

Trauma-informed Care: Resilience

Dr. Kineka Hull: Welcome to Elevate Youth Programming, a podcast for adolescent pregnancy prevention programs and other youth serving agencies. In each episode, we will discuss best practices, tips, and strategies to strengthen your programming. Each episode will cover a specific topic discussed with experts in the field. Listen along as our guests join me to discuss these relevant topics. I'm your host, Dr. [00:00:30] Kineka Hull.

In this episode, we sat down with Doctors Vicki Johnson-Lawrence and Lissette Saavedra from RTI International to discuss steps programmatic staff can take to support youth resilience. Dr. Johnson-Lawrence has led community engaged behavioral public health initiatives using evidence-based and trauma-informed practices. Her experience is in areas of community violence prevention, equity, [00:01:00] bias, and trauma as a context for community violence and mental health problems with a focus on promotion of healthy relationships and safe environments among youth in community settings.

Dr. Saavedra has more than 20 years of experience in delivering trauma-informed care to ethnically diverse adolescents. For over five years, she provided technical assistance to schools and communities around recruitment and retention of minoritized youth and infusing [00:01:30] trauma-informed programming in teen pregnancy prevention. Welcome to the Elevate Youth Programming Podcast. Lissette and Vicki, how are you?

Dr. Lissette Saavedra: Good. Happy to be here.

Dr. Vicki Johnson -La: Doing pretty well. Same. Glad to be here.

Dr. Kineka Hull: I am so excited. I've been following both of your research careers here at RTI and we're so excited to have you come on the episode to help our listeners think about ways to enhance programming, their engagement and effectiveness to support and build new skills and [00:02:00] strength. So that listeners can get to know you and be a fan like I am, I ask that you both tell us a little bit about your research and your involvement with informed care and resilience in communities and youth. Lissette, will you go first? Please tell us a little bit about your research.

Dr. Lissette Saavedra: I've been at RTI for about 18 years. I'm trained as a developmental psychologist, but also have a mental health counseling background. All my research is in clinical work, and that's how I became interested [00:02:30] in trauma-informed care from trauma work. So, I am a researcher that evaluates interventions for youth and for adults experiencing acute stress, anxiety, PTSD. But in that process, I became very interested in working with providers, and also working in schools.

And so, I started thinking a lot about ways to help providers work with youth who've been exposed to different traumatic events, but even when they're not, [00:03:00] in clinical settings. When you actually want to ensure you don't re-traumatize. And this is a little bit before a lot of work around and thinking

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around trauma-informed care, and I've been just trying to develop some of my research in line with what we now know as trauma-informed care. And so, very happy to be here and talk about how relevant some of this might be.

Dr. Kineka Hull: Thank you. Vicki, please tell us about your research.

Dr. Vicki Johnson-La: I am a community engaged researcher primarily. I've been doing a good deal of participatory [00:03:30] research for years. My work has been in the health equity space for almost 20 years, and I'm trained as an epidemiologist and a biostatistician. And ultimately, I started coming to the world of trauma-informed approaches through community engaged research. I used to be very much about the numbers, but numbers don't mean a lot if you don't know how to turn those numbers into actionable steps that community partners can take together.

And in [00:04:00] 2013, I made a decision to move to Flint, Michigan, and this is just before there was a community-wide water crisis. And it was in that time that it became instrumental to think about how data should be used, can be used in equitable ways to serve in minoritized and historically mistreated communities. And that's what I saw and was a part of in Flint. Since then,

I've had a very intentional focus on trauma- [00:04:30] informed approaches and how we think about it in community spaces. I have always worked alongside clinical partners and systems or institutional level partners, but really came to see that when we are promoting health equity, when we are talking about why our youth and why our adults behave or make choices in the ways that they do, is driven by the environment around them and by the resources available to them, how they understand them and how they can bridge them to make good use of [00:05:00] them.

But if those resources seem like they're causing harm at the same time as they're supposed to be helping, then it becomes difficult for anybody to engage with them. So, a lot of my work came to be around trauma-informed approaches in community systems because we have many community leaders who are advocating and creating spaces for our families, our youth and other people who are involved to find ways to be better on their own terms, find ways to be better according to their definitions of better. And that extends, of course, into mental [00:05:30] health. That extends into physical health and it runs throughout the life course. So, I'm in this space now thinking about resiliency, not from the perspective of surviving, but instead for thriving, not just to adapt to the stressors, but instead to think about how we don't end up in this stressful place or this place of adversity to this extent again. So excited to have this conversation and how we think about forward thriving instead of just making it by or being resilient enough to get over.

Dr. Kineka Hull: Love it. I'm [00:06:00] looking forward to this conversation. And so, in the first season, we ended on an episode about trauma-informed care. And so, we had two other researchers who talked to us about what it means to have an adverse childhood experience. They told us some things about the four R's. And so, we

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learned about realizing that trauma is widespread, recognizing the signs and symptoms of trauma and making sure that we're correctly interpreting what we see [00:06:30] and being able to respond appropriately at the individual or organizational level and doing our best to resist re-traumatization.

And so, we also talked about how particularly important it is in what we do with youth and adolescent pregnancy prevention program because we're talking about sensitive topics and we are especially trying to reach diverse populations. And so, based on that information about trauma informed care from last season, I want to transition this season to talking [00:07:00] about resilience. And so, I would ask that you each tell me in your own words, how do you define or how would you like our listeners to think about resilience?

Dr. Lissette Saavedra: Resilience, the way I've thought about it in the past, is an ability for an individual to identify and build on the strengths that they have. And it's such a natural thing and I just think we need to talk about it more. It's very similar to individuals [00:07:30] are programmed to look at the negative. We see it in the news. Oftentimes, what we hear in the news is more negative because if it bleeds, it reads and we rarely get the positive stories.

But the reality is that most individuals exposed to a traumatic event never develop any problems associated with it, never go on to have mental health problems associated with it; actually, are more resilient, but we don't talk about it enough. We tend to hyper-focus on the reactions [00:08:00] and that doesn't allow us to often build and continue to build the strength to have stronger coping mechanisms and then consequently to cultivate a sense of purpose and meaning.

Dr. Kineka Hull: What about you, Vicki?

Dr. Vicki Johnson-La: I think about the traditional definition of resilience as a capacity to manage or overcome stress, trauma and adversity. And in some ways, I think of it as adaptation, but the key modification that I would make is that I've heard it described as bouncing back. I don't want to think of it as bouncing [00:08:30] back. I prefer to think of it as bouncing forward because resiliency is about going forward, not just about returning to the state that you were in. So, resiliency, yes, it's capacity and adaptation, but to thrive in the future, to figure out how to move forward, build on your capacities to win in the best of ways.

Dr. Kineka Hull: This season, I really wanted to focus on resilience because, like you both said, it's not about just surviving and it's important that we understand that story and we're [00:09:00] promoting things that are making young people able to cope better and process their surroundings and events better. But like Vicki said, that we're taking that from just the survival to the thriving. And so, what else should listeners keep in mind as we're starting to bridge those two concepts? And so, I know we talk a lot about trauma-informed care, we talk a lot about trauma-informed approaches, but what should we keep in mind about [00:09:30] that trauma approach as we're transitioning into improving resilience?

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Dr. Lissette Saavedra: One big thing for me is to help think about ways that you can foster resilience in your environment. Whether you're working in a school setting or if you're working in community settings, trying to be very intentional about ensuring that you're creating a safe and trusting environment for the youth you work with and helping them think about ways that they [00:10:00] have their own autonomy and that they have choice. All of those things are very, very effective in avoiding practices that may trigger traumatic memories.

And then so oftentimes I get asked by providers, "How do I talk about or how do I dance around anything that could be triggering?" And I often say, "It goes a long way if you try to be as intentional as possible in creating a safe and trusting environment and helping them feel like you want them to be there, you're happy [00:10:30] that they're there and they're just really mindful and intentional about what it means to be safe and supported for them."

And oftentimes, that means not talking about the traumatic event, not doing anything that would actually happen in a clinical setting, in a therapeutic setting. And it's hard not to conflate the two. But when we're thinking about resilience, we're thinking about the opposite side of the spectrum and things that we can do to build that individual strength. And sometimes, that takes time [00:11:00] to learn the different things that individual brings.

Dr. Vicki Johnson-La: I'll hop in and say when I think of moving from surviving to thriving, and really it comes down to how we individually define resiliency. And I think it's about how we internalize our experiences. I say this from the data side and I appreciate Lissette maybe saying it from the clinical side, but first of all, I'm not a clinician in any way. So, I'm watching from the community side and thinking about how non-clinicians engage to address [00:11:30] this mission.

And the very first thing that I knew to do in understanding the community where I was living and serving is to listen. And it was not to talk, not to think that I knew what was best, but instead try to get an understanding for how the people around me were internalizing what we were seeing. And so, some people were really, really great at seeing whatever was in front of them as a temporary condition. And so, they saw that this will end [00:12:00] and could therefore be optimistic about what the future was to hold.

So, in other words, they knew they could manage this because it would end. And that is, in my thinking, it's a form of coping because what's not going to last forever. Whatever this burden is, it is not permanent. But then there are those individuals who saw this as a really permanent long-term, ongoing, not subsiding situation. And in Flint, the water conditions, it really felt like it just would never end because the effects that we were talking about, they were intergenerational. They [00:12:30] would not be going away just because the pipes for their homes had been replaced or what have you.

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And I'm using that as my example because it was all about how it was internalized and the conversations we were in and whether we were in rooms where people were ready to listen. By people, I mean those who were in charge of those rooms were in a place ready to listen. It really did govern how well members who attended whatever the sessions were able to respond. And the same is true for youth.

So getting closer to the point, I'll say when I think about youth and resiliency, [00:13:00] it's making sure we understand what they see as something that can be overcome and making sure we hear from them what they see is immutable and then working to cope or navigate that thing that they see as immutable because that's when I see their resilient strategies come out. They begin to realize, "I can change these things. They are not permanent, they are not just being done to me, but instead I get to control what will happen or some sense of control for what will happen next."

And that's where we saw the individual features of resiliency start to show where we saw optimism, we saw them demonstrating [00:13:30] confidence, we saw that they were demonstrating a sense of self-efficacy. They were showing up and able when they didn't feel defeated. So, our work is to make sure they're not feeling defeated.

Dr. Lissette Saavedra: I really like that because I feel like it's such a great example of how you create safe and secure environments. With the example you just gave, you allow their resilience to emerge. And I think that's the essence of the strength-based approaches. Vicki, I love that example because you just really showed us how it is you actually go about to [00:14:00] do this. And I think this is important for providers to really think a lot about so that they can recreate this in the context that they're working in.

Dr. Kineka Hull: I agree. I feel like one thing that you said that I remember learning in school, "Listen to hear and understand and not react." And so, I feel like that's just human nature. "There's a problem, I have to fix it." And I feel like a lot of times, that's not the best approach, that sometimes we take a paternalistic [00:14:30] approach to things. And when you're building that safe space that you both have talked about and the autonomy ... that's the other word that you said in the self-efficacy. So, all of the terms that we know that typically if a person has a safe space, a dependable person, a competent and trusted person, just to say things out loud to sometimes, you start formulating some of your own responses and your own ways to respond and you're talking it through and you're troubleshooting. [00:15:00] And so, I feel like that's important.

And so, one thing that we talk a lot about in adolescent pregnancy prevention is positive youth development and being able to set your own boundaries and understanding what that is and finding what's important for you. And so, when I think of the functional skills as a young person that helped me as I transitioned into adulthood were the things that said, "Okay, I've heard of this situation before. Someone [00:15:30] told me some things to watch out

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for and how to maneuver and respond. Don't give me the answer, but give me the skills so that I'm able to process that and think that through, because if I'm coming to this realization or the solution on my own, I feel a little bit more comfortable sticking to it because I feel like I've made the decision. Not saying that the influences may not have been parental or other things, but I'm like, 'Hey, I made a good decision' or 'uh-oh, this [00:16:00] was not a good decision,' but now I know how to cope with that or come up with some way to deal with the consequences of what that action may be."

And so, I'm going to stop here for a second. Lauren, I realize that I've written some of these questions out of order. And so, I love this conversation we just had on resilience, but I'm going to flip this above that whole conversation we just had and ask about the [00:16:30] definition that you all would like to have on the record of resilience. Lauren, that will be then spliced and then we'll come back.

As a science major, one of my favorite words was homeostasis. So, finding that balance, I am a huge fan of self-care to the point where I give myself some self-care every day as a health educator and a school teacher. I'm going to say former, I still teach, I [00:17:00] do a supplemental lesson or one of the first introductory lessons about not only time management because that impacts self-care, but I actually talk about self-care and give some self-care tips. And so, I like how you said it's not about bouncing back, it's about bouncing forward or preventing the need to have to bounce back. And so, I color, I do crossword puzzles. And so, just teaching the coping mechanisms to say, "Hey, I'm feeling a little stressed. I'm feeling [00:17:30] a little off my game and I can feel something that may be happening or that stressor or the news," like you said Lissette, or something happened at school.

And so, this is what I can use to reset or this is what I can do to impact my resilience. And so, I just love some of the products and things that we offer on the exchange. The link for the exchange is in the product card for this episode, where we have things that young people can do that talk about conflict resolution and talk about [00:18:00] self-care and talk about wellness and doing a journal or a bath, whatever it may be that it is helpful for them to bounce forward.

I'm going to start using that. I think that that's great. And so, as we talk about that, let's talk about some additional things that can impact, that can help or hinder resilience. And so, what are some internal protective factors that our listeners can help to enhance in young [00:18:30] people that will help with their bounce forward?

Dr. Lissette Saavedra: Yeah, those are great to have handy. I often tell providers being resilience focused is a skill that you can get really, really, really good at. And I can talk later about some of the tips that I have found useful in doing that, but understanding what are the different types of protective factors that a youth presents with that you are working with because they're going to be different for kids.

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[00:19:00] And I think about them as individual child qualities. For example, individual child qualities could be how flexible they are, if they value their autonomy and their independence. Even from an early age, but then even later on, how well they get along with others, if they have a sense of humor. Those types of things allow youth to respond better to different types of help that they might get from different people.

Some of these are just temperamental, but when I think [00:19:30] about some of the attitude things, positive attitude, a positive outlook is something many people might not have, but it's so trainable. It's something you could totally teach them to build, confidence as well, positive and realistic expectations. And then another one, especially in the context of adversity and even traumatic experiences, hope for the future and purpose is something that is also trainable.

You can look [00:20:00] to see if individuals are showing any of these characteristics and, if they're not, just some guided questions to help them think about that they're worth having this. They're worth having plans for the future. Those are I feel like are some key individual or intrinsic protective factors that I have found useful, not only in terms of when working with youth, but that I could also modify and help them [00:20:30] grow into later on bolster their resilience.

Dr. Kineka Hull:

Thank you. That's wonderful. You hit on something. We actually have a product that I'm going to put a link in that for our resource card. It's called Our Goals Our Lives, and what it actually has is some goal setting and goal planning that young people can work through to think about their future. And it also highlights videos of other young people who are explaining their goals and how they plan to get there and talking about some pitfalls that [00:21:00] may occur along the way and some ways that, if they've already experienced those, were able to bounce forward.

I just love that and it gets other young people some ideas to say, "Hey, like you said, I'm being optimistic. I see someone else who is similar to me who may have gone through the exact same thing." So even though right now, when you're in the middle of something, whether you're a young person or an adult, it is heightened at that time and you don't always see the path [00:21:30] forward. But when you see someone else who is able to do it, like you said, I can say, "Okay, I see a light at the end of the tunnel and I know that things are possible." What about you, Vicki? What internal protective factors should our listeners be aware of?

Dr. Vicki Johnson-La:

Well, I think Lissette really hit the same set right on the head that I would've pointed out. And when I consider what we use every day as our guiding force, as our guiding light, whatever we can do to bolster [00:22:00] effectively confidence in ourselves, to be able to make it through that day and not feel alone or isolated while we do it, I think those are big builders; builders for resilience, but also holding onto it.

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One of the things that I get really worried about is when we have programming that's short term, programming that's one off or programming that gets them going but doesn't maintain that ongoing [00:22:30] spirit and support that young people need. I mean adults need it. So inevitably, we all really need some sense of ongoing continuity for feeling like we can get these things done from day to day. For each of the areas that Lissette emphasized, I would absolutely say thinking about how we maintain it in an ongoing basis or finding our community for keeping our capacity open and developing in those areas.

That's what we have to invest in. That's what we have to make sure stays available. [00:23:00] For example, to be really concrete, if we're thinking about optimism, it's great if you have it for a month, but it's a lot better if you have it every month or have access to it on an ongoing basis. It's for that reason that I think about apps and our different electronic tools as being super helpful because they help us keep those factors building in our lives from day to day for confidence. So, like I said, optimism and confidence, those are probably the two that I hold in most high esteem because they govern how well we can do many of the things [00:23:30] that we think we can't and many of the things that we and youth are told that they can't do in the long term.

Dr. Kineka Hull: Exactly.

Dr. Vicki Johnson-La: With confidence, finding that group of people who will be able to encourage, they really offer a sense of encouragement for what you can maintain, what you can keep doing, where you can keep putting your energy. Even if it doesn't seem like it's paying off in the short term, that's where I see those protective factors having the greatest value over the long term because you begin to ingrain it. One time [00:24:00] is fine, a couple of times is better, but it's that long-term sense of internal capacity that really drives how, in my opinion, how resilient we are really through the rest of our lives.

Dr. Lissette Saavedra: Again, similar to what I had mentioned before, it's so true to the trauma-informed approach. What she's talking about here also highlights how you maintain that safe environment. And unfortunately, a lot of youth who've been exposed to a lot of adversity, exposed to traumatic events might [00:24:30] have a hard time engaging in trusting relationships because they might not have had that consistency.

What I really love about what she just said about the protective factors is not only the one-offs, it's being able to provide them consistently because that is how you build trusting relationships. That's how you give them the consistency and the safety that we talked about earlier in terms of really needed, that that is trauma-informed. And some of these things to be really simple [00:25:00] tweaks to what we do every day.

Dr. Kineka Hull: Especially when you're dealing with diverse youth. And so, I know we emphasize programming in specific populations that we recognize as sometime being in the most need. And so, that relationship building takes time, and I think that's

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sometimes where people forget, you're like, "Hey, I'm here to give you this great programming, I'm here to impact lives and I'm here to [00:25:30] save the day." And then they're like, "Well, people are not responding and people are not coming because a couple of things have happened historically."

We've passed down this vicarious experience. And so, populations are not always trusting or they'll say, "The last time someone came in, we got that one-off or that temporary thing. And just when we were making progress and feeling well, you got the data that you may have needed and then we never heard from you again. And [00:26:00] so, we're being a little bit weary." And even if it is a young person who's open and receptive, the parent or the grandparent are like, "I don't know if I want to sign my young person up for this. I don't know what's going on."

And so, that is very important when it comes to these external protective factors. And so, you both hit on a couple of things, like creating a supportive environment, strengthening the community that surround your program and around this young person. Some [00:26:30] other things are to think about health services and having a referral system so that everybody's on the same page and everybody is on the same mission to be of service and impact and help to the young person and their family.

I know both of you touched on that. You can't just always touch the young person. Sometimes, you have to touch their extended community, and just really thinking about how to holistically as a team. And so, we are a team. Everybody's [00:27:00] playing a different role for the same purpose, which is why I wanted to lean on both of your expertise from the provider side, for both, from the community side, for both with the diverse populations, for both to say everybody can't just do sometimes their one role or one job and then step away. We need to know who the next person is in this continuum of services and do warm handoffs sometimes back and forth to make sure that we are impacting [00:27:30] the young person. Is there anything else that you would like to give our listeners to think about, external protective factors?

Dr. Lissette Saavedra: I think consistency as much as possible. We're in the middle of a mental health crisis. This is a challenging time for providers, a challenging time for anyone working with youth because there's a drastic shortage in providers. A lot of these things that we're talking about here, many communities are seeing wait lists they hadn't seen before. And I feel like consistency even in messaging, even when there are going to be [00:28:00] delays, trying to find creative ways to fill in those gaps if there are wait times for certain services, but just consistently showing the youth you're working with that you really care about their outcomes and you really care about their future.

And then oftentimes, many interventions and what I talk about these many interventions as just asking them about times where they've been really strong and very successful in resolving issues and helping them remember those [00:28:30] because that's one of the biggest challenges we have. We often don't

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focus enough on resilience. And so, one of the strongest internal factors is that youth remember what it is. They know, "Okay, if I'm having a problem, I know what to do." And oftentimes, youth that don't have these protective factors, they just might need a little nudge to remind them and the confidence of that supportive adult to really help them get through it, and then again, just ignite their own resilience.

They have it. It's just sometimes [00:29:00] it's harder to find and the consistency behind it because all of these are state dependent. You just hear clinical head. So you might know something when you're not in distress and you know it. And we know this for a lot of different health behaviors, but then when you're in a stressful situation, it's harder to retrieve those positive coping and you just tend to go back to what you used to use because it's what you use consistently. And so, we're working with youth right now at an age where we can really change trajectories. They're solidifying life habits [00:29:30] and they can go in one direction, but they could also see that there's other options.

Dr. Kineka Hull:

Late adolescent young adult age group is my favorite to work with. I had a conversation with a former student who said, "We're just little adults in training." And so, I think that sometimes, like you said, adults need things and young people need very similar things so that they become functional adults. And so, one of my favorite television shows, [00:30:00] the main character would leave herself post-it notes around her house. And so, I do that. I had gotten out of the habit with COVID because I'm home every day and I was tired of seeing post-it notes, but I went into a cabinet that I don't use often, and when I opened it had a little post-it note that reminded myself.

I'll put down 'I'm good at' or 'I deserve' or 'I'm happy about.' And so sometimes, I'll put them on the mirror or just different [00:30:30] little places around my house so when I see them it makes me smile. I'm like, "Yeah, I am smart. I am pretty, I am capable. I can do certain things." And so, I feel like doing some of that, like you said, remember a time where you were strong, okay, how did that make you feel? Were you feeling empowered? How do we get you to have that same confidence and self-efficacy to approach some other areas where you don't feel that strong and you don't feel as confident? I like that.

I love self-care. [00:31:00] I love something that's motivational and I think that sometimes we forget that youth have the same insecurities, and sometimes the same issues and some of the same concerns as we do. And some of us don't always cope in the best way because we weren't taught how to do so during that developmental stage. And so, I always liked that saying that says, "Be the person that you needed when you were that age or give them the advice that you wish that someone gave you at [00:31:30] that age so when they get to where we are, they don't have to have some of those stumbles that we experienced." Would you add anything, Vicki?

Dr. Vicki Johnson-La:

I would add that this is where I'm appreciating the benefit of networks and from that external perspective and really thinking about our communities, one of the things that I love the most is knowing that there was a cascade of resources. In

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other words, when A wasn't the right fit, let's try B. When B wasn't the right fit, let's try C. And when C wasn't the right fit, there was still a D to try. [00:32:00] And instead of assuming that one program or one resource is the way that everything has to fit and acknowledgement that it might be some combination of that set.

It might be something different for kid A and kid B. It might be something different for the 13-year-old and the 16-year-old, but it's not because they aren't both in need of it. It's that they need to hear it differently and it has to come from somebody differently with a different lived experience. So, when I think about external protective factors, I think it's important to think about who's delivering that message. Could be the [00:32:30] exact same message, but there's something to be said about who's delivering it, the setting and whether it's a safe setting or not to hear it, whether they can be vulnerable in the moment that you expect them to receive it. And then if they can demonstrate that they got it in that moment and get the recognition, that glowing face, that honor in that moment that kids need so that they know they got it.

Dr. Kineka Hull: That we all need.

Dr. Vicki Johnson-La: And then they can hold onto it. I think those are all ways that my parents fed into me. We work to feed into kids in Flint. I work to feed into my kids in my home [00:33:00] because once you see them light up and see, "Oh, wait, I got it. I might be able to do this. No, I can do this." And then they get super confident. "No, I got this, I got to do it." You can hear that progression and it might not come from program A for all the kids, but you still have B, C, D. And it might not be B for everybody, but it might be A, C, D that gets you there.

The point is the combination can be different. So, it can never be assumed that just one path is the answer, but we've got to consider that it's a network of resources that have to be put together and the kids have [00:33:30] to find their way. This is how we come to be adults. They have to have time to find their way, but they need that support and love in the background while they do it and they're going to make mistakes. We all do, but that's supposed to be the benefit of that family and community network.

You get to try it, bounce around the idea that works, and then when you find your glow spot, they get to glow and they realize, "Yeah, I got it." And that's what I think they hold onto as they move to be young adults, that you remember, "I did that, I did it successfully and all those people watched me, saw me or congratulated [00:34:00] me, they gave kudos." All those celebratory moments is what I think helps make it stick.

Dr. Kineka Hull: And we have to remember that we have lasting friendships and networks from that age. I have a friend now who sometimes I'll call and I'll say, "I need that pep talk, I need that 'you've got it.' I need you 'can conquer the world.'" And she immediately gives that to me. And on some occasions, if she hasn't heard from

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me for a while, she'll call me and say, "Haven't heard from you. I'm just calling to remind you that [00:34:30] because I feel like you're missing because something is going on."

And so, this has been a friend for over 20 years. You're building this network and the relationship and learning how to have these positive social networks, which can help you bounce forward, who can keep you on the right trajectory, who can keep you focused. And so, I love that. I'm going to have to give her a call right after this episode and tell her I gave her a shout-out. And so, now that we've talked about all of these things [00:35:00] to know and consider, let's talk about how our listeners can gain these skills and be more comfortable to be able to provide these services to the young people in their programs. And so, are there any trainings that you would recommend, any tips, strategies or best practices that we haven't already discussed that you would like to share?

Dr. Lissette Saavedra: There's a lot of really good programming out there. I really like a lot of the materials and messaging [00:35:30] in Project Thrive, but I feel like whatever we end up using, I feel like providers, it can go a long way by increasing your knowledge about resilience and trying to be as resilient focused as possible; understanding the factors that contribute to resilience, understanding ways in which it could be fostered, and finding different ways to weave this in, social support, positive relationship, adaptive coping, all the different ways that we can continue to promote [00:36:00] a sense of purpose for the youth we're working with.

Learning about evidence-based practices can be really, really useful. I think in resilience in general, what works the most is not necessarily from one approach, but it's more like in the clinical world we call these non-specific therapeutic factors. In other words, they're not tied to a specific theoretical orientation or a specific treatment, but they're just these broader things that individuals can use to help youth [00:36:30] understand that they have agency and they can cope with stress, they can cope with adversity, and they deserve to be in a safe place. They're wanted and they should have purpose because they do. They have purpose in your life. And so, they should think more about the purpose that they want for themselves.

Dr. Kineka Hull: We've talked a lot about how youth serving providers can increase their knowledge and their capacity when it comes to resilience. What are some things [00:37:00] that we could keep in mind that young people need to thrive and increase their ability to bounce forward?

Dr. Vicki Johnson-La: Well, in the same ways that adults need space and time to build their capacity in these spaces, to build their ability to practice self-care, we have to remember that youth are doing the same thing, but they are in an earlier state of development. They are still children, which means they may need more time to figure out how self-care works. They need more time to figure out how to regulate [00:37:30] themselves. They need more time, more space, and perhaps more grace than what we might be used to giving ...

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Dr. Kineka Hull: I like grace.

Dr. Vicki Johnson-La: ... as these younger people are navigating the same traumas that adults are facing but do not have the lived experience to figure it out as quickly as we might hope. Giving youth, giving adolescents, giving children grace and space to understand self-care and navigating trauma is definitely a space where we have to be open.

Dr. Kineka Hull: Wonderful. Love it.

Dr. Lissette Saavedra: I'll just add that we know they can [00:38:00] do it. We have made a lot of progress in increasing mental health literacy among youth, and youth now identify how they're feeling and problems that they might be having sometimes too much in the sense that I've heard from a lot of providers that that's all they talk about. And so, they overuse the word trauma, they overuse the word trigger, they overuse the word depressed, but that just indicates that they're aware of what's happening and we don't know [00:38:30] if it's too much because they're going through a mental health crisis.

And we see it in the long waiting list that there are for all these different supports. But just like they could unlearn some of these things, they could also learn what kind of capacities that they have. And it's very similar to what Vicki was just saying, and I think it's so on point and important. We want to continue to train them into identifying their resilience, identifying the strengths that they have because they're very quick to tell you they have imposter syndrome, which means [00:39:00] they think that they can't do it or they think they can't do certain things. And oftentimes, that's because they might not realize what they can do and all the strengths that they have, and they absolutely do. It's just helping them find those.

Dr. Kineka Hull: And give them the opportunity to make those decisions. We talked about the autonomy and the self-efficacy. "I believe in you, you've done it before in other situations. If not, here are some tools, tips and strategies to bounce you forward," and give them the space to navigate [00:39:30] that and figure that out. Love it. I know that we have two podcast episodes this season, one that talks about STD, STIs, but we have a good conversation in there about referral networks.

And so, that is one thing that our listeners are required to have, a referral system that you've centered and that is providing a diverse type of service. And so, you both touched on making sure that we are all at the table, all [00:40:00] doing our part and having something that's continuous. And so, we also have a podcast episode that talks about sustainability. And so, if you no longer have funding or if you have to withdraw your project from the community, what systems are in place to make sure that there is some type of continuity of services?

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And so, if you're listening to this episode and haven't heard those two, please go back and check those out. Piggybacking off of what the individual or the facilitator can do, are there [00:40:30] any policies or procedures that our grantees and agencies should have in place to make sure that we support and are building youth resilience?

Dr. Vicki Johnson-La: I'll jump in and say when it comes to policies and procedures, at the top of that list is making sure that they're not creating that unintentional harm and that they are not inadvertently causing re-traumatization. And that goes right back to those trauma-informed principles. And I'm starting there because many times we are well-intentioned, and though our intentions may be [00:41:00] strong, they may be great, if our kids are experiencing some other form of setback because of them and we don't have a plan in place to respond to them, to me, that's one of the worst conditions.

But second to that, avoiding creating new problems is where I would love to begin, is where I think we have the greatest opportunity for ensuring that our programs meant to build resilience, do not unintentionally undermine the children such that they are no longer interested in participating. [00:41:30] So that's at the very beginning.

Dr. Kineka Hull: I love that.

Dr. Vicki Johnson-La: To compliment that is having a feedback loop and listening when they tell you that something's not right.

Dr. Kineka Hull: Absolutely.

Dr. Vicki Johnson-La: Or it doesn't feel right when they are participating in the programs and resources being provided to them. The response can't be, "Well, this is what I offer and this is how we do it." It really does instead have to be adjusted. And I know that's a big ask and it's a heavy load, but it's part of the weight that I think we have to carry [00:42:00] when we say that we're after building resilience with youth.

Dr. Lissette Saavedra: Absolutely. And understanding what it looks like, what they're saying no, because oftentimes, they don't have the words for no. Especially in teen pregnancy programming or just any programming in general, sometimes that means disruption, interruption, jokes, not saying a word. And that's often misconstrued as disrespect and it is disrespectful, absolutely, but it is also a traumatic reaction. They are uncomfortable.

And [00:42:30] so, one of the best ways that I have found very useful when I'm in school settings and I get that type of reaction is to just acknowledge it and even not ever talk about what's going on, but I say, "What happened?" And not, "What's wrong with you? Why are you doing this?" What happened? Or I try to redirect and praise them. "I figured that that content was something that have

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been a little heavy. I'm glad you stuck with us. I'm so happy that you're still here."

And ensure that when you see them again, you remind them [00:43:00] that you're happy. And that is so hard to do when they are disruptive, when they talk back, disrespectful, obnoxious, but all of those are traumatic reactions too. Oftentimes, when we think about trauma-informed care, we forget I think the disruptive reactions. And so, back to what you mentioned before about self-care, we cannot emphasize that enough because providers need to have self-care to be in the best condition to not react when they're disrespectful.

And the problem is with this age group, [00:43:30] there's such a problem with sleep around this time. Unfortunately, school has to be earlier and they tend to be nocturnal at this age. So, a lot of times, the kids we're working with are little sleep-deprived. So, they might have a little more attitude. They have hormones, all of those things. And so, only when we're well rested, and it's so hard for me to say that because I know that teachers are also underpaid, working incredible hours and all of those things.

Sometimes, the best we can do is to ensure we prioritize our self-care because [00:44:00] it's going to be one of the best things we can do so when we're in those situations, our reaction is not to be like, "Oh, my God. I can't believe he said that," and then just go the punitive route because most often those traumatic reactions are going to be expressed. Anxiety researchers have done a very good job with individuals who are scared and frightened and distressed and have that flight mode, but we've done a not so good job on fight. And oftentimes, we are punitive, disrespectful, [00:44:30] disruptive, punish, and that's not what they need.

Dr. Kineka Hull:

It's not, and we see that in the minoritized populations that we serve. And so, we hear about how our Black and brown young people are over-punished, I guess that's the best word, or are over-referred sometimes in school based on some of the behaviors that we see exhibited in the classroom. But like you said, we don't know if it's sleep, [00:45:00] we don't know if it's food issues, we don't know what type of community setting. When we look at the number of young people who are unhoused, it's a lot of things that are going on.

And so sometimes, school might be the safest place where you can actually relax enough to get the sleep that you're missing or you're able to get the meal that you may have been missing. And so, we have to think about that. I know one thing that I learned from my mom, who was an exceptional [00:45:30] children teacher for 32 years, was that proximity is also huge. And so, a lot of times, like you said, we have to address the behavior to make sure that we are maintaining a standard of classroom management, but sometimes just walking over. "Are you okay? What happened? Okay," or, "I see you," or just moving to that side.

Sometimes, we'll cut down on that and allow you to get through the lesson and then come back and address and say, "Hey, everything okay? Did something

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happen? Do you want to share?" [00:46:00] And so, two products that I want to highlight on the exchange is, one, our Facilitator's Guide for Equity and Inclusivity in the Classroom. And so, it talks about how as a facilitator, you can use a checklist to go through your lesson plan and go through your curricula to make sure that it doesn't contain language that may be stigmatizing or re-traumatizing for young people. And it gives you some suggestions on how to swap out some things in your language and in your [00:46:30] classroom contracts and in your lessons that will make everyone feel more included and engaged.

We also have a Facilitator's Guide for Trauma and Inform Approaches that will highlight some of the things we talked about today, and again, give you a checklist to make sure that you can go through your implementation, to make sure that you are using the best approaches to be a great support for youth. I have thoroughly enjoyed our conversation. And so, as [00:47:00] we wrap up, I'm going to ask that you each tell one key concept or parting thought that you would like to leave with listeners.

Dr. Lissette Saavedra: This has been wonderful, by the way. I really have enjoyed talking with you both. For any type of training we receive, it's important to maintain it, and that was a common theme here. One thing that I find very useful in my own professional development and that I recommend to providers and other staff working with youth, when I think about [00:47:30] rest, I've heard once you think about restorative rest, but then it's also active rest. Sometimes, for our own professional development, thinking of putting times in the calendar, that's you time for your learning, for your development. So, think about a lot of the things that we talked about here that you liked or in any of these other resources and put a time on the agenda for you. And that time is for you to continue to learn and grow. And unlearning a lot [00:48:00] of our approaches that don't emphasize resilience takes time. And so, the nice thing is that it becomes a habit for you because that's something wherever you end up going as a professional, you take with you.

Dr. Vicki Johnson-La: I would say that it cannot be you alone. No provider alone can make any of this work get to its maximum potential. And it requires us as networks, as teams to acknowledge that the way that we connect with individual youth [00:48:30] will be different. And that's okay. The style that youth need from different adults may be for different reasons that have nothing to do with the actual service that we are offering, but it may have everything to do with demeanor, something that is coming up from their past, something that is making it easier to talk to adult one as opposed to adult two.

So all of that to say, and it really does connect with what Lissette said, everything isn't personal when it comes to how youth respond to service providers, [00:49:00] but having that network or those teams of people who can reach out to the same youth at least gives those children, those adolescents, an opportunity to connect with somebody they can hear, not just see, not just be in

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the same place as but hear and receive what they need from, and hopefully somebody who can hear and receive what they're trying to say.

So I think the team model, if nothing else, the team model of providing services and resources to the same children, yes, it is hard [00:49:30] and it is typically more expensive and it requires more resource, but I think it is one of the most efficient and effective ways for us to ensure that when we say we want them to be resilient, they see different versions. When we say we want them to succeed, they can see what it means from different perspectives. And when we say that they have the ...

Dr. Kineka Hull: I like that.

Dr. Vicki Johnson-La: ... capability to be anything or grow into whatever it is or whomever it is they to be, they have opportunities to see that it can look different ways and still be great. I'm hoping that providers are in [00:50:00] spaces where they can create those networks or can at least be thinking of how their future work can get to that working modus operandi.

Dr. Kineka Hull: Absolutely magnificent. This is great information. I have thoroughly enjoyed our conversation, and I just want to say that building resilience increases use self-efficacy to face and make productive decisions about addressing challenges, including when and with whom and how to seek help. It prepares them to think about and be accountable [00:50:30] for their actions and the consequences of their actions and influences their development and wellbeing in a positive or a snap forward direction.

Research studies show that youth resilience is aided by a trusting relationship with a caring, encouraging, and competent adult who provides positive guidance and promotes high expectations. This has been another episode of Elevate Youth Programming Podcast with Doctors Lissette Saavedra and Vicki [00:51:00] Johnson-Lawrence. We hope this episode enhances your ability to make a positive impact for youth. Thank you for listening.

I
f you enjoyed today's conversation, be sure to like and follow Elevate Youth Programming on your podcast platform of choice. For information on today's topic and resources in adolescent pregnancy prevention, visit the exchange at teenpregnancy.acf.hhs.gov. [00:51:30] The Elevate Youth Programming Podcast is funded by the Family and Youth Services Bureau. The content in each episode is not the opinion of FYSB, nor is training and technical assistance contractors. I'm Kineka Hull, and this has been another episode of Elevate Youth Programming.