An interdisciplinary, inter-agency model

HAWC (Healing Abuse, Working for Change)
in collaboration with

MassGeneral for Children at NSMC,
Outpatient Mental Health Department

and the Lynn Community Health Center,
Behavioral Health Services

Program elements: Two disciplines and three institutions

- Advocacy services provided by a community based domestic violence program
- Psychotherapy provided by specialists trained in Child Parent Psychotherapy in an outpatient mental health department, at a Children's Hospital, and in a behavioral health department within a community health center

Why work across disciplines?

- To support safety planning
- To promote healing of the parent child relationship
- To decrease isolation
- To reduce trauma symptoms
- To increase adaptive functioning

Sharing expertise

Advocates bring safety planning skills, risk assessment training, legal advocacy, & access to resources

Clinicians utilize an evidence based model: *Child Parent Psychotherapy,* to reduce PTSD symptoms in the parents and children

Forming a team and working concurrently increases efficacy of both practices

Relational Therapy - weekly therapy utilizing the *Child Parent Psychotherapy model* to address the trauma and strengthen the parent-child attachment

Advocacy to support the sustained implementation of the safety plan- a range of services are offered utilizing the *empowerment model* to reduce further exposure to violence

- Advocates and clinicians meet 2x month at team meeting
- Advocates present families
- A clinician and advocate form a team
- Advocate joins clinician and parent at intake
- Concurrent advocacy and relational therapy
- Ongoing communication
- Revision of safety plans with family

Lessons learned: Shared values

Empowerment and relational therapy

- Strength based
- Respectful of the protective parent
- Confidentiality
- Interrelation of psychological and physical safety
- Trust between advocates and clinician is essential
- Clinicians were carefully selected

Lesson learned: Institutional Commitment

- Is a process
- Needs to financially viable
- Concerns have to be addressed
- Needs to be valued & supported by management
- Should be promoted by institutions

What’s different and feels mutually supportive

From the advocates point of view

From the clinicians point of view

Advocate's experience

- Decreased isolation
- Reduction of secondary trauma – client's trauma narrative
- Shared holding of anxiety about parent and child safety
- Parent's concerns for the child can be directed to an expert that the advocate trusts
- Participating in a team of advocates and clinicians

- Support and expertise around safety and stabilization for the family
- Being able to focus on relational therapy, early in the relationship
- Able to convey that the protective parent is no longer isolated
- Support in being part of a team