

## NCJTC- Fox Valley | Introduction to Cognitive Behavioral Therapy/Skill Development

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Thank you for joining us today. Our webinar will begin shortly. This project was supported by a grant awarded by the Bureau of Justice Assistance, Office of Justice Programs, US Department of Justice. The opinions, findings, conclusions, or recommendations expressed in this webinar are those of the contributors and do not necessarily reflect the views of the Department of Justice.

With that, let's try our first poll question. This is a simple question to find out who's joining us today. Can we go ahead and launch that poll question? The question is, which of the following best describes your role? Your choices are victim services, victim advocate, probation, community corrections, law enforcement, child advocacy center, social worker, mental health worker, or other? Thank you all for participating.

So the breakdown today for all of you is, victim services is about 12% of the audience, probation/community corrections 38% of the audience, law enforcement, 6%, counselors/social workers and mental health workers, 31%, and 13% of you indicated you work for another type of professional agency that works, obviously, with this population.

So today, we're going to talk about cognitive behavioral therapy and skill development. So to gain a better understanding of what we're talking about today, we want to provide a deeper understanding of the decision-making in skill development. We'll also talk about a deeper familiarity with steps to skill-building, describe how to weave skill-building into any conversation-- therapists, social workers, probation officers, community corrections workers-- this includes all of you-- and to recognize and avoid the common traps related to skill-building.

With that, I'm pleased to introduce our presenter for today. Dr. Anjali Nandi is an associate with the National Criminal Justice Training Center of Fox Valley Technical College. She's also the chief probation officer for the 20th judicial district for the state of Colorado. Additionally, Dr. Nandi is a published author having co-authored nine books. With that, Anjali, I'll turn the time over to you.

Great, thank you, Greg, and welcome, everyone. This is a really exciting training and I'm thrilled to be providing it. These skills apply to all of you, no matter what your role is. And my hope is that you pick up some skills that apply to you both personally and professionally. These skills don't just apply to our clients. They apply to each and every one of us. So I'm really excited to hear about what you gain from it.

I'll be using a bunch of examples. But if I'm not being broad enough in my examples, definitely ask a

question or say something online, and we'll be able to weave that in. So please don't hesitate to jump in. So the place that I want to start is just by defining what we mean by cognitive behavioral training. And really, at the crux of what we're talking about, at the heart of this, there is a belief that it is not the event that happens to us, but our interpretation of the event, our perception of the event that then determines our reaction.

So that really is the crux of everything that CBT is about. From there, we take it in multiple different directions, but that's the biggest piece to understand, that we can have multiple-- that multiple people can experience the same event, but react very, very differently. And that's because it's about what goes on within us-- our perceptions, our interpretations, our beliefs, our feelings-- all of that stuff that's happening internally that then drives our reaction.

So that's really the place that I like to start. And it makes me think of this beautiful quote by Viktor Frankl. And what Viktor Frankl says is that, Between the stimulus, which is the event that happens to us, and then our response, our behavior and response to that event, there's a gap. There's a space. And it's in that space that we have our power. It's in that space that we get to choose our response.

Because when we respond a certain way, we get to either grow, or we get to take steps backwards. So we really have the ability to change our lives by paying attention to the space that exists between the event that happens to us and our action. So that really is what we're talking about throughout this webinar. And I call that space a gap.

And it makes me think about the subway. In London, when you are about to step on the subway or everywhere, actually, there's these markers and lines and signs that say, mind the gap. And to me, it's about both minding it, paying attention to the gap, but also mining it, delving deep into that gap. What happens there? Because there's so much that it reveals about me, about who I am, about my beliefs, the way I respond to things. There's so much learning in that gap.

So it's a really exciting process. It's one that I feel like is so active in my life at all times. As a parent, it's something that I talk about with my daughter a lot. And then, of course, I use these skills with the people that we serve as well. So I'm hoping that that comes through as we're talking.

And during this webinar, I'll keep bringing in Greg because he has so much experience and expertise with working with this population. And I'll try and bring him in just to keep this webinar moving, but also to see his perspective around how this applies to the people that we serve.

So before I go into CBT and talking about why we're using this, how it applies to us? Why do we have

probation on here, we have counselors here? How does it apply to all of us, no matter what we're working with within the criminal justice system? I just want to provide a little bit of context.

So in the criminal justice world, we have some evidence-based practices or guiding practices, guiding principles that we know, based on research, informs our practice. And there are several steps to these evidence-based practices, and it starts with assessment. So if you notice, at the bottom of your screen where it says risk/need, assess actuarial risk, what we're talking about is starting with assessment, making sure that we're attending to the risk principle.

And then, we talk about motivation, which is the next level and then targeting the right intervention. But where CBT comes in is this fourth step, which is an evidence-based practice in corrections, no matter whether we're probation, parole, community corrections, counselors, victim advocates. It's about skill training with directed practice. And what skill training means is really attending to these skills that sometimes people have missed as they grow up.

So there is something-- we can talk about people in terms of their chronological age, the actual age that they are-- 18, 32, et cetera. But then, we can also talk about their developmental age. So developmentally, even though, chronologically, I can have a 42-year-old in front of me, developmentally, their brain may still be at an 18-year-old or a 14-year-old. And so they've missed certain skills. They've missed certain-- they have certain gaps in their ways of thinking.

Sometimes I think of it in a Swiss cheese kind of imagery where, if you notice Swiss cheese, it still stands on its own, but it has these huge holes within the cheese. And sometimes I see that as brain development, that, even though they're here portraying themselves as a 42-year-old, there's still these big, huge gaps, kind of like Swiss cheese, that it's part of my responsibility to fill, to help build some of these skills.

So today, we'll talk about what these skills are. And we'll also talk about why they're important and how to build these skills no matter what our role is with our clients. So before we talk about skill-building, I'm curious. Oftentimes, when I'm delivering these trainings, people will say that they shy away from skill-building, that some people say that it feels weird. Or maybe the client resists it; they're resistant.

Or maybe I shy away from skill-building because I'm unsure how to even do it. Or maybe I've tried it, and it really doesn't help. Or maybe there's some other reasons. So Greg could you help me by launching the next poll that asks these questions. What are some reasons we shy away from skill-building in our interactions?

Sure, I'd love to. So what are some of the reasons that we shy away from skill-building in our interactions with the clients that we serve? It feels weird, clients are resistant, unsure how to, it doesn't help particularly, or other? OK.

So it looks like, feels weird, about a quarter of us, 1 in 4 of us think it feels weird to have those conversations in our interactions. 47%, almost half of all of you, have experienced some resistance with clients when you've tried to do some skill-building with them. 41% are unsure how to integrate this into the jobs we already have, the complex things, especially those of you in probation and parole who have terms and conditions.

You've got to get all these questions in, you've got to find out what's going on. You've got to check in with them, problem-solve, put out some fires-- unsure how to sometimes. Only 4% of you think it doesn't help, which is a great-- that's great because we know that it does. It's firmly answered and anchored in the research. And about 16% say other, Anjali.

Wow, thank you. And thank you, all, for responding. This is perfect. So the majority of responses, it sounds like, Greg, fell into either the client is resistant or we're unsure how. And that's wonderful because I really hope that we address exactly those two.

The piece around it feeling weird, for those of you who said that, I fully agree. I always get a little uncomfortable. And sometimes I feel like people can see through what I'm doing. And then, just with time, it feels better and better, and it feels easier.

Can I ask a question here real quick? On the feels weird piece, what comes up for me a lot is it feels like pretty basic stuff sometimes when I'm asking a person or trying to problem-solve with them. And I don't want to insult them by being below where they're at. But also, I've realized, I think, in a lot of cases, I've made assumptions about what they know and don't know and the skills that they have and don't have. Can you talk about that a little bit?

Oh, that's so true. So I'm going to take that in two parts. The first is that it's very easy for us to fall into the trap of assuming that the client already has these skills. And I know folks who are listening on this webinar, that we keep talking about these skills, and I haven't really defined them. I promise I will. But it's very easy to assume that people have them. So for example, one of the skills could be problem-solving. Or another skill could be regulating emotions or managing my anxiety for example.

And because I can problem-solve, surely, that means this other person can problem solve. Or

because I can brainstorm, surely, it means that the other person can as well. And that is a tricky and problematic assumption. So from there, we need to just be careful about how we step into that interaction. So you're absolutely right that we don't step in from a place of, oh, you don't know this skill. It's actually a place of curiosity. I'm wondering about this skill, or I'm wondering how you do it.

And we'll talk through this-- throughout this webinar, we'll talk about these tips and tricks for doing this in a really conversational fashion. But one of the things that's very helpful is to name the skills that you're already seeing your clients doing. So when you see a probationer or you see your client doing a particular skill, name it as quickly as possible.

So for example, Greg, I can name a skill of yours just now. When you were reading the poll questions, you not only were telling us what percentages people fell into in those categories, but you were also explaining each of them. So I'm naming the skill. You explained each of them.

If a client says, you know, I woke up this morning, and I really didn't want to get out of bed, but I forced myself to do that. My follow up immediately is, how did you force yourself to get out of bed? I'm asking the clients to get really specific about the skill.

And the client says, well, I thought that, if I didn't get out of bed, I would end up getting fired from my job, and I really don't want that. Wow, client, well done, thinking through the consequences. So again, now, I've named the skill because thinking through consequences or consequential thinking is one of these really important skills that we're trying to develop in people.

So in answer to your question-- and I'm sorry I'm telling you such a long story to your very short question. One is, let's not make assumptions about the skills people know. And let's name all the skills as you see people using these skills. Two-- come into it from a real place of curiosity and humility. So it's not, I'm going to teach you. It's, let's discover these skills together. Let's name these skills together. And then, the last piece is, even if people know these skills, they're so incredibly important that it's worth practicing.

I'll give you all a very silly example. But when we do these webinars, we do a dry run, even though we might have done many, many webinars before. We always double-check, right? It's worth practicing the skill just in case. And the trick with CBT, or the trick with skills in general is, ideally, we practice in low intensity and safe places to increase the likelihood that, when it's stressful, that we actually use the skill.

So what we're doing is building self-efficacy. Self-efficacy is the belief in the ability to do a particular

thing. So when we practice in safe spaces, we increase people's efficacy. And by safe space, I mean in the office with a client when nobody's yelling, or it's not like they're at work, and their boss is yelling at them.

They're sitting in a conversation with you. That's where to practice. Because the more we practice in safe spaces, the greater the likelihood that the person will actually use the skill when push comes to shove.

So there was a long answer, Greg, to your question. Thank you for asking it. Let's talk about some steps to skill-building. So our first step, internally, is to identify, what is the gap? What's the issue? What is missing? What's troublesome here?

And then, start to name the skill. Whatever you're noticing that's missing, whether it's-- I'll talk about this in more detail as we talk about all of these skills. But I tend to divide skills into three groups.

There's thinking skills, there's emotional skills, and then there's social skills. So if I'm looking at a client and listening to the client talk, whether they're talking about being on the bus and meeting an old friend who offered them drugs, or whether they're talking about going to take their UA, and the place was closed, and they didn't know what to do-- all of these are opportunities to use skills. And so let's clearly name the skills.

If the client said, yeah, I met my friend on the bus, and they offered me drugs. And I really didn't know what to do because this is a friend. But I just made up some excuse, and then I got off at the next stop. Those are refusal skills, good boundaries. We can call them a variety of different things, but let's name those.

And then, identify opportunities to practice, not only with you, but even in the world. What are opportunities that they get to practice? And then, provide feedback for the use of the skills. Good job using such-and-such skill. Or you did a great job here. I would tweak this thing there-- so really providing consistent feedback.

And then, this one sometimes we take for granted, this last piece, which says transferable scenarios. Is sometimes clients don't recognize-- and maybe even we all, right? Not just clients, but us, as human beings sometimes, we don't recognize that the skill we learn in a particular arena can apply to a different arena.

So for example, I had a client who-- we worked really hard on making a request of his boss. And so we practiced that over and over again. We came up with different ways of saying it. He felt really

comfortable.

He went, he made his request to the boss, and then, the next time we had a conversation, he was stuck about making a request to someone else. And it was so curious to me that the client couldn't think that that particular skill that we'd already practiced applied in this different scenario.

So it's really incumbent upon us, as practitioners, to make sure that we're talking with the client about all the places that these skills can apply, not just in the practice that we're doing, whether it's talking with my employer. But these skills can also be applied when you're talking with your partner, or when you're talking with the UA agency or treatment or probation or whoever it is.

So the acronym here is SOFT. Name the Skill, so that's the skill, Opportunity for practice, Feedback, and Transferable scenarios. Like I said earlier, when I think through CBT, there are these thinking skills, sometimes called cognitive skills. We have these emotional skills and then social skills. When we talk about cognitive skills, what we're really talking about is restructuring thinking. Right we're talking about, how do we work on our thinking?

Some of you may have heard this story before. But when I-- depending on what webinar you've listened to-- but there are certain links in thinking, ways of thinking, that become really habitual for us. And it's those links that we have to really become aware of. In order to become aware of those, we have to recognize that we think.

There are times where, without even recognizing it, I'm already doing a particular thing. So a simple example is going to-- when I'm stressed, I find that suddenly there are cookies in my mouth. I'm stressed, and suddenly these cookies magically appear, and I've already consumed half the bag. Now, they don't magically appear. And there was a thinking process that went into it.

But it was so unconscious, I was so unaware of it, that I wasn't able to stop. I wasn't able to mind the gap between me getting stressed out and me walking over to the pantry, grabbing cookies, opening the bag, and then stuffing my face. So it's really important that we slow that process down. And for me, I have to catch it the moment I start feeling stressed.

Because in my opinion, food takes care of everything. So the link in my brain is stress equals go eat. So that's the link that I have to really restructure. So rather than stress equals go eat, I have to slow it down and notice the stress. So that's a feeling, right? I feel overwhelmed, I feel anxious, whatever it is. The thought-- oh, I know how to take care of this. Food will help. Maybe my thought is even, I deserve it; I've been working really hard.

So the identification of those thoughts is where it's at. Thoughts and feelings aren't good or bad. We're not judging them. We're just increasing our awareness of them. Once we increase our awareness of them, we have some power. We get to decide what to do. I saw a bumper sticker a couple of years ago that made me really laugh. And the bumper sticker said, don't believe everything you think. How true is that?

There are so many things I think that are completely untrue. I have to have some agency, some ability to manage my thinking. So the first step is to identify the thought and then, be able to tell, is it a thought or a feeling? Because we manage our thoughts and feelings a little differently. And then, start some skills-- stopping the thought. Sometimes I will visualize a stop sign. I actually picked up that from a client. A client described how he would immediately visualize a stop sign.

Or I'll say to myself, stop. Even that helps with my thinking. Because if I don't catch it, the thought comes into my brain, and then it brings a friend, and then they build a village, and then there's a giant party before I realize, oh, my gosh, I'm so far into this line of thinking. So working really hard to be able to stop thoughts pretty early on-- and then challenge it. Is that accurate?

Is there a different way of relieving my stress, for example, so replacing the thought? So I've given you an example of me. But let's talk about an example of a client. So let's say the client-- maybe I should bring Greg in. Greg, could you give us an example of just a client scenario, and then we can piece it apart a little bit and talk about the client's thinking. So anything that a client would be talking about.

This is the one we hear a lot. I'm not quite sure how I used last night; it just happened.

It sounds like me and my bag of cookies, which, by the way, I would not say to the client, just FYI. So great. So the example that Greg's bringing is, I don't exactly know what happened, I just used last night. So then, we would say to the client, yeah, this is tough. So I so appreciate you saying that and being honest with me-- right, naming things. Let's slow it down a little bit.

What was going on before you were using? So Greg, if you don't mind playing the client a bit, what was going on before you were using?

Oh, I just had one of those really crappy days at work.

Yeah, yeah. How did you know that--

As you know, my boss is out to get me. I haven't gotten raises. Like, everybody else is getting raises around me, and it was just a bad day.

Good, good. And then, again, just sort of a meta-comment, I would really praise the client for insight. It's really cool that you can recognize that you were having a bad day, but there were also other things that were bothering you. Like, your boss was bothering you, or you were feeling like you weren't being treated fairly.

So folks on the webinar, I name all of these things because I want to be able to go back to them because these things don't just happen this time. This feeling of unfairness is universal, and it's something that plagues all of us as human beings, but, particularly, our clients quite a lot. So this, it feels unfair, is a theme that I want to name really quickly, whether I'm a probation officer, whether I'm a therapist or a victim's advocate. Whoever I am, I just try and name what the theme is. So that's the naming portion.

And then, I would identify some of the thoughts. So it sounds like, Greg, that you were thinking, gosh, this is unfair. Other people get raises, and I don't.

Exactly.

Yeah, so that's-- I just did identify the thought. I could even identify the feeling. I could say you were feeling frustrated or something like that. So then I would say, Greg, I'm wondering if you would do this with me. If you sometimes in your life feel like, gosh, things are unfair, or your mind is really going down that rabbit hole, what are some ways you can stop that rabbit hole in the moment? So you're going down this, god, things are really unfair, et cetera. What can you do to stop that thinking?

Wow, that's such a great question because we had that in group last night, kind of talking about what's worked for us in the past. I think, when I am working out and taking care of myself, I do a better job with that stuff. I don't get as frustrated as quickly, maybe or as angry as quickly as I see myself doing it now, especially as I'm struggling on this probation thing.

Nice, nice. So again, a meta-comment-- what Greg just did was he referenced, when I'm doing well, things are OK. And now he's talking about there and then, but I really want to have the conversation in the here and now. So I would come back with, that's great that you recognize that when you're healthy, things don't bother you as much. But I would imagine that there are times in your life where things are going to bother you.

So when things do bother you, and you start to feel like, gosh, things are really unfair, what can you

do to stop that kind of thinking in the moment?

I don't know. Get out of the situation if I can somehow.

Nice, great. That's a distraction technique-- really nice job. So that's naming again. And then we can just focus on that one skill. But I don't know if you all heard, Greg started with, I don't know. And very, very often, clients will respond with, I don't know. And I would encourage you all to just be patient because right after the, I don't know, is usually some pearl of wisdom from the clients. They come up with something. And I learn so much from these amazing little skills and tricks that clients try. It's pretty cool.

So if the client says, I don't know, just pause for a second. If the client truly doesn't know, then we can come up with a variety of different thought-stopping techniques. So Greg mentioned a thought-stopping technique, which is distraction. Or you can see a stop sign. Some of my clients wear a rubber band. Maybe this is true for some of your clients. They wear a rubber band, and they snap themselves when they get stuck in a thought pattern.

So I hope you noticed how casually we're putting it in. The skill-building casually comes into the conversation. I don't say, OK, stop. We're going to move to Cognitive Behavioral Training, and now we're going to do a role-play, right?

We don't do any of that. It's woven in casually into the conversation because skill building happens all the time, whether it's with me or with my daughter or with my clients, it's happening constantly. And I'm looking for these moments where-- these teachable moments, these moments to practice some skill-building. So thank you, Greg, for doing that with me.

Question. So we have a bunch of different professionals on these calls. And I can tell you that I run into people saying, this sounds like we're doing therapy in my probation office. Can you address that?

Oh, my gosh, for sure. Yes. What are the lines between therapy and probation? Now, first I want to say that all conversations can be therapeutic just as walking outside can be therapeutic and staring at my dog is therapeutic and taking a hike. So therapeutic just means supportive. And we can all have supportive conversations. But where's the line between what a therapist does and what a probation officer does?

So skill-building is in the purview of both. But if we have to delve deeper, then I'm going into the therapy realm, which, as a probation officer, I would not do. So the therapy realm would sound like, so

Greg, you talked about things being unfair. Tell me about times in your life, other times in your life, that things had felt unfair. That is a therapy question. It's not a skill-building question.

Do you see the difference? It's delving into history. Tell me about other times in your life when things have felt unfair. And maybe the client says, well, it's always been unfair. Well, tell me about what that's like growing up and when things were unfair, and who taught you that? And so if I'm delving into history, if I'm tapping into maybe a trauma event or something like that, then we're in the purview of therapy.

But pure skill-building can happen no matter who we are, whether we're probation or a therapist or advocate or law enforcement or even if I'm a front-desk person or monitoring a UA. I remember a client walking in. I was at the front desk.

A client walked in, slammed papers on the desk. This was a client I knew. Put papers on the desk, and said, you need to fill these out. And he was clearly frustrated. And he's a big guy-- and so I took the papers, and I stood up, and I said, I can see that you're really frustrated.

And I'm going to ask you to say that again in a way that you are going to get what you need. So say it again in a way that you know I'll say yes. That's a skill-building moment, just at the front desk. Because he gets a redo with me. But if he had done that to, let's say, his boss, he might have been fired. If he had done that to the judge, he would have been placed in handcuffs. So with me, with us who help with skill-building, they get to do it again. They get to try it again.

Because here's the interesting thing about how skill-building happens. We are literally rewiring people's brains. We are helping myelinate, helping put these myelin sheaths around the connections, these positive skill connections. We're helping rewire their brains. We're helping increase the strength of the frontal cortex, which is our thinking, our consequential thinking, problem-solving, all of that. And we get to do that no matter who we are, no matter what our title is.

What's left for the purview of therapy is delving into history, talking about trauma, getting curious about where this started, what's the depth of this, and resolving those depths. Greg, does that answer your question?

Yes, thank you.

So we talked through many thought-stopping techniques. We talked about visualizing a stop sign, saying stop out loud. I actually use that a lot. A rubber band distraction, we talked about. And then moving the body really seems to help. Change your position. Turn around.

A client talked about that as well that, when he's trying to change his thinking, he'll just shake his head or shake some part of his body so that he changes his thinking. So moving around really helps. Or just blow out the candle or blow out the balloon, which is exhaling loudly. All of these things are really helpful thought-stopping techniques.

And then, we need to start to develop an emotional vocabulary. So if your clients are anything like mine, they have a limited emotional vocabulary. My clients have two emotions. They're either fine, or they're pissed off. That's it. How are you? I'm fine. How are you? I'm pissed off. Those are the extent-- that's the extent of it. But that's not true. They are these amazing, complex human beings.

And so part of our job then is to help them name the continuum of the emotions, not only for themselves, but also so that it helps in communication with others. Because if someone is only mildly annoyed, saying I'm pissed off is miscommunicating something.

It doesn't help a conversation. If I came to Greg, and I was only mildly annoyed about something, and I came to him, and I said, I'm pissed off, he immediately might have a different reaction. As opposed to, if I said, I'm a little annoyed about this thing, it's a completely different conversation.

So really developing that emotional vocabulary-- we do this in a variety of different ways. A simple way is-- I'm sure many of you have seen this, the card with all the emotions and then the people's faces on it. And then that's one of the ways to develop emotional vocabulary or literal cards with emotion words on each of them.

Sometimes I'll have 10 cards on my desk. And when I ask people to talk about their week or to just check in and tell me how things are going. I have them pick some of the cards to describe what's going on just to develop that emotional vocabulary.

Or if you're running a therapy group, you could do emotion charades where people are acting certain emotions and other people are guessing. So there are a lot of different ways to develop this emotional vocabulary. And it's really important to be able to help our clients distinguish between their thoughts and their feelings.

Thoughts are a lot more easy to change. Feelings are chemical. And sometimes, if they're pretty strong, we have to just manage them. We have to tolerate them as opposed to change them.

So tolerate the fact that I feel so angry right now, even though we've resolved the situation, I'm still angry. Tolerate that, and then allow it to subside, as opposed to thoughts, which are much easier to

switch or change. So separating thoughts and feelings-- sometimes I ask a client, tell me what you're feeling.

Or when you were saying this, what were you feeling? And the client will sometimes say, well, I feel like I want to punch them out. And that is not a feeling. A feeling is usually one word. I feel, and then there's one word-- so really helping people distinguish that.

Building emotional vocabulary-- very, very helpful. And then managing the emotion-- we started to talk about that. The first step to developing emotional management is to be aware of what the emotion is. We need a vocabulary to be aware of it. We name the emotion. We talked a little bit about tolerating the emotion. Sometimes we call this distress tolerance.

When a client is talking to me and just telling me, yeah, I was super frustrated about my job. My boss was being really crappy to me. Or we can use Greg's example. Everything is unfair, et cetera. We can talk with a client about, so how did you manage? You were feeling all of these things. How did you manage? How come you didn't just blow up at your boss right then and there?

Well, I knew that if I blew up, I would get fired. OK, consequential thinking. What else was happening? I started to walk away. Great-- distraction technique, walking away. What did you do when you walked away? How come that feeling didn't just keep going? Well, I started to think about what I'm going to do in the evening. Or I started to think about my family. So we're really developing the skills that the client's already using and then offering additional skills to the client.

Again, I really want to stress that emotions are not bad. They're information. It means something. If I'm angry about something, or I'm upset about something, that's good information. It doesn't mean that I have to act on that emotion. But it's giving me some information that something's awry. And let me just figure out what's going on. Let me figure out, what's making me angry? What is it that's upsetting me?

And then, we can talk about self-regulating techniques. How do I regulate if I'm really stressed or really upset, angry, whatever it is? How do I start to bring myself back into what we call a window of tolerance? So how do I bring myself back to where I feel regulated again? So there are a variety of different self-regulation techniques. And I'm sure you're familiar with many, many of these.

Some self-regulation techniques are really feeling your feet on the ground, so getting grounded again. Sometimes it's just naming things in the room. Sometimes it's naming everything that's red that I see around me. It could be going outside and taking a walk. It could be washing my hands.

There's something about running water that seems to really help people regulate.

Sometimes it's rocking back and forth. I don't know whether you have clients who sometimes do that when they get stressed out; they kind of rock back and forth. It's a self-regulation technique. It's a self-soothing technique. So lots of different ways to self-regulate-- some are healthy, and then, some are not healthy. And what we're trying to do is help people gain more healthy, self-regulation skills.

So I mentioned eating a whole bag of cookies-- not so helpful. It definitely re-regulates me, but not healthy. The clients sometimes will use drugs or alcohol to self-regulate-- not so helpful. So really talking about what you're trying to do is regulate. Let's talk about, what are some healthy ways to do it, ways that don't have the kind of consequences that using or getting into fights or those kinds of behaviors result in?

So we've talked about thinking skills. We've talked a little bit about emotional skills. Let's talk a little bit about social skills. So social skills are about awareness, meaning awareness of social situations and what's going on with the other person. So that's one piece of it. And then, how do I manage the interaction, which is relational management? How do I manage what's going on? How do I manage conflict if conflict is coming up?

Or somebody gives me an affirmation, somebody praises me, what do I do? How do I manage that? This comes up sometimes in the office when your client does something, and you might say, great job with that. And then you see them squirm in their seats because they're so uncomfortable with receiving feedback. Those are such great opportunities immediately to talk about, wow, I notice that you're squirming in your seat. What just happened?

And the client might say, well, usually, when people are being nice, they want something. So I don't know what you want-- which is a great learning opportunity. It's a great place to have a conversation. Social skills are about relational awareness and then relational management. So under relational awareness, we're talking about empathy, building empathy. And this is true for us as well, for all of us as human beings.

In order to understand what the other person is going through, we need to be able to put ourselves in their shoes. I know that's such a cliché term. We need to be able to see it through their eyes without ever losing our own self. So I'm not saying that we see it through their eyes and, therefore, their behavior is OK or we're excusing their behavior or any of that. We're just trying to understand it through their perspective. A part of empathy is perspective-taking, taking their perspective.

And again, I want to be really clear that empathy doesn't mean, because I understand, that makes it OK. I'm not saying that, just because I understand it's OK that the client walked into the office and slammed papers on my desk, right? That still doesn't make it OK, even though I understand that he was frustrated. So I still get to have boundaries. I still get to say what's OK and what's not OK, but I have empathy.

And we talk about empathy in a couple of different ways. Empathy is divided into two categories. There's cognitive empathy, meaning, I understand with my brain, and affective empathy, meaning, I say it in a way that conveys the emotional content of my understanding. You can have one without the other. But it's the affective empathy that really works.

So I can cognitively understand something, and I can convey it in a disconnected way maybe without emotion. And it doesn't land as well. We talked about empathy. Let's talk about managing social skills, relationship management. Here, we're talking about basic conversation skills.

With one of my clients, he said to me, I have never had an actual conversation with anyone without being drunk or high, like a meaningful conversation. I've never had a meaningful conversation with anyone without being drunk or high. And of course, in my brain, I was thinking, well, if you were drunk or high, I don't know how meaningful that was. But we have clients who missed some of these social skills. So really modeling that for them is exceptionally helpful.

Helping them resolve conflict-- how do we deal with conflict? How do we give and receive feedback? How can we be assertive and ask for what we need? And then, how do we have boundaries? How do we really put in boundaries, have boundaries in place? So lots of different skills, lots of examples of these skills. And any of these skills will show up at any point as you're having a conversation with clients. So it doesn't have to be stepping out of a normal conversation. You're just weaving these skills in there.

So I've rushed through a bunch of different skills. And I want to just pause for a second and have Greg help me with a polling question. And this is, in your opinion, what are some areas that you think our clients struggle the most in? Is it cognitive skills, is it emotional skills, social skills, or all of it? So Greg, could you launch the poll, please?

Yes, Anjali. So as Anjali indicated, what are the areas your clients struggle with the most-- cognitive, emotional, social, or all of it? So Anjali, cognitive skills, about 10% said that's what their clients struggle with the most. Emotional skills is at 27%, social skills, 10%, and then the most popular answer-- surprise-- is all of it, 68%.

Yes. I would fully agree, all of it. And to be quite honest, depending on the situation, I struggle with all of it. Depending on the situation sometimes, my thinking runs away from me. Depending on other situations, I find myself so angry, whether it's with-- it's usually with either my daughter or my husband that I cannot even remember a good thing, a single good thing that they've done. Or I struggle with conflict management, which is a social skill.

So sometimes it's context-driven. And truly, sometimes it's all of the above. And so the cool thing about that is it gives us so many opportunities to intervene. It gives us so many possibilities around, where can we support some skills? But to take a step back for a second, since we're talking about criminal justice clients, it's helpful to figure out, if a client is struggling with all of it, where do I start? How do I know what to do?

So when we're trying to make decisions, and a client has done a particular thing, it's helpful for us to know, does the client need containment, meaning additional structure? Is that my intervention? Or is it a capacity-building thing? Do I need to either support motivation, or do I need to build skills? I know it's a motivation issue when the client essentially doesn't really want to do it. If the client doesn't know how, it's a skill issue.

Or is it that they need more support? They need more social support or support in the community. Now, I know I'm providing these pieces as such clear and distinct entities. And yet, there are times where it's all of the above. So I just want to acknowledge that. But at least, this way, we have names for things.

We can say, wow, this client needs containment first. They just relapsed. They're in a really bad spiral right now. And while they do need some skill-building, the most immediate thing they need is more containment, more structure. So maybe detox is what they need first and foremost. And then I can start to build skills, for example.

So it's helpful, just in our brains, is it containment, is it capacity-building, or is it community? And then, what is driving the client's behavior. So we need to look at, what are their criminogenic needs?

Can I ask a question? So can you go back to that other slide real quick? I think one of the things-- so the containment, I think a lot of us get. That's pretty consistent with what we do. It's around structure and supervision and those external things we do. It might be drug monitoring. It might be checking employment. It might be seeing them more frequently. But the capacity-building, is that where we need to really understand proximal and distal behaviors and how that weaves into this conversation?

Yeah, so proximal and distal behaviors actually weaves into all of it. So I would even respond differently in terms of containment for a proximal behavior that I would distal one. So let's just define those really quickly, and then I'll give you some examples.

So a proximal goal is something that I can achieve pretty easily. It's right in front of me. I already have what it takes to do that. A distal goal is something that is going to be much, much harder for me to do, so it's further out. Let's do examples.

Let's say I am addicted to substances, and I truly have an addiction. Sobriety is a distal goal, meaning, if I truly have an addiction, you cannot expect me to be sober tomorrow. The hallmark of addiction is relapse. This is going to be really hard. So the distal goal is sobriety.

But what you can expect of me is to show up and take my UA. Because I show up to my drug dealer's house quite regularly, so you can expect me to show up and take my UA, right? So that's a proximal behavior. If the client is not engaging in those proximal behaviors or the distal ones, I would have different responses based on if it's a proximal behavior or a distal behavior. So if somebody who has an addiction relapses, I would be less likely to throw the book at them than if they didn't show up for their UA, because that's the proximal goal.

So I would be more firm with those proximal lines than the distal ones. And then, that's true not just for containment, but for capacity-building as well. If it's a proximal goal, they already have those skills, I'm slowly working on those distal skills to help in the long run. Thank you for asking that question, really helpful.

So let's go back to these criminogenic needs, which I know you all know. And I really want to focus on those top four. We call them the big four. Criminogenic needs, for those of you who haven't heard this term before, are dynamic risk factors, changeable risk factors that, if we pay attention to, dramatically reduce the likelihood that someone will commit a crime again. They reduce risk. They dramatically reduce risk.

So the top four are particularly important to pay attention to. Anti-social behavior, which I know sounds a little bit like something that cannot change, but it really is about, how do people respond to high-risk situations? And I'll go into this a little bit more in a second. Antisocial personality, cognitions, and peers-- those are the top four that we're really paying attention to.

And unfortunately, according to the research-- this may not be true for those of you on this call. But according to the research, we're really good about talking about and skill-building around family stuff

with decent skill-building around substance use, a little bit OK with employment. But then, when it comes to peers and attitudes and cognitions, we tend not to do a great job with skill-building.

And I think it goes back to that question I asked a while ago, which was, how come we don't do this? And many of you said the client pushes back. A client would push much harder if we're talking about attitudes than a client would push back on substance use unless we were really tricky about it, unless we were a little bit sneaky about it, unless we wove it into the conversation, which is really what we're talking about doing.

So let's talk about these top four. And I'll just give maybe some examples, and we'll talk about how to attend to these. So the first one is anti-social behavior. And what it means is the client has an inability to manage a high-risk situation without engaging in criminal behavior. A personal example would be-- a high-risk situation for me is stress. I don't know how to manage it without engaging in cookies-- a silly example, but very true for me.

For a client, it might be-- a high-risk situation might be an argument, and then they don't know how to manage an argument without getting violent. So that's an example of that being the criminogenic need. And so, ideally, we're really working on-- so how do we manage anger, for example, if that's the high-risk situation and kind of working through that, talking through it.

Maybe we're even practicing skills, doing worksheets. There are a lot of, not just curricula available, but even free worksheets available that you can practice some of these things with clients. And I'll talk about that a little later.

Antisocial personality is much, much tougher to work with. This is the person who has low impulse control, but also lacks empathy. So empathy-building is a huge skill right here, moral reasoning, reorienting the moral compass is one of those skills that we really work hard to build, lots of restructuring thinking for this particular-- but when this particular criminogenic need is up, there's a lot of restructuring thinking that needs to happen.

I find that this particular criminogenic need needs less of the emotional regulation and more of the restructuring thinking pieces. Antisocial cognition-- this is the thinking process. This is where people have attitudes, beliefs, rationalizations that really are in favor of crime. They don't quite get it.

Why is it not OK to do that? The person left their keys in the car. I mean, how stupid of them? Of course, I'm going to steal the car. So that sort of antisocial cognition-- and again, here we're talking about skill-building around recognizing those beliefs, those rationalizations, and then working pretty

hard to manage those and change those.

Lots of places to practice, right? We can do in-the-moment-- I hesitate to use the word role-play because people often shy away from that. But it's just in the moment we're saying I could be saying to Greg, so you talked about being upset with your boss. So what happens if your boss-- lets you say your boss says, no, I need you to work late tonight. How can you respond? So it's in the moment. It's in the conversation.

Or you can start with, so imagine if your boss said blabity-blah, and then you invite the other person. And it's a sneaky way of practicing skills. You're really role-playing, but you're not setting it up. Because as soon as I start to set it up, well, client, let's do a role-play, they really want to leave my office. We also give them a redo. And I gave you an example of that when the client walked in and threw papers on the desk, right? I essentially gave them a redo. I said, try again. That's a redo.

Sometimes clients will say a particular thing, and I really am not so certain about it. So I'll say, OK, convince me. A client will say, I know I'm not going to use tonight. OK, I get it, but convince me. Convince me like I'm the judge, or convince me-- get me over the hump. I really want to believe you, but just get me over the hump, so I'm right there. Tell me how you're going to do it. Be really specific.

And then, they go into that. And then I say, and what if somebody comes in and says, hey, you, you're not going to do a UA for another couple of days, come use with me, for example. Maybe if it's a victim-- and what if the person called you? What would you do then? So using this, no matter who you're working with-- maybe even asking, what's the evidence for-- you said everything is unfair.

Give me examples of where things are unfair. And then, after they've answered that, now, give me examples of where things are fair. And then maybe you start with, let's give it a shot. Let's try it right now. Give me three ways that you're going to manage this particular thing-- so lots of different ways of practicing in the moment.

And then Greg mentioned proximal and distal pieces, which also shows up when we're talking about contingency management, which is, when you're building skills, it's really helpful to reward any skill practice, to reward any time people are engaging in these positive skills. And a reward can even just be recognition of the skill. Wow, great job. I saw you using that particular skill.

So the steps to this reward system is identify, who are you going to skill-build with? Because if you have a variety of people on your caseload, save skill-building for the people who really need it, maybe high-risk folks, maybe people with those top four criminogenic needs. That's your target

population.

Identify what the behavior is and what the skill is, what that gap is that you're missing. And then, give them a choice about what their particular incentive is going to be? What is their reinforcement and how much? So if we're talking about-- a reward might be, instead of coming into our next session, we can do it virtually. I can do it by phone. Or instead of doing a weekly appointment, we're going to skip a week and do it every other week, or something like that.

How am I going to get whatever the incentive is? So let's say it's a financial incentive, a \$5 gift card. Or maybe it's a fishbowl. These fishbowl incentives seems to work really well. And it's actually a cheaper way of going about it.

Where there are a few big incentives, some medium incentives, and then a bunch of very tiny ones or even no incentive, but just the fact that people get to pull something out of a fishbowl gives their dopamine, their reward system a little bit of a dopamine rush. And then, when are we going to do this, and how long the incentive is going to last? So those are some things to think about as you're thinking about skill-building.

So let's do one more poll question. Where do you need more support? Is it skill-building in the moment? Is it identifying some target behaviors or assessing criminogenic needs? Or maybe it's just understanding incentives and sanctions or all of it? So Greg, could you help with the next poll, please?

Absolutely. So we already have responses coming in. I'm going to leave it open for a bit. OK, so what areas do you feel you could use more training in? Skill-building, in the moment, 31%, identifying target behaviors, 15%-- so it sounds like people have a pretty good idea of what their assessments are saying, what they're witnessing with their clients when they come in the door and develop a relationship. Assessing criminogenic needs, only 12%-- so that tells us probably that many people in the audience are using risk assessments. Contingency management, 17%-- and then, the most popular is all of it.

That's great. So a lot of skill-building support in the moment, people would like some more of that and then all of it. Yes. I frequently find myself in that boat just wishing I could up my skills in all of these different dimensions. Because, again, it's so context-based. So thank you for that.

The last piece before we jump into questions is, some CBT curricula-- this is not an exhaustive list at all. There are so many CBT curricula that are out there. There's so much research support for cognitive behavioral training-- so not just therapy. I want to be really clear about that. It's not just

therapy. It's skill training in general. CBT is an evidence-based practice in such a variety of different arenas.

It's not just with criminal justice, but with managing mood, with addiction, with a variety of different behaviors that our clients struggle with sometimes. So here is just a small list. There's a lot more available freely online. There's the Quick Skills curriculum, Carey guides.

There's a probation and parole treatment planner, Strategies for Self-improvement and Change, sometimes called SSC. Mind over mood is CBT, but using CBT with managing bipolar disorder. Or even just emotional regulation-- I really like that particular workbook. You may have heard of Thinking for a Change, which is a very strong CBT curriculum, as is Moral Recognition Therapy-- so lots of different options.

But again, there's so much more than just this available as well. So from there, I would love to open it up for questions. And Greg, what are some questions that you're noticing?

A couple of questions have come up. The question I started to ask you in the last poll question is, can you talk a little bit about-- in previous webinars, you talked about stages of change. Can you talk about how we might utilize stages of change to identify skills that people need to work on or those people that need more of our time and effort than others and how to do that?

Yeah, absolutely. So stages of change is such a helpful way of looking at different behaviors. We can be in one stage of change for one behavior and a different stage of change very different behavior. In terms of stages of change, what it really talks about is that change-- the process of change is natural and that we all start by not wanting to change. That's the first stage.

And then, we think, maybe I should; maybe I shouldn't. And then we move to starting to make a plan, and then we actually start to change. And of course, any step along the way, we can relapse. So that's essentially the stages of change. So the first stage, which is also called pre-contemplation where we're really not wanting to change-- I don't have the problem, you're the one with the problem-- those kinds of things. It's a different set of skills that we're trying to talk about.

There, we'd have just awareness-building. Now, in order to move from that stage to the next stage, people need awareness, but that awareness needs to bother them in order to move to the second stage. So that's what's driving, in my head, that's what's driving what skills I'm working on. So I'm just working on awareness-building. But I'm also working on building awareness that rubs up against their values, really highlighting that discrepancy.

So for folks on the call, if you want to learn more about how to utilize stages of change, we often talk about it when we talk about motivational interviewing or when we talk about facilitating behavior change. And it's usually at least a half-hour conversation. But what stage of change people are in really helps me know what skills to drive as well as what behaviors to focus on.

If somebody is already in an action stage with a particular behavior, I'm really just in a supportive role. But if somebody is in contemplation, pre-contemplation, that area, then I'm skill building actively to help them be more successful when they take action.

Thank you. Looking at responsivity, what do we do about understanding why someone may not be responding to the work that we're trying to do with them, or their behavior seems inconsistent with them wanting to change behavior? One of the questions was around literacy and brain injuries.

Yeah, as soon as you started talking about that question, I immediately thought about traumatic brain injuries. So here's the really interesting thing. It's very helpful for us to identify folks with TBIs, with folks with Traumatic Brain Injuries, because it tells us to slow things down, to really pay attention to that they might need more skill-building support and that they're not following through, not because they're defensive or resistant, but because they lack these skills.

Their brain is struggling with certain skills, whether it's organization or memory. Or sometimes I find myself repeating the same thing over and over again with some of my clients. And it's not because they're being defensive. It's because their brain is struggling.

So the interesting thing, though, is one of the evidence-based practices of working with TBIs is developing cognitive behavioral skills. So here's the interesting thing. Fundamentally, we're still doing the same thing. We're just slowing it down. We're just really noticing, where's the client at? How much can they absorb?

One skill at a time-- practice, practice, practice, and then reward them. Praise them so so much for the implementation of the skill. And know that you'll probably have to come back to the skill over and over again. But once you've provided the skill, it doesn't mean you're done. Most likely, you're going to come back again. So just lots of patience.

Thanks. So we have a question. I have victims that cannot make a decision. I have victims that cannot make a decision that led to their fears and emotions, suffocate their decision making process. They don't know what to do, so they do nothing. How do the skills and things that you talked about in this webinar and perhaps even previous webinars apply to victims? Are they different than when we're

talking about clients that are in the criminal justice system versus the people who have been victimized?

Great question. So no our brains function in very, very similar ways, no matter what category we get placed in, whether it's victim or offender or practitioner. Our brains still function in very similar ways. So what you so insightfully talked about in the question is essentially noticing that they're getting stuck in their emotional brain, the limbic system, the lizard brain. And all these skills, these cognitive behavioral skills, what they're doing is strengthening the decision-making part of their brain.

So in the question, when you said they're letting their fears get the better of them, and then they just get indecisive, what's happening is they're getting frozen. They're getting stuck. So they're getting stuck in the limbic system. And so these are the very skills we need to help them move out of that stuck place into their frontal cortex.

However, if I have too many choices in front of me, that's overwhelming in and of itself. So one of the techniques to help somebody who's frozen, who's stuck and is having a really hard time making a decision is to narrow down the choices. So the conversation might be, in front of you, you have two choices. You can do A, or you can do B. Which do you want to do? And maybe that's not enough.

Maybe you have to also have the conversation around consequences or the pros and cons around each of them. And these, by the way, are also skills. Right this is how we make decisions. We say, we have A; we have B. What are the pros and cons of A? What are the pros and cons of B? Each one of us does this. We just do it kind of naturally.

And here, we're helping the person, whether it's a victim, a client, whatever we want to call them, we're helping the other human in front of us really, concretely support them with these skills. So it absolutely applies. And really, what we're trying to do is strengthen that frontal cortex so they get out of being stuck in that emotional system.

Thanks, Anjali. I would just let the person know that asked that question, our final webinar in this series is the Neurobiology of Trauma. So we're going to cover a lot more of that and people who react from a trauma base and then some strategies to work with them in that next webinar. And I believe it's next month. I don't have the date in front of me. Anjali, do you want to get any more of a preview on that webinar for the person who asked the question?

Sure, yeah. We'll be talking a lot about the brain and delving into how to help people get unstuck from that emotional system. So yeah, your question really led to what we're going to be talking about

in that webinar.

Thanks. I have a question. Do you have a suggestion on how to move a parole officer to go from referee style to coach style?

Ooh, great question. And I love that you're even considering this, that you're realizing that our jobs are so much more complex, that we are not just referees or judges, in some ways, right? The good/bad, right/wrong, yeah, you did well, stop/go-- it's really about coaching and guidance. So all of these skills, like I keep saying, apply to all of us.

And stages of change too applies to all of us. So I would start with just a conversation with this person just to assess, where are they in the stage of change? Are they even contemplating that maybe what they're doing isn't working? Maybe the conversation is around what this person believes their role is with clients. Maybe the conversation is what they believe they should and shouldn't be doing.

Or it could be that they know that what they're doing isn't quite working, but they're just not sure what to do. When I do some of these trainings, I have people say, oh, my gosh, I didn't even think that this was my role, I thought my role was just to do-- enforce terms and conditions. That's it, that's my role. And this is a whole new world, and I'm so uncomfortable.

So really helpful to even start that conversation, but I would absolutely start that conversation as a coach. Because if you enter that conversation as a referee, knowing what's right and wrong, the conversation will get stuck pretty quickly. And you'll be faced with a lot of defensiveness. So really get into that conversation from a ton of curiosity. And I'm so excited that you're even thinking about that.

Thanks, Anjali. So we have a question. How would you talk about the difference between motivational interviewing and CBT?

Ooh, great question. So remember when we talked about containment, capacity-building, and community? And under containment, there were two sections. Is it about motivation, or is it about skill-building? And they're very different.

If it's motivation, I'd reach into my motivational interviewing skills, and I'm exploring ambivalence. But as soon as I see a skill deficit, I'll stop to do some CBT. And it's not like I say, OK, client, five minutes of MI, and then I'm moving into-- they really weave in together. So ambivalence tells me I need motivational interviewing.

They'll say things like, I don't know. Why should I do it? I don't know if I want to. All of that stuff is

ambivalent. As soon as they say, I don't know how, or as soon as I see a skill deficit, a gap, that's a time for CBT. So it's really different. And in my place, I'm not teaching.

But from a CBT place, I do have a very clear teaching goal in mind. I'm really guiding. I'm driving harder in CBT than I drive in motivational interviewing. So they attend to different things. One attends to the motivation, and the other attends to the skill behind it.

Thanks. So we have a question. How do you handle conflict when attempting to skill-build? For example, I work with a client who needed to learn emotion control and how to take care of their home. When discussing emotions, it went simply. But when I began to discuss steps to help her take better care of her home, she became offended and stormed out.

Yeah, OK, great. So what a great opportunity. So when you talk about emotional regulation, that sounded OK. But as soon as you took it to a home situation, they got really upset. And interestingly enough, they were not able to emotionally regulate. How awesome that you have an actual example to work with. So the next time-- so it sounds like the client left. All right, no problem.

Next appointment I acknowledge, wow, client, I recognize that I stepped into something that I didn't intend to. Somehow-- I think I'm going to guess I offended you, and that was the last thing on my mind. What was happening for you? We talked about emotion right before that. And then, when we started talking about your house or your home, a lot of emotion came up for you. What was that emotion?

Now, parenthetically, we're naming emotion, right? We're building emotional vocabulary. So already, I'm skill-building right there. The client might say, well, you really pissed me off because you don't get to talk about my home that way. Yeah, so what happens when somebody pisses you off? What are ways in which-- what are the options in front of you? One option was to leave, and that's what you did-- totally OK.

What are the other options in front of you? And that's where we're using CBT to build-- well, I could have said to you, hey, don't talk about home that way. Or I could have done 99 different things. So that's right where we're building skills. And I would so strongly suggest to you all, build skills about the things that are actually going on right now.

So build skills in the here and now rather than focusing too much on what happened yesterday or last month or last year. Because clients show skill gaps in the moment with us. So let's really catch those, capitalize on those, and build skills in the moment. We, as human beings, learn so much better with

in-the-moment stuff.

Thanks, Anjali. And one of the things I thought of, which goes into the next question-- I don't know if they were thinking about it when they asked it. At what point do you start gaining trust with clients and building that relationship? And one of the things that popped up for me in reading the previous question was, is this overestimating the relationship that's been developed, or we're not quite at the place where I'm willing to problem-solve with you and have you enter my home and tell me-- and help me figure out how to run it?

Right. Yeah, So when a client has a certain reaction, there's other stuff that's going on right. There's the leafs, there's all kinds of other things. So what a great opportunity for us to delve into all of that, for sure.

Yeah, and the question was, at what point do you start-- I kind of lost this in my talk, my piece. But at what point do you start gaining client trust? And kind of connected to that is a relationship where you can have these conversations. What does that look like?

Yeah, so relational building, relationship-building is that first step. It's very, very hard to build skills if the client doesn't-- if the client doesn't have some kind of belief and trust in the relationship or feeling like you respect them, you hold them in high regard. So really, relationship-building is that first piece. It comes before anything else. And sometimes, when skill-building goes awry, go back to the relationship.

That's going to conclude our question-and-answer portion over this webinar. Thank you, again, Dr. Anjali Nandi for the excellent presentation today and sharing your insight and knowledge with us. For anyone who's wondering-- we've referenced previous webinars in this series-- for anyone who's wondering or interested in those webinars, they are available at [ncjtc.org](http://ncjtc.org) on our On-Demand Library. And so you can listen to the entire series that's led up to this training, as well as the final one we have in the series coming up in a few weeks.

If you're interested in additional training, please visit see [www.ncjtc.org](http://www.ncjtc.org) for all of our trainings. Thank you for joining us today, and have a great day.