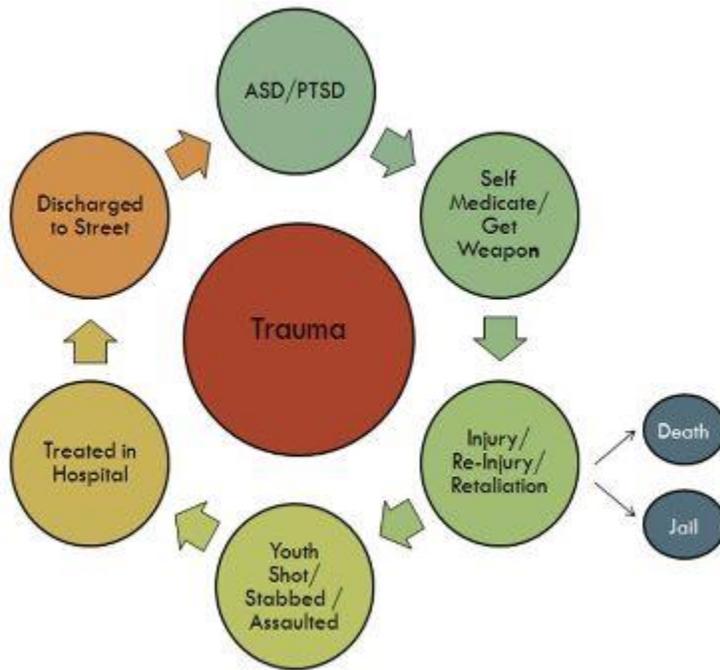


Healing Hurt People Chicago – Intensive Case Management for High Risk Youth



Healing Hurt People Cycle of Violence

What goes through your mind when you're a sixteen year-old recovering from surgery after a gunshot wound? It might be fear. It might be retaliation. It might be that it's time to get some help or make some changes. It might be all three. As part of Healing Hurt People-Chicago (HHP-C), the Trauma Intervention Specialists (TIS) who work with young victims and perpetrators of violence--and many youth involved in violence are both—aim to take advantage of the window between injury and discharge to help youth process their trauma and get the additional help they need to stay safe and stable.

Get IN Chicago was an early funder of Healing Hurt People, in part because they reached the youth most at risk for violence, a group many organizations struggle to find and retain. We first reported on HHP-C just over a year ago after hosting a group of Chicago-area trauma centers to learn more about the model. Since then, HHP-C continues to serve acutely high risk youth and others who've been victims of violent injury with intensive case management in a therapeutic setting. The goal of the program, started in Philadelphia by Drexel University, is to prevent re-

injury, retaliation and incarceration for the young people they serve. “All of our conversations [with youth] are rooted in safety,” says program director Carol Reese, a Chaplain and licensed clinical social worker. “And our starting point is their trauma.”

For youth who participated in HHP-C for a minimum of six months, 85% had no re-injuries; 96% had one or fewer injuries, 83% had no criminal justice involvement and only 3% were involved in retaliatory violence. Aggression decreased among 67% of clients with prior aggression problems, 89% of program participants demonstrated improved self-efficacy and 92% increased their use of services. This is real progress for a population whose complex needs and lack of stability can make them distrustful and resistant to engagement and services.

The youth HHP-C serve present a challenging dilemma as they are often reluctant to engage in services, especially with people they don't know, in places they've never been, and with conditions that make it difficult for them to participate. They're also adolescents. “They won't go.” That's Reese's response when I ask about youth and service referrals. **“A young person is not going to follow up on his or her own.”** This is why HHP-C trauma intervention specialists (similar to case managers) have an all-encompassing role. They accompany youth on many appointments; advocate for them in medical and judicial settings; and work with them on the paperwork necessary to get a new I.D., fill out a housing or job application, or get a ramp built to accommodate a wheelchair as a result of spinal injury from a gunshot wound. “We're not doing it for them, but we have to do it with them,” says trauma intervention specialist Brittney Autry.

Autry has a B.A. in psychology and a master's degree in social work. She taught school in the Austin community before joining Healing Hurt People in June of 2018. She says her job with youth is to keep them safe, address their primary needs with services, and help them understand and better manage their emotional life. “Just because they're in our program doesn't mean the cycle of violence has stopped. We're running on parallel tracks with their very real circumstances. They may be in danger personally, their community may not be safe, they may have anger and behavioral issues—we're helping them with therapy and services but they're still navigating very precarious conditions.”

Both Reese and Autry emphasize the complex and extensive needs of their clients, along with the time it takes to establish trust, engage the family, set goals and make incremental progress toward those goals. **“The cost-effectiveness, and efficiency that many people, funders included, want to see just doesn't account for the extent of trauma and need we're working with,” says Reese.**

Caseloads for HHP-C trauma intervention specialists are capped at 14 because of the time-intensive nature of the case management. Youth initially have no more than 3 goals. “More

than 3 is unrealistic,” says Autry. Connecting youth to services also takes time. A housing placement can take months, and if the unit that comes through isn’t safe for the young person because of gang territory or other factors, they need to start over. Group therapy is a key component of the program, and one that most organizations have trouble getting youth to participate in. It’s hard but it’s not impossible, according to Reese. “They want to talk. They just don’t want to call it therapy.” Autry agrees. “Sometimes I can’t get them to stop talking.”

When it comes to re-engaging with youth who fall off the radar, HHP-C tries not to be punitive. They have standards of behavior and zero tolerance for violence, but will open the door wide for someone who wants to come back.

That understanding of the lived experience of their clients is critical for trauma intervention specialists. Says Reese, “To be effective, you have to have a heart for trauma work with young men of color in their communities. “ I ask if she means having grown up in the same neighborhood or being the same race. “That’s important, but it’s not the only thing. It goes back to trauma. All the behavior from these young people that’s going to challenge you is rooted in trauma.”

The secret to HHP-Chicago’s success may lie in the combination of when they enter young lives, their deep understanding of the context of the behavior they’re working to change and their holistic and intensive approach to case management. They are reaching young people at a critical juncture after an injury with an understanding of and empathy for their circumstances and a long-term commitment to their safety, emotional well-being and progress.