

# Transcript - Ask the Expert: Addiction and Working with Clients: Enhancing Motivation When None Exists

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Welcome to the National Criminal Justice Training Center webinar, Ask the Expert: Addiction and Working with Clients: Particularly Enhancing Motivation Where None Exists. My name is Greg Brown, and I'll be moderating for you today. Before we begin, there are some items I need to go over.

Today's presentation is part of a 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. The project is supported by a grant awarded by the Bureau of Justice Assistance, Office of Justice Programs, U.S 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'd like to welcome you today to our presenter Dr. Anjali Nandi. She's an associate with the National Criminal Justice Training Center of Fox Valley Technical College and she's also the Chief Probation Officer for the 20th Judicial District in 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 as well 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 has served as the Chief of Police with the Pueblo of Isleta Police Department for over seven years.

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

My name is Greg Brown, and I will be moderating for today. I'm a project manager with NCTJC and I worked in probation for a little over 30 years. I've also worked with NCJTC as an associate and now as a program manager. Thanks again for joining us today. And Anjali, the time is now yours.

Welcome. I'm so excited to be doing this with you all. This is an Ask the Expert session, which follows a webinar that we all did together a little bit ago on this very same topic. And so the way Ask the Experts work is we sort of very briefly cover the topic and then we spend most of our time just really focused on your questions.

So my hope today is that we start talking a little bit about why motivation is impacted by addiction. We'll talk a little bit about what we need to do when that happens. And what are some of the levers related to motivation that we can pull or push on in order to really help people who are struggling with addiction issues get motivated to do something. Of course, these kinds of things don't just apply to people who are struggling with addiction. You can generalize them to other folks as well. But we'll talk a little bit specifically about addiction in general.

I'll also be talking about several different strategies that I've drawn from motivational interviewing. So if you've done a motivational interview in training or you're familiar with motivational interviewing, you'll hear some things that are really similar because I've been borrowing from there. And the reason is because motivational interviewing, well, a couple of things. Motivational interviewing is one of the evidence-based practices when we're talking about working with addiction issues. And it is because it has a particular way of being. A way of being that really privileges the individual, right? It really pays attention to the relationship.

It believes that ultimately the answers lie within the other human being that we're working with as opposed to us being sort of experts. And so I really like talking about motivational interviewing and using it particularly in these conversations because they're aligned so beautifully with the culture that exists with tribal communities. There's such an alignment of values, kind of this overlap that we talk about when we talk about a way of being. There's a real deep respect for the wisdom that exists in the other person. And of course, there's this level of cultural attunement. So you'll hear some sort of motivational interviewing type things throughout when we're talking about motivation.

So I'm not sure how many of you were at the previous webinar. So if you were and you did attend the previous webinars, a little bit of this will be a review and then we'll delve into some other material. But we talked a little bit about what is motivation? And where does it come from, right? And some of the misconceptions around motivation.

So oftentimes people think that motivation is kind of a characteristic. Either you're motivated or you're not. You're a motivated person or you're not. When we're experiencing clients we say, oh, this client is just not motivated, right? And that's a misuse of the term, because motivation is not a characteristic. It's not something that either we have or we don't. It is often a result of an interpersonal interaction with somebody else, where we can increase the likelihood of them getting motivated to do something or we can decrease the likelihood for it.

The webinar is such a great example, right? There are times where we are not terribly motivated to attend a webinar. We think, oh my gosh, it's an hour and a half of my time that I'm never going to get back. It's going to be boring, et cetera. But if somebody says to you, oh my gosh, I attended this webinar and it was really helpful. I got a lot of info out of it or I was able to apply the stuff really quickly. It increases your motivation to show up.

So motivation is often a result of an interpersonal interaction or some kind of communication. And through that communication we're either able to support somebody's motivation or a kind of kill that motivation. So it's again, not a characteristic, though somebody's level of motivation can be impacted by things that are going on around them. And addiction is one and we'll get to that in just a second.

Oftentimes when we talk about motivation we talk about internal or intrinsic motivation and then external or extrinsic motivation. And intrinsic motivation is about being motivated because it's by internal things, because it's good for me, because it's aligned with my values. External motivation is being motivated because if I don't something will happen, right? You won't like me. Or you will punish me. Or I'll go to jail or whatever it is. So external motivation it's about these external factors and why I'm doing certain things or avoiding doing certain things. And then internal motivation has a lot to do with our values, our goals, our sort of personal internal stuff.

Motivation shifts behavior in the long term. And in order to start changing behavior, it could be entirely external or extrinsic motivation. And that is absolutely fine. So it's not that one is better than the other, right? Oh, you only need people who are intrinsically motivated or something like that. That's not the case. We'll take motivation any which way we can get it. So even if it's extrinsic to begin with, meaning we're forcing people to do a particular thing, that's absolutely fine. Because once you get somebody engaged, even if it's for extrinsic reasons, we can start to have conversations to shift the focus to intrinsic reasons.

So I'll use a perhaps an example that we all can relate with and then an example for our clients or maybe a couple of examples. So one example could be speeding, right? Sometimes we don't speed because we're entirely extensively motivated. So for example, we're not speeding because we don't want to get a ticket or we don't want to get pulled over or because it's against the law, et cetera. That's an extrinsic motivator.

When we're intrinsically motivated it might sound like, I have my kids in the car and I want to model good behavior for them or I want to keep them safe or whatever. So different reasons we do certain things. And where the motivation comes from really matters. So if I'm only extrinsically motivated to not speed, if I don't have the kids in the car, the likelihood for me speeding goes up because the intrinsic piece is gone. So that's an example.

With clients sometimes they're entirely extrinsically motivated to change. I'm going to stay sober because I don't want to go to jail, extrinsic motivation. But as they stay sober we start to have conversations about how to shift that to internal. How is your life different? How your relationships changing? All of those conversations help kind of shift it.

And as we have those conversations, what helps move that motivation or increase the motivation is people's desire to reduce this discrepancy that they sometimes feel or this dissonance that they sometimes feel between their values and what their behavior is. When there's emotion involved in that difference or discrepancy, motivation increases, right? So it needs to be something that we have some emotion about. And motivation goes up when we believe that we can actually make the behavior change.

So if I have agency or control and I have belief in my ability to actually do something or make a change, motivation goes up. And motivation also goes up when there's some kind of reward associated with it. You can either give me the reward or I feel good, again, intrinsic kind of reward. And this is where the piece around addiction comes in, because reward is all about a particular chemical called dopamine. And dopamine is a chemical that makes us feel good, that helps us literally stay motivated for things. But in particular, it helps us stay motivated for tough behavior.

So I often use this example that my daughter when she was younger, she would really want to go on these very, very difficult hikes up these 14,000 foot mountains. And it was really, really tough. And she would cry all the way and I would regret the decision to take her. And then she'd get to the top of the mountain and she'd be so proud of herself. And all her dopamine would be released. And she'd say things like, oh my gosh, I want to do another mountain, right? And so, of course, we do it again. So that's an example of dopamine. Motivation to stick through some really tough things and to do that behavior again.

And when we're talking about recovery from addiction, we're talking about really tough things. When we're talking about making any behavior change, we're talking about really tough things. So we really need a lot of dopamine. The problem with addiction is addiction impacts that very chemical. It reduces the amount of dopamine that we produce, because we're getting external dopamine from whatever substance we're using.

And so being addicted to substances means that I am producing less dopamine. And so when you tell me, I'm so sorry, you have to stay sober now and not use any substances, you've taken away my external dopamine and I'm not producing any internal dopamine either. And therefore, I cannot experience motivation. So that's one of the reasons why sort of addiction contributes to this problem.

The other thing is addiction impacts our ability to make choices that delay gratification. So when we get addicted to substances, instant gratification or immediate satisfaction is what becomes primary. And the ability in our brain to delay gratification, to wait for something, is impaired. It's one of the hallmarks of addiction. A shift in our brain where choice is limited to whatever is sort of this immediate gratification. And you can see how that plays into motivation as well.

And we covered this in depth at the webinar, but if you feel like I'm going too fast here please don't hesitate to ask questions about these issues and I can always come back to it. So we reviewed some motivational levers in the last webinar that I'm just going to cover from a sort of a high level. But we just had a really good question come in. So I want to address this. And the question is, do you find that when people have started substance use at a really young age, teenage age, et cetera, that brain development slows at this time and then motivation in recovery is even tougher?

So yes, you're making a really, really good observation and a good point here. So I'm going to slow down for a second and cover this because this is really important. So when we talk about our brains and brain development, the brain develops different parts at different times. So if we had to be really simple about how our brain develops, it develops kind of the reaction system, the reward system, the impulsive system first. And we call that the limbic system or the lizard brain. And I'm using a hand model of the brain, I'm not sure if you all can see me on video. But I'm using a hand model of the brain and I have my thumb curved in the center of my hand.

So this is the limbic system and it matures first. Meaning that by the time about the age of 15 is when this limbic system is fully mature. We call it the limbic system, sometimes we call it the lizard brain. And this system is impulsive. It's about safety. It's about reaction. It also houses our reward system.

And then there's another part of our brain that develops a little more slowly, and that's the frontal cortex and it kind of curves around the limbic system. So we have the frontal cortex here and then we have a connection that runs between the limbic system and the frontal cortex. So this frontal cortex doesn't mature fully until approximately the age of about 24 or 25. So we end up with when we're 15, 16 a fully functioning limbic system and not a fully functioning frontal cortex. So if at that time I start substance use, several things happen.

One, I prioritize the development of this limbic system over and above the frontal cortex. Meaning that when I'm an adult, I will have an overdeveloped limbic system and an underdeveloped frontal cortex. That's one of the problems. And then the other problem is addiction impacts the relay, this connection between the limbic system and the frontal cortex. So that's a second way in which addiction impacts this brain development as things go on.

So we talk about this a lot because we say that whatever age somebody starts using substances, that's usually developmentally the age that they present. So let's say I'm a 44-year-old individual showing up in your office, but I started using substances at the age of 12. Developmentally, my brain will exhibit a lot of the sort of 12-year-old, 13-year-old brain development.

So it's really important to kind of pay attention to that and to know that if substance use started really early, you're most likely working with somebody who needs some support in frontal cortex development and kind of fixing this issue, which takes time but is absolutely possible. So if you have questions about that we can talk about that. But thank you, Jennifer. That was a fantastic question.

So motivational levers. And this kind of links a little bit to what Jennifer asked about. Empathy is one of the strongest ways to support somebody's motivation. And interestingly enough, empathy also rebuilds this connection between the limbic system and the frontal cortex, which is pretty cool. So empathy is really important. Staying curious and interested in the other person. Asking questions increases their motivation for change, which is pretty cool.

So really getting curious. How come this? How come not that? Why is it that you're even talking about this? Why is it that you are thinking this isn't important? Any of those things really helpful.

Paying attention to values. Any time behaviors link to values it increases the likelihood that something different will happen. Another thing that supports motivation is any small change that people make. So anytime people make small change, it actually increases their motivation to continue to do it, any incremental change. And then another motivational lever that we talk frequently about is friction. And by that we mean that if there's a behavior that we're trying to add, we need to make it easier to do that behavior. So remove friction. If there's a behavior that we're trying to stop, we need to make it harder to do that behavior.

So simple example. If I'm trying to get to the gym in the morning to reduce how difficult it is, I might set a couple of alarms. I might move my alarm further away from me so I don't hit snooze. I might have my clothes ready and pulled out to make it easier. Those are some examples.

If the behavior is to not consume certain foods, cookies for example. To make it harder to access, maybe put it above on a top shelf so that makes it even-- at least for me, I'm pretty short. And so for me the world's kind of exists till about here. I tend not to look on higher shelves because I can never reach anything. So putting things on higher shelves increases the friction, makes it a little bit more difficult.

And then motivation is also, like we said, supported by high rewards. In our criminal justice world we frequently call that incentives and sanctions. So really paying attention to how do we incentivize new behavior.

We have another question about going back to the example of an adult who is now sober who started using drugs at 12. The question is, how many years does it take on average to bridge that gap? Are there specific activities that would help the adults catch up and not have the limbic system override their frontal cortex from time to time? Excellent question. Love this question.

And then you started to answer the question. You said yoga, meditation. Yes, you're absolutely right, those do help. But let's talk about all the pieces there. So you asked two different questions. How long does it take? That's a super hard question. How long it takes depends on how long the person has been using substances. And I know that's a really crappy answer, because I'm not giving you anything specific but it's the truth.

It depends on how resilient the person's brain was when they started using substances or whether they were exposed to other things like trauma, adverse childhood experiences. All of these things make the brain less resilient and therefore it takes longer to bridge that gap or build that gap. So I'm sorry I'm not providing a very specific answer, but it takes a while.

I can be more specific about dopamine. It takes approximately six months-ish to rebuild dopamine back up, which is considerable, right? That's a long time still for people to kind of not have the chemicals that support motivation.

And then you said, what specific activities can help? So there are lots of different things that we can do to help rebuild this connection between the limbic system and the frontal cortex. So one of it is positive supportive relationship. A relationship that express empathy and caring. So essentially, relationships that our clients have with us, right? Whether we're a probation, whether we're a therapist, whether we're a caseworker, whatever we are, law enforcement.

The positive supportive relationships where people feel cared for. They feel like you're expressing empathy. That really helps rebuild this connection. So relationships and empathy is one piece.

Another piece is skills building. And by that I mean helping people slow down their thinking process so that between the thought that happens for them and their action, they're really capitalizing on that gap, right? That gap that happens between, oh my gosh, I should do this thing and doing the thing. So thinking skills, social skills, emotional skills, emotional regulation skills. Practicing these is incredibly helpful to rebuild this connection.

Oftentimes we characterize a lot of these skills as cognitive behavioral skills. And I know we had a webinar coming up really focused on those skills. Sometimes we talk about them in terms of social emotional skills. But essentially what we're talking about is thinking skills, emotional skills, and social skills. And really working on those in safe environments helps kind of rebuild this connection.

So skill building, so relationship is a huge piece. Skill building as a huge piece. And then other things that help are more day to day things. So you're not going to like some of these. Sleeping well helps people rebuild their brain. And it's tough for some of our clients. For example, clients who are unhoused. They don't have a home. It's hard for them to get good sleep or get enough sleep because they're sort of feeling unsafe. So sleep is really important.

Exercise really helps rebuild this connection between the limbic system and the frontal cortex. Exercise releases certain chemicals that support this rebuilding, but it also teaches us to get through something that's hard because there's a reward at the end. Yeah. Which essentially is the rebuilding of dopamine and the rebuilding of this connection. So exercise is one of the ways that we delay gratification. Doesn't feel really good, but it feels good at the end. Doesn't feel good in the moment, but I get to my goals at the end. So it helps kind of rebuild that delayed gratification. So that's another thing that helps.

Mindfulness activities really helps. So yoga and meditation as you gave in your example, absolutely. But any other mindful activity. So that could be taking a walk. It could be the zen coloring book things. Anything that you find mindful. And by mindful we mean being able to be present and do one thing at a time. So maybe for some of you that's cooking. Maybe for some of you that's being outside or playing with our dogs or whatever it is. But mindful activities that's another thing that really rebuilds this connection.

So those are some examples. I'm hoping that is helpful in terms of specific activities. But if you have more questions, definitely please put them in the Q&A box. And then we have another really good question. Gosh, is that awesome. And the question is, do you think that people that may have been exposed to trauma or substances while in the womb are stunted or predestined to addiction or not as capable as change? Excellent question.

So let me answer the genetic component first. So part of your question is whether there's sort of a predetermination or a predestination, right? Not really. So let me break that apart. There is no addiction gene but there are genetic components that increase the likelihood of an addiction. So it's not a predetermination, it is an increased likelihood. So and I'm sorry if that sounds like I'm splitting hairs, but let me use an example.

Diabetes is a good example, particularly type 2 diabetes. I can give myself type 2 diabetes through my behavior. And I can engage in certain behavior and that's addiction too. So it doesn't matter if it was in my family history or not, I could work hard enough and eat certain ways, not exercise, et cetera, and do certain things and give myself type 2 diabetes.

Is there a genetic component to type 1 diabetes? Absolutely. So there's that sort of two way piece, right? With cardiac health there is a genetic component. It increases my likelihood if my parents had cardiac issues, it increases my likelihood. But I can engage in certain behavior to reduce that likelihood. So it's not a predetermination, it's just an increased likelihood.

So that's one of the portions of the question. And then the other question is trauma in the womb. And I would love to increase this to even multi-generational trauma or historical trauma. And trauma has a significant impact. Not just direct trauma, but trauma in the womb or even a historical trauma has an incredible impact on our brain. It makes us more susceptible to this disconnect between the limbic system and the frontal cortex. It's increases the likelihood for addiction, involvement in the criminal justice world, impulsive behavior, all of these things. So it's really important to kind of pay attention to.

And even trauma experiences as young people, right? I called it adverse childhood experiences earlier. Maybe you're familiar with those. But they've expanded the definition of adverse childhood experiences from sort of direct relational stuff to things like discrimination, historical trauma, all of these sort of broader community based pieces, which I think are really important.

OK. So I hope I answered that question. And if I didn't, just put it back in the Q&A box. OK. Let's get back to these slides.

A component that we often need to think about when we're considering motivation is where is the client in terms of stages of change? Stages of change is a model that was developed just by looking at people. So it wasn't based on theory, it was literally based on watching how people change and go through just the natural process of change.

And what people found through that research and, in particular, Prochaska, DiClemente, and Norcross, these were the three researchers who came up with stages of change. What they found was that all of us start by not thinking we have a problem. That's where each one of us as human beings we start. It's not just our clients, all of us start by thinking, I don't have a problem and I don't want to change. So that's where it begins.

And then slowly there's a shift to maybe I have a problem, but I don't want to do anything about it. Maybe not. So we call that the contemplation stage of change. The first stage of change is called pre-contemplation. And then we want to take action but not quite. We know we have to do something. Maybe we take small steps, that's preparation. And then we actively engage in behavior change, that's action. When we sustain that change for three to six months, or longer, that's maintenance. But from action and maintenance we oftentimes relapse into old behavior. And even though I'm using the term relapse, it doesn't have to be just addiction that we're focused on. It could be any behavior.

And so as I was describing that, you may have heard when I said maybe I want to change, maybe I don't. Maybe this is a problem, maybe it isn't. That whole maybe thing is called ambivalence. And so when we're working with motivation, one of the foundational things to pay attention to is the level of somebody's ambivalence and how do we work with ambivalence.

So I've been feeling like I've been just talking nonstop. So but actually bring Greg in to this conversation. And I'm going to say, Greg, if you had to be honest, when somebody is ambivalent in your office with you and they're saying oh Greg, I really don't know if this is something I want to change. What is your instinct? So not what's the right thing to do, but what is your instinct?

To tell them what to do, because I can fix their problems if they just listen to me.

Yes. You and me both, unfortunately. Thanks, Greg. Really appreciate it. Folks, I promise, you that was not staged.

And it's in their terms and conditions. The judge told them to do it. And the prosecutor said if you don't do it something bad is going to happen to you so you need to do it.

Yeah. So immediately what we do is we tell people what to do, because if they only listen to me. And we say and if you don't, here are all the bad things that are going to happen. And we call that the righting reflex. This reflex within us that wants to fix it or wants to tell them what to do. And it's really important when working with that ambivalence to resist that righting reflex, because all of you on the call if somebody told you what to do just as human beings our response would be to say no or you don't know me, you don't understand how bad it is, you don't understand how complex it is.

So immediate reaction, if we take one side of the argument, the other person just takes the other side. It's pretty normal. So resisting the righting reflex is really important when working with ambivalence.

And then taking it in small chunks, right? Moving through things really slowly and in small chunks, even when the client seems motivated. So be really careful to not fall into the trap of overdoing it. I tend to get really excited. Like oh, and there's also this, and then there's also that. It just gets overwhelming and too much.

When you're working with ambivalence, it's really helpful to kind of think about what are the pros and cons? Why do you want to do this? Why not? And being really honest, allowing the client to be really honest about that. It actually really supports motivation to be honest about why this is going to suck so badly and we call that decisional balance, kind of the benefit, the downside, et cetera.

And when working with ambivalence it's helpful to ask people. So if we don't think about the whole thing and we just think about the first step, what's your first step? What's the what's the best first thing you could do? Yes, Greg?

You know we're looking at motivation and maybe they say I want to do something about it, and I see people tend to, great, let's slip out a release form. Let's get you referred to this treatment provider. Let's get this going. Do you want to talk about maybe some of the challenges with responding in that way?

I fall into this trap a lot. Somebody says, yeah, I think I do want treatment. Like OK, here's the release form. Let's get you going. And what we miss is slowing down and asking some questions. Saying things like, that's awesome that you really want to do it. Tell me why it's so important. And here's the reason we slow down to have these conversations because we know, based on research, that when we articulate out loud our desire, our ability, our reasons, our need to change, it increases the likelihood that we will commit and actually follow through with whatever we're talking about.

An example is you saying I really want to go to the gym. The difference between that and saying, hey Greg, I will meet you at the gym this evening at 6:00 PM, right? There's a big difference between that. So it's the saying out loud that's really, really important that influences the level of motivation that we have. So any time somebody says, oh yeah, I want to go to treatment. Oh yes, I want to stay sober. It's really important to not say, OK, great. Awesome. I'll see you next week.

But to slow down and say, why is it so important for you? What are some of the things you're looking forward to? What would being sober allow you to do that you don't do right now? In what way with this benefit you? In what way would being sober change the story that you tell about yourself? So really slowing down and asking some of these questions enhances motivation considerably. Yeah, Greg?

I was just going to say, I think if we're talking about people who don't have a lot of motivation oftentimes that can be people who have had several experiences either through social services or some other contact, schools maybe with a therapeutic experience or addressing the problems. And so I'm wondering what you think about being able to understand the good and bad of what they've experienced before or maybe what they've learned in treatment and what's work for them and what hasn't. And I know many of the jurisdictions here probably don't have a lot of treatment options, but choice in that matter.

Yeah. So a very helpful conversation to have is for folks who've been in treatment in the past, what has worked for you in the past? And then, what has not worked for you? So sometimes people will say to me, I don't want to go to treatment. I've been to treatment before, it's not helpful. And my response is usually, that's great that you know that. Tell me what hasn't worked for you. So they tell me whatever.

And then I ask, what do you wish people had done? What do you wish treatment had been? Just to be able to see what are they actually looking for and to see if we can match that. So these are really interesting conversations and helpful conversations. And it's these conversations that influence motivation. Unfortunately, we tend to be and maybe this is just me, we tend to be busy. We tend to want to move to the next thing. And we miss these crucial conversations, these critical opportunities to support motivation. Because if we slow down and just ask these couple of questions, we've actually increased the likelihood that the person will make it to their first intake appointment.

So slowing down right now helps us move fast later on right. There's an expression go slow to go fast. And this is such a great example of that.



So managing some of our own expectations is really important and setting the right goals about the right things. When somebody starts up with us initially, they won't be motivated for the big stuff. They might be only motivated for the small stuff and that's OK. So figure out what's the most immediate thing, sometimes we call these proximal things that we need to focus on. And what happens later on? We call those distal things. Things that can happen later on. So being able to separate those two things.

When we're talking about what are we going to focus on, make sure that it's not just stuff I want but it's stuff really that the client wants so the client is motivated to change. What are some of the barriers that exist in their world? And what are some of the ways that we can support them through those barriers? And then what are we asking them to be accountable for?

When we talk about accountability, we often say that accountability only happens in the context of caring. So making sure that they understand that we are going to follow up about some of these things. And I've been doing a lot of examples of some of these skills. I've given you examples of open questions. I gave you a couple of examples of affirmations. It's really wonderful that this is important to you.

Examples of reflections might be client it sounds like this is something that's really aligned with your values or this is something that's really tough for you. It sounds like you've been through a lot before you've gotten here. So those are just examples of these basic skills that really convey a ton of empathy and a ton of caring and support.

And then constantly we're listening for change. We're listening for language that supports change, which is called change talk. We're listening for language that goes against change, sustain talk. Or we're listening for language that's pushing directly at us, telling us that we messed up somehow in the relationship. So we're constantly listening for these cues or clues about where people's motivation is.

All right. Thank you all so much for being patient while I went through those slides before we get to the question piece. So we are at our question and answer component for this Ask the Expert session, which to me is the best part about this whole thing. Because we get to really answer your questions and answer some of the curiosities that you have about this topic. So Greg, what are some of the questions that we have?

Anjali, when we talk about incentives and sanctions and they're big in the drug court world. And we're understanding they're connected to behavior change, but they're also fairly controversial. Could you talk a little bit about how they are supported in the research and best practices?

Yeah, absolutely. So incentives and sanctions are related to attending to the reward system, right? Which is a critical part of supporting motivation. It's called a whole bunch of different things. So maybe some folks on the call it behavior modification. Maybe some of you call it contingency management. But ultimately we're talking about the same thing, rewarding positive behavior and punishing negative behavior. So incentives and sanctions.

There's a ton of research on this issue on using incentives and sanctions. I wish I could ask you all which you think works better. But maybe I'll ask Justine. Just to bring Justine in. Justine, in your world and in your life, what works better for you in the long run? Incentives or sanctions.

Incentives definitely work better for me. I think when I was younger and perhaps maybe more impulsive in my behavior it might be the sanctions that would get my attention more quickly.

Great.

Great. Awesome. And that's what we're finding in the research too. That in order to sustain long-term behavior change, incentives work way better than sanctions. Sanctions sometimes will get people's attention, which is what Justine just said, right? It gets my attention and that's what we use sanctions for, but sanctions don't change the behavior. They just get somebody's attention.

So when you're using a sanction, it's really important to realize that the sanction alone will not result in behavior change. It results in the person turning to you, right? And then you need to do something. And that's something looks like supporting skills, asking questions, like what worked, what didn't work, what are you going to do differently? All of those things. How are you going to fix this issue? How are you going to make sure it doesn't happen again, etc,

So sanctions are helpful, but they only go to a certain point. And they don't in the long-term support motivation and they definitely don't change behavior. They do get somebody's attention. And so once you get the attention you really need to capitalize on that.

Incentives work really well to facilitate long-term behavior change because they kick in the reward system of the brain and increase the amount of dopamine somebody is experiencing. This is only true, though, if the incentive comes as quickly as possible after the behavior. And the incentive actually feels like an incentive for the person receiving it.

So an example might be if you're giving somebody movie tickets and they hate the movies. That doesn't feel like an incentive. You think it's a great incentive, but it really doesn't feel like one. So it's kind of helpful just to kind of know what are the things that really help this person and what are things that the person experiences as incentives.

I'm just wondering from the participants, what are some of the most effective incentives you've used with your clients? And I asked that question because so much of our programs, especially in Indian country, they are limited by budget and resources. So how have you gotten around those limitations? What are some creative things that you've done for incentive?

That's a great question. So folks, if you could answer Justine's question by putting it into the Q&A box. And Justine's question is a really good one, which is, what are some incentives that you find work really well for you? What are some of the barriers you've experienced and how have you gotten around these barriers? So while you're putting those into the question and answer box, I'm going to tackle a couple of questions that just came in. And then we'll go back to what Justine asked.

Now folks, do please use the question and answer box to put in your responses to Justin's question. What are some incentives that work really well for you? What a barriers you've experienced? How do you overcome those barriers?

So we have a couple of interesting questions here. Would you consider help rejecting and resistance to be the same issue? Great question. Help rejection is one kind of resistance. Frequently we call it the help rejecting complainer, right? This is an issue. I need help. No, no, that's not going to work.

When I'm really struggling, complain, complain. Oh, nope. That's not going to help. So the way to tackle that is to not get into that little system that the client is setting up. And sometimes it's not even clients, I mean, I know I've done this before too, being help rejecting.

So the system is I'm struggling, help me, no it's not good enough. So the way we work with that is to not get into the system and to really support the person coming up and empowering themselves to come up with whatever the solution is. So it might sound like gosh, this sounds like a really tough issue. What are some things that you think might work? The client might say nothing. There's nothing that works. This is just so tough.

Yeah, I hear you. If you had to come up with some ideas, what would they sound like? I really don't know. If your friend came to you and said here's a struggle. I have a friend who's struggling with this thing. What advice would you give that person? And that usually starts to get people in. You can also address the underlying piece. You can straight up say, I'm noticing that none of the ideas that you and I have both come up with are going to help. And I'm wondering about that.

I'm wondering about that stuck place that it seems like we are right now. What do you think is helpful about staying stuck? Those could be some of the questions. Or what do you think is rewarding about staying stuck? So I would address that piece, that help rejecting piece in that manner.

The resistance piece is kind of an overarching umbrella. And resistance is often about the relationship. So I would address it through the relationship. So Kristin, if that didn't answer your question please add another question in there and I'm more than happy to answer it.

And then we had a comment about the importance of treatment. Yes. So you said we need treatment nationwide and peer reviewed data on treatment programs. Absolutely. We currently have quite a few evidence-based treatment programs but overall I would say what's underneath, what's the commonality is the importance of the relationship, the importance of partnership, and the importance of skill building. And then you go on to say that without that kind of treatment, everything that I've talked about won't work.

So I'm going to just slow us down there for a second and here's what we know in the research. That 40% of the outcome, that positive outcome, behavior change, stopping addiction, et cetera, it's driven by the client and the client's internal and external support systems, their factors, et cetera. So that's 40%.

The next 30% is driven by the relationship. So the relationship is foundational. The next 15% is hope, expectancy, what do I think is going to happen here? If I believe something positive will happen, something positive happens. And then the last 15% is the actual intervention.

So I don't want to discount the intervention. The intervention is really, really important. But it doesn't drive all of the outcome. If we don't do the intervention-- if we do the intervention without paying attention to the relationship, we've lost something. So yes, the intervention is important. Don't get me wrong. Without treatment, you're right, we're not going anywhere. We cannot make long term change. Absolutely right. Without skill building, skill training, we're not going anywhere. And as treatment providers, it's really important to pay attention to that relationship as well.

And this is so cool. Greg, I saw you there for a sec and we have an example of an answer to Justine's question. So before I go to that, Greg, did you have your hand up?

I think you used the word treatment and I've heard you talk about therapists do treatment, we all do skill development. And so I wonder if you want to sort that out a little bit, because it sounds like without treatment nothing can happen. And I've certainly seen people that the only treatment that they engage in is some kind of self-help program and they're very high risk people.

And what they have is a really good relationship with maybe someone, a re-entry person that they're working, with a professional or probation or parole or even a judge when there's diversion, law enforcement or a prosecutor. So could you kind of parse those out a little bit? Because I don't want corrections people to think that we're off the hook and without treatment we just wash our hands and people are just going to go to jail and prison.

For sure. Yeah. Treatment is that sort of that 15% of the outcome, right? I also want to say that there is no one thing that we as human beings were so-- our paths into the system are all different. And the combination of factors that help us get out of the system or get out of addiction are going to be a little bit different. And so it really is driven by the individual, which is why 40% of the outcome is driven by the individual. So it is incredibly important to individualize whatever we're doing.

And for some people, that relationship is critical and paramount. No additional anything needed, right? That's good enough. And then for some people the relationship goes so far and then we need additional sort of interventions. We are never off the hook as professionals, as correctional professionals. Whether we are probation, whether we are law enforcement, whatever we are. Judges, attorneys, none of us are off the hook.

You're absolutely right, that skill building is everybody's responsibility. Even if I'm having a 15-minute conversation with somebody, I can support skill building. And every time I support skill building, I strengthen this connection between the frontal cortex and the limbic system. Every time I express empathy, I'm doing exactly that. So it's really important to pay attention to every opportunity to support the client moving forward, regardless of the title, regardless of my title.

So Justine, we have a really lovely answer to the question that you asked. And Monica shared the answer. So Justine, would you like to kind of read that one and talk to it?

Thanks, Monica. I really appreciate this. You said that some of the incentives you use are the reward system like gift cards, zoo tickets, once they're in sober living. And some barriers when you continue to see a chronic user using week after week, but gain momentum once they have enrolled into a treatment program but then they attend one day and relapse. You go on to say we continue to try and work with this individual. It is like going forward and back two steps.

And that reminds me of what you spoke about earlier, Anjali, about those internal and external motivators. Where the reward system as well as they might work and help to motivate people, they are also external motivators. So I could see where it can't be the only thing to help a person to sort of start to internalize their desire and motivation to change.

Yeah. And it's not a weakness of the individual or a moral deficit or anything like that. It is a function of what has changed in our brain. So I'm going to use an example and hopefully people can follow along with me.

So Justine, if I were to say to you, would you like \$100 today or \$700 next week, which would you take?

I'd definitely wait till next week and get the bigger chunk of change, right?

Awesome. So what Justine did just now was she engaged a particular part of her brain that does some math. And the math is \$100 today, \$700 next week. That's only seven days. I can delay gratification until next week.

That part of the brain is impaired when we are addicted to substances. That ability to delay gratification and to say, I'll take \$700 next week is impaired. Meaning we're not able to suspend the now for the future. So if Justine right now were in the throes of her addiction and I said Justine, \$100 today or \$700 next week? Justine would absolutely say \$100 today.

Because in addiction, our ability to suspend the present is impaired. We're not able to do that math that you all saw Justine do. Which it happens in our brain, but that part of our brain is impacted. And so we will always take the now for the future. I will take my drugs now from my family in the future. I will take using my substance right now versus the gift card that you're going to give me tomorrow.

That's the rub. And I'm not saying that it's not possible to get out of it. It is. We have to strengthen their brain. It is possible. There are things that we can do. But I'm just trying to explain why it's so hard. And you're right, Monica. Absolutely feels like one step forward and 57 steps back.

This reminds me of some conversations we've had in the past about using that medicine wheel, those aspects of one's self. And I can't help but think if I were to be given choices of what kind of incentives do I want or what things could I do that would address my physical, intellectual, emotional, and spiritual well-being in order to get an incentive, then I'm reflecting more on where do I need to be strengthened? Where do I need to develop more skills? And I might be more likely then to delay that gratification if I'm really pondering that ability to choose for myself which areas this week that I want to work on.

Yeah. I think paying attention to the whole person. That's part of what you're talking about, Justine, is really paying attention to the whole person. And we have Kevin on the call, who has such a depth of experience in law enforcement. And Kevin, I'm curious from your perspective in terms of these incentives and sanctions in this conversation that we're having, what are your thoughts from a law enforcement perspective about incentives, rewards, this two steps forward 52 steps back kind of conversation we're having?

Thank you, Anjali. I had a question I guess in regards to from the law enforcement side. I was wondering, you had mentioned a lot of on the motivational side of it there. I mean, how can we train public safety to clearly understand what the motivation is and how can it be applied to treatment services from the law enforcement side, from the officers? I hear a lot of some of the programs that are being worked right now with deflection diversion. So I was wondering, in some way in there when officer responds and refers a individual to potential services, is it helpful to be descriptive of individuals who desire or who are motivated to seek some type of treatment services?

Yeah, that's a great question. So I mean, even knowing what the resources are is incredibly helpful. And I have a question of you about diversion, deflection. I want to know more about some of the programs that you've been involved in. So yeah, for law enforcement to understand it has got to be so frustrating as a law enforcement officer to encounter what we sometimes call frequent flyers, the same person over and over again.

And I think what helps people not get so frustrated is understanding how tough it is to engage in long-term behavior change through addiction and how motivation is so difficult and so impaired. That sometimes seems to help law enforcement not feel like it's hopeless, right? So that's one of the strategies that we've tried is just to help law enforcement understand the complexity of addiction. And then what the resources exist and how to match sort of these appropriate resources. Greg, you have your hand up.

I had kind of a companion question for you and for Kevin, I think. So you were talking about motivation. You were talking about empathy. And it strikes me that at the point of law enforcement contact when people are behaving there worst, somebody decided to call somebody or it's been observed. What does that look like? I mean does empathy belong in that interaction as much? I mean protecting for safety, protecting the community, making sure no one's going to be harmed. But empathy and understanding and even some guiding thoughts to the person as you maybe you're having to make a difficult choice about taking them into custody, but not leaving them hopeless. Are those missed opportunities in a lot of systems?

And I guess I'd companion question that to Kevin, which is in your experience do you have officers that interact in that way or did you have ways to do that in your jurisdiction that they didn't see it as the end of the world? They're going to jail or maybe they don't. Maybe you've got some flexibility there. But that can be a pretty traumatizing experience. We're speaking about trauma. But also it seems to me that it may be a heightened point when a person is like really contemplating change because their life is not going well. And I'll leave that to you on Anjali and then to Kevin.

Yeah. So I'll answer the first part first and then Kevin, I'll turn it over to you. I just recently did a de-escalation training with law enforcement officers. And in a de-escalation training, one of the foundational pieces is how important it is for us to use ourselves as the primary ability to de-escalate a situation. There's always sort of safety considerations.

And it is remarkable how me staying calm, expressing empathy, and not increasing the level of agitation impact an already agitated situation. So there are some big missed opportunities there for sure. But they require a lot of training and a lot of practice, because it takes a special person to be able to go into a highly escalated environment and stay really calm. And I'm sure a lot of us on this call have experienced people like that. People who can go into some pretty tough situations and really maintain their composure and bring calm to a conversation like that or an escalated situation.

This is very true with people who are addicted to substances. It's true with people who are experiencing mental health symptoms. Just being around somebody who is maintaining calm and listening and sort of engaging in a conversation allows the other person to get back into what we call a window of tolerance. It allows their brain to re-engage the frontal cortex and respond in a way that's really more helpful than problematic. Kevin, what would you say from your perspective about Greg's question?

Yeah, just to add a little bit more to what you mentioned earlier there Anjali about seeing those individuals over and over again. I think that was kind of the frustration that we saw in some of the officers when I was still in law enforcement there. And I think some of their challenges that they had, obviously they were motivated in some ways but I think sometimes that frustration sets in when they're dealing with an individual who they try to seek some services for those individuals but again, it was just trying to get them to those services was a challenge.

And I think that's what kind of brought them to that frustration side of it there, of how can we approach this and what methods do we have in place? And it's something that we try to bring some sort of correction to. I know we've had lots of meetings and all that, but again, it's just trying to figure out how can we work with other programs in which we were able to do eventually and all that. But I really like the side of where you brought up the side of dealing with those individuals who are repeat individuals. One of the things that we were able to do, we were able to actually create a position that was identified as a case manager/police officer who worked directly with those individuals who were wanting to get some type of treatment or who actually were identified by officers that briefly mentioned that side of it there, that this individual is asking for some help there and how can we provide some assistance to those individuals?

But it was just a real quick I know a referral that we were able to use that helped them along the way there. And I thought that was really great to see something like that. And we had some successes out of that position that we had created. I just wanted just to mention that there.

Yeah, that's fantastic. Great examples. I'm just sitting with this question around people you see over and over again. And here we go taking them to the same resource all over again. I remember I had a client who probably his fifth or sixth time. And something was different about him. And I said, what's different? What's going on?

And he said, you know I've been thinking a lot when I got arrested this time the officer said to me something like we see quite frequently and I'm happy to take you to detox, but what's going to be different this time? And the client said, I didn't even answer him but that question has been stuck in my brain.

So that's an example of an opportunity that the officer took to ask a question. And you know who knows, sometimes we ask these questions and they don't go anywhere. But with this particular client it really is lodged in his brain and he sort of kept thinking about it. So it's just such a great example of staying connected to the bigger picture, which is long-term behavior change and therefore community safety.

Anjali, I had a quick answer just something I was thinking about too was because law enforcement being the first responder to incidents and all, is that as they're doing their incident reports and all that, what information if they could be-- when I go back to understanding that side of motivation and other factors behind that of the individual who's either having an issue with whether it's substance abuse, whatever the case may be. But is there any way to identify or mention that in some of the reports itself there where a person is trying to seek some help in some way? I get confused in some way of that if there's some way. Although we're not obviously trained professionals in the behavioral health side of it there as counselors, but I think that's another step in trying to seek some help for individuals who are asking for that help.

Yeah, absolutely. I mean, if documenting what the client said or even if the client said something like, I'm sick of this. I really want to be done. I'm ready to make a change or whatever. Documenting some of that, because that paperwork is incredibly important. In probation we read the police reports and we ask the client about it. Hey, you said this to the officer. Say more about that.

And not missing the opportunity to say, OK, you're saying you're ready to do something but I'm having a hard time believing you. Convince me that you're actually going to do something differently. So taking that opportunity there as well. Yes, Greg.

I was just going to say the other thing that comes up is oftentimes people don't remember what they did. And so having that kind of a history of that or chronology of that and be able to kind of walk through that with them can be kind of an aha moment or oh my gosh that was really me. And I've even used body cam with clients when they said, you know it didn't happen that way, here's what happened. And say, well, let's watch the body cam together and kind of look at this.

So if you have access to those things. I mean, seeing yourself behave that way is kind of hard to deny and can be a place to start looking at change. Not to shame and not to pass judgment. But a lot of people don't remember a lot of what happened when they're agitated, when they're high, when they're having a major mental health event. And so being able to do that can often be valuable if it's used correctly.

Yeah. You said exactly the question that was going to provide is just the purpose is not to shame. And you said it perfectly. So yeah, that's a great strategy as well.

Got some other questions. Are you ready for those?

Yeah, there's one in the question and answer section.

Oh yeah, about jail and prison environments. Yeah.

Yeah. Let's tackle that one and then I'll take another one from you, Greg. So the question in the Q&A box is what are your suggestions for helping to motivate those in recovery programs in jail and prison environments? Which is an awesome question.

So in a jail or prison environment you have a captive audience. You have somebody who physically is going to be showing up to whatever the program is that you're facilitating. And that's a good benefit that their physical bodies are there.

That's one step. Even if they're sort of mentally or emotionally not quite with you or in the room with you. So you have an advantage that's out in the community we don't always have, because sometimes people will not show up or disappear from groups. So there's something really powerful that can happen.

Very often, and I'm curious if this is other people's experience, my experience in working in jails is people tend to be very motivated. They are so motivated to get out. They want to do whatever the program is that's out there. I'm going to change things. I'm going to change my life. There's sort of this added motivation level.

And so it's really important to help people talk about how they're going to sustain that motivation out in the world. You're saying you're really motivated right now to sustain this out in the world. And yet, this is the fourth time that this has happened. So what's going to be different?

I'm asking that. What's going to be different? What are you going to do differently? Last time this happened, what worked? What didn't work? How are you going to change the things that didn't work?

So really asking those questions. Not focused on just right now, but also in what we call the near future. So we talk a lot about not just present, but near future when you're going to get out. If it is a prison environment where people are going to be there for a really long time some of the struggles that people will face is just a feeling of hopelessness. I don't want to engage in this because it's just hopeless. I'm never going to get out, et cetera.

And so what we're trying to do is shift so fair enough, you're not getting out. You're right here. You get to choose what your reality, what your right here looks like. And you get to choose whether that right here reality is one that you are motivated by or one that you were just white knuckling through and hoping at some point will finish.

So really focusing on people's agency and people's choice in those situations. And then how they want to choose to live their lives or what they want to do differently in that prison environment. What experiences they want to have that are different. So really battling that kind of hopelessness piece is incredibly, incredibly important and helpful. So Jennifer, if that helped answer your question great. If it didn't, put something else back into the question and answer box and we'll address it. Yes, Greg.

So what if we do everything that you suggest and they're still not motivated to look at change. What does our focus become? What do we do? Do we give up on them? What's our responsibility? Containing their behavior, consequences, approach to take? How do we go through that decision making process?

Great. So very frequently people are just not on the same bus as we are. I've had this experience quite frequently where I'm like, oh my gosh, get on this bus. And it's my bus, it's not their bus.

So at some point we have to figure out how do we make some decisions that are in line with certain concerns? So the first is safety. Is there a safety concern? Because there are times where the client might not be motivated to change, but there is a safety issue.

For example, every time the client relaxes they are violent and they commit some kind of an intimate partner violent act or something. They get into trouble, they commit an assault, whatever. And so I'm assessing for safety. Not just their safety, but also a community safety. And sometimes I have to take action based on safety concerns. So that's one of the filters that I use for decision making.

If it's not a safety concern then it becomes a conversation around client you're clearly not interested in this. Tell me what is motivating you to come show up in my office every time we have an appointment. I have quite a few clients. They will show up every single time. And some of them are not motivated to actually stay sober or change or whatever. And the client will say something like, well, I don't want to go back to jail. I don't want to go in front of the again.

And the question is, why? How come? Well, I'm sick and tired of this. It's costing me so much. And those start the motivation. So once safety has been taken care of and it's not a safety concern, the next thing is for us to figure out what is the behavior that they are motivated about? Getting off probation. Not going to jail. Not spending so much money. Whatever the issue is, how do we get that to serve the larger behavior that we're trying to change? So it's sort of co-opting some of these other behaviors that the client is interested in and helping move that in the right direction. Kevin, I saw your hand go up.



Yeah, Anjali. I had another question. For the tribal communities that have detention centers within their tribal communities, what would the motivation be? I mean how do you build that connection in with those treatment service providers to either have more access into the detention centers to provide some treatment services for those individuals that are asking or seeking assistance along the way there? I mean, it could be maybe even through a reentry program of some sort.

Meaning how do we support people's motivation to get involved in treatment?

Right. Yeah. I mean that would be the time obviously to offer those and try and provide those services before they're actually going back out into the community.

Oh, I see what you're talking about. Sorry, Kevin. I missed it for a second. Yeah. You're absolutely right. There might be times where we consider some kind of a step down approach. So they're coming out of a detention center, but they're coming out to something, to a sober living situation first before they're going back to whatever their original situation is. Or they're going into treatment and then they're coming back into the community. So some kind of an inpatient treatment.

So yeah, we absolutely need to be thinking through that lens around us step down process. For sure. Greg, you had your hand up.

Yeah, Anjali. I was just going to say, I think what we're seeing with the more progressive jails and detention facilities is that it's a very expensive resource. It accomplishes some basic goals around safety and sobriety if they're run correctly. And so why do we waste that time? Why do they just sit there and then start treatment?

So the incentive for treatment providers is they've got a captive audience. They've got someone who is oftentimes motivated to change. And so making that connection with them while they're in the jail or before they're out, creating that relationship either with probation, or treatment, or both really can be a huge opportunity to use a very expensive resource.

And for jurisdictions that don't have a lot of resources like detox or some kind of crisis center or anything like that, really what you have is jail. So you have law enforcement that says, I can't leave this person on the street. I don't have a better solution for them so I'm going to say they resisted arrest because I don't think they're going to be safe tonight. You use your jail. If that's what you have, then you use it and you create those partnerships to make those connections so there's opportunities happening in the jail for the person to look at change and for the treatment providers to connect and create that relationship. But I think there's a lot of missed opportunities, even if you don't have a place to hand them off to. You're handing them off to your own jail. Let's utilize what the jails do provide.

Yep.

So go ahead.

Building those relationships, even as professionals, so we understand what people are providing. That just increases the likelihood of me making a referral if I'm familiar with the program. So just getting familiar with, I suppose, the resources that we have. Yeah.

All right, so here's another tough question. What if we have clients that are diagnosed antisocial? Do we just give up on them? Or I mean, what do we do? And I think you may have touched on that in a couple of previous answers, but I didn't know if you had more to say about that.

Sure. So a diagnosis is usually antisocial personality disorder. And it's just such a tough thing because technically personality disorders, they're hard. They are hard because there's no medication to fix it. Examples of personality disorders are antisocial personality disorder, histrionic, borderline, yeah, obsessive compulsive, personality disorder, schizotypal personality disorder. So lots a variety of different personality disorders.

So most commonly in our work we will see antisocial personality disorder, narcissistic, and borderline. Those are the three that we see most frequently. And there's no medication that we can provide to make these issues go away. What is most helpful, and this is a program or a treatment intervention that seems most helpful with folks with personality disorders, is an intervention called dialectical behavioral therapy or maybe some of you know it as DBT. And DBT is essentially cognitive skills, cognitive skill building with a mindfulness component.

So again, we're back to building skills. So no, we don't give up on them. We understand what the issue is. And we eat our breakfast before working with these folks because they're not easy. But we really work on skills. And part of the skills that we are working on or trying to build is attending to some of the antisocial thinking, antisocial values, attitudes, et cetera. Slowing those down and helping people find alternatives.

The last piece that I'll say, and this might annoy people on the call, is sometimes we are quick to say it's antisocial just because it's different from me. And it's not always the case. It could be the person's lived experience, whatever they're talking about. And it just sounds antisocial to me because I've had a different lived experience. So just sort of a little bit of room around people showing up in different ways without us judging it too quickly or too harshly. All right, Greg.

Thanks, Anjali. You talked a little bit about shame. But does shame play a role in the challenges that we face working with clients that don't have motivation? And what do we do about shame? How do you approach that? And it may take a few conversations to get there and peeling back the layers of that onion as you talk about, but what do we do with shame?

Yeah. It's really critical. And one of the things that we do is we avoid making it worse. We really work hard to not increase the level of somebody's shame. To not be shaming.

What shame does is it separates us. It tells the person really clearly you're bad, you need to step away. I'm going to sort of send you to the margins. So it's really important that we not increase the experience of shame. There's a difference between shame though and feeling bad or guilty or taking responsibility. So we definitely do want that part.

And one of the ways to kind of separate those two is shame is about feeling like I'm a bad person versus I've done a bad thing. So we really want to sort of not allow people to know that what they did is different from who they are fundamentally as a human being, which sometimes it's a little bit hard. And I know, Greg, that we're running out of time. We have one last question that just came in. So I'm going to address it in like 30 seconds and then we can start to wrap up if that's OK with you?

Sounds good.

Awesome. So the question that just came in is what about reentry into public society after a long-term sentence? So this is a really, really important thing to consider because after a long-term sentence, there is a reentry process that is not easy. It's sort of like coming back into the community that's really, really not easy after my whole life has been structured by external sort of players.

Peggy, who asked the question, goes on to say that there are barriers like getting a job. You're absolutely right. And then I would add housing, other basic needs like that. And then you say that can cause relapse in behavior and substance and hinder motivation. Yes, for sure. And then you ask, are there ways to work with agencies or potential employers to ensure smooth transition?

Yes, for sure. So there's a group that we work with that's a national group, they're called Honest Jobs. And what they do is they have agreements with major employers and even some not so major employers who understand who they are hiring. That the person they're hiring will have a criminal background, but that the person also comes with certain things. They come with people who are watching them, whether it's probation or parole or whoever. They have case managers involved.

We provide a lot of support for their sort of ongoing well-being. We do UA monitoring, et cetera. So yes, the person has a criminal background but they also have some pretty important stuff that an employer would be potentially grateful for. So we build these relationships with potential employers so that they understand who they hiring and in a really positive way what that person comes with that somebody off the street won't come with. So that's part of what we work really hard around.

Housing is incredibly important. So the way to build partnerships in terms of housing is thinking through offering a variety of different levels of housing in the community. So emergency type housing. Housing vouchers or just a shelter, emergency shelter situations. So those are short-term.

And then mid-term we have an organization that we work with here where probation has a certain number of beds with them. So that we can very quickly house somebody for a three month period. So that's sort of mid-term.

And then long term housing might look like working with landlords, working with housing authorities to help remove some of the barriers for our client. Because having a criminal record or something that shows up in a criminal background check should not immediately dismiss the person from the list even though it does. And so there's a lot of education that needs to be done with the community in order to really support removing some of these barriers. So Greg, I know I said I would answer in 30 seconds and I took two minutes. So sorry.

No, I think that's great. And I think honestly one of the lessons I learned is that we are not experts in everything. So bringing the housing people in. If you've got some people who that's their expertise, they know where to find money and grants. And they have resources and they have the relationships to kind of get through some of these barriers, it's critical when you're looking at housing kinds of issues. I would also say that we could do a lot more work working with the family when people return.

There's family group conferencing that's out there where you bring families in and talk about what the relapse plan is. And maybe even address some of the harm that they've caused to their family and repair those relationships. And develop a contract when they return home what the expectations are.

So there's things to be creative about. And we'll have more webinars and be able to talk about some of those things. But you've got to think creatively. This isn't an ideal world for us and we've got a lot of challenges. All right, so we do need to wrap this up.

We'd like to be sure that you all are aware of BJ's open Comprehensive Opiate Stimulant and Substance Abuse Program, COSSAP, solicitation and emphasize that tribal communities are eligible to apply under category 1c. COSSAP funding supports the development, implementation, or expansion of comprehensive programs in response to the overdose crisis and the impacts of illicit opiate stimulants and other substances. This program provides resources to support efforts to respond to illicit substances and misuse, reduce overdose deaths, promote public safety, and support access to prevention, harm reduction, treatment, and recovery services in the community and in the justice system.

The award amount for this tribal category are up to \$1 million. And the application deadline is June 17th. And the link to this solicitation information and application details is shown on your screen.

In closing, I'd like to share brief information on additional training and technical assistance opportunities. NCJTC is a BJATTA provider, focusing on supporting tribal communities and implementing system wide strategies to address alcohol and substance abuse or any related crime. TTA services include customized training, regional trainings, conferences, webinars, peer to peer support, community planning, tribal justice system collaboration, written resources, sharing grantee best practices, and more. For additional information on general TTA services, links to featured offerings, and to request TTA, please visit our website as shown on the screen for more information.

Finally, watch your inbox and our website for upcoming webinars and virtual TTA opportunities in 2022. Please be sure to also visit the COSSAP Resource Center for a plethora of valuable resources. Including funding opportunities, grantee site profiles with the data visualization tool, information about demonstration projects, webinar recordings, and several additional training and technical assistance opportunities. The important COSSAP Resource Center links and information are shown on your screen. For more information, you can also contact the COSSAP program at [COSSAP@IIR.com](mailto:COSSAP@IIR.com).

This is going to conclude our webinar for today. So I'd like to thank you again, Dr. Nandi. And our panelists, Justine and Kevin, for sharing your time, knowledge, questions that you have with us. And thank you all for attending the session today. We hope you can join us again for future webinars and have a wonderful day. Thank you all.