



TRAUMA-INFORMED POLICY ADVOCACY WORKSHOP SERIES

Identifying & Preparing to Engage with Advocacy Targets



Presented by Whitney L. Marris, LMSW
Trauma-Informed Practice & System Transformation Consultant, CTIPP
Co-Chair, National Trauma Campaign

WHAT YOU CAN EXPECT IN THIS MODULE

defining
advocacy targets



seeking
common ground



getting to know
your audience

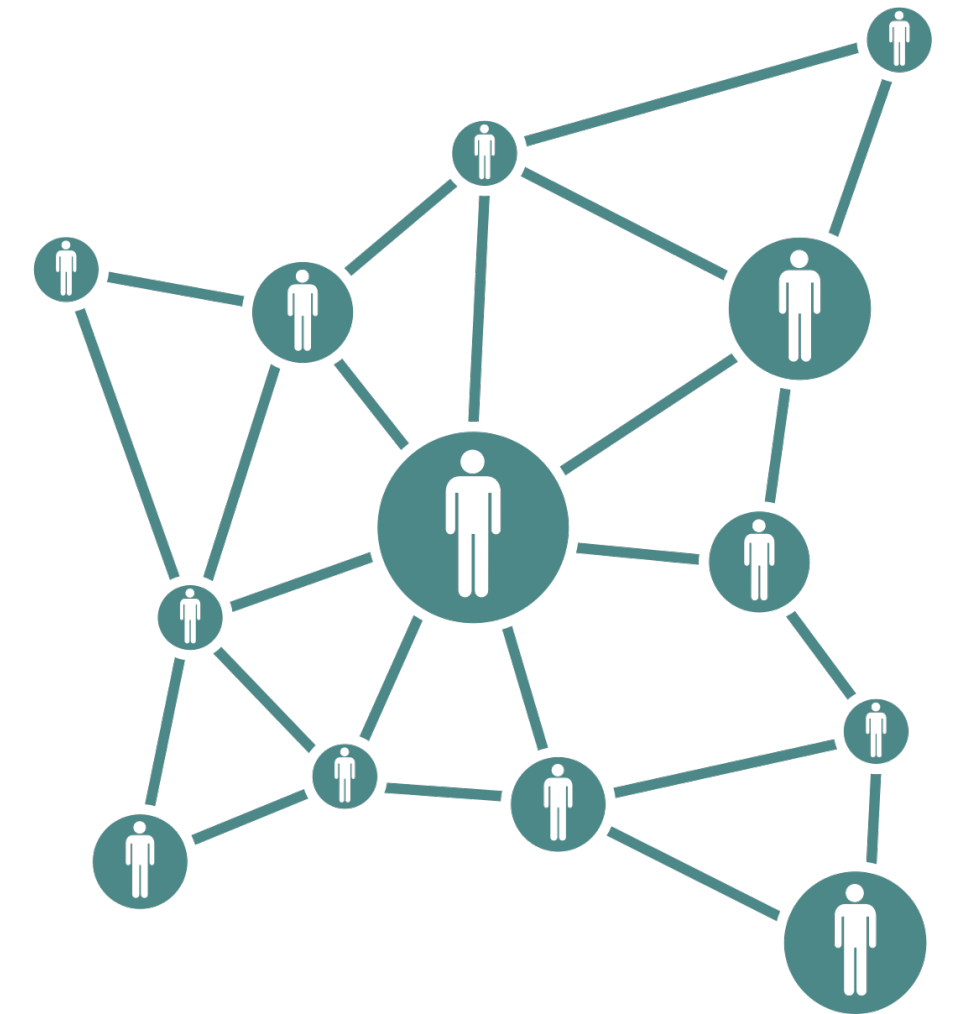


conveying
evidence effectively




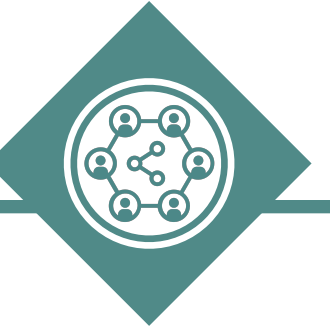


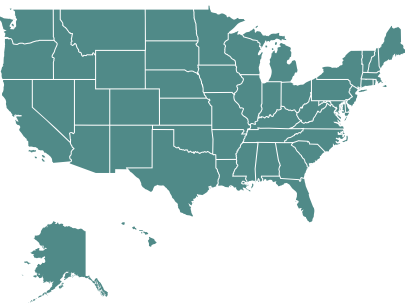


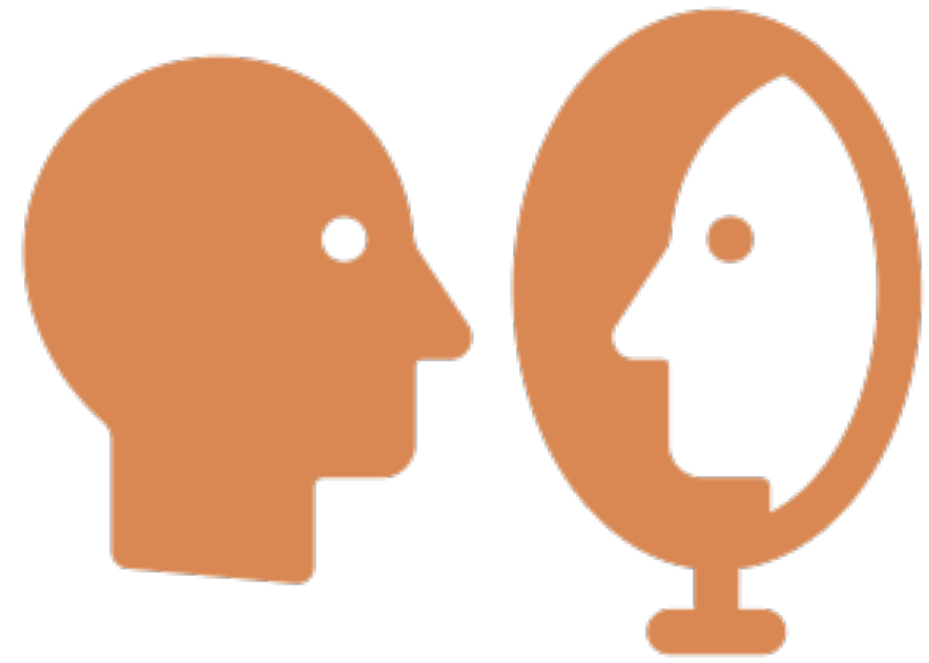
DEFINING ADVOCACY TARGETS

- Identify your advocacy targets
 - ✱ What do you want to accomplish with each target?
 - ✱ If relevant, what committee will the bill be heard in?
- Notice what is already happening and how it fits into your efforts
 - ✱ Who are your **active allies**? How can they help?
 - ▶ What opportunities do you have to collaborate on/coordinate efforts?
 - ✱ Who are your **passive allies**?
 - ✱ Who comprise your **passive and active opposition**?
 - ▶ What barriers could prevent the policy solution from being developed, drafted, supported, enacted, or implemented?
 - ✱ Who is **neutral/uncommitted**?
 - ▶ What do they value?
 - ▶ What do they need to hear to be swayed?
 - Who do they need to hear from?
 - ▶ Who are potential influencers who could advance or hinder the policy change?



POSSIBLE ADVOCACY TARGETS

Level of Policymaking	 Executive	 Legislative	 Judicial	 Non-Government
Local 	Local housing authorities, city and county program offices, voter registration, community and family services, local human rights commissions, mayors, city managers	City/town councils, county legislatures, county commissioners, school boards	Circuit court, juvenile court, family court	Local agency boards, local grassroots organizations/groups
State 	Governors, state agencies (e.g., administrators of SNAP, TANF, Medicaid, public housing, etc.), State Boards/Departments (e.g., health, corrections, education, etc.)	State legislatures	State appeals court, state supreme court	Statewide agencies/organizations/groups, task forces
Federal 	President of the United States, federal agencies (e.g., Dept. of Health, Social Security Admin., Dept. of Justice, etc.)	Congress (House of Representatives and Senate)	Supreme Court, federal court system including appeals courts	National affiliate nonprofit agencies/organizations



REFLECTION POINT:

How will you decide which audience to target first?

What do you think is important to know about that audience to inform your approach to engaging and activating them around your issue/solution?

KNOW YOUR AUDIENCE

- General considerations for targeting elected officials
 - ✧ What is their legislative history?
 - ✧ What is their professional and volunteer history?
 - ✧ Where do they stand on your (or similar) issue?
 - ✧ What can you tell about their motivations/values?
 - ▶ Think beyond money, power, and votes
- General considerations when targeting the general public
 - ✧ What is the dominant discourse re: your issue/solution?
 - ✧ What attitudes or behaviors might you work to change?
 - ✧ What trends/“hot topics” you can draw alignment from?
 - ✧ What do stakeholders think about the issue/your solution?
 - ✧ What can you bring awareness to that the general public doesn't yet know?



What does your target audience need to hear to be moved to act?

SEEKING COMMON GROUND



- **For those who express opposition:**
 - ✦ What are their reasons for opposing?
 - ✦ What strategy might they adopt instead of yours?
 - ✦ Where is the overlap/common ground?
 - ▶ How can you use this along with the evidence you gathered to present a compelling argument to adopt your solution?
- **Talk to other advocates to inform your efforts**
 - ✦ What do constituents want?
 - ✦ How has this target responded to being challenged in the past? What worked?
 - ✦ What else might they need to hear to be swayed?
- **It is rare for a policy proposal to be adopted *in toto***
 - ✦ Consider what concessions you are willing to make vs. when you will hold firm

CONVEYING EVIDENCE EFFECTIVELY

- Recognize that there are many competing demands/interests
 - * Consider how to best convey key data in a succinct, impactful way
- Recognize that most policymakers will not have specific expertise related to every issue and will often need foundational education
 - * Synthesize and translate key findings to concise, accessible formats
 - ▶ Fact sheets
 - ▶ Infographics/posters
 - ▶ Pamphlets
 - ▶ One-pagers
 - ▶ Policy briefs
 - ▶ White papers
- Quantify striking findings when possible - use data here to back it up
- Tailor messages and materials to your advocacy targets when possible
 - * Consider what you know about their values/priorities
 - * Consider framing with attention to factors policymakers tend to pay attention to as depicted in the graphic to the right
- Be honest and transparent about the way you present your data
- Ensure that everything presented connects to your proposed solution



Equity
Liberty
Security
Efficiency
Welfare/Need

CONVEYING EVIDENCE EFFECTIVELY

TRAUMA IS COMMON, PERVASIVE, AND EXPENSIVE...




AND THERE IS HOPE.


TRAUMA-INFORMED SYSTEMS...	
REALIZE	THE WIDESPREAD IMPACT OF TRAUMA + POSSIBLE PLANS FOR RECOVERY
RECOGNIZE	THE SIGNS AND SYMPTOMS OF TRAUMA
RESPOND	BY INTEGRATING TRAUMA SCIENCE + KNOWLEDGE INTO POLICIES + PRACTICES
RESIST	RE-TRAUMATIZATION BY PROTECTING AGAINST DYNAMICS THAT MAY REPLICATE TRAUMA

TRAUMA-INFORMED POLICIES AND PRACTICES WORK.

BEHAVIOR REFERRALS: **↓31%**
EXPULSIONS: **↓40%**
SUSPENSIONS: **↓83%**

^{3,4}

FOSTER CARE REENTRY: **↓18%**
AVERAGE TIME TO REUNIFY: **↓33%**
CHILD MENTAL HEALTH SYMPTOMS: **↓43%**

^{5,6}


PSYCH HOSPITALIZATIONS: **↓29%**
SECLUSION/ RESTRAINT: **↓32%**
STAFF TURNOVER: **↓35%**

^{7,8}

INMATE-ON-INMATE ASSAULTS: **↓54%**
INMATE SUICIDE ATTEMPTS: **↓60%**
INMATE-ON-STAFF ASSAULTS: **↓62%**

⁹

PHYSICAL HEALTH COMPLAINTS: **↓63%**
PTSD SYMPTOM PREVALENCE: **↓65%**
PROBLEMATIC SUBSTANCE USE: **↓86%**

^{10,11}

EXPERTS AGREE: A **TRAUMA-INFORMED PUBLIC HEALTH APPROACH** WILL HELP CREATE A HEALTHIER SOCIETY—WHILE ALSO REDUCING THE COSTS ASSOCIATED WITH AMERICA’S UNRESOLVED TRAUMA EPIDEMIC.^{12,13,14,15}

Campaign for Trauma-Informed Policy & Practice
www.ctipp.org/nationaltraumacampaign

Designed and Prepared by Whitney L. Marris, as Supported by The Institute on Trauma and Trauma-Informed Care (2019)

1. SAMHSA. (2014). SAMHSA's concept of trauma and guidance for a trauma-informed approach. Retrieved from <https://trauma.ctipp.org/>

2. Institute on Trauma and Trauma-Informed Care. (2019). Trauma-informed organizational change manual. Retrieved from <https://trauma.ctipp.org/>

3. Bloomquist, T. (2018). Measuring progress of trauma-informed practices: Are we making a difference? Retrieved from <https://trauma.ctipp.org/>

4. McIntyre, M., & McIntyre, A. (2015). Linking the dots to healing: Trauma-informed & transformational schools. Retrieved from <https://trauma.ctipp.org/>

5. Runtz, L., Montgomery, L., Mowry, S., MacDonald, M., Cusack, S., Hayes, D., & Davidson, G. (2019). Trauma-informed child welfare systems: A rapid evidence review. *International Journal of Environmental Research and Public Health*, 16(12), 2365.

6. Casey Family Programs. (2018). Transforming child welfare systems. *Shaping Justice*. Retrieved from <https://trauma.ctipp.org/>

7. Velez, T. (2018). Child and family services are systems and not families. Retrieved from <https://trauma.ctipp.org/>

8. Benedek, A. (2014). Using 9 practices to enhance safety and security in women's correctional facilities. Retrieved from <https://trauma.ctipp.org/>

9. Thomas-Hackel, C., Hersholt, T., & Church, K. (2013). Opportunities to increase models of care for people with complex needs. *Center for Health Strategies*. <https://trauma.ctipp.org/>

10. O'Leary, H., O'Leary, J., Hallet, T., C., & Flynn, T. (2017). The Louisiana mental and behavioral health capacity project: trauma-informed integrated care model and improved post-traumatic stress outcomes. *Mental Health Services and Practice*, 24(2), 52-53.

11. Coffey, S., Schumacher, J., A., Nasser, L., Litalf, A., K., Hendrix, A., M., Lapan, A., & Steinmetz, P. R. (2014). Trauma-focused exposure therapy for chronic post-traumatic stress disorder and drug dependence: A randomized controlled trial. *Psychology of Addictive Behaviors*, 39(7), 78-79.

12. Trauma-Informed Community Initiative. (2014). Building an expanded, effective, and integrated trauma-informed system of care in NYC. Retrieved from <https://trauma.ctipp.org/>

13. Mearns et al. (2016). ACEs and life opportunities: Do they have a connection? *Childhood and Health Services Review*, 22, 145-149.

14. Bloom, S., & Faragher, B. (2013). Restoring sanctuary: A new opening system for trauma-informed systems of care. New York, NY: Oxford University Press.

15. Opel et al. (2018). ACEs and trauma-informed care: The future of health care. *Public Health Research*, 7(4), 272-283.

Getting to the Root of America's Grand Challenges

Adverse Childhood Experiences (ACEs) comprise a major underlying cause of many of our most costly problems.

61% of U.S. adults report **at least 1 ACE**
16% of U.S. adults report **4 or more ACEs**

Those with ACEs can be nearly **twice as likely** to be diagnosed with heart disease—the **#1 cause of death in America**.

Exposure to ACEs is also associated with increased risks for:

**stroke:**
2.1x as likely

**depression:**
5.3x as likely

**obesity:**
1.2x as likely

**cancer:**
1.4x as likely

**current smoker:**
3.1x as likely


**asthma:**
2.2x as likely


**kidney disease:**
1.7x as likely


**heavy drinker:**
1.8x as likely


**high school non-completion:**
1.4x as likely

Preventing ACEs would mean a safer, healthier, more resilient America **for all**.

**21 million**
fewer cases of depression

**1.5 million**
fewer cases of high school non-completion

**2.5 million**
fewer cases of obesity

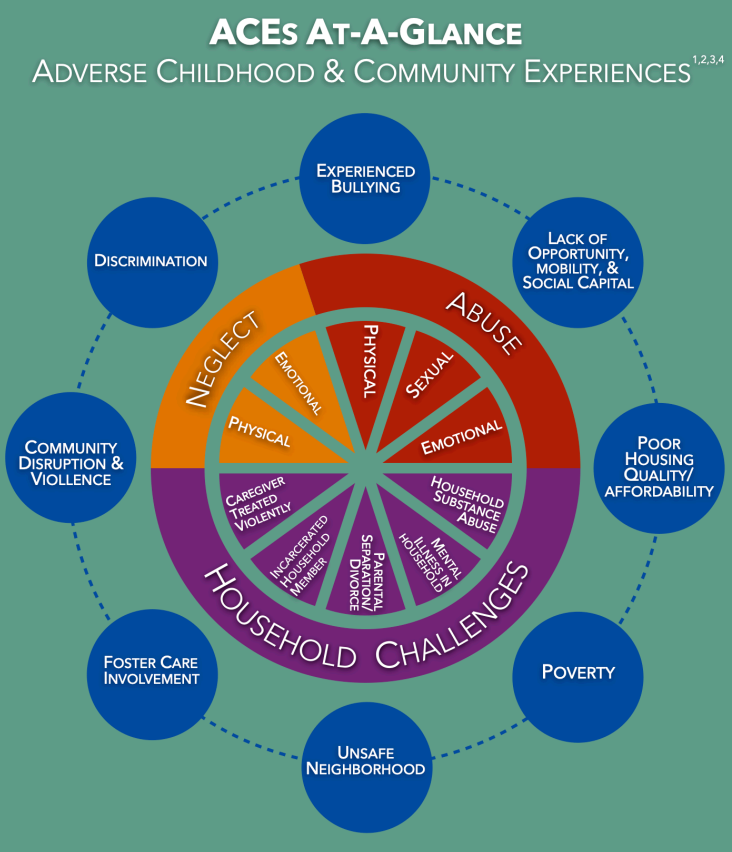
**1.9 million**
fewer cases of heart disease

Campaign for Trauma-Informed Policy and Practice
www.ctipp.org/nationaltraumacampaign

Designed and Prepared by Whitney L. Marris, as Supported by The Institute on Trauma and Trauma-Informed Care (2019)

Data based on: Merrick, M.T., Ford, D.C., Ports, K.A., Gunn, A.S., Chen, J., Klevens, J., Metzler, M., Jones, C.M., Simon, T.E., Daniel, V.M., Cohan, P., & Mundy, J.A. (2019). Vital signs: Estimated proportion of adult health problems attributable to adverse childhood experiences and implications for prevention – 25 states, 2015–2017. *Centers for Disease Control and Prevention*. Retrieved from <https://ajph.org/>

ACEs HIGH: THE COST OF AMERICA'S TRAUMA EPIDEMIC



ANNUAL HEALTH CARE COSTS ATTRIBUTABLE TO ACEs:
\$748 BILLION⁵

ADDRESSING AND PREVENTING ACEs COULD **SAVE THE FEDERAL GOVERNMENT \$217 BILLION PER YEAR**⁶

WHILE IMPROVING HEALTH AND WELLBEING **FOR US ALL**

Campaign for Trauma-Informed Policy & Practice
www.ctipp.org/nationaltraumacampaign

Designed and Prepared by Whitney L. Marris, as Supported by The Institute on Trauma and Trauma-Informed Care (2019)

1. Felitti et al. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults. *The Adverse Childhood Experiences (ACE) Study*. *Am J Prev Med*, 14(4), 245-258.

2. Institute for Safe Families. (2013). Findings from the Philadelphia Urban ACE Survey. Retrieved from <https://tinyurl.com/PhilACEs>

3. Fazel-Edwards et al. (2013). Trauma-informed philanthropy. Retrieved from <https://trauma.ctipp.org/>

4. Ellis, W., & Dietz, W. (2017). A new framework for addressing adverse childhood and community experiences: The building community resilience (BCR) model. *Academic Pediatrics*, 17(1), S48-S53. doi:10.1016/j.acap.2016.12.011

5. Bellis et al. (2019). Life course health consequences and associated annual costs of ACEs across Europe and N. America: A systematic review and meta-analysis. *Lancet Public Health*, 4(10), S17-S28. doi:10.1016/S2468-2667(19)30145-9


6. Based on Fed. Gov't covering 29% of healthcare expenditures from source: Sikko, A.M., Keehan, S.P., Poist, J.A., Cuckler, G.A., Smith, S., D., Madison, A.J., Rennie, K.E., & Hardisty, J. C. (2019). National health expenditure projections, 2018-27: Economic and demographic trends drive spending and enrollment growth. *Health Affairs*, 38(3), 501-501. doi:10.1377/hlthaff.2018.05499

For an example of how to convey key information in an accessible, succinct way based on what policymakers value, visit the Campaign website and [view our Campaign infographics](#) in greater detail

CONVEYING EVIDENCE EFFECTIVELY

Example

[Click here to view STARR Commonwealth's impactful materials that center on toxic impacts and trauma experienced during the COVID-19 pandemic.](#)



I miss school – my friends and teacher. I can't see my auntie because she is sick.

I love my work but I'm exhausted. I feel helpless trying to meet the needs of so many.

I am afraid and confused. Every news report is telling me something different. What should I do?

I worry about how my students are doing. Are they eating and who, if anyone, is hugging them?

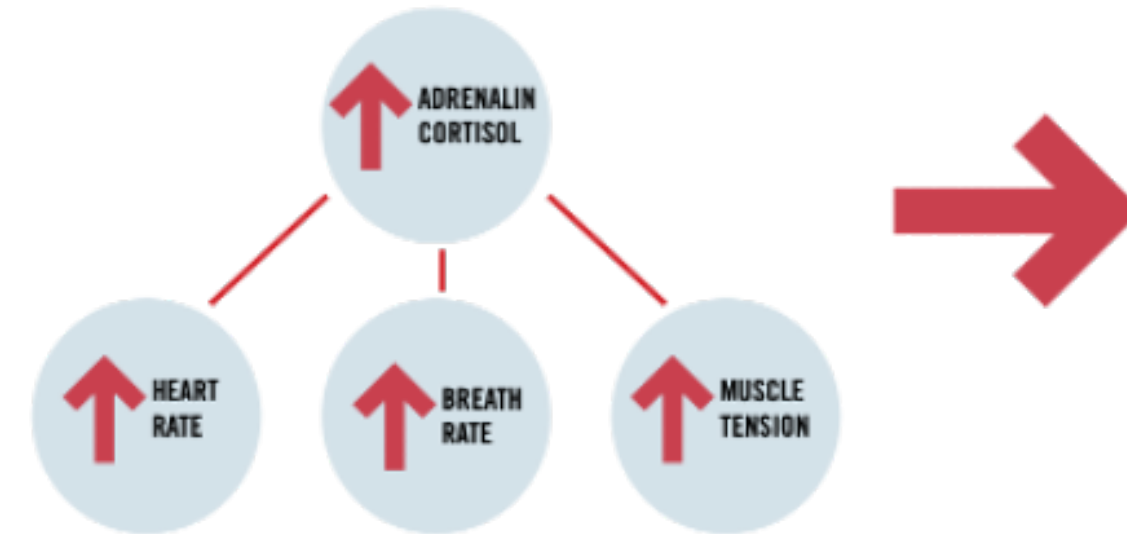
My sister died from the virus. I did not get to say goodbye and can't even give her a proper funeral.

The Toxic Stress and Traumatic Experience of COVID-19

Trauma is any experience that leaves a person feeling hopeless, helpless, or unable to do anything about their situation. Trauma can be experienced by victims, witnesses, or those related to either—and even by hearing the details of the events.

The perception and experience of the incident is what matters most, and the “trauma tsunami” approaching from COVID-19 will have devastating social and economic consequences.

THE STRESS RESPONSE



ADRENALIN
CORTISOL

HEART
RATE

BREATH
RATE

MUSCLE
TENSION

SYMPTOMS/REACTIONS

EMOTIONAL
Anger, fear, hurt, worry


BEHAVIORAL
Aggression, hyperactivity, impulsiveness

COGNITIVE
Difficulty with focus, attention, problem solving and decision making

PHYSICAL
Stomach aches, headaches

Some stress is tolerable but it is only meant to last short-term.
When trauma and toxic stress are prolonged and exaggerated the nervous system becomes dysregulated.

Stress and Trauma's Impact on Individuals, Families, Communities, and Society



FINANCIAL STRAIN

DOMESTIC VIOLENCE

SUICIDAL IDEATION

NEED FOR HEALTHCARE

SUBSTANCE ABUSE


NEED FOR MENTAL HEALTH

VIOLENCE


CRIMINAL BEHAVIOR

While we know trauma is a fact, so is resilience. Despite the threat of an upcoming trauma tsunami facing our nation, there is hope.

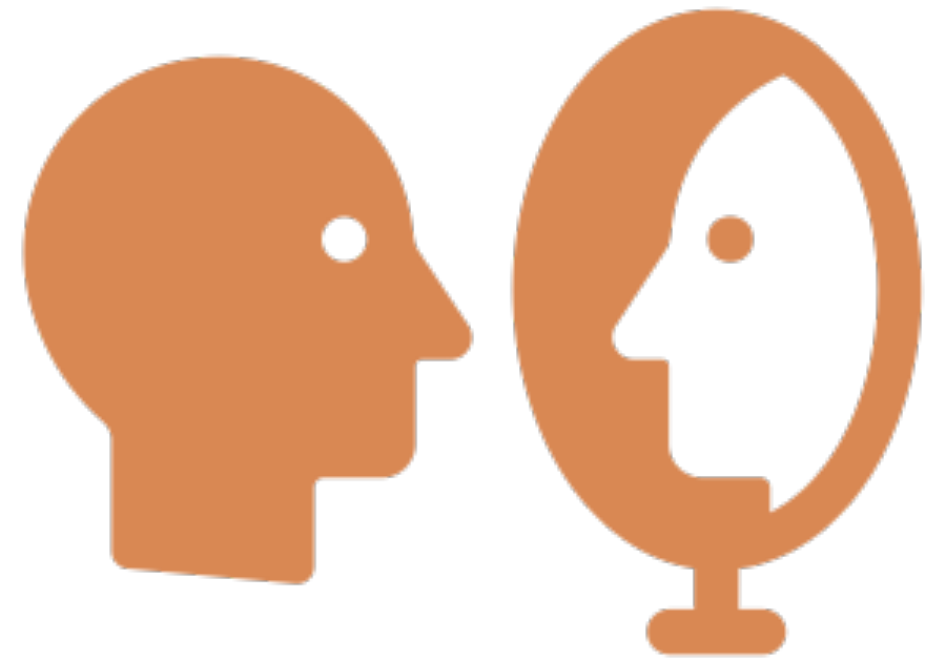
Join the National Trauma Campaign today at ctipp.org
Learn more about the impact of trauma at starr.org/ctipp and ctipp.org/trauma-informed-resources



STARR
www.starr.org



DRIVEN TO HEAL
© Starr Commonwealth 2020



REFLECTION POINT:

What about your issue/solution do you think is most important to capture in a concise, digestible way to your target audience?

What has worked for you in the past to convey complex concepts to someone with no background/expertise in what you shared?