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[00:00:00.000] - Renee

Let me refresh. Okay, I see it. It is here. And I'm in. I'm going to copy the link into the chat, Andre, so you can send it out. I'm going to mute. I'm going to send it. I'm going to send it. I'm going to mute you guys. Bye. Bye. Thank you. Okay. I sent the email, and everyone was copied, mostly BCC, and I copied you, Cee Cee? Some people I was like, She's copied. Just hoping people understand that they should contact me.

[00:01:00.560] - Rebecca

Wait, and you probably have a plan for this, but I'm not seeing captions yet.

[00:01:07.070] - Renee

Yes, I'm going to turn those on. It should be on. Are they on?

[00:01:21.330] - Rebecca

I'm not seeing anything yet.

[00:01:25.870] - Renee

Always show captions. It just doesn't work. It's also fine. We're really just testing something. It does not seem to be working, but we'll see. Okay. I'm going to play some music and let people in. Okay. And then we'll be good to go up, so I'm going to start some jams. Break a leg. And then, Rebecca, we can obviously start chopping the hand out, then I'd like... Okay. I'm sure we're going to have to do it like 100 times. I'm going to admit everybody. Hello, everyone. For those coming We're gathering you early today as we're gathering you early today. We're expecting a crowd. Please start to introduce yourselves in the chat. Get to know each other. We will get started closer to 10:00 since we are managing multiple crowds today. But I will say, we're in for it today. This is a full 2 hours, so get comfortable. However you want to set up your notes. If you want to take notes, you will receive the recording and the handouts. My friend Rebecca here who is supporting me just dropped a link to the handout for today, so make sure you download that. You can get that right onto your computer.

[00:03:28.280] - Renee

And however you want to have that open I will be referring to it. That's the thing about the training. So please let us know where you're coming from.

[00:04:13.900] - Renee



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Hi, Kayla. Robin. Hi, Lauren. We are expecting some out-of-state people today as well. Hi, Terrence. Hi, Dana. Dana, one of our amazing consultants, if you're lucky enough to work with her. Hi, Vanessa. Hi, James. Hi, Quiana. Oh, hey, bisou, I am. Oh, a different Dana Carr. Hey, other Dana Carr. Hello. Oh, my gosh. I'm so sorry that that's happening to you. We should link you up with the real Dana car. Not the real Dana car, the other Dana car. You guys could be a power team. Welcome, everyone. Let's know where you're coming from. Like I said before, please get comfortable. We're going to be here for a while today. I'm going to try to build in a break. We do a lot of information. Rebecca dropped a link in the chat to our handout today, which I will be referring to many times, and you will want for your own information, so make sure you have that open. Get your drinks. I have three drinks around me right now. Hi, Claire. It's a behavior challenge. Hi, Arrête with a heart.

[00:06:35.920] - Renee

Hi, Yolanda. We were just emailing. That's Samantha. She went to New York, I saw people from Boston. I love having you all. I appreciate you joining us. I'm Melissa. Hi, David. Oh, hey, David. I know that, David. Hi, Erica. Still letting people in. Our livestream is live. If you got that email and share that out to anybody who's not able to get into the Zoom. Hello, DC. Ttmi. Oh, wow. Hi, myself. You should help us facilitate this training next time. I'm about to hear more. We also have some friends from near Philly, my hometown. We've been to Philly twice in the past two I just heard about that as well. Maybe from that experience. Hello, spark the journey. Hi, this is Nigel. Should be reaching max capacity soon. So if you're hearing from anyone who's trying to log on, the livestream link should have been emailed to you just a few minutes ago. Hi, Adriana. Oh, we're in Carolina. Let's go. Seed Foundation. Hello. Hi, Reggie. Oh, yeah. Thanks for sharing the link. Antonio, I love that. Share your website. Love everybody. Stay in touch. Usg is here. Ola Casa, Our City Foundation. Yeah. Tuesday's Children is in here.

[00:09:45.760] - Renee

I have a resource from you in that handout, Tuesday's Children. Welcome. We are about to hit capacity over here on Zoom. Yes, we just hit 100, folks. If you know somebody is trying to log on, please share our live stream link with them. I'm actually going to drop it in the chat for you all. It was emailed as well. If you know somebody is trying to log on, please feel free to share that with them. Nice speaking, UOBC over here. I still work at UOBC's Choice program. Hi, Michael. A lot of people work on the dissertation. Congratulations. I really mean that. Congrats. My best friend is also working towards your PhD, so I know the difficult life that you all live. Hi, Ashley. We're going to give a few more minutes for people to walk on to the live stream. Again, we're going to be here for a while today. We're going to go over a lot of information, so make sure that you're comfortable. Snacks, drinks, surrounded by many drinks and snacks. I hope you are, too. I am going to aim for us to have a break in the middle, where we have a lot to cover.

[00:11:16.180] - Renee



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So I appreciate you all being in for the long haul today. And then I'm actually looking at the live stream chat as well. If you are interested in getting a certificate for coming to this training today, please email me after the training. You got my email in the chat now, and I'll drop it again. But we'll be sending a follow-up email after training anyway, so you can get all the materials. I'll reiterate to spend it if you would like a certificate of participation. Please reach out, and we will issue that to you. Hello, Kevin. Hi, Thomas. I'm All right, I'll give two more minutes for our friends to roll up and onto the live stream to get on, and then we will jump in. Hello, Urban Alliance. Herb, can you drop the link Can we go back to the handout one more time? Well, we got a bit. Hello. My sister, Merton. Where's she live? In Paula Beach. Thank you, Rebecca. Again, make sure you have your hand out. Rebecca, can you send Jeff to link to the live stream in a team chat? Thank you. All right, we will give it one minute and then we'll just shut it.

[00:14:00.260] - Renee

I'm going to talk to you. All right, everyone. I'm going to fade out and start recording. Hello. Hi, everyone. Thank you for everyone who is joining here on Zoom. We're at max capacity. To our friends, all watching our live stream on YouTube and being flexible with us as we accommodated a huge to this training. We are happy to be here and offer it to you guys because it seems like this is a vision you all want to know. I'm Renee Angelo-Mock. I'm a certified HR professional. I'm a Manager qualified. My co-facilitator, Kianna, is over on YouTube moderating that chat. We appreciate you, Kianna. My colleagues, Rebecca and Aniah, are supporting as well here on Zoom and YouTube. Today, obviously, we're talking about trauma-informed youth development and mentoring. There should be a handout that you have access to, and you want to get that up for sure. I will assure you that there will be a recording, probably multiple recordings, a recording of our livestream and a recording of our Zoom, which will be up with the transcript, and you will get the slides as well. It'll be resend that handout. Again, in our follow-up, if you are interested in getting a certificate for coming today, Rebecca, if you can drop my email in the chat, you can email me, Brittany Angelo, and we will make sure that that is issued to you.

[00:16:03.930] - Renee

Now we have friends from all over today. We appreciate that as the magic of the virtual world, of virtual training. This is why I love it. But we are [MENTOR Maryland | DC](#). We serve the Maryland DC area, but we are an affiliate at the [National Mentoring Partnership](#). She was actually two dozen or so affiliates across the US here to serve you all and ensure that our region of the United States has enough quality mentors for our young people and to close the mentoring gaps. We are an unique organization. We are focused on our mentoring movement here in Maryland and DC, and we do this in a lot of ways. This is one of the ways that we do it by bringing best practices. I'm going to send that information to you all. Today, that's about trauma-informed youth development. Some of the things that we offer, again, we're a part of the National Mentoring Partnership who do tons of research. They trained me in this topic. They do the standards of what our best practices in mentoring and offer trainings. Some of you let us know if you were at the National Mentoring Summit in January.



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[00:17:05.040] - Renee

A great time held annually, January is National Mentoring Month. If you didn't know, another vital thing we do is celebrate National Mentoring Month with you all. National Mentoring Project is National Mentoring Partnership is a huge resource that we aim to connect you all with. We also offer [technical assistance](#) to the [National Mentoring Resource Center](#), which is when you can connect with one of our consultants or with some of us about what your mentoring program needs. Here at MENTOR Maryland DC, we manage the regional part of the [Mentoring Connector](#), which is a national database of mentoring programs. For mentor, prospective mentors looking to mentor, they can go find your program. For young people looking for programs, they can go to the Mentoring Connector. If your program is not in the Mentoring Connector, get in touch with us. Rebecca, specifically, is right now taking the charge of our Mentoring Connector. It is really a great resource for recruitment and prospective young people as well. Training is one of the things that we do. We appreciate you all being here. Today's training is in partnership with the [Y of Central Maryland](#). So thank you to the Y for collaborating with us to put this on.

[00:18:14.750] - Renee

Another thing is our [regional roundtable](#), which you probably connected with my co-facilitator Kianna, my colleague, Daon, across Maryland and DC, where we connect regionally about what's going on specifically in your area. Again, back to mentoring best practices. We have our element of practice for mentoring. Right now, we're on the fourth edition. The fifth, spoiler, the fifth edition is coming out later this year, which is super exciting. When we get that new information, we will be bringing it to you all so everyone's up to speed on what are the best practices for mentoring to mentoring programs. Another vital thing we do as part of our technical assistance is access to the National Quality Mentoring System, which is basically accreditation for your mentoring program to assure quality. That's something you can do through technical assistance, so definitely connect with one of our team members if you're interested in doing that with your program. We aim to keep you abreast of funding opportunities, often via our newsletter, but also via those round tables and connecting with my colleagues. Be sure that you are in touch with us as much as you possibly can be. If you're looking to start a program, there's great resources on the National Mentoring Partnership website, but please reach out to us about how to do it.

[00:19:26.760] - Renee

For my friends on Zoom, let's talk about some quick When's the last time we really reviewed all the things that we could do inside Zoom? So please stay on mute unless you've been called on. We're going back to the old days, especially because there's so many people. There is a chat. This is what the chat looks like over here. You can send a message to everyone. If you want to send a message to me, please do. I'm Renee, but it says, Mentoring Real IDC today, or to my support today, Rebecca, if you are having a tactical issue. Then we have all these reactions, right? Please Please connect with us and please keep that chat lively as well. I'll cue you to fill up the chat. But we have all these reactions that we can do. You can raise your hand. We can be as connected as possible. For my friends on YouTube, Quiana is



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moderating the chat. She should come up as Mentoring Real DC, so she will be your support over there. Because there are so many of us, and this is our standard for any space that we have, I really want to dive into our community standards today.

[00:20:30.940] - Renee

The goal of Mentoring Maryland DC in this training and our overall presence in the community is to create community with you all. We are, again, feeling so grateful that so many people are showing up today as part of it. We also know that this is what our youth crave from us, right? It is community and safe spaces or safe first spaces, right? We want to be clear about what our standards are here at Mentoring Maryland DC, which is that our community is open to all. Everyone is welcome, but we want to acknowledge the deep-seated racism, sexism, homophobia, misogyny, ableism that is pervasive in our country. We stand up against these isms and actively work against them, especially with our young people, and this informs our approach of how we approach our work. We encourage you to share openly, listen even more openly, and be open to when your sharing may hurt someone else. One person's yes It might be another person's trigger. We want to keep that in mind and be open to receiving feedback. Now, we like to say, be generous with your positive assumptions and don't be afraid to ask general questions. We want to ensure that we are assuming the best of a lot of people.

[00:21:45.700] - Renee

Then if we're having a different feeling, we turn to wonder and ask questions about that feeling rather than immediately reacting against somebody. No matter what your role today, be a host. There's a lot of people in this space. We want to ensure that while we are hosting you, myself and my colleagues on the call, that we all have the ability to make everyone feel great in this space and to approach others with openness and warmth and create a space that we can all enjoy. We want to be clear that we're sharing this responsibility and everybody in this space has that responsibility. We don't necessarily endeavor to create safe or comfortable spaces, but rather brave spaces where we can explore our discomfort and our beliefs and practices can be challenged. Where this is part of our learning, a of our growth. We want to be at the edge of our comfort zone and remind ourselves that if we're not comfortable, it doesn't necessarily mean that we are in danger. We want to look for that lesson in our emotions and reactions. Again, we want the community to be experienced, to be supportive and educational, but also fun.

[00:22:48.320] - Renee

We encourage you to bring your full and present self. It is most welcome. Like I said, we're in for it today. We're challenging the notion that people have short attention, spit hands, and aren't able to hang. We do have a long time ahead of us today to work together, but I think we will have some fun and we have a lot to gain from being here and competing with each other today. Then we say, no fixing, saving, advising, or correcting. This is directly from one of our tools, the touchstone for developing a trust framework. I would encourage you to look into it if you're interested, but this is almost a spend for it. We do feel that if you



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need to deliver feedback, you ask permission, and that we always listen first. I'm dropping that YouTube link one more time in the chat if we need to share with anyone. Thank you for listening to our standards. In the spirit of transparency, we want to be clear that if any of our staff today feels that there's a violation of these standards, that we deserve the right to remove that person or follow up with that person to speak one on one per resolution.

[00:23:52.380] - Renee

If you have any questions about the standards or if during or after this session, you want to report a potential violation of our standards, please reach out to anybody on our team. We will be sure to follow up because that is our promise. That's part of our standard. Thank you for reviewing. Now we are ready to jump into content. I'm going to ask you one more time. I'm going to have to break a lot of time. Probably to drop a link to the handout to make sure that we have it because we're jumping in for our friends on YouTube. Make sure you have that handout open and we're going to get in. This is simply our agenda today is that we're going to go over these four R's. The four R's of trauma-informed care, and we're going to specifically be talking about it in the context, of course, of use development and mentoring. We're going to start with realizing the widespread impact of trauma and understand how people get to recovery. We're going to recognize the signs and symptoms of trauma for the people that we serve, but really for anybody. Then we're going to move into this practice of responding.

[00:24:55.800] - Renee

Now we're going with the knowledge that we're gaining from our realizing and organizing ours, we're going to apply that knowledge to best youth development practices for interacting with young people, specifically in a mentoring space. Then we're also going to talk about how we resist retraumatization of the young people that we serve, but as well as for the adults that care for them. It's good with you. We're going to get right into it. Okay, so what is trauma? What are we even talking about? I'm not going to assume that everybody knows. Yes, the slide will be shared, so do not worry about that. They'll be shared via email, but eventually, they will also be on our website. Rebecca, if you see anybody in the waiting room, can you just send them the I have a stream link? Thank you. Okay, so what is trauma? We have a few definitions here from all of our trusted dictionary sources. An experience that produces psychological injury or pain, a disordered psychical behavioral state resulting from a severe mental or emotional stress and physical injury. The simple definition from Webster is a very difficult or unpleasant experience that causes someone to have mental or emotional problems, usually for a long time.

[00:26:10.680] - Renee

That is probably the closest definition to what I would say is the full definition, which is here from SAMHSA, the Substance Abuse and Mental Health Services Administration. A great resource, by the way, is to go to their website. But their definition is that individual trauma results from an event, series of events or circumstances that is experienced by an individual that is physically or emotionally harmful or



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threatening, and that has lasting adverse effects on the individual's functioning, physical, social, emotional, and spiritual well-being. There are a lot of great things that I love about this definition that I want you to hold with you as we receive the rest of the content we're going to go through today. It focuses on the individual. Trauma is determined by the individual. Two people can go through the same experience that we made from the outside view as traumatic, but per individual, it depends if it is a trauma because the trauma has to go to those lasting adverse effects, the other part of this definition. So two people could experience the same negative experience, but only one person is having that lasting adverse effect on their physical, social, emotional, and spiritual well-being.

[00:27:17.840] - Renee

The other side of that is that trauma can result from a series of events or a set of circumstances. So there's lots of different variations, and we'll talk about the examples of trauma in our next slide. But it's not just that one thing that we may assume that it is that one thing that happened to you. It could be a series, it could be the circumstances which we'll talk about. Again, it comes down to that individual's experience after the trauma. Are there these lasting adverse effects that are affecting their ability to function to their highest potential? Some examples of trauma. A lot of these are reminding us of that capital T trauma, right? Different kinds of abuse, violence of any kind, loss and abandonment, shootings, gun violence, substance abuse, car accidents, childhood trauma, children being betrayed by adults. But we also want to acknowledge, well, hey, let me know in the chat, are we missing any types of trauma here? Please share. But also, and we want to be clear that this list is not exhaustive, because again, trauma ends up being determined by that individual who's experiencing these lasting adverse effects. But we also want to acknowledge here, sometimes that you might not always see poverty in economic circumstances.

[00:28:37.330] - Renee

So again, these are the circumstances that we saw in that definition earlier that could have lasting adverse effects on someone, as well as systemic oppression and racism, which we'll talk about and address right here. Race-based trauma is real, and the data is proving this to be so. Race-based trauma are negative experiences related to a person's race, including discrimination and harassment. In addition to the effects of race-based trauma, it could be inequality and access to quality education, health care, housing, a direct impact on a lack of access, people experiencing race-based trauma become vigilant in an attempt to avoid racism and can experience ongoing daily stress and worry about related issues that result in the negative effects of trauma that we're going to talk about, poor mental health and physical health outcomes. This does not just Adverse affect adults, right? Trauma affects everyone, which we'll learn about as well. But this type of trauma has the same effects of the traumas that we saw on the previous slide. We want to not discount what anybody's single trauma may be, because again, it could be a variety of things. It's really trauma is really about those lasting adverse effects.

[00:29:50.470] - Renee



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Then we also want to acknowledge that trauma compounds when someone experiences more than one. We want to acknowledge, particularly for race-based trauma, that you can figure the group may be more at risk of experiencing more trauma and the effects of trauma, which we're going to talk about. It isn't just a minute. In addition to the direct experience of trauma, we can inherit conditions related to the traumatic experiences of our parents. Dr. Rachel Yehuda, a professor of psychiatry and neuroscience at the Mount Sinai School of Medicine, who examined the neurobiology, neurobeam brains of PTSD and Holocaust survivors are near children. So what we come to learn is that trauma predisposes the effects of trauma. So children were born, so children of Holocaust survivors were born with low cortisol levels. This is a stress zone that helps our body return to normal conditions after trauma and stressful experiences, predisposing them to the experience of the PTSD systems of the previous generation. So many things start with parents, and this is was one of them. Dr. Rachel found that children whose parents have PTSD were three times more likely to have PTSD. This is one of those things that you would term at risk is falling out of favor, rightly so.

[00:31:17.540] - Renee

But this is what we're talking about, a real risk, a risk of PTSD and of more trauma. We do want to acknowledge that because this is all the way down to the brains of the people who are experiencing trauma and the generational effects. We'll address this a bit later as well, but 50% to 70% of those with PTSD also meet the criteria for a major depressive disorder or another mood or anxiety disorder. This is what we call comorbidity. When two or more conditions are present at the same time, they're co-occurring. That makes life difficult, you may imagine. Somebody with multiple comorbidities, myself, know this makes health care and accessing meaningful treatment It's been difficult, to say the least. Again, trauma is a hidden wound. We're talking about people's brains, and when it's a wound we can't see, we want to be as clear as possible as we are here getting trauma-informed that it is having an impact on the brain. This photo highlights the difference between a healthy brain and a brain of somebody who has experienced abuse. The 2021-2022 National Survey of Children's Health estimates that 21.3% of children nationwide have experienced one trauma.

[00:32:36.280] - Renee

So that's a little over one in five. That's a lot. I assume a lot of you serve more than five young people at your program. So that goes to say that there are likely young people who experience trauma at your program just by the sheer numbers of it. So we want to acknowledge it. And also, that's not always something that we will see. And if we can't see it, what are we going to do? There may be some things that we can see, and these are the signs and symptoms of a possible signs and symptoms of trauma. I want to be clear that it is possibilities, and this list is also not exhaustive. So one, let's take a look over this list. Let me know, are there any missing that you know from working with people with trauma or experiencing your own trauma? But this really covers the gamut, We have physical manifestations, moon-related manifestations, a lot of physical manifestations, right? Talking about experience in pain, appetite and weight. When it comes to our mental faculties, your lowest self-esteem and confidence,



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acting with strong and isolating, engaging in risky behavior for our young people, maybe difficulty focusing, concentrating on memory loss, being irritable, being anxious, Again, that hypervigilance that we talked about with race-based trauma.

[00:34:03.240] - Renee

It's been happened for all traumas, a constraint for safety of self and others, being easily startled and things like that, guilt and shame due to their inability to protect themselves or their young one, depending on the experience of the trauma, whether that is stigmatized or something like that. But there's also Jamal, yes, we're all talking about that, too, for sure. Hold on, I want to stop that. There's also this reverse, which is positive system. So this correction where a young person may be extremely well-married, helpful, or quiet, and high-performing as a result of trying to undo their trauma. There may also be no signs at all. You can't tell that someone has experienced trauma by looking at them. When we look at these lists, which again, apply to young people and can apply to adults, we want to make the point here that a lot of these may be associated with what we would consider to be acting out. We want to encourage you to shift your view as a future trauma-informed practitioner. The shift there is just being, bad behaviour full performance to an understanding that a youth may be going through something. Again, these positive system of trauma survivors can help them prove their worth, and we tend to overlook those young people because they're unproblematic.

[00:35:29.610] - Renee

The period situation is here that we want to make is that we shouldn't be making assumptions about young people's experiences or lack of experiences. There could be no signs at all, nothing that we can overtly view from outside. When we think about that, when we think about how this well applies to our trauma-informed development practices later, these are practices you're going to use for all young people because we don't know every young person's history. It's not every child's It should not be an expectation that young people have to disclose their trauma to be treated in a trauma-informed way. I have a question for you all now. What is a coping mechanism? You can drop in the chat if you want to come off mute real quick. What is a coping mechanism? Yes, thank you for that. That in the chat, Michael. I appreciate. Okay, he says, healthy boundaries. That's also going to come off mute. Hammond says, The way a person manages trauma, right? Self regulation. Great. All right. A coping mechanism, to put it as simply as possible, and I learned this from resiliency expert Dr. Ken Gindberg, who I had the privilege of being trained years and years ago, is that a coping is something that helps you feel different.

[00:37:03.270] - Renee

Trying to get away from that negative feeling that may be related to your trauma, the uncomfortable feelings that you're trying to avoid. A coping mechanism is to help you feel different. That could be something like therapy. Proper self-regulation can help us feel different. Having boundaries, again, how we're managing those uncomfortable feelings. But coping mechanisms can look, run the gamut as well. It



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can look like something like journaling, going to see my mentor, going to my mentoring program, going to school. But there's also these unhealthy COVID mechanisms that can be really dangerous for young people who run people. Well, that's a good one, Debbie. There's substance use and other health-shracking habits. Dr. Kinsberg made the point that most substances are really good at making somebody feel different. In that way, they're the most effective coping mechanism because they can work quickly and make you feel different and very different for an extended period of time, depending on someone's use. I say that to say that for two reasons. Is one, this is why it's important for us to help young people, and as well as us adults, to do for ourselves, to work on healthy coping mechanisms.

[00:38:15.630] - Renee

Because ideally, before we receive trauma, we want to have that coping mechanism muscle built. When we get into a situation where we need to regulate our emotions, when we're in a state of distress, you can still access those healthy coping skills that we don't necessarily need to resort to those super effective substances, et cetera, coping mechanisms that are in the long run, potentially be very dangerous for us. Yeah. So thanks, everybody There's a great, great contributions in the chat as well. And co-reactions will look different, but we can think of the positive ones that we can help young people build and we can build for ourselves. That's something I'm working on as well. This is a lifelong practice. I want to talk about the ASIS quickly, but let me know in the chat if you have heard of the ASIS, is the Adverse Childhood Experiences. They've got data around this in the most simple version of the ASIS, it is a answer question survey asking adults about their childhood experiences. Then there's a version for dumb people to be asked as well. Some of those average experiences that they're asked about are on the screen here.

[00:39:29.860] - Renee

We talked a little bit about them. We saw them on the slides before. But I'd like to remind people about the ASIS. While there's great data and information we can gather from ASIS studies, what we know is that this is a tool for professionals and for clinicians. It's to be implemented in a controlled environment, whether that's a doctor, it's fair to be a young person, a therapist, or again, surveyors. It's not for us to be asking of our young people, asking anybody. Why are we not doing it today? It would not be appropriate. People do not need to disclose their trauma, again, to be served by trauma-informed care. What we do know is that 61% of adults have had at least one adverse childhood experiences. That is ubiquitous across all groups, trauma, it's every racial and economic group. When we look at the data that says about people who have experienced four or more types of ASIS, that's about 16% of all adults, women and racial and ethnic minority groups are at greater risk, it seems, to experiencing four or more ASIS. What we also know from the ASI study that the more ASIS someone has, the more at risk they are to the negative effects of trauma.

[00:40:48.400] - Renee



Certain chronic diseases, mental illnesses, and just poor life outcomes go up, the more faces that somebody has. To look at that data regionally for Metro Maryland DC, but I We gathered this data from the data Resource Center for Child and Adolescent Health. I'm going to ask Rebecca to drop the link so you can look for what it might be in your region. But for Maryland and DC, you can see here on the left, we have our no childhood... This was a survey for young people, not adults, so children aged 0-17. About a little over 60% of young people have no adverse childhood experiences. Love that for them. In the middle, we have one adverse childhood experience, and that is around 22, 23%. That's slightly above the national average of 21.3%. Then when we get to two, two or more Adverse Childhood Experiences, Maryland, DC are actually below the national average, which is 17.4 44%. Okay, if your region is not here, you can pull this data from the 21, 22 National Survey for Children's Health. It is quite interesting. There's lots of other indicators on that survey that may be pertinent to the work you do.

[00:42:01.090] - Renee

But this is particularly about ASIS here in Maryland and DC. I want to show you all this video from the CDC and their work on ASIS. This is to help us reframe how we as a community can work to mitigate trauma. We're going to watch this and then we will look better. Hold on one second. I have no sound. One second. All right, let's try to sit down.

[00:42:59.220] - Video

It's had its share of problems.

[00:43:01.030] - Renee

Here we go.

[00:43:03.110] - 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 ASES. ASES are traumatic events in childhood, like abuse and neglect, that can increase risk future problems, but they don't have to. The good news is that ASIS and their consequences can be prevented. Take me, for example. I was at risk for ASUS, and despite all the things that put me at risk, some pretty incredible people I don't make sure that I wouldn't become another statistic. 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.



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[00:44:13.790] - Video

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 aces. 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 Mariana's daughter, Ella, can play while Mariana is 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.

[00:45:16.540] - Video

And just one more way to prevent aces. 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, Ms. Greer, who I remember more than anyone. She was a really good listener. Ms. 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 ASIS, everybody was. My life could have gone in a completely different direction. Studies show that ASIS 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, ASIS can be prevented. In fact, there are five known strategies that help stop ASIS before they even start. You can implement them in your own community, just like we did.

[00:46:31.050] - 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 ASIS 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.



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[00:47:29.920] - Renee

I'm closing this question to you in the chat, but let's have a discussion. Do you see you in your role? So whether we're going to program or whatever your role might be in relation to young people, how you can work to mitigate and prevent trauma. Some of you may have saw yourselves in the video. So yeah, let me know some reflections from that. Do you see how you and your role with your program, how to mitigate and prevent trauma at half? I feel good to come as well. This can be a reflection question that we take with us, right? So once we have this information about what it means to be trauma-informed, what means to be ill in practices, we can make that plan as a program for our program leaders on the call about what we can do and what our role is and who we can be collaborating with. There's a lot of moving parts and different people who are in the video. Jim says, I can see I can utilize this when checking in with these interns. Great. Amanda, through mentorship, building trust and creating an emotionally and visibly safe environment for our story members.

[00:48:51.390] - Renee

Yes, yes. We're going to hit all these things while we talk about our piece of practices. Spreading a safe space with caring adults for students after school. Marcella is a school counselor. So yeah, definitely you have a role here. That extra added layer of support. So much about this is about, I'm not mentoring in general, right? It's adding that extra layer of support We're flooding our young people with hearing adults. I've been since it takes a village to raise a kid. We didn't just see a parent and a child in the video. We saw their whole community. And listening. Well, Michael, great Hearing their voices on what they need and not assuming that I know. We're going to talk about exactly that, what it means to be developmental rather than prescriptive, which means to know that or to think you know the best for a young person. Well, this as a teacher. Yes, absolutely a role. Awesome. This is an info sheet from the CDC. Where this was taken from is on page 5, 6 in your handout, the full handout about this. But This is the why of our work today. Why we're talking about trauma, those first two Rs, and the benefits of moving to be trauma-informed and why we're raising awareness.

[00:50:12.740] - Renee

It's one thing to know, but to have true awareness. When we think about the benefits of that, it changes how people think about the causes of ASUS, and who could help prevent them, which we just talked about is we could all have a role. Shifting the focus from individual responsibility and putting the purpose of the power of it, that trauma happened on those individuals to community solutions. And again, how we can all collaborate to prevent trauma. Reducing stigma. So much about trauma and mental health and things like that is wrapped up in this stigma that prevents parents seeking support for their parenting challenges or for things like substance use and depression and suicidal thoughts. Stigma is a huge, huge issue, which is one of the reasons that we're talking about it openly today. And I I hope you will, after this, talk about it openly in your work. Again, a lot of you hit this in the chat. Raising awareness can help us all be more informed to promote safe, stable, nurturing relationships and environments everywhere children



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live their lives. Where they live, where they learn, where they play, where they are mentored at your program.

[00:51:21.210] - Renee

David has dropped a resource in the chat. David, make sure you also send those to our newsletter so we can highlight them There. Can you send David the communications email? That'd be great. Yes. You all. Cool. Now we're moving into the what can be done for those who have experienced trauma. It can look like a lot of things. Here we have it in red. Therapy. Individual group therapy, family therapy, depending on the situation. There's all kinds of therapy if you're not familiar. Cpt is one. Emdr, eye movement desensitization and reprocessing therapy, and specifically a trauma therapy, general psychoeducation, which can help with building those coping skills, helping build skills around emotional regulation, and education for parents as well, for parents to our parenting young people who have experienced trauma. Then in the yellow, we have not therapy, but our school resources. We have some school counselors in the chat, so a school counselor, a guidance counselor. Depending on your school, some do have access to psychiatrists and therapists. Getting to know the resources at your school that your young people have access to and eliminate those resources. As far as this trauma treatment, that's my dog barking, it could be one or multiple of these things.

[00:52:46.120] - Renee

Then we also have support groups. This could be meeting in a group, often facilitated by a mental health professional, and these can be often age-specific or trauma-specific. Demetrius, I see you have a question, please drop it in the chat. Then Teal, We have what might become inpatient treatment. This may be not immediately following a trauma, but a period of time after when due to the symptoms becoming unbearable, that they're coping skills being insufficient or against their positive health outcomes, when they're experiencing a negative impact affecting their daily functioning, or suicidality, health issues, relational problems. This could be a treatment that somebody would need on a day to be supervised, eventually even be court-ordered. So that is types of treatment that may be a resource to someone who has experienced trauma. Hold on one second while I quickly get out of my dog and Demitrea Yeah. So we're just talking the connection between trauma and mental health. Because trauma affects our brains, it... My dog just came out. Because trauma affects our brains, it can have an impact on our mental health. And we'll talk in a little bit about the overlap between trauma and other mental health conditions, and that trauma and PTSD often have similar symptoms to other mental health conditions as well.

[00:54:22.530] - Renee

There is that comorbidity with mental health. Barbiens. My dog is barbing. That's enough. All right, thanks to meet you. That's great. Not when I meant. Okay, medication to treat mental health. It may be a really important part of treatment. That was not on the previous slide. I bring it up because medication is often really stigmatized. We wanted to destigmatize it. Talking about it today to you all, so we can destigmatize



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it. There's lots of reasons that it is stigmatized. Is there trust with providers? Providers who are giving medication, but we're going to make some points about medication. Medication can assist with that regulation and stabilization of symptoms, which can allow for more progress with counseling. Medication itself is not a solution. If someone is receiving treatment, we talked about potentially accessing more than one treatment, medication is a type of treatment that should be in conjunction with other forms of treatment. It should be combined with therapy, at least another mental health professional. Medication takes time to work, 4-6 weeks for noticeable results, which often with medication, we want an instant result. We want our symptoms to go away. But that's not... It's something that we have to be patient about and again, should be in conjunction with other providers.

[00:55:50.790] - Renee

Now, obviously, it should always be taken as directed. When I want to address when there's an issue of trust with providers, this is where I would say, then we need to find other providers. As someone who has had lots of connections with the healthcare system regarding complicated physical health matters, I've come to realize that when we're not getting what we need from our providers, there can be another provider out there. That journey to meaningful treatment can be difficult. It's what we're talking about on this next slide. But it is worth it to find providers who can provide the accurate services that you need. I'm hearing that my dog is very popular in the YouTube chat. He's very famous. But our limitations and challenges to trauma treatment. I bring this up not to get us all bummed out, but rather, so when we may be helping to direct young people or a traumatized person to services, what we can set expectations and help support someone through. For young people, not every child will receive We assume that something happens, that parents know, and maybe other providers know, that they will be referred to counseling right away.

[00:57:07.660] - Renee

It's not necessarily a guarantee. Even for young people who may be in foster care and involved with children services, it doesn't necessarily mean that it's a straight shot to meaningful counseling for them. Period. There's a shortage of therapists of all kinds right now. When we think about access, that is extremely limited. When we think about therapists who are super are trained and experienced in trauma, that's an even smaller number. Then you have young people, a child therapist, trauma therapist versus them, a trauma therapist for adults. The numbers are getting smaller and smaller, unfortunately. Especially right now, As has been exacerbated from the pandemic, there's been a high rate of burnout with therapists. It does not mean they are not out there because they are. My best friend happens to be a child trauma therapist. What are the odds? They're out there and you can connect people with them. For our adults who are experiencing trauma, they might not even seek treatment as well due to stigma, due to waitlist, due to that lack of access and insurance and things like that. Again, if we are helping a family through this, we want to keep that in mind that they may need encouragement to seek treatment and someone to go along that journey with that.



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[00:58:21.070] - Renee

Not all treatment is culturally sensitive. We're talking about people being trained in supporting people with trauma, but there This is this cultural aspect of well, which we'll also talk about with our use development practices later. But we want to think about that our BIPOC communities are often overdiagnosed with mental condition period. African-americans have a long and repetitive history of being abused by systems of care, which causes distrust, which is 100% fair. Therefore, we know that BIPOC communities tend to use treatment at a much lower rate. There are resources. There are resources. I'm promising you the resources. The Black Mental Health Alliance here in Maryland connects Black mental health providers with community-seeking therapists who have had that cultural competency and are there to serve those communities. Again, I don't bring this off to say that there is no help or nothing we can do or that treatment is totally inaccessible. It's not. But it is about getting you and your program, whoever it may be, helping to connect people with resources to know the barriers and to do that extra step of connecting with meaningful treatment. I really believe that it is out there. I'm hopeful about this as I've written this information to you today.

[00:59:49.060] - Renee

Then I've been hinting at this, this idea of misdiagnosis and overdiagnosis. This is something that is common. A lot of these disorders, as you can see here on the screen, have similar symptoms. There's often people with PTSD that they also have a comorbidity with other mental health conditions. If a provider is not trauma-informed, a young person may be diagnosed with ADHD instead of PTSD. We often find that also people with ADHD that's not managed well may also manifest as depression or anxiety. This is a complicated field, which again is why we want to ensure that the providers that we are connecting with are trauma-informed, trauma-trained. Again, we want to consider this information as we consider our opportunity to be advocates for the young people and the families that we serve. Okay. We are about to start to make the transition. We're moving into that third R of how we can respond. And then I promise we're going to take at least five minutes in just a few minutes. So we're moving into that third R of how we can respond from the awareness the information we just got about how trauma is widespread, what communities can do about it, our community accountability, and what appropriate treatment can look like.

[01:01:09.750] - Renee

Research has been consistent in confirming that mentors and caring adults can positively impact these lives in several ways. In the chat, you guys are aware of that role. Just being there as a support for young people is helpful. We can increase our effectiveness as mentoring programs to ensure that we are developmental, that we talk much more about, but being trauma-informed and by being culturally sensitive in our approach. We want to be thoughtful in our journey with young people when we're deciding what we will do and what we will say. We want to start a relationship beginning with the end in mind. We want to talk about our mentor being developmental. What we're talking about to increase protective



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factors and assets. Protective factors are the opposite of a risk factor. To keep young people on the path to reach their potential. We want our mentor to have a strong relationship with young people, obviously, to be effective to enhancing them and their access to assets, which we'll talk more about. We want our mentors to be trauma-informed and culturally sensitive, first and foremost, to be able to build a strong relationship, and then that end in mind happy, healthy young people with strong developmental assets.

[01:02:19.460] - Renee

We're going to talk more about those assets in a few slides. What does it mean to be developmental? In your handout, starting on page seven, where we start to talk, there's a lot of resources about developmental relationships. So know that that is there for you. But again, in this third arm, what can we do in our roles now that we're realizing the widespread nature of trauma, how it affects individuals. We saw in the chat earlier, somebody was talking about avoiding being a prescriptive mentor. So the difference between a developmental mentor and a prescriptive mentor. We're trying to be developmental mentors. Can I have a volunteer, or Rebecca, if you'd like, to read our screen for us, starting with developmental mentors versus prescriptive mentors?

[01:03:11.410] - Rebecca

I will go ahead. Just one or go ahead with all.

[01:03:15.940] - Renee

Yeah, hit. Okay.

[01:03:18.230] - Rebecca

All developmental mentors ask the mentee what they would like to do during the match meeting versus a prescriptive mentor who would tell the mentee what they need to do during match meeting?

[01:03:35.040] - Renee

You can hit them on.

[01:03:36.080] - Rebecca

Okay, let's keep going. Listen. A developmental mentor would listen more than talk. Prescriptive would give advice more than listen. Develop mental, play games, just hang out or help with homework depending on what the mentee asked for that day, while a prescriptive mentor would focus on hard tasks to meet specific goals based on what the mentor thinks the mentee needs. Develop mental, allow the mentee to naturally bring up issues and concerns about his or her life, while a prescriptive mentor would



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push the mentee to talk about the issues or concerns about his or her life. Finally, a developmental mentor would help to build the mentee's own confidence to solve problems and be successful. While a prescriptive mentor would try to fix the mentee and the mentee's problems.

[01:04:38.550] - Renee

Yes. Thank you so much. I'm for giving me a quick break from talking. Yeah, let me go in the chat. These prescriptive mentors are often the mentors that we see in media and things like, right? Do you have any experience trying to coach people from being prescriptive mentors to developmental mentors? Then there's another question in the chat. Is this specifically talking about mentoring just youth who have experienced trauma? This We want to be developmental with our relationship with all young people because, again, we might not necessarily know or be aware that a young person has experienced trauma. We want to take our developmental approach that's also trauma-informed and culturally sensitive and utilize it for all of our young people who, statistics say, probably some have experienced trauma. This is our approach that might be particularly beneficial for young people who have experienced trauma, but we want to use this approach with all of our young people. Again, moving away from being prescriptive mentors, which is the origin of mentoring. If you know where mentoring began many, many, many years ago, of course. But we want to, again, move to this developmental. Yes, so Rebecca says she has this experience as being a mental health provider, right?

[01:05:49.900] - Renee

Being a little bit more prescriptive than developmental with their patients. Yes, thank you for sharing. I'm going to leave this quote up for us to read read, but also allow us to take a break. It's 10:55. We're about to transition into learning about what it means to be developmental. We're going to take a five-minute break, read this quote while you're on your break, and we will come back together in just five minutes. So at 10:50, now it's 10:56. We'll come back at 11:01.

[01:09:59.900] - Renee

Our friends may be stepped away. We're going to come back in a minute. It started. Thanks for sharing that in the chat, Marcel. All right, I'm going to bring us back, you all. And if somebody wants to read the quote, We have on our screen here.

[01:11:10.290] - Attendee

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 at least one stable and committed relationship with a supportive parent, caregiver, or other adult.



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[01:11:32.400] - Renee

Yes. Thank you, Heidi. I hope I said your name right. Yes. So again, we're talking about burdens of all different kinds of trauma, right? Poverty, abuse, serious illness, things like war, violence, a combination of those things. What comes up again and again in the data is that a young person needs stable and committed relationship with a caring adult, with a caring adult. Well, that's a parent, a caregiver or another adult. Ideally, also the mentors for being an extra supportive adult in a young person's life.

[01:12:07.000] - Renee

The more supportive adults, the better, which again is why our mentoring programs exist and why you build your programs. We want to ensure that we have caring adults, and our best prepared caring adult is to be developmental. We're going to talk about in this next slide about where we consider in our relationship, we want to think about where we are in a relationship with a young person, what that allows us to do when it comes to practicing being developmental. Well, the question I'm going to pose to you, and I know that it's see the different stages on our screen. Where are you in your mentoring journey? But it starts at stage one, this beginning building in the honeymoon phase of a young person making a sign a mentor, and it's all very exciting. We're getting to know each other. We have those first impressions. Both sides are ideally trying to see the positive of the relationship, and you're doing that initial bonding and building trust. Then stage two, which is when young people do what young people do, which is to test us, challenge us, and test the commitment. Especially when people experience trauma or a percentage of experience abandonment, they're going to potentially test you to see if you're really committed, which is why, it's on the previous slide, it's about being a committed caring adult.

[01:13:29.920] - Renee

That situation might be difficult. But on both sides, you may be rethinking those first impressions. But then we get to stage three, the good stuff. Ideally, the longest stage of a mentoring relationship. If it's feeling good. We're feeling more connected. Trust is there. Trust is really established, which again takes a while to get to the stage of real trust being built. We're seeing our young people grow and change and develop as young people are want to do. Then we have this deeper bond and connection that can be formed over the distance of stage three. Then we have our transition closure. In this part of relationship, we want to be preparing for closure. We actually just did great training about closure. It's on our YouTube, so hit it by Keana. But this is a really important part is that we are preparing both sides for closure, whether that's we're closing for the school year, a young person is graduating, a young person becoming an adult. Potentially, Basically, our mentee may be a little bit start to pull away as to protect themselves. You may find yourself doing that a lot, but we're at this deeper part of our relationship.

[01:14:41.870] - Renee



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Then we're doing the reflection as our relationship is changing. Whether it's just literally changing because the young person is an adult or they're no longer in the program, but you may still be in touch, it's a time for both sides to participate in reflection. If you are a mentor or serving young people, let me know what stage you are at in the chat and how you know you're at that stage. The other thing we want to think about when we're thinking about where we are in the mentoring journey is that relationships take time, period. Especially for those young people who are in structured mentoring programs, they're being matched, they have a staff member of the program who monitors the relationship, especially those manufactured relationships may take more time. We also have what are natural mentors, the natural caring of the adults that show up in young people's lives. Teachers, guidance counselors, the bus driver, people in your community, a coach. Those natural mentors relationship may move a little bit faster, but it still takes time. Those manufactured relationships in our program will likely take even more time. Even relationships with those licensed professionals in that person, maybe working with a therapist, a doctor, those things take time as well.

[01:15:59.290] - Renee

Also as mentors, we often want to see the positive results and improvements in self-esteem and symptom improvement take time. When we say patients, this is the most important part of being an adult working with a young person, but Particularly when we're thinking about relationship development, patience is really, really key. In our roles as adults, we have more ability to practice patience than the other people. We want to be sure that we're really practicing patience as we are developing relationship with the other people. Great. Now we're going to get into the Search Institute, which starts on page 7 of your handout. Search Institute is an amazing organization that does tons of research and data collection on young people. There's a lot of research behind this framework, which again is the developmental relationship framework. We are going to describe the ways of how we can be developed with a mentee. What we know, or what the Search Institute knows, is that when Young people are more likely to grow up successfully when they experience developmental relationships. We're going to talk about the five elements that make powerful relationships for young people. I see Reggie. Reggie is at the beginning, so he's in that stage one right now.

[01:17:16.550] - Renee

Great. We're going to talk about, again, the five elements of the developmental relationship framework. It starts with express care. We're speaking from the voice of the young person. 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. Then expand possibilities. Connect me with people and places that run in my world. One, drop in the chat, maybe which one of these elements you think you may be really good at. A lot of us have our strengths and almost preferences when it comes to elements of developmental relationships. But I'll say often the one that adults struggle with the most is sharing power. It's not something that our society at large is built to do, is to share power with young people. Young people, as a class, as a group, don't have a lot of power, period. So it can be



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hard to for adults to share power with other people, period. But again, we'll talk a little bit more about how to do it. I see people in the chat talking about being good at expressing care, expand possibilities, provide support.

[01:18:34.610] - Renee

It's really good to do. There's a resource in your handout to do that reflection about what your strengths are and how you manifest the elements into your relationships. It's something that I would encourage if you train mentors or supervise mentors to do with them as well, because it's always good to reset, because we find that from our relationships as young people, how people were developmental with us, we tend to then apply with our relationships with young people because we assume that it works, right? And then that that works. I was challenged a lot. People were always challenging my growth as an in-person, and I tend to do that a lot early in my career as a youth development professional, which not every youth needs, or it finds that youth needs all aspects of the developmental relationships. Great. I have a share of power people in the chat, so good. Love it. So this next resource, which is on page 11 of your handout, we see here at the top. Is this the way to find? Okay. We see here at the top. Is this the way to work? There's more. We see here at the top, those stages of the relations.

[01:19:38.160] - Renee

The beginning of the build, stage one, stage two, stage three. Then we see here on the side, the five elements of the developmental relationships. Each one of these little things here are how we can practice that element. When we express care, we're listening, we're believing, we're being more and more encouraging in a person, we're sharing power, we're respecting, including collaborating, letting other people lead. When we're providing support, we're helping them navigate, we're empowering them, we're advocating for them, we're setting boundaries as well. We're expanding possibilities, we're providing inspiration, we're broadening horizons, we're making connections for them in the greater world. When we come down to challenging growth, we're doing that by expecting our young person best, we're helping them stretch, we're holding them accountable, and we're helping them reflect on failures. Again, this is how we practice each element of the developmental relationship framework. Then here we have When it's appropriate or when it can really high as yield of results, practice those aspects. From the beginning, we want to be dependable. We don't even want to listen. That's what we see with this blue. It's going all the way over. We can start expressing care from the beginning, and it will be authentic and ideally be received well.

[01:20:54.840] - Renee

From the beginning, we want to be sharing power. We want to be making it clear that we respect the young person that we with and that we're including them in decisions that we make. We saw on the development slide a few slides ago, we're including them. We're sharing power, but then decide how we spend our time together and things like that. You'll see that Some of these elements are more meaningful



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when it gets to that real mentoring side of the relationship. When it comes to challenging growth, if you're challenging from the jump, that might affect your ability to be in those really effective building stages of the relationship. Expanding possibilities. Well, this is something that we often as adults want to do quickly because we know the possibilities. We know we've had more time here on Earth to connect our young people, but it might not always be received well without the trust that's being built in these first two situations. Again, this is a really, really great tool. I encourage you for anybody that supervises mentors to share this with them. Again, consider how we're practicing these things, period, and then where we are in the relationship and how effective it is.

[01:22:05.410] - Renee

Cool. Now we're getting into the developmental assets that are referred to a few slides ago. This is on page 12 to 15 in your handout. The developmental assets are broken by different stages of young people's development. Ages 3 to 5, 5 to 9, age 12 to 18. You'll see that at the top of those pages. They're broken into external assets and internal assets. With the Search, an institute knows for sure in their research about these developmental assets. It's not the more developmental assets a person has, the more positive their outcomes. We want to consider what these assets are and again, how our role of a mentor, a program leader, etc, how we can potentially influence and increase the assets of the communities that we serve. When we talked about that community responsibility earlier. Again, like I said, it's going to be to external assets, what you see here, and internal assets is going to look on on the next slide. These external assets are things outside of the young person that they themselves might not have influence over, especially as a young person. I'm not going to read all of them. I'll shout out a few, but if any are standing out to you, let me know in the chat.

[01:23:15.740] - Renee

We're breaking these down into support. What does that look like? Do they have family support? Do they have positive communication? Is their neighborhood caring? Do they have a caring school environment? Empowerment. What are the values that the community the young person is in? Do Are there people in the children's home sharing power with them? Do they feel safe? Boundaries and expectations. Are there clear boundaries in everywhere that a young person exists, in their family, at school, in their neighborhoods? Do they have adult role models? Do they have you? Do they have positive peer influence? Again, these are things outside of the young person. Are they able to use their time constructively? Are they in cool mentoring programs? Have creative activities? They're part of a religious community. At time at home, do they have high quality interactions with their family? Again, these are those external assets. We have 20, and then we have 20 internal assets. Again, I want you to think about how you can help influence a young person to have more of these assets or build these assets. When it comes to the internal assets, which again, we can potentially help them build, this comes down to commitment to learning.



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[01:24:24.330] - Renee

How can we get our young people motivated to be engaged in their learning, feeling bonded with school, reading for instance. How are we influencing them to have positive values, caring about equality, about honesty, about responsibility, about living a healthy lifestyle, having those positive coping mechanisms, and then our social competencies. How are we helping our young people How do we build their ability to plan and make good decisions, to have interpersonal relationship? We'll talk a little bit on the next slide. Cultural competency. We've talked about that. We need to do it. How do we build that in our young people as well? Resistance or resilience and conflict resolution, something that young people, developmentally, may struggle with. But how do we help young people learn to resolve conflict? Then positive identity. How do we help people build this positive self-view of themselves? They feel that they have power in their lives, that they're helping them build self-esteem, that they feel that they have a sense of purpose, and they have a positive view of the future. A lot of us who have worked with populations that we know who have experienced poverty or experienced trauma, a positive view of the future can be really difficult for those groups.

[01:25:35.100] - Renee

How can we help? What I'm going to pose to you all is that we consider social emotional learning and doing activities to build these skills. This is page 16 in your handout. This is from CASL. What does CASL stand for again? Communities Advancing Social and Mathematic Learning. I know that there are schools that adopt CASL as their framework for how they live out their entire school. But this is a framework for building social emotional learning that we want to get engaged in with our young people and to give us perspective, again, on how we can help influence them. Again, these are all the things that influence our young people's social emotional learning. Their homes, their community, schools, classrooms, which, again, we saw on those external assets. These are the skills that we want them to build so they can help build those eternal assets and also build those coping skills for getting back through life because everybody needs coping skills, not just people who experience trauma. We should all be helping our young people build those coping skills, which can be broken down into these five categories: self-awareness, self-management, responsible decision-making, relationship skills, and social awareness.

[01:26:59.080] - Renee

I don't want to spend I had too much time breaking these down. Oh, gosh, how do I turn off my user corner? Oh, no. I haven't been there. Okay, we're good. I'm trying to get too fancy with the label for it, but I really wanted to find. Okay, so to break those down, and again, this is in your handout as well. We want to think about what activities we can do with our young people, how our mentors I can help to influence and also model these things. When we read over these things about self-awareness and self-management, I can find that I'm also not great at these things all the time. There's many things that I still need to build so I can model it for my young person. But we want to help our young people get better at self-awareness, helping to identify emotions, which is something that young people are... That's the part of being a young



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person is that you're learning how to do that. How can we help them get engaged in that learning? Whether that's a restorative practice where when young people come into your program every day, we ask how everyone's doing.

[01:28:03.100] - Renee

I used to work with second and third graders many years ago, and whenever we came in, we would have them go stand next to the emoji that they felt like that day. Then we would ask about it. Why are you next to the frowning emoji? How can them get to identify their emotions and see where they're really coming from? Which, again, their ability to do that depends where they are developmentally, of course, but can also... They can get more engaged in that through structured activities that you can do at your program. We want them to, again, we're trying to build that self-confidence, helping them recognize their strengths, and you'll see how these connect with those assets that we talked about earlier. Self-management, something that we all could work on, right? How can we help young people do that? Impulse control, managing our stress, discipline self-motivation, goal setting, which we can do a whole training about how to help people with goal setting, and being organized. The next part of that chunk was Social Owners and relationship skills. For anybody working with young people, I know that you are working on helping young people get along and things like that by helping with that relationship building.

[01:29:09.660] - Renee

A mentoring relationship can also help young people see how to have a positive relationship. Lucille, you will definitely get the slides. A mentoring relationship can really help model a lot of these things, but specifically when it comes to relationship skills and social awareness. A perspective taking, building empathy, appreciating diversity, diversity. That starts with us as adults, as models, and showing respect for each other. We saw that respect is at the very beginning of what we can do in our relationship with young people. We need to come in with respect for young people. Then lastly, responsible decision making. Again, helping young people with their ability to make positive choices, to help them identify what their problems are. Analyzing situations, problem solving, evaluating, reflecting. Again, these are things that mentors can do in their relationship with young people through conversation, through structured activities that your program could build for them, but helping them build these skills, which will look differently at each developmental stage, of course. Five to nine-year-old, it's going to look different than with our teenagers. But I wanted to share it with you all. Again, there's resources in your handout about this, but there's also on the CASL website tons and tons of resources that I encourage you to check out so you can support in your program and in your mentors or with your I should say.

[01:30:31.580] - Renee

I want to talk about now about this cultural sensitivity that I've been hinting at throughout. We actually don't have time to get totally into it because this is a whole other training in 90 minutes that we could spend. But I want to introduce it to you here, and there are resources at the link that Rebecca just talked



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in the chat. This is from the Becoming a Better Mentor resource that has been released by the National Mentoring Partnership that I mentioned earlier. There is a whole chapter of this resource about what it means to be a mentor practicing cultural humility. We're going to watch a quick video that describes it and summarizes the chapter, but you can access it there by download, by audiobook as well, and it's also translated into Spanish. That resource is there. Then if you want to watch our Cultural Humility Training, it's on our YouTube. We'll watch this for now.

[01:31:27.260] - Attendee

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 they 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.

[01:33:10.970] - Attendee

The more you understand this, the more he 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 a discomfort around individuals who are racially different from you because they may feel that they can't bring their full self into the 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 key in being the mentor who is culturally humble.



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[01:34:41.360] - Attendee

See the full chapter at mentoring.org/bettermentor for more tips on how you can be a better mentor.

[01:34:53.000] - Renee

Great. So what a lot of people have joined us. I hope that that instigated some thoughts and learning to give me back to your program and that you will pursue looking into that resource. And this is a resource that's specifically built to speak to mentors, specifically. So whereas most of the resources from the National Management Partnership are for programs and such. But I encourage you to share this research with mentors to look into it further, to watch our training. If you're interested, we will likely do it again in the next fiscal year. But if you want us to bring this training to you sooner than that, reach out to our team because this is one of our most popular trainings for a good reason, right? Because it's so important. But we wanted to give you a taste of that here and make the point that when it would come to being trauma-informed, being culturally sensitive and culturally humble is really important as well. So thank you. I don't want to side it during that. No. Okay. So we're at that last R, and this tip sheet is also in your handout. But that last R is avoiding retraumatization.

[01:36:00.120] - Renee

Trauma. How do we, again, when we're considering that we're working with them for trauma, and we may not know, we may not have that exact fact, but we can do this for all of our young people. I'm going to talk about specifically the benefits of doing this for young people who experience trauma. So being consistent. When I used to train mentors directly as a mentor supervisor. I always say consistency is really, really important in that state one of the relationship period. But when it comes to trauma survivors, specifically, trauma survivors have often experience some form of abandonment. So your consistency in how you show up in being there when you say you will be there helps ensure that they will be retraumatized by being abandoned again. Facilitating predictability. So when we think about the experience of trauma, a survivor of trauma did not have control on that experience. So this can result in struggles with sudden changes in environments or activities or unpredictable experiences. So we want to set clear boundaries with our young people and expectations with them. Whenever possible, we want to avoid significant or unexpected changes because that can be, again, triggering for trauma survivors.

[01:37:09.170] - Renee

When changes are necessary, provide notice as much as possible so a young person can help make their internal justice. Offer choices. We think about sharing power, right? Offer choices. But when we think about trauma, a loss of control and a lack of choice about what happened, about their trauma, is very difficult. When young people don't have a choice in the environment they're in, who's around, they can experience a sense of powerlessness that can remind them of the trauma that they were a part of. When possible, we want to help our young people. We're going to share your power with the young people and



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provide opportunities for voice and choice. Being non-judgmental, which I hope is obvious, but when we talk about the stigma of trauma, a young person may have experience being judged or being criticized from others regarding their trauma or that self-judgment and that self-criticism. There's often stigmas attached to certain traumatic experiences, and we know the symptoms and potential coping needs to follow. We want to, in our roles, not judge their experience or how they responded, how they're responding into the traumatic experiences. We want to be mindful of what we say to our young people, of course, if they're sharing something with us that includes our facial expressions and which may convey shock another judgmental emotion if a young person is disclosing with us.

[01:38:33.200] - Renee

We want to be sure in this situation that we're not projecting our own thoughts and emotions right. We're not doing that prescription about the experience. I think that would be developmental. Identifying and avoiding triggers, which I've seen some people bring up in the chat. Ideally, we want to help a young person learn what their triggers are for them to learn, but also for you to learn in your role as a mentor or program leader. We want to do this by looking for patterns and times when a young person becomes dysregulated or stressed and engage in conversation with them. Identify what happened that led to those behaviors. Once those are identified, you can bring this from together about how to avoid or anticipate a trigger or what to do after a trigger may have happened. No, never to force or demand action. If your mentee does not want to talk about something, leave it at that. If they're struggling to focus, trying not to be overly strict or harsh. Again, we want to notice when we talked earlier about strategy, symptoms, coping mechanism, we want to acknowledge that those behaviors, a young person not paying attention, et cetera, could be a coping strategy.

[01:39:42.570] - Renee

We want to try to understand how certain behaviors may be coping them to get regulated, to feel safe, and try to help them understand how and when certain behaviors are acceptable, and supporting them in learning those coping strategies so they can be fully present and a part of the group. Then, period, always being calm and controlled in our behavior and our responses to their behaviors. So that's... Young people do crazy stuff. I tell a story often in this training about I was in the cafeteria with a group of young early elementary schoolers, and there's a balcony on the second floor and a young person that I knew had experienced trauma and jumped off the top balcony to the floor. He was fine, but the group was obviously shocked and yelling and screaming. But my reaction was super deep and cool. As a result, I was able to maintain all the uncomfortable in the situation and get that young person back on track who had done that amazing jump. But that's something that takes practice to do. It also has to do with attunement, which is another chapter of that becoming a better mentor resource that I encourage you to explore, but that has to be attuned with our own feelings and emotions and how we can get attuned to our young person.

[01:40:58.340] - Renee



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I don't know if there's any questions there. A great note right during the chat. Cool. We did it. We're almost done. We're not ready yet. We did all of our arms. We've understood the life-suit impact of trauma. We talked about recognizing signs and symptoms. We talked about how it can be developmental, how we can respond, which we're about to put into practice. Then we discussed how we can resist retraumatization. I want to open up your handout and move to the last page where you will see a picture and a story about each of these young people, Keisha, Brian, and Kim. Keisha, Brian, and Kim, as you'll see in your handout, each have their own life stories that you are privy to. You'll have a lot of information. These are for young people who you know their backgrounds and their experiences with trauma. We're going to review those stories, and then in breakout rooms. Then what I'm going to ask you to do, and I will ensure that you can... This slide is also in your handout, but I'll try to keep it projected so you can see it in your breakout rooms as well, is that we want to think about how it could support this young person, considering these five things.

[01:42:15.230] - Renee

We want to, again, use the concepts of the developmental relationship framework. When we think about what we would do next for this young person, going back to the developmental insurance framework, DRF, about what we can do. We want to also consider where we are in the relationship with this young person, how that might influence our approach. We want to be thoughtful, of course, to our mentees' experiences as a trauma survivor and consider that when we think about what we're going to do next. Of course, we want to be culturally sensitive and consider the background of the young person and how that might affect the service that we want to provide, and then also identify what protective factors and developmental assets they do have, because of course, we don't want to come up from this deficit approach, where we're only seeing this young person trauma, you'll see that there are assets and protective factors in their stories. We want to acknowledge those and see maybe how we can help enhance those and make those as meaningful as possible for the young person, and maybe what social emotional learning skills that we can help be introduced in this approach that we're going to talk about.

[01:43:21.750] - Renee

When you get into breakout rooms, and I'm going to try to name the rooms after the young people. When you get into the room, you'll know that you're talking about Hyesha, Brian, or Kim. But when you get into your breakout rooms, essentially, I want you to brainstorm what you would do next, taking all these things into account. So you're serving Hyesha, you're now trauma-informed, you know about how it means to be developmental, et cetera, how can you now... What are you going to do next to support this young person? Knowing what you know about them and knowing what you know about everything we talked about today. Are those directions clear? Let me know in the drop one in the chat if that made sense, and you know what to do. Tisha, raise your hand. Talk to me.. Someone was raising their hand. Sorry, wrong reaction. Okay, great. All right, so I'm making sure that we're all on the same page. I'm going to pause the recording. I got these rooms ready for you all. If you get into the and it does not tell you who it is for some



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reason, even though I'm putting in that great effort, you can decide as a group who you want to talk about in your group.

[01:44:40.800] - Renee

So we're almost done. And then I'll open these. Then we'll come back together and we'll talk about what we can do to serve Keisha, Brian, and/or Jeff. There's so many ideas, so there are so many rooms, but we are getting it done. Again, get your handout open. This is on the last few pages of your handout. You want to go to that link one more time, Rebecca, and then we will break out. What time is it? We're going to spend a good 10 minutes in our rooms, so you guys have time. When the rooms close, you'll have another 60 seconds before rooms close. You should automatically be moved into your room. Again, it will hopefully say the name. If it doesn't, you can decide with your group about who you want to talk about. And those rooms are opening now. Okay, I'm quickly going to go to the restaurant. If anybody comes in, move them to a room to our friend on YouTube. Please discuss in the chat. I'll have Quiana. You can bring up a certain young person if you want to read through together. Take some time to read through the stories first, of course, and then bring back to the chat who you're reading about how you might adapt services based on these focus points in action.

[01:46:27.140] - Renee

Let me reshare my share real quick so I make sure people can see this in their breakout rooms.

[01:46:34.230] - Rebecca

And welcome, Esther. I'm going to put you in a breakout room.

[01:46:40.740] - Renee

Okay, thank you.

[01:46:41.920] - Attendee

Sorry, I joined late.

[01:46:42.900] - Rebecca

You are totally good. I will also make sure that I send you the guide to today's presentation, and the full presentation will be shared with you afterwards.

[01:46:55.110] - Attendee



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Okay, great. Thank you so much.

[01:47:00.000] - Rebecca

I just have to make sure I know how to do it. I do. There we go. All right.

[01:47:24.380] - Rebecca

Hi, John. We are currently in breakout rooms, so I'm going to I'll go ahead and put you in a breakout room. If you follow along with today's... Sorry, I can't do two things at once. Handout and move to the last page. We're talking about how we can support young people going through specific issues in their day-to-day life. All right. You left. Bye.

[01:49:10.580] - Renee

Rebecca, there's somebody asking for help if you can jump into their room. It's the third room that says, Kim, Adriana Ramos-Leal.

[01:49:24.890] - Attendee

Hi, I came to the Zoom so I could get in the breakout.

[01:49:27.900] - Renee

Hey, John, I don't move into a room right now. Yeah, you snuck in. I'm moving you right now. My friend on YouTube, I am looking at your chat. Yeah, check in when you have read the stories, and then what young person is speaking to you and what would you do about it. I'm going to read it in a second. Yeah, I see, Ebony. You can comment right in the chat. How about your thoughts about Keisha, Brian, Kim? Great comment, Eric. For Keisha, I would start with, I'm going to know that I feel her pain as I see her. I'm trying to stay in touch with her. That'd be intrusive. It's a positive sign that Kim has a job. Right. Yes. We're looking at those assets. What are the goals for the job? This is remind me that expand possibilities, right? Of the developmental relationship framework. With Keisha, I feel sharing power and letting her know that her concerns are being taken seriously and that she has heard.

[01:51:32.800] - Renee

Younger kids tend to be dismissed. Yes, I agree. Our young people have the least amount of power. Our youngest people have the least amount of power. Often, this is where people get really prescriptive with younger folks. I'm trying to find it back. Brian, consistency in showing up will be big. Yeah. It's when we think about those small things like being consistent, showing up on time. That can be really, really meaningful, depending on the background of the young person. I think it's meaningful, period, especially



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in the early stages of a relationship. But when we think about young people who experience trauma, it can really, really have an impact. It's something that doesn't take a lot of effort to do necessarily. We can easily be consistent, or more easily than young people. As adults. Young people who don't have regular access to food may be able to connect more when their bellies are full. Keisha probably needs a professional mental health provider, considering what she has been through. Thanks, Eric. For my friends on YouTube, too, I would encourage you to use this activity with your mentors, with your staff, and to use this as an initial activity, but this is something you can do and revisit with each of the young people that you serve.

[01:53:46.750] - Renee

How are we going to apply our trauma-informed, developmental, culturally sensitive knowledge that we now have to the young people that we serve? Don't we have journaling and art? To A, to create a lecture environment? Those can also become COVID mechanisms. Brian is suffering from substance use. Which likely will require other resources. Finding out what resources may be available in his community that would be meaningful for him. I assume folks are going to come back in about two minutes, and then we'll hear what they have to say. But I'm loving the conversation in the chat. You guys are crushing it. All right, with Brian and Kim, we don't want to shame them for their substance use. Validate that cannabis is a medication, right? They're medical cannabis in Maryland and DC. Where the science is not a scientist, not about how cannabis affects teen, developing brains. So it may not be the coping mechanism that we would hope for them. Maybe we want to give them way to more positive coping mechanisms. Eric's talking about modeling, which is really important. Mentors are natural adult role models, especially if they may be able to see something in you, your gender or background, they can even get more out of it.

[01:55:46.490] - Renee

That role is even more important. So Kim is in a survival situation, so she might have a lot of needs when it comes to supplies and assistance. So we're not asking her what those are. Letting the young person tell you what they need, right? That's being developmental. All right. Hello, Zoom Gang, coming back. I've been talking to the YouTube crew. They're doing great, but the rest of our Zoom folks will be joining us in a in a few seconds, and then we will talk about what we'll talk about, our young people here? I We're all coming back from our breakout rooms. I think just about everybody is back. Thank you for participating. I was talking to our friends on YouTube who are doing a great job. So, yeah, let's start with Keisha. What did you guys think of her story? How would you apply these focus points to providing services to Keisha? So feel free to jump in the chat. Come off mute and share for a little bit.

[01:57:12.100] - Attendee

We have about 10 minutes to share. Thinking about Keisha's story, what can we do for Keisha? For Keisha, we talked about her situation with her relationship with her mother and being foster cared. I think one of the deepest things we talked about was Jamal had mentioned finding services for her, the trauma



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in her past, and knowing that the relationship is not going to be an instant positive relationship. But And he actually wrote it right in the comments, which is perfect. Just having people in that resources for her to utilize to know she's not alone and to speak to other survivors and even just finding resources for her mother as well to just better the relationship moving forward so they can have a relationship that's not as harmful.

[01:58:18.810] - Renee

Right. Great. Great. I love that you don't discount the relationship with the parent, right? Even if it is not outside of receiving it, it's not necessarily positive at time. But somebody who's talking to work with the young people in foster care and social services, the goal is always reunification and positive relationships with parents because we know that increases positive outcomes for young people. So seeing the value in having relationship with your mother, period. What we can do to make it more positive, which may be resources for Keisha and for her mom. I love that you acknowledge that it's going to take some time to build that trust.

[01:58:58.680] - Renee

The first two stages that we talked about earlier may take more time. This is when we want to work on being really, really patient, which can be difficult. When we're working with people in difficult circumstances, but great. Can we talk about Brian? Feel free to call up for you, drop in the chat.

[01:59:24.630] - Attendee

With Brian, we briefly spoke on a couple of things, but primarily, we felt that it would be best to be a listening ear for Brian as the relationship develops, just trying to get an understanding of what is going on because it said that he did enjoy school and participating in school, but somehow now he's skipping classes. I think just being that listening ear and showing that we care will be the best approach Brian in the beginning.

[02:00:02.820] - Renee

Yeah, you made some really good points, right? That you're seeing the strength that he used to really like school, right? But obviously, something's changed. Finding the source of that. So we, hopefully, connect him back to what he used to get a lot of joy and comfort and stability from going to school. And that, especially with Brian in his situation, it's going to take a lot of listening.

[02:00:31.070] - Renee

This is where when we think back to that developmental versus prescriptive, to be developmental is to listen more, to listen more than you're talking, especially in those early stages of the relationship where



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we're really getting to know a young person. Because we might think that even from reading this paragraph that we know a lot about this young person. I used to work with a social worker who would always say people are the experts of their own lives. Trust people to tell you who they are and what's going on with them. Even more so, trust a young person, trust a child, which typically, we adults have some trouble doing. Great. Thank you so much. Then what about Kim? What can we do for Kim knowing what we know now about being developmental? Kim, I would

[02:01:15.440] - Attendee

We discussed, because she is a provider, mostly listening, trying to find out more about her and things that she may like to do outside of being a provider, and maybe even possibly finding some resources for her and her family, mostly just listening and just finding out her likes, like I said, outside of being a caregiver for her siblings and assisting her dad financially and working.

[02:01:53.460] - Renee

Yeah, all good points. You guys are doing great. When we think about young people, do they have space to be young people and develop in that way when she has a lot of responsibility at home? Ideally, a mentoring relationship, an after-school program, these spaces that we create for young people, they can be separate, have a separate space to develop just their own identity, their likes and dislikes, their probably positive coping skills that they can get joy from and utilize in the situations that they are in that is difficult. We're in the chat. My son was talking about the cultural aspects of her situation, of course. She's experienced her father is suffering clinical depression. Again, we think about these things pathing down from our brains, her mother passed away a long time ago. She's clearly self-medicating, right? Marijuana is her coping skill or her coping mechanism I should say. Obviously, she needs to do some building when it comes to other coping skills. So a certain aspect of the SEL that we talked about and considering the cultural aspects that may affect her desire to engage in more healthy coping mechanisms. Then celebrating for Kim for what she's successful at.

[02:03:05.450] - Renee

She's a successful caregiver and she's a job. Yeah, thank you, Michael. Yes, you guys are doing great. Love it. Really great about where we're all at at this point, I was saying to the YouTube crew that this is an activity that you can do with mentors that you're training with your staff to reflect on these young people's stories, but apply them to the young people that you serve. How can we consider these focus points that we learned about today to the young people that we serve when we're thinking about creating action plans and hopes and goals for them within our program? As we move to wrap up, I want to talk about the young people's perspective. We talked a lot about this research and data, but that research is grounded in hundreds of thousands of interviews with young people. That's what Search Institute does and why they are so great. Also, if it didn't already say their website, tons of resources, please go check it out. I was



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very grateful to be trained by them many years ago. They're some of the best in the business. Like I said, Search Institute interviews hundreds of people or young people from all different backgrounds.

[02:04:14.290] - Renee

They were developing the developmental leadership framework and the developmental assets. Straight from young people's mouths, we hear about the impacts of it. It made me feel like I was a better person, like I was worth something. Even if it's really hard, the staff out of the program 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. Having a belief in the other person. Providing support. She helped me out with a nice place to live. So literal resources and things like that can be a really important role. When it comes to sharing power, my youth leader says, I'm here, you're here, and we're equal. If we're working on something together, I can tell her, No, this is going to work. Validating young people's ideas and giving space for them to push back, which is natural for a young person to do, which we often forget when we're trying to potentially control young people and control their outcomes. Then expanding possibilities. She put you around people who reach the places you want to go in life. So young people being able to see different kinds of people and inspire them.

[02:05:16.790] - Renee

And part of expanding possibilities. And then when you see people come from the same place as you, it gives you hope. So helping build hope in young people. We're going to watch a quick video to wrap up. If I can't scrabble it correctly, which I think does a good job in wrapping up. I've had to put it simply, what we're going to do today. So... Give me a second. Not yet. Not yet. I'm deeply trying to We'll move this ahead. Rebecca, it's time to be friends. Hold on one second. Let me see if I could put this in the two. Here we go. I got it. This is from Hit Lassow, right? Hitlaso friends out there. He's got himself into a bedding situation. And this is what's happening. What do I need to win. That's your 20-sum officer. Good luck.

[02:06:46.110] - Video

Rupert, guys have underestimated me my entire life.

[02:06:50.280] - Video

And for years, I never understood why.

[02:06:51.630] - Video

It used to really bother me. Then one day, I was driving my little boy to school, and I saw this quote by Walt Whitman, painted on the wall there.



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[02:06:59.610] - Video

It said, Be curious, not judgmental. I like that.

[02:07:08.590] - Video

When I get back in my car, I'm driving to work, and all of a sudden, it hits me.

[02:07:13.190] - Video

All them fellows used to belittle me.

[02:07:15.630] - Video

I was a single one of them curious. They thought they had everything all figured out, so they judged everything. They judged everyone. I realized that they're underestimating me.

[02:07:30.270] - Video

Who I was had nothing to do with it.

[02:07:33.990] - Video

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, I had a sports bar with my father from age 10 to 16 when he passed away. Barbecue sauce. Come on.

[02:08:13.030] - Renee

So, for you? If I can make it very simple, the takeaway from that video, is to be curious and not just that. There's one thing that we could do for our young people. Again, we won't always have the information about their backgrounds, about their traumatic experiences. Maybe sometimes we will. When our approach to young people, first and foremost, we need to be curious. Do that listening. Build the trust and the space for us to have meaningful conversations with young people and for young people to let us know who they are and for us as adults to not be judgmental of it, especially with all the information that we have now. I hope that it's going to be easier than ever to be curious and not judgmental. We're wrapping up for our friends on Zoom. When you close, the evaluation survey will pop up or you can click on it now. If you want a certificate, please email me. Rebecca, if you could type in my email, that'd be great. Please email me if you want a certificate for coming today and for a friend on YouTube, please drop my email so people can reach out to get that certificate.



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[02:09:20.430] - Renee

Slides, everything will be emailed out and will also be linked on our website and on this YouTube video. You can access the slides and all the resources we talked about today. Our next training is in June. It'll be part of Baltimore's Pride Week. It will be virtual. We hope you will come. It is with our famous guest facilitator, Clarissa Herman, who was here last year with us. We did some trainings about girls health and girls mental health. Girls Mental Health. We're going to talk about LGBTQ terms and trends. So please, we hope to see you again in June. Thank you so much for your attention and participation today for my friends on Zoom, for my friends on YouTube. We appreciate you being flexible as well as the was overwhelming with your registration. So thank you so much for coming. And I'll say off a few minutes to get them questions, but thank you so much. Thanks, everybody. Seeing some people still connecting in the chat. I'll leave it all for the Qobuz so you guys can still connect. I'm going to stop.