

Webinar Transcript - Addiction and Working with Clients: Enhancing Motivation When None Exists

Welcome to the National Criminal Justice Training Center webinar-- addiction and working with clients: Enhancing motivation when none exists. My name's Greg Brown, and I will be moderating for you today. Before we begin, there are some items I need to go over.

Today's presentation is part of the webinar series funded by the Bureau of Justice Assistance focused on supporting tribal comprehensive opiate, stimulants, and Substance Abuse Program, and Coordinated Tribal Solicitation Purpose Area 3. Grantees and other tribal communities focused on responses to alcohol and substance abuse. 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 solely of the contributors and do not necessarily reflect the views of the Department of Justice.

So let's begin with the first poll question. The question is, which of the following best describes your role. OK, 5% of the audience is victim services, victim advocate. 33% are probation community corrections. 2% are law enforcement. 39% are child advocacy workers, social workers, or mental health workers. And about 22% of our audience today is an other category.

I'd like to welcome today's presenter Dr. Anjali Nandi. Dr. Nandi is an associate with the Criminal Justice Training Center of Fox Valley Technical College. She's also the chief probation officer in the 20th Judicial District for the state of Colorado. Additionally, Dr. Nandi is a published author, having co-authored 9 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 for 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 justice systems, grant management, and interpersonal communications.

My name is Greg Brown, and I would be moderating today's webinar. I'm a program manager with the National Criminal Justice Training Center. And prior to that, I worked in probation for a little over 30 years. I worked as a line officer, a supervisor, and then as an administrator for about the last 15 years of my career. And I also was a subject matter expert and probation and community corrections for NCJTC for about 15 years prior to that.

I want to thank you all again today for joining us, and Anjali, the time is now yours.

Thank you so much, Greg. I'm really excited to be here to talk about motivation, particularly, when it comes to motivation to change some really tough behavior, and addiction is, of course, one of them. So my hope is that we understand by the end of this session the impact of addiction on motivation. What happens in our brain where motivation resides, and then why addiction makes it so much more difficult to get motivated to do certain things.

We'll also talk about the levers of motivation. So you won't walk away, unfortunately, with any silver bullet, or any sort of panaceas from this conversation. What you will walk away with, is a better understanding of motivation and what the different levers are that we can pull or use in order to really support somebody's motivation.

We'll talk about that, and we'll use a ton of examples. And my hope is that you'll think about yourself as well, because there are lots of behaviors that we want to change, but just don't feel motivated enough to change them. So my hope is that you'll think about yourself as well or people that you know. Then we'll talk about some skills to really support and enhance other people's motivation.

So those are some of our learning objectives for today. When we talk about motivation, we also talk about motivational interviewing with some of the populations that we're currently working with. And why we do this, also I reference motivational interviewing kind of throughout as we're talking about this, and why we do this is because there's such an alignment of values that exist in motivational interviewing I think are really beautifully aligned with our tribal population.

So with that I mean a way of really honoring the wisdom that exists in the other person. Honoring that what they do really matters, and that they have the answers within them. We just have to find ways to kind of close out. So it's a way of being around motivation versus something that we do to people. So that's really important. But of course, all of these pieces that we'll be talking about today all have research support in terms of working to facilitate long term behavior change, and to support motivation.

Let's talk about motivation. Where does it come from? What happens? What increases or decreases motivation? So I'm going to slow down a little bit and start to talk about motivation. Motivation is not a characteristic, meaning we're not born a motivated person or an unmotivated person. So it's not a characteristic we either have or don't have.

It's something that can grow or reduce as time goes on, and sometimes it's an imprint interactions with people. So there's a question in the chat about peer review data-driven research. There is a ton. There is so much research, peer reviewed research on motivation and on motivational interviewing. So we can definitely provide that to everyone after this webinar. I'm so glad you asked about that.

Yes, there's so much. Motivational interviewing has been researched since the 80's, and we're just finding such incredible efficacy with it. So yes, both motivation and motivational interviewing. So we can definitely send some of that out. Thanks for that question.

Again, motivation is not something that either is inherent in somebody or not. It can increase and decrease as a result of an interpersonal interaction. It can increase or decrease as a result of an event that happens to us. So let's use an example. Perhaps there are some of us, and again, you don't have to name any names or put your hands up.

Perhaps there are some of us on this call who occasionally find ourselves speeding. Maybe we're speeding on the highway, or we're trying to get somewhere, and we're going a little faster than usual. And we provide a lot of reasons why we might do that. Then you've probably noticed that if you encounter a cop by the side of the road, or somebody else has been pulled over, or you get pulled over yourself. Your motivation, not speed, really increases.

And as time goes on and you get further away from that event your motivation reduces. So it could be the event that are happening and your interpretation of those events that impact your motivation, but motivation is also driven by external things or internal things. So external thing could be a punishment, right?

You got pulled over, you got a fine. Something happened externally. And so for external reasons, you decide it is a behavior that you're going to change. Internal motivation is driven by values. It's driven by reasons that are more intrinsic to us that matter to me. They have some kind of an emotional component to it.

Sometimes we talk about this in terms of a desire. There's some kind of an internal desire to change or to do something different. To start an exercise program, you start eating healthy, to rekindle a particular relationship with somebody who stuff happens. And so you completely lost motivation to connect with them, but there's something internal.

So internal motivation driven oftentimes by my values, my goals, things that are more personal to me. External motivation is driven by consequences that happen from the external world. Of course, we can start the behavior for whatever reason. We can start it purely for external reasons, meaning I start behavior only because my doctor told me to do so, or because I got into trouble with the law, or because my probation officer is saying I have to, or because other people are saying that I will-- my partner is threatening to leave, or my boss tells me that if I don't stop drinking I'm not going to have a job.

All of those external reasons sometimes might be the reason we start the things. That doesn't necessarily mean that motivation stays external. Through conversation, through some interesting question we can help build intrinsic or internal motivation. The change can start to feel motivating in and of itself.

So internal and external motivation really helpful. Just to be clear, one's not better than the other. I'll take any, internal or external motivation to start. And then you work really hard with the other person help them find more intrinsic or internal motivators to keep the change going in the long run. Frequently, when we're talking about internal motivation, we're looking for that desire.

What is that desire to change? What-- where is that coming from? What is that-- how do they articulate it? It's really important that it's their desire, not mine, if it's their behavior. So I would not be saying, well you should change because of blah, blah. Any sort of telling people why they should do a particular thing, unfortunately really reduces their desire to change.

So if you're a probation officer having a conversation with somebody and they continue to use substances, getting hot UAs or whatever it is, it's really important to start to have the conversation about what they want from this. Oftentimes, probationers will say things like, well, I just want to get off probation. I don't want to go to jail. So all great things to be motivated about.

And in order to do that, they might need to get motivated to also stop using substances, et cetera. So sometimes we take different wars in, but desire really helps us get there. Discrepancy is where motivation starts like fire. So discrepancy is this dissonance or a rub between what I want and what I'm doing.

It's really helpful to kind of be able to distinguish between what is causing me the issue. What is-- are we comfortable about this behavior? Is it-- if it's not uncomfortable, there's absolutely no reason to change. If there's nothing uncomfortable about this current behavior that I'm engaged in, why change?

I'll just stay exactly the way I am and continue the way I am. So discrepancy has to be bothersome, but then it has to also have an emotionally bothersome component. So the emotion is really key. If I didn't really care-- yes, it's bothersome, but I don't really care about it, then we're not attaching the emotion. And so it becomes a lot harder to facilitate change.

Also, what supports motivation is our belief in our ability to do something, to take the first step, to try it. Our belief in our ability to make a change and be successful with it. So sometimes that could be confidence. Sometimes it could be-- maybe we call it agency. My belief in my ability to do a particular thing-- any of those sort of efficacy.

All of those we're trying to really support in order to increase somebody's motivation. And then, of course, motivation is supported with reward. Quite honestly, if every day we-- let's say our goal was to lose weight, for example. Every day we did what we needed to do and every single morning when we step on the scale, it was a reduction in weight. It was an immediate reward.

We would all pretty much stick with that behavior. No matter how tough it was, because there was an immediate reward. This is important because motivation and reward come out in the same part of our brain. So finding ways to reward different behavior is really, really important.

And now, I know in our field it's very hard to externally reward people constantly, especially if we're talking about rewards like cards or rewards that cost us, given the budgetary constraints that we're all under. So we have to help people find intrinsic, their own rewards in supporting motivation. So I'm just looking in the question and answer, and we have a suggestion from somebody who says there's a lot of information on motivational interviewing out there.

Very, very true. She suggests a great motivational interviewing with offenders. Engagement rehabilitation and reentry. Fantastic book. If you want something free, NICIC-- the National Institute of Corrections has something on motivational interviewing published as well. So lots of good information on motivational interviewing. So thank you so much for sharing that. OK.

Let's keep moving and talk about why motivation becomes so difficult. Why is it difficult in addiction? So we're going to take a slight detour and talk about addiction for a few minutes, and then we'll come back to motivation. So just hang tight. And my guess is that many of you have heard this information about addiction before, so just hang in there. Don't walk away just yet. We'll try and be really quick about it.

So one of the hallmarks of addiction is to impact the reward circuitry. The reward circuitry of our brain sits in and our limbic system. I have my video on so I think many of you can see me. Those of you who are on your phone or you can't see me, don't worry about it, just kind of close your eyes and visualize what I'm trying to do.

Essentially in the video, I'm showing you kind of a hand model of the brain. So I have my finger here, that's limbic system. And wrapped around the limbic system is the frontal cortex. All right. So for ease, we could call this the lizard brain and the wizard brain. All of our reward system is right here. Impulses, fight, flight, everything sits right here.

And then we have our thinking brain. Part of our brain that can problem solve, think about the future, pros and cons, all of that sits here. There is a relay that runs between the limbic system and the frontal cortex. So everything gets processed through the limbic system. And the limbic system decides to send on a relay information to the frontal cortex.

The problem that happens in addiction is that this relay gets damaged. So essentially we lose connection to the frontal cortex and we get stuck operating in our limbic system. It's in our limbic system that we-- houses our impulses and that houses our need for immediate gratification. When we say, people need to choose positive behavior, the choice-- the ability to make thoughtful choice resides in the frontal cortex.

So if I'm viewing a situation, I run into some friends, they offer me my substance of choice. And they say, come on, not a big deal. Use with us. The ability to stop and say no thank you. I'm on probation right now, or I'm on-- or I just don't want to, or I've really committed to sobriety. That ability to slow down, think through my consequences, all of that resides in the frontal cortex.

But if I'm addicted to substances, this really is damaged. So the pathway, the neural pathway that connects the thoughts from-- Oh, wow, here's my substance of choice. Who-- wait, wait. Put the brakes on. That pathway is damaged and is slower.

So it becomes really, really difficult in addiction to utilize the muscle of choice, and we have to practice it a lot. So don't get me wrong, we are able to have people connect to that frontal cortex. It just takes a lot of work. It takes time. It takes practice. It takes a lot of relapsing to be able to start to pull that frontal cortex.

It takes cognitive behavioral skills, empathy, a whole bunch of things that we'll cover, in order to rebuild this really again. But the issue around choice is disrupted in addiction. I just want to kind of really emphasize that. Where we get stuck in this immediate gratification.

My gosh, that sounds really good. For example, you're at work and at the break room. In the break room there are donuts and you've had a rough appointment with a client. And you walk into the room and there are donuts. Even though in the morning you said I'm going to be really good today.

I'm going to avoid too much sugar, and here they are. It's very difficult to make the right choice unless you really work that frontal cortex. So the other thing that makes motivation difficult in addiction is addiction disrupts our dopamine supply. So all of the different drugs that we use, whether it's alcohol, or heroin, or cocaine, or meth, or whatever it is. It mimics dopamine.

And any time we use, it causes a huge increase in dopamine, because we're taking dopamine essentially from the external world. Our bodies produce a certain amount of dopamine, but we're taking in a ton of dopamine. And all of this information, I go into depth in some other webinars on addiction, which you'll be able to find easily at NCJTC.

OK, so if you want to delve a little bit more in detail on addiction, there's a ton of resources there as well. But essentially, when I have an addiction, dopamine levels drop internally, meaning I'm not producing as much of dopamine because I'm getting it from the external world. And so one fine day you say, sorry, you're on probation, or I'm sorry, you're on supervision, whatever kind of supervision you are and you can't use any substances.

The problem is, my body is not producing that much dopamine by itself. We call it endogenous dopamine. So it's not producing enough dopamine. And dopamine is responsible for a whole bunch of things. Dopamine is responsible for learning, for onboarding new skills, pleasure, but it's also responsible for motivation.

And the tough thing about not having enough dopamine is it's very difficult to do things that are difficult without dopamine. Put simply. So I'll give you an example. For any of you who engage in some tough tasks, like maybe it's climbing a mountain, or doing a puzzle that's kind of hard, or even exercising, or whatever it is. There's a point at which it gets really hard and you want to give up.

Any time I take my daughter climbing 14ers. We have these tall mountains in Colorado called 14ers. As she's climbing up, she complains, and she cries, and there's just a lot of drama. But then what helps her get through that, she pushes through that. The motivation needed to push through that is dopamine, and when she gets up to the top of the mountain and everybody says, oh, my gosh, look, you made it. She gets the dopamine dump.

And then as we're going down, she says, oh, my gosh, mom, that was amazing. I want to do that again, even though she cried all the way up the hill. So dopamine helps us get through. It gives us the motivation for some really difficult things. So dopamine is essential to motivation.

And when we get addicted to substances, our ability to produce dopamine takes a real hit. So just to kind of pay attention to how some of your clients, some of the people that you work with might struggle a lot even feeling motivated about anything. About getting out of bed in the morning, about getting to your office, let alone trying something really difficult, like saying no to substances.

So motivation becomes an issue, because when addiction is involved because of the impact of dopamine. And then we talked, of course, about choice and this kind of need for immediate gratification. Really important to kind of pay attention to.

So let's talk a little bit about motivation levers, meaning what are things that we can push on or pull on in order to increase or decrease somebody's motivation. Tons of studies on this as well. But one of the primary things that supports people's motivation is somebody listening to their concern with empathy.

There's a lovely pretty recent study, and Adam Grant, a researcher, talks about this as well. The study was on vaccinations. It was really recent. During the COVID pandemic where people were all across the board around vaccination. He looked some data related to that, and then he also looked at just vaccinations in general, like childhood vaccinations in general, and kind of people who are on all sides of the fence.

And he delved into trying to ask the people who were staunch anti-vaxxers, but then changed their minds. He wanted to know what changed their minds. What got them motivated to do something different. And one of the things that he found out was people who said, or people frequently said when the doctor really listened to my concerns about vaccinations and understood that I'm not being a bad parent, there are just fundamental concerns that I have. When they truly understood that and allowed me to make my own decision I felt more willing to do it.

But this is really key. When they truly understood my concern and allowed me to make my own decision. So as human beings, autonomy is really incredibly important. And by autonomy, we mean the ability to make our own choices. You probably have had this experience in your own life where as soon as somebody tells you what to do, you get really feisty.

I know this is true for me. If you tell me what to do, I get feisty. And sometimes I don't even show that I'm getting feisty. I'll nod, I'll say, oh, yeah, that's a great idea. I'm getting feisty on the inside and I'm thinking, OK, I'm going to do this my way. I'm going to do it differently, especially if you insist that your way is the right way.

So I want you to think about some of our conversations with the people we work with, the people who we serve, who are in the criminal justice world. Very frequently we fall into this trap of not allowing them the autonomy and the space, and not conveying understanding for what their point of view might be. So one of the really strong levers for motivation is expressing empathy.

Now, I just want to be clear. I don't mean empathy without boundaries. It's essential to have boundaries when we're talking about empathy, meaning just because I understand, doesn't mean it's OK. I understand that you want to continue to use again, and here are the potential consequences when you continue to use.

We still hold those boundaries really clearly and in place. So empathy with boundaries. Empathy with real clarity. Another lever is curiosity, is just getting interested in what the person is saying, getting interested in their point of view. Because as they start to talk, if we listen people talk themselves into change slowly. So just getting curious and asking questions.

The questions might sound like, what makes you want to continue to use? What are you worried about if you continue to use? What are some of the downsides? You say you want to get off parole, probation, or community corrections. What are you willing to do in order to do that? Just getting curious.

And as you get curious and they start talking, they will start to show you their values. What is really important to them. What their values are. So paying attention to values as they start to articulate some of their values is really, really important. And even if the value feels a little tangential. So it's connected to family, or it's connected to something else, there's a way in which we can ask about that value as related to addiction or change in substance use.

So paying attention to values is really important. Then really celebrating any incremental change. So another lever for motivation is not actually doing the whole thing, but just making a small step. And it's the small step that really matter. So it's not cutting all substances. It's making the one step.

For example, somebody I'm working with deleted all the names of the people he uses with out of his phone. It's an incremental step, a big deal for him. He wasn't totally keen on sobriety. That was sort of the first step. That's another lever for motivation.

And you get to choose which one of these is most important in the moment. Another potential lever for motivation is understanding friction. If we can reduce the friction, the difficulty of doing the behavior we want, and we can increase the friction of doing the behavior we don't want, we have a greater likelihood of supporting our motivation.

So let me give you some examples. By my client deleting names of people and numbers from his phone, he was making it more difficult for himself to reach out to a friend. Now, could he still figure it out? Absolutely. He could still find somebody on the street or whatever it is.

He has increased the friction. He's made it a little more difficult to engage in the behavior that he doesn't want. And then we want to try and make it easier for him to engage in the behavior that we do want, like showing up to treatment, or calling his sponsor, or whatever that is. And so we provide ways in which we reduce any of those barriers.

So maybe it's figuring out transportation for him, or finding a meeting that's taking place pretty close to where he lives. So reducing friction for the behavior we want and increasing friction for the behaviors that we don't want. To explain this, I often use a really silly example.

You can't tell since you can't see all of me. I'm pretty short. And for me, nothing in the world exists above my eye level. So it's very rare for me to kind of look up to the top shelves. I'm 5' 4. And that's-- 5'5 about is where the world stops for me.

So when I want to increase friction, and I don't want to eat certain foods, potato chips, all of my favorites. Potato chips, cookies, et cetera. I'll put them on the high shelf. And it makes it really hard for me to-- because then I have to get out the stool, et cetera. On my eye level I put all of the things that are supportive. So that's a really silly example of friction, making certain things easier or harder.

And then the last motivation level that we'll talk about is reward. How do we build in rewards, but how do we also have reward conversation, like what is going well about this little change that you've made, what are you noticing so far. Maybe the question is, what is great or even good about change that you've made that you didn't expect.

I'm just going to take a pause here for a second about any questions that Greg might have around anything that we've covered thus far.

Anjali, when I first heard you kind of talk about these concepts, one of the things that popped up for me, and I was in the juvenile world then, is catching our kiddos doing right. We are really good at, Oh, you didn't show up for school, or you missed this appointment, or you didn't go to treatment, or you tested positive for substances. And so really flipping that question around catching them doing right gives us so much more to work with.

Because we may get-- I'll give this an example. We may get a positive test for marijuana, but we don't know how many times they said no successfully, and what strategies they used to do that. And that's really what we're about. They're going to have two steps forward, one step back. But we need to identify and catch them, and I think this phrase really works well for probation, is catching them doing right, and doing the right thing.

And we've got to have those conversations, and you've got to have that curiosity in that relationship with them where they want to brag about that stuff. And then it's really easy. You're finding things to reward because they're giving you the information when they are doing a good job, but having that relationship and really being able to pull that information out about when they've made good decisions, when they made not such good decisions, which we need to work on both, but really having that relationship is key and that's what popped up for me.

I wonder if either Justine or Kevin have anything to add to that.

Yes, I was wondering a couple of different things. I think related to this, their successes that are celebrated and when they notice what's going on inside that maybe they hadn't thought to ask themselves, like your question, Anjali, was what did you notice that made this happen for you, or your level of motivation. I would imagine, the more they realize those good things about themselves, the more their internal motivation to change would increase.

Yes, very true, Justine. When they notice what they've been successful at and we celebrate that, it supports their motivation. It's very tough to be motivated about something if I think I'm crappy at it. Very often when I go to the gym and I'll say something like, Oh, my gosh, I don't think I'm going to be able to make this lift. And the coach will say, not with that attitude, you don't.

We share this. The attitude that we walk into something really, really matters. And so if we think, if we celebrate our successes and we highlight, help people highlight what they're doing well at, it's really supportive to their motivation. Because what we're doing chemically is we're creating a reward system around it. We're increasing their connection, their reward connection through that behavior.

And so, slowly, when they start to engage with that behavior, immediately there is an increase in dopamine because we've started to sort of praise it and support it.

Well, I would imagine that somebody who might be hung up in their addiction, or in criminal thinking, whatever the case might be, they might not know or recognize those intrinsic thoughts. They might not recognize what success looks like, unless you pointed that out, or get curious enough, as you say, to ask the right questions where they can discover that for themselves.

Yeah, very true. It's a beautiful statement that somebody put into the chat that goes along with what you're saying, Justine. Which is, we are the agents of change. And part of that is changing this internal voice in our heads. Now, this might be going into too much detail, but unfortunately, our brains are wired to think negatively.

And we're wired for the negative because it keeps us safe. Naturally we'll remember the more negative things. We'll associate negative things with certain places. So we're just wired like that to keep us safe. For example, I don't know why I'm talking about speeding so much, but there have been times where you've encountered a police officer sitting in a particular section of the highway.

It's very common for you to always expect the person to be there, even though it was the one time that they were there. So our brains pick up on these negative things and they get really reinforced for us. So we have to work pretty hard to shift that and to work on thinking about the positive and highlighting the positive. And in fact, interestingly enough, the more we highlight the positive, the better we connect the limbic system in the frontal cortex.

So it's actually healing for us and our brain and it helps us through addiction when we focus on the positive. Now, I'm not talking about just sort of this toxic positivity kind of things, but it's really important that we wholeheartedly see some of these positive things that are happening in our world.

Then there's a really good question. Does trauma affect this process? Yes. So unfortunately, trauma does exactly the same thing to our brain that addiction does. Trauma impacts this connection between the limbic system and the frontal cortex. Trauma also reduces the mass in the frontal cortex. So it makes us really, very impulsive, reactive, sometimes numb to the other side of it as well. And it's very tough to stop the connection to whatever those negative thoughts are.

And our negative memories sit in the limbic system in this spot called the amygdala. And so part of what recovery from trauma means is kind of pumping the amygdala, releasing some of those negative thoughts, and also rewiring our brain for the positive. So there's a lot of hope out there. I don't want you all to walk away thinking, Oh, my gosh, well our brains are so messed up. We're done for.

There's a lot of stuff that we can do to support our brains. It takes work. It takes practice-- and energy in order to do that.

Building up that muscle memory for positive things in our lives.

Exactly. Exactly. Yeah. I recently went-- I had a little work engagement and I was very worried about it. I was experiencing a lot of stress. I worry easily. So I was getting anxious about it. And as I was leaving the house, my husband said to me, have a little bit of fun. And it was just so interesting because that statement that he made kind of stuck in my brain and I thought, you know what, I'm going to try that. I'm going to have a little fun.

So just sort of the reminder of thinking about the positive rather than what I was doing which was only focusing on, OK, what are all the things that can go wrong, how can I make sure they don't go wrong, etc. So it's little ways like that, that we can really support and help each other. All right.

So one of the ways to understand motivation is to think about stages of change. Many of you on the call probably are familiar with stages of change, and what stages of change are, it's a way of understanding how people go through the natural process of change. It kind of considers change as a natural process.

But there are certain ways in which we can enter that process of change with people and make things better, or we can make things worse. And so understanding stages of change means understanding what is the goal for the person at each of these stages, and then how do we use some strategies to help them shift to the next stage of things. So kind of little ways in which we can really support this natural process.

So let's start with that first stage of change. And that first stage of change is pre-contemplation. There are folks on this call who probably teach the section. Great. Awesome. I'm going to kind of provide the information in a slightly different way. So it's going to be really kind of quick as I walk through it, and I'll highlight certain things that we often forget.

So in pre-contemplation, many times people will say things like, I don't have a problem, you are the one with the problem, the law is the problem, you're the problem, the system is messed up, all of these things. Essentially everything that says that they have no intention of changing this behavior. It's everybody else's fault but theirs. There's no issue.

This is exactly where we all begin. Every single one of us on this webinar about whatever behavior we're thinking about, we've all been in precontemplation where we thought this is not a problem. And so the goal here, if you're sitting with somebody who's in precontemplation, your goal, your only goal is to help raise doubt. That's it.

Help raise doubt, by that I mean help them wonder about their behavior. You know that they're wondering about the behavior as soon as there is this maybe. Say something like, well, maybe this is an issue. As soon as that happened, you know you have successfully moved from pre-contemplation into contemplation. Of course, they can slip right back. So still helpful.

But don't put all your eggs in that basket. We're just looking for a little out or something that comes up. Where they say, well, I don't know. Sometimes it gets in my way, but it's not really a big problem. That's what we're looking for. Oftentimes, when people are in precontemplation, we experience it as resistance.

So we experience it as a resistance to change. And really, it's just a part of the process. It's kind of like this first step. We all have to be in that first step when we engage in change. So it feels like resistance, but really, it's the first step in the process when we are considering doing something different. If we see it as resistance, what we will try and do is fight it. But really, we have to kind of understand what is going on for them.

So the strategy in precontemplation is to really get curious, lots of empathy and curious about the behavior. To really try and understand it from all angles, but perhaps provide some information. Yes, Justine.

Well, Greg had a great comment so I want to get to that in just a moment. But for me, if I'm contemplating something, I already know the answer. If I'm really struggling and trying to come up with some positive choices, it's usually something bad or unhealthy for me versus something I should abstain from, not usually even doing something good, but just abstaining. So in my mind, that pre-contemplation is almost always towards the negative, because I already know what the choice should be. It should be simple.

Choose the best thing that's the healthiest. And if I'm really contemplating something I feel like then I know it's not a right or wrong, it's should I do something that's OK or good, or instead do something better or best for me.

Yeah. Underneath it all we know the answer. Underneath it all. It's just that it seems so simple on the surface. And to somebody who's talking with you, it probably seems so simple too. And yet, from our internal lived experience it's so hard. Feels impossible. There are some things that I know I really need to work on or change, but every time I think about it, I just want to burst into tears.

It feels insurmountable. And yet, if I share it with somebody else, you'll probably think, oh, easily done. You just have to do blah, blah. But if it were that easy, I would have done it already. That's true about all of our clients too.

That puts me in a state of aversion. I would procrastinate or I would just be averted to something and I would try to rationalize all the reasons why I shouldn't go for that thing that's harder to do.

Yes. All of that is pre-contemplation. What you are talking about. That's so beautifully put. We have all kinds of rationalization. You have all kinds of reason. Yes, somebody just typed in that was pre-contemplation right there. Yeah. Rationalization, all kinds of things.

Really, really important to kind of hang out there. To really hang out there. So somebody just put into the chat, during pre-contemplation, I try and focus on what the person really wants, the life that they want to have. What does your best life look like? Yeah.

And when they talk about that, the person says, automatically they mentioned sobriety. And so if you hear that in that vision, you're on the right track. You're absolutely right. That was beautifully, beautifully built. Yeah.

So there's another question. This is a really curious question. I think people do not commit to an action because they're hoping for a different solution to that problem. That's right. There are lots and lots of reasons why we don't commit to actions, Sometimes it's deeply personal. Sometimes they're because we're really hoping, crossing our fingers and hoping that the problem will go away.

How many of our clients are like that? They are really hoping that they can just get off monitoring. Then nobody will know that they're continuing to use the problem. In their mind, it's not the substance. The problem in their mind is you. If you weren't monitoring them, it would be just fine.

If they didn't order them to monitored sobriety they'd be fine. So sometimes they're hoping for a different solution to that problem. Sometimes it's a lot more difficult than that. Sometimes- alright, all of it is difficult. Don't get me wrong. Maybe more complex than that. Sometimes there's a part of them that does want to, they just don't know how or they tried before and they frequently fail because their brains are struggling.

Their limbic system and frontal cortex haven't really caught up with each other. Sometimes they are surrounded by people who are also using, so they don't have any support around them. So there are lots of reasons why they may not ever sort of move into action. Then another suggestion was to point out the discrepancy between their actual situation and their goal.

For pointing out discrepancies, it's really helpful to do it in precontemplation in the gentlest of ways. Building any discrepancy is really incredibly helpful. So once you have a maybe, we're moving into kind of this contemplation. And when we move into contemplation, now is the time to really start exploring pros and cons.

So somebody had put into the chat, explore pros and cons. You can definitely put in precontemplation. Your bang for your buck though will really skyrocket when you do it in contemplation. When people are actively thinking about pros and cons, because if you put too early you run the risk of people saying, there's no pro and it's all con. Changing behavior.

It might be really deep in the precontemplation. Not to say that it won't work, it's just I tend to get a lot of bang for our buck if we move into contemplation and then try and explore those pros and cons. So in contemplation, people say maybe this is a problem, maybe it's not. Oh, yes. You just clarified that. Yeah, you're absolutely right.

You're doing all my work for me. I love this. This is so cool. Somebody just asked a question, what happens when somebody has an SDMI and is in pre-contemplation stage when they are wanting to change. Does having a mental illness impact their ability differently? So when somebody has a severe and persistent mental illness, it does impact their-- it can impact their motivation.

And we have to understand what exactly is the behavior that we're focusing on. So stages of change is very linked to behavior, meaning it can be pre-contemplation about taking my medication even though I have a mental illness. I can be in precontemplation for taking my medication, but in the action stage for something else like sobriety. So it's very behavior related.

So when you say when somebody has an SDMI, could that influence? It could absolutely influence all kinds of behavior. Maybe medication adherence, maybe sobriety, et cetera. The strategies will still be very, very similar. So regardless of mental illness, we're still doing things like exploring pros and cons, how that behavior links to some of their goals that they have. Frequently, when I'm talking with people with mental illness and they don't want to take medication, we talk about just how they're suffering with their symptoms.

And their desire to reduce their suffering. And so that's where sort of medication comes in. But throughout, we're really supporting their choices. As soon as-- in stages of change, as soon as we say, you should do this, we actually reduce motivation. So just be really careful about kind of prescribing people or telling people what to do.

In contemplation, you'll start to hear something that we call change talk. And change talk is this language that people will use in support of change. So when Justine was talking she was using language on the other side. It's too hard, I don't want to do it, like all of this rationalization.

Change talk is in the other-- in support of the other side. So we have a little slide on that as well. So we'll definitely come to that. All right, there's a question on lapse and relapse. So let me get to that here in a few minutes.

So we talked about contemplation. Let's talk about preparation. Preparation stage is where we know that it's a problem. It's clearly a problem, we have to do something about it, but just not right now. I intend to, but not in this moment. And so in preparation stage, it's really helpful to start to support people taking small steps. Making a plan, coming up with some kind of support. What's going to support them when they start, what's going to kind of keep us moving forward.

What are some of the barriers that we might encounter? Kind of planning all across the board related to whatever the behavior is. And again, remember, we have to be very clear about what the behavior is. So in preparation, in order to support somebody out of preparation into action we need small step. We need some kind of a plan. We need to talk about barriers and ways we're going to manage it-- support, skills, all of that.

But we also need some dates. When are we going to start this change, when's it going to happen. And of course, once it starts, we're in action stage. When we've maintained action for long enough, usually three to six months, we move into maintenance stage. From action and maintenance, we can relax.

Somebody asked what is the difference between lapse and a relapse. And oftentimes, the simple way to talk about it is a relapse the full blown return to the original pattern of use, whereas lapse is a step in the wrong direction. Sometimes people will call it a setback. Sometimes a slip. There a lot of words that we use.

It's important to be able to distinguish it so that people know when they've actually made progress. So for example, if somebody usually, when they relapse they're back fully into their use, hanging out with people, et cetera, using daily versus somebody who uses, reaches out to you, and stops use.

They reach out to you and they say, hey, I really need support. So we would consider that a lapse and that is a huge success, because somebody has not gone to kind of their original way or returned to the original way of using. So I hope that answers kind of some of that for you.

Then there's the question, can you share how trauma can play a role? Yes. It's not that trauma plays a role in stages of change necessarily. Trauma plays a role in everything, in making it more difficult to motivate and stay motivated. Complicating addiction. Because what trauma does neurologically is very similar to what addiction does neurologically.

So when we talked about the limbic system and the frontal cortex, a trauma really impacts the limbic system and the frontal cortex and this kind of connection. And so we really get stuck in this space. Now, the difficulty here is that it doesn't have to be a capital T trauma event. It could be a chaotic house environment as a kid.

You all are probably familiar with adverse childhood experiences. And so we could have somebody who is growing up in a chaotic household, where their brain prioritizes the development of the limbic system over the frontal cortex, meaning by the time that they're an adult, they have an overdeveloped limbic system and an underdeveloped frontal cortex. This is important because once I'm operating purely or solely out of my limbic system, it's this impulsive reactive kind of zone then it's more likely that I will make impulsive choices and less likely that I will experience motivation or motivation to change some of these impulsive behaviors.

So that's the impact that trauma has. And if that answer didn't quite make sense, you have other questions, definitely please type it into the chat. Awesome questions. I just love it. Keep it coming. Well, all right.

Couple other things that I often forget around stages of change to kind of remember. We can be in one stage of change for one behavior, a completely different stage of change for a different behavior. And also, our behavior can look like it's in a particular stage of change, but our thinking is in a different stage. So for example, you might have clients like this on your caseload, where their behavior looks like they're in the action stage.

They're changing their ways, they're doing what they're supposed to be doing but their thinking is in precontemplation. So they're doing what they say they are going to do and they're staying sober and doing whatever, but they say things like once I'm off paper, I'm going to be back using. Or they're thinking hasn't really changed. They're still 100% in support of using substances.

So it's really important to slow down and support that full motivation, not pass the motivation for sometimes what we call pseudo compliance. It's fake compliance. I'll take pseudo compliance, but I'll keep kind of pushing for all of it, congruence ultimately. Because yes, we can start faking it. Fake it till you make it. Sure.

That only goes so far. So they start by faking it and then we have to not let it go. We have to keep saying things like, so how are you benefiting from it? What is the support system that's shifting around you? What are some of your thinking processes that are changing around this?

What are some ways that we can support your belief in your ability to do certain things? And we call that self-efficacy. So it's really important to be able to tell when somebody's behavior is saying one thing, but their thoughts or their words are saying another thing. And make sure that we're starting to reconcile those stages of change.

So ambivalence is kind of key when talking about motivation. Ambivalence is this feeling multiple ways about something. On the one hand, we want to. On the other hand, we don't. Ambivalence is this, I want to, but I don't want to. When we're sitting with somebody who's ambivalent or we're having a conversation with somebody who's ambivalent, it's very normal for us to respond by telling them what to do.

And telling them what to do, we often call the righting reflex. This reflex in us to want to fix something or make it right. And so when we're working with ambivalence, it's really, really important that we not fall for the righting reflex. That we sit on our hands and that we get curious. Easier said than done.

So really kind of managing our own impatience, and then working in small chunks. So we call this process chunking, where when we're working with motivation, people don't get motivated to do the whole thing. They might get motivated to do small chunks of it. So be OK with that.

It might sound like if they're on four substances, they're using four substances. It might sound like giving up two of them at a time. It might sound like, let's just talk about sobriety for the next week, or month. Chunking things out. Let's just talk about how you're going to manage next three days given that family is coming into town and they're often using with you. So chunking things into kind of smaller bit-sized pieces.

Another way to work with ambivalence is called the decisional balance, which we talked about earlier in a slightly different way when we talked about pros and cons. Decisional balance is exactly pros and cons, but it looks at all sides of the ambivalence. So why do I want to change this behavior? Why do I not want to change this behavior?

What do I love about my current behavior? What do I not really love about my current behavior? So looking at it from all sides of the ambivalence is what a decisional balance is. And it's doing it in a conversation with people where we have very little value judgments around it. So really be careful of your own need to say, oh, but wait, you're going to lose your family, or you have to change because this-- we have to manage kind of thing that happens within us that wants to fix it for them.

And then another way of working with ambivalence is really just asking, so what's the first step. What is the first thing that you're willing to do or the one thing. Maybe first step could also be one step. What's the one thing that you're willing to do.

So let me take a pause here. We've gone through many different things. And let's do a poll. Greg, would you help me with this poll, please?

I'd love to. Thanks.

So our second goal question is, when struggling with the righting reflex, what do you tend to do? Give advice, provide solutions, or provide a next step? Giving advice 25% of us, 40% providing solutions, and 35% providing the next step. For me, it's giving advice, and providing solutions, and the next step.

I struggle in all three of those areas, because I can see where I want them to go and what I want their life to be. And if we could just get there more quickly, it would be so much more efficient, and so much less pain for all of us.

Yeah. Yeah, I so appreciate your honesty, Greg. A lot of us get stuck in these, for sure. They're such easy human traps to fall in. So a couple of you put into the questions that you don't fall into any of these traps, and amazing. Good for you. I have to say, for me, it's quite hard there are times where it's really easy to slip into giving advice so I hope the phrasing made sense.

These are not suggestions that we're making that you should do. These are the things that when we struggle as practitioners- When we struggle with the righting reflex, these are things that we fall into. So listening is the right thing to do. Think curious is the right thing to do. It is how we- sort of the successful way of working with righting reflex.

And these were just common ways that we struggle, because I don't want any of you to feel that it's easy. It's definitely hard. Then Martha just put in a really beautiful statement. That we can help our clients resolve ambivalence by providing an open and safe space for them to discuss their reservations, their fears, and their drawbacks. Yes. This is exactly true, because it's really important that we allow them to talk about all their reservations and fears, and make space for that.

In motivational interviewing we often call it call it draining the swamp. Really allowing them to share all of that stuff with us before we move somewhere else. And that's what we mean by meeting the clients where they are, but then getting curious about where they want to go. We always keep that door open. So meeting them where they are and getting curious about where they want to go next.

So Stacy, you're absolutely right. Sometimes we do want it more than they do. And then we get into trouble when we start to do more work than they do. Yes, so, so true. It's so tough. When we are working harder. And then some of the ways to know that we're working harder is we get resentful.

What's up with this client? I'm working so hard and they're not. That is a good indication that something is wrong. So yeah, really helpful. Thank you. OK.

Thank you. It's a typical direction some of us go first, because we fall into this kind of helping trap. Now we have to move into the empowerment trap, or not trap. Move towards empowerment. Yes, you're absolutely right. Kind of step out of the rescuer kind of helper mode. Yeah. Awesome. OK.

We just have a few more slides left. So let's talk about skills. So one of the ways to support motivation and move-- help people move kind of through this process is to manage their expectations and ours. What really are we here to do? So this conversation, this part of the conversation, very directive, meaning there's a direction to it. I'm not directing it, but there's a directional quality to it.

And in motivational interviewing, and some of the research on motivational interviewing, what they found is that this directionality, it really helps us facilitate long term behavior change. So directionality really, really matters. What that means is understanding the difference between, what I can expect right now-- proximal. And what we have to expect a little bit later-- distal.

The behaviors I can expect right now, if somebody is truly completely addicted to substances, I cannot expect sobriety right now. I would expect a lot of relapses. I would expect a lot of struggles. But I can expect certain things. I can expect them to show up to their appointments, for example.

I can expect them to take their UAs. I can expect them to start to attend treatment, even if they hate it. Those are proximal things, things we can expect right now. And then distal things the things we have to be a little bit more patient, we're working toward So just clarify expectations.

What am I expecting right now, what are my negotiables and non-negotiables? And then how do we have the conversation to mutually set the agenda, to set the agenda together. What is our partnership going to be about? How do we support your motivation together? What's that mutual agenda setting?

What are the goals that I'm thinking about, what are the goals that you are thinking about? What are the barriers and supports that you need to manage those barriers? And then what does it mean to stay accountable? So without a context of caring, without a context of compassion, there's no accountability.

All right, so accountability only exists, people will only start to feel like they're accountable to you, if they believe you care. If they don't think you care, they're not going to stay accountable to you. So really important to kind of pay attention to the piece around accountability. And yes, thank you for whoever put that into the chat that

William Miller, who's one of the people behind motivational interviewing, he has an excellent book on ambivalence that just came out called On Second Thought. So it's really, really great read. So accountability only happens in the context of caring. So making sure that we're conveying that and that we're having the conversation about accountability. What does that mean?

What are we holding each other accountable to? And of course, the skills that we're using here, the fundamental skills, which you are obviously familiar with, are open questions to ask a lot of information around staying curious around the behavior, around their ambivalence. Affirming, providing praise, and reflecting, expressing empathy through our understanding of what they're talking about. So really making sure that we're sticking with some of these kind of basic skills.

And if you need more support with motivational interviewing, there's a ton of information and planning out there as well. But I'm curious from your perspective, which skill comes easiest to you? Quick question. Which are asking, talking about, describe, explain. Affirmations, which is praise. Reflections, which is a statement of understanding. Or summaries, where you kind of put everything together.

So those are the skills that we just talked about. Greg, would you be willing to help with this poll please?

Sure, let's go ahead and launch that poll. Again, which skill comes easiest to you? So the easiest for this audience, which is actually interesting, is affirmations 38%. Followed by open ended questions, then reflections, and then summaries. Anjali?

It's so cool. It's so cool to see that people feel most comfortable with affirmations. Unfortunately, in the research, the longer you are in the field over time the fewer affirmations you start to use, which is really sad. I've been in the field for a while and I love affirmations, and I hope I use enough of them. There's something about-- I mean, who knows, right?

We can make some guesses, maybe about being cynical or thinking, gosh, I've heard that before. But we slow down our use of affirmation. So it's so heartening, and so it makes me so happy to see that people find affirmations that come really easily to them. And then a couple of just thoughts around affirmations.

It helps our brains when you provide an affirmation that's linked to a behavior. So rather than saying, you're doing a great job. You say, you're doing a great job with following through on your log, or I really appreciate your honesty in the moment, or you're doing an excellent job attending all your classes. So just making sure that the affirmation is linked with the behavior that's really what seems to be helpful in supporting behavior change going forward.

And then of course, open questions with the next one, which I think we all practice a lot. Yeah, great. OK. So we talked a little bit about this earlier.

When we are listening for motivation, we're listening for a particular language called change talk. And change talk is any statements that people make in service or in support of change. So just making sure that we're listening for that change talk.

And change talk sounds like a desire to change, I really want to. Ability to change, I can. Reasons to change, here's why I don't want to go to jail, or whatever. And then it need to change, I have to. And all of this kind of culminates in commitment talk. I'm going to do blah, blah. We're really listening for change talk.

Then the flip side of change talk, the opposite is sustain talk. I don't want to, it's too hard, I don't know how, all of it. Resistance is a little bit different. The sustain talk is about the behavior. Resistance is about the interpersonal interaction. The resistance will sound like, I don't want to change. You can't make me.

It's about the interpersonal interaction as opposed to just the behavior. So it's helpful to be able to listen and kind of assess what am I getting so that I know how to respond. And there's some advice that just came in, or a suggestion, not advice. A suggestion that just came in. Asking permission before sharing information or advice?

Yes, it's really, really important, and it makes it a little bit easy. So Greg, this might be one for you. That if you are really excited about the advice that you have to give, asking permission sometimes helps. Yeah. Great.

Yeah, so in this presentation, I'm actually using the word resistance. We used to think resistance in kind of two buckets. Sustain talk and discord. And people tend to really be attached to this word, resistance. I'm using it here. But yes, if you're reading motivational interviewing, particularly the second edition, they have stayed away from the word resistance, and they'll use this term discord.

And they talk about discord as discord in the relationship. And that's what I mean here by resistance. Cool. Awesome. All right. So let's kind of finish this up with some space for questions that we hope to answer. So Greg, Justine.

Yes. I've been really impressed with the chats and the questions and the statements that have been made today. I appreciate that.

Yeah.

And that's one that just came in. I'm so sorry, Greg, that I just spoke over you. One that just came in was, sometimes the level of resistance correlates with their stage of change or their readiness to change, and that's so true. And so for us to understand that that's OK. That's part of the process. Yeah.

I just-- I was just going to say, looking at the questions that are coming in, people are really ready. People are coming to this with the right frame of reference, right mindset. The training, which is really exciting that. So many people see our jobs is really shifting. And Justine had a little bit of chat about, are we enforcers, or are we coaches.

And I clearly get the sense from the people who are participating they really see that change agent language has been around a long time, but also complementing that with the image of a coach that you had in your life. Who was the best coach that you had. And really, those are the things that we're looking at. So Anjali, I'll start with you.

You talked a little bit about incentives and sanctions. And they are controversial depending on where you go in this country and who you talk to. Can you talk a bit about how they're supported in the research, and how they're best utilized?

Yes, incentives and sanctions. Incredibly helpful, and there's a lot of information out there that's supported by the research on this. So ideally, incentives and sanctions happen as quickly as possible after the behavior. So one of the questions actually that just came in is specific advice for people involved in the criminal justice system and mandated to treatment. Incentives and sanctions are a great sort of way of helping behavior modification for people who are mandated to treatment.

And just an aside, and Greg, I promise I will answer the question. But people who are mandated to treatment, meaning forced into treatment, do just as well as people who volunteer into treatment. And this is the support for motivation, because they are mandated to treatment, which means it's an external motivation. And yet, over time, we're able to shift that motivation through intrinsic. So just that little piece there.

So ideally, incentives and sanctions happen as quickly as possible after the behavior so that the brain can link the reward or the punishment to whatever the behavior is. Incentives work way better than sanctions, meaning if we're trying to facilitate long term behavior change, incentives go a lot further than sanctions. Other things that we ideally should provide-- bigger incentives, tougher behavior that's driven by that particular client.

Then also thinking about some proximal and distal kind of goals and matching our incentives and sanctions accordingly.

One of the things that comes up a lot in training is that we are concerned about people going out and harming individuals in the community or re-offending against the person that they harmed. And so going through that checklist, just referring them to treatment and getting them out the door, getting them on monitored sobriety, all of those things. It feels like, OK, we've done our job.

And what we're really seeing in the research now is that your job is much more than that. The more that you can get them into change talk and move them from precontemplation to contemplation, before you even make that referral to treatment or decide which agency is the right fit for them, is incredibly helpful. Diclemente and Prochaska talk about moving a person one stage of change actually reduces the likelihood that they will engage in that behavior by 4-fold.

So precontemplation to contemplation, if you have a conversation that gets them from that pre-contemplation place to thinking that they have a problem, and maybe doing some education, and research, and exploring that, you've reduced the likelihood of them engaging in that behavior four-fold. That's how much impact you can have using what we've learned about changing behavior.

So I would say, don't rush into treatment referrals. Don't check the box and just send them out that week for an intake. Get to know them a little bit. If you have options to look at best fit. If you have people who specialize in trauma and you suspect there may be some trauma. If you have some people who are better with more antisocial people or resistive people. But start really-- they're consumers.

They're either paying for this service or you are. And they're consumers, and this is about their life. So getting it right is important. And taking your time, going slower can be faster in figuring that out. And I know that this creates some anxiety. What if they go out and re-offend, and I didn't do my job by referring them to treatment. You will have much more positive, much more effective impact if you look at what the research is telling us about real long term behavior change.

So here's a question I think that I wanted to get to in here. Is there a training on MI, and we do offer advanced training on MI NCJTC periodically. It's an instructor led course. So it's capped at about 30 people, but we do offer that. So you can check back with us. I'm not sure if any other resources that are out there. Anjali, if you know of any off the top of your head for kind of more advanced MI skills.

Yes, there's so many out there. In fact, somebody just typed it into the chat and offered up an advanced motivational interviewing training with Casey Jackson. Somebody said was phenomenal. There's a lot out there, for sure. And then there was another question on training that can be shown regarding what drug use does to the brain. Yes, there's that kind of stuff out there as well.

On NCJTC in the training library, if you click on the addiction module, you'll be able to see or listen to a training. You can show the sections of that to a client. Nora Volkow has also done some really remarkable work, and there's a lovely video of her talking around talking with families and trying to explain what's happening in the brain. And she does this beautiful, beautiful conversation where she links it to as similar as blood pressure, or heart disease, or those kinds of things. So it's really quite lovely. So yeah, there's a lot of that information.

So I'm going to have to end the question and answer period of this webinar. Our next webinar will be Ask the Expert session on today's topic-- enhancing motivation when none exists. So we'll go further into the topic talk about more strategies. Maybe even take some examples if you all come back and have some examples of when you've gotten stuck with people who don't have a lot of motivation-- a lot of motivation to change. So to make sure to watch for that in your inbox and visit NCJTC.org for details on upcoming training and technical assistance.

In closing, we'd like to share brief information about additional training and technical assistance opportunities. NCJTC is a BJA TTA provider, focusing on supporting tribal communities and implementing system-wide strategies to address alcohol and substance abuse and related crimes. TTA services include customizing training, regional training, conferences, webinars, peer to peer opportunities, as well as 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 it's shown on the screen for more information. Finally, watch your inbox for our website for upcoming webinars and virtual TTA opportunities in 2022. Also, please check out our on-demand library at NCJTC.org.

We probably have 30 or so webinars related to evidence-based practices, best practices, dealing with trauma, understanding addiction, just a whole plethora of services that are out there. Please be sure to also visit the COSSAP Resource Center for a bunch of valuable resources, including funding opportunities, grantee site profiles with data visualization tools, information of our demonstration projects, webinar recordings, and several additional trainings and technical assistance opportunities.

The important COSSAP Resource Center links and information are shown on your screen. So for more information, you can also contact the COSSAP program. At COSSAP-- C-O-S-S-A-P @IIR.com.

So this is going to conclude our webinar for today. I want to thank you again, Doctor Nandi, and our panelists Justine Souto and Kevin Mariano for sharing your time and knowledge with us. And Thank you to the attendees for joining us today. We hope that you can join us again in the future and our future webinars, and have a wonderful rest of your day. Thank you, all.