

Ask the Expert-Understanding Implicit Bias - Webinar Transcript

Welcome to the National Criminal Justice Training Center webinar, "Ask the Expert, Understanding Addiction-Related Implicit Bias," presented by Dr. Anjali Nandi. My name is Greg Brown. And I will be moderating for you today.

Before we begin the presentation, there's some items I need to go over. Today's presentation is part of a webinar series for the Bureau of Justice Assistance Comprehensive Opiate, Stimulant, and Substance Abuse Program and the Indian Alcohol and Substance Abuse Program for Coordinated Tribal Assistance Solicitation Purpose Area 3, grantees and non-grantees, focused on responses to alcohol and substance abuse-related crime.

This project is 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.

I'm pleased to introduce you to our presenter, Dr. Anjali Nandi. Dr. Nandi is an associate with the National Criminal Justice Training Center of Fox Valley Technical College. She is 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.

Kevin Mariano and Justine Souto are joining us as panelists today. Kevin is a project coordinator at NCJTC, providing technical assistance related to community policing, sex offender management, law enforcement victim advocacy, and multidisciplinary and multi-jurisdictional team development. Kevin has over 20 years of law enforcement experience and served as the chief of police with the Pueblo Isleta Police department for over seven years.

Justine is a program manager at NCJTC. Justine oversees the Tribal Justice System Planning program which helps grantees plan and develop responses to address justice-related issues. She has expertise working with tribal judicial systems, grant management, and interpersonal communications.

My name is Greg Brown. And I will be moderating the webinar for you today. I'm a program manager for NCJTC. And prior to that, I worked on probation for about 30 years. You can find full presenter biographies in the handout section of the GoToWebinar control panel. I want to thank you all for joining us today. And Anjali, the time is now yours.

Thank you so much, Greg. And welcome everyone. It's a pleasure to be here. And I'm excited to do this Ask the Experts session. I love these Ask the Expert sessions because the group is smaller. And we get some really good questions from you. And so we'll actually be structuring this conversation based on those questions.

A lot of you had questions related to the basics. Some of you wanted to know what implicit bias is. Some of you wanted to know how implicit bias applies to addiction and what common biases are. So we'll really start there.

And my hope is that our time together challenges you, that it challenges your thinking, that it increases your awareness, and that hopefully, it makes you a little uncomfortable because the discomfort is really where we learn. So my hope for you, my request is that you walk towards your discomfort. And when you feel uncomfortable, you know you're doing it right. And let's sort of keep moving in that direction.

Ask questions. If you notice yourself getting defensive or grumpy about something, get curious. What is that about? What are you thinking about? What are you maybe protecting? Where is that coming from? And keep asking questions because that's how we all learn. And allow yourself to be surprised. So those are my hopes and my requests of you.

So let's get started. So in order to understand bias, we need to understand our brain. So our brain is made up of this unconscious brain and the conscious brain. If you've heard our initial talk about this, we labeled these parts of our brain. We called the unconscious brain the limbic system, also known as the lizard brain. It kind of sits in the center of our brain. It is really important for our survival.

We process so many bits of information in a day. And we have to make countless decisions with these pieces of information. Should I pay attention to it? Should I let it go? And our unconscious brain is really good at sorting. It does a very good job of figuring out, should I pay attention to it, should I not.

And in order to sort, it uses what we call heuristics. Heuristics are little ways of deciding whether to pay attention to something, whether to not, whether I like it, whether I don't, whether I should be scared, whether I should not. Is it similar to me? Is it different from me?

So there are a lot of ways in which our brains sort. And in a sense, it takes care of us by holding on to the excessive amounts of energy that are needed for conscious decision making. So we have the unconscious brain, which is the limbic system, the lizard brain. And then we have the conscious brain, which is the frontal cortex, also known as the prefrontal cortex, or the wizard brain. So we have the lizard and the wizard.

And the thing about the wizard is it's really, really helpful. But it takes a lot of energy and a lot of calories to use. We need to slow down. We need to sort of think through the consequences, think about the pros and cons, think about the future. All of that requires us to slow down.

And if we slow down like that for every decision that we have to make, we probably wouldn't make it out of our bed. So our unconscious brain is exceptionally helpful in getting us through the day. And then it has this connection with the conscious brain, a relay where it sends messages-- OK, let's pay attention to this. Conscious brain, I kind of need your input here. Let's slow down and think it through.

So ordinarily, we have some really, really nice flow of communication between the unconscious and the conscious brain. But the way the unconscious brain, the lizard brain, works is it has to make quick decisions. And sometimes, these quick decisions are based on experience. They could be based on things that we've heard. They could be based on what our culture tells us, what our values are, deeply held values that get transmitted to us just through our social structure.

So there, sometimes, these things that we rely on to make decisions are not only unconscious, we don't always articulate them. We can't always articulate them. So if somebody asks you, why did you make that decision, it's going to be really hard for you to actually go back and say why. You would probably explain it using your conscious brain. But the way you explain it will be very different from what your unconscious brain actually did.

And there are a lot of different experiments. If we were in a room together, I would do a couple of different experiments to show you how our unconscious brain works so quickly and relies, sometimes, on false information.

So I'm not saying that the unconscious brain is always a problem. Oftentimes, it's really helpful. And bottom line, it keeps us safe. So if it does error on the side of caution, it's in service of safety.

So this is really important to kind of think about and remember because when we talk about bias, we're talking not just about explicit bias, meaning bias but I know about and that I can explain. I prefer the summer to the winter. So for me, if I'm going to go on vacation, I'm going to go to a warm place over a cold place. That's an explicit bias. It's a conscious bias of mine.

The unconscious bias, or implicit bias, is stuff that I don't even recognize when I'm making decisions. Why do I like somebody immediately? Or what is it about this other person that immediately I was annoyed? It's hard to articulate that in the moment. And we sometimes have to think a little bit about that. But there were some unconscious things that told me, uh-oh, worry about this person or don't worry about the other person.

So one of the questions that somebody just asked was, does our conscious brain deliver information to the unconscious brain? So yes, there are times where consciously, we can learn certain things, learn certain things about people or the way things function or how to make decisions that then become unconscious. An example of this is driving.

When we start to learn how to drive, everything is effort. I have a teenager who's learning how to drive right now. She's 15 and a 1/2. And so I have to suck it up and take her out on the road. And it is remarkable to me how much energy she spends on all of these little decisions that I make so easily because for me, it's gone from conscious to unconscious. So yes, the answer to the question is, yeah, the conscious brain can deliver a lot of information to the unconscious brain that helps us in the future. Great question.

So before we dive into some of these terms, Greg, are there some questions that you noticed?

Yes, Anjali. One of the questions is, do biases serve a purpose for us personally, professionally in our society?

That's an excellent question. Yes, biases do serve a purpose. Fundamentally, biases keep us safe. That's how they develop. And when we talk about bias, what we really mean are these sort of automatic ways of thinking or automatic ways of making decisions.

So for me, I'll give you a really basic example. I grew up in a country where snakes were all poisonous, really, really poisonous, two-step snakes. You get bitten, you take two steps, you die. Those were the snakes we were surrounded by. And so I am very, very afraid of snakes, of other things too. But we're talking about snakes here.

So if I'm walking or going on a hike with my dogs and something rustles in the bushes, my immediate unconscious brain response is it's a snake, be careful. You need to freak out right now. Even before my conscious brain can say, hey, don't worry, it's not a snake. It's just a stick or it's just a squirrel or something like that. So yes, our biases do serve a purpose. And they help us stay safe.

Another thing that a bias does is help us sort really quickly. Do I like this? Do I not like this? The problem is that when our biases go unquestioned, when we don't get curious about where our biases are from, why is it that I'm thinking this way? Why is it that I'm moving away from this person or towards that other person? When they go unquestioned, that's where the trouble starts.

And so it makes me think of some of these words, actually, on the screen. So I won't do this in perfect order. But when we have a particular bias or a prejudgment and this prejudgment is based on what we know about a group-- so since we're talking about addiction, let's say we have a prejudgment that's based on a group of people who have addiction. We have thoughts. We have feelings. We have some stereotypes about them.

The stereotype may be informed by our limited experience. But sometimes it's informed by the media. We then project this stereotype or this prejudgment onto the whole group, even though our experience wasn't just with one or two or 10 or 12 people. That is prejudice. And prejudice is unavoidable.

We all have it. And sometimes these prejudices are shared across our community or across our culture because we're all swimming in the same cultural soup. You and I have both seen sort of similar movies about addiction. We've heard similar things. And so we're swimming in the same kind of soup. And therefore, we have similar prejudices of prejudgments about particular groups.

So I'm going to take a little bit of a risk here. But folks on the webinar, could you type into the question box what are some prejudgments people have about people with addiction? Great, fantastic. OK, so now we have a ton of people in. And I cannot tell you how many have said, people are making the choice, they are neglectful, they don't care, they're losers, they're bad, they're uneducated and selfish and lazy. Oh, my gosh, this is amazing. Thank you. Thank you. All right, let's stop right there. That's perfect, OK.

Now, I know the folks on the webinar, you can't see what I'm seeing. You can't see all of these comments. And I wish you could. I wish there were a way we could show this to you. But there are so many commonalities here. People are making choices. They're weak. They could stop if they want to. They just don't want to. They're immoral. That are less-than. These are really, really fantastic responses.

So I hope you all can see that as a culture, as a community, all of us struggle with these same or similar prejudgments. And these prejudices are unavoidable. All of us are swimming in the same pool.

Where it becomes a problem is when these prejudices impact our action towards the person. That becomes discrimination. So having a prejudice, unfortunately, that is a human experience. But allowing that to impact my action is the problem. So if I truly believed that everybody with addiction is lazy, it would impact the way I respond to them. If I believed that they could stop whenever they wanted to but they weren't stopping because they just didn't want to or they don't care or they're selfish or whatever, it impacts the way I act. And that's discrimination. So that's the piece that we really need to pay attention to.

So I know this is a very long answer to Greg's very short question. But biases serve a certain purpose. They're helpful to an extent. They keep me safe, et cetera. However, if I don't examine them and question them and say, is this actually true, and is it true about just this one person, or is it true about a group of people because right now, we're talking about a group of people with addiction. And as a culture, when we have these biases towards a particular group and we apply it based on limited experience, we project it onto the whole group, that's prejudice.

And then when it changes our action based on our prejudice, when we act a certain way, then that's discrimination. All right? I hope that's clear. I hope those pieces are clear. Greg, did that answer your question?

Yes, it did. And I think it popped up for several people, a bunch of other questions. Do biases evolve over time with us? Are we continuing to develop new biases that we need to check? And how might that impact the work that we do with the populations that we work with?

That's a fantastic question. Yes. I mean, ultimately, the short answer is self-awareness is key. That is the short answer. So if there's one thing you walk away with from this conversation, it's that we have to start internally. We have to look inside and increase our awareness of what are our biases and not point outwards and say, oh, it's their fault or they do these kinds of things.

No, it's me. I have to start with, what are my biases? Why do I react a certain way? What is that? And is it just about this one individual, or am I talking about a group of people? And is it actually even fair for me to project this belief across an entire group of people?

So it really starts with self-awareness. But our biases are growing and changing. And the way we start to address our biases, the first step is to become aware of them. And that's key.

And unfortunately, folks-- and I so wish I could see your faces right now. But whenever we become aware of our biases, one of the first emotions we experience is shame. So maybe you've had this experience. But when I recognize, oh, my gosh I'm responding a particular way or I have a particular bias, my first feeling that I experience is shame.

And shame is a very, very tough emotion for us to deal with. And so we do a couple of things when we experience shame. We either act out or we act in, acting in meaning we shut down, we withdraw from the other person. We say things like, well, I'm just not going to say anything anymore, or gosh, if you're going to be so sensitive, I'm just going to go over here, and I'm not going to interact with you. Maybe people have said that to you. Maybe you've thought that. That's acting in. Or maybe even feeling like, gosh, I'm such a bad person for feeling this way.

Acting out is getting really defensive or blaming the other party. So well, it's because of you, or your behavior makes me think this way, or I'm not being whatever the word is, racist or sexist or whatever the term, whatever we're being accused of in the moment. I'm not being it to you, right? Acting out. So there are different ways in which we handle shame. And neither of those are helpful.

And what might be more helpful in those moments is to recognize that there is no binary in this situation. So it's really, really important for us, when we feel whatever that experience is, of shame, of defensiveness, to remember that there is no good/bad binary. If I said something that was really not OK, it doesn't make me bad. Or just because I'm trying to become self-aware, it doesn't make me good. We're all in this together. And there is no good person, bad person. It's all of us as humans trying to learn.

A simple example I can use is about race, saying something that could be seen as racist. And we equate racist to being bad. Somebody who's racist is bad. And so if somebody says to me, oh, my gosh that was a racist comment, immediately, my unconscious brain does, racist equals bad. Wait, I'm not bad. I get defensive. Or I fall into a hole, thinking, oh my gosh, if that was racist, then I'm bad.

But that is not the case. We say and do things that might be racist. Yes, we all do. And what we need to do in that moment is take responsibility for it, to acknowledge it, and then to ask questions, to say, oh, my gosh, I'm so sorry. Tell me how that impacted you. And then really just listen. Really listen for what other people are telling us about it.

So something sort of important to kind of pay attention to, Greg, when you asked that question around growth and are our biases growing and changing. I mean, there's so much change constantly in the world, particularly when it relates to identities. So it's really helpful for us to just stay open and self-aware as much as possible.

Thanks, Anjali. So you've talked a little bit about this. But why do our brains want to simplify our interactions and observations? And I think, when we look at the examples that we got about what we've heard people say about addiction and people with addiction, on some level, it seems like almost a protective factor. If I can identify some things that don't look like me and don't act like me or the people I care about and love, then I don't have to deal with it as a social issue, for instance substance abuse.

And I'm also thinking about the complexities of the opiate crisis now and how that really has changed how people have to look at who can become addicted to substances.

Yeah. I think what you're bringing up is these interesting ways in which we try and protect ourselves from some of these tough conversations. I think that's a really, really good point.

A person just posted, it seems that sometimes certain biases could almost be like the soup of the day or blue plate special, and groups of people jump on them and therefore further the problem.

Yeah. I'm not sure I fully understand that, but I think I do, that sometimes, people will take a particular side without examining it. And that furthers the problem. They sort of get on their soapbox around a particular issue without really thinking about all of the ramifications of that particular issue. And then it sort of exacerbates the situation. So yeah, that's a really good point.

Since we talked about bias and prejudice and discrimination, I want to add one more piece. We've talked a little bit about racism. And I know that this is an addiction-focused webinar, but I do want to add this piece around structural issues because it goes into systemic oppression.

So let's say I have a particular prejudice, whatever that is. That prejudice causes me to act differently or act a particular way, resulting in discrimination. Now, let's say I also have authority. I have control. I have the power. I then get to make rules based on my prejudice. And sometimes unconsciously-- this is not always on purpose or conscious, sometimes it is. But if prejudice comes with authority, control, power, et cetera, then we create a system that impacts a certain group of people negatively. I hope that makes sense.

So when we talk about racism, racism isn't an event that happens. It's a structure. It's a structure set up within our culture. And that's true about the way we work with addiction as well. When you notice the stigma associated with addiction in our culture, in our communities, you're actually being faced with a structural issue. It's not just individual people's stigma. It's the way it's been built into the system.

For example, for the longest time, addiction was not seen as a behavioral health issue. So insurance wouldn't pay for support related to that. Insurance wouldn't pay for medication-assisted treatment for a long time. Of course, that's changed now. So it's really important to understand that it's not just these individual stigmas that we're attending to but systemic issues that we're having to deal with, whether we're talking about racism, systemic oppression, or we're talking about addiction.

Justine, thanks for your patience.

Of course, thank you for calling on me. And I just wanted to jump on this topic of systemic oppression because I think it goes right along with that comment that somebody made earlier about it being the issue of the day, and people jump on that. And I think that really-- these false narratives by one group against another or whatever the case might be, A, it contributes to that systemic oppression. It's like the same misinformation gets repeated and repeated. And that's what compounds systemic oppression.

So how do we combat that? I'm not going to even try to go there about society combating that overall. But how can we as professionals combat that when we hear something that's so strongly, perhaps, biased, and how do we question those things in our minds about what might be the other side of the story or what might be the truth about a group or a population that is based more in fact and less in perception of a few people with louder voices?

Oh, that's such a good question, Justine. And we also have a question from a member of the audience, which I think links to something that you're saying. And the question is, how can you not sound biased while maintaining boundaries? So I want to address both because essentially, what you are talking about, Justine, and what the person with the question is asking is, how do we show up in this work, knowing that we have some inherent biases, knowing that we're going to experience other people with bias? And how do we work in this world that's sort of surrounded by so much bias?

So it starts, I think, with education. And so education and understanding, like you said, Justine, things that are based in fact. So we know certain things about addiction. For example, we know that it's a brain disease. It impacts our brain. It's not about choice and control. In fact, the hallmark of addiction is a loss of control because of the changes that happen to the brain not because the person is weak, not because they're lazy, not because they're immoral, not because whatever are these things that we come up with but because addiction is an impact on the brain.

And so if we understand that, we can separate from saying things like, you're lazy, you're immoral, not that people are saying that. But it influences the way we respond to people. It influences how we engage with them.

So education, being able to separate experience from fact. And then, to answer this really good question around how do I not sound biased if I'm just putting some boundaries, let's say somebody is lying to me. They're, no, I didn't relapse. I have evidence. There's a hot UA, et cetera. And the person's saying, no, I didn't use. Really, really important for me not to say things like, you're a liar, but to understand that in that situation, something is happening.

The person is not comfortable enough, not safe enough to be able to acknowledge whatever, to take responsibility. And that is a part of the process. So rather than blame them as a human being, we get curious about the process. I can be clear about my boundaries. I hear that you feel like this is completely unfair. And yet, when there's a hot UA, here's the response that I have to use. We talked about the sanctions that are involved, et cetera. Here are the sanctions that come with whatever your behavior is.

That's really attending to the behavior and not, as somebody just beautifully said, not devaluing the person, not lumping the person into a group and then devaluing the group as a whole. So it's really, really important to kind of pay attention to that. And I think, Justine, that's part of it. It starts with education.

So Justine, does that start to address what you were talking about?

Yes, absolutely. And thank you for the other comments too. This is just really a fascinating topic to me.

It is. And we can spend so much time on this. And I mean, right now, we're doing it in such a-- sorry to use this word-- a little bit of a superficial way, meaning we're not in small groups, talking really honestly about some of the struggles that we have, some of our biases, some of the struggles that we encounter with our clients, how triggered we get when somebody blames us or lies or doesn't take responsibility. What's that about? And how do we so quickly jump to, oh, my gosh, all people who have addiction are victims or come across as the victim, which is not the case. It's simply not the case.

So it's really important for us to kind of slow down and just look at some of our own pieces. And what happens, what we do when we do that, is we other. And so that's another term on this slide that I hope you all can still see. If somebody is different from me, we other them. And we tend to make judgments that are more harsh about people who are different from us than people who are similar to us.

So if I notice that somebody's similar to me, either they look like me or-- I saw this bumper sticker on somebody's car that said, never trust a person who doesn't love dogs. OK? So the bumper sticker made me laugh because this is an example of othering. Now, I love dogs. I have three of them. And I could totally get on board with the bumper sticker. And yet, I have met people who don't like dogs who are awesome folks. And I trust them completely. I have met people who love dogs. And I don't trust them very much.

So trust and dogs have nothing to do with each other. And we cannot generalize to an entire population. So the bumper sticker was just so funny. It was such a great example of how we take something and then sort of generalize it to an entire set of people. So that's called othering.

And then we have another term in here called microaggressions. I'll give you some examples, but then there are also some microaggressions that we end up slipping into that are very addiction-focused. So I'm going to ask you all to give me some examples. So get ready to start typing into the question box. Let me explain microaggressions. And then I'll kind of explain to you or ask you this question.

So microaggressions are these little stings that we send, oftentimes inadvertently and unintentionally. So there's no intention behind it. But it's a hurt that we send to either a group of people or a person in front of us because they represent a particular group.

So an example of a microaggression might be somebody says something to me, and I say, well, that's just addict behavior. That's a microaggression. Essentially, what I'm saying is, you're just an addict. Everything that we believe about addicts is true about you as a human being. So it's an example of a microaggression.

And I just want to share this really funny comment that somebody posted because I was talking about dogs and trust. The person posted, trust the dog. They usually have a pretty good sense of a person. That's awesome. Thank you for that.

So into the question box, could you please type, if you're willing to be vulnerable here, could you type microaggressions that you've said or maybe you've heard other people say directly to somebody who's struggling with addiction? So here are some examples. Saying to an overweight person, you have such a beautiful face. Nice one, thank you.

What are some others? I think I've shared on this webinar before, people will often ask me where I'm from. I tell them. And they'll say, oh, you speak English really well, not realizing that English is one of the official languages of my country. But just sort of based on a cultural misunderstanding. So that's an example.

So oh, my gosh, some amazing, amazing examples are coming in. Microaggressions like, oh, you can just get over it. If you work a little harder, you'll manage. Another example, it's OK to relapse. Everyone does it. Oof, yeah. They look like an addict. That is a really good example, you look like an addict. And the person is referencing methamphetamine use.

It'll all work out. Everything happens for a reason. Yeah, these are really, really good ones. And then some complex statements related to you would quit if you love your children more or your family or those kinds of things. You can quit any time. You can quit any time time is a really, really important one because if somebody truly has an addiction, they cannot quit any time. That's kind of the hallmark of addiction.

Ooh, here's a lovely one. Why is it taking you so long to get this? Yeah. Saying, I don't need to drink to handle my problems. That's a good example of a microaggression. Ooh, wow, you're really an emotional woman. Huge microaggression, yeah.

You don't look like an Indian, microaggression. You don't look like an addict, yes, yes. Ooh, here's a great one somebody just shared. You look great for an addict, or you sure clean up well. Oh, ouch.

Oh, here's another one. Trauma, drama, mama, yeah, that's really good. Ooh, a nice example, and by nice, I mean painful example of another microaggression. You know your family has a history of this. Yeah, yeah, great examples. Thank you. Thank you for these examples. I so appreciate your honesty.

And so when we fall into the trap of saying something that impacts the other person negatively, it's really, really important to just acknowledge it. And you'll know. You'll see it in the other person's face. You'll recognize it pretty immediately.

And ideally in that moment, try not to get defensive. Try not to walk your comments back. Just acknowledge it. Say, oh, my gosh, I just said something that I imagine really hurt you. I'm sorry. Or I think I said something that was really bothersome. Tell me what just happened. You can sort of just be on.

And then the person says whatever they say. And ideally, you listen. You apologize. And you move on. You move to the next thing. Try not to explain yourself, et cetera.

And then somebody-- thank you for this comment. Somebody wrote, these are great examples. Thank you, everyone. It really solidifies the concept. Yeah, yeah, good, OK.

And then the last term on this slide is intersectionality, which essentially means that we have all kinds of identities. And we're never just one single identity, though sometimes a certain identity is more salient than others, meaning it shows up a little bit more. So if I'm the only woman in a group of men, my identity as a woman will show up more, even though I'm not just a woman.

I'm also a mom. I'm a person of color. I have all of these identities. So intersectionality is that we cannot piece these apart and that all of them come into play. And it's important to understand that. It's important to understand the intersection and the interplay of these identities.

All right. Greg, let me just take a quick pause. How are we doing on questions? Any questions that are helpful right now?

I was just going to ask Kevin and Justine to come in and talk a little bit about how implicit biases have affected their interactions from their profession and the work that they do with someone who has an addiction problem, either personally, an example from them, or professionally, something that they see in their field. Justine does a lot of work with Native American communities. Kevin is in law enforcement and has been in Native American communities. So I wanted to bring them in and see what all you would add. Are there different biases that go with the different groups that you interact with?

That's a really good question. And it's hard to respond with any one thing. I think that for me, the biggest one is that, the more education I have received with things like this webinar, the better I understand my own personal history and my own experiences and how those formulate my biases.

And I think going along with this kind of education and professional development, emotional intelligence is something that I have to work on also so that I can become more curious. As Anjali always says, becoming more curious allows me to look at a situation based on what's being presented to me and based on the individual that I'm working with, as opposed to those biases that I have established from long ago that may be based on falsities or fiction.

So an example might be like, well, what do you expect? This person never had a chance because they grew up in a household where there was addiction or where there was alcoholism, things like that.

Yeah. I think that's consistent with-- I mean, we all have biases and need to be aware of them. Kevin, I'm wondering, from a law enforcement perspective, interacting with people with substance abuse issues, maybe those repeated calls where we go into the same house and multiple generations. I wonder if you wanted to talk a little bit about some of your experience.

Yeah, I think from the personal side, I had a family member who was kind of judged in a way with having an addiction to drugs and all that. And I think they kind of lost hope in a sense of where they gave up on the person and didn't really want to do more with this person. And it was kind of hard to let the others know that there is some help and there is some hope that can be given in helping out the member.

But as him being judged in some way, they kind of lost that side of it there, thinking that, well, there's no way he's going to get out of whatever he's doing and all that. But if they can give him a fair chance of helping him out and all that. And I saw that. And I was still working in law enforcement. And I saw that with others as well too.

This really, back 15, 20 years ago, was pretty hard to educate even myself as being an young officer and understanding what biases was all about. I really didn't know as far as-- I attended training, understanding that more that maybe the situation could have been dealt with differently at the time and all that. But just being able to understand more about judging a person for an addiction they may have, that there is some hope here that we can send the individual to some sort of treatment services and all that. But yeah, we saw that as far as law enforcement goes.

Thanks, Kevin. And Anjali, a question about biases. Are they protective factors for us, or do they actually contribute to things like compassion fatigue and secondary trauma?

Oh, great question. There's so many contributors to compassion fatigue and secondary trauma. Some have to do with biases, some don't. A huge contributor to secondary trauma or compassion fatigue is boundaries, not having really clear boundaries with folks, slipping from empathy into sympathy, working harder than the person sitting in front of me, having expectations that maybe I haven't been clear about and then feeling resentful and so on and so forth. That's a huge part of it.

Another really, really difficult part of secondary trauma is listening to trauma stories. I mean, there are horrible things that have happened to us and to our clients. And when we listen to these stories and we're not listening from a place of being grounded and resilient, when we don't have our flameproof suit on, our Teflon suit, it impacts us in a really problematic way. It impacts our nervous system in a problematic way.

Part of that means that we're human. But the other part means that we have to really be vigilant about the impact of other people's stories on us, particularly if we have trauma histories ourselves. So yes, there's a bias component, but there's so much more.

Justine, what would you like to add?

Just to add that it's so true that we do have to be aware of our own trauma triggers. And not only that, when we are responding to someone, an individual, and they maybe have a step back or something, a relapse, it's all about them not us. Don't make your work with an individual about you because I think it's real easy to fall into this trap of, well, what am I doing wrong? I wasn't able to save this person. And it's not about saving another person. It's really about helping them to find the ways that they can save themselves.

Oh, that's really beautiful because when we think our job is to save somebody, then we are taking more responsibility than we should because then their success becomes our success, and their failure becomes our failure, which, to be quite honest, it has nothing to do with us. We are in charge of the process, the conversation, the experience that the person has when they're with me.

I'm responsible for the skills that I help somebody learn. But I am not responsible for the actions that they take, good or bad, or otherwise. Those are theirs. And I really have to support their agency because in order for me to do that, I support them as a full human being, autonomous in their action. I cannot take that power away by saying, oh, I am trying to help or support or those kinds of things.

And it's tough. I mean, one of you just commented that sometimes, it's extremely frustrating when we're trying to help people and care, and we encourage them. And we're sometimes unable to help them move in a particular direction. And yet, who are we to know what their journey is?

I mean, there are times where I would love for their journey to be in a particular way. I would love for the people who come to us to have a very particular journey that's towards health. And yet, who am I to say that that is their journey? Maybe their journey has a lot more curves, and maybe it's more circuitous than I expect. They have a lot more detours.

And that's theirs. That's their autonomy. And so I do the best that I can do and then create the space for them to do the best that they can do. And whatever that is, we have to accept that somehow.

So one of you have asked, can individual therapy help us overcome some of this, whether it's secondary trauma or implicit bias? And yeah, individual therapy helps us a lot by developing our own awareness. And if you're not able to engage in individual therapy-- and you also asked what type of therapy. I mean, really lots of different options, cognitive behavioral or even sort of a Rogerian kind of style of therapy, which is really person-centered. Any of that is really helpful.

And the point is to help us develop our boundaries, increase our awareness of our own triggers. I think Justine used this term, trauma triggers. What are our triggers? And individual therapy just helps with that.

And if individual therapy is not your thing, you're rolling your eyes right now, thinking, there's no way, either because I don't believe it or because I don't have the money for it or whatever, the time, whatever it is, it doesn't have to be individual therapy. It could be anything that supports your self-awareness. It could be education. It could be reading. It could be talking with your supervisor. It could be talking with your peers in a really intentional way, trying to understand what's going on. Why am I having these reactions?

And so my hope for you all is that you have people around you who do question your reactions, that when you share with them, wow, I really kind of overreacted with this client, that they don't say, oh, no, no, that was the client's fault, that they say, yeah, let's talk about it. Let's get curious. What was going on for you? That's the kind of support that we, I think, really need, the courage that we need to be able to provide each other.

So if we know a bias is affecting our interaction with a particular person, when should we ask for help, change responding to this person, supervision, clinical work, our interactions with them? What should be some personal red flags for us?

Excellent question. It's a pretty personal answer. I mean, you'll have to look within. So let me just start by saying, biases are everywhere, that no matter how hard you try, biases will impact your work. And so a helpful place to start is to ask yourself, am I treating this individual in front of me differently than I would treat somebody else? Because biases are not just problematic or negative, they're also positive.

I don't know if I've shared this example with you. But when my daughter was much, much younger, she was a tiny little one. I was a single mom. And I had a person come in, a client who was also a single mom. And she kept coming in late. And ordinarily, with all the other people, all my other clients, I was very clear about when we began. And any time there was a lateness issue, I would make it a conversation.

We need to talk about this, because with me coming in late you're probably going to do it with other people, at your job, at the doctor's office, et cetera. And there are some places where you cannot be late. You cannot be late to court. You cannot be late to work, or you get fired.

And so it's a really important issue. And I always make it an issue, whereas with this person, I wasn't. So clearly, I was getting tripped up. There was something about me being a single mom and identifying with her as a single mom, et cetera, that was really tripping me up.

And so it's really helpful just to notice, am I treating this person differently from how I would treat other people? And if I am, let's slow down and get clear about it. And that might mean supervision. It might mean talking with somebody and just saying, hey, help me just figure this out.

And of course, I immediately figured out I was giving her way more room than I would give anybody else. And so I had to tighten it up. And I was able to. And so great, no referral needed.

But perhaps sometimes there are people with whom I just cannot get beyond it. Every time they walk into the office or you see them, you're immediately triggered. And you're not able to do your best work with them. You're not able to show up for them. You tend to become blameful. You tend to treat them poorly. You find yourself being disrespectful when you ordinarily never would with anybody else. Those are times maybe to talk with your supervisor and say I don't know if this is the right fit. So it's really, really important.

And then a comment just came in that sometimes, they have some biases too. And so I might not be the right fit for them either. So just kind of staying aware of that.

And going back to the single example, somebody commented that just because the other person is a single mom, it doesn't mean she has the same experience as I do. Exactly. In fact, it is a problem when I assume that my experience is a universal experience. That's a problem. That's the hiccup. If I say something like-- or if I think that my experience is everyone's experience or my experience is universal or just because I went through this, I'm sure other people are going through this, that's the problem. So I really have to slow down and not assume that my experience is somebody else's experience.

What else do we have, Greg?

So how do we move from seeing biases as a weakness to understanding that we all might have them and they serve a purpose in our lives, and we need to continue to work on them throughout our entire lives?

Yeah, great question. I think it starts actually, coincidentally, with what's on the slide, which is we start by saying we have to get beyond the good/bad binary. So we start by acknowledging that having these biases is a human experience. But that doesn't mean I'm excused. It means that I need to develop some awareness of these biases, a heightened awareness. And I need to notice when my biases get worse.

So there are times that my biases will get worse if I'm triggered, if I'm tired, not resilient. If I have a trauma trigger or I don't feel safe, my biases will get even worse. So using a really simple example, if I'm primed to be worried about snakes, I'm going to have a much worse hike than if I feel safe. If I'm going with my dogs, I usually feel safer because-- and this might be inaccurate, so please don't correct me if I'm wrong. But my belief is that my dogs will scare away the snakes. So I'm safer with them. And please don't correct me if that is incorrect.

So there are times where we might have a heightened amount of bias. And it's just really important to kind of be aware of those situations. So that's where we start. And again, we start with not falling into that shame place, getting aware of these biases, and then getting curious about how they are affecting my work.

And you'll see it not just with you. But you'll see it with the people you work with. You'll see it with our clients. You'll see it with everybody around you. It's in our community as well.

Thanks, Anjali. A person asked or wanted to get from this webinar, understanding of biases and tribal communities, anything that we may not have touched on, anything that might be unique to those communities?

Thank you for that. That's a great question. And I think that a lot of that too, it goes back to working with the individual in front of you and not making assumptions about where they come from. And the example of that is people might have this romantic notion that if somebody does a sweat lodge, that will help them to cleanse their mind and spirit and emotion, whatever the case might be, and that they will become healed by that.

And the reality is that not everybody in a tribal community or from a tribal nation is traditional, that would use traditional practices. And I think it's just important to explore the person's individual beliefs and how they might find strength or solitude or comfort or just another resource that would help to gird them up in their recovery process.

Thanks, Justine. Kevin, any thoughts on that question?

Yeah, just going off of what Justine had mentioned, I think understanding the tribal community a lot more, of course, just like she had mentioned that everyone doesn't practice or follow the traditional practices. So I think it's just having a better understanding of the person that you're working with and just being able to educate yourself and know more about who you're working with and all that is something that's really helpful.

Thanks. And Anjali?

Yeah, I think what Justine and Kevin said is really important. And I think there's also a different piece. I've been thinking about this, about statistics and how statistics-- sorry, I was completely falling over that word-- how statistics can inadvertently create biases.

So the statistics are that across the different races, Native Americans have a higher percentage of people struggling with addiction. That's in our statistics. That does not mean that because somebody approaches me who identifies as Native American has an addiction. So I need to be really careful that just because the statistics say that across the races, Native Americans tend to have a higher incidence of substance use, that every Native American I meet has a substance issue. I have to be very, very careful about that. That's one.

Two, because the stats say that, it doesn't therefore mean that the Native American population all have a problem. It also doesn't mean that therefore as a population, they are weak and immoral and all of those other things that we all came up with right in the beginning. This population struggles with substance use for a variety of different issues. And that could be a whole webinar in and of itself. We could point to intergenerational trauma, historical trauma. We could point to poverty. We could point to a ridiculous amount of stealing that has happened of resources, of natural resources, of life that has happened over the years. So see here, I get very passionate again.

So we could talk about all kinds of reasons why this statistic is what it is. So it's really important not to just immediately assume that because the statistics are what they are, therefore, the entire population is a particular way, that we can label the population in a particular way. It's really, really important not to do that.

Justine, can you help clarify if I said anything that you're raising an eyebrow about?

No, not at all. You're spot on. Thank you.

So Anjali, another thing that comes up as you think about this-- and I know that you do a lot of work in probation particularly. And you have a clinical background where you actually ran a practice. From the probation or the supervision side, this idea that we tend to over-supervise low-risk people and under-supervise high-risk people. I wonder how our biases might play into that and if that might help us understand those interactions and to pay attention to what the science and the research tells us, which is don't pay too much attention to low-risk people, and put most of your resources in your higher-risk people. I hope that made sense.

Yeah. It's an important question because what we're really saying is, we have limited resources. Let's put the resources in places that would provide the most amount of impact, that are the most difficult. And therefore, we would get the most bang for our buck.

And we know, in the criminal justice world, we know to pay attention to folks who are high-risk, high-risk for recidivism. So research helps us understand where to put our resources, which is really helpful.

Yeah. I think there's a long one. But getting to, I think, the core of the question, which is the biases that a prosecutor might have, a person who comes in that's gotten into trouble, but they've been inconsistent about taking responsibility for their behavior or taking responsibility for their addiction and how we might address that.

Yeah, sometimes, because the person who's been victimized maybe is also struggling with an addiction, but they have fear and shame around it. And their story tends to become a little inconsistent because they're trying to hide that fact. And so it's really important when we're gathering informational or interviewing somebody who's being victimized by crime that we normalize, we take away any stigma and shame around addiction.

That we don't say inadvertently, we don't let them believe that we think they deserved it or, well, of course if you were drunk, this was going to happen to you, or you asked for it or any of those things, that we really make sure, in the interview process, that we're letting them know, I imagine that you really don't even want to talk about this, or I totally understand that you're feeling embarrassed right now. And just know that you're not the only one who's been in this position.

So the more honest you can be in the information that you share, the better I can advocate for you. So don't worry about trying to explain or come across in a particular way because you're not the only one who's experienced this. And I've heard numerous stories like this. So just tell me your version as honestly as possible because that will help me do my job of supporting and advocating you to the best of my ability. So I hope that helps because this is such a very specific question around that.

Yeah. And we will respond to all these questions in a resource page that we'll put out in a few weeks. And so we'll talk about this question and maybe provide even some more information specifically to that person.

Anjali, I think we have a question from a prosecutor. And it is, how do you address implicit bias in juries and trial as the defense using implicit bias as a tool to get the jury to judge victims?

Yes, that is such a good question because, to be quite honest, when we select a jury, we're looking for implicit bias. We're hoping for implicit bias because inadvertently, that will help whatever the case is that we're trying to make. So people are actually trying to exploit our implicit biases. They're looking for them. And so part of this is providing as much education as possible. And Greg, I know you've worked a lot in this. I'm wondering what you have to add to that.

When I saw this question, I thought, OK, so what do we tell people? So it's about educating. And it's about informing people. And it's about dealing with the stigmas and the biases that we know people are going to have. So I think of our webinar, that introduction to the neurobiology of addiction. And I think about our motivational interviewing stuff that we've done and that those might be tools that prosecutors can use to educate juries, to inquire with them through voir dire and get a sense for, are those biases going to be something that's going to impact their ability to make a fair decision in the case that they're being asked to serve on.

Yeah. Very true, Greg. Thank you.

And there's a clarification. And somebody just called me out on something. So I just want to share this with the entire group. When I was talking about statistics, and I said that could be a gazillion reasons why these statistics are what they are. It could be generational trauma. It could be all kinds of things.

And the person said, and we shouldn't assume that. We cannot assume that it's family substance abuse or intergenerational trauma as the cause of addiction. It could be something entirely different. And you are absolutely right.

So if there's another thing I hope you walk away with, it's this, that we cannot make an assumption about what is driving somebody's behavior. We can have guesses. We can have guesses about it. And we can think, maybe it's this or maybe it's that. But we have to check out our assumptions. We cannot make the assumption and then run with it as if we know the truth. We've got to respect the person's wisdom and their autonomy before we run with our assumptions. So thank you for calling me on that. I really appreciate it.

So Anjali, we have a question. How might the internet impact us with our implicit biases or maybe help us address those?

Yeah, a double-edged sword, for sure because the internet is such an incredible place of information and misinformation. So truly a double-edged sword. And Justine, I'm hoping you will jump in here.

But there are so many ways in which we can support our biases by gathering information from single sources or in particular sort of one view. So when we are all riled up about something, not that as a society, we ever get riled up. But let's say, if I were to create a story, let's say we got riled up during an election.

If I had particular biases, I would only-- and this is not just me. This is human nature. We would only look for more information to confirm that bias. And this, by the way, is the cognitive trap that we fall into. We call it confirmation bias. We will look for information in the media to confirm our bias. We'll only talk with people who would support our biases and will say, yes, you're absolutely right, et cetera.

So in that way, if we don't look at things that confirm a bias but also things that confront our bias that has the other side of whatever the story is, then we are using the internet to just fuel whatever that bias is and whatever the belief is. And then it gets worse and worse.

Justine, what would you add?

I agree that it would get worse. And that gives more opportunity for that othering that you talked about before. And it creates a bigger divide between what your belief is, even if it's a faulty thinking, versus what the actuality is. And we have to remember that there's always something in between.

And in fact, the people that you work with likely have their own biases too. Like, oh, you don't really care. You're only working with me because the court ordered you to work with me. Or I never had a chance because the cop was biased against me because my skin is dark or I'm a brown-skinned person. So it goes both ways.

We certainly do have to challenge ourselves with the information that we're being fed because it does end up only being one-sided. So as professionals, I think it's important that you do educate yourselves with different perspectives. And if you're working specifically with a particular tribal person or ethnic group, for that matter, and you want more information, ask the person that you're working with. I think respectful questions certainly are always in order.

And if you want to know more about resources that are available, then contact an organization within that tribal nation to find out for yourself what might be available as a resource for your client. Or perhaps that's good homework for them. Give them the homework between now and the next time we meet. I'd like you to find two resources that you might be able to contact within your community.

And that would sort of challenge yourself and your clients to find out, what is the reality? Are there good resources? Are there good people out there that I can reach out to, to use to help in the recovery from addiction?

Yeah, great, great. And then I mean, the positive thing about the internet is what we're doing right now too, the way we can provide information to multiple people across the country, sometimes upwards of 2,000 people at the same time. So definitely a double edged-sword. Greg, a great question.

And thanks for your guys' input. I think it's so important that we talk about that and understand that our world is changing. And so our challenges are changing with that.

So how do you create a culture in your team, office, or organization that can appropriately challenge and address implicit biases when we're all interacting with substance-abusing customers?

Yeah, that is really the key to address it at not just the individual level but at the cultural level. As a group, as a team, as a department, are there biases that we all hold? Do we all, when we join this particular team, automatically get integrated into having certain biases? And have they been questioned? Because some biases are fine.

I mean, there are some explicit biases that we have and we hold in my department that I think are really important. And I'm proud of them. And then there might be some that have gone unquestioned. And so part of that is recognizing them and asking questions, particularly if you are noticing that it's impacting service delivery.

Is it impacting the way you are working with the people that you are serving? Is it impacting the generosity with which we approach folks? Is it impacting the boundaries that we hold with them? So it's really, really important to be able to have these conversations.

And one of you just commented that it's so helpful to have clear and open communication and that, ideally in our team, we should allow each other to be vulnerable, to be honest. That's absolutely true.

So in a variety of different research that was done on organizations, one of the things that really helps us shine as an organization is something called psychological safety. And psychological safety is exactly what this person just commented about, is the ability to be vulnerable and be honest, ask tough questions without fear of being chastised or put down or whatever. So that's part of what I think is the answer to the question that Greg is posing.

As a team, as a group, as a department, how can we develop these psychologically safe environments where we support each other asking questions and looking at some of our biases and areas of growth?

Thanks, Anjali. I think that we're going to close it out with a question to each of you. And I think I'd like for you to each think of a takeaway for our audience or for yourself. Maybe you learned something as well for our audience to take away as one takeaway from this hour and a half that we spent together. And let's start with Justine, go to Kevin, and then end with Anjali.

One takeaway I have is that we all have biases. And sometimes we are conscious to them. Sometimes we're unconscious to them. So I think, in the spirit of that clear and open conversation or communication with your team members, is perhaps come together to develop a set of questions that you could ask each other or at least ask yourselves independently. And then be prepared to talk about those as the team, as Anjali said, to create that culture of being inquisitive and being self-reflecting.

And I think that's a good way to understand ourselves better. And I think that the better we understand ourselves, the way we think, and where our biases come from, the more professional we can be in serving our clientele.

Thanks, Justine. Kevin?

Yeah. I think just having that better understanding of the person you're communicating with. And we can't all judge anyone because we're all different in many ways. And I think just being able to-- the way I look at it is, if I'm going into a different community, I always want to know more about the community that's out there. And gathering all the information that I can to know more about the community and what they're all about as I approach a person or talk to a person. Then I at least have some more information and know more about who and what they're all about and all that. So it's not just judging them as you hear maybe on the news or something like that.

But I think just gathering all the information we can. I know that that's one of my takeaways from the training.

Thanks, Kevin. And Anjali?

Greg, I would love for you to answer this question as well. What is a takeaway that you have or a takeaway that you're hoping people walk away with?

Oh, you tricked me. So I kind of figured that you were going to do that. So I did think about it for a second. What comes up for me and in my experience with hiring people and interacting with people is, the more diverse you are, the better off you are at being held accountable for your biases but also creating that culture that you're talking about where it's a safer environment for people to be vulnerable and get feedback at all levels, even the people who are in charge.

And I think that's one of the things that happens is that they don't get the feedback that they need on biases or how they're making decisions or who it might impact. So I think my takeaway would be that we all have them. And the more diverse that we can be in who we are, where we come from, the way that we think and approach things, the better off we are at providing the service that we're supposed to. And we're better human beings for it.

That's beautifully put. We have a member of the audience or a participant, she shared her takeaway. And it's to work in the moment, to work with the individual, and to remember that not everyone has the same history or the same trauma, that even though sometimes there's higher risk, the investment is even higher. So higher the risk, higher the investment, which is a really, really awesome takeaway.

And mine is to always stay curious and to keep learning about the individual in front of me and that they truly are an individual and that I might have ideas about people and what might work. Those are just ideas. What really will help and work for this person comes from the person in front of me, so really privileging them and their experience.

I like that. Thank you. So this is going to conclude our question and answer portion for this webinar. In closing, we'd like to share brief information on additional training and technical assistance opportunities.

NCJTC is a training and technical assistance provider for the Coordinated Tribal Assistance Solicitation Purpose Area 3 grantees and non-grantee tribal agencies, focused on implementing systemwide strategies to address crime issues related to alcohol and substance abuse in tribal communities. We are also the TTA provider assigned to assist Tribal Comprehensive Opiate Stimulant, and Substance Abuse Program grantees, focused on developing, implementing, or expanding comprehensive efforts to identify, respond to, treat, and support those impacted by illicit opiates, stimulants, and other drugs of abuse.

TTA services for both programs include customized on-site and virtual training, regional trainings, conferences, webinars, peer-to-peer support, on-site or virtual meeting facilitation, written resources, community planning, justice system collaboration, and sharing grantee best practices. For additional information on general TTA services, links to featured offerings, and to request TTA, please visit our program website as shown on the screen for more information. Finally, watch your inbox and our website for upcoming webinars and virtual TTA opportunities in 2021.

Another valuable resource is the COSSAP Resource Center. Featured resources available include funding opportunities, COSSAP grantee site profiles with a data visualization tool, information about demonstration projects, peer-to-peer learning, and recordings of all previous COSSAP webinars covering a range of substance use disorder-related topics and strategies. Of particular significance is the ability to request training and technical assistance, or TTAs, whether you are a COSSAP grantee or not.

The COSSAP TTA program offers a variety of learning opportunities and assistance to support local, tribal, and state organizations, stakeholders, and projects in building and sustaining multidisciplinary responses to the nation's substance abuse crisis. For more information, you can contact COSSAP at cossap@irr.com.

I want to thank you again, Dr. Nandi, and our panelists, Justine and Kevin, for your excellent presentation and input today. We thank you all for attending this webinar and hope you have a wonderful day.