Combining Advocacy with Trauma Treatment

An interdisciplinary, inter-agency model
Parent Child Trauma Recovery Program

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.
Complementary Program Design

*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
Program in practice

- 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
Clinicians’ experience

- 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