Seizing on the “Aha” Moment: Wraparound Project Helps Young Victims of Violence

When trauma surgeon Rochelle Dicker was a first-year resident at San Francisco General Hospital and Trauma Center, she helped care for a teenager who’d been admitted for a gunshot wound. With the patient in the hospital for 10 days, Dicker got to know him quite well. After the young man was well enough to return home, she hardly expected to see him again. But a month later, he was back—shot again. This time he not only required an emergency operation, he needed to be on a ventilator in the intensive care unit (ICU).

“I felt the injustice of him getting back on his feet and then having it happen again,” recalls Dicker. “It felt like a recurrence of cancer.”

Her realization led to the understanding that violence is like a disease with risk factors that can be prevented. And that thinking led Dicker to establish the Wraparound Project in 2006. Designed to prevent recurrences of violent trauma in the community, the Wraparound Project reaches clients while they are still in the hospital, which is when they’re often most open to change.

“Violence is such a way of life in this community that a lot of young people here don’t expect to live into adulthood,” Dicker explains. “But in a hospital bed, they get a sense of reality and true mortality. They realize, ‘I could have died, but I didn’t.’ There must be a way to change, but I have no idea how.’

“What they need is someone to guide them,” Dicker continues. “And that’s what the Wraparound Project provides.”

Case managers go right to their clients’ bedside or sometimes even into the emergency department itself. They establish long-term relationships, becoming mentors and trusted adults for their clients. And they hook them up with services that lead away from the vortex of violence.

According to Dicker, three basic principles guide the work of the Wraparound Project:

“First, violence mimics an epidemic and there are risk factors that can be addressed through risk reduction strategies. Before this program began, we were seeing about a third of the young people who were victims of violence come back to the hospital to be treated for violent trauma again,” she says. “It was crazy to pretend we could do nothing about it. We based our program on the way we deal with any disease, by first addressing the risk factors.

“Second, cultural competency is key to the Wraparound Project’s success. Our case managers are African American and Latino men who come from the communities that experience the most violence. And third,” Dicker continues, “we deal with a window of opportunity that arises when someone is victim of violence.

They have an ‘aha moment’ when they’re most open to change. We call that the teachable moment.”

Early indicators show that the Wraparound Project is working. While Dicker says a five-year analysis would truly assess the program’s effectiveness, the incidence of repeat admissions for violent injury is considerably down after three years in operation. Where there had been a 35 percent recidivism rate before the program began, now just 4 percent of violent trauma victims who’ve been through Wraparound have returned to San Francisco General.

Continued on Page 2
In addition to Dicker, the Wraparound Project is staffed by an administrative assistant and three case managers who she says are the backbone of the program.

“Our case managers all grew up in communities affected by violence. They bring essential cultural competency to the table. They’re tough when they need to be with clients, but they also have an incredible amount of compassion,” says Dicker. “Because they have first-hand experience with urban violence, they can bring an instant sense of trust and understanding to the bedside.”

Javier Antezana is a Wraparound Project case manager. Having grown up in San Francisco’s Mission District, he saw plenty of violence in his younger days. Now he works to break its cycle.

“I could have ended up a lifelong criminal,” he explains. “But I knew that way of life didn’t resonate with me. I wanted to change the system.”

Antezana began his career a decade ago as an outreach worker at various nonprofit organizations; he has been with the Wraparound Project for two years. He says he found the program’s structure and philosophy to be closely aligned with his own ideas and experience.

“That’s what brought me here,” he says. “I thought Dr. Dicker had the right idea about a teachable moment. While I was working in Juvenile Hall, I saw that kids were really receptive to the services that were offered to them. It’s the same here at San Francisco General.

“Traditionally this population receives information, but not enough access to programs that can help them. They need someone to hold their hand in the beginning and take them through the process of connecting and staying with the services they need.”

Generally, clients spend six months with the Wraparound Project. The case managers first assess them to determine their specific needs, establish goals and connect them with mental health, continuing education, drug rehabilitation, job training, employment and other services best suited to help them.

“We decide whether we need to follow them for another six months,” says Antezana. “We have a few clients who’ve been with us a year and a half. They’re young and they really need the help.”

After six months, the clients and case managers meet to reflect on their progress and reassess their goals.

“We try to work with kids under 18 to have the most impact on their lives. After 25, it’s more challenging. But with young kids and young minds, you can still mold a positive outcome,” Antezana explains.

Indeed, the outcome has been positive for the vast majority of Wraparound Project clients. Now some of the program’s graduates are in college. Some even want to go into medicine.

“Our clients say they’ve never felt this way about a hospital before,” Antezana continues. “They used to think, ‘We get healed, we get kicked out.’ But after going through this program, they’ve left gangs, received mental health services and have gotten help with PTSD (post-traumatic stress disorder).”

Without help, especially with anger, the cycle of violence continues and escalates, Antezana explains.

“You’re attacked, you attack someone else,” he says. “We’re here to help de-escalate that response. We help not just our clients, but their families and friends, to stay calm and find other ways besides violence to resolve things. We’ve even removed gang tattoos.”

In all, the Wraparound Project has directly helped about 70 clients over three years. Dr. Dicker is quick to point out that the ripple effects of those efforts are immeasurable.

“For every person who’s injured, there are at least 10 more family members and neighbors who are affected by the violence,” she says. “The Wraparound Project makes life sense and business sense.”

In fact, the cost of hospitalizing and treating a single victim of violence can soar as high as $600,000. In 2006, the median cost of treating a gunshot victim was $75,000.

“If we save even one life, we’ve been cost effective,” says Dicker.

She adds that the Wraparound Project has caught the attention of her surgeon colleagues, who often work with the project’s case managers. Like Dicker, they see the enormous value of their patients receiving mentoring and important social services.

“The program has generated great interest from the medical community,” she says. “It’s bringing out the best of social consciousness in medical people.”

She adds that programs like Wraparound should be “woven into the fabric of trauma centers everywhere. It saves the lives of young people who are just coming into the prime of their lives. It succeeds because it provides opportunities that many of us take for granted. A lot of our clients are truly diamonds in the rough. They’ve never had mentorship or someone believing in them.”

“We give them hope, just by letting them know that we’ll be here for them the next day,” adds Antezana. “We give them the tools they need to succeed in life.”

In fact, while most of the program’s participants are 14 to 18 years old, some are as young as 10 and others as old as 30.

…”if I wasn’t with you, I could have been on the streets and shot and killed.”

Wraparound Project Client

“We give them the tools they need to succeed in life.”

Javier Antezana, Wraparound Project Case Manager