

# SHARING POWER

## A Tool for Reflection

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Trauma services providers assist families exposed to trauma by giving support, fostering healthy relationships, aiding with problem solving, and helping with processing trauma. According to [principles set forth by the Substance Abuse and Mental Health Services Administration<sup>1</sup>](#), recognizing and building on individuals' strengths and experiences are essential to trauma services. So too are working partnerships based on "empowerment, voice, and choice," which promote improvement in current and future life conditions for families.

We designed this tool to guide providers through a series of reflections that will help them identify opportunities to share power in trauma-responsive care. As you use the tool, try to "wear the hats" of others involved with your agency – the parent, the intake worker, the agency administrator, and more – so that you can broaden your perspective and deepen your insights. Our hope is that this tool will help you become more comfortable finding answers WITH families instead of FOR them, and that it will lead you to notice opportunities to employ trauma-informed practices throughout the entire service relationship.

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To begin with, examine the **language and tone** of your organization's written materials, advertisements, and outreach information. Would you understand the information if you were a prospective family partner? Does the material convey respect for families and children from their perspective? Is the tone inviting? If you can, ask current service recipients for their opinions. Those who are nearing the end of their services may be more likely to be candid with you in their responses.

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**Intake and registration** usually involve a lot of paperwork and questions for the family. Are the agency's staff members trained to make this process both efficient and personal? Can they recognize and respond when family members are becoming triggered? Is it common for the organization to offer families choices in what information they share, when they give it, and how they provide it? Do families always know why they are being asked for information?

Two same-sex parents began to complete intake paperwork for their child. They found that the language in the papers did not reflect their family structure. This was an opportunity for the provider to avoid disengagement or defensiveness, and to talk to the parents about the forms. The provider acknowledged the deficits and offered to add an addendum that 1) accurately reflected the family's composition, and 2) complied with agency and insurance requirements regarding basic paperwork.

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Consider how you present yourself at an **initial meeting** with an individual or family. Do you make eye contact and offer a friendly greeting? Are you relaxed enough to be fully present, or are you rushed, stressed, and possibly still thinking about your last conversation? Do you make sure that everyone is comfortable? When discussing the plan for the session, do you explain the purpose of each step and invite questions? How do you know whether the family understands? Do you provide choices and encourage negotiations around issues like the timing and order of paperwork and related organizational tasks?

In focus groups, family members have acknowledged withholding important information because their provider seemed already stressed or overwhelmed. They didn't want to give the provider another "burden" to have to worry about.

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The quality of your **feedback from assessments and evaluations** depends heavily on good communication skills. Do you offer the family the chance to ask questions, and are your answers clear? Are they free of jargon, acronyms, and medical terminology? While reviewing the feedback, do you provide appropriate levels of support to family members?

When asked if they “understand” the feedback given, family members may nod and say yes even if they don’t understand. Hearing information about assessments can be distressing, which makes understanding harder. It takes persistence and attunement to foster shared understanding.

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The course of care entails **planning, decision making, progress evaluation, and course adjustment**. In conversations about the direction of treatment, do you and the family develop the goals together? How do you offer suggestions without seeming to have all the answers? When discussing progress or the lack of it, do you and the family concur (if not, why)? How are you encouraging the family to be entirely open about what is and isn’t working in the relationship? Do you acknowledge to the family how difficult treatment can be? Do you praise families for their commitment and hard work?

A provider has completed intake with a family and is ready to partner with them in deciding on goals and services. This family, however, is under pressure by the social services system to “engage in treatment,” and may face harsh consequences if family members do not “comply” with recommendations. The provider is aware that this dynamic is likely to inhibit the family from speaking freely and honestly around goal setting. To counteract the power imbalance, the provider asks the family members if they would like to talk with a peer mentor about services before making decisions.

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The course of care also entails **obstacles and crises**. These events may jeopardize the evolving partnerships or, depending on the strength of communication, may build and nurture them. Ask yourself what happens when the family disagrees with you or when you have concerns about how the family or child is responding to services. Also ask: How are missed or canceled appointments discussed in the relationship? What happens when the family complains about an element of services such as staff behavior or the physical environment? Do you communicate regularly with other providers on the family’s care team? Do you include the family in these conversations? What happens when there is a crisis threatening the family, including issues related to housing, employment, medical or psychiatric health, and child protection or custody?

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**Ending a course or phase of services** is as pivotal as the start of care. How do you approach endings? Is the decision to end the relationship negotiated and mutually agreed upon? If there are agency limitations on services available, are these clearly communicated to the family members, and is their honest feedback actively sought? Are you able to provide referrals for families and youth who are likely to benefit from a different type of service?

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After you use this tool to reflect on your own practices, consider hosting a conversation at your agency centered around the tool. This might take place during a staff meeting or with a smaller group of service providers. Also, consider a conversation with families you already serve, and ask for their thoughts and feedback. How does their feedback compare with that from providers? Discrepancies offer a platform for real growth! Host a focus group and ask participants to help you take advantage of these opportunities – in partnership! You will be surprised by the rich conversations that sharing power generates!

## AS YOU GO FORWARD

Most providers enter into the helping professions with a strong sense of empathy and a desire to make a difference. Unfortunately, there are many things we can’t fix. Some circumstances are largely outside of our control: economic and racial injustices experienced by families, ongoing trauma exposure, limited access to services, and agency guidelines about documentation, to name a few. Too often, these circumstances get in the way of trusting relationships just as we are trying to form them.

There are, however, a variety of things we can do within the realities and constraints we so often face. We can focus on partnering with families instead of “providing treatment.” We can offer acts of kindness and respect – like handshakes and intentional use of language – to connote partnership and to honor lived expertise. From these large and small acts, powerful partnerships and lasting change emerge.

<sup>1</sup> <http://store.samhsa.gov/shin/content/SMA14-4884/SMA14-4884.pdf>