

Youth ALIVE!

Innovation 2015

Twenty years ago, Sherman Spears, a paraplegic gunshot victim on our staff, began training young adults – former gang members and other community members with histories of violence – to conduct interventions at hospital bedsides when youth were shot or stabbed, in order to prevent retaliation and re-injury and support healing. Our “Caught in the Crossfire” program has since been replicated in dozens of cities. Published studies of our program, as well as of replication programs, indicate that this model reduces subsequent hospitalizations and criminal involvement. As we understood more deeply the impact of trauma on the lives of youth caught up in the cycle of violence, we embarked on a study to determine what could be done to reach youth before they’ve been shot, to address the violence they’ve been exposed to, and offer them concrete tools, based on those used by the VA with war veterans, to alleviate their PTSD symptoms. We spent the past 18 months developing and testing a promising 6-27 minute screening and brief intervention with male youth of color. If funded, this project would be the first ever implementation of such a tool designed (and implemented) by, and for, urban populations.

For over 20 years, Youth ALIVE! has worked directly with youth in Oakland who are directly affected by violence – as victims, witnesses, perpetrators, and often some combination of these three – to nurture their innate skills to reduce the violence plaguing their neighborhoods. In addition to our existing program work, our youth helped us realize that we need to more directly and explicitly address the role of trauma in the cycle of violence in their lives.

Oakland is suffering an epidemic of violence by any measure -- one is a homicide rate over SIX TIMES the national average. The epidemiological theory of violence, popularized by Dr. Gary Slutkin in Chicago, posits that outbreaks of violence cluster in the same way as infectious diseases. Youth ALIVE!’s own work in Oakland, providing community-based intervention specialists working with gunshot victims over the last 20 years, confirms this theory. Post-violence, not only is retaliation a high risk, but traumatized victims exhibit a number of PTSD (Post-Traumatic Stress Disorder) symptoms that put them in harm’s way, such as hallucinations, nightmares, paranoia and hypervigilance (an agitated state marked by lack of impulse control). Our traumatized youth make dangerous choices, such as carrying guns and joining gangs, because they no longer feel safe. Put simply: hurt people, hurt people, including themselves. This explains why a study found that, without intervention, 44% of gunshot victims are shot again within 5 years.

When we looked deeper, we discovered that prior victimization is the single most robust predictor of future victimization and juvenile justice system involvement. In other words, suffering violence makes you more likely to get hurt again. The research, corroborated by our experience, documents that young people who grow up in high violence communities and who become involved as a victim and/or perpetrator of violence are highly likely to have been prior victims and/or witnesses of violence in their homes and communities, traumas which often lead to lasting medical, emotional and social/behavioral problems. As others have documented, as many as 50% of the youth we work with will suffer from Post-Traumatic Stress Disorder (PTSD) or other stress disorders. Our trauma informed crisis intervention and case management techniques bridge the trust gap that most traumatized youth experience.

As a community, Youth ALIVE! defines Trauma-Informed Care as (1) the understanding that trauma (overwhelming, threatening, stressful experiences such as witnessing or suffering violence and incarceration) has a biological and psychological effect on how people think and behave and (2) the commitment to – at least – not punish or re-traumatize people for showing symptoms of trauma, and – at best – care for them in ways that promote healing by helping them experience peace, safety, understanding, and control. Fortunately, there are effective methods to help traumatized youth heal physically and psychologically. They had just never been tailored to our young people.

In April 2014, Youth ALIVE! completed the initial phase of a project to develop a Screening Tool for Assistance and Relief of Trauma (START). This tool adapts the validated model of Screening Brief Intervention and Referral to Treatment (SBIRT) to address trauma exposure among young urban men of color. We chose to adapt the SBIRT tool, which assesses the severity of substance abuse, to trauma because the process of administering the tool includes a brief intervention that focuses on increasing insight into the presenting condition and on motivating behavioral change. For 18 months, these partners designed and conducted a series of four focus groups with African-American and Latino young people with known histories of firearm assault injuries, and then 69 structured interviews with a similar population without violent injury as inclusion criteria. Partners developed a screening protocol with questions adapted for cultural appropriateness from validated, SAMHSA-endorsed PTSD and depression screening tools. The brief interventions tested came from two sources: adaptations of methods endorsed by the Department of Veterans Affairs for PTSD management, and short therapeutic exercises based in multidisciplinary psychological methods adapted by a licensed therapist and collaborating investigator for the DSM-V. Qualitative and quantitative evidence indicated both the high degree of trauma-related symptomology among this population and the effectiveness of the interventions.

START is a 6-27 minute brief interview. It includes a universally applied seven-question screening and brief psycho-education and a handout on common trauma symptoms. Potentially applied, based on screening score are:

- Structured discussion of sleep hygiene tips and patient selection of next steps
- Patient creation of a personalized stress reduction plan
- Breathing, grounding or another short relaxation exercise
- Referral to mental health assessment in cases of patient disclosure of severe symptoms

With our initial sample of 69 young men, this tool was very impactful, with 96% stating that the interventions were helpful. Participants stated that the exercises put a name to experiences they've had in the past. Afterwards, one participant said he felt "enlightened and empowered." Many of the youth also wished that this was something they had at the time of their trauma, and not only in retrospect.

With funding from Ruddle, Youth ALIVE! will hire and train a young person from the community who will work at our partner health clinics and schools – such as Alameda Health System's school-based San Leandro clinic and the Civicorps Academy high school where we've already been invited – to screen youth for trauma and provide them with immediate support, coping tools, and (when indicated) referral to treatment. This "community health worker" will be able to reach over 150 youth, working 4 half-days per week over the year of this grant.

With funding from Ruddle, Youth ALIVE! will hire and train a young person from the community who will work at our partner health clinics and schools – such as Alameda Health System’s school-based San Leandro clinic and the Civicorps Academy high school where we’ve already been invited – to screen youth for trauma and provide them with immediate support, coping tools, and (when indicated) referral to treatment. This “community health worker” will be able to reach over 150 youth, working 4 half-days per week over the year of this grant.