

## Elevate Youth Programming Episode 4: This is a Safe Space: Trauma-Informed Care

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 and will address questions submitted by youth program providers. Listen along as our guests join me to discuss these relevant topics. [00:00:30] I'm your host, Dr. Kineka Hull.

In this episode, we sat down with Drs. Hannah Lantos and Brandon Stratford to discuss trauma-informed care. Hannah is a research scientist at Child Trends where her research focuses on adolescent health and how to support a healthy transition to adulthood. Brandon is the Deputy Director of Health Education Research at Child Trends. He is a former clinical social worker [00:01:00] in both school and community settings. Welcome to the Elevate Youth Programming podcast, I'm excited to have you on today discussing trauma-informed care. How are you?

Dr. Brandon Stratford: Great and excited to be here with you.

Dr. Hannah Lantos: Similar, excited to talk about this.

Dr. Kineka Hull: Great. So, to make sure that we're all at a good set starting point for the rest of our discussion, let's start off with an operational definition of trauma.

Dr. Hannah Lantos: That is a great question, Kineka. I want to start off by emphasizing actually what trauma isn't. [00:01:30] That might seem like a strange way to start this answer, but trauma is not the same as adversity. There's a lot of focus these days on something called adverse childhood experiences or ACEs. In fact, we'll reference some of that data in just a minute. But it's important to know the difference between adversity and trauma. An adverse experience is an event that poses a serious threat to an individual's physical and/or emotional wellbeing. Trauma is one possible response to one of these adverse events where an individual [00:02:00] perceives the event as extremely frightening or harmful or life threatening.

In other words, not all adverse events result in trauma, and one person might experience an adverse event as traumatic while another exposed to the very same event might not experience it as traumatic. That's key to remember because it explains why trauma-informed approaches need to be applied universally.

Dr. Brandon Stratford: So, you have some type of ACEs or adverse childhood event or experience, and that is [00:02:30] what can lead to trauma. Is that correct?

Dr. Hannah Lantos: Exactly. So, an adverse childhood experience might include natural disasters or physical/emotional neglect. In the National Survey of Children's Health or the NSCH, most of the adverse events that they measure are focused on familial events. So parental divorce, parental substance use, violence in the home,

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things like that. Depending on a person's response to these experiences, a young [00:03:00] person might experience trauma.

Dr. Brandon Stratford: There's a number of factors that can go into why different individuals respond differently. Some of them are just internal sorts of things, but a lot of it is the supports that youth have, which can really buffer whether an adverse event ultimately results in trauma or how quickly a youth can bounce back or respond with resilience to an adverse event. It's internal resources, but [00:03:30] it has a lot to do with the supports that they get from adults and other folks in their lives, too.

Dr. Kineka Hull: Wow.

Dr. Hannah Lantos: Adverse events are very common. How they relate to trauma is a little bit less. We'd expect it to be a little bit lower. In the 2019 to '20 data from that National Survey of Children's Health, we see that almost 40% of young people report one of these adverse events. Like I said before, this survey really focuses more on those familial or home or neighborhood-based experiences, and so it [00:04:00] doesn't even measure natural disasters or neglect/abuse, rape, some of the adverse experiences that some young people might face, and so even though four in 10 parents report in that survey that their child has experienced an adverse event, it's likely even higher than that. But these adverse events are incredibly common.

Dr. Kineka Hull: Wow. Four out of 10, that's a staggering statistic.

Dr. Hannah Lantos: It is. It's humbling, [00:04:30] what kinds of experiences our young people are facing. And it's probably even higher in the last few years because of COVID, that data is pre-COVID and with COVID, we've seen the loss of parents or caregivers, parental divorce, increases of abuse and violence in the home. So, it could be even higher now.

Dr. Brandon Stratford: So, I just want to jump in here actually, and also call out that there are large differences in exposure to adversity for youth at different races or ethnicities, due [00:05:00] in large part to the effects of interpersonal and institutional racism. So, Hannah you mentioned for example that nationally it's about 40% of caregivers that report youth have been exposed to at least one adverse experience, but among caregivers of Black children and youth, that number's actually 54%, and among caregivers of white youth it's much lower at 35%. Then there's also a large gradient by income.

So, the point here really is that adversity isn't evenly distributed and that children and [00:05:30] youth living in poverty or with marginalized identities are much more likely to experience adversity through really no fault of their own.

Dr. Hannah Lantos: That's a really important point Brandon, and I think I just want to reiterate here again something that you said earlier that these adverse events don't always lead to trauma, that there's a lot of resilience in children and teens, but that

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supportive adults around them can help buffer those effects. But even the young people that don't have a concrete traumatic response [00:06:00] to these adverse events may have experiences or interactions that trigger unpleasant, unhappy, or scary memories and so, we'll talk about this a bit more, but that's why, especially for adolescent pregnancy prevention programs, understanding ACEs and trauma and some of the behavioral responses to them is so important.

Dr. Kineka Hull: Wow, those statistics are humbling and staggering. As you said Hannah, especially with minority and marginalized youth, which make up a big part [00:06:30] of our programming. As you know as educators, we may not know all the adverse childhood experiences that youth have endured or what could actually be triggering. So, making sure that we understand trauma and that we understand trauma-informed care and how to apply it universally is important. So, let's jump into a little bit more about that. Tell us about trauma-informed care and what are some best practices as educators that we should think about and consider.

Dr. Brandon Stratford: Yeah. [00:07:00] So I'm really glad that you started that question with that reiteration that we don't know how youth will have experienced different adverse experiences and we don't even know all the experiences that they've had. So that is why one of the main pieces to trauma-informed care is that it's universally applied, because we just don't know who needs it and honestly as we talk about these things, hopefully folks will realize that the things that we're talking about when we talk about trauma-informed care are actually good for everyone, [00:07:30] and not just kids but all of us too.

Dr. Kineka Hull: I know that's right.

Dr. Brandon Stratford: Yeah. So, let's get to that definition of trauma-informed approaches. I think probably a lot of people who work with youth have probably already heard this term at some point, "trauma-informed care" and folks might even have a pretty good sense of the definition, but I do want to take some time to just get us all on the same page before we jump into some of the practical tips. One of the main resources for folks is the [00:08:00] Substance Abuse and Mental Health Services Administration, they have a lot of really great materials related to trauma-informed approaches, and so SAMHSA, as many people refer to them, has outlined four key characteristics of a trauma-informed approach that often get called the 4 Rs just to help you remember.

So, I'm just going to run through those and give some examples of what that might mean. So, number one is to realize the widespread impact of trauma and the potential paths [00:08:30] to recovery. That part about potential paths to recovery is really key because while there's a lot of science about how trauma can change the way the brain functions, we also know a lot about how to help people recover. Again, as Hannah mentioned before, we need to recognize that there's a lot of resilience and a lot of strength in individuals and families and communities. So, we can't assume that just because somebody's been exposed to an adverse event, that they will experience trauma.

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But again, even if they are experiencing trauma, there are [00:09:00] ways to recover. The second R is to recognize the signs and symptoms of trauma. I've actually often heard teachers say after a training on trauma, that they see student misbehavior in a completely different way and recognize that in many cases, a behavior they saw previously as being defiant, might actually be a sign of trauma, and so that mindset shift is really critical to taking a trauma-informed approach.

Dr. Kineka Hull: That's interesting to hear. As a former classroom teacher, [00:09:30] we hear about statistics, especially for minority and marginalized youth when it comes to classroom discipline, and some of the things that happen and so I think this is very important that you talk about recognizing the signs and symptoms of trauma because some of this misbehavior is probably being misinterpreted.

Dr. Brandon Stratford: Yeah. I would say then recognizing and being able to understand when behaviors might actually be symptoms of trauma, is an important step. But again, [00:10:00] talking to folks who work with youth, we really need to go to that third bar, which is to respond appropriately. I think that's what a lot of folks who work as educators with youth really want to move to. Once they start recognizing how prevalent it can be, they want to know what to do. So, it's one thing to just know, "Okay, these behaviors, maybe aren't just defiance, but they're actually symptoms of trauma." But then what do I do about it?

In terms of that third R of being able to respond [00:10:30] appropriately, at an organizational level, that might look like making connections to community mental health providers so that you're ready to help connect youth to resources if they need them. Or some programs might even have mental health professionals on staff. At a program level, it might look like having a space for participants to go to, where they can calm down and regroup when they feel triggered. At an individual staff member level, it might look like a staff member coaching a youth through using a [00:11:00] breathing exercise or other coping skills when they're upset.

So, we don't want to leave folks just at the recognition stage, we definitely want to bring them along with us, equipping them with how to respond. Then the fourth R is resist traumatization, and we'll get into some more specifics shortly, but that can look like making sure youth participants have choices and voice in what happens to them. It also means being transparent and letting youth know what's coming next rather than surprising [00:11:30] them with something unexpected. Surprises and uncertainty can be really difficult for youth experiencing trauma. Even if the unexpected surprise is actually something fun. It's just that not knowing can be really uncomfortable and triggering for many youth, but especially youth who've experienced trauma.

So, I also want to note here something that I had said previously, trauma-informed approaches really are about a mindset shift that reinforces strategies that are based on empathy and respect and that are [00:12:00] really beneficial

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for all youth, not just youth experiencing trauma and how we engage with our colleagues.

Dr. Kineka Hull: So, the four Rs. So, realizing that trauma is widespread, recognizing the signs and symptoms of trauma and making sure that we are correctly interpreting what we're seeing, and those were fantastic tips on how to respond appropriately. I like how you broke that down on the different levels, that gives us all a role that we can play to making sure that we are being trauma-informed and that we [00:12:30] are doing our best to resist retraumatization. I like how you said this has to be a mind shift, right? So how do we make this mind shift and translate those 4 Rs into a true trauma-informed approach?

Dr. Hannah Lantos: Kineka, something that you had said earlier really made me think of something important, which is that it can feel sometimes I think like taking a trauma-informed approach, requires that you be a psychologist or a social worker or something with advanced training [00:13:00] in mental health. And we really wanted to dispel that myth a little bit. Because the truth is that anyone can learn to take a trauma-informed approach and use these skills and approaches to working well with youth. It really just requires that acknowledgement that trauma affects a lot more people than many of us know and this recognition of the signs and symptoms.

But it doesn't require that we know everything that happened to the young person and are treating that specific trauma and that specific [00:13:30] experience. We don't need to know that X, Y or Z happened to a young person in our class in order to understand some of the common behavioral responses to trauma or ways that can be helpful to any young person.

Dr. Brandon Stratford: Yeah. And before I jump into some of those six principles from SAMHSA I do want to reinforce what Hannah just said, which is, I often hear from folks that educators are not clinicians and we can't be placing [00:14:00] these roles on them of becoming the therapist for the youth that they're working with. That's not what's happening here, but what is happening is that we're focusing on skills that are useful for everyone and creating safe and supportive environments. It's something that once folks learn about them and start implementing them and seeing the benefits for all youth, it really becomes the way that they prefer working with youth.

Let me jump into some of those six principles of a trauma-informed approach from SAMHSA, and again, [00:14:30] there's some great resources from SAMHSA and we'll talk about some others as well to help really make this concrete ... so, providing some practical guidance for how to implement these six principles. So, we'll start with number one. Principle number one is safety and safety includes both physical and emotional safety. For example, setting up norms that are respectful of everyone and enforcing those norms is really critical. Because adolescent pregnancy [00:15:00] prevention programs often touch on sensitive subjects, I would venture to guess that a lot of folks doing this work are probably already doing a lot to create safe spaces for youth, and

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so that is great that people are probably already starting to implement some of these six principles, and my guess is a lot of people will just be able to reframe what they're doing and understand, "Oh, these are some things that I actually am already doing, but maybe I need to do them more intentionally or do them more consistently." Again, I want to recognize that a lot of people ... [00:15:30] This all makes a lot of sense and people are probably doing a lot of these things already.

Principle number two is trustworthiness and transparency. It's important to remember here that old adage that trust is earned, not just given. This is really about ongoing efforts to be fair, consistent, transparent, and it also links to that comment I made earlier about letting youth know what's coming up next and avoiding surprises. For example, if you're talking about consent [00:16:00] in the next session, make sure to let youth know in advance. Since you can't be sure which topics will be uncomfortable for whom, it's really good practice to always let youth know what's coming next. Some really practical ways to do that or just having a schedule and being consistent in expectations and the ways that you're running your programming. Principle number three is peer support. We know for adolescents; peers are really critical and peer support is really an important aspect [00:16:30] of youth programming. One of the ways programs can address this is by teaching youth skills and giving them opportunities to support one another in using those skills. For example, making sure that youth learn how to check in with a friend who seems upset. Principle number four is collaboration and mutuality.

This one is related to trustworthiness in a way, because it's about leveling power differences. It can be a little tricky because there are definitely power differences when it comes to program staff [00:17:00] and program participants, but there's also ways to better balance those differences. For example, if there are rules in the program for youth about eating, having their phones out, et cetera, then program staff should also abide by those rules to walk the walk of collaboration. Principle number five is empowerment, voice and choice. Making sure youth have choices and voice in what happens to them. A concrete example is to present norms for the group and then [00:17:30] facilitate a discussion with youth to revise those norms if needed, and also to discuss what should happen if the norms are broken. Providing youth who've experienced trauma with some control can really help them feel more comfortable. It's also just a good program, behavior management strategy. The final principle is cultural, historical and gender issues. This piece is a recognition of some of the disparities that we mentioned earlier. In other words, [00:18:00] exposure to adverse events and consequently experiences of trauma are not evenly distributed.

It's important to recognize that fact and the role that discrimination plays in those patterns. One way this shows up is in the need to avoid relying merely on numbers that document disparities by different identities like race, ethnicity, sexual orientation, because when we just focus on the disparities without acknowledging why those disparities exist, it [00:18:30] can really reinforce

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harmful stereotypes that keep us from seeing and leveraging the strengths and wisdom that exist within marginalized communities.

Dr. Kineka Hull: Wow. That's great information Brandon. Thank you. So, we have to realize the widespread impact of trauma, recognize, respond, resist, and then we also have to be sure that we're having a safe space. I like the piece about trustworthy and transparency. I know that's something that we often don't think about as educators when we're working with youth, [00:19:00] that walking the walk and talking the talk, as you mentioned, and so I know we use a lot of classroom and group agreements, and a lot of times we hold the students or the youth to those agreements that don't always apply those same agreements or that collaboration or mutuality, like you said, to ourselves.

And so, I think that's very important for educators to realize that, that is not only a contract for the youth in your class or that you're serving, that's a contract for the facilitator [00:19:30] as well. So, we have the definition of trauma, what it is and what it isn't, how to think about trauma-informed care and approaches. I like how you've already started touching on why this is relevant to adolescent pregnancy prevention programs. So, as we are tailoring this to our programming, what are some things that we need to think about that make this extremely relevant to what we do?

Dr. Hannah Lantos: That's a really important question Kineka, and [00:20:00] I know we have touched on it throughout. I'm glad to have a chance to answer it specifically. As we said earlier, trauma is one possible response to an adverse event, and we know that these events are really common. We know that in adolescent pregnancy prevention programs, some of those events are brought up in terms of the programming that's talked about. So, APP and other sex ed programs can bring up feelings that might be scary or hard to talk about, because we're talking about sex and relationships, [00:20:30] we're talking about consent.

Sometimes we're talking about the possibility to be physically or emotionally hurt with a partner in terms of intimate partner violence. There's also of course the opportunity for bullying around different body types or body shapes in some of these sessions as well. So, it's important especially in adolescent pregnancy prevention programs, to recognize that these challenging or upsetting feelings about trauma in the past, even ones that, like we said, you might not [00:21:00] know about as the teacher or the child's peers might not know about, can easily arise and make young people feel scared or vulnerable overwhelmed.

So, these uncomfortable or embarrassing or even scary topics might feel even more uncomfortable or embarrassing or scary for a young person who's experienced maltreatment or abuse from a loved one, or has lost a loved one. As we talk about relationships or intimacy or sexual behaviors, we need to really be aware [00:21:30] of how these past experiences can make young people feel. This might result in classroom disruption; it might result in a young person wanting to leave the classroom. I'm sure anybody listening to this is used to excessive or uncomfortable laughter in some of these programs.

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But recognizing the discomfort or potential withdrawal as a potential response to uncomfortable feelings is really an important thing to be aware of. For some young people, this will be a response to [00:22:00] that adverse event, for others it's just uncomfortable and embarrassing, right? And so, these approaches to create a safe space, ways to calm down, ways to step away safely, ways to know as Brandon said, what's coming up, can be helpful to all young people, but can be especially trauma-informed to really support those young people in your programs who've had really difficult experiences in their lives in the past.

Dr. Kineka Hull: So, Hannah, I like how you said that uncomfortable [00:22:30] laughter, right? I know a lot, we hear health educators say that sometimes the youth may not seem to take the topic seriously, right?

Dr. Hannah Lantos: Mm-hmm (affirmative).

Dr. Kineka Hull: And so that nervous laughter may be interpreted as a response to the content, but it could be a trauma-informed response, so I like that. People respond and don't always recognize what may be a trigger for themselves, and so a lot of times we may laugh, or we may stop talking or clam up whenever we're having a response and so that's something as [00:23:00] educators, we need to really be mindful of – the laughter, the unwillingness to participate as Brandon said, that's not always defiance. It could actually be a trauma response, so thank you for highlighting that.

Dr. Hannah Lantos: Yeah, absolutely. I think that's a really important one. I think another piece of this also, we talked earlier about the importance of avoiding resisting retraumatizing and I think another important piece for adolescent pregnancy prevention programs especially to be aware of is that [00:23:30] in some of these conversations, there can also ... A conversation that is educational and important can quickly turn into something that is victim-blaming. So, for example, if a particular lesson that a teacher is focused on one day is on consent, but a young person in your program has experienced abuse or rape, it can feel like potentially the abuse or rape was their fault because they didn't actually express their consent or express their lack of consent really.

[00:24:00] So it's important when bringing up some of these topics that are really important, you have to talk about consent in an adolescent pregnancy prevention program, I think. But, to bring them up in the context of a trauma-informed approach means also acknowledging that there are experiences that people have had that may make consent difficult for example, and it may even make it a really difficult and upsetting conversation to have. So, this shift [00:24:30] to being aware of retraumatizing or avoiding victim-blaming is also one that has really specific examples within the adolescent pregnancy prevention context.



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Dr. Kineka Hull: Hannah and Brandon, you've given us a lot to think about. So, what are some ways that we can actually infuse all of these concepts into our programming? So, we're going to go to a specific grantee question that states, "What are specific practical [00:25:00] strategies to deliver EBIs or evidence-based interventions that support youth who have experienced trauma?" So, what are some practical strategies that you would recommend for health educators?

Dr. Brandon Stratford: Yeah, so hopefully we've already covered some, but I do appreciate the question because I think again, as I noted earlier, it's one thing to understand the prevalence of trauma and to start being able to recognize that some behaviors might be [00:25:30] a symptom of trauma as opposed to just disruptive or defiant behaviors, but we really do need to make sure to move to that third R of respond and how do we respond and what are some practical ways? I know that trauma-informed approaches can sometimes maybe feel like a buzzword these days.

I will run through a few practical strategies, and I also want to mention that some of these are coming from or are documented in a resource that the Office for Juvenile Justice [00:26:00] and Delinquency programs has developed. They often work with programs that are particularly designed or developed to address the needs of youth with complex histories and of trauma. So, they have a nice guide that I will highlight some tips from. So first, build capacity to become trauma-informed. It needs to go beyond, again, just a onetime training about what trauma is, but really needs to move beyond [00:26:30] that to being able to provide folks with skills and opportunities to practice and improve on those skills and have the resources to support them.

It's also about making sure that all staff understand the impact of trauma and revisiting or developing policies and procedures to ensure that they address trauma directly, thinking about referral processes, having those in place. I think that is huge because that helps to address that issue that sometimes [00:27:00] staff have of saying, "Oh man, but I'm not a clinical therapist, how do I fit in meeting the need of a youth if I realize that they are experiencing trauma?" And part of that is having really clear referral processes in place so that staff feel confident that if they realize that a youth is experiencing trauma, it's not on them to be the therapist and to help that youth work through that.

But that they do know how to get the youth to the resources and supports [00:27:30] that will be helpful. Second, we also want to make sure the adolescents are engaged in your programming, and we talked about that before with Voice and Choice, but youth who have experienced trauma may seem harder to engage, and that may be partly some of those symptoms that we talked about and equipping staff and helping to reinforce the fact that it might take multiple attempts to build relationships and to stay in touch and develop trust and respect with youth and to [00:28:00] avoid blaming as Hannah mentioned with some of the discussions around consent.

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And just supporting staff, because it can be hard sometimes to continually feel like you're reaching out and you're trying to build that trust and it's not happening yet. So, to really be able to support one another. Third is to respond appropriately when youth disclose experiences that they've had, and so it's really critical to remember that you don't need all the details of what happened to youth in order to treat them gently and kindly [00:28:30] and to get them the help that they might need. So, remember that you can ask for help yourself and you can also refer youth somewhere, and that's really the key piece of having those policies in place so it's really easy for staff to know what to do when they do need to help youth access different services.

I think remembering not to question what happened and not to ask too many questions, because again, it can be retraumatizing to ask those questions [00:29:00] that ask them to retell what happened, and then we'll talk a little bit more in a second about being a mandated reporter but, while those laws and requirements differ across different states, most educators are mandated reporters and so it's important to keep that in mind when youth are talking about things and disclosing things that you might actually need to report. Letting them know upfront what your role is.

In the course of regular programming, let youth know upfront what your role is as [00:29:30] a mandated reporter so that they don't feel surprised or that you have gone back on your word and told them you wouldn't tell anyone and then you tell someone, so making sure to be really transparent about what you'll do as a mandated reporter. And the fourth is setting policies. Policies related to mandated reporting, which I just mentioned are really critical, but beyond mandated reporting, also just establishing norms that are consistently enforced, can really help to create that emotional safety for [00:30:00] youth.

Then the last one I'll mention is training and supporting staff to cope with what they might be experiencing. So, we've talked a lot about the youth and what we can do for the youth and recognizing symptoms in youth. But we also need to recognize that there's both primary and secondary trauma. So, adults who are working with youth might be traumatized or feel some secondary trauma just by hearing about the traumas that youth are exposed to and taking that on. But adults working with youth [00:30:30] also have their own lives and their own histories and they may also have experienced trauma.

So really being able to support staff both to be able to manage what they're hearing from youth but also to recognize when they need help themselves and to be able to access that help and making it a safe environment for adults to reach out for their own support.

Dr. Kineka Hull:

Perfect. Those are fantastic strategies. Thank you, Brandon. You mentioned a couple of things that resonated with me as a former classroom teacher. [00:31:00] Thinking back about that safe space and the support and the empowerment and making sure that your staff feel equipped to handle personally and for the youth whatever may happen. I think that it's important

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for educators to remember that, especially for youth who may have experienced trauma, we are a trusted adult and so a lot of the curricula talk about going to a parent, a guardian, or a trusted adult, and so as we build relationships with youth which we want to do in our programming, [00:31:30] for many we will become a trusted adult.

As that trust and that mutual respect grows, we may have students who do self-disclose information, and so making sure that we understand our role in supporting and empowering youth to tell their truth and seek support, and that we're able to provide references or recommendations or referrals, as you said, for a report and making sure that we understand the rules for our states for mandated reporting are key [00:32:00] to making sure that we are being thorough in our trauma-informed care. Also, as educators, we talk about having a values neutral approach when it comes to working with youth and so, I agree.

Having a good understanding of what your triggers may be or what your traumas may be is key as you are working with young people to make sure that like you said, everyone is present, everyone is emotionally and physically safe and secure [00:32:30] and engaged and no one involved, staff or youth are being retraumatized. Perfect.

Dr. Brandon Stratford: I do want to jump in really quickly with just one other thing about the mandated reporter aspect of things, which is as a former school social worker, I have had to make reports and I'm sure many folks listening to this conversation might also have those experiences. I think it feels really anxiety-provoking sometimes to imagine that you're going to be doing that. But I think it's important to [00:33:00] recognize that when we get trained well on how to do that, and when there are good, clear policies in place, the message really of mandated reporting is that we care, and we want to make sure that youth are safe.

And so, while it can feel really scary and feel like it's going to break the relationship, in most cases it doesn't, and there are things to work through and there can be challenges with that. But again, the reason behind it really is providing safety and so, recognizing that anxiety might [00:33:30] come and really seeking out the support from other staff, from supervisors and the clear policies can really help to address some of that anxiety that folks feel when they haven't had to make a report or even every time you make a report, it feels a little anxiety-provoking and that's normal, but it's really about making sure that youth get what they need.

Dr. Kineka Hull: That is our whole goal.

Dr. Hannah Lantos: I feel like that also just really made me think also about that last one. And both of you touched on this a little bit, but this idea that staff themselves really need to also [00:34:00] have the space and time to cope, and we could do a whole other podcast on self-care. But I think just this idea that investing in trauma-informed approaches in programming for your young people, can also hopefully give you the language in your organization or program, the language to also talk

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about some of those needs that your staff have as well. And so, a side effect of some of this might also be the ability to take care of [00:34:30] yourself in some of the ways that you need asking for the support or taking the space. And being okay to take the space to reflect on or admit that something was hard to hear.

Dr. Kineka Hull: So, I'm a strong proponent for self-care. So that might be a season two podcast. This has been great information, very valuable I know to our listeners and so, as we wrap up this episode, what are key takeaways that you would like to leave for us?

Dr. Hannah Lantos: So, we've brought up a whole [00:35:00] bunch of resources in this podcast, and I just wanted to flag that the resources we've already talked about and then also this one that I'm about to talk about should be available on the podcast website. So, you don't have to have memorized the 4 Rs or SAMHSA's six principles, but I think there's a piece from the Office of Population Affairs from their old Office of Adolescent Health that talks about developing safe and supportive spaces for young people. I think their three principles [00:35:30] essentially are a really good takeaway. They talk about first caring, second nurturing and third respecting young people.

So, showing genuine care and genuine concern for the youth in your programs, and also your colleagues, and still hope, be nonjudgmental, as we talked about, be confidential or be transparent when you can be. These are all ways to show that you care about the young people in your programs. Then the second is [00:36:00] nurture. So really create opportunities for youth to learn new skills and gain confidence, nurture their curiosity and their desire to learn, model for them skills like self-regulation or curiosity as well, encourage them, really focus on developing skills and competencies.

Then the third is respect. So, recognize the dignity and worth of all the young people in your programs, and really show them the respect [00:36:30] that you would want yourself. These three things I think are also components of trauma-informed approaches but are just easier potentially to remember and think about care, nurture, and respect. Those would be the three real key takeaways that I would leave folks with.

Dr. Kineka Hull: Those are fantastic, genuine care and concern, nurturing and respect. So, this has been the final episode of this season's podcast. Thank you for listening [00:37:00] in and thank you Brandon and Hannah for joining us today to emphasize the importance of creating trauma-informed spaces that are safe and supportive, not only for youth, but also for our colleagues and our staff, to make sure that we have excellent youth-centered adolescent pregnancy prevention programs.

Dr. Hannah Lantos: Thanks, Kineka.

Dr. Brandon Stratford: Thanks.

## Elevate Youth Programming Episode 4: This is a Safe Space: Trauma-Informed Care

Dr. Kineka Hull: If you enjoyed today's conversation, be sure to like and follow Elevate Youth Programming on your podcast platform [00:37:30] of choice. For information on today's topic and resources in adolescent pregnancy prevention, visit the Exchange at [teenpregnancy.acf.hhs.gov](https://teenpregnancy.acf.hhs.gov).

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 its training and technical assistance contractors. I'm Kineka Hull and this has been another episode of Elevate [00:38:00] Youth Programming.