Applying Trauma-Informed Principles to Work with Family Advocates

Linking Advocacy and Trauma-Responsive Practices
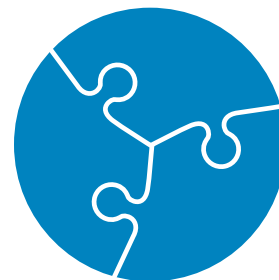
Many family services organizations are seeking to engage parents and family members as partners in developing policy solutions and advocating for change. But organizations sometimes struggle with how to build these partnerships in ways that are collaborative and share power. In addition, programs often share that families come to advocacy with a history of trauma—experiences that often drive their commitment to speak out. What responsibility do programs have to those family advocacy partners? This resource represents an initial effort to outline trauma-responsive practices that organizations can use when recruiting, developing, and sustaining relationships with family advocates.

It may feel surprising to talk about trauma in relation to advocacy work. Yet trauma plays a central role in the advocacy process for many families. Why? First, many adults have experienced trauma—in fact, a global study found that 70% of adults had experienced at least one traumatic event in their lives (Benjet, 2016). Some families (e.g., parents of color, families living in poverty) face a disproportionately higher risk of experiencing trauma in their lifetimes (Roberts et. al, 2011; Collins et al., 2010). Second, families are often called to advocacy after experiencing a traumatic event that has impacted their lives or their children's lives. For example, Jenny Bennett became a national advocate for child drowning prevention

What Is Trauma?

Individual trauma is the result of an event (or series of events) that a person experiences as physically and/or emotionally harmful or life threatening. This event (or events) has lasting negative effects on the person's functioning and mental, physical, social, emotional, or spiritual well-being (SAMHSA, 2014).

There are other types of trauma that families may have experienced, including historical trauma (a traumatic event or events that have occurred across generations to a specific cultural, racial or ethnic group), racial trauma (resulting from ongoing experiences of racial/ethnic bias or discrimination), or systemic trauma in which the actions of systems or institutions result in, or worsen, trauma over time for an individual or group (Brave Heart, M. Y. H., 1999; American Psychological Association, 2019; Goldsmith et al., 2014).

Children can also experience trauma. In fact, more than two-thirds of children in the United States reported at least one traumatic event by age 16 (SAMHSA, 2023). Potentially traumatic events include (SAMHSA, 2023): abuse or assault (physical, psychological, or sexual); maltreatment or neglect; community or school violence; witnessing or experiencing domestic violence; the sudden loss of a loved one; life threatening illness; and natural disasters, terrorism, or refugee/war experiences.

after the death of her 18-month-old son, Jackson, in their backyard pool (White, 2023). Developing family advocacy practices that consider trauma allows organizations to engage with families in ways that empower their voices while honoring their histories. Trauma-responsive advocacy practices may also offer families a powerful opportunity that contributes to their own healing and health.

This white paper is designed to present a range of trauma-informed practices that organizations may use in their work with families. Rather than a recipe or a set of steps, this resource offers options—or building blocks—that allow programs to craft the approach that best meets the needs of the families and communities with whom they partner. Each section includes a reflective spotlight with questions for you and your team to consider.

Trauma-Informed Practice

Family advocacy can involve families sharing their traumatic experiences as powerful support for systems change. While advocacy can be healing, the process of advocacy—telling a traumatic story, often publicly, and more than once—can be painful or re-traumatizing, pulling families back to the emotion and immediacy of those experiences. Furthermore, policymakers don't often respond in the ways or with the speed that families hope and expect given the power of their stories.

The six trauma-informed principles adapted from SAMHSA below can guide work with family advocates (SAMHSA, 2014). These principles were designed to help professionals partner with families in ways that reduce the likelihood of re-traumatization and increase the chances for health and healing. They include:

- **SAFETY:** Staff and participating families feel physically and psychologically safe.

- **TRUST AND TRANSPARENCY:** Organizational operations and decisions are conducted with openness, with the goal of building and maintaining trust with stakeholders (families).

- **PEER SUPPORT:** "Peers" refers to individuals with lived experiences of trauma, and this principle recognizes that peer support and mutual self-help can nurture hope, build trust, enhance collaboration, and promote healing.

- **COLLABORATION:** Intentional actions are taken to partner with and level the power differences between staff and parents. Staff in all roles understand they have a role to play in offering a trauma-responsive setting for families.

- **CHOICE AND EMPOWERMENT:** The organization believes in the strengths, knowledge, resilience, and abilities of their stakeholders (parents and families). Individuals' strengths and experiences are recognized, respected, and developed. Organizational services are designed to foster this empowerment. Staff are also empowered to do their best work through supportive organizational procedures, policies, and relationship-based management practices.

- **CULTURAL, HISTORICAL, RACIAL AND GENDER ISSUES:** The organization recognizes the harm caused by long-standing cultural and racial stereotypes and biases, and takes action to implement policies, protocols and processes that are responsive to the racial, ethnic, and cultural needs of those being served.

We have applied these principles to a range of recommended practices that engage family voices while protecting advocates from further harm. The suggested practices in this paper have emerged from research, as well as through key informant interviews with families and state- and community-based advocacy professionals.

Historically, public institutions, service systems, and organizations have, at times, contributed to the trauma of those they were charged to serve. With this context in mind, our resource is a first attempt to suggest a trauma-responsive approach to family advocacy program design that uplifts, supports, and centers the strengths and stories of family-advocates.

SECTION 2:
Recruiting Family Advocates

Recruitment is the first step in building relationships with family advocates—inviting and engaging parents and other family members who are activated by and supportive of the organization's mission. Often these are issues that have impacted families very personally. Consider the experience of a parent whose toddler with disabilities was excluded from a community child care setting due to the program's inability to meet the child's needs; this parent later went on to become a powerful advocate for classroom inclusion, starting in early childhood. As Gloria Blevins, President and Executive Director of the Black Child Development Institute-Ohio, explains, "Parents hear about policy but often don't know what that means. It feels far removed from their daily lives. So, it's important for professionals to share the connection to make it relevant."

It is important to acknowledge that in reality there are many barriers to a family's participation in advocacy work including:

> *… very concrete issues such as* **lack of access to information about policies under consideration** *and the mechanisms by which they can be influenced,* **inaccessibility of scheduling** *wherein policy and advocacy opportunities often take place during business hours when parents and providers are caring for children,* **language access**, *or* **financial barriers** *associated with things such as lost wages for time spent, transportation, and child care. Less visible but equally important are the* **intangible barriers** *such as skills, confidence, and the myriad of subtle cues that signal to families and providers whether they are welcome in the space. Lastly, it is important to recognize and be sensitive to the* **barriers of time and emotional capacity**. *Families with young children especially, but also many direct service providers, face a dizzying array of competing priorities to meet the day-to-day needs of their families (Coburn, Keating, Jennings-Shaffer, 2021).*

Policy-oriented organizations can play a critical role in eliminating or reducing barriers to full participation by implementing some or all of the practices below. A family's first experience with an organization is often through recruitment activities, making this touchpoint a critical one for implementing trauma-informed practices. The following suggestions offer ideas for the earliest stages of relationship building with families. Many of these initial recruitment practices focus on the trauma-informed principles of safety, building trust, empowerment, and choice. They also spotlight ways in which organizations can begin building strong working relationships with family advocates while honoring their lived experiences.

- **Develop Plain Language resources.** These should clearly explain your organization's advocacy issue(s) and opportunities for family involvement. Plain Language communications are ones that your audience can understand the first time they read or hear them. Lean on simple messaging and illustrations to convey key messages and ensure imagery is culturally relevant. Always take a strengths-based approach that centers the skills and competencies of families and communities as integral to the agency's advocacy efforts. (Note: The Federal government offers a variety of resources to support the delivery of Plain Language communications at www.plainlanguage.gov).

- **Provide resources in a variety of languages.** Identify the most commonly spoken languages or dialects in the communities you want to reach. Because limited English proficiency is one of the greatest barriers to parent engagement in schools (Anderson et al., 2020), it is also likely a contributing factor for other organizations seeking to partner with families.

Family Voices

"Relationships are key. People don't understand how essential it is to ensure that relationships with families are intentional and continuous and not just for the moment.

Programs also need to meet parents where they are. When we refer to parent engagement, an individual can't be afraid of entering a community where families live to host events or provide support. You can't change the narrative of a community if you're afraid to enter that community."

—Gloria Blevins, President and Executive Director of the Black Child Development Institute-Ohio

- **Ensure families can meet and talk with organizational representatives in their preferred language.** Plan ahead. Once families reach out, bilingual staff or translators will be essential connectors for parents who may be unfamiliar with advocacy. All parents are likely to have questions about advocacy opportunities and answering them thoroughly, in their preferred language, is an important way of offering transparency and collaboration.

- **Conduct ongoing recruitment of new family advocates by identifying community hubs and leaders.** Partner with existing family advocates or community leaders to identify trusted locations/events/people. For example, these might include a housing or neighborhood association meeting, PTA meeting at a local school, or similar event. Building relationships with community leaders or neighborhood hubs may invite the participation of new advocates. Think about a partnership with a local barbershop on a Saturday afternoon, participation in a community market or celebration, or joining a local religious institution after Sunday services.

- **Create a welcoming programmatic experience for families.** Ensure your advocacy team reflects the communities being served. Partner with cultural and community leaders to learn more about the community's strengths, needs and priorities, communication practices, and goals. Cultural and community leaders can also offer insight into the places and programs families already use, which can assist with recruitment.

- **Offer a range of entry points for parents and other family members to become involved in advocacy.** For example, parents can sign petitions, post issue-promoting messages on social media, share stories in writing or video, participate in focus groups or committees to co-create policy solutions, offer testimony, and more. Some parents may opt to "start small," others may choose to share their story with a large audience from the outset. Meet families where they are and provide a menu of meaningful ways they can contribute to advocacy efforts on the issues that matter to them.

- **Be clear about what family advocates can expect.** Tell families how you are gathering information, who you will share information with, and how it will be used. For example: "We're interested in hearing about your family's experience with finding care and using child care subsidies. I'll take notes if that is okay with you. We want to learn why this program is critical to families like yours so we can educate lawmakers." Surprises in the recruitment process can make families feel unsafe and increase their sense of vulnerability. Being clear about the steps and the activities involved in advocacy opportunities empowers families to choose an appropriate level of engagement.

- **Recognize that families' past experiences with systems can influence their willingness to engage in the present.** Recruitment looks different for every family and may result from a long series

of small(er) interactions and activities that build their trust in your agency, approach, and issues. Recognize that collaboration is nurtured over time, especially for families who have experienced historical, racial, or systemic trauma. Carrie Spotted Bear, Montana Early Childhood Tribal Coordinator at Zero to Five Montana, recommends, "Make sure you stay in contact with families, even at times when you're not looking for advocates. Touch base throughout the off-season and let them know they're appreciated and ask how they're doing."

- **Explain the process.** Advocacy efforts are often a marathon, not a sprint. Explain how a parent's contributions over time can contribute to the momentum that changes policy. This offers a sense of transparency and authentic collaboration.

- **Secure family permissions.** Family stories belong to them. In addition, stories and photographs can include a lot of identifying information about families. Permission should be requested *each time* a story is used, as well as before the organization shares photos, videos, or other identifying information about a family. Ensure that these permissions documents are written in Plain Language—easy to read and understand—and have a staff member walk each family member through the document before they sign. If needed, translate these permissions forms into families' home languages. Permissions documents, while often viewed as simply an administrative step, represent an important opportunity for trust-building and empowering families with authentic choices.

Reflective Spotlight

Take a moment to consider, on your own or with your team, issues like the following:

- In our community, what historical experiences have families had with government policies, services or systems related to children and families? How might this context impact or influence their level of trust in advocacy efforts?

- How does our team offer a sense of safety and build trust with families from their first interactions with our organization?

SECTION 3:
Setting Up Systems that Center Family Advocacy
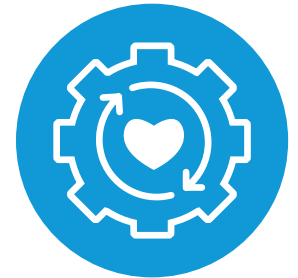
Families deeply understand the strengths and needs of their communities. They know what services are present and which are missing—but desired. They can speak to community priorities and can share the deep knowledge and expertise present in their homes and neighborhoods. Additionally, families often have a clear grasp of what solutions, services, or programs would serve their communities best and address their challenges most appropriately. This insight and expertise goes untapped unless families are provided with a range of meaningful opportunities to envision, co-create, and implement advocacy efforts that align with their family and community goals.

Following are recommendations for building meaningful and authentic advocacy partnerships with families; these recommendations embrace trauma-informed principles including empowerment and choice, peer support and collaboration.

- **Ask families to identify their priorities in terms of changes they wish to see in their communities.** Make the link between these goals and the opportunities offered by advocacy and policy change.

- **Make it a practice to elicit families' feedback on the agency's current priorities, successes, and challenges.** Provide a short, clear explanation of each. Ask for families' feedback. Explore questions like:
    - In your experience, what's missing from this list?
    - What do you see as the greatest strengths in your community? In families like yours?
    - What needs does your community have that are missing from this list?
    - What would make your family's life easier?
    - Do you have any suggestions for places we could strengthen or change our priorities?
    - What do you think might be a more powerful (or compelling) story to make the case for [issue]?

- **Build a cohort of family advocates if the agency is able to onboard a group of family advocates at the same time.** This cohort can offer one another mutual support and over time, develop a sense of collective impact.

- **Seek input from specific groups that have been disproportionately impacted by policy priorities or advocacy issues.** Begin by considering who the trusted community sources of knowledge are for a particular issue and focus relationship-building efforts there. For example, if an organization is working on

Family Voices

"When you bring families to the table, bring a group of individuals so that they can understand what collective impact means and they can realize, "it's not just me." They recognize they're not in the journey alone."

—Gloria Blevins, President and Executive Director of the Black Child Development Institute-Ohio

legislation designed to address racial disparities in birth outcomes, staff may contact the leading provider(s) of obstetrics care or health care in the community, women's groups, or even playgroups in libraries or churches. Plan sufficient time for outreach, listening, and trust-building with these impacted communities. Identify staff with lived experience that mirror those of engaged families to lead these efforts. Taking this approach ensures that the voices with the greatest experience, and who have been most affected, are provided with meaningful opportunities to co-create responses designed to repair these harms.

- **Organize a family advisory council.** This body can envision and develop advocacy priorities, provide feedback on the ranking of these priorities, and serve as a "ground-up" source of information on the needs and gaps in services that communities are experiencing. When implementing a family advisory council, consider the trauma-responsive practices below:

  - **Provide equitable compensation to participants in recognition of their time and expertise.** Ask families what supports (meals, commuting fare, travel options, child care, etc.) they need to be able to participate. This practice builds trust and demonstrates mutual respect.

  - **Be cautious of advisory councils that include both parents and professionals, particularly if family advocates are being invited to join an existing group.** An advisory council approach of inviting a small number of parent to "represent" family issues on a council otherwise comprised of professionals can lead to feelings of isolation and reduce family members' comfort and confidence in participating (NCTSN, FITT, CRF/ITR, n.d.) By creating family-only councils—that have equivalent authority and decision-making power as councils of professionals—programs can disrupt the cultural issues and power dynamics that are present in communities and affect the lives of families. **If you choose to create a joint parent-professional advisory group, take the time to intentionally plan and implement group norms and processes that ensure shared power, mutual respect, authentic collaboration, and shared decision-making authority.** Alternatively, take an approach where independent parent and professional groups come together occasionally as a broader joint caucus.

  - **Use the same facilitator for each meeting, if possible.** Seek to have the facilitator be a member of the community comprising the family advisory council. This practice fosters trust and safety and contributes to peer support and collaboration among members. Given the reality of turnover, it may make sense to have joint facilitators to ensure consistent and smooth transitions as staff move on to other roles over time.

- **Consider mental health resources to support staff and/or families.** The most passionate and committed family leaders and staff may have trauma associated with the issues that bring them to the table. Prepare staff to recognize signs of trauma (perhaps with the assistance of a mental health consultant). Ensure that community mental health resources are available to family participants and staff who wish to seek out support. Help staff learn to raise the issue of trauma with advisory groups to normalize the experience and create an opening to offer community mental health support.

- **Prepare staff for a co-creation approach** (see the Resources section for more information on this approach). In a co-creation model, the family advisory council is not solely a source of feedback *after* the work has mostly been done. It is where the work of agenda and activity development *begins.* There is an ongoing process of two-way information-sharing, agenda-setting, and agenda review that unfolds over time. Co-creation may take longer than priority-setting has in the past. But in the end, the co-created agenda is powerfully aligned with community strengths and needs. Furthermore, it already enjoys a strong base of support and understanding among key stakeholders and family advocates. This approach may represent a significant change from how the work is currently done and change management strategies must be implemented to ensure its successful roll-out.

- **Provide a variety of ways for families to offer input on advocacy priorities.** Allowing families to engage in the ways they prefer helps them build trust in your agency. Town hall or community meetings are one approach to securing feedback, but agencies might also consider:

  - **Spoke-and-wheel discussion groups:** In this approach, the agency identifies several leaders in a key issue or a targeted geography. In turn, those community leaders invite 4-6 of their friends or neighbors to join a discussion group in their home or a familiar location in the community. Staff join the group to discuss their experiences with, hopes for, and goals for advocacy in their community. The benefit of this approach is that it strengthens the program's ties with the community and nurtures collaboration, trust, and mutual respect.

  - **Online surveys:** Online feedback offers parents some degree of anonymity while providing them the opportunity to call out important issues. Consider your target audience and identify community locations that serve this group(s). Targeted social media ads can also be useful. Give families the option of sharing their contact information to receive updates on advocacy opportunities.

  - **Social media outreach:** Platforms like NextDoor, Facebook, and others may have existing online communities that match the audience from whom you are seeking feedback or engagement. Organizations can also develop social media ads as a way to engage new family advocates; typically, organizations can target ads to specific demographics, locations, and interests.

- **Community events:** Farmer's markets, fairs, and other community events often provide table space to local nonprofits. These more casual settings can be an ideal opportunity to connect with families to discuss issues relevant to their community or region.

Intentionally and thoughtfully engaging parents in co-creating advocacy agendas from the very beginning is a process that embeds several trauma-responsive principles, including trust-building, collaboration, peer support, and choice and empowerment. Paying special attention to partnering with parents and communities that have been disproportionately impacted by an issue also reflects the trauma-informed practice of recognizing the ways in which cultural, historical, racial, and gender issues shape the well-being of families.

Reflective Spotlight

Take a moment to consider, on your own or with your team, issues like the following:

- Who are the community leaders in your area? What programs or people do families trust for services and support? What actions has your organization taken to build relationships with these community leaders and institutions?

- Which, if any, of the recommendations above is your organization currently using? Which sparked interest or curiosity?

- Are there practices (current or past) that might be standing in the way of your organization's ability to engage and retain family advocates? If so, what might be done to address these obstacles?

- What is one action you, your team, or your organization can take to move toward co-creating advocacy agendas with families?

SECTION 4:
Trauma-Informed Story Collection

Over time, a network of family advocates may become increasingly engaged with your agency. In this section, we consider how to support these advocates over the long term and how to provide the types of experiences that will nurture their growth as leaders. At the same time, advocacy work often taps into families' greatest challenges or painful histories. The recommendations below consider the role of trauma-informed practice in supporting families as they share their stories in service of local, state, or national advocacy work.

- **Explicitly acknowledge power differentials and be clear on the power families hold.** Families may feel unspoken pressure to share stories when requested by "experts," "school leaders," or others they perceive to hold more power. Discuss boundaries and explain that participation is completely voluntary and will not affect a family or child's access to services.

- **Create intentional communication loops.** Co-creation of policy agendas is not a "one and done" activity, it is an intentional approach to partnership with families and communities. Create feedback loops with families to explain, for example, how their contributions were shared with decision-makers, provide updates, or outline the potential impacts of their advocacy on systems change. If major shifts in strategy or agenda are needed, consider how families can be engaged quickly to be briefed and contribute to these changes.

- **Shift the lens away from solely stories of struggle.** It is true that stories of struggle are powerful and can provide compelling support for a program, policy, or investment. But eliciting family strengths, capacities, and successes puts a holistic and authentic frame around a family's experience. Be mindful of how family stories may reinforce existing biases and how our own implicit biases may shape the way we frame stories from parents and community members.

- **Use a family-led approach to storytelling.** Rather than interviewing families to elicit their story (which can introduce bias), ask families to tell or write their story down, in their own words. Emphasize that they can share as much or as little as they wish with their audience. From there, families can work with a trusted staff member to hone the story to the appropriate audience, length, and focus. Doing this work ahead of time means that families can consider the elements of

Professional Voices

"Generational trauma has impacted many in our community and I think it's important to talk about it right off the bat. I see it as: this is all a part of our healing. In order for us to learn how to live within this trauma, we have to work through it. Within our state, if we don't talk about and bring it to the forefront, then we are allowing it to continue happening. It's important for that message to be shared, not just for Indigenous people, but for any trauma situation. It can be part of your healing and awareness if you feel safe enough to share your story."

—Carrie Spotted Bear, Montana Early Childhood Tribal Coordinator, Zero to Five Montana

the story that they want to be more public and those that they want to remain private. Over time, families may work with their advocacy partner to create a few different iterations of their story to emphasize different aspects: one version may highlight the journey to locate scarce resources in the community, while another version may emphasize the positive outcomes that are possible when programs are available to meet families' needs.

- **Explain how families will be identified in print.** Best practice is to use the family member's first name, last initial, and hometown when sharing their story in written materials. However, if your organization serves a very small community or if the family member has a specific concern (e.g., a history of intimate partner violence), even these identifiers may feel too risky. Partner with family advocates to find an approach that works for them. For families selected to participate in media stories, it's important to explain that full names are almost always used and confirm that this practice will work for them. Take the time to talk through the implications (on employment, access to benefits, family and other relationships) that media exposure may have so families are not taken by surprise. Discuss how they will cope if/when social media commenters are critical of their family or personal decisions. Be ready to offer support following the family's participation, if needed.

- **Be an active listener as families share their stories.** Sometimes families may be surprised by how the re-telling of their experiences can bring up strong feelings or even trauma reactions. Staff members can remind families that they can stop sharing, take a break, shift the focus of the story, or even pause their participation. Staff listeners can observe families for cues they may be feeling overwhelmed and notice aloud, "I can hear what an upsetting experience that was for you. Does it feel okay to talk about it? Would you like a break?" Being an attuned listener is an important way staff can provide safety, build trust, and demonstrate collaboration.

- **Create opportunities for families to revisit their stories over time.** Families are bigger and more complex than a single story. Advocates change and evolve over time. At least annually, invite parents to revisit their story—adding or removing content to better reflect where their family was and is today.

- **Check in with families who are asked to share intense stories frequently.** Consider how it might feel to share your most vulnerable, challenging, or frightening moments again and again. Practices like the following ensure families can share their stories safely, with support, and without further harm.

  - Track how often each family is asked to share their story. Avoid using the same parent repeatedly if possible.

  - Debrief with families after they have shared their story a few times. How are they doing? What's been good, and difficult, about sharing their story? What could your organization do better to support them?

  - Ensure the family's story is deeply aligned with the focus of the bill or activity in order to avoid the risk of volunteer fatigue or re-traumatization.

  - Ask families about the issues that are most important to them and limit requests for their participation to these topics whenever possible.

  - Revisit the issue of parent choice—let family advocates know they can decline to share their story or edit details based on the audience or venue.

  - Assign a staff partner to the family advocate to provide support at events, especially when the advocate is likely to encounter audiences that oppose the issue(s) they are presenting. Ahead of time, discuss strategies and actions the family member can take if the experience becomes uncomfortable for them (e.g., stopping or reducing the length/details of their story). Review the steps that staff members can take to support parents in this situation (e.g., intervening during the story to give parents the chance to stop or take a break).

  - Remind family advocates of available community supports if their stories are particularly harrowing. Offer to put them in touch with local, free/low-cost mental health support if they wish. Ask if they'd like you to stay with them while they call or reach out.

- **Recognize the weight of generational trauma** on family advocates (i.e., the trauma-informed practice of awareness to cultural, historical, racial, and gender issues). Systemic racism over generations intensifies the stresses on families, especially those in which parents or primary caregivers choose to courageously share their stories—sometimes to an audience that has actively participated in legislation or practices that have harmed their communities. For example, a family advocate from a tribal community presented testimony to her state legislature, many of whom have actively spoken in opposition to legislation supporting Indigenous communities. In these situations, programs can work to reduce harm and provide support in the following ways:

- Prepare families with what to expect when it is likely or possible that they will be presenting to an "unfriendly" audience.

- Roleplay questions they may receive and co-create responses the family is comfortable with.

- Talk through what families are willing to share (and what they don't want to share). Remind them they hold the power to decide how much detail to offer, testify in a different way (in writing or by video), or not participate at all.

- Whenever possible, pair the parent/family with a staff member who shares their culture for support during the storytelling event (peer support/collaboration).

By recognizing and communicating the value of family perspectives, organizations operationalize three trauma-responsive practices. First, trust and transparency means being clear about the organization's agenda and how families can co-create the approach and agenda. Second, collaboration—positioning parents as experts and offering them respect and decision-making power—centers family voices in the work. Finally, awareness of culture, historical, racial, and gender issues leads to intentional actions designed to foster family participation in ways that honor their experiences (and the experiences of their ancestors) while advocating for change.

Reflective Spotlight

Take a moment to consider, on your own or with your team, issues such as the following:

- Think of one of your most dependable or powerful family advocates. How have you (or your program) offered support to this individual in the context of repeated storytelling?

- What procedures might you want to put in place to ensure that family advocates receive regular check-ins from staff?

- Think about your program or agency's current story collection procedures. How have you integrated trauma-informed principles (safety; trust and transparency; peer support; collaboration; choice and empowerment; recognizing culture, historical, racial, and gender issues) into this procedure? Where do you see opportunities for improvement in your current procedures?

SECTION 5:
Trauma-Responsive Organizational Supports for Staff

Trauma-responsive practices don't unfold in a vacuum. They are an outgrowth of an organizational culture that recognizes the intensity of the advocacy environment while balancing the need to provide safety, support, and respite to staff as well as families.

It is critical that organizations dedicate appropriate resources and staff time to building an advocacy team. This is hard, time-consuming work that cannot be done effectively if it is under-resourced. Organizations must be ready to do what it takes to advocate for change over the long-term—aligning resources and staff to their proposed agendas.

In addition, professionals who work with families impacted by trauma are at increased risk for experiencing compassion fatigue and secondary trauma. The risk seems to be greater for women in professional roles where they are exposed to the traumas of others, and among individuals who are highly empathic or have unresolved trauma of their own (NCTSN, n.d.). Risk is also greater for professionals who have a higher caseload of families who have experienced trauma (NCTSN, n.d.).

There are organizational processes and practices that can reduce the risk of both compassion fatigue and secondary trauma. In fact, intentionally creating an organizational culture that acknowledges and normalizes the effects of working with trauma survivors contributes to healthier coping because staff are more likely to seek out support. These "ways of being," when systematized within organizational culture, can be protective and sustain staff well-being so they are able to do the important and difficult work of advocacy. Recommended practices include the following:

- **Use reflective supervision as a strategy to provide ongoing support to staff who regularly work with families.** Reflective supervision is a form of supervision that supports quality work by helping professionals develop critical skills and competencies and manage the powerful emotions that often accompany the work, in the context of a supportive supervisor-supervisee relationship (West, Madariaga, & Sparr, 2022). Reflective practice and access to quality supervision may protect against compassion fatigue (Dehlin & Lundh, 2018) and has been found to support staff's active coping skills, which is associated with lower levels of burnout (Maslach, Schaufeli, & Leiter, 2001).

Compassion fatigue is when staff take on the suffering of those with whom they are working (Clay, 2022). It can lead to burnout and a lack of empathy for one's primary stakeholders—a sense that staff have "nothing left to give" (Clay, 2022).

Secondary trauma may occur when staff are exposed to the traumatic experiences of others, either once or consistently over time (Markovic & Zivanovic, 2022). Secondary traumatic stress can reduce staff functioning and impact their lives outside of work as well (e.g., sleep disturbances, hypervigilance, withdrawal, etc.) (ACF, n.d.).

- **Embed mindfulness practices into daily routines and the organizational framework.** Mindfulness is intentional and non-judgmental present-moment awareness—essentially, being attuned to what's happening around us and inside us without judging or analyzing (Gehl & Hackbert, 2019). Use of mindfulness practices can result in positive changes in staff stress, anxiety, resiliency, and burnout symptoms (Gilmartin et al., 2017). These practices may include integrating a short mindfulness practice or guided meditation into staff meetings; using mindfulness practices in supervision; and being supported in using personal mindfulness practices in the workplace (i.e., through dedicated space or allowable time); and providing mindfulness training for staff. (For more ideas, see Gehl & Hackbert, 2019.)

- **Ensure access to mental health supports if needed by staff.** Staff, too, may bring their own history of trauma related to the issues for which the organization is advocating. Making mental health services and/or an Employee Assistance Plan part of the organization's benefits package is an important way of explicitly valuing the wellness of the team.

- **Recognize successes and tap into the meaning that staff find in the work.** Regular reflection, as part of supervision or as a team, allows professionals to consider how their work has been positive and impactful (ACF, n.d.). This insight can spark increases in compassion, satisfaction, and help staff see their connection(s) and contribution(s) to a larger goal or objective.

- **Allow for breaks.** Offering flexible roles/responsibilities to staff working with families can provide them with occasional breaks from the intensity of family advocacy work. This practice can reduce stress, burnout, and compassion fatigue.

> ## Professional Voices
>
> "It's important for staff to learn how to recognize when they need a mental health day or when they need to skip a hearing. And—it's important for the agency to have a succession plan on the team to accommodate that. Building supportive teams really helps…and gives staff a place to check-in and get support when they need it."
>
> —Jenna Rhoads, Early Childhood Policy Manager, Zero to Five Montana

- **Recognize that work with families often means working non-traditional hours.** Families are available for meetings in their free time, which tends to be in the evenings or weekends, which means staff are working outside of the typical workday. Organizations can either provide comp time or reduce staff's typically scheduled hours to accommodate these evening and weekend commitments.

- **Normalize practices that promote and support staff self-care.** For example, organizational norms can be designed to help staff maintain healthy work-life boundaries. These could include norms that:

  - do not expect staff to respond to emails/voicemails outside working hours;

  - include cross-training so the responsibility for family partnerships doesn't fall on only one or two members of the staff;

  - encourage use of vacation time;

  - honor vacation/sick time by not contacting staff during these times;

  - promote the use of mental health days;

  - engage in regular workload reviews; and

  - offer flexible working arrangements.

The suggested practices outlined above align to several trauma-informed principles mentioned throughout this paper. For example, workload reviews and diversified roles reflect an orientation to the principles of collaboration and choice, while the use of reflective supervision and mindfulness practices encourage safety and trust. The role of the organization is critical. Trauma-informed practices are not implemented solely to support families, but to create a program culture that nurtures the health and thriving of both *staff and families.*

Reflective Spotlight

Take a moment to consider, on your own or with your team, issues like the following:

- In what ways does your organization or agency support staff wellness?

- What is one practice or procedure related to wellness that you would like to see your agency implement, and why?

- How does your current work team function? Do you feel supported? Is the work collaborative? Where are the strengths and areas for growth in your current team's functioning?

- If someone asks you why you have chosen the field of policy and advocacy, what would you say?

- Think of a professional success you have experienced recently. How is this success related to your "why" in the question above?

Wrapping Up

Moving toward a trauma responsive model takes time and effort. It's an iterative effort, as organizations experiment, attempt, and refine practices that best support the needs and uplift the strengths of their staff, families, and community. Furthermore, this work is never "done;" rather, it represents an ongoing process of growth and learning. Each step forward is one to celebrate.

Trauma-informed principles articulate a "way of being" that honors the experiences, realities, strengths and needs of both families and professionals working within an organizational system. Bringing these principles to life in the relationships that staff and families share allows for true collaboration and empowerment to unfold within the advocacy team, the organization, and the community. Centering trauma-informed principles in the organization's work supports family stakeholders as they advocate for change—the kind of change that can transform communities in powerful and positive ways. As one parent advocate shared: "Lived experiences help to raise the collective voice."

SECTION 7:
Additional Resources

Addressing Bias and Advancing Equity in State Policy (ZERO TO THREE)

Co-Creating Equitable Child Welfare Policies and Practice (Child Welfare Capacity Building Collaborative)

Engaging Families in Policy Change (ZERO TO THREE)

Engaging Families in Program and Policy Development to Ensure Equitable Health Outcomes for Children (Center for Health Care Strategies)

Infographic: 6 Guiding Principles to a Trauma-Informed Approach (Centers for Disease Control and Prevention)

Liberatory Design (an approach to co-creation from the National Equity Project)

Methods and Emerging Strategies to Engage People with Lived Experience (U.S. Department of Health and Human Services and ICF)

SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach (Substance Abuse and Mental Health Services Administration)

Strengthening Trauma-Informed Staff Practices (Office of Head Start)

System Level: Engaging Families as Partners in System Improvement (Youth.gov)

Trauma-Informed Care in Behavioral Health Services (Substance Abuse and Mental Health Services Administration)

Acknowledgements

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