Welcome to the new Violence Intervention Advocacy Program (VIAP) at 6 Massachusetts ED sites

In response to the increase in gunshots and stab wounds in cities across Massachusetts, (1,621 GSW/SW in Massachusetts from January through September 2007) the BNI ART Institute received a supplemental grant to add a violence component to the MA ED SBIRT program funded in 2006 by the Dept. of Public Health’s Bureau of Substance Abuse Services.

Mission
The mission of VIAP is to “assist victims of violence to recover from physical and emotional trauma and empower them with skills, services and opportunities so they can return to their communities, make positive changes in their lives, strengthen others who have been affected by violence, and contribute to building safer and healthier communities.”

Locations
A VIAP demonstration project began at Boston Medical Center in 2006, funded by the Boston Public Health Commission $100,000 Shannon Grant award and is now being disseminated at the request of the governor, to serve victims of violence across the state, at Brockton Hospital in Brockton, UMASS Memorial in Worcester, Massachusetts General Hospital (MGH) in Boston, BMC in Boston, Lawrence General Hospital and Baystate Medical Center in Springfield. The BNI-ART Institute worked closely with Dr. Thea James and Dr. Benjamin Shelton from Boston University’s Department of Emergency Medicine and violence intervention advocates Anthony Christian and Leroy Muhammad to adapt this program for conditions in Massachusetts.

At each of these sites, VIAP is collaborating with public and private agencies to offer a broad spectrum of concrete services to patients recovering from violent injury. Each site has hired a peer Violence Intervention Advocate (VIA) with strong community knowledge. Advocates attended a two week training at BU SPH and BMC ED, covering substance abuse screening, brief negotiated intervention and referral to treatment and exposure to strategies for violence prevention and intervention, including case management skills and review of available community resources and services. The curriculum was adapted from a Robert Wood Johnson funded program in Oakland, California called “Caught in the Crossfire.” The VIA are now beginning to work with patients and their families to provide crisis intervention and low impact case management; to intervene in the cycle of violence to prevent retaliation; to reduce morbidity and mortality, and prevent re-injury and entry into the criminal justice system; to facilitate access to continuing health care and local community resources, including housing, jobs and education; and to promote positive role models and positive alternatives to violence.

Contact Info:
Brenda Rodriguez
Email: brodri@bu.edu

BNI-ART Institute - Youth Alcohol Prevention Center
Boston University Medical Campus
715 Albany Street, 580 3RD floor
Boston, Massachusetts 02118-2526

Website:
http://www.ed.bmc.org/sbirt

We would like to welcome the Violence Intervention Advocates to our Massachusetts ED SBIRT team:

Jason Casey, Brockton Hospital,
Winifred Atwell,
Baystate Medical Center,
Rosemary Hall,
Lawrence General Hospital,
Nixon Corney, MGH,
Anthony Christian, BMC and
Leroy Muhammad, BMC.
Sucess Stories

Violence Intervention

The violence intervention advocates have been welcomed into their emergency departments and already have great success stories. We asked them to share a few de-identified cases for the newsletter to give readers an idea of what their daily work is like, and how they go about fulfilling their commitment to provide comprehensive services to victims of violence.

At BMC the advocates are paged as soon as trauma victims arrive at the ER. Anthony Christian walked into the trauma room to see a familiar young face, someone he had known since he was 11 years old. This is the second assault this young man suffered. He had moved out of his neighborhood after being stabbed. This time this young man is determined to end any ties that can connect him to violence and decided to enter the Violence Intervention Advocacy Program (VIAP). He is worried about his safety and wants to recover his life and stay away from the streets. Anthony is proud to report that his client checks in with him on a daily basis. Anthony helped this young man with his application for SSDI and with obtaining a driver’s license, took him to the DTA (Department of Transitional Assistance) to obtain food stamps, and has been able to advocate for his client in court, where he was able to state that the client was fully involved in the VIAP program. The client was released and not sent to jail. He also motivated him to seek mental health services at Pyramid Builders and attended several sessions to ease the transition. Clearly, Anthony’s perseverance has allowed this client to stay out of trouble and jail.

Other site advocates also serve as a bridge to help their clients obtain mental health services when needed. For example, Rosemary at Lawrence General Hospital helped a young man who saw his mother stabbed 17 times as a result was experiencing Post Traumatic Stress Disorder (PTSD). He told Rosemary that he still blames himself for what happened to his mother because he was unable to help her. After that initial intake meeting, the client went missing for 5 days. Once he was found, he continued his meetings with Rosemary.

During these meetings he kept having episodes and flashbacks. Rosemary was able to link this young man to mental health services and continue following him in the program. She also shared the story of one client, a 19 year old girl who was assaulted by her neighbors, who lived alone and was afraid to return home because of the assault. Rosemary was able to find her a shelter bed and connect her with mental health and substance abuse services, and begin to address her marijuana, cocaine and heroin use. This client is now clean for more than 10 days, and is in a residential program that provides drug abuse counseling.

How a cup of coffee goes a long way

Jason Casey, at Brockton Hospital tells us that he has learned that a cup of coffee can go a long way... The first person Jason saw was a 54 year old male heroin user. He introduced himself and was able to establish a relationship with this patient, but when they got to the drug and alcohol questions, the patient quickly denied any use. Jason said “ok”, and once the interview was over Jason said, “Would you like me to do anything else for you?” The patient said, “Can I have a cup of coffee?” which Jason got for him. Jason was aware that this patient had a problem with heroin, but the patient was not ready to talk about it…until after the coffee. This case shows how it may take a person some time to build trust and be able to admit their use to you. He asks us to remember that these patients will come back, and that you are planting seeds, and maybe the next time the person will remember who gave him a cup of coffee and be ready to talk about more openly about his heroin use.
Overcoming the barriers

Advocates are doing everything possible to help their clients stay on the right track and gain their lives back, but there are real barriers that they have to address in order to be effective. Safety for themselves and their clients, resistance to change, desire for and fear of retaliation and confidentiality are big issues. Steps taken to overcome some of these barriers include selecting safe public destinations such as a hair salon or a Dunkin Donuts. To help their clients opt out of thinking about retaliation, advocates work with the victims and their family members to come up with plans that will keep their client safe and away from becoming a perpetrator as a reaction to being a victim of violence. Sometimes it is necessary to find safety outside the community, and advocates have also arranged for patients to move to another city or state for their safety while maintaining close contact.

Hospital Services

Other hospitals have come forward and provided in-kind services to facilitate contact with resources. For example, UMASS Memorial is providing taxi vouchers so that victims of violence and the advocate can more easily get to their appointments. They are also working with their IT department to set up a mandatory field in their electronic triage record in which triage nurses will flag patient in need of violence and substance abuse intervention services. They also plan to in-service all 60 triage nurses to screen and enter this field. The VIA has access to the tracking system and the triage field will help her identify those in need of her services. Universal screening at triage will offer the hospital the opportunity to assess needs and develop improvement strategies to ensure that more and better services are provided by the hospital’s UMASS VIAP team.

Network of resources

Advocates have also started to establish a network of providers and resources for their clients. Lawrence, for example, has looked into a mentoring program called the “Big Sisters and Big Brother Program.” Other sites are planning to have community partners host an open house to inform agencies in their communities that the program is in operation and to expect referrals. Winifred Atwell at Baystate has begun to partner with a 16 week program in the Springfield community that prepares clients to get a GED and be able to interview well for jobs.

In two short months, the advocates and the VIAP program are demonstrating that they can be a vital piece in a comprehensive public health strategy, and interfaces with the work of community based organizations.

Dedication

The Violence Intervention Advocacy Program developed a training manual dedicated to the memory of Don Mounds, a colleague of many years who lost a protracted battle with illness in July of 2007. He was Boston City Hospital/Boston Medical Center Emergency Department’s first violence prevention advocate in 1991. He had a big heart for teenagers and communicated effectively with them in the street or at the hospital bedside. He was an active member of Boston’s Vietnam Vets Against Violence, and mediated many gang conflicts.

Many of us remember the "truce pact" between two rival gangs that he negotiated right in the emergency department. He taught violence prevention to first year BU medical students in their Social and Behavioral Sciences course, and authored a chapter on Youth Violence in the textbook, "Case Studies in Emergency Medicine and the Health of the Public." We have included this chapter in the curriculum; it is still one of the best pieces of writing about the roots of youth violence. His presence is sorely missed.

Don Mounds,
First violence prevention advocate at BMG in 1991