

[00:00:02.150] - Renee Angelo

All right, everyone, we are going to jump in and I imagine a few more friends will join us. My name is Renee Angelo Mauk. Please keep introducing yourselves in the chat. I have my colleague Kianna Bermuda with me today who will be in the chat and monitoring and uplifting your words so we can keep up with you all.

[00:00:26.030] - Renee Angelo

My name is Renee Angelo Mauk, I'm your facilitator this evening. I am the operations manager here at [MENTOR Maryland | DC](#). And we are happy to bring you this training tonight, sponsored by the [Baltimore Promise's](#) Baltimore Summer Funding Collaborative. And tonight's topic is trauma informed youth development. We have a jam packed schedule for the next 2 hours, so I hope you're ready. Be comfortable. Take care of yourselves in the next 2 hours as well. So be mindful of what comes up for you and what you need to do to take care of yourself or understanding of that in this virtual space.

[00:01:04.430] - Renee Angelo

If you're not familiar with us, we are Mentor Maryland | DC. We are an affiliate, one of about two dozen or so affiliates with the [National Mentoring Partnership](#) here at MENTOR Maryland | DC. We were launched about five years ago. We just had our five year anniversary earlier this year. And we and all of our affiliates in the National Mentoring Partnership, aim to make mentoring a cause to advocate for mentoring in every way, and aim to ensure here in Maryland and DC that we want to increase the quality and quantity of mentoring relationships and ensure that there are enough caring adults for every single child in Maryland and DC.

[00:01:41.140] - Renee Angelo

So we do that in a lot of ways, and we'll talk a little bit about that. But one of the ways we do that is by putting on workshops like this so that youth development organizations and mentoring organizations have the knowledge and the tools to do the absolute best work. So we aim to keep you connected to the National Mentoring Partnership. They do things like host the National Mentoring Summit each January. We offer cost free [technical assistance](#), and that's something we do year round. We have amazing consultants that we can connect you to to provide one on

one support. So if that's something that you are interested in accessing at any time, please reach out to us. We monitor our regional database of the [Mentoring Connector](#). The Mentoring Connector is the only national database of mentoring programs that your mentoring program can be in, where prospective mentors can go to find a program to volunteer at, but also prospective youth who are looking to be in a program can go to find. So you want your program to be in the Mentoring Connector for sure. So please be in touch with us if you have a program in Maryland or DC.

[00:02:43.880] - Renee Angelo

We also host training's like this. And again, we are thankful for Baltimore's Promise for sponsoring tonight's training. We do anything like promoting best practices, tonight we're talking about trauma informed practices. The National Mentoring Partnership aims to do research in the field and one of the things, one of the real foundations in the field is the [Elements of Effective Practice for Mentoring](#), which covers the topic that we're talking about tonight. We're on the fourth edition of the elements of effective practice. We're working on the fifth edition, which should be coming out next year, so we will aim to get that information to you. We are all up to speed on the best practices in mentoring, and yeah, we are always here for you. Please reach out to us with your questions regarding use of element and mentoring anytime, and we aim to either provide you with those resources or be a connector for you across Maryland and DC.

[00:03:43.720] - Renee Angelo

The basic logistics for tonight, if you're not familiar with Zoom, no judgment at all. We ask you to remain on mute unless you are called on to join the discussion, be on video or not. We understand it's evening time. Most of us have worked a whole day up until now, so we understand that. We ask you to please feel free to engage as you can. Many of you are in the chat, which we appreciate. You can send messages to everyone as needed. If you need to send a message directly to me or to Kianna Bermuda for support, you can make sure that our names are here and send a private message there. And there are other ways to connect as well. We have these reaction buttons. Raise your hands if you want to join the discussion or if you have a question you want to come off mute to share. And we are recording, as you know, and this will be on our YouTube channel and will be shared out afterwards if you want to share with a colleague, maybe who couldn't attend tonight. So we appreciate your space and grace in the

virtual environment. Anything can happen and anything has happened. That's how it goes. And we appreciate your participation with us and being online with us tonight.

[00:04:55.440] - Renee Angelo

We want to talk about our community standards, which we hold in all spaces that MENTOR Maryland | DC is a host and wants to make clear that our community is open to all. We also want to acknowledge the context that we are in in America, in Maryland, in DC, and what we stand against in this work and how we come upon this work. We aim to share openly and also listen even more openly. We want to be generous and positive with our assumptions, and we hope you will not be afraid to ask anyone questions. And I'll let you know if those questions are questions that we can talk about now, or questions that are better answered later. And again, we are always ready to have meetings and host conversations with you all. We ask, no matter what your role here today, to be a host. We'll have breakout sessions that we won't all be able to be into. There won't always be a MENTOR Maryland | DC staff member with you. So we ask you to be a host in those other spaces. And we don't necessarily endeavor to create safe and comfortable spaces, but rather brave and learning spaces where we can explore when we feel uncomfortable. We want to also take those opportunities for our beliefs and practices to be challenged and acknowledge that those are learning opportunities and we want any time that we're in community with each other and these experiences to be supportive and educational, but also hopefully fun even given the topic tonight. So please bring your full and present self as you are able to this evening. It is very welcome and we ask that there is no fixing, saving and advising or correcting each other. And if you feel compelled to do that, you communicate with that person and ask for permission. And we want to acknowledge people's inner teacher and that people are learning at their own speed. If you have questions about these standards, again you can reach out to us outside of this training to learn more and how we came to these standards. And if you feel that there's been a violation of these standards, please reach out to us as well so we can put a stop to it. If we feel there's been a violation of those standards, we will follow up accordingly and hold this community accountable and the individuals accountable to these standards.

[00:07:02.840] - Renee Angelo

We are going to jump right in because as I keep saying, we have a lot to do. So this is essentially the very rough agenda for this evening is that we're going to address the four R's of trauma informed care and as it relates to youth development. So the four R's of trauma informed care are first we're going to start with realizing. We're going to move to recognizing, responding and resisting retraumatization. So this realization step is where we're first going to acknowledge the widespread impact of trauma and understand the potential path for recovery. So we're going to understand what trauma is, how it impacts people, people's brains, our kids, their families and what are the potential paths for recovery and what might those barriers be in recovery, right? What's the reality for recovering from trauma?

[00:07:54.680] - Renee Angelo

We want to be able to move on to recognizing. So how might I be able to recognize signs and symptoms of trauma? Not that we're going to be diagnosing people with trauma. We have information because the more information and tools we have, the more we're going to be able to do in that responding and resisting retraumatization phase. So we're going to be able to recognize some signs and symptoms and then also that may be another tool for us to get people assistance as well.

[00:08:22.320] - Renee Angelo

And then we want to respond. So we want to be able to respond by fully integrating our knowledge, right? We're going to learn so many things tonight. You all there's a lot for us to learn tonight, which I'm really excited to bring this information to you all. But once we have that knowledge, we're going to integrate that knowledge right into your programs, policies, procedures, and your practices. And we will have an exercise at the end tonight that will be the culmination of everything we're going to talk about before and really get that application, that practical application, in your youth development practice. And of course, we're going to resist retraumatization because, of course, that's the last thing we want to do is to retraumatize the young people we work with and the adults who care for them, the youth and families that we work with.

[00:09:10.640] - Renee Angelo

Kianna, if you're there as well, I'm going to drop a file in the chat right now. If anybody has a problem downloading this, let Kianna know. This is a takeaway for the evening. And I'll be referring to different pages this evening. Some that match the slides, some that refer to content on the slides. But this is your takeaway. Tomorrow I'll email you the slides as well. But this will match a lot of the topics that we're going to talk about. So I want you to have it on the front end, download it, open it in another tab. But you will need this for later on as well when we jump into the activity that I was talking about.

[00:09:52.800] - Renee Angelo

But we are going to jump right in with the first R and we're going to learn about what trauma is. What is trauma? We're going to start with some definitions. So SAMHSA, which is a [Substance Abuse Mental Health Services Administration](#), an important organization with a great website, with resources, by the way, so something to look into if you're looking for that. But SAMHSA defines it as or explains that individual trauma results from an event, a series of events or set of circumstances that is experienced by an individual as physically or emotionally harmful or threatening and that has lasting adverse effects, the physical, social, emotional or spiritual well being.

[00:10:37.180] - Renee Angelo

The simple Webster definition is a very difficult or unpleasant experience that causes someone to have mental or emotional problems, usually for a long time. The full definition- a disordered psychic or behavioral state resulting from severe mental or emotional stress or physical injury. So we're getting an idea of what trauma is. And the reality is that what this is really explaining is very vaguely, is that something happened and then what happens to the person? It doesn't explain that trauma is this exact event, this exact thing equals trauma, right? It's really about the impact on what happens to the person. Trauma is determined by the person who it happens to. You and I could have the same experience, but only one of us could determine it to be trauma. It doesn't matter that the other person doesn't experience it as negative. It just means that they are able to process it and move through it in a way that does not have a lasting effect. We could each have trauma and it could each look like very different experiences where two siblings in the same family could go through the same trauma and it could only have those traumatic impact and

those traumatic effects on one child and another child may be resilient enough that they don't have that traumatic, that long lasting trauma for them. Just depends on the individual.

[00:12:06.230] - Renee Angelo

So some examples of trauma and I want to be clear that this is not exhaustive in any way. These are kind of, let's say, I would say like the ABC trauma, the very typical things that we would think of when we think of trauma. Things like all the types of abuse, right, neglect everything related to violence, whether that's witnessing a violence or being a victim of violence, right? Separation from a loved one, abandonment, bullying, school, work or other shootings, substance misuse, mental illness, physical illness, car accidents. And I also want to note here that poverty is on this list as well as systemic oppression and racism. So those are systemic, long ongoing experiences that we are finding out and the data is finding out our experiences of trauma. And again, this is not a full list. I have trauma that is not on this list and you may too. And again and that's because it's determined by the individual. These are examples that you probably knew before you saw this slide.

[00:13:19.290] - Renee Angelo

What we know is that race based trauma results in poorer mental and physical health. In addition to inequality and access to quality education, health care, housing, the direct impact of that lack of access, people experiencing race based trauma, become vigilant and in an attempt to avoid racism and experiencing ongoing daily stress and worry about race related issues that results in poor mental health and physical health. So the times that we live in right now are exhausting and that does not just affect adults, it affects our young people as well. So this and the types of trauma that we saw in the previous slide have the same effects, have the same effects as trauma we saw in the previous slides. And that's really important when we think about our young people and their backgrounds that they may be experiencing race based trauma as well as the more I like to call again that ABC trauma that we previously saw.

[00:14:14.990] - Renee Angelo

We're now going to talk about trauma and neurobiology. In addition to those direct experiences of trauma that we kind of talked about, we can also inherit conditions related to the traumatic experiences of our parents. Dr. Rachel Yehuda, a professional psychiatrist and neuroscience at

the Mount Sinai School of Medicine examined the neurobiology of PTSD in Holocaust survivors and their children. Pardon me. Children whose parents had PTSD were three times more likely to have PTSD, which is giving us the idea that trauma and the effects of trauma can be passed down genetically. Right? So 50% to 70% of those with PTSD also meet the criteria for major depression or another mood or anxiety disorder. So PTSD is obviously post traumatic stress disorder. Pardon me for not explaining that. So it is a disorder directly related to trauma that is then bringing on disorders that have major mood impacts on life depression or anxiety disorder. And that's a huge number. 50%. Right? That's one in two. And then when we talk about race based trauma, when you get into considering the ongoing oppression of African Americans and other oppressed populations, what that's doing to brains what kind of effect it would be having on people? When we're talking about PTSD, when we're talking about major depression and anxiety disorder in huge numbers, think about our young people that we're working with. Think about the populations that we're working with. When we're talking about- I think it's probably a majority Baltimore on this call, Baltimore city being a majority black city. Think about what talking about that impact, that we're doing that realizing in that first R, there's a lot to realize right now.

[00:16:29.370] - Renee Angelo

So trauma is a hidden wound, right? If you don't know someone, it's not going to be something that you know that you can see. It's not a wound you can see, but again, it has an impact on the brain. So this photo highlights the difference between a healthy brain and a brain and a brain that's been through abuse. So this is some older data, 2011 2012, but at least 35 million youth in the US. Have experienced at least one trauma, and that is a huge, huge number. And you'll hear me make the comment throughout that most people over the course of their lives will experience trauma. And trauma is just becoming more and more a part of our realities. And how is that going to affect us as youth development practitioners and people who work with people in our approach to work? That is for us to come to a determination about as we go through our learnings today.

[00:17:35.020] - Renee Angelo

Moving into recognizing, talking about recognizing signs and symptoms and coping mechanisms. Take a look at this list. A lot of these things apply to youth and adults, right? And we

want to be mindful that since I know all youth programs and - I come from youth programs, I work in school programs and youth development programs and mentoring programs. Exactly right. I also know that your work involves family engagement and the like. So you're not just working with youth. You're working with families and everybody who is involved in supporting young people. So these things apply to everybody that you're working with. But when we see this list, we see that some of these things are considered acting out, right? If you didn't keep the signs' symptoms at the top, you may see this list and just see a list of behavior in young people who went to detention that day, or who got suspended from school last year, or who got written up by Mr. Jones, the teacher. So when we see this list, we want to think about shifting our view from this list as bad behavior or poor performance to an understanding that a youth may be going through something that we don't know about or may have experienced something more serious that again, we don't know about. And it's not necessarily our business to know about either, right? And that's okay.

[00:19:08.350] - Renee Angelo

You'll also see on this list that there are some positive symptoms, right? You'll see in this bottom positive symptoms, youth who are super well mannered or really helpful, or youth who are quiet, youth who are really high performers. And these positive symptoms - there are trauma survivors who in reaction to their trauma, end up as their coping over performing to prove their worth. And we tend to overlook these young people because they are so unproblematic and in that way. What I'm trying to say is because it goes both ways, right? A youth may be overperforming, a youth may be getting themselves into a lot of trouble or making a scene in the class, et cetera, et cetera. What we're trying to get to is that we can't really make assumptions about a young person's experiences or lack of experiences. There could be none of these signs at all for a youth who has experienced trauma.

[00:20:04.690] - Renee Angelo

So when we're approaching our young people, if we don't have the information about their traumatic experiences, then it's not for us to assume that they've had traumatic experiences or not. It's for us to approach them as young people have value. Our organization is here to support and love young people and we're going to approach them however they act with love and support and with the support that they need. You don't need the information about their trauma

to give a youth with trauma support. And that's what I want to make clear today. Everything that we're going to talk about today when we get to providing support can be used on youth with trauma or youth without trauma. It's just good youth development practices. This is really about expanding our view to be able to notice these things, to enhance our view so we're less judgmental and that we have a higher tolerance for young people who may be going through these things and struggling through these things.

[00:21:05.490] - Renee Angelo

I also want to talk about actually, before I go into another spiel, is everybody with me on that? Let me do an understanding check. Is everybody on the same page so far about what trauma is, about, how it's affecting our brands and our young people? And what trauma can look like as far as young people's reaction to it with their actions in these signs and symptoms. Yes. Great, cool.

[00:21:40.680] - Renee Angelo

So the one thing I want to talk about before I move on to the next slide and I know I'm moving quickly and again, it's because there's so much content. One more thing I want to talk about is the term coping mechanisms. And the term coping mechanism is a neutral term. And a coping mechanism is just something that an individual uses to make themselves feel different. Right? So if I have trauma and trauma makes me feel bad, I use a coping mechanism to make me not feel bad, right? So there are positive coping mechanisms and negative coping mechanisms. So a positive coping mechanism might be going for a walk because I like to go for a walk and going for a walk makes me feel better. A negative coping mechanism might be drug use. However, obviously that's not great because drug use may not be good for my young developing brain because I am very young but is it a coping mechanism? Yes because drug use makes me feel different right it helps me avoid the feelings that trauma makes me feel, which is bad. So when we think about maybe dealing with a young person who may be dealing with substances or a negative coping mechanism that we can't understand, we have to realize that coping mechanisms, especially negative ones, that we are trying to help youth transition from. The reason they're so hard to transition from is because they're so effective and they work so well. So when we're trying to transition youth to a positive coping mechanism we have to acknowledge what's so great about a negative coping mechanism and it's that they work. And when I learned

that from Dr. Ken Ginsburg, who's like a resiliency expert, it really shifted my mind about how we talk about coping mechanisms and how we seek out positive coping mechanisms. And I think it's really important, especially in the conversation, and we'll talk more about substance use and things like that, because substances are really effective. And that's something that is really hard for the people around a young person who loves a young person. So I just want to drop that now as we move into more conversations about how to help young people who have been through trauma.

[00:24:00.840] - Renee Angelo

Okay, so I want to talk quickly about the ACE's, the adverse childhood experiences. So the adverse childhood experiences was originally a study that was done based on a ten question survey that deduced that people who had more of these - ten questions you kind of see - ten adverse experiences as a young person that they would have lower success outcomes as adults. So what they learned was that, pardon me, the more ACE's you had you were more at risk of certain chronic diseases, of mental illness, of poor life outcomes. And they also found out that 64% of adults have one or more ACE's. So as I mentioned before, most people, 64% go through trauma. They're going through at least one of these adverse experiences. If we're saying that these adverse experiences are trauma, which I would argue that they are, 38% of people who completed the survey, hundreds of thousands of people that they did this original study on had two or more. What they also found out in this study is that primarily one of the studies that they had done this on were primarily on middle class, white, college educated people dispelling the myth that only BIPOC, lower class people go through adverse childhood experiences. Trauma is for everyone. It's really a universal experience is what we've come to learn. What's coming to learn even more so now is that the ACE's no longer really capture all of the types of trauma that there are. My point of view about the ACE's is that it is going to transition because there are types of trauma that are not captured on this list. And that is a tool that's only going to really be used by experts in the field and that there will be shifting data out and that it will be adapted in the near future. I wanted to drop it here because I know it's something that everyone hears about, and I wanted to share about that. To dispel that myth about the trauma only happens to certain groups of people.

[00:26:37.580] - Renee Angelo

I do want to also make the point, and I know that I've definitely been to presentations where we filled out an ACE's survey. That is never something that we should be doing. And that's why I'm not asking you to do it now, because we are not the experts with the tool that should be doing this. People like doctors will do this in a pediatrician's office with young people or in a doctor's office, or social workers and clinicians and the type people who can use that information to provide follow up services. Again, your young people, unless you are a clinician, which I believe there might be some on the call, your young people's traumatic history is not your right to know. They may end up sharing the information with you. And if so, that's another thing to follow up and deal with. But that is information. Again, it's a tool. It's interesting to know about and to read about the study. I would recommend Google and follow up. It is interesting. But I want to also say this is not something for us to do. It is a traumatic thing to fill this out. I mean, it's not a fun thing to fill out and learn about. But I did want to drop this here because I know so many people have heard about it and it is related to trauma.

[00:27:59.380] - [Renee Angelo](#)

Okay. I want to share this video from the CDC and their point of view about how we can prevent adverse childhood experiences. I'll ask for your thoughts in the chat, and you can drop them during the video and we'll talk a little bit afterwards as well.

[00:28:26.980] - [Video](#)

Hi. This is my neighborhood. I grew up in this building. This is a great community now, but it's had its share of problems. When I was a kid, our community had high unemployment, a lack of resources for families, and lots of kids hanging out with no adult supervision. You might have heard about adverse childhood experiences, or ACE's. ACE's are traumatic events in childhood, like abuse and neglect, that can increase risk for future problems. But they don't have to. The good news is that Aces and their consequences can be prevented. Take me, for example. I was at risk for ACE's, and despite all the things that put me at risk, some pretty incredible people helped make sure that I wouldn't become another statistic.

[00:29:14.090] - [Video](#)

Come on, I'll show you around. That's Jackson. He's a cool kid. His dad left when he was two, and his mom works two jobs. I hang out with him every Thursday night and help him with his homework. Sometimes we grab ice cream. It's fun. Plus, he has another adult role model to learn from and trust. That's Mr. Martino. When I was a kid, he let me help him at the store sometimes after school when my parents were working late. He did that for a bunch of us. My dad actually found his job as a mechanic because of Mr. Martino. This helped our family in so many ways. Not only did my dad have a steady paycheck, which eased his stress about paying rent and buying necessities like food and clothes, but he was also a lot nicer to me, my brother, and my mom once he started working a job that made him feel good about himself. When communities come together, they can do so much to prevent ACE's. Mr. Martino and other local business owners put together a series of career workshops to help people like my dad find work. My mom also got a job with a company that allowed her to work from home and spend more time with me and my brother. Mariana has just gotten out of a class about handling challenges of single parenting. The clinic offers free childcare so Mariana's daughter Ella can play while Mariana's in class. The class helps parents like Mariana develop positive parenting skills, not just for babies and toddlers, but for teenagers too. This is another way our community has come together to give families the resources they need and just one more way to prevent ACE's.

[00:30:46.000] - [Video](#)

This was my school, Riverside Middle, right in the heart of town. These kids are here for a sponsored summer camp. This community supported program helps families with affordable quality childcare and helps kids get tutoring and learn life skills. When I was a kid, I spent a lot of time at this school all year long. There was one. Counselor miss. Greer, who I remember more than anyone. She was a really good listener. Miss Greer helped me and my brother get involved in after school activities like baseball and soccer. Our coaches were super nice and were mentors to us. Staying after school for practice kept us and a lot of other kids out of trouble. When schools helped take responsibility for preventing Aces, everybody went. My life could have gone in a completely different direction. Studies show that ACE's can have long term negative effects on kids' health and well being that may last into adulthood and even continue in future generations. But by people in groups taking action, ACE's can be prevented. In fact, there are five known strategies that help stop ACE's before they even start. You can implement them in your own community, just like we did.

[00:31:57.320] - [Video](#)

How? By strengthening economic support for families, by changing social norms to support parents in positive parenting. By providing quality care and education early in life. By enhancing parenting skills to promote healthy child development, and by intervening to lessen harms and prevent future risk. So now you know my story, and you've seen the prevention strategies in my community that helped me beat the odds. I had healthy relationships with my family and friends. I learned how to take care of myself and make good choices. And today, I'm a mentor to other kids who need some extra help so they don't become an ACE's statistic. Safe, stable, and nurturing relationships and environments are essential to prevent child abuse and neglect and to assure that all kids reach their full potential. Are you thinking what I'm thinking? Banana split. You got it.

[00:33:05.610] - [Renee Angelo](#)

So wonder what you thought of that video. I think it is actually a great video to watch with your colleagues, even at something like a family engagement, as a conversation starter, as into, like, what do we think in our community could help us prevent adverse childhood experiences? I will plug that. April was Child Abuse Awareness Month or Child Abuse Prevention Awareness Month and we had a child abuse prevention panel that was recorded and is on our YouTube because we're talking about preventing child abuse. Right. And it does involve a community, and I think they made that point very well in this video. So I'm curious of your thoughts. Please drop them in the chat. But I think it is a really good conversation starter and speaks to the work that I know that you all are doing in the chat. Yeah. Thanks, Gail. Yeah. No, I agree. Yeah, I think it's a really great video to take back and to honor the work that you're doing and can really get stakeholders talking about what all of our roles are in child development and also child protection. Right. Thank you. And you will get all these links and stuff through video or through our slides, which I'll share with you.

[00:34:28.450] - [Renee Angelo](#)

So now, in that same recognition, we're moving on to what treatment looks like for young people and adults who have been through trauma. So starting off in this red area, talking about therapy, right, of which there are many different kinds CBT therapy, psycho education, emotional regulation, coping skills. We were talking about parent education, family therapy, group therapy

in yellow, we're talking about resources that you can get through school. So a school counselor, a guidance counselor, some schools have school psychologists and some therapy services through school. So it is important to delineate which services are available through school and what the difference is. Because a school counselor or a guidance counselor is not a therapist. A school psychologist is someone different. A school social worker is yet another different person. This is on the CDC website, but I'll make sure you have the link to the slides when I send an email to you all tomorrow. So we're thinking about getting access through services through school. A school counselor and a guidance counselor will be able to help with educationally focused access and help with barriers to learning and school success. But there may be other access to therapy resources through school, depending on the school, but likely diagnosing. And things like that won't be taking place at school, but referrals may be made, especially at community schools, of which there are many here in Baltimore.

[\[00:36:08.130\]](#) - Renee Angelo

In Blue, we have things like support groups often, which may be age specific or trauma specific, depending on the young person. And until we have some things like treatment, potentially inpatient treatment. And that might be something that is not sought out immediately following trauma, right? This may be sought out after symptoms that we saw earlier of trauma are becoming unbearable, or coping skills are becoming insufficient, or they're becoming negative. It's impacting daily functioning. They're having extreme anxiety, depression, suicidality, health issues, relational problems. Treatment can potentially become court ordered, and that could potentially get to that point. So there may be potentially a godsend for some people. But when we think about what we may have a hand in helping to refer a youth or family to, it essentially starts. We have a lot of other steps before then. Before we may need to call in something like an inpatient or residential treatment.

[\[00:37:19.200\]](#) - Renee Angelo

I want to bring up medication mostly for the de-stigmatization reasons. But yeah, medication for treating mental health, as you see here, medication is not in itself a solution and typically should be combined with therapy. And the person providing therapy should be working in conjunction with the person who's providing medication, a psychiatrist or a doctor. But medication can assist with that regulation and that stabilization of symptoms that we saw and can allow for even more

progress with counseling. So counseling alone right, might not do it alone, but when matched up with medication, we can help a young person get further with their progress and can take four to six weeks for noticeable results. Just like therapy, it's going to take longer for results. And it's about helping somebody in your roles, potentially helping a young person be patient and waiting for those results and being consistent as well. And of course, medication was taken as directed and any way we can help people take medication as directed, we should aim to do that. But I want to bring it up mostly as a de-stigmatization tool because a lot of this well, we're going to see on our next slide. Stigma is a major barrier to trauma treatment, which is what we're going to talk about now.

[00:38:41.750] - Renee Angelo

What are our challenges in trauma treatment and that we may face in our roles in trying to recur or support a young person in getting treatment or that a young person with a trauma survivor may be trying to get their own treatment. So of course, not every child is receiving counseling, right? There are, pardon me. For young people if they are in foster care if they're involved in children's services. There are a lot of people involved in that young person's life and a lot of providers. And those things just are going to make it slower for a young person to access services. And this next one, there's just a shortage of therapists, particularly therapists who are specialized in trauma and therapists who are specialized in children in trauma. I happen to have a best friend who's a child trauma therapist. That is very weird. That's very odd and that's just because of the work that I do that I met her along the way of my career. I don't think she knows any other trauma therapist and she's the most specialized person at her practice. So there's just a limited number of people who do this work. And of course, you might expect there's a high burnout of therapists who do this work. And as you might also expect, that's also been exacerbated by the past few years of the pandemic. So this is unfortunately a situation that trauma survivors are kind of facing right now and we kind of have an uphill battle and it's going to take a lot of patience for trauma survivors to be waiting for, maybe potentially waiting for the right therapist.

[00:40:32.560] - Renee Angelo

Many adults do not seek treatment due to stigma, due to waitlist, due to lack of access and due to insurance. It's often not culturally sensitive and I'm going to talk about cultural sensitivity a little

bit later. But some of the limitations pertain to race related issues like disparities in which BIPOC people are diagnosed at high rates. African Americans have a long and repetitive history of being abused by systems of care, which causes totally understandable distrust. And because of this, BIPOC individuals tend to use treatment at a much lower rate. There's a lack of cultural competence, sensitivity and practitioner behavior and therapeutic approaches and not having a therapist that looks like a patient or negative beliefs about formal therapy are all culturally related challenges to trauma, to treatment.

[00:41:21.330] - Renee Angelo

I want to speak specifically here in Baltimore City, the [Black Mental Health Alliance](#), which does have a provider network of black mental health therapists and providers that you can get referred to. And I'm not saying they're all necessarily specialized in trauma, but they are black mental health providers that are all in their network and that you can seek services and get referred to. And actually not just in Baltimore City. Black Mental Health Alliance is located in Baltimore City, but they have providers all over the state that you can find in their network - that is a resource specifically for Maryland. And hopefully, I wish there were way more of them and they existed all over the country, but hopefully there will be more of those kind of crossing cultural barriers, particularly for trauma therapy as we think about our trauma survivors that we may know accessing trauma treatment.

[00:42:27.000] - Renee Angelo

And then of course, there's things like misdiagnosis and overdiagnosis. So the issue is that a lot of these disorders that you'll see here are common. Like they have similar symptoms. And if a provider is not trauma informed, they may be likely if it's for young people, they may be likely to be diagnosed with ADHD instead of PTSD. There's a lot of overlap. I always say that every disorder and every health condition has the symptom anxiety. Like anxiety is everywhere. How do I know if I have PTSD or just anxiety disorder? So it's important to if you are thinking or trying to refer someone to and you know they have trauma to find out, trauma, at least trauma informed providers so they can help delineate specific services. Because a lot of these things, even like something like ADHD, mismanaged ADHD can look like anxiety, right? So when we're thinking about signals and symptoms that we're looking at for a young person, finding them as niche or

specific services that we can help us avoid misdiagnosis or over diagnosis as well as more meaningful treatment.

[00:44:01.040] - Renee Angelo

So you're going to hear me talk about mentoring a lot. And I want to be clear that you are going to hear me use the word mentoring a lot, I should say. And I want to be clear that anybody who works with a young person and anybody, I mean adults, everyone on this call these practitioners, in a way, you are a mentor, you're a natural mentor, you're a caring adult. So I want you to see yourself in the word mentor as you see it come up on the screen. And when we're thinking about the three keys to effective mentoring and being a trauma informed mentor to young people, the research has been consistent in confirming that mentors and caring adults positively impact youth lives, period. That's not shocking news. Obviously, just being there as a support is helpful but we increase our effectiveness as mentors, as caring adults, when we ensure that we are developmental, which we're about to talk about when we ensure that we are trauma informed. We're already getting pretty informed and when we ensure that we are culturally sensitive in our approach. So we are moving on that journey and we're about to transition into learning about being developmental and learning about cultural sensitivity. And when we kind of get to the end of that, we'll have all these new tools in our toolkit and we'll get into that practical activity. So we're doing it.

[00:45:29.020] - Renee Angelo

So being developmental - in order to be developmental, we're talking about increasing the protective factors around a young person and we're going to talk about developmental assets a little bit better. So protective factors are essentially the opposite of a risk factor. Protective factor is the things that are put around a young person, an umbrella around a young person, the arms around a young person to keep them safe and to keep them growing and positive. Right? So the difference between developmental mentors you see here on the left and prescriptive mentors are pretty obvious. Right? Developmental mentors ask as many questions as possible. Even when teaching a mentee something, they teach by asking the mentee questions. The aim is always to listen more than talk. They remember that they must take a step back from learning and just enjoy the time being with the young person. And they're there for the young person to support the young person developing their skills. They understand that they're not there to fix

young people. They're not there to fix young people's problems. There to help facilitate opportunities for the young person to identify and express what they want to achieve and how the young person can define their own success rather than choosing goals for the young person and deciding what's best for them. Right?

[00:46:56.680] - Renee Angelo

Yes. Great point, Neria. Yes, absolutely.

[00:47:01.340] - Renee Angelo

So we want to avoid being prescriptive and move into being developmental. This is just the introduction to that. Kianna, can you read this?

[00:47:14.640] - Kianna

Absolutely. "Whether the burdens come from hardships of poverty, the challenges of parental substance abuse or serious mental illness, the stressors of war, the threats of recurrent violence or chronic neglect are a combination of factors. The single most common finding is that children who end up doing well have had at least one stable and committed relationship with the supportive parent caregiver or other adult."

[00:47:40.660] - Renee Angelo

Great. So our goal as mentors, as practitioners, is to help our mentees increase their developmental assets and their trust or factors. And mentoring itself is a protective factor. So we're already building those protective factors up, which is money. Money.

[00:48:04.240] - Renee Angelo

Give me 1 second. I feel like I want to switch the order of the slides I'm about to look at. Yes, I do. We're going to move this slide.

[00:48:16.980] - Renee Angelo

Okay. So this is a [developmental relationship framework](#). This has been designed by the [Search Institute](#), which does tons and tons of amazing research about youth development, about protective factors. Essentially what we can do for young people to ensure they have the best development and positive outcomes ever. They're highly super invested in young people. I've been trained by them, I've done research with them. They are the best. So we trust them. Go to their website, tons of resources, I'll make sure you get the link. But these are the five aspects of the five elements of the developmental relationship framework and we're going to come back to these five actions that you can take with your young people. And what they found out in their data is simply that young people are more likely to grow up successfully when they experience developmental relationships. Relationships that have these five elements. So relationships that include expressing care, relationships where the adult provides support, where the adult challenges growth, where the adult shares power and the adult expands possibilities. So in the words of the young person, show me that I matter to you. Help me complete tasks and goals, push me to keep getting better. Treat me with respect and give me a say and connect me with people and places that broaden my world. So we're going to talk about exactly how to do that and the best tactics to do that.

[00:49:54.980] - Renee Angelo

We're next going to talk about the journey of when we're meeting our young person, right? So we want to be mindful, especially when we're building relationships of how that goes, right? For a lot of us, we're at the end of the school year, maybe we're in stage four and we're transitioning out. We're getting young people ready for summer, we're going to see them next year. And some people maybe we're not, but we're thinking, let's think about we're going through the fall and it's stage one, we're getting to know you young people. We're making first impressions and we weren't trying to lay that foundation. But we really have to start with just building trust and we know what it's like to try to get the young person to trust us. And I'm sure we all have stories for that.

[00:50:44.220] - Renee Angelo

We know stage two, testing and challenging. Probably even more stories in this area. But this is where a young person may be rethinking those first impressions. Or maybe you're rethinking

those first impressions, some difficult feelings or emotions may surface where for a young person who's maybe experienced abandonment, they're really going to be testing that relationship and commitment because they're being reminded of an experience where an adult made a good first impression and then bailed, right? So stage two.

[00:51:15.750] - Renee Angelo

Stage three, this is where the real mentoring, the meat of the relationship is really going on and where you probably spend the most time with the young people in your programming. So relationship, you're past that kind of awkward. Stage two, you're at a really money spot with your trust. You're really seeing that young person grow and you have that deeper bond with them and the young person really connected with you and your program. And stage four potentially, where a lot of you are now at the end of the school year preparing for closure or a transition, your relationship may be deeper, but the young person may be starting to pull away because they know that this transition is happening and they don't want to be upset. Which is why best practices, we always want to think about what our closure procedures look like and how we keep either relationships intact or we keep the understanding intact about how relationships grow and change. And then you and the young person are reflecting on those relationships.

[00:52:12.250] - Renee Angelo

So we want to be mindful that relationships take time. And for relationships, even in structured programs for our mentors or mentoring programs on the call who have structured mentoring programs, these manufacturer relationships, they may take a little more time, right? Even for young people who are in relationships with licensed professionals, improvements and self esteem and symptom improvement, all those things take time. And everything is really about staying patient through all of those different stages. And especially as an adult, when I used to train mentors all the time, the one thing that adults can always promise to do is to be consistent. And that's because we're adults. The one thing kids can promise to do is to be inconsistent because they're the kids. So the one thing that we can do is be consistent and be patient. And as you're going to get through those journeys, it will also help to be patient and to again start practicing these developmental things in these relationships.

[00:53:22.620] - Renee Angelo

So if you could drop the document one more time because I'm now going to refer to a page that I know is in the document and this page is as well as a larger explanation of the five elements. But this next page refers to see here on the left you have the five elements of the DRF over here. Express care, share power, provide support, expand possibilities and challenge growth. Then we have the four stages of relationships over here beginning and building, testing and challenging, real mentoring. And then transition and closure and going deeper. And then we see some of these actions over here. What a young person in each of these things will be asking that you write, be dependable, listen, believe in me, be warm, encourage, respect me, include me, collaborate, et cetera. So this document is kind of guiding you on where it's most authentic for you to be practicing those things in your relationship, right? So from the start, it's authentic, dependable, and to listen, right? That's what this blue means all over here from just about the start, right? They want you to be warm, to be encouraging, and to believe in them. From the very start that might be a little bit weird. You don't know them and they're going to know that and be like, why is this stranger rooting for me and they don't even know me. Right? So be mindful of those things from the very start, right. Showing respect and including them is very foundational for building your relationship with that young person. So this is essentially a cheat sheet, essentially for new mentors that you may be training or new people at your program on how to apply these kinds of actions with the five elements of the DRF. I'm going to call it a developmental relationship framework. And being mindful of where they are in the relationship stage 1234 and what may be kind of their best tools to practice right there.

[00:55:43.020] - Renee Angelo

"Can you say why encouragement is not from the very start?" Yes. "Does it apply to teachers?" Oh, my gosh. Okay, sorry. I think encouragement from the very start. I think for some, I also want to say, is this 100% going to work for every single kid? Every kid is different. I want to be clear about that. But I think for some kids, yes, they'll need encouragement from the start. For others, I think it might seem inauthentic, right? If they're really not familiar with a young person, I think for some young people, it could seem inauthentic to them. The other thing I want to say about the developmental relationship framework is that there are some kids who need more of one of the elements than the other. Right? There are some kids who - I was a kid who really needed to be challenged, and I was, as a result, a lot of adults challenged my growth. And when we think back as a result, you can think to your youth and think about what adult did each of these things for you. But there are some young people who really need another adult to express care

because they're not getting it somewhere else or they might not. We probably know for a lot of young people they might not have a lot of opportunities to share power. There are not a lot of adults who are sharing power and responsibilities with them. So that might be an opportunity for you to do that.

[00:57:08.680] - Renee Angelo

So the time frames are up here. So the colored area is where it correlates with the face.

[00:57:22.790] - Renee Angelo

Each young person definitely is individualistic. And you'll learn that each young person needs a little bit more or less of each element. And it will also depend on the situation as well, right? Depending on what's happening, what the activity is. But I think this is a really good basic cheat sheet to look for, especially for training mentors. This could be a really good tool. Cool.

[00:57:51.630] - Renee Angelo

All right, so I'm now going to transition into the developmental assets which you have shared in that document as well. So developmental assets are 40 developmental assets and in your document, they're listed by age group three to five, five to 8, 12 to 18. And the developmental assets are essentially things that the Search Institute via research identifies that the more assets these young people have, up to 40 assets, again, the higher likelihood for positive outcomes. And there's 20 external assets which you can see here, and 20 internal assets. I pulled these from years eight to twelve. So the external assets are the things obviously outside of the child and these things are in a young person's life. Again, the more of them the better. All of the assets are protective factors.

[00:58:49.110] - Renee Angelo

So the external assets are essentially things that communities can influence, that we programs can influence. Schools where they live essentially influence things like support they can get from their families, from their neighborhood, from the school climate, empowerment. Does their

community value young people? Do they have opportunities to do community service? Boundaries and expectation, are there boundaries in the neighborhood? Are there adult role models? Is there a positive influence? Do adults have high expectations of them? Do they have opportunities to do constructive things with their time? Those are external assets. And then we have the internal assets. And these are things that us on the outside of young people, we want to hopefully help a young person develop and develop inside them, right? So a commitment to learning, so that achievement, engagement in learning, feeling bonded to school and reading for pleasure. Positive values, such as responsibility, quality and justice, honesty, social competency, cultural competence, interpersonal competence, planning and decision making and then positive identity. Things like self esteem and sense of purpose. So internal assets are things that we would want to help a young person develop. And again, the more assets we can help a young person to have, just the better outcomes we can hope for them, we can assume that they have and again, protective factors, what these assets are, the more we have, we want them to outweigh the risk factors, right? Protective factors versus risk factors, essentially. Like I said in your document, there are some for each age group and what's essentially appropriate for that age group to look for because obviously peaceful conflict resolution might not be relevant for three to five year olds, but for each developmental stage there's appropriate internal and external assets. So these are really great tools. A, as a reference tool, B, a really great exercise with mentors or staff is to think back to when you were this age, look over the external internal assets and think about little you and which assets you had at that time and maybe an adult who helped you with those assets. Or if you look back at the external assets be like wow, I really grew up in a nice area that I had access to all of these things or this was really lacking in my community and therefore I want to make sure my community has these things. So these are really great tools. They're in that document and do with them what you will.

[01:01:44.330] - Renee Angelo

Now we're going to move into social emotional learning. So this is kind of our last kind of bit about being developmental for our young people. Social Emotional Learning, as you see, has been defined in many ways. I know many of you may be involved in classrooms at your schools, have been involved in various types of curriculum and the like. But we're just going to go over it briefly. This is also a page or two in your notebook or the document I've shared. But just use again our skills that we want to help develop in young people for themselves. And you'll see that some of these social emotional learning goes back to some of those assets. We were just talking

about internal assets. So everything is building on each other and everything is again outweighing some of those risk factors that we saw as a result of trauma, as a result of ACE's. So everything is just trying to balance the scales in favor of positive outcomes. Talking about social emotional learning, we're talking about helping to develop a young person's self awareness, their self management, responsible decision making, relationship skills, and social awareness.

[01:03:05.330] - Renee Angelo

So, self awareness, the ability to accurately recognize one's emotions, thoughts and values and how they influence behavior. The ability to assess their strengths and limitations, identifying emotions, accurate self perception, recognizing strengths, self confidence and self efficacy. Self management, the ability to successfully regulate one's emotions, thoughts and behaviors. Managing stress, controlling impulses, motivating oneself, impulse control, stress management, self discipline, self motivation, goal setting, organizational skills. I just read those things and I'm like, do I even do those things very well? Let alone how we are going to teach kids to do those things. I'm not saying any of this isn't easy. It's definitely not. And that's why, especially maybe a mentoring relationship, this is something that mentors and mentees can work on together, right? And that can be really meaningful for mentees to watch their mentors learn something too. So these are things that we don't just learn once but that we learn and continue to practice. So something to keep in mind about these as well.

[01:04:08.950] - Renee Angelo

Social awareness. So, perspective taking, empathy, something we're always trying to build. Young people appreciate diversity and all types of diversity. I saw something about neurodiversity earlier, respect for others, something that I know you guys are always talking to young people about. And then relationship skills, healthy relationships and rewarding relationships. And of course, mentoring is a great way to help young people learn about relationships and negotiating conflict. And we saw conflict resolution on our asset sheets. So communication, social engagement, relationship building, teamwork. There's lots of things that you are engaging young people in that are helping with relationship skills. And this is at the top of stowing people's minds. And I'm married to a teacher, so I know what he's doing and worry about all of these things.

[01:04:53.830] - Renee Angelo

And then to come back to responsible decision making. I know all parents and youth practitioners are worried about. But our ability - young people's. abilities to make constructive choices about personal behavior and social interactions based on ethical standards, safety concerns, social norms. So this is kind of that critical thinking, right? Identifying problems, analyzing situations, solving problems, evaluating, reflecting ethical responsibility. It's not easy. And the work you're going to do with young people around these things is ongoing and it's going to be interwoven with other things and activities that you're doing. But we want to be mindful of keeping these things in mind when we're planning programming, when you do with our young people, because it's going to have multiple and ongoing benefits.

[01:05:44.790] - Renee Angelo

I want to address cultural sensitivity because we have a training coming up about practicing cultural humility. So we're going to talk about it for a whole 90 minutes. So I'm just going to show a quick video and maybe an extra slide after that. Oh no, there's a page in your book about it as well. We're going to watch a quick video about cultural humility. And obviously this is a really important element of being an effective mentor and an effective adult working with a young person. So if you want to dive deep, we're doing this on Friday at our office at Union Mill. Kianna will drop the link later, but we could address it briefly here in this short video.

[01:06:32.840] - [Video](#)

Becoming a Better Mentor Strategies to be There for Young People practicing cultural Humility
Cultural humility is an ongoing lifelong process of self reflection and learning about how social identity and experiences are shaped by systems of oppression, power and privilege. Social identity is a person's sense of who they are based on their group membership, which can reflect physical, social and mental characteristics and can be self claimed or ascribed by others. Everyone has multiple social identities. As such. Cultural humility is important in all mentoring relationships, even if mentors and mentees are similar in important characteristics like race or gender, because there are likely many other ways that they differ. Cultural humility is grounded in continuous self reflection. This involves asking questions about and exploring the many ways you define yourself for example, your race, gender, class, ability, sexuality, and religion and what those identities mean in the context of the power structures in the United States. Cultural

humility also involves an ongoing process of learning about your mentee. Actively seek opportunities to learn about your mentee's culture and when warranted and invited to participate in that culture. You may also explore how systems of oppression and privilege shape your mentee's experiences.

[01:08:18.640] - [Video](#)

The more you understand this, the more you will be able to offer meaningful support. Cultural humility is not cultural competence, which many people confuse. Cultural competence assumes that there is an endpoint in learning that you can simply observe and read about another culture. Then you are done. This attitude could lead mentors to be overconfident in their relationships with youth. Cultural humility is also not colorblindness. Some Americans grew up believing that seeing race is a form of prejudice and discrimination in and of itself, and even mentioning a person's race is racist. Colorblindness creates discomfort around individuals who are racially different from you because they may feel that they can't bring their full self into a relationship. You can start building your cultural humility by reflecting on questions such as how do my social identities shape my worldview and experiences? How have systems of privilege and oppression shaped my own identities and experiences? How do I make space in my mentoring interactions for my mentee to express their own identities? Committing and actively engaging in a process of ongoing self reflection and learning about your own social identity is the key in being a mentor who is culturally humble. See the full chapter at mentoring.org/Bettermentor for more tips on how you could be a better mentor.

[01:10:16.700] - [Renee Angelo](#)

I'll also be sure to forward you that Better mentor resource. The whole chapter about cultural humility, but please join us for the practical Practicing Cultural Humility training on Friday. It's the best. It's going to be great.

[01:10:33.220] - [Renee Angelo](#)

We're now moving to our last R avoiding Retraumatization so what can we do now? Right? I mentioned before being consistent, right? Many trauma survivors have experienced some form of abandonment. Your consistency ensures that they won't be re-traumatized by being abandoned again, right? And predictability goes with that as well. During the experience of a

trauma, a survivor does not have control and that can result in struggles with sudden changes in environments or activities, as well as unpredictable experiences. So want to be clear with boundaries and expectations when you're with your mentee and whenever possible, avoid significant or unexpected changes. And when changes are necessary, provide notice so they can make internal adjustments. Offer choices. This goes with that sharing power as well. Loss of control and lack of choice about what happened during a trauma and what environment they're in. Loss of control, lack of choice, who's around, and other issues for young people, create a sense of powerlessness and you can help them identify and implement what power they do have and provide opportunities for voice and choice.

[01:11:54.900] - Renee Angelo

So this is another opportunity for you to do that. With the benefit of avoiding retraumatization and being non judgmental, which I've talked about since the beginning. The experience of trauma often includes judgment and criticism and stigma. There are stigmas attached. There may be stigmas attached to the traumatic experience depending on what it was, as well as stigmas attached to the symptoms that may be following or the coping mechanisms that they use. We don't want to be judgmental of their experience or the response to it. We want to be mindful of our responses, our facial expressions which may convey shock or another judgmental emotion. We don't want to project our thoughts or emotions about their experience onto them, right? We want to help them identify and avoid triggers. So we want to learn their triggers and help the young person do the same, right? So, especially when we were just talking about self management and self regulation. We want to do this by looking at the pattern for the young person, the times they become dysregulated and engage in conversation with them about what happened, know what led to the behaviors, and then brainstorm with them to brainstorm with them to help them avoid or anticipate triggers. And that can be a really useful tool for them and not just for you. Right. And never force or demand in action, right. If a man doesn't want to talk about something, they don't need to talk about it. If they're struggling to focus, there's no need to be overly strict or harsh about it. These behaviors are often coping strategies to help them regulate. So try to understand what certain behaviors are helping them to regulate and try to help them understand how and when certain behaviors are acceptable and support them in learning other coping strategies, right? Because their coping strategies might not be working for them to continue on with mainstream society and the things they have to get done as a young person. And this is when we need to help them transition to more positive coping strategies. So

regardless, we want to always be calm and controlled in our behavior and our responses to their behavior and that's just what we have to do as adults.

[01:14:07.480] - Renee Angelo

I always tell this story. I used to work at a school program in a school and I was working with a young person who I knew had been through trauma and was acting out a lot and in our program. And we were trying to continue to maintain him in our program for as long as we could. But the cafeteria was two floors and there were some young people down here while I was on the first floor and he had jumped from the top to the bottom floor. All the kids on the first floor lost our minds and I stood there calmly and as he ran away I went on to go follow him. And because I was calm, the other kids calmed down because they expected Ms. Renee to lose my mind as well because the kid had just done something extremely dramatic. Obviously because of the safety concern kids were unfortunately not maintained in our program. But it was a situation where because I was calm and controlled, the rest of the kids were able to get themselves calm and controlled in a situation that I was dealing with a young person who was a traumatized young person. So it's not always easy to do that, but it's a practice and that's what we're going to do now, is practice.

[01:15:40.640] - Renee Angelo

So we've been through the four R's. We've realized the widespread nature of trauma. It's probably going to affect everyone. We recognize the signs and symptoms, what that can look like, and why it's so important to be non judgmental. We now know how to respond fully to be developmental, to acknowledge what protective factors and assets we can use to be culturally sensitive, and how to avoid retraumatization.

[01:16:16.650] - Renee Angelo

Now we're going to move on to our activity. So if you move to the last, it should be the last page in your book. You should see the faces of Keisha, Brian and Kim. And it should have a description of each of them. So we'll confirm - drop a one in the chat. If you see that at the end of your documents, I'm going to want to confirm that it is there. Let me know that Keisha, Brian and Kim are there. Okay, cool. So I'm going to move you into breakout rooms, and I'm going to continue to share this slide. Share slides of the breakout room. So you can see the instructions. But you're

going to spend some time with your group. And we have a good amount of time left, which was my goal. So for you to spend some time reading about Keisha Brian or Kim, and I'll let you know which group is doing who, but you want to read about them. Think about what you would do using the concepts of the DRF, remembering, expressing care, challenging growth. Again, this is in your document, right? Support, share power abilities. Think about it again when in your relationship, if you do that, thinking about considering your young person's experience with trauma, what could you do to avoid re-traumatization but to support them? Considering your mentee's cultural background, how can you support them? And then what protective factors are there for that young person, what developmental assets are there? And what social emotional learning could be introduced to enhance your interactions with that young person. So I'm going to pause the recording so I can get in so I can set up your breakout rooms.

[01:18:19.320] - Renee Angelo

Okay. Welcome back, everyone. Hope you guys had some great conversation. And just back here in the large group, just want to do a quick debriefing. If somebody from one of Keisha's groups can come off mute, tell us a little bit about Keesha and what you might do to support her.

[01:19:00.430] - Attendee 1

In my group, we talked a lot about how her mother being in and out of her life might affect her and how she might have some abandonment issues because of that. So it might be difficult for her to open up right off the bat. And so something we touched on was just being dependable, just letting her see you there, not really getting to know her that fast, just letting her get to know you and observe what you're doing, who you are. And then after that, you can start getting to know her a little bit more. And another thing we also talked about is she might lash out or express some kind of just get mad at you. And we all because of the problem she's going on at home and all of that and something that I have seen is that normally they get mad at you, but it's good to ask them why they're actually mad and who they're mad at. And normally it's something going on at home. That's the gist of what we talked about. Thank you.

[01:20:19.270] - Renee Angelo

Right. And I think we saw in the relationship building phases, I think she's right on that there might be those testing of boundaries. Right. And it might take some time to get past that stage. I now

have a friend on my lap, part of me. So no, I think that's spot on. Yeah. Thank you. All right. Can somebody from one of Brian's groups tell us a little bit about Brian and what you might do to support Brian? Feel free to just come off mute or drop in the chat.

[01:20:57.560] - Attendee 2

I can share a little bit of what our group talked about. So in terms of the search institute's developmental framework, we talked a lot about how we're going to have to probably spend a lot of time in Express care before we go anywhere, because with Brian's background, it's going to be very likely that he's going to have a hard time trusting or valuing care, particularly from an adult in his life. He has a lot of broken or fractured relationships with adult caregivers and that would likely heavily impact his engagement with mentors. We also talked a lot about how gender might impact that of being aware of what warmth looks like under express care. So if you identify as female and you're interacting with Brian, what that could look like and making sure that that place is very carefully bounded. And also if you identify as male and you're interacting with Brian when he has fractured relationships with both of his male caregivers, how you could move into that space without being seen as a threat or a replacement for a male caregiver. We talked about his relationships with his grandmother being a potential protective factor.

[01:22:10.240] - Attendee 2

We also talked about how self regulation would be a really essential SEL competency for him in order to move through some of the big emotions he's dealing with with his relationship with his parents, but also in order to help move through some of the bad habits. And then we talked about connecting a social awareness practice with providing support and expanding possibilities and how all three of those pieces would need to happen in order to move him to a place of growth in a way that feels safe and supported and scaffolded.

[01:22:43.660] - Renee Angelo

Great. Feel free to miss anything. Yeah, no, that's so spot on. Anybody from your group, please feel free to share. But no, all of that sounds great. I think that's such a good point about being mindful of the identities of the person who is connecting with Brian, which I think comes back to that cultural conversation, because gender is a social identity as well as culture is just one. And

there's many things that make up a person. So I think that I also am shamelessly plugging our practicing cultural humility training again. But social identities are really important when we think about who is serving a young person. And we say that too, because we want to think about what's important to the young person and their experiences. And when we think about Brian, his experiences with people with different genders is very clear. And when we think for ourselves as the adult or the mentor, we want to be mindful about what our experiences are. So what our lens is so we don't unintentionally project onto a young person or take offense where there's no offense to be taken for things that are outside of a young person's control or for things that aren't actually applicable to the situation. So, no, I think that's great. Really great job. Thank you. And somebody from one of Kim's groups, can you tell us a little bit about Kim and how you would support Kim?

[01:24:25.810] - Attendee 3

All right. We found out that Kim's profile where she had just recently lost her mom. She's taking care of two smaller siblings. Her father is diagnosed with clinical depression. We had a lot of conversation back and forth acknowledging that some of our touch points could be resources to the father if he was ready for some mental health injection, maybe from a PRP standpoint to deal with some of the depression so that it could move him into securing a more stable employment. We talked about giving Kim some freedom after school and finding resources that her younger siblings would be able to do homework while she's able to learn some additional skill sets or just tighten up her academics. We also discuss possibly giving her time away from her responsibilities to just be a kid and maybe be on the water. I'm always big on putting kids on the water, so that was one of those factors as well. But we figured it would take a strong relationship from an adult to start putting some mentorship inside of her and allowing her to see various workforce development occupations that would not allow nor tolerate her smoking marijuana. And then from there, she may get a glimpse of, in order for me to grow and look beyond today, I've got to start making changes to some bad lifestyle choices. So those were our observations.

[01:26:20.790] - Renee Angelo

Hopefully I did you well, Ms. Judah. Yeah, it seems like your group was and it was still conversational when we closed, and I appreciate that you had so many thoughts, and I think that's a really interesting thought when we're thinking about a young person with siblings and a

young person who may have responsibilities with siblings. And I think we serve a lot of families with multiple young people, and it's often to our benefit to serve families and to serve multiple siblings within a program. I had a sibling set in our program, and the younger sibling had higher knees. And the older sibling was used to having to spend all day defending their younger brother from bullies and the like because he needed more support and we had to put an effort when they got to after school. This is a time where you don't have to do that and that can be the responsibility of the adults. Now, your responsibility here is to be a kid and that puts the work on somebody else, puts the work on the adults because he was a kid who needed extra help. But that could be something that adults can do, is to take on responsibilities that don't actually belong to young people.

[01:27:48.150] - Renee Angelo

And again, that also can be a trauma response as well. To do that over, that overprotecting that over, hyper, vigilance, to protect their siblings, et cetera. And when they find that they are able to hopefully find comfort in your program or center, et cetera, that can be really valuable. So that's something to be mindful of because again, families and the like have different experiences and reactions to trauma. Yeah, really good point. Thank you. Thank you. Great conversations everybody. I really appreciate you guys diving into that. Wonderful. And again, just again, another great potential tool and resource to work through with prospective mentors or people that you were training. Please feel free to use this and use it for further conversation because I think there's a lot to be gained from the discussion.

[01:28:50.390] - Renee Angelo

So to wrap up, what do young people think about all of this? Because they are people whose opinions hopefully we value the most, right? So we just have some quotes on the bottom here of young people's experiences with the five elements, right? So special, Care, challenge, growth, provide Support, share power. And what I love about Search Institute is that so much of the research is from actual interviews with young people. And I worked at a program that Search Institute did research and they came and they interviewed our young people and the things that they pull out and the things that people say is amazing when you do the work and we know that they are impacted by the work that we do. All we know, the proof is in the pudding. Young people are impacted positively by these relationships and in a very meaningful way. You see

here, you made me feel like I was a better person, like I was worth something, worth more than I put myself out to be, period. I would say the same thing about my mentor and what my first mentor, who is a natural mentor, did for me when I was 17. And I'm sure a lot of you could say the same thing about your mentors as well. So we think about this framework and the value that we can put into it, say, definitely worth your time, effort and money. So I want to end on a short video that I think is a cute way of identifying some of what we talked about today. If you've watched Ted Lasso, you've seen this.

[01:30:25.170] - [Renee Angelo](#)

But I will share this real quick.

[01:30:34.650] - [Video](#)

So, Rupert, you all take your darts over here pretty seriously. This and what's the Billy game you all do? That sounds like a brand of cookies. Snooker. That's it. That's the one.

[01:30:46.030] - [Video](#)

Yeah.

[01:30:46.210] - [Video](#)

Boy, I'd love to curl up on a couch under a weighted blanket, watch You've Got Mail and devour a box of Snookers. See what we got here. Hey, there it is. Jude. Like Dots. Okay, I'm more of a cornhole man myself. How about a game? I mean, we could maybe wager, say, 10,000 pounds? Well, as my doctor told me when I got addicted to fettuccine Alfredo, that's a little rich for my blood.

[01:31:20.150] - [Video](#)

How about this?

[01:31:21.080] - [Video](#)

If you win, I'll let you pick the starting lineup of the last two games of the season. But if I win, you can't go anywhere near the owner's box. At least not while Beck is still in charge.

[01:31:32.010] - [Video](#)

What the hell are you doing?

[01:31:33.390] - [Video](#)

I believe some folks call White Knight, but I'll know this fall my gut here. What do you think?
You're wrong.

[01:31:40.580] - [Video](#)

Okay.

[01:31:41.630] - [Video](#)

Double NMM. Whatever you say, ruby dose? Yeah, just let me know if I'm winning or losing, all right? Oh, I forgot I had these on.

[01:31:49.490] - [Video](#)

This.

[01:31:52.050] - [Video](#)

Wait a second. I forgot I'm left handed. I was gonna be a hoop.

[01:32:03.110] - [Video](#)

William. Rupert, get in. Shut it for you.

[01:32:10.390] - [Video](#)

Shall I be giving you the lineup card now, Ted? I shall be putting your Basania back on defense where he belongs.

[01:32:17.330] - [Video](#)

That's exactly what I said, didn't I?

[01:32:19.050] - [Video](#)

No, it's not all Ted's fault. My ex wife's the one who brought the hillbilly to our shores. I know she's always been a bit randy, but I never thought she would fuck over an entire team. Hey, better manners when I'm holding the dart, please, mate.

[01:32:41.570] - [Video](#)

What do I need to win?

[01:32:42.920] - [Video](#)

Two triple Twitties nobles on.

[01:32:47.490] - [Video](#)

Good luck, Rupert. Guys have underestimated me my entire life. And for years I never understood why. It used to really bother me. But then one day, I was driving my little boy to school and I saw this quote by Walt Whitman. It was painted on the wall there. It said, be curious, not judgmental.

[01:33:08.650] - [Video](#)

I like that.

[01:33:13.610] - [Video](#)

So I get back in my car and I'm driving to work, and all of a sudden it hits me. All them fellas that used to belittle me, not a single one of them were curious. You know, they thought they had

everything all figured out. So they judged everything and they judged everyone. And I realized that they're underestimating me. Who I was had nothing to do with it. Because if they were curious, they would ask questions. Questions like, have you played a lot of darts, Ted? Which I would have answered, yes, sir. Every Sunday afternoon at a sports bar with my father from age ten to 16 when he passed away.

[01:34:06.980] - [Video](#)

Barbecue sauce.

[01:34:16.620] - [Video](#)

Monkey.

[01:34:18.620] - [Video](#)

You are a very lovely consolation, rebecca, Ted. Enjoy your evening, may, as always.

[01:34:28.540] - [Video](#)

Shit, that felt good.

[01:34:31.680] - [Video](#)

Only one thing left to do now.

[01:34:33.410] - [Video](#)

What's that?

[01:34:50.850] - [Renee Angelo](#)

So, the takeaway, I hope is obvious, is to be curious and not judgmental when we're looking at our young people, when we're wondering about their behavior. And again, it's not always about finding the answer, finding the source of their trauma, or exactly, but to remain judgmental, remain curious, and remain open to serving them and welcoming them into the program. Into

your program. And ensure that you're prepared and have as many tools as possible to serve them as you can.

[01:35:26.890] - Renee Angelo

This guy's ready for this to be over. So thank you all so much for coming. We really appreciate having you. We have a few more workshops left with Baltimore Promise this summer. Like I mentioned, we have an in person one this Friday for practicing cultural humility. Kianna dropped the event on the right link, and I will get that to you as well. We have a virtual workshop in a few weeks on neurodiversity that will be virtual, as I mentioned, and we will have an in person version of this workshop. If you have any colleagues who weren't able to make it tonight and you would like them to make it, you can refer them to that.

[01:36:07.130] - Renee Angelo

So I will make sure that you have all those links when I forward you out these slides and resources tomorrow. I appreciate you all making it tonight in these evening hours. Really appreciate it and your time and attention and conversation. So, yes, thank you all so much. And this will be recorded, this recording will be on our YouTube soon. I'll make sure you get that link as well. So thank you all so much and thanks to Baltimore's Promise. Again, thanks, everybody. Have a good night.