networks play a role in their recovery," Sonuyi says. "Family and friends can help support the individual or they might interfere with what we're doing and make success more difficult. We've seen that if we can provide opportunities to the DLIVE member's social network as well, that can influence recovery. Everybody can be a part of this process.

"We look at the transformative potential of individuals," he adds. "Language matters, so we speak of things through a positive lens. We don't call our program participants 'troubled youth' – we talk about their potential to break away from those things that are keeping them in a cycle of violence. Our approach is rooted in health and wellness."

Impact

To date, none of the 70 participants who've participated in DLIVE since April 2016 has sustained a repeat injury. Meanwhile, many have had the unfortunate experience of seeing some individuals who chose not to participate in DLIVE be re-injured or lose their lives to violence.

Additionally, more than 80 percent of participants who either had not finished high school or were unemployed are either enrolled in an educational program or employed.

Lessons Learned

To be successful, the program needs to operate in "as nimble a fashion as possible," Sonuyi says. "We can't have bureaucratic holdups and lots of layers impeding the flow of care. We need to be able to respond quickly and dynamically. Resources need to

be leveraged quickly. This is life and death. When that young person goes back to their space of living, the stakes for survival are high. Everything we do has to be centered on the needs of the young men and women we serve, and we need to provide immediate opportunities to gain their trust in the program and their recovery.”

Sonuyi also says that addressing violence as a health issue was valuable in getting the program off the ground.

“Putting things in medical terms – risk factors, treatment, prevention of recurrence – helps stakeholders understand how community violence works. Everyone understands the importance of health and preventing premature, preventable death. The literature shows that programs like DLIVE do exactly that. This is important to individual and community health.”

Future Goals

DLIVE plans to continue growing their staff and personnel to become more multi-disciplinary and integrated. In addition, while the program currently focuses on secondary prevention of trauma, the DLIVE team is ramping up efforts in community alignment and education for primary prevention efforts as well. Team members are engaging with schools, community centers, and churches to have successful DLIVE participants come speak with young people

about the lessons they’ve learned.

“We’re excited at the opportunity this provides our DLIVE members to have their voices lifted up and amplified and utilized to promote health and culture change,” Sonuyi says.

A recent study of DLIVE’s results showed a correlation between mental health and a person’s risk of re-injury and/or recidivism, so expansion of the program’s mental health and wellness efforts is an ongoing focus.

“Now that we know that violent trauma works like a chronic disease, one of our hopes is that violence intervention programs become a standard of care within trauma centers so we can do a better job of treating this disease,” Sonuyi says.

CONTACT

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