

Webinar Transcript - Cultural Reconnection and Resource Resilience in Tribal Communities

Welcome to the National Criminal Justice Training Center webinar, Cultural Reconnection and Resource Resilience in Tribal Communities. My name is Greg Brown and will be moderating for you today. Before we begin today's presentation, there are some items that I need to go over.

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Today's presentation is part of a webinar series funded by the Bureau of Justice Assistance focused on supporting tribal Comprehensive Opiate, Stimulant, and Substance Use Program, and Coordinated Tribal Solicitation Purpose Area 3, grantees and other tribal communities, and implementing responses to alcohol and substance misuse.

I'd like to now introduce you to our presenters for today. First of all, Dr. Anjali Nandi. Anjali is an associate with NCJTC and a human services consultant. Anjali is a member of the National Motivational Interviewing Network of Trainers, a licensed addictions counselor in the state of Colorado, and a nationally certified master's addiction counselor. Anjali has authored numerous publications, including tribal-specific resources for BJA's COSSUP tribal grantees.

As I mentioned, my name is Greg Brown and I'm a program manager at the National Criminal Justice Training Center. And joining me on the panel today is Kevin Poleyumptewa and Paul Fuentes, both project coordinators from NCJTC, and Stefanie Wyatt, chief probation officer, wellness coordinator, family court coordinator with the Southern Ute Indian tribe. Their full biographies will be shared in the chat box.

And again, thank you, Dr. Nandi and panel, for joining us today. Anjali, the time is now yours.

Great. Thank you so much, Greg, and welcome, everyone. Wonderful to see you. And I love what's going on in the chat. This is great. Lots of connections that people are making with each other, which is wonderful. Great. OK, let's get going. This is a really important conversation.

I was going to say it's a fun conversation to have, only because I have fun when we talk about all of these different aspects of reentry and how to really help people have meaningful, productive lives once they've gone through either incarceration or treatment. So I love these topics. And I also have fun because we have lots of people on this call like Paul and KP and Stefanie, who have a tremendous amount of experience to be able to offer us.

Greg will pop in and out with a ton of questions and comments. And so it tends to be a pretty lively discussion and it's just a lot of fun to do. So here's what we hope that you will walk away with. And, of course, we will move in whatever direction to make this helpful to you and applicable to you.

So ideally, we want to start by talking a little bit about reentry and reintegration and what the barriers are that we face universally, but also specific to tribal communities. We'll slow down and talk about a few different things. We'll talk about ACEs, Adult-- I'm sorry-- Adverse Childhood Experiences. We'll talk about trauma. We'll talk a little bit about addiction. And then talk about what are strategies to overcome these barriers and really help support people moving forward.

So we're going to touch on a variety of different topics. Any of these topics we could spend hours on. So I'm going to just give you overviews, but don't hesitate to put questions into the chat if you need me to slow down and cover something a little more deeply because it's of interest to you. All right? All right. So let's get going.

When we're talking about reentry, reintegration, completion of treatment and coming in to-- back into the community, that transition is incredibly important, and also a really vulnerable time for people. When we work on changing behavior, it is never easy. And there are actually tons of things that are working against us to change behavior. And so we need a whole bunch of resources and support in order to be successful at changing behavior.

But it's made more complicated by certain things, right? It's made complicated by some of the unique challenges that I think many of you face, which is sometimes a lack of resources, a lack of access to resources. Perhaps you do have resources, but they're in locations that are far enough away that it's difficult for people to get to them. So transportation becomes an issue.

But then we also-- so those are kind of systemic issues. And then we also have the unique challenges that a lot of people who are involved in-- who've been involved in the criminal justice system face, and that's related to addiction and trauma. And then, also, the stigma that they have because they have addiction or mental health issues or because they've been involved in the criminal justice world.

And stigma has a huge impact on us. I'm going to take a side step here and just talk for a second. One of our basic human needs is to feel like we belong. It's an actually a deeply held need that we have, whether we want to admit it or not. As human beings, we feel safer when we know we belong. We belong to a tribe, or we belong to a community, or we belong to a group of people or family or whatever it is.

There's something about belongingness that provides us safety, even in terms of safety from the attack from the outside. So it's deep and it's old and it's really built into our nervous system. It's built into our brain that we need to belong. When we feel like we don't belong, alarm bells go off in our brain.

And there are very subtle ways in which we can receive the message that we don't belong. One of the subtle ways that we can get the message that we don't belong is through stigma. When we hear from our community that people who are in the criminal justice system need to be put away or that people who struggle with addiction, there's something wrong with them or whatever it is, we're afraid of people who struggle with mental health issues.

When we inadvertently convey these messages, these stigmatizing messages, we are giving people the belief, the message that they do not belong. And when we experience that, alarm bells in our brain go off that tell us that we are not safe. And when we're not safe, unfortunately, we resort to safety behaviors which may or may not be terribly helpful or pro-social.

So that's one of the pieces. The other piece is when we feel like we don't belong and our safety bells are going off, it's very difficult to take risks in terms of learning new behavior. So this belongingness piece is incredibly, incredibly important. I'm wondering if you could type into the chat what are other inadvertent ways that we convey to people who are coming out of treatment or out of incarceration and coming back into our communities.

What are inadvertent ways that we give them the message that they don't belong? We don't mean it, but there are ways in which we do it. What are examples of that? Type it into the chat, please, if you'd like. Greg?

You know, I had a related question-- I think it's related-- while people come up with [MUTED] When people transition from residential treatment, jails, prisons, one of the barriers that I seem to encounter a lot is that we didn't seem to recognize the work that they had done in those facilities. And they felt like-- what I would hear is, we're just trying to fit them into our program.

Like, oh, we know that you already did life skills and problem and problem-solving. So we're going to have you do that again. And so that, I think, that can be one of the first impressions when we're doing intakes. You know, the person says, you know, I completed substance abuse counseling, phase I and phase II in the Department of Corrections.

We often don't even ask, well, what did that entail? And what were the skills that you learned there? And what do you think you need to work on? We're like, well, we have our program, which has education therapy. And you'll be required to do 14 weeks of that or whatever. And so I think that that's one way that we harm that relationship or put up a barrier to them making that successful transition. And your thoughts on that, and what we might want to--

Yeah, that's a really good point, Greg, that when we have a particular program, and our program does X-- we provide, as Greg said, 14 weeks of education and therapy-- we try and fit everybody into that. And we inadvertently give them the impression that all of the work that they did does not matter. That they are not individuals in their own right.

And our program has to fit whatever the mold is. So not individualizing services is one of the ways in which we absolutely give people the impression that they don't belong. And even more than that, that they don't actually matter, which is a really painful message to receive. So I love what you all are typing in the chat. Thank you for your engagement here.

So here are some examples that you all have shared that, inadvertently, we kind of tell people that they don't belong. We emphasize their history or we hesitate to engage with them. Heather is talking about this, which is really incredibly important. We make it very difficult for them to find jobs and get housing, which are actually the very things that offer the most protection from future crime.

So I think you all might be familiar with this concept of protective factors. There are risk factors that make things worse and that will predict future crime, and then there are protective factors which are buffers that reduce the likelihood that people will further engage in crime. And these protective factors for adults are job, housing, positive pro-social relationships.

These are the big ones. And so when we make it more difficult for people to have jobs or find housing, we actually make things worse inadvertently. So I appreciate that. The way we can look at them or label them, talking about their cycles, even though they may not have recognized some of the cycles that they're in, or maybe even they disagree that they are in a cycle.

A hyper focus on them as risk and that we have to protect the community from them is a really painful way that we tell people that, that they don't belong. Yes, Paul?

Yeah, I was going to share that even the client-- the client or the person coming out of prison, they almost have to prepare their audience or whoever's that they're associating with by just always identifying as a felon themselves. Because they know they're ultimately going to be treated different whenever that comes out.

And so they might as well tell you up front, I'm looking for felon-friendly jobs. Or, I'm a felon. And that's-- it's sad that that's the case. Even an introduction when you're talking to someone, that's almost their first-- that's the opening sentence a lot of times. I'm a felon.

And so that is sad. Because when we're-- our tribal communities or programs, and we're in the trenches working with folks, of course, I mean, that's the population that we're serving. But it's just a little bit sad that they've got to say that or else-- they're going to walk down this path with you.

Whether it be an employment and you're going to find out at the end that they've been a felon and you can't offer them a job. So before-- they almost disqualify themselves before. But they have that sense that they have to.

Yeah, yeah. There's this strain of research called desistance, which looks at in the long term. So not in the first year or up to three years, five years, but longer term. What keeps people from committing crime, right? What keeps people in a pro-social community, engaged in pro-social activity.

And one of the things that they're finding is a shift in narrative, a shift in identity away from "I'm a felon" to "I'm a family man" or "I'm a whatever." That shift is so incredibly important. And Paul, what you're saying is so unfortunate, that there's this sort of identification-- self identification as this is who I am. Not this is what I did, but this is who I am, like as an integral part of their identity.

And it also brings up something that Daniel put into the chat, which is sometimes we do it to them. Where we say, this job is not going to work for you because of your past, where that may or may not be true.

Yeah, for sure.

Yeah. I know Star shared that you all work really hard to remove barriers so they can find jobs and housing, which is incredibly, incredibly important. And kind of really starting with this piece around what are their basic needs that we can meet as quickly as possible? How do we get those taken care of? Because if those aren't taken care of, we actually can't address too much more.

We have to think about Maslow's hierarchy of needs, as one of you pointed out. Yeah. Great. Awesome. Wonderful, wonderful engagement. Thank you all so much.

You know, there's several comments in the chat here talking about housing and employment being very important for individuals that are coming out, being reintegrated into the community. And unfortunately, in many of our native communities, that's just not available. It's non-existent quite often.

So those are things that we have to-- a challenge not only for the individual, but for the community and the service providers to be able to fulfill that component, which oftentimes is a requirement of their release. They have to find employment. They have to find housing.

Sometimes they can't return to the house that they were living in because maybe there's other felons that live there. My brother or my uncle that lives there is-- he's a felon as well. So I can't-- I can't stay there, those types of things.

But then you're also looking at some other stuff that I didn't see, or another thing that I didn't see in the chat yet is many of these men that are coming out, they're fathers. And how do we help them to reintegrate with their family, rebuild those relationships with their kids? And so that's another added component to the stress that they already have coming out.

And I think another big piece is also just lack of education for the families and communities about these individuals that are coming out. Really understanding what the stressors are for them in coming back out into society when they've-- I mean, they pretty much had everything done for them on a daily basis. And now they're coming out with the responsibility of having to get housing, having to find a job, having to build relationships.

Then you have the expectation of the individual's girlfriend or his wife and his family on them into what he needs to do since he's been gone for so long. So there's a lot of things that play into every single one of the items that you had bulleted on that last page there. So I just kind of wanted to address that.

Yeah, thank you, KP.

I, too, was going to share it on that last page too. Specifically, just the being in the rural community. Like for me, like I said, I did different things for the tribe that I served for a while in the justice system. But even coordinating-- so if the court ordered someone to inpatient treatment, be it probation or anyone who would help case manage that situation, they didn't have transportation.

So from the headquarters, I would drive two hours one way to pick up this individual. And hopefully that they kept the appointment that we had made a month ago or something like that. Because their phone isn't-- the messaging isn't working, or they don't have always cell phone service.

And so hopefully they've kept that date and I'm there in the morning to pick them up. So if they're there, yes, they can get in the car. And then we're driving, I don't know, maybe four hours another way to get there. Because they're holding the bed and they're going to not hold it after 2:00 PM. And so now I'm driving four hours that way.

And then that treatment place is only 30 days. So I've mapped out where they're going to-- after that-- go and spend their next 60 days and then 90 days. And then having to use different programs to get them in treatment for a year. Because I know going in that their risks shows they really need intensive treatment for a long-- a long-- a long time.

And so just what we have to do on the program area to even make something like that happen can be really difficult and a lot of coordination there, just there on the reservation or at the tribal level. So it can be really difficult.

Yeah, it's a ton of coordination and a lot of thinking about really the basics, right? So we can talk about employment. But one of you put in the chat, do they even have a Social Security card or the means to get one? Do they have any of the identification that's needed in order to be able to secure employment?

So we can work really hard on helping them find a job. But do they have the basics that they need to be able to even apply for the job and get the job successfully? So we have-- we found tremendous success in having resource navigators available for our clients who are coming out of either prison or jail or any transition.

These transition points are incredibly important. So before they even transition, we start the process of figuring out, what resources do they need in order to hit the ground running? That could include making appointments for Social Security cards, identification cards, all of those things, but also transportation.

It isn't feasible for somebody who's coming out of a long stint in prison to be able to successfully navigate the barriers that we place. And by we, I mean systems. As systems, we place such tremendous barriers in front of people. And we make their lives so much worse inadvertently. And so thinking through, what are some of the things that we need to put in place in order to remove these barriers and provide the kind of support that they need? Yeah, Greg?

I was just going to say, I really like that you guys are talking so broadly about reentry. Because I think it started with, oh, people are coming out of prison and not doing well. We need to figure that out. But really, it's a jail sentence, it's prison, it's long-term treatment. It can even be coming out of a courtroom as a convicted felon. You're technically reentering the community with some very limited options.

So I love that this is so broad. And I'd love for the audience to think broadly about even though our funding may be around a specific population, a lot of our clients need these questions asked about where they're at with reentering their community. Or entering it, oftentimes, for the first time. Anjali?

Yeah, there's a really high correlation between folks who are unhoused and folks with mental health needs. And so one of our basic needs is not just housing, food, employment, those kinds of things. It's also access to medication if that's what I need, whether it's for a mental health condition or whether it's for some kind of physical ailment or medical issue that I have.

Because if I'm in pain, if I am suffering, if I'm experiencing psychotic episodes, whatever it is, experiencing depression, suicidality, those are primary. That's in my face 24/7. And if we're not supporting that and addressing their medical needs or medication needs, then we're kind of missing the boat by attending to things that really need to be attended to a little bit later on. So really kind of paying attention to some of that.

And then Angela added also that we make people's lives even harder by providing the requirement for all of these fines and fees. And while there's a point to that, focusing on those kinds of issues right off the bat actually increases recidivism. So we have a tremendous amount of research that says when we focus on terms and conditions alone, and not their needs, we make things worse.

So I really want you all to hear that loud and clear. That we, when we focus on the wrong things, when we focus on compliance, we literally increase the likelihood of recidivism. Yes, Paul?

I was going to say on that comment, it's like family or friends who's probably paying those first few months unless they have a job. And it takes a while. So at the end, I just feel like we're just sometimes just punishing the family. Or if it's an issue of poverty, just punishing people for being in poverty in a sense. So yes, all those things make it so-- can make it very difficult.

Yeah, for sure. For sure. It's so true. So let's talk about some of the things that Paul is pointing at. Whether it's poverty or adverse childhood experiences or trauma, mental health issues, let's start from a place of really making sure that we understand the brain, and understanding why these pieces are so important.

So we develop two different parts of our brain at different ages. So as our brain is developing, we start by developing this part of our brain that's the emotional brain, the safety portion of our brain, the reward center. We call this part of our brain our limbic system. Sometimes we can call it the lizard brain, right?

And it sits in the center of our brain. It's the part of the brain that develops first. OK? Type into the chat, at what age do you think this part of the brain, the safety, emotion center, reward system, that part of impulsive system, at what age do you think that's really mature? And mature, I mean that it-- all the neurons are well-connected, they're pruned, they are well-myelinated, all of those things.

So some of you are guessing. 21, 25, 27. You all are thinking about the thinking part of our brain. So the thinking part of our brain, you're absolutely right. It does mature-- right, the frontal lobe. Exactly. The frontal cortex matures sometime in our mid-20s, 25-ish. But this emotion part of our brain, it matures around the age of 15.

Right, Daniel. You're in the right ballpark. So around the age of 15 is when our emotion centers are fully mature, this reaction, impulsive, safety mechanism. And that happens for good reason. It happens because this is the part of the brain that reacts quickly, sends the alarm bells. It keeps us safe.

And then, between that part of our brain and the thinking part of our brain-- which again, some of you have called it the frontal cortex-- that develops a little bit. It takes longer to develop and matures around the age of 25. Sometimes it is a little bit different. Females tend to mature the frontal part of their brain a little bit earlier, males a little bit later. But it's pretty individual.

But sometime between 24 and 27, you'll see this frontal cortex maturing. All right? So we have the lizard brain, which is the impulsive brain. And then you have the frontal cortex, the wizard, which is the thinking, slow it down, let's think this through, delay the gratification, those kinds of things.

So one of the ways to think about it is you have the gas pedal, which matures at the age of 15, and then the brake pedal, which matures sometime at the age of 25, let's say. So we have this little bit of a gap. And during the time, the time period of 15, 14, that age until 25, you see a lot of impulsive activity. High emotion, risk-taking, all of those things.

So all of this makes sense. And, you know, we can understand what's happening. But let's start to problematize this and start-- I think you're seeing where I'm going with this, with this issue. Between this impulsive system and the thinking system is a highway that connects the two, so that messages can go back and forth.

The problem is when we experience-- when we engage in substance use, when we've experienced trauma, this highway between the two gets damaged. And we essentially lose the speed of connection with the wizard brain. All of this can be repaired. So please don't walk away from this conversation thinking we're all doomed.

This is all-- we can repair it. We can fix it. In the end, it'll be OK. But I want you to understand the enormity of this situation. Essentially, when we engage, when we've experienced trauma, addiction, those kinds of things, we damage the relay, the highway between the impulsive part of us and the thinking part of us.

Now, every one of us have experienced a gap in this impulse and slow down, right? There are times where, let's say, you're driving and somebody cuts in front of you and you have this impulsive reaction to flip them off. But you pause. And you say, no, I'm going to hold it together.

That impulse to do-- to react that way or when, you know, my daughter rolls her eyes at me or something like that, and I have an impulse to respond, I then have the ability for my frontal cortex, my wizard brain, to kick in and say, take a breath. It's going to be OK. And respond in a more positive way. So we've all experienced this kind of difference in the two parts of our brain.

When we've experienced trauma or addiction, that highway is damaged. And so if I have the impulsive reaction to flip somebody off in traffic or say something to my daughter that's inappropriate, the frontal cortex cannot catch up fast enough with my reaction. And so you'll notice pretty impulsive behavior. OK?

So I just want to set the stage for that. And now let's make it a little bit worse. Let's make the story a little worse. Because when we grow up, as we're maturing, this lizard part of our brain, the reaction part of our brain is maturing first and growing first. Let's say as we're growing up, we experience what we call adverse childhood events.

Poverty, Paul mentioned. Chaos in the household, substance use in the household, mental illness, bullying, racism, these significant negative impacts, these negative experiences. If we start to have those negative experiences-- food insecurity, all of that-- what the brain starts to do is it prioritizes the development of the lizard brain over and above the wizard brain.

OK? I hope you're all still with me. When we are experiencing these adverse childhood events as we're growing up, the brain prioritizes the development of the lizard brain over and above the wizard. Meaning through no fault of my own, my brain is trying to keep myself safe. And what it's doing is growing the safety part and at the expense of the thinking part.

And so I get into adulthood. And you can literally, through a functional MRI, notice the size difference and the reaction time difference between somebody who's experienced these immense amounts of adverse childhood events and somebody who hasn't. So let's say Paul grew up in a household that was predictable. There wasn't a lot of chaos.

If there was substance use, people talked about it. There were clear rules, predictable. He had lots of support. OK? And let's say I grew up in a household with a ton of adverse childhood events-- food insecurity, I didn't know what was coming or going. And now we're both 25. We can do a brain scan and notice the difference between my brain and Paul's brain.

You'll see my brain, lots more activity in the lizard brain, the impulsive part. Less activity in the frontal cortex, in the wizard part. Whereas Paul's, there'll be a balance, depending on the kind of activity you ask him to do. There'll be more in the frontal cortex, et cetera. So there's this balance.

Whereas, again, through no fault of mine-- there's nothing I did. I didn't ask for this. I was just growing up in a household that had a lot of chaos and lots of adverse childhood events. We land at the age of 25 in completely different places. And actually, this impact starts pretty early on. So even at 11, 12, 13, 14, you'll be able to see some of these differences.

So what does that mean, then, for my trajectory of my life versus Paul's? Type into the chat. What do you think I would engage in more frequently than Paul? What are some things that maybe I would do or behaviors I would engage in? Yes, Terry. Alcohol and drug use, right? Impulsive behaviors, behavioral issues.

The school would probably call my parents way more frequently, or my guardians way more frequently than Paul's. Right? Because I'm getting in fights. So I'm having these sort of impulsive issues, engaging in high risk behaviors, addictive behaviors. I would get into trouble with the law. I'd be incarcerated. And unfortunately, being incarcerated does not help our brains.

Being incarcerated-- I get that it's one of the ways that we have to use. It's one of the tools that we use to manage our criminal justice population. But it makes things worse, unfortunately. It's not the safest place to be. And so because it's not safe, my brain is continuing to grow the unhealthy parts. Not the unhealthy parts, the impulsive parts.

And interestingly enough, what Jenna is saying is absolutely accurate, that it will result later on in life-- all of these adverse childhood events-- to future health issues. It literally reduces life span. Right? KP, go ahead.

Yeah. What you're describing there, Doctor, is-- it definitely, like you said, your protective response is matured around age 15. And if you've grown up in a very hostile, chaotic environment, then those senses are definitely heightened. And those tend to be the individuals that have more engagement with law enforcement throughout their teen years and young 20s.

And then, eventually, they're incarcerated. And like you said, once they're incarcerated, even something-- a county jail. It doesn't necessarily have to be prison, but county jail, that part of the brain goes into hyper mode. And it's constantly running. And it's running and running and running.

And then, the same thing happens with that feeling and that response that you see in long-term or even short-term drug addiction. It changes the brain. And so that becomes the normal behavior. And if you have somebody that's incarcerated for two, five, 10 years in prison, and then they come out, that's the person that you're working with.

So it's not an easy thing. And it's not responsible, I think, for us to expect them to be able to function and adapt like a normal person would. Because their brain just doesn't work like that. And a lot of cases, you're working with maybe a 35-year-old man who has never had a job in his life.

And now you expect him to have a job and he doesn't know how to work. He doesn't know that routine. He doesn't have the discipline for it. He may have the desire for it, but you're still dealing with that type of functioning within the brain. And it can be frustrating at times. So I think that's something that is very important to remember.

Yeah, KP, you touched on so many incredibly important things. You said that the protective parts of our brain, the part of our brain that goes into protection mode, is on hyperdrive. It's on-- it's kind of hyperaroused, in this fight or flight mode. And unfortunately, that part of our brain, the protection safety mechanism part of our brain, it tries to make sense of the present only by looking at the past.

And so when they're in that mode, and they come into treatment or they come into case management with you or whatever it is that you are providing, even though you're being perfectly appropriate and kind and empathic and all of those things, they view you as a part of the system. And they're using the past to make sense of your behavior.

And so they're not going to trust you. Because you represent in the past all of those people who've taken something from their lives. So they can only make sense of you when they're in this part of their brain in this kind of negative light, which is really unfortunate and, again, manageable. There are ways to go about managing all of these things that we've talked about.

But I think it's really helpful, KP, for you to highlight what you just did, the enormity of this situation. And then the other piece that you brought up was how their chronological age, 35 or whatever it is, has nothing to do with their brain development. And sometimes we miss that. Greg?

I was just going to ask either Paul and/or Stefanie to weigh in on when you all are-- you may or may not use the ACEs, but what are you seeing? I know that both of you have looked into your staff getting training and trauma-informed care. What are you seeing in your clients that say, hey, there's something that we're missing here. Stefanie, I see you popped up.

Some things that I've worked on with individuals is in the past on DVs. That they're always being referred to DV assessment, follow recommendations. But one thing that our judges were open to listening to is in addition to that, allowing them to go get counseling and services in those areas of trauma to identify what happened to them as a child, so that they can work through it before they can even grasp the concept of their DV treatment. So, working through those traumas as things that may have happened to them as children.

You know, Stefanie, I think that's so important. I'm wondering, Anjali, if you could speak to-- and I know you've talked about this-- when a person has experienced trauma at a certain level, they're basically unavailable to do any other work or take responsibility until we actually help them address that trauma in some situations. Or it can be one of those barriers to being able to take responsibility and benefit from drug and alcohol treatment, DV treatment. Anjali?

Yeah. So Greg is bringing up two-- or I want to answer Greg's question in two different ways. One is that having a trauma-informed lens helps us talk about what happened to them, as opposed to what's wrong with them. That's one piece. It also provides us a tremendous amount of empathy for the reactions that they're having to us. It helps us not take it personally.

The other piece is that no new learning can happen if I'm unsafe. And when somebody is having a trauma response, they're unsafe. And so the first goal is to help them feel safe again. It doesn't mean that we can't also expect them to do other things. I'm not saying that having a trauma-informed lens means not having other requirements.

But it does help us understand how to stage those requirements, how to not overwhelm them in the most present moment, and decide what do we do first? And what do we do next? One point of clarification. In order for us to resolve trauma, we don't actually have to talk about the trauma.

So there are lots of different methodologies like EMDR, brainspotting, those kinds of things that allow for our amygdala-- which is a part of this kind of impulsive part of our brain-- it allows for the amygdala to not be as reactive. Reduces the activation of the amygdala without us having to talk about what the trauma was.

Because here's the interesting thing. There are times where the trauma might have happened so long ago, when we were so young that we don't have verbal memory. We cannot associate words to whatever happened. Or it could be historical trauma. Or one of you-- yes, it could be generational trauma. And we actually don't have the words, but it is in our bones. It's in our-- it's in our DNA.

The other piece one of you talked about was that when the mother is pregnant with the child, if the mother is experiencing high levels of cortisol, the baby could be born with high levels of cortisol. And therefore, have a reduced resilience to stress and a whole bunch of other things. Now, again, I don't want to only paint a negative picture. I do want to reassure you that all of this is workable.

But I want you to just sit with the enormity of the situation. That when we as practitioners say, you're just being defensive or you're being resistant because you're not looking for a job or you're being resistant or manipulative or all of the things that we say about our clients, that unfortunately, it may or may not be true. Because what might be going on is they're having a trauma response. Or they have not developed those parts of their brain that can help them not have an impulsive reaction to something that their boss said. Stefanie?

I think it's also important to remember when we're working with juveniles or adults, that we utilize those ROIs and meet with their therapists. Or understand if the juvenile has an IEP, where are they at? How are we supposed to respond to them? What age are they actually functioning at before we can have any kind of expectation of them understanding what a court order means, or what they have to do next. And meeting them where they're at based off of their assessments.

Yeah. And the piece that Stephanie is talking about is incredibly important, the assessment. Another one of you mentioned it, I think, related to mental health concerns. I noticed it in the chat, that-- just how important assessment is, so that we truly understand what is going on for this individual. And assessments help us manage some of our own biases.

You know, the longer we're in the field, unfortunately, the more we think we've seen it all-- and we really haven't. Every individual who comes to us is unique. And even if their story sounds like somebody else's story, there's something about them that's unique. And it's really important not to miss that. And doing assessments help us manage our own biases around some of that. Paul?

What I was going to share is just all this is kind of reminding me of someone that I worked with some time ago. But what the court saw was a defiant person. And what the court saw was someone who's always using substances and getting in trouble because of that.

And lots of disorderly conducts on his criminal-- on his record, and terroristic threats and all kinds of things. And with the tribal codes, limited tribal codes that we had. But in conversations with the individual, learning that one of the things that was very difficult for him to get through is-- was having been sexually abused. And so we see a lot of the self-medicating, like I said.

And so being able to talk to-- doing some pre-sentence investigation. In one of his cases, it was important for me to show that to the court, that we can address all these things-- the substance misuse, the defiance, all those things-- but really the core is probably something else that we need to allow for an opportunity to explore or do more evaluations or be open to a treatment for-- a case plan for this person.

Having some of those, and being able to put off those other things that the court was so in-tuned or maybe prioritized, saying, can we put that on the back burner for now while we address these things? And so I felt like in probation, or again, having done different things, but I felt like that was important part of my job, was to-- when relaying information to the court is just to dig deeper, if you will.

And, of course, I know we all have different trainings and different capacities. So I'm not asking anyone on the call to go beyond your training. But definitely if things are disclosed, being able to connect people to the right resources and being able to communicate that to the right people-- be it a judge or whoever it is-- I feel like is important.

Yeah. And when we're doing an intake process or gathering information, to really be respectful of the information that we're gathering, right? So if we find out information, it's important to do something with that information if it's impacting the person's life. KP?

Yeah, I just wanted to reiterate what Paul was saying, and how important it is, that it really comes down to basic parenting. You know, Parenting 101 when our child is crying or screaming, we ask that question. Why? Why are they crying? Why are they screaming? Are they wet? Are they hungry? Are they sick? Is something hurting them?

I think when it comes to working with individuals that are reintegrating, it's a question that needs to be asked as well. Why? Why does this happen? Because there always is a why, right? I mean, in order for it to be able to help somebody make those changes, we have to understand what causes, what creates those changes or that behavior.

And then, once you understand that behavior and the causation of it, then you can start to make the necessary improvements or changes to change that behavior, to think otherwise, to make better choices kind of thing. And there's a lot of things that play into that. And trust is being the, I think, the biggest one.

In my experience working with men, many of who are incarcerated, I worked with a large population of them, that was the biggest thing is just trust. You know, they don't trust anybody. And they, like you said earlier, they don't trust you. You know, you're just another part of the government. You're here and it doesn't mean anything, your program, because it's going to be gone in two years when the funding is gone.

So, why am I part of it? So really being able to create those opportunities for those men, I think, to come together and create that type of safe environment, and those things will begin to come out eventually. Because if you ask a man if he-- during your assessment, if he's ever been sexually abused as a kid, most likely he's probably going to answer no.

That's not something that men willingly express, but it is a very common occurrence in our native communities, historically. Unfortunately, that's the truth of it. You know, many of the men that I worked with eventually, through our talking circles and things, those came out. One person talked about it. Yes, I-- and then another man will say, yeah, well, I was, too. And that doesn't come out without that type of safety.

And like somebody had mentioned in the comments before is, you have to understand who that individual is. You have to find out why these things are happening. So I just wanted to make that point with what Paul was saying.

Yeah, the trust that you're talking about, the trust, the safety, the conveying to people that they matter as human beings, those things are the very things that heal the brain. So this is the most-- to me, the most reassuring, heartening thing about this work, is that when we are faced with so much neurological impact-- from trauma or ACEs or addiction, or whatever it is, so much neurological impact-- the healing, the repair to the brain comes down to some really simple things that each one of us is capable of.

It's about developing safe, supportive, nurturing relationships with people. Like you said, trust, conveying to people that they matter, those are the building blocks for brain recovery. And that, no matter what our program is, we can do that. Right? No matter what our qualifications are, we don't need any degree to be able to be supportive, connect with humans on a human level. Greg?

Yeah. You know, real quick, real quick-- Sorry, Greg. In relation to what you're saying there, that really is that kind of just listening and being human. I mean that, when we're talking about cultural-- implementing or finding ways to put culture into this treatment and stuff like that, that's exactly what our elders have always done for us as kids growing up in native communities. They sat, they listened.

We had opportunities to speak freely. And they listened and they didn't always give us direct advice. A lot of times that came in form of a story. And you had to figure out what the advice was. But it was there.

And that, I think, is very important. And that is something that is missing in a lot of these individuals that are coming out and being reintegrated, whether it's from prison, jail or treatment, that people just don't listen. They don't take the time to listen. And that's important when it comes, again, to building trust. Sorry, Greg, go ahead.

No, I was just going to think you guys [MUTED] so well. I mean, it's everything we talk about with motivational interviewing and being curious about people. And one of the best things that you can do is if a person has a basic need that they aren't getting met, and you can connect them with the service or help them with that, guess what that does to that relationship immediately?

You build that trust, you truly listen to them. This was a priority. And you helped them get some resolution or some closure or some access to some service. It's a huge thing that you can offer to them. So I think-- I mean, you guys are touching it.

And I think the other thing, Anjali, which I love that you stress, is that you don't have to be a trained professional in brain science to do this. I mean, this is basic stuff that so many tribal communities have. They have elders, they have history, they have spiritual connection, they have a cultural connection.

They have all of these things that are so much more established than many other communities that we work with to build off of. And it really is a strength and an asset that we need to help them tap into, and to be recognized that this is what works with helping people here. And to make them less dangerous in our communities and belong.

Yeah, yeah. I mean, Paul summed it up really well, right? It's about caring. And TR says, basic considerations. So true. And it's about showing curiosity. KP mentioned this, asking the question. KP used the analogy, when a baby is crying, we say, OK, what's going on? Why?

And that's the same for adults. When they're engaging in particular behavior, they're trying to meet a need. What is that? So rather than just punishing the behavior or saying don't do it or you need to change that behavior, slowing it down and trying to figure out with them, what is the need that they're trying to get met? What are they trying to do so that we can help with that.

And Greg, I forget what you just said. Oh, yeah, you were talking about the importance of community. And earlier, somebody had asked about faith and the importance of faith and spirituality. That's one of our basic needs is to feel connected to something that's larger than us.

It could be anything. You know, it could be faith, it could be spirituality, it could be nature, it could be our elders, it could be community. Whatever it is, but something bigger than us. Because when we feel connected to something, it does two things. It provides us hope that things could get better, or it provides us a sense that there is something larger, some sense of hope and purpose.

And then the other thing is it makes us feel connected. So when we get disoriented in life, it helps us. It provides us a little bit of a compass and a direction. And again, it can be anything.

But I just wanted to address that piece, Greg, when you brought up that spirituality piece that somebody had asked about that, and how important that kind of connection, pro-social, supportive connection is. Which could be faith or spirituality or something larger than me.

Cool. This is awesome. Thank you, KP, Paul, Greg, Stefanie. This is just wonderful. I so appreciate the additions that you all are making. Thank you. So sorry. Let's just go back for a second. We're having the conversation. We're having this conversation about ACEs and trauma because it's so incredibly important to understand that it has a significant impact on our brain.

It has both short and long-term consequences. Like I said, it has a consequence just in terms of our life force. It influences behavior. And it significantly increases the likelihood of us entering the criminal justice system when our brain is impacted in this way. We touched on this a little bit about generational trauma.

And so I just want to make sure that we've kind of covered this piece, but there's a lot of emerging research on how our genes change, in terms of their expression, based on trauma that our ancestors have experienced. So this, in terms of the research, they're seeing that it's passed down a minimum of three generations, perhaps more.

Not that it is a genetic shift, but it changes the way our genes are expressed. So the difference is it's not a shift in the genes. So for example, the fact that I have brown eyes versus blue eyes is an actual genetic marker versus if I have a propensity for a particular thing, I'm more likely to have-- for that to show up as soon as there's stress.

So that's what I mean by the way the genes are expressed. So one of the things that they found is when trauma is passed down in terms of generations, the things that shift are when there is stress, people are less resilient to stress. So that's one of the pieces, a lowered resilience to stress. Greater levels of impulsivity and greater likelihood of moving into safety mechanisms, meaning moving into that part of our brain that is hyperaroused, hypervigilant.

So greater levels of hypervigilance, reduced resilience to stress, those are some of the things that they're noticing is impacted in terms of how our genes get expressed when we've experienced generational trauma. So again, we could spend hours having this conversation. But I just wanted to provide some of the highlights of how important having these conversations are.

OK. So let's talk a little bit about some barriers and solutions. Before I do that, any questions? I know that's kind of a hard left turn that we're making. Any questions before we shift direction here? Cool.

Anjali, I'm wondering if we could have briefly, Kevin-- KP-- Paul and Stefanie talk a little bit about how they might be integrating. Because we have these systems that haven't traditionally recognized spirituality and connectedness and all that. How might they be, in the work that they've done or are doing, how they might be integrating those pieces into the work that they're currently doing. So Paul, would you like to go first?

Yeah, I think this whole section-- and of course, these are accompanied by articles, too, that I hope you all get a chance to go through and review. But it is about making that connection right into culture. So as people are coming out of prison or treatment, that there's a warm handoff immediately.

And in that warm handoff, that program is hopefully connecting them to whatever services they have, but to their culture. And so for us, I feel like it's just making mini pathways. So for us, one thing is-- could be being involved in sweats or smudging. And so it was being able to know where-- who was holding sweats in their tribal communities.

Again, our community covered nine counties, so it was spread apart. And so what sweats are in their area and being able to connect them. Also, we had a number of elders who were well-respected in the community and had so much valuable advice and information. And so sometimes it was pairing people with an elder, kind of like-- I think we would call it like a mentor.

But for them it was-- it was much more than that. Some people just come out-- some people coming out identify as in the Christian faith, or some other faith. And so equally being able to connect them with resources, if they prefer to get that from a church or something like that. Having a resource list of churches who can help them with different things, anything from just basic needs like pantries, food pantries or clothes to being a part of life groups or any of those types of things.

And so knowing that the people were serving, they're probably-- they may all have different interest or identify with different faiths. But being able to connect them to that spiritual side. And then again, on the cultural side, I mean, it's just so powerful, the change that happens. Dr. Anjali talked earlier, opening up with when we feel disconnected, when there's an "in" group and you're outside of that "in" group, it feels-- it can feel awful.

And that can maybe contribute to recidivism and other factors like that. So being able to connect them right away to their culture and cultural activities and elders or their language, I feel like all of that is so necessary. And so what we try to do is just create multiple entries or pathways to be able to connect the people that we were working with to the right services or the right support that they were looking for that they needed.

Yeah, the importance of having multiple offerings. Because the same thing does not work for everyone. So having multiple ways in which we try and address their needs is so incredibly important. And then the piece that you talked about Paul, around mentoring, they've seen this in the juvenile literature with kids. That it's the single biggest protective factor is having a positive, pro-social relationship with an adult.

Which is-- essentially, it doesn't have to be the parent. It can be any adult. So some kind of a mentoring relationship. And what's interesting is it's helpful to juveniles, but we're talking about adults who have brains that might be still, developmentally, 14, 15, 16.

Because whenever the trauma happened or whenever the substance use started is where brain development kind of slows down. So being able to provide that mentoring opportunity is so important and healing. Love that you brought that up. Stefanie?

Yes, I was just going to share in some of our Healing to Wellness Court program and our Family Treatment Court program, we have where they-- they come into a circle when we're creating their plan. And they can invite their family or whoever. Some of them may not have been connected to culture as they're growing up. So if they invite their grandparents in, they can share with the team what was important as a family and maybe some of their practices.

Because we have to also remember in each tribal community, families also have their own cultural practices, that not all tribal members have the same cultural practices. So making sure that we are respecting that family's cultural practice. On our teams, when I am talking about that, we also have our cultural center. And an elder is a part of our group.

And then our peer recovery coaches are from the community. And they develop the plan with each individual based off interest. And what I've noticed is sometimes when people come in, and it might start out in what are you interested in? If their families aren't involved in the circle process, they have no clue because no one's ever asked them.

No one has ever given them the time to want to hear what their interests are, what they want to learn about. And same with what Paul said. Some of them want to just turn toward Christianity. But we connect them to our cultural center, let them go through on a tour and talk about some of their interests they may have or something they may want to learn.

We've also developed a library. So if they're interested in something, they can check out books or keep books from a library resource that we have here at the probation office to develop an interest in those cultural activities.

That's awesome, Stephanie. Thank you for sharing that. So incredibly important, all of these resources. And then Star, you were asking even in children, as in toddlers, I think you're talking about the mentoring research, I think? So in toddlers, what's most protective is safe, stable, nurturing environments. Safe, stable, nurturing.

This was an experimental study that was done related to when the caregiver was not nurturing, the impact that it had on cortisol levels in the baby. And when they were provided a nurturing adult-- which did not have to be the parent, it could be any nurturing adult. When they provided a nurturing adult, those cortisol levels significantly dropped.

And you all know, cortisol is a stress hormone. So safe, stable, nurturing, predictive, predictable kind of environment. And then you just clarified that I'm referring when substances first enter a human. Ah! Got it. I'm so sorry. Completely misunderstood your question.

So, yeah, substances have a significant impact on our brain development. No problem. I think I've caught up with you. Substance use has a significant impact on brain development. The earlier you start using in terms of age, the more-- the greater the impact on brain development. And the longer your trajectory in addiction, the harder it is to quit.

So I mean, sometimes we talk about if we can just delay when people start using, we'd be so much more likely to succeed with them. Now, there are times where babies are born addicted to certain substances because their mother has been using substances. So, meth or cocaine or whatever it is, opiates that the mom was using, then the baby is born addicted to these substances and goes into some pretty significant withdrawal.

Not sure if any of you have worked with some of these babies, but they go into pretty significant withdrawal. Because they're kind of not weaned off of it, but they go cold turkey off of whatever the substances are. Now, if they don't-- if they're not exposed to substances after that, there's a ton of healing that happens in their brain.

So it's not-- that's not a long lasting impact. And all of this, again, can be attended to through relationships, through supportive community, through building the connections between our limbic system and our frontal cortex, through cognitive behavioral treatment or DBT or those kinds of things. So yeah, and the example that you're sharing, they may have zero memory of whatever the trauma was.

But when substances are introduced at a pretty young age, you end up seeing a significant trajectory into addiction, for sure. Yeah. So I hope that answers some of the questions. And Daniel shared a really lovely importance, the personal touch, also the curiosity. Try to understand the client as a unique human being. So incredibly, incredibly important.

Fetal alcohol syndrome is an example of what we were just talking about, THC in cord blood. Yeah, those are examples. Exactly. Yeah. OK. All right. So let's talk about some potential things to be thinking about, in terms of resources. What are ways-- what are successful things that different communities have tried that might help provide the resources that people need?

Telehealth services is an example. And there's emerging research now because there's such a strong shift towards telehealth about how helpful it can be. It cannot stand alone. So we really need to support telehealth with some kind of community involvement. But you don't have to have all of the resources within your community in order to be successful.

Peer support, for example, has had just an enormous amount of literature that really shows how successful peer support can be. Stefanie, did you-- I didn't know if you just came off mute or not. Sorry. No, I missed that. Sorry about that.

So peer supports, hugely supportive. Mobile health clinics, so literally clinics that are on wheels that can go to different places as a way of managing some of these barriers. Also, having entire communities receive mental health first aid training, really basic training, incredibly helpful for people to understand just the basics about mental health so we can reduce some of the stigma associated with it.

A lot of people have a ton of misconceptions around mental health issues. They think people with mental illness tend to be more violent, which is not true. That they tend to be more involved in crime, also not true. So just dispelling some of these myths is really, really important.

Support groups that are related, where people can see themselves reflected in the people who are facilitating whatever their groups are. That becomes extremely important. Wellness activities, virtual networks, those kinds of things. Lots of different ideas.

So beyond the ideas that are on the screen, what are other things that you all have tried when a lack of resources or remote locations is the barrier? What are some successful things that you all have tried in order to manage some of the resource issues that you might be facing? Type into the chat. Stefanie?

Not as in just resources that we've tried, but some of the ways that we connect individuals with programs. Because being mindful that when they are coming out of incarceration or first being placed on probation, that when they have intake, we connect them with someone that can sit down and say, here's the housing list. Here's Medicaid. And they help them fill out all the information.

They sit down and go, this resource can provide this to you. Here's the contact. Let's call them right now to set up that appointment and do that first contact. Because a lot of times that's daunting and overwhelming for some of these individuals. So if we just help them make the first few connections, then after that it becomes easier for them.

At that time, then they're able to identify, do they need a bus pass? Do they need the telehealth? What other resource can we connect them with? Can we get them a free gym membership because there are showers, there's a place to go work out.

There's childcare, so that they can do some self-care time. Just connecting them with those resources that they would have no clue existed had we not had that individual sit down with someone to provide the resources and complete applications.

Yeah, that's great. Yeah, the importance of really deeply connecting people with the resources, not just saying, oh, here are the resources that are available. But then helping them connect to that because of how-- like you said, how scary it is. And then Star added also cultural events, wrap around. Making sure we're engaging the community. Because ultimately, that's the important piece.

It's not us being able to provide a perfect service. It's about reintegrating the person in their own community. These folks who are coming back from prison or incarceration or treatment or whatever it is, they're us. They're our people. They're our community members. And so making sure that the communities-- that we're all as a community taking responsibility for their reentry is really huge. Paul?

I love Stefanie's idea about doing the gym membership or giving them that opportunity. For us, we had a funding line item for, I think it was called Direct Client Services or something like that. But we would pay, the court would pay for a lot of the services that we were requiring them to do.

And so even though we were in a rural area, we were able to use the non-tribal resources and/or services. Connect them with them-- connect them with those services. And at the same time, because they were beginning to receive so many referrals from us in our partnership, we made it to where they also got education on cultural humility or competency.

And so they end up being-- getting really good at treating our folks because they were benefiting from the financial side and just being able to survive as a counseling agency or batterer's intervention program or whatever. But at the same time, we were benefiting because we were educating people. We were educating our partners on our tribe. And so it was a very great, mutually beneficial relationship.

Wow. Yeah. And ultimately, that's what it's about. It's about reconnecting into the community. And I don't know how much you all look at just the research around social connection and the importance of community. But it is showing up everywhere. It's showing up not only in our criminal justice literature, but it's showing up in longevity and aging and well-being and health and wellness.

Not related to crime and injustice at all, but this-- the incredible power of feeling connected. So really, I just cannot emphasize enough the importance of spending time together, whether it's in ritual or prayer or meditation or reaching out to somebody or doing things together. Making sure to share things together. Getting outside together, sharing food or laughter, which, as we all know, is healing for sure. Yes, KP?

I just make a comment on this, but also want to ask our audience a question regarding this slide as well. Many of the reentry programs have the case management component. Sometimes that's all it is, right? You're providing and connecting them with resources. You're helping them through that process.

So my question is, how many have an actual program that can provide this for them? A gathering, a consistent gathering maybe, once, twice a week for these men that are being assisted through this process to come together. Sort of a men's group or a women's group, and sharing that common history and experiences, and being able to go through some of these things and spending time together.

You talked about the importance of belonging, right? Well, if I'm going through this process by myself, I don't really feel like I belong anywhere yet. I'm just going through a process. But if I am sitting with other individuals who have also been incarcerated and can share that experience and know what it's like, rather than somebody that has been telling me they know what it's like, but they've only learned it from a book and movies.

And they think they have this idea of what really happens. And instead, I'm sitting here with a group of people who are my peers who-- we have this shared commonality and we can go through this stuff. We spend time together. Again, it helps to break down those barriers of trust. They learn to do-- to work with each other, to talk with each other. They're going through the rituals.

Part of those things can be some of that. There are individuals that will be in the group who are culturally or traditionally spiritual. And they can help bring that component in through there, through prayer in their native language. And maybe somebody is Christian and they want to do it that way.

You can kind of interweave all of these things together. But also, you're probably not going to get a bunch of ex-gang members playing and singing together. But that's not impossible. Facilitating fatherhood program for several years, you'd be amazed at some of the things that I was able to get some of these men to do.

The guys that are-- they have been in prison for five, 10 years, and they're full of muscles and tattoos, they're literally tattooed from head to toe. And there's a lot of things that you can do once those trust barriers have been broken down a little bit. And then they start to open up more and more. And you have getting outside here on your list as well.

And that's one of the things that's important in that type of program setting is getting the individuals, whether it's men or women, or both, getting them out into the community so that the community starts to see them in a more positive light. You get them to start to accept and learn how to accept those compliments from family members, other community members.

When they see you at a community-hosted event and you're sitting at your-- whatever, healthy relationships table or your fatherhood table, whatever it might be, handing out pamphlets, and they start to see in a different way. And then you even have law enforcement in some cases that will come by because they've had history with this individual.

They'll come up and compliment and say, hey, it's great to see you doing something-- doing this. It's great. How are you doing? And there may still be that animosity there, but still, that kind of feeds into that building of this new person.

And then sharing foods. We talked about integrating culture and stuff like this into those types of things. This would be a perfect setting to be able to do that as well, because some of those meetings can consist of doing simple craft work, whether it's gourd art or you teach them how to decorate gourds and stuff or paint them, whatever you're doing. Maybe it's bead work.

There's things that we've done in the program that have kind of brought this stuff in. Those situations can work as a talking circle in itself without having the circle. Because when the guys are sitting around, they're doing art, they start to talk, and that's when you start to laugh. And that's when you start-- maybe there's music playing. At one point, they start to sing.

You never know, but they are engaging in conversation with each other. And that, again, helps to build community, it builds support, it builds a sense of belonging. And eventually, it can develop into a self-regulating, a self-policing community, where if somebody starts to fall off the wagon or something, some of the guys will go and address that with them.

Or they'll come to the facilitator or program coordinator and let them know, hey, so-and-so is doing this. You think you need to go pay them a visit? Then now you become part of the community, their community as well. So there's a lot of different things you can do.

Cultural outings is another thing. Taking the groups of men and women or whatever. And you know, we did that with the men and their children, took them out and spent a weekend with them. But we also brought in elders from the community. We provided cultural craft work that was local to their community, things that they did, and integrated that into the weekend.

But it was also another community-building event. And there's also work that's involved. They had to have conversations with their kids from a list that we gave them. These are topics that you have to talk with them about. Come together at night around the campfire, and then you talk about that experience. What was that like?

And some of the guys are-- I never-- I had no idea. My kid, who was 12 years old, has already tasted alcohol. I had no idea. You know, or one is already-- and these are conversations that would have never taken place had you not kind of forced them into that. But it is always great because a lot of that hits inside.

And, when you're talking about the ideology behind people's behavior, that has to come about through a lot of introspective work as well. And so that's what some of that does, is looking at me and what my history was. And I had no idea that my kids are going through this or they're having this experience.

Now I know. Now it hits me. So now I'm starting to think, all right, well, what did I do back then? And what can I do now to change that? So there's a lot of different ways you can do that. And within your group facilitation, you can integrate storytelling, which is very traditional for Native people.

Bringing in some of the local stories and integrating that into-- or using cultural examples and stories as it relates to the lesson that is being taught. Which is coming from the Western world. But it's something that is important. And so you can integrate those stories from your tribe or community that relate to that. So there's a lot of different ways that you can do that. It really just comes down to thinking outside the box.

Yeah, yeah.

That was a little long-winded, but that's what I wanted to say.

I love it. I love it, it's really wonderful. And you started with a question of, what are other people doing? And in the chat we have lots of different examples of things. You know, Star shared some that they're doing. And Terry, please don't ever feel like we have to be everything to everyone.

It's wonderful that you have connections with the local treatment center or other places that are providing some of this. So it really is about utilizing our community to the best of our ability, and connecting our people with the community, as opposed to us trying to provide everything. So I love that you have places that you refer them to, which is great.

April, you asked about relapse prevention classes? The goal of relapse prevention is to be able to build certain coping skills. And that relapse prevention class would check the box of community support if you were also talking about connection with each other, connection to the community. So in addition to building skills, that you're also focusing on that piece.

And one of you gave us an example, actually, of that. Kimberly, you said you have culturally infused coping skills-- I love that-- where you are keeping the hands busy, whether it's bead-making, dressmaking, all of those things. You're keeping them busy creating something, but having the conversation around identity, connection, those kinds of things.

Which is a wonderful, wonderful way of meeting both. Doing skill-building, but then also attending to the cultural connection. So I know that we are running out of time.

I was just going to say, an extremely valuable resource is the COSSUP Resource Center. A screenshot of the Resource Center and web links are shown on your screen. Featured resources include funding opportunities for COSSUP grantee site profiles with the data visualization tool, information about demonstration projects, peer-to-peer learning, and recordings of all previous COSSUP webinars covering a wide range of substance use disorder-related topics and strategies.

The COSSUP TTA program offers a variety of learning opportunities and assistance to support tribal organizations, stakeholders and project-- and projects in building and sustaining multidisciplinary responses to the nation's substance misuse crisis. Of particular significance is the ability to request training and technical assistance TTA, whether you are a COSSUP grantee or not.

TTA can be requested at the link shown on your screen. And join the community by subscribing at the link shown on your screen as well. So I want to thank you again, Dr. Nandi, Paul, Kevin, Stephanie, everybody else who helped with this webinar and making it go so smoothly, for taking the time and questions and your expertise.

Thanks to our attendees. You all make these webinars really interactive and much more enjoyable, I will say, for all of us. So we hope to see you in future webinars. And have a great rest of your day. Thank you all so much.