

Trauma Informed Youth Development

Friday, June 16th, 12:30-2:30pm

Renee Angelo-Mauk, SHRM-CP, PMQ



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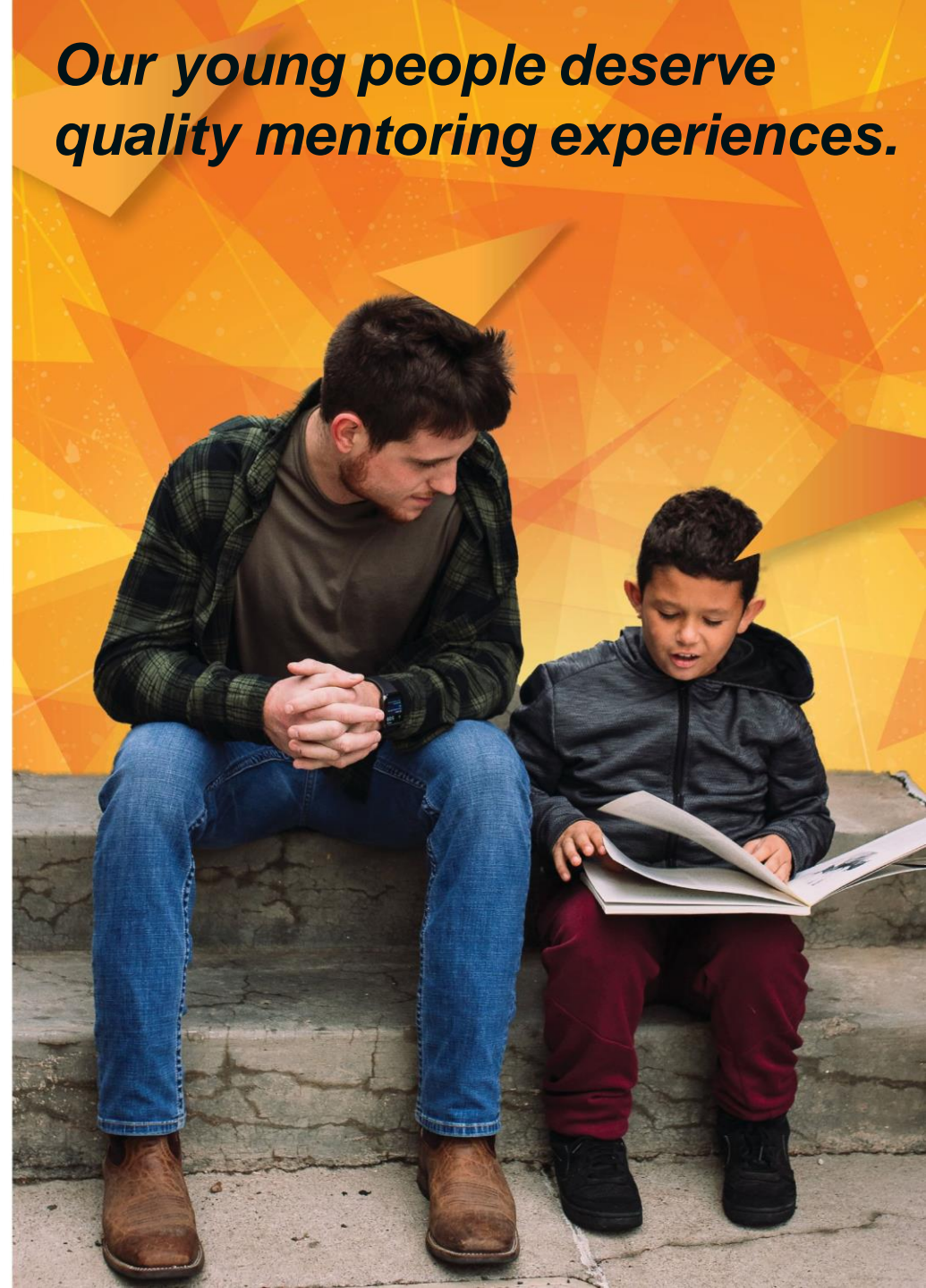
Since Maryland's affiliate of [MENTOR: The National Mentoring Partnership](#) launched in 2018, **MENTOR Maryland | DC** has sought to uplift the urgency of a march toward quality mentoring. We officially expanded into DC in 2021.

With the mission and vision to increase the quality and quantity of mentoring relationships across the country and to **close the mentoring gap**, we know programs can only do this when they feel supported, empowered and have the tools and resources to sufficiently carry out safe and effective mentoring relationships.

[MENTOR Maryland | DC](#) is a non-partisan organization that galvanizes the Maryland mentoring movement. We serve as community-based experts and create statewide infrastructure to expand quality relationships for young people.

We fulfill this role through our unique role as a unified clearinghouse for training, research, public awareness, mentor recruitment, and advocacy. MENTOR Maryland | DC provides the critical link between MENTOR's national efforts and local organizations and programs that foster and support quality mentoring relationships across the state.

Our young people deserve quality mentoring experiences.



Offerings from MENTOR MD|DC

Connection to National Mentoring Partnership; resources, best practices, trainings, etc. (including National Mentoring Summit) – www.mentoring.org

FREE Program Consulting/Technical Assistance via NMRC (National Mentoring Resource Center) – www.nationalmentoringresourcecenter.org

Access to Mentoring Connector – <https://mentormddc.org/mentoringconnector/>

Local, customized trainings, roundtables, communities of practice – <https://mentormddc.org/events/>

Promotion of mentoring best practices: [The Elements of Effective Practice for Mentoring](#)

Access to NQMS (National Quality Mentoring System) / Soon MM Quality Program Partners

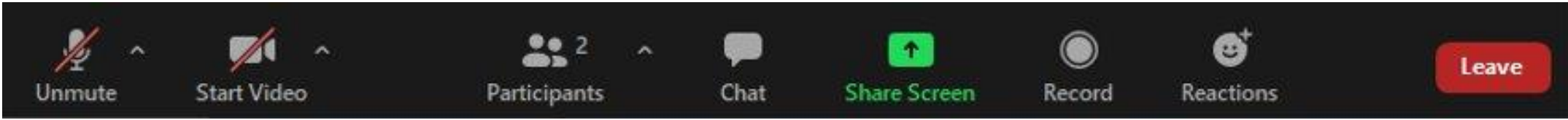
Connection to funding opportunities – www.grants.maryland.gov

Access to <https://www.mentoring.org/resource/start-a-program/>

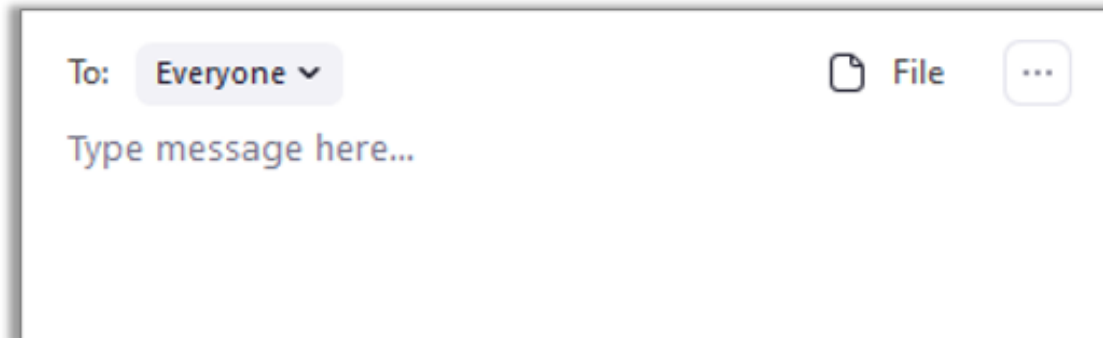
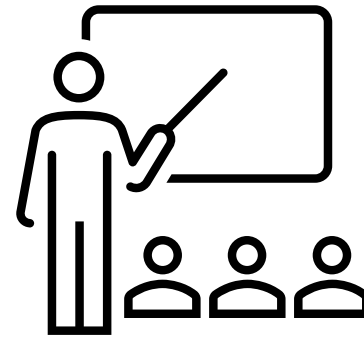
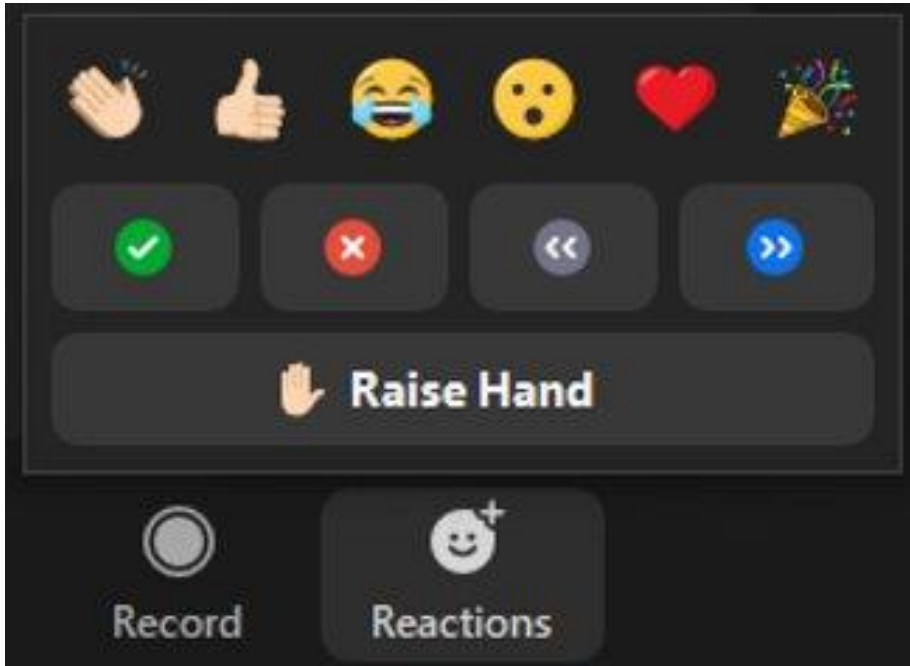


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Webinar Logistics



We appreciate your space and grace in this virtual environment!





Community Standards



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MENTOR MD|DC Community Standards

- Our community is open to ALL - but we also acknowledge the deep-seated racism, sexism, homo and transphobia, misogyny, and ableism that is pervasive in our country. We stand against these isms and actively work to this aim, especially with our youth. This means we must acknowledge that we also approach our work differently and beautifully.
- Share openly. Listen more openly. But be open when your sharing might hurt.
- Be generous with positive assumptions but don't be afraid to ask genuine questions.
- No matter your role here today, be a host.
- We don't endeavor to create safe or comfortable spaces, but rather brave spaces where discomfort can be explored, and beliefs and practices challenged.
- We want this community and experience to be supportive and educational, but also fun! Please bring your full (present) self - it is welcome!
- No fixing, saving, advising or correcting each other.



The Four Rs of Trauma-Informed Care



Realize the widespread impact of trauma and understand potential paths for recovery

Recognize the signs and symptoms of trauma in clients, families, staff, and others involved with the system

Respond by fully integrating knowledge about trauma into policies, procedures, and practices

Resist re-traumatization of children, as well as the adults who care for them



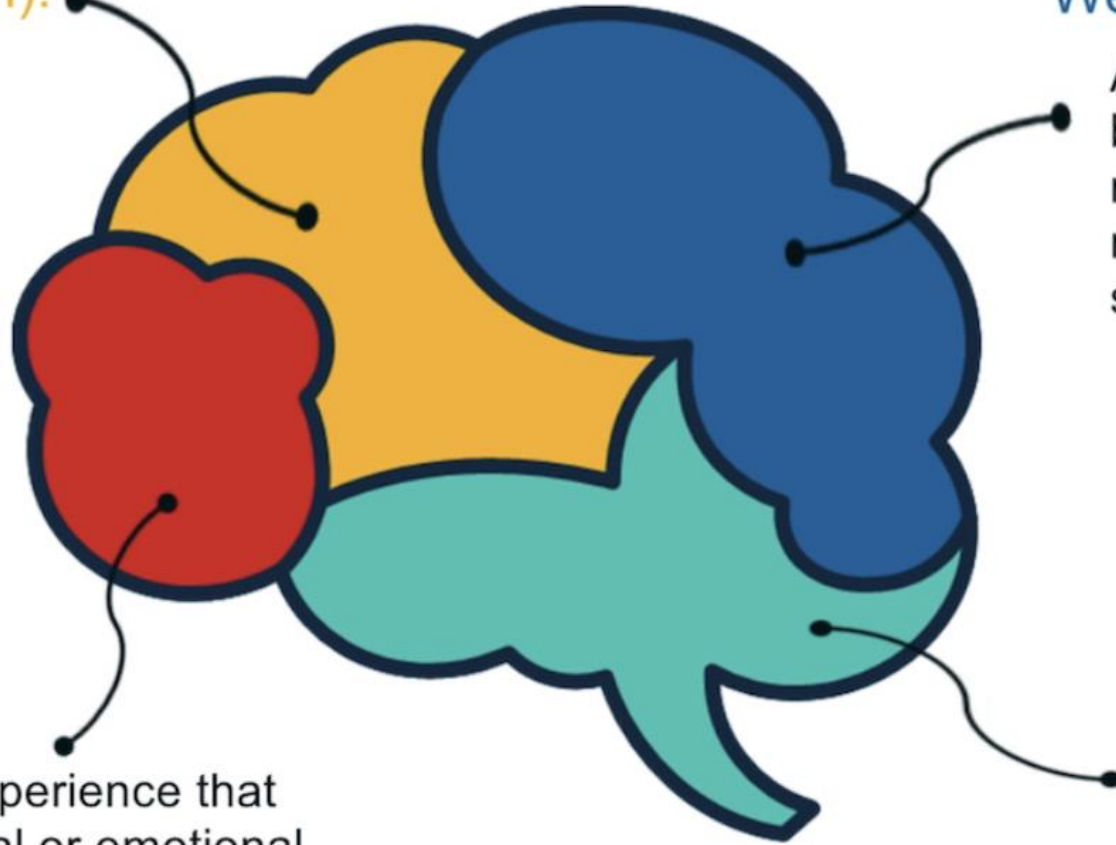
WHAT IS TRAUMA?

SAMHSA (Substance Abuse and Mental Health Services Administration):

Individual trauma results from an event, 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 on the individual's functioning and physical, social, emotional, or spiritual well-being.

Webster (simple definition):

A very difficult or unpleasant experience that causes someone to have mental or emotional problems, usually for a long time.



Webster (full definition):

A disordered psychic or behavioral state resulting from severe mental or emotional stress or physical injury.

Dictionary.com:

An experience that produces psychological injury or pain.



EXAMPLES OF TRAUMA – YOUTH & ADULTS

- Physical abuse
- Sexual abuse/rape
- Emotional abuse (verbal, lack of affection, isolation)
- Neglect
- Witnessing violence (domestic, community)
- Separation from a loved one (incarceration, removal, divorce, break-up)
- Loss/abandonment (death, absent)
- Bullying



- School/work/other shooting
- Domestic violence
- Substance misuse (family/household member- otherwise substance abuse is primarily a coping mechanism that ultimately inflicts trauma as well)
- Mental illness (family/household member)
- Serious illness or surgery (self or loved one)
- Car accident
- Childhood trauma -adults
- Poverty/economic
- Systemic oppression/racism



RACE-BASED TRAUMA

RESULTS IN
POORER MENTAL
AND PHYSICAL
HEALTH.

RACE-BASED TRAUMA ARE
NEGATIVE EXPERIENCES
RELATED TO A PERSON'S RACE,
INCLUDING DISCRIMINATION
AND HARASSMENT

AFFECTS
ADULTS AND
CHILDREN



TRAUMA AND NEUROBIOLOGY



Children were born with low cortisol levels (a stress hormone that helps the body return to normal condition after trauma), predisposing them to experience the PTSD symptoms of the previous generation.



TRAUMA AND NEUROBIOLOGY



Children whose parents had PTSD were **three times more likely** to have PTSD.



TRAUMA AND NEUROBIOLOGY



50-70% of those with PTSD also meet the criteria for major depression or another mood or anxiety disorder.



TRAUMA AND NEUROBIOLOGY



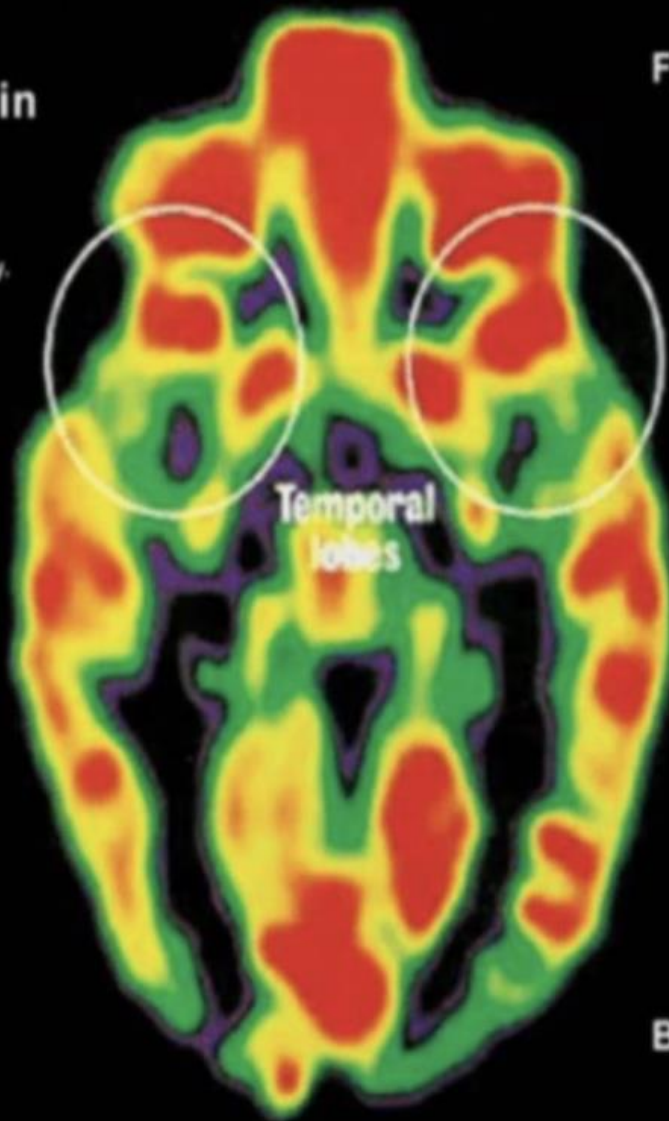
Consider ongoing oppression with African Americans and other oppressed populations



HIDDEN WOUND

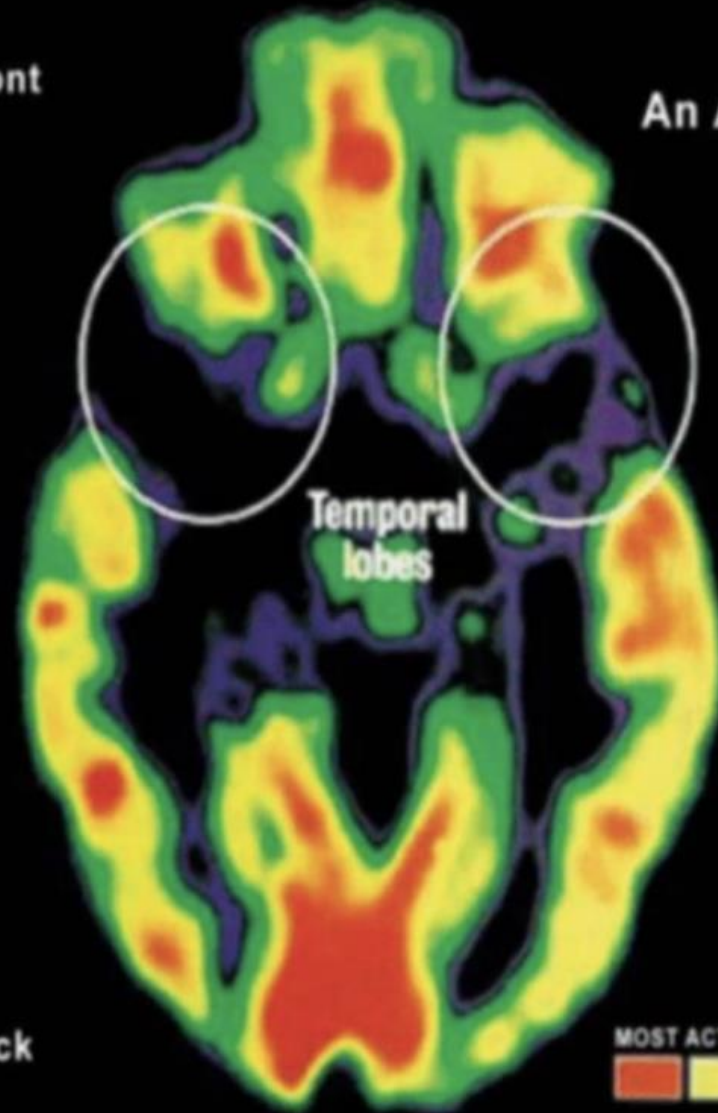
Healthy Brain

This PET scan of the brain of a normal child shows regions of high (red) and low (blue and black) activity. At birth, only primitive structures such as the brain stem (center) are fully functional; in regions like the temporal lobes (top), early childhood experiences wire the circuits.



An Abused Brain

This PET scan of the brain of a Romanian Orphan, who was institutionalized shortly after birth, shows the effect of extreme deprivation in infancy. The temporal lobes (top), which regulate emotions and receive input from the senses, are nearly quiescent. Such children suffer emotional and cognitive problems.



Signs, Symptoms, & Coping Mechanisms

- Experiencing stomach, headaches, or other physical manifestations
- Fear others who remind them of perpetrator/trauma
- Fear abandonment, clingy, codependent
- Excessive anger/temper/verbally aggressive, creation of trauma thru play (kids)
- Failure to progress in development/growth
- Loss/gain of appetite/weight
- Passive, low self esteem/confidence, feel helpless
- Act withdrawn, isolate, numbness, flat affect
- Engage in risky behavior
- Difficulty focusing, concentrating, memory loss, decline in school/work performance
- Unable to trust or make friends or maintain healthy dating relationships
- Irritable, anxiety, excessive worry
- Hypervigilance- concern for safety of self and others, easily startled, minor incidents highly upsetting
- Guilt or shame due to inability to protect self/loved ones
- Nightmares, increase/decrease in sleep
- "Positive" symptoms- well mannered, helpful, quiet, high performance
- Or... NO SIGNS AT ALL

ABUSE



Physical



Emotional



Sexual

NEGLECT



Physical

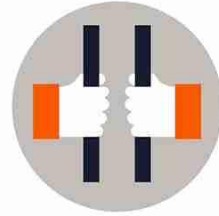


Emotional

HOUSEHOLD DYSFUNCTION



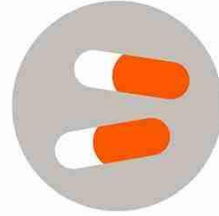
Mental Illness



Incarcerated Relative



Mother treated violently



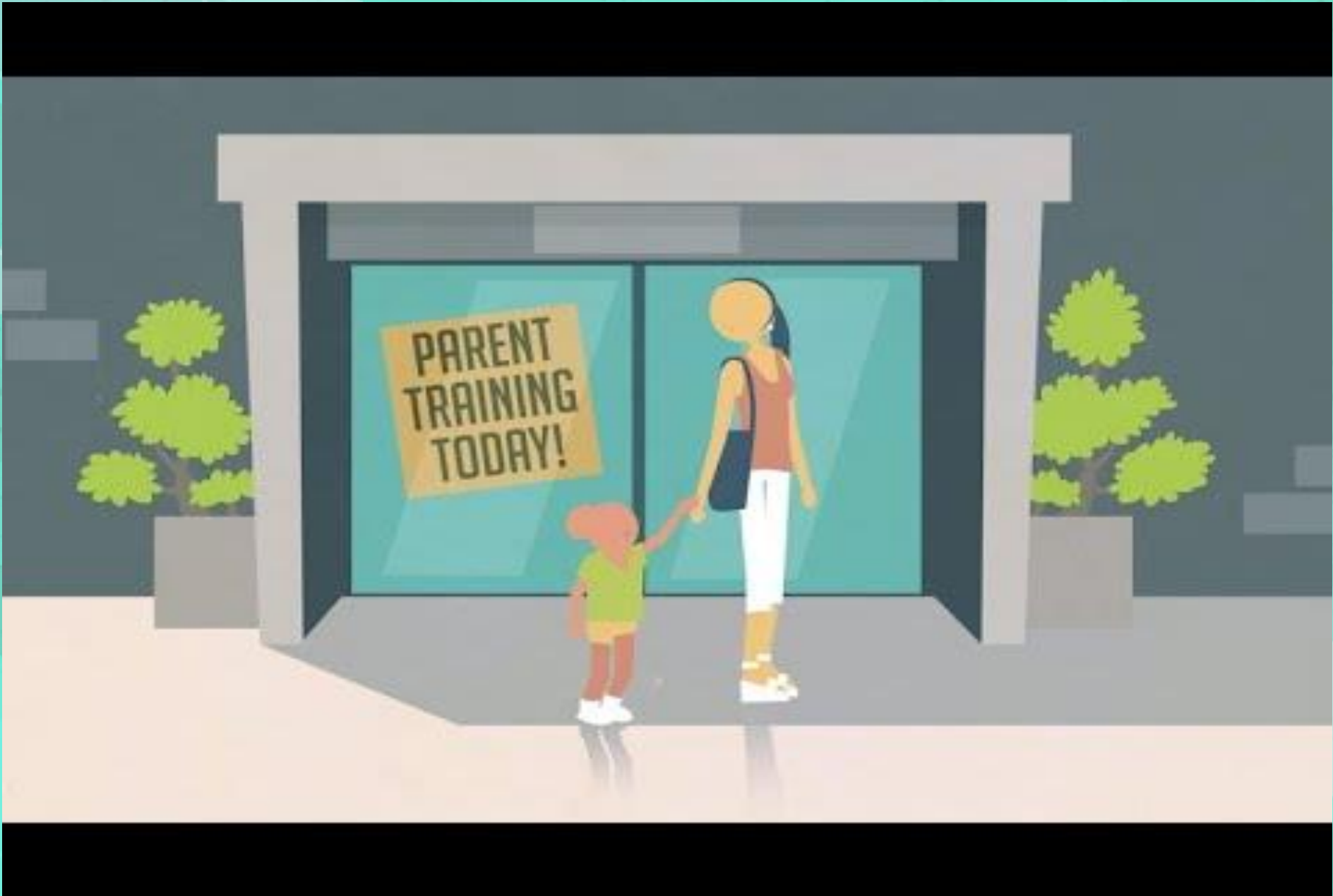
Substance Abuse



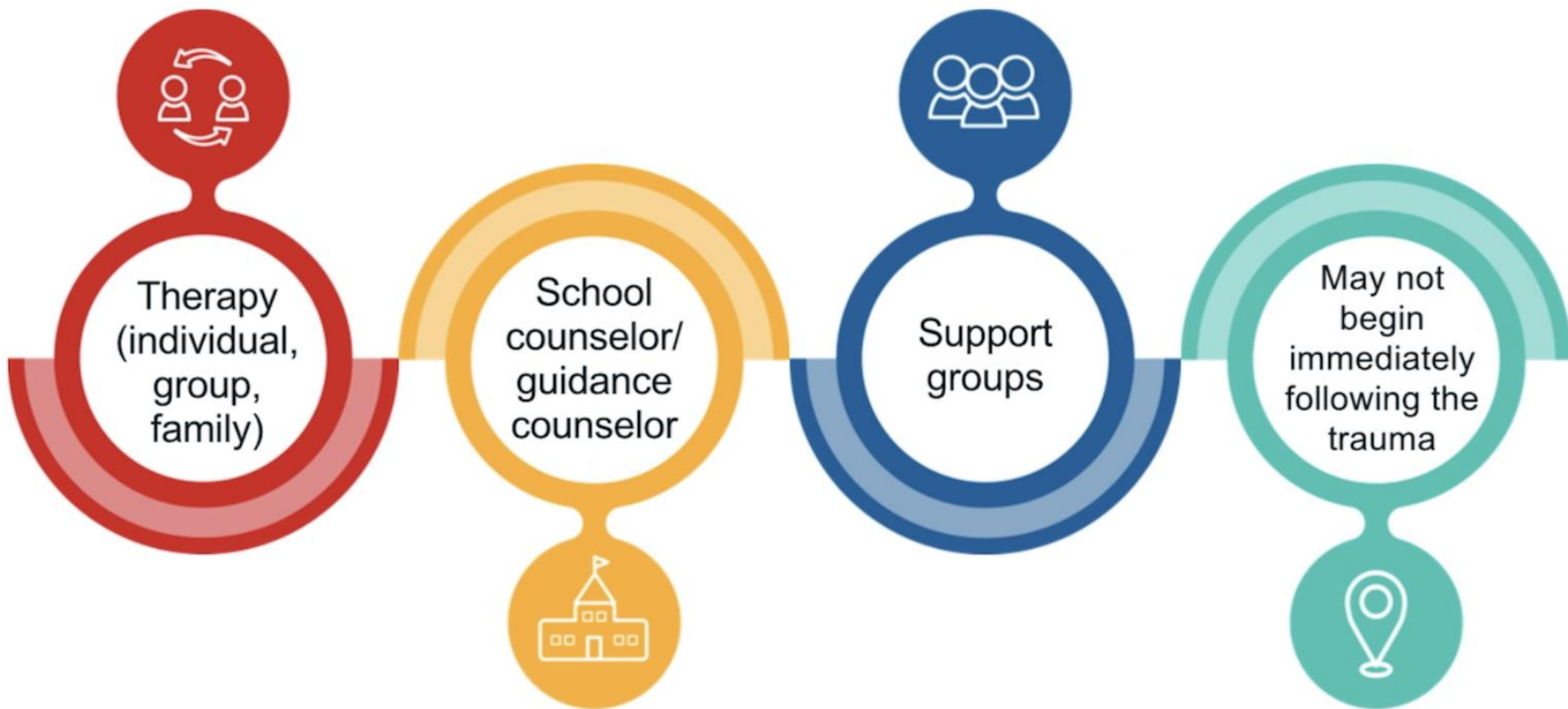
Divorce

Adverse Childhood Experiences





TRAUMA TREATMENT



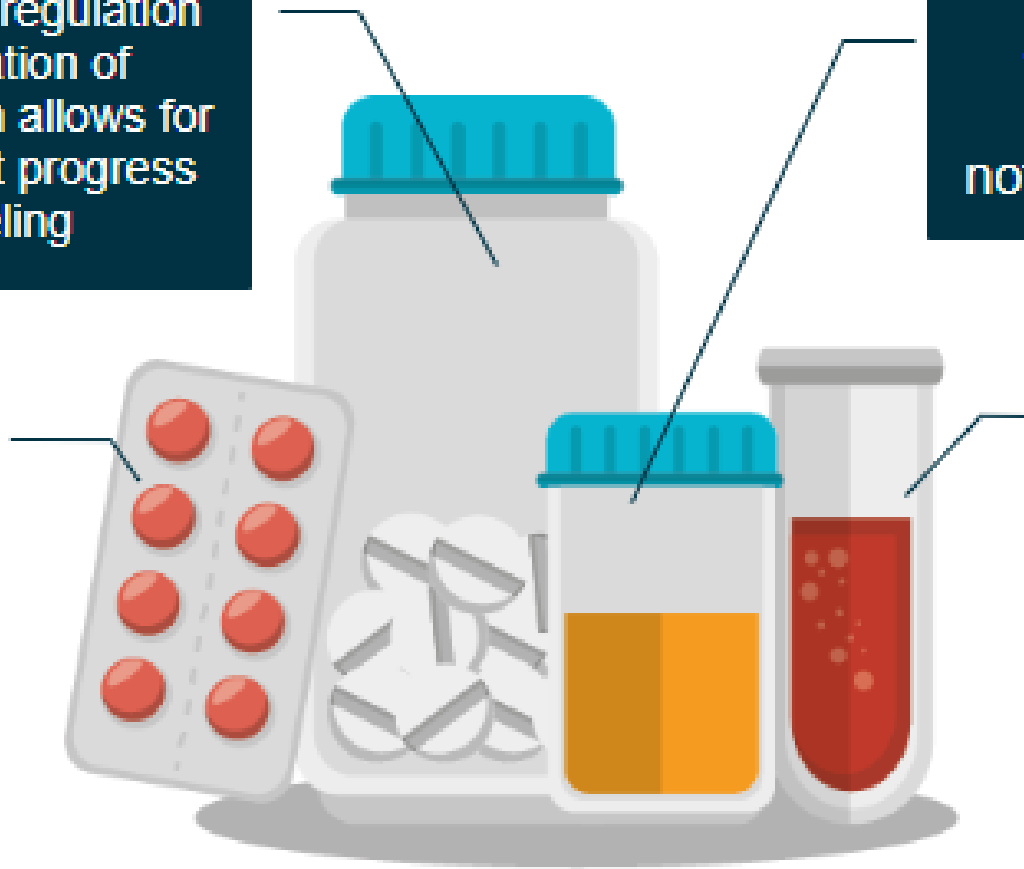
MEDICATION FOR TREATING MENTAL HEALTH

Can assist with regulation and stabilization of symptoms which allows for more significant progress in counseling

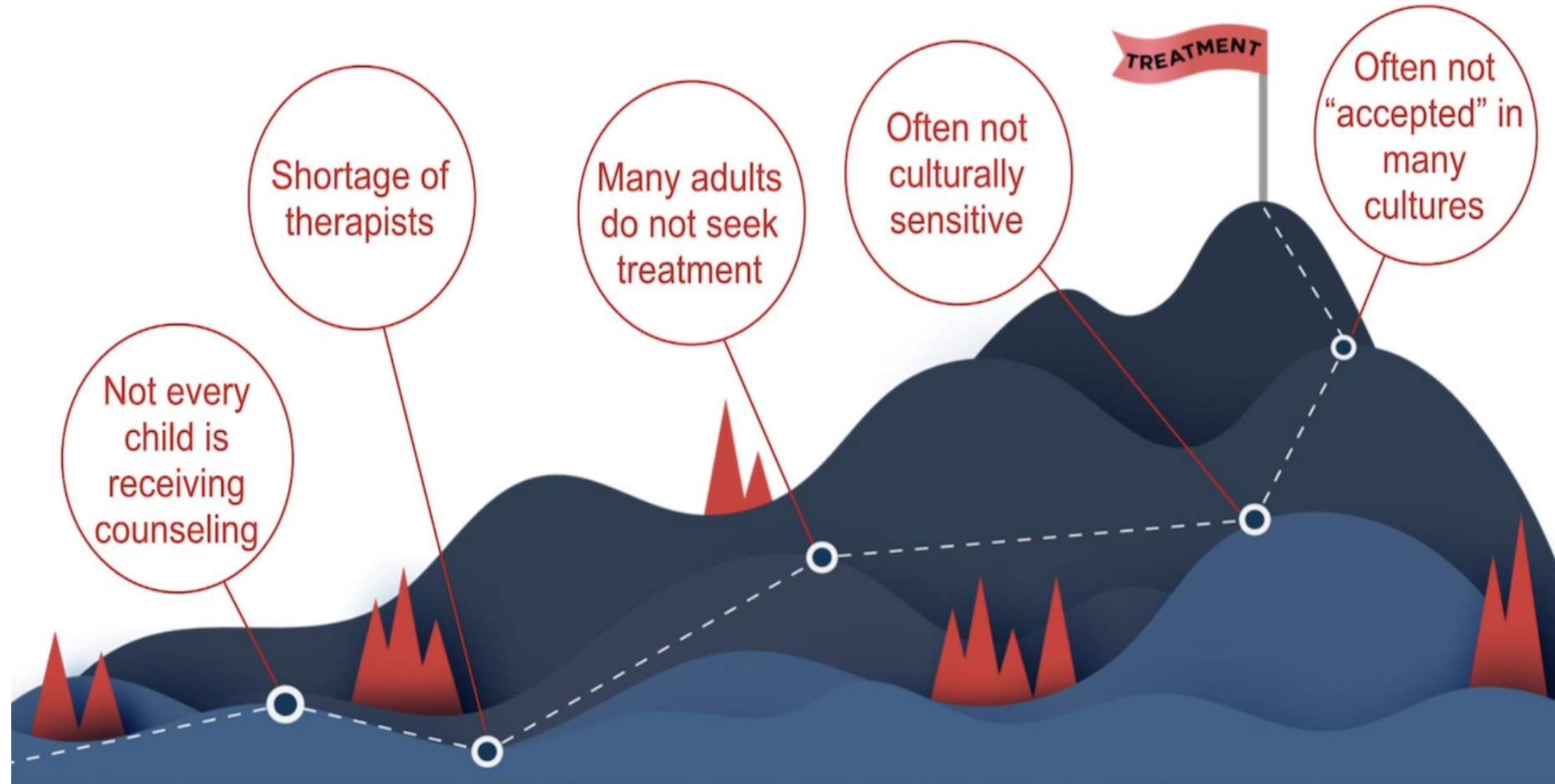
Can take 4-6 weeks for noticeable results

Is not itself a solution – should be combined with therapy

Should always be taken as directed



LIMITATIONS AND CHALLENGES IN TRAUMA TREATMENT



MISDIAGNOSIS & OVERDIAGNOSIS

Depression

Persistent sadness,
hopelessness
Irritability
Decreased energy, fatigue
Restlessness
Difficulty concentrating

Anxiety

Restless, edgy
Easily fatigued
Difficulty concentrating
Irritable
Difficulty controlling worry
Sleep problems

PTSD

Flashbacks
Nightmares
Easily startles
Difficulty sleeping
Anger outbursts
Negative thoughts about
self/the world

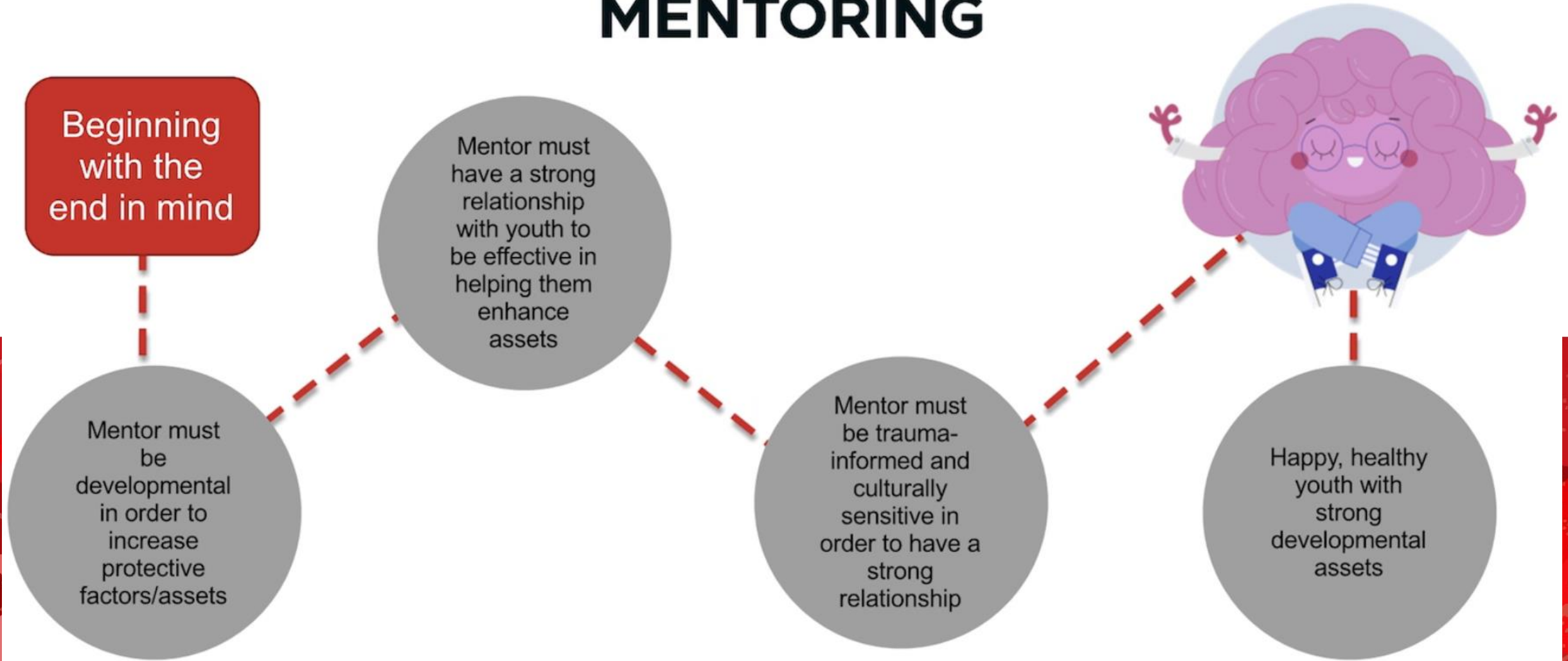
ADHD

Difficulty concentrating
Lack of attention to detail
Forgetful, loses things
Struggle to sustain mental
attention
Easily distracted

Developmental Delay

Inability to cooperate/collaborate
Inability to control impulse
Difficulty managing anger/resolving conflict
Delays in learning/speech/comprehension
Non-social
Difficulty developing friendships
Irritable/aggressive

CONNECTING THE DOTS - 3 KEYS TO EFFECTIVE MENTORING



BE DEVELOPMENTAL

DEVELOPMENTAL MENTORS

Ask the mentee what they would like to do during the match meeting

Listen more than talk

Play games, just hang out, or help with homework depending on what the mentee asks for that day

Allow the mentee to naturally bring up issues and concerns about his/her life

Help to build the mentee's own confidence to solve problems and be successful

PRESCRIPTIVE MENTORS

Tell the mentee what they need to do during the match meeting

Give advice more than listen

Focuses on hard tasks to meet specific goals based on what the mentor thinks the mentee needs

Push the mentee to talk about the issues or concerns about his/her life

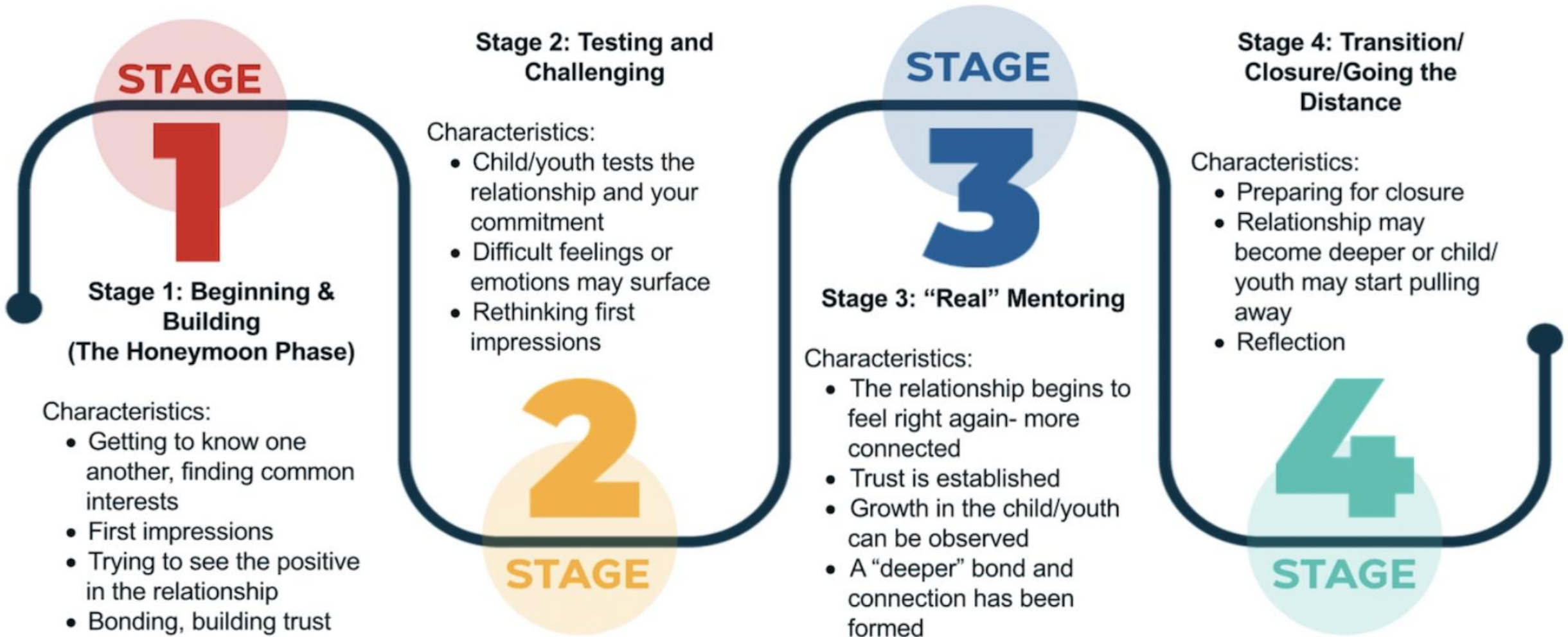
Try to "fix" the mentee and the mentee's problems



“Whether the **burdens** come from the hardships of poverty, the challenges of parental substance abuse or serious mental illness, the stresses of war, the threats of recurrent violence or chronic neglect, or 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 a supportive parent, caregiver, or other adult.”

**National Scientific Council on
the Developing Child, 2015
Harvard University**

REMEMBER WHERE YOU ARE ON THE MENTORING RELATIONSHIP JOURNEY



REMEMBER WHERE YOU ARE ON THE MENTORING RELATIONSHIP JOURNEY

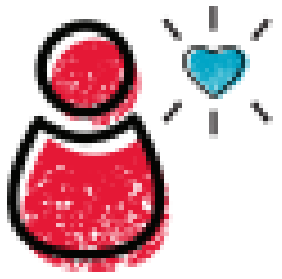
KEY POINTS

No different than any other relationship (except that structured mentoring relationships are manufactured), relationships take time to develop.

Be patient – change takes time and outcomes increase over time.



Always be thoughtful of where you are on the relationship journey when considering what you may do or say.



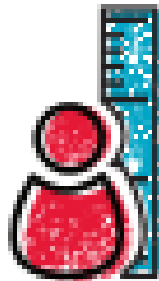
Express Care

Show me that I matter to you.



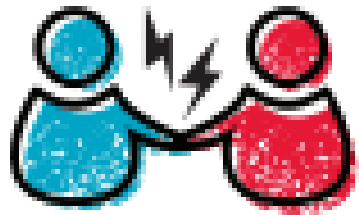
Provide Support

Help me complete tasks and achieve goals.



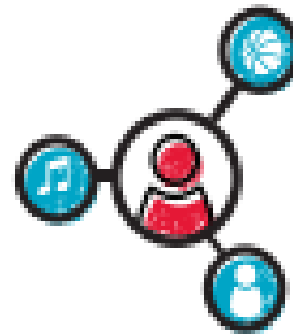
Challenge Growth

Push me to keep getting better.



Share Power

Treat me with respect and give me a say.



Expand Possibilities

Connect me with people and places that broaden my world.



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		Beginning and Building	Testing and Challenging	“Real” Mentoring	Transition/Closure/Going Deeper
Express Care	Be dependable				
	Listen				
	Believe in me				
	Be warm				
	Encourage				
Share Power	Respect me				
	Include me				
	Collaborate				
	Let me lead				
Provide Support	Navigate				
	Empower				
	Advocate				
	Set boundaries				
Expand Possibilities	Inspire				
	Broaden Horizons				
	Connect				
Challenge Growth	Expect my best				
	Stretch				
	Hold me accountable				
	Reflect on failures				

External Assets

Support

1. **Family support**—Family life provides high levels of love and support.
2. **Positive family communication**—Parent(s) and child communicate positively. Child feels comfortable seeking advice and counsel from parent(s).
3. **Other adult relationships**—Child receives support from adults other than her or his parent(s).
4. **Caring neighborhood**—Child experiences caring neighbors.
5. **Caring school climate**—Relationships with teachers and peers provide a caring, encouraging environment.
6. **Parent involvement in schooling**—Parent(s) are actively involved in helping the child succeed in school.

Empowerment

7. **Community values youth**—Child feels valued and appreciated by adults in the community.
8. **Children as resources**—Child is included in decisions at home and in the community.
9. **Service to others**—Child has opportunities to help others in the community.
10. **Safety**—Child feels safe at home, at school, and in his or her neighborhood.

Boundaries & Expectations

11. **Family boundaries**—Family has clear and consistent rules and consequences and monitors the child's whereabouts.
12. **School Boundaries**—School provides clear rules and consequences.
13. **Neighborhood boundaries**—Neighbors take responsibility for monitoring the child's behavior.
14. **Adult role models**—Parent(s) and other adults in the child's family, as well as nonfamily adults, model positive, responsible behavior.
15. **Positive peer influence**—Child's closest friends model positive, responsible behavior.
16. **High expectations**—Parent(s) and teachers expect the child to do her or his best at school and in other activities.

Constructive Use of Time

17. **Creative activities**—Child participates in music, art, drama, or creative writing two or more times per week.
18. **Child programs**—Child participates two or more times per week in cocurricular school activities or structured community programs for children..
19. **Religious community**—Child attends religious programs or services one or more times per week.
20. **Time at home**—Child spends some time most days both in high-quality interaction with parents and doing things at home other than watching TV or playing video games.



Internal Assets

- | | |
|-------------------------------|---|
| Commitment to Learning | <p>21. Achievement Motivation—Child is motivated and strives to do well in school.</p> <p>22. Learning Engagement—Child is responsive, attentive, and actively engaged in learning at school and enjoys participating in learning activities outside of school.</p> <p>23. Homework—Child usually hands in homework on time.</p> <p>24. Bonding to school—Child cares about teachers and other adults at school.</p> <p>25. Reading for Pleasure—Child enjoys and engages in reading for fun most days of the week.</p> |
| Positive Values | <p>26. Caring—Parent(s) tell the child it is important to help other people.</p> <p>27. Equality and social justice—Parent(s) tell the child it is important to speak up for equal rights for all people.</p> <p>28. Integrity—Parent(s) tell the child it is important to stand up for one’s beliefs.</p> <p>29. Honesty—Parent(s) tell the child it is important to tell the truth.</p> <p>30. Responsibility—Parent(s) tell the child it is important to accept personal responsibility for behavior.</p> <p>31. Healthy Lifestyle—Parent(s) tell the child it is important to have good health habits and an understanding of healthy sexuality.</p> |
| Social Competencies | <p>32. Planning and decision making—Child thinks about decisions and is usually happy with results of her or his decisions.</p> <p>33. Interpersonal Competence—Child cares about and is affected by other people’s feelings, enjoys making friends, and, when frustrated or angry, tries to calm her- or himself.</p> <p>34. Cultural Competence—Child knows and is comfortable with people of different racial, ethnic, and cultural backgrounds and with her or his own cultural identity.</p> <p>35. Resistance skills—Child can stay away from people who are likely to get her or him in trouble and is able to say no to doing wrong or dangerous things.</p> <p>36. Peaceful conflict resolution—Child seeks to resolve conflict nonviolently.</p> |
| Positive Identity | <p>37. Personal power—Child feels he or she has some influence over things that happen in her or his life.</p> <p>38. Self-esteem—Child likes and is proud to be the person that he or she is.</p> <p>39. Sense of purpose—Child sometimes thinks about what life means and whether there is a purpose for her or his life.</p> <p>40. Positive view of personal future—Child is optimistic about her or his personal future.</p> |





SELF-AWARENESS

The ability to accurately recognize one's own emotions, thoughts, and values and how they influence behavior. The ability to accurately assess one's strengths and limitations, with a well-grounded sense of confidence, optimism, and a "growth mindset."

- ➔ IDENTIFYING EMOTIONS
- ➔ ACCURATE SELF-PERCEPTION
- ➔ RECOGNIZING STRENGTHS
- ➔ SELF-CONFIDENCE
- ➔ SELF-EFFICACY

SELF-MANAGEMENT

The ability to successfully regulate one's emotions, thoughts, and behaviors in different situations — effectively managing stress, controlling impulses, and motivating oneself. The ability to set and work toward personal and academic goals.

- ➔ IMPULSE CONTROL
- ➔ STRESS MANAGEMENT
- ➔ SELF-DISCIPLINE
- ➔ SELF-MOTIVATION
- ➔ GOAL SETTING
- ➔ ORGANIZATIONAL SKILLS



SOCIAL AWARENESS

The ability to take the perspective of and empathize with others, including those from diverse backgrounds and cultures. The ability to understand social and ethical norms for behavior and to recognize family, school, and community resources and supports.

- ➔ PERSPECTIVE-TAKING
- ➔ EMPATHY
- ➔ APPRECIATING DIVERSITY
- ➔ RESPECT FOR OTHERS

RELATIONSHIP SKILLS

The ability to establish and maintain healthy and rewarding relationships with diverse individuals and groups. The ability to communicate clearly, listen well, cooperate with others, resist inappropriate social pressure, negotiate conflict constructively, and seek and offer help when needed.

- ➔ COMMUNICATION
- ➔ SOCIAL ENGAGEMENT
- ➔ RELATIONSHIP BUILDING
- ➔ TEAMWORK



RESPONSIBLE DECISION-MAKING



The ability to make constructive choices about personal behavior and social interactions based on ethical standards, safety concerns, and social norms. The realistic evaluation of consequences of various actions, and a consideration of the well-being of oneself and others.

- IDENTIFYING PROBLEMS
- ANALYZING SITUATIONS
- SOLVING PROBLEMS
- EVALUATING
- REFLECTING
- ETHICAL RESPONSIBILITY





Actively seek opportunities to learn about your mentee's culture,



AVOIDING RE-TRAUMATIZATION

Be consistent

Facilitate predictability

Offer choices

Be non-judgmental

Identify and avoid triggers

Never force or demand an action

Always be calm and controlled in your behavior and responses to their behavior



The Four Rs of Trauma-Informed Care



Realize the widespread impact of trauma and understand potential paths for recovery


Recognize the signs and symptoms of trauma in clients, families, staff, and others involved with the system

Respond by fully integrating knowledge about trauma into policies, procedures, and practices

Resist re-traumatization of children, as well as the adults who care for them



FOCUS POINTS IN ACTION



KEISHA



BRIAN

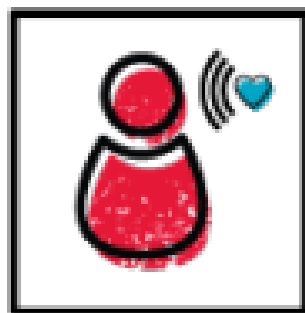


KIM

1. Use of concepts from the Search Institute's Developmental Framework within the mentoring relationship.
2. Timing of words/actions with the mentee – when in the relationship would a specific action/word(s) be appropriate?
3. Thoughtfulness about the mentee's experience as a trauma survivor and considering that in actions/words including avoiding re-traumatization.
4. Thoughtfulness about the mentee's cultural background and potential differences in culture between the mentor and mentee.
5. Identify protective factors, developmental assets, and/or social emotional learning that can be introduced or enhanced in interactions with the mentee.

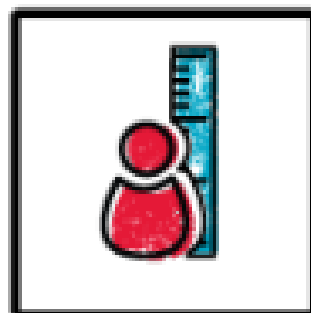
HOW YOUNG PEOPLE DESCRIBE THE POWER OF DEVELOPMENTAL RELATIONSHIPS

Search Institute has interviewed hundreds of young people from different backgrounds and in different settings about the important relationships in their lives. Here are examples of how they describe their experiences of developmental relationships with adults.



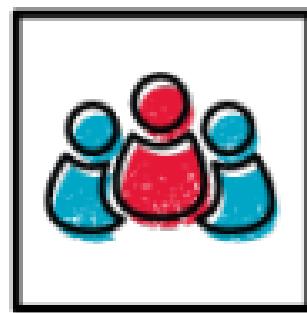
Express Care

"He made me feel like I was a better person, like I was worth something—worth more than I had put myself out to be."



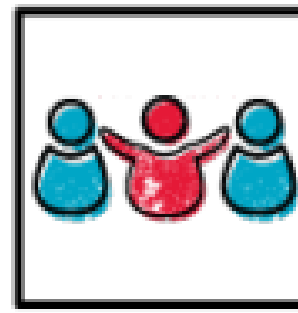
Challenge Growth

"Even if it's really hard, the [staff] will most likely try to motivate you to do the right thing. . . . Even though you might think it's hard, they know you can do it."



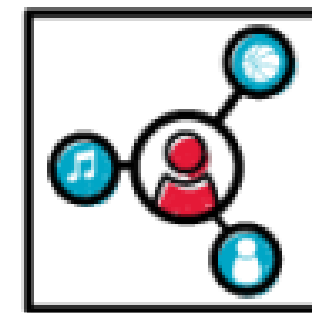
Provide Support

"She helped me out with a nice place to live for 30 days when it was 21 below zero and I had nowhere to go."



Share Power

"My [youth leader] is, like, 'I'm here, you're here, we're equal.' And if we're working on something together I can tell her, 'No, this isn't going to work.'"



Expand Possibilities

"She puts you around people who've reached the places you wanna go in life. . . . And when you see people who come from the same places that you do, . . . it gives you hope."



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Thank you!

“In order to be a mentor, and an effective one, one must care. You must care. You don't have to know how many square miles are in Idaho, you don't need to know what is the chemical makeup of chemistry, or of blood or water. Know what you know and care about the person, care about what you know and care about the person you're sharing with.”

- Maya Angelo -

We look forward to hearing from you!

Renee—rangelo@mentormddc.org
www.mentormddc.org



NEURODIVERSITY, INCLUSION, & YOUTH DEVELOPMENT

JUNE 20, 2023 @5:30 PM

Has your youth program ever served a child whose brain just seemed to work differently? Come learn about neurodiversity!

Neurodiversity reframes the diagnoses that have stigmatized young people for decades and made it unnecessarily difficult for them to succeed. It's time for inclusion!

Register at: <https://bit.ly/NIYDtraining>



