Webinar Transcript - Assessment Of Risk And Need

Welcome to the National Criminal Justice Training Center webinar, Assessment of Risk and Needs. My name is Greg Brown and will be moderating for you today.

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Today, I'm pleased to introduce today's presenter, Dr. Anjali Nandi. Anjali is an associate with NCJTC and a Human Service Consultant. She is a member of the International Motivational Interviewing Network of Trainers, a licensed addictions counselor in the State of Colorado, and a nationally-certified Master's Addictions Counselor. Anjali, thank you for joining us today. And the time is now yours.

Great. Thank you so much. And welcome, everyone. It's great to be here to talk about this topic because it's so incredibly important when working in this criminal justice field. What we're going to focus on is, how do we know how to spend our time and where to spend our time when working with our folks?

So we will talk about, when we have a large caseload and lots of people on our caseload, how do we decide who needs more versus less of our time? Because in the research, it's really interesting that sometimes when we spend too much time with certain folks, we actually can make them worse.

So during this conversation, we'll talk about risk and what it means. And then we'll talk about, when we're spending time with somebody, what should we focus on? How do we use our limited amount of time that we have, in a conversation, to really make it meaningful? And we'll call these needs, criminogenic needs, that we focus on. So we'll talk about risk today. We'll talk about needs. And we'll talk about assessment tools that help us clarify some of these things.

We'll go through the different methodologies that we use to figure out risk and need and how to do assessment instruments, and how to use assessment to then case plan and make some decisions about clients.

So as this webinar goes on, please don't hesitate to pop questions in the chat because that's how I know what you're relating to, what's helpful, and then where your head is at in terms of questions that you have. All right? So do not hesitate. Just put questions in the chat.

The place that I'm going to start is by laying down some principles of what we call "recidivism reduction." Over the past, probably 40 years now, research in our criminal justice system, particularly in community-based supervision, has really helped us figure out, what should we do and what should we not do?

And maybe Greg can help a little bit with me sharing this story about the evolution of research. But about 40 years ago, there was a real crisis of faith in community-based supervision, and maybe even 50 years ago, so at the end of the '70s, early '80s, a huge crisis of faith in community-based supervision where people were thinking, perhaps community-based supervision is really not where it's at, that community-based supervision wasn't really resulting in recidivism reduction.

And when I say "recidivism," what I mean is, going back to crime, committing another crime. Recidivism means going back to the same behavior that we're talking about. So in this case, it's crime. And so there was this push towards, maybe incarceration is the way.

And unfortunately, incarceration doesn't work in the long term. It works in the short term in terms of-- when we lock people up, we take them out of our communities. And for a minute, our communities are safer while folks are away in incarcerated facilities.

But guess what percentage of people come out of being incarcerated-- the folks who go to prison, what percentage-- type into the chat, what your guess is. What percentage of people we send to prison come out, back into our communities? Type into the chat what your guess is. Good. So Brian guessed 98%. Yeah. Any other guesses? 95%? Great.

OK, all of you are right on the money. Yeah, it's in the high 90s, somewhere, 95%, 96%, 97%, 98%, depending on what year it is and what the policies are. But in the high 90s. Yes, Janelle. Yikes. And our community forgets that.

We, as a community sometimes, lay folks, we say, it sounds like a very dangerous individual, let's lock them up, thinking that now the problem is solved. And yet, when we send people to prison, they come back to us and to our communities. And so we have to get this community supervision piece figured out.

And so the research was trying-- what the research was focusing on is, why is it that when we look at community-based supervision, the results seem so mixed, so not positive, even though we know that positive things are happening?

And what they found, thankfully, was that there are certain things that we can do in community supervision that actually make things worse and certain things we can do in community supervision that actually do result in recidivism reduction. But when we compile all of this together, it comes out in the wash. It just sort looks like really mediocre responses.

And so what we're going to talk about today, as a result of all of this 40 years worth of research, is what do we know? What do we reliably know, that when we focus on these particular things, we can absolutely result in recidivism reduction? Talk to me, Greg.

I was just going to say, one of the things that I've heard you talk about is, without assessments, it's really a flip of the coin, whether we're targeting the right things. And the other piece of, I think, the same research, is that how we feel or connect with a client impacts the way that we make expectations and excuses for them, if you will.

So if we can connect with a person and see how they got into trouble, we'll be easier on them, give them more breaks. We may even go down the wrong road with what they need and what they don't need

and what assessments really do is help us focus. And we're going to talk about assessments. And we're going to talk about what they tell us about a person's risk, and then what we can help them do about their risk, what they can do about their risk, not what we do to them. But also, they're guidelines. There's other things that we're going to have to do outside of the risk assessments to stabilize people, especially today.

You all are getting the most complicated clients in community-based corrections ever, particularly in tribal jurisdictions, with some limited resources, historical trauma, mental health issues, substance misuse. All of those things are really accentuated, if you will, in tribal communities for a number of reasons.

But these assessments we're going to talk about really help us focus in on, where can we help this person? What's driving their behavior? And how do we help them look at that? And then maybe take some opportunities to make some changes. So it's the flip of the coin. Us alone is no better than the flip of a coin.

With assessments, I think, Anjali, it's in the high 70s, high 70 percentile, that we can actually improve our outcomes. And when you look at human behavior, being able to have impact at a 70-plus percentage rate is huge. It's a very effective intervention.

You think of medical interventions that are out there. You think of medications that are out there. You think of other kinds of testing that we do. This is huge. It really is very impressive that with human behavior, if we do the right things, we have a very good chance of helping them change behavior that harms the community and harms them. Anjali.

Yeah, it's so hard to predict people's behavior. And unfortunately, what we were doing in the past was, we were making guesses, you and I, we were just making guesses about who was likely to get into trouble again and therefore, we'd treat them a little bit differently.

And our guesses, unfortunately, are no better than chance. It's brutal to recognize that. It's a hit to the ego, for sure. But unfortunately, when you put us all together, we're not very good about predicting who's going to recidivate and who isn't.

Routinely, I am just blown away by how we get it wrong in our own guesses. And so what Greg is talking about is that assessments provide us an objective measure. It tries to take away-- to the best of our ability, it tries to take away bias.

Now, bias is a rough thing to completely eradicate because bias not only exists within us. We all have implicit biases that are informed by not just our experiences, but really by society and how we grow up and our culture and all of these things. So we all have these biases. And so using a tool is helpful because we're trying to compensate for some of our own biases. But unfortunately, there are system biases that are incorporated into some of these tools. We call them machine bias.

But there's a bias inherent in even assessment tools, not as much as there is with us. And at least we're aware of what it is in some of these assessment tools, which is why Greg said that we still need our brain. We can't just let the assessment tools completely dictate because sometimes we have to say, wait, a lot of the risk that we're looking at is historical and that's why they look really risky,

but right now they're pretty stable, so maybe we don't throw the book at them. Maybe there's something a little bit different that we do. So it requires our humanity to interpret some of the information that our assessment tools give us.

So that's really important. The other thing that Greg mentioned, which is just worth underlining, is we are, right now, in our society, we are working with some of the highest acuity that we have seen in a long time, where we're seeing a ton of mental health issues, I guess a pretty remarkable increase.

We're seeing a lot of Traumatic Brain Injuries, TBI for short. We're seeing folks coming in with a ton of needs, a ton of instability, being unhoused, just needing a lot of things that we need to address first, in terms of stability, before we can address some of the higher-order things.

So all of those things are really, really helpful to keep in mind. And so keep asking those questions and Greg, keep jumping in so that we're not getting too narrowly focused, and we don't lose sight of some of these really important things. Awesome. All right.

I see a heart floating up on my screen. I love that. That's awesome. I don't know who it's from. So Greg, if that was you, awesome. As my teenage daughter does-- I can't do it as well as she does, but whatever. That was supposed to be a heart back to you.

OK, so let's come back to what some of these principles are of recidivism reduction. So on the one side, if you all can see my screen, is what we're doing. What are the things that we're focusing on? And then on the other side, on the right side, is how we are with people. And both really, really matter. In fact, how we are, that relationship, is more predictive of success than anything else we will do.

So you can have amazing assessments. We can do some amazing evaluations and things like that. But if we don't build positive relationships, we really lose. So perhaps that's where we should start, actually, maybe we should just start with that role-clarification piece.

And in the past, maybe 20 years or so, our role in the field has significantly shifted. We used to-- and helping out folks on the call, if you can relate to this-- but we used to be very much law-enforcement oriented. That was our hat.

We wore a very strong law-enforcement orientation, an officer of the court or you have certain terms and conditions or there are certain things that we have to do. We have to help fulfill the court's sentence and make sure that people are paying for their crime and we were tracking people a lot more.

A silly way to talk about the philosophy is this trail them, nail them, jail them kind of philosophy, so that enforcement. And that has shifted over time to understanding that enforcing and catching people doing things wrong doesn't change behavior in the long run, and actually can cause things to get worse. Yes, a kind of a crime-control model. Yes, a very controlled orientation. Thanks Arlen, that's a great way to talk about it.

So this enforcement model or the crime-control model really wasn't resulting in huge change and in fact, had the potential for making things worse. In fact, there's this lovely article that was published on a series of research that was done, that when we, in our conversations with people who are in trouble with the law, when we focus only on terms and conditions, we actually make things worse. We literally increase the likelihood of them getting into trouble again.

So it's so much more than just enforcement that we need to do. And just looking at the chat, Greg says, "the philosophy behind the war on drugs is a great example." And then Bobby added, "when a person comes in for services, sometimes they are so hungry that they cannot even pay attention to complete a good assessment." Yes.

I was doing a training last week and we were just talking about, what is the fastest way to help people feel safe? Because we need them to feel safe. Now, based on brain science, one of the fastest ways to feel safe is to express empathy and really focus on the relationship. But somebody in the group said, actually, I feed them first and that's so accurate. It's really hard to focus on anything if we have a belly that's just so, so hungry.

So yeah, sometimes people are so hungry when they come in. And they're starved for food. But they're also starved for attention, for somebody to just listen, for somebody to be compassionate and empathic. So, so incredibly important that we start there, that we start with our humanity and their humanity, meeting them as humans in this world together before we get all technical.

So role clarification, enforcer, crime-control model, enforcement model, that's where we were for quite a while. And then over time, we shifted to believing that our job was actually just to provide resources. And we call it the resource broker, the person who's just providing resources; oh, here's what you need, this is where you go.

And while that's very helpful, what's missing is a couple of things: one, engagement with the person, but also, we're missing the fact that we are agents of change as well, meaning we're not just here to tell people where to go and provide them with the resources they need. Yes, that's helpful, but we're also here to be a part of facilitating that change process that actually, their conversations with us could result in amazing change, that we matter in their life cycle of change.

And so the shift to-- what hat do we really wear? What role do we have? Yes, we do provide resources. I don't want to diminish that at all. But we are more of a coach with them than a referee. And I want to sit with this analogy a little bit. So as a referee, what do you think your job is, versus as a coach?

So type into the chat if you're able to make this referee-versus-coach analogy come alive in our work. So Chantal says, "there's a mindset if we need to continue punishing them versus that they've been punished. Now the job is to help them." Exactly. That is exactly the mindset, Chantal. I couldn't have said it better. That's perfect.

And the bummer is actually, the punishment, yes, has happened. But they will continue to suffer because of maybe now they have a felony on their record and therefore, they're not getting the jobs that they could. They're not getting housing in as easy of a way. People tend not want to not want to hire people with criminal backgrounds, et cetera. So they end up suffering inadvertently, for quite a while.

So the referee. Yes. Nice. The referee tells them what they did wrong. Carlita, yeah, that's so important. So the referee is saying, no, that's wrong, whereas the coach is doing what Angela's talking about, which is facilitating learning. So the difference then is, rather than just pointing out errors, we're facilitating growth, we're facilitating learning. Yeah, the coach encourages them to grow, to be alongside.

Bobbie Lynn, that analogy is really beautiful, that we're walking alongside of them rather than against them. And yes, as we're encouraging them on this new journey, we identify need and help them find solutions. Peer support is a great coaching model, that's very, very true, Bobbie. Yeah, great.

OK, so that's the role. Our role is as coach. But our role is not to do it for them because in sports, for example, the coach doesn't jump in and take over for the athlete. We're facilitating them being their best selves.

So that role clarification is really important because every so often, you will run into people, clients, who want us to do it for them. And we are not that. We do not disempower them by doing it for them. We help empower them to do it for themselves.

So really important to think about, as Bobbie's putting it, how do we help them find their superhero within themselves? Because we want to be really careful to not be the superhero for them. It actually, it feels good for us, but it's very disempowering, so helping them find their own superhero within them.

And Angela said, "you use this analogy with your new supervisors for interactions with officers." Exactly. There's such a parallel process. You're so, so true. You're so right. It's such a parallel process. The way we work as supervisors with our staff is the way we want staff to interact with the clients, as well.

OK, awesome. This is great. So that's the model that we're using and the role that we're really holding in terms of how we are with people. And then Chantal just added that in this field, they also need to know that we truly care and foster safety and respect. Yes because without that, they're unable to be vulnerable.

In the brain, if they don't feel safe, they're not going to-- their responsibility and accountability centers cannot light up. So we have to help people feel safe and feel respected so that they can be honest and take accountability and responsibility, be vulnerable in the change process, which is really, really hard. So yeah, it's really incredibly important, and that we're a no-judgment zone, for sure. Yeah. It doesn't mean we agree with their behavior.

So I just want to-- I know none of us are saying this, but just in case anyone is hearing this, I'm not, at any point, saying we agree with their behavior or we tell them whatever they're doing is right. That's not the point. It's that we understand, that they are welcome here with all their flaws and with all their vulnerabilities, and therefore, they are welcome here, and we're going to be here for them and help them change.

So that is the process. And the way we do that is, we collaborate with them, we don't do it for them, which is why the second bullet on "how we are" is collaborative problem solving. We work with them and we help them learn how to problem solve. Unfortunately, problem solving is one of those high-order skills. It's in our frontal cortex. It's one of the executive functioning skills that we need, this collaborative problem solving

and because of trauma, because of substance use, because of adverse childhood events, all kinds of things, people may not have easy access to their problem-solving abilities and so we're trying to retrain them around problem solving. Unfortunately, they short circuit the problem solving and they'll go right to violence, or to using, or to whatever it is because those are the pathways that have been drilled over and over. And we're just trying to lay down, help them find new pathways of problem solving.

And we do that collaborating with them. But we also do it through reinforcing anytime they are successful. So pro-social modeling and reinforcement is really about catching them doing things right. That's the difference. That's the shift. We're really trying to catch them doing it right.

Just like a coach would say, yes, that's it, do that again, that's what we're trying to do. We're naming skills for them, catching them doing things right, and then we're really paying attention to our relationship with them. And of course, on the screen here, it says, PO-client relationship. But really, it could be any practitioner. I know we have non-probation officers on the call, as well. I don't' want to leave you out.

So that's about "how" we are. And on the left is what exactly the research says is helpful to be doing in order to reduce recidivism in the long run. And the very, very first thing is assessment, that it all starts with assessment because if we don't assess on a few different levels-- the first level is, who do we pay attention to-- we could end up making things worse.

So when we say "assessment," what we're really first talking about is low risk versus high risk. That's the first piece of assessment that we're talking about. Yes, Greg.

The question that always comes up around our tribal professionals is, really, none of these assessments have been specifically validated on Native Americans or Alaskan Natives. So can we talk about that a little bit, about what value there may still be in assessments that aren't particularly validated, even though they've been included in large sample sizes, and where the shortcomings may be? And as we go through this whole thing, I want it to be relevant for people, and to just put that out there, on the table.

Yeah, some of them have been validated on very, very large populations and multiple different races. The LSM in particular, actually, there was a validation study. I know this is not relevant to us. But it was validated in Australia on the native population there, and found to be valid and predictive. The rub is that we're missing certain things that are very particular to certain populations.

So for example, the piece around spirituality is a huge protective factor. Spirituality, community, those kinds of things are hugely protective and they're missing from some of our assessment tools, which is why it's so important to add those pieces. The other things to pay attention to is, what are the very specific struggles that the population that you are working with is suffering from?

So is it housing? Is it a lack of family support? Could it be addiction that runs in the family for generations? And so because of that, those are particular things that we need to give a little more weight to than some of the other things that are on our list.

So when we talk about some of these tools-- and I'll name them right now, like the LSI, Level of Service Inventory or the Ohio Risk Assessment tool, which is called the ORAS, there's a Washington State tool, there's the COMPAS. There's so many tools that help us with identifying people's risk for recidivism and need. The rant is another one. And type into the chat, folks, if you use any of these or any others that might be missing from the list that I just provided.

With your tribal population, you'll need to just pay attention, specifically, to things like spirituality, community, generational trauma, addiction, some of those pieces that are very relevant-- housing-- in your communities. So yes. And I believe, Greg, at the last conference that we were at, was there a tool that they had recently validated? Can you share with us? Yeah.

Yeah, the Bureau of Justice Assistance, for about five or six years, from my knowledge, has been working with the Center for Court Innovation on developing a risk assessment. And it models, at least in format, like the Ohio, so pretrial assessment, sentencing assessment, institutional assessment, and reentry assessment.

So it's going to have the whole continuum that's going to be validated for tribal populations and they are validating at least the pretrial assessment at this point in time. And there won't be a lot of differences, obviously, in those three, but they want to validate each instrument. So that's in process. So we hope to-- I know that CCI has some pilot groups. And there may even be some people in this group that are part of that pilot. But it is coming.

And it does include the spirituality piece and the community piece, which is much stronger and smaller tribal communities, for sure, and really, a huge protective factor, as we hear from people all the time in training, how they've incorporated wellness and tribal practices and spiritual opportunities that are specific to that culture and resonate for people and connect them with their community. So yeah, it is coming. It just takes time to do these things.

So you all are listing a bunch of different tools. So yeah. Let's clarify the difference between certain assessment tools. So when we say risk and need, we're talking about criminal risk, risk for recidivism, the MAYSI, the SASSI, those look at mental health issues, they look at addiction issues, those kinds of things.

But there are certain things that reliably predict risk for criminal recidivism versus risk for relapse. So I just want to differentiate a little bit between those two things. Yeah, exactly. Thanks, Deb, for clarifying what is a risk-need assessment tool and what is looking for other things.

And I don't mean to diminish anything else. I mean, it's really, really important that we look at mental health, that we look at substance use, we look at trauma, we look at adverse childhood events, we look at grief and complex trauma

and there's so many things, cognitive TBIs, cognitive assessments, those kinds of things. It's so important to do a thorough assessment. But because we're in the criminal justice field and our goal is recidivism reduction, we absolutely have to assess for the likelihood to recidivate. All right?

So I'm not trying to diminish the fact that we need to assess for all of these things, but if we assess for all of these things and we miss what's driving the crime, then we'll attend to a lot of their needs, but we may miss what's actually driving crime for them.

So this is something that we have learned in the research. And some of you may not like what I'm about to say, but we have learned that mental health doesn't drive crime. Yes, it's an issue.

Don't get me wrong. We have to address mental health issues, but people with mental health issues do not reflexively commit crime. It's not because people have a mental health issue that they're committing crime. Something else is driving the crime and we need to address those things, like what is driving crime? And that's what risk-need assessments do.

So yes, Chantal, those other assessments will help with case planning. It helps with figuring out treatment needs. It helps me so much when I know that somebody has a TBI, what accommodations I need to make for them because they're struggling with organization, they're struggling with even remembering my name, their name, when their appointment is, those kinds of things.

We have, at our office, we have designated people on call for our lovely, high mental health, unstable, unhoused clients who just randomly walk in saying, oh, I have an appointment. And they don't. It was yesterday or it's next week or whatever. But because they're in our office, it's such a crucial moment to be able to connect with them, provide them resources, et cetera.

So those are some of the ways we accommodate the things that are going on for them and address whatever they need. So we have a clothing closet and some food for them and we try and capitalize on any opportunity we have, to be able to meet them. So yes, other assessments absolutely can help us peel back layers of the onion. And we just need to figure out, what is driving crime?

So what are examples of what drives crime. Type that into the chat, just a few examples. What drives crime? What are things? What drives crime? Good. I'm seeing some good responses. OK. Great. Great. I think you're all seeing these responses come in. Wonderful.

OK, so here are things that reliably drive crime. And again, this is hard to fully piece apart because they're so connected. Being poor-- so several of you put down poverty. Being poor alone doesn't drive crime,

it's the lack of resources or the lack of basic needs or being surrounded by other people demonstrating that committing crime is the way to meet your needs. That's what increases crime.

So people just want to break apart this belief sometimes, that we have, that poverty drives crime. It's not-- I don't want you to walk away with, people who are poor commit crime-- that is so not the case.

It is that when people are poor and disadvantaged and they have other things happening, like high rates of addiction in their neighborhood or a complete lack of resources, and other people are demonstrating that the way you get your needs met is through crime, so people modeling criminal behavior, people being surrounded by folks who are committing-- anti-social peers or criminal peers, people teaching you that the only way to get ahead is by committing crime. So you develop values and attitudes that are crime supportive.

You and I could find-- and you and I might be these folks who grew up poor. And yet, we didn't commit crime. What was that about? But maybe you and I were lucky enough that the people we were surrounded with-- we were so lucky that we were surrounded with people who said, you can do it, like work hard, whatever messages we were given, that crime is not the way, those kinds of things.

So here's what the research is telling us, that the things that predict future crime are antisocial values and attitudes; being surrounded by other people who are committing crime, so peers or even family members; committing crime in our past, so criminal history predicts future crime. If we've done it before, it increases the likelihood to do it again, that a lack of impulse control or self-control increases the likelihood of crime.

And so herein comes some correlations. When we get addicted to substances, it reduces our impulse control and increases the rates of the likelihood that we will commit crime. Some mental health issues reduce our impulse control and therefore, increase the likelihood that we will commit crime. Trauma-- trauma alone-- being traumatized doesn't result in somebody committing crime, but it does increase the likelihood of lowered self-control.

So these are the correlations that happen, that increase our risk for crime that we need to assess and piece apart. So what we're trying to do, in any risk assessment, is look at what is driving crime for this particular individual because you will have folks that are addicted to substances, but it's not the addiction that's driving that crime. It's the hanging out with these people, or it's the antisocial orientation, the values, the attitudes, those kinds of things.

And if we purely take away the addiction, we're left with a sober person who still believes that crime is the only way to get ahead. And you know these folks. I have clients on my caseload who fit into that model, where it's not the substance that's driving crime, it's their thinking that's driving their engagement in crime. So it's very, very important to piece this apart.

Now, you and I both have people on our caseload who absolutely, the addiction is driving the crime. I have folks who say, the only reason I steal is so that I can get high. There's your addiction driving crime. And those are our criminogenic needs, Martha. Exactly. Exactly.

So that's what we're trying to assess for. We start there. We're assessing for what is driving crime. And what drives crime is risk, certain risk indicators. There are static risk indicators that are historical, like criminal history and then there are dynamic or changeable risk indicators. And we call these, as Martha said, criminogenic needs.

So that's the first thing we do. We then figure out, where is the motivation? And what are people motivated to change? And then we start to target whatever that need is. Most often, in order for change to happen, we need to coach skills and positively reinforce anything that they're doing, and shift social networks. Sounds really simple and I say it, but is brutally, brutally hard.

And going back to coaching skills for a second, one of the ways in which we coach skills is using CBT techniques, Cognitive-Behavioral Techniques. So we use CBT a ton and I think we had a webinar on coaching skills and CBT, so there might be a recording that you can get from the library. And maybe Rachel or Greg, you can put that into the chat for folks, if that's possible.

But yes, cognitive-behavioral techniques are really, really helpful and there's a lot of free stuff that's available, that we can do with our clients, in order to support them. And we covered that. I provided a bunch of free resources for CBT in that particular webinar. So any criminal attitude program, so MRT, Thinking for a Change, Quick Skills, those are some examples of CBT programs.

Yeah. OK. All right. We spent a ton of time on this particular slide. But why bother? Why do all this? Why should we bother? Because crime rates have been reducing, increasing, reducing some more, increasing some more in different areas. What is happening?

So even though crime rates have been slowly coming down, our rates of incarceration have been rising, which is weird, right? Why are we incarcerating more and more people? And it's really interesting that we're over relying on imprisonment, and unfortunately, we're putting people in prison even though they have not committed or been convicted of violent crime.

When we pay attention to evidence-based programs or evidence-based practices, we can reliably reduce recidivism. 10% to 20% is the low end of what the research tells us. Some research says that we can reduce recidivism by 40% to 70% if we really pay attention to that and pay attention to specific risks and needs that are true for your community, which might differ.

OK, so we start with the risk principle, and what the risk principle says is that when somebody is assessed at low risk for recidivism, we should not do much with them. Get them out of the system as quickly as possible because if we don't, we can make them worse. So type into the chat your guesses. Why is it that we can make low-risk people worse by over supervising or over treating them?

How do we make people worse? You and I are such wonderful individuals. How do we make people worse by over supervising them? Type into the chat what your guesses are. Why could we make people worse, if they're low risk, by over supervising them or over treating them?

Good. Good. So when we over supervise them, yep, sure, they aren't learning things on their own, fear of failure, yes, Chantal, because we're taking them away from the positive things that they're already doing. People are low risk because they have a lot of positive things going on in their lives. That's what causes them to be low risk, like you and I.

You and I could get into trouble, for sure. No problem. And we would probably assess as low risk because we have a stable job, we have pro-social supportive people in our lives, we have hobbies that we do, all of these things.

But now, if we're in a treatment program where we're required to go on a twice-a-week basis and we have to see the probation officer and we have to do UAs every day, and, and, and, we are being now taken away from the very things that make us low risk, from those positive things that we're already doing. And unfortunately, we have become now exposed to negative influences, other people who are high risk. Exactly, Chantal. Well put.

And it's exposure-- Carlita, yes, it's exposure to people who have these antisocial ways of thinking, who might be able to convince us. It adds more stress and burden. We expose them to high-risk folks. Yes. And they begin to engage with that high-risk behavior. Very good. Yeah, we take them away from protective factors. Yeah, we can get them overwhelmed and we disempower them. Yes, Cynthia. Very, very true.

Yeah, unfortunately, when we expose low-risk people to high-risk folks, the learning goes from the high risk to the low risk. The high-risk folks teach the lower-risk folks. So it can be pretty problematic. Yes.

So the risk principle says that when they're low risk, try and get them out of the system as quickly as possible. Maybe don't supervise them at all. Maybe supervise them by phone. Maybe figure out what their needs are, what their resources are, and do the resource-broker thing. Provide them resources within the community, if possible. If they're high risk, then we need to supervise them and do a lot of structure around them. So that's the risk principle.

The need principle is what to focus on and the need principle is what we just talked about, which is that we need to figure out what is driving crime, and focus on that. Is it their antisocial thinking, in which case CBT programs are really helpful? Is it addiction, in which case substance-use programs? Is it mental-health issues?

Is it that they don't have any pro-social support, in which case, we're trying to engage them with the community, engage them in pro-social networks, in community-based activities that they can do, where they increase their exposure to other people so that they can build a positive community?

What is their need? And that's what the need principle says, that we focus on the very things that are driving crime. But we cannot do that without focusing on the person. So the person principle is about, what is it that you, you in front of me, need in order to just get stable and to feel seen?

So this person might need medication, they might need housing, they might need food in order to even pay attention to what's going on in front of us. Maybe they feel really detached from their spiritual roots

and maybe that's something that is a stabilizing factor for them, so really paying attention to the person in front of us. And that's the person principle. And then, of course, paying attention to the relationship, which we've talked a bunch about, that without the relationship, we can get into some trouble. And the people principle and the relationship principle is also called responsivity.

So here's a summary of each of the principles. Spend time with moderate and high-risk cases, even though those are hard. I love low-risk people. They're so fun. They're doing everything right. Their life is moving forward. In fact, sometimes, oh, my gosh, this person is super inspiring. But those are not the folks to spend time with. We need to spend time with our moderate to high-risk cases.

And yes, Arlen, Maslow's theory's a really, really good, important one, that we cannot focus on higher-order needs if our basic needs are not being met. And I'm glad you brought up Maslow because one of Maslow's basic needs he talks about is safety. And we help people feel safe through the relationship that we have with them, through helping them feel like they belong, through making sure that they don't feel marginalized

and unfortunately, in our criminal-justice system, we marginalize people. We push them to the edges. We call them names. We push them out of society. And that is exactly the opposite of what is helpful. So really paying attention to safety, how can we, as human beings, help this other person feel safe, feel seen, and feel heard? That's what it comes down to.

So risk principle-- the need principle is, we target criminogenic needs. And then responsivity is, make sure that we're addressing this individual in front of us. What are their cultural needs? What are their cognitive needs, language needs all of those things, social support? Really, really helpful.

So when we talk about needs, here are the central eight that we usually pay attention to. Don't forget stability stuff. So stability stuff is right here, on the side and in fact, you have to address stability first. So housing, food, medication, belongingness, safety, those kinds of things comes first. Once you start to address those, you can address these eight needs.

You cannot get to these needs without getting to the safety needs first. But if you only address the safety needs and you don't come to these, that drive crime, you'll end up helping, yes, but you may not have fully reduced recidivism to the best of our ability. All right? Thank you, Cynthia. That's really sweet.

OK, so these are the central eight needs, paying attention to their engagement in criminal behavior, but this term, "antisocial behavior," I'm not terribly keen on it. It's in the research. So here it is. But what it really means is that they don't have the ability to manage a stressful situation without engaging in crime.

So I'll say that again. What that means, antisocial behavior, what it means is that they lack the skills or the ability to manage a high-risk situation, a stressful, tough, high-risk situation, without engaging in some kind of criminal behavior. So they cannot pay rent-- stressful situation. And the way they manage is by stealing because they don't know how else.

Those are the pathways that they have learned and have worked for them in the past. So helping people identify high-risk situations and then learning skills to be able to manage those, that's how we address antisocial behavior.

Antisocial personality pattern, what that means is not thinking about the needs of others, starting there, so helping people develop empathy as a place to check their behavior. How do I feel? How does this impact somebody else? Antisocial cognition is about values, about thinking, antisocial thinking,

they are thoughts that you and I have sometimes when we are speeding on the highway. Perhaps it's, everybody else is doing it or I'm just keeping up with traffic or I really need to get there on time-- that's why I'm committing a crime.

So anytime we speed-- I know I'm comparing speeding and some of the other things that people do, but the thinking errors are the same. So thinking errors, at least these are some of mine, I need to get there on time, that's a big value of mine, or everybody else is doing it or it's not that bad or I never speed in neighborhoods. It's only on the highway, I'm not hurting it.

All of these things are ways, thinking errors, stinking thinking, ways to justify our actions and those are examples of antisocial cognitions that our clients have and use, and that we have and used. So it's not just our clients, it's all of us. It's human nature, and that we need to catch these thoughts and turn them around.

The next is hanging around people who commit crime. There's a saying, tell me the five people you spend the most amount of time with and I'll tell you what your future is going to look like because people influence us a great deal, the people we hang out with. And then of course, substance use is on there. Dysfunctional family supports,

so being surrounded by family who's also committing crime is a high need. And I'm curious if that shows up a lot for you all, and how you handle it, because it's so tough when people come out of-- let's say they're coming out of jail or coming out of prison or coming out of an inpatient facility, and then they're going back to live with families who are continuing to use-- that's so hard-- while continuing to commit crime.

Is that something that you all face? And how do you work with it? So type it into the chat, please, if that's something that you all struggle with, how you work with it. And I'll give you some thoughts around some of the things that we try and do.

It doesn't work to say-- unfortunately, it doesn't work to say, don't hang out with them because as soon as we do that, that's all they want to do, is hang out with those folks. Great. So Terry said, "it's a huge problem, and you offer safe, sober alternatives." That's great. Yeah.

What else? What else do other people do? Arlen, functional family therapy is a fantastic, fantastic methodology. Functional family therapy is an evidence-based practice. It addresses not just the person, but the family as a whole. So that's really, really wonderful, and can have huge shifts in entire families.

I'm not sure if any of you use craft, C-R-A-F-T, Community Reinforcement Approaches to Family Therapy or family treatment. But what it does is, it engages community. So it doesn't really help to take the person away from their family because they'll just push back, related to that.

So we need to increase the exposure then, to other supports, so increasing community engagement, talking and listening circles. Yes, those kinds of things. Wonderful, wonderful.

OK, employment and education, also really helpful. And it's not that education necessarily predicts crime at all, it's involvement in something pro-social, using my time in a pro-social way, in a helpful, gainful way. So it's not education, itself that reduces crime, it's engaged in things that are keeping me busy, that are positive. So employment is an example of that.

Employment is one of the strongest protective factors. So being employed gainfully, positively, not employed as someone dealing drugs or something like that, but a gainful, pro-social employment protects us from future crime-- so it's really important.

And then what do I do with my spare time? So what leisure activities am I involved in? How do I continue to develop community? And that's really helpful and important.

Community engagement, I cannot stress that enough. Feeling connected to other people who are not committing crime, feeling connected to-- feeling a part of something that's bigger than me is hugely, hugely important.

And that's one of the things, going back to the question that Greg asked, is sometimes missing on many of our assessment tools, that I think is very relevant for a tribal population, which is the level of connection that they feel to the community, the amount of community support that they feel is very predictive. So important to pay attention to.

This was the study that was talking about regarding paying attention to terms and conditions, that when we have conversations about terms and conditions and we spend time talking about terms and conditions alone, and not needs, we end up increasing recidivism. So when we keep it to a minimum, you see recidivism rates are low.

When we talk too much in our conversations about terms and conditions, we actually almost triple-- let me do the math there-- yeah, less than triple the rates of recidivism. So really, really important that we pay attention to needs and stability factors versus just what they're supposed to be doing, like community service or whatever it is.

So we're talking about screening and assessment. But there are many other things to screen, like you and I talked about. So it's not just risk-need responsivity that we're looking for. We're also looking for addiction. We're looking for co-occurring disorders, so mental-health issues, that cognitive functioning, traumatic brain injuries, adverse childhood events, maybe grief and loss.

And maybe I'm missing a few things. But it's really important that we assess for all of these things, that we do a full biopsychosocial assessment to really understand, what are this person's needs? so that I can make accurate referrals and that can pay attention to some of these things when I'm having conversations with them.

Type into the chat if you think that there are other things that we should be addressing for that may have missed on that list. I'll just show you the list one more time. And I just feel like there are things we might be missing. So add that to it.

Actually, there is. We also have a little list of basic needs. And we ask them to tell us what they need support with. And on the list of basic needs, we have food and housing. But we also have employment on there. We have safety on there-- trying to think. Did I say clothing already? We have that on there. So yeah, just some basic needs.

Oh, medical issues, that's another thing that we have on there because sometimes folks come with dental pain or some kind of pain that they have, that's been going on for really a long time, that's pretty severe. And they cannot even pay attention to our conversation because they're trying to manage their pain.

Yes, Esther, transportation. That's a great one, really, really helpful. And Medicaid helps with transportation. So if your folks are on Medicaid, that's a way to be able to reimburse some of those costs.

OK, so how do we implement all of these things that we're talking about? Ideally, our decisions are based on assessment. That assessment drives the services. And it drives the prioritization of services, if possible. But ideally, assessment is dynamic, meaning it changes. Once we're able to stabilize one thing, great. That falls off and we reassess. Whether it's on pen and paper or just in our minds, we reassess,

OK, now where are we at? And that informs our ongoing engagement and the plan that we have with the person. So ideally, it guides every appointment. And even if you haven't been able to complete whatever concrete assessment that you have, you still start providing services.

So don't wait too long to stabilize individuals because it's in those early stages, when they're not terribly stable, that recidivism could be pretty high. In fact, those first six months are when people are really, really struggling with stability needs and basic needs, that they most need those kinds of services.

OK, Greg, how are we doing? What questions are you thinking about right now, things that I'm missing, before we jump into some of these details?

I guess one of the things that pops up is, what might the role of MI and stages of change play in our assessment process? How do all these things weave together? We've done a series of these webinars, including case planning, MI. We do advanced MI, stages of change. You want to talk about that a little bit? It might be coming up here, too.

Yeah, it is. But it's helpful. There are times where people come to us with a whole host of needs. There's so much. And it can be overwhelming. Sometimes I get overwhelmed. And think, gosh-- I think in my head-- and I say it much better than I'm saying it right now to you. But think in my head, how are you even here?

It is remarkable. I have so much respect for how people work with hardship and their ability to manage living on the streets, not having food in a long time, not having any kind of shelter, people to support them, any of that, no medical needs attended to, and yet they show up to their appointment with me. It's pretty remarkable sometimes.

And so that goes through my brain in terms of, there are 17 things that we need to address right now. But if I address all 17, I will completely overwhelm this person in front of me. And so we need to figure out a prioritization scheme. So I'll give you a few things to think about. There is no one right answer. So just take all of these. And I believe have a slide on this. But let's just talk about it right now.

When you're prioritizing, prioritize based on any of the following. This is not in any order. One, what is killing them first, meaning, is there something that is causing so much harm that we need to address it first? So think about that. Think about, is there something that if we address, will help multiple things stabilize?

So I can think of housing as one of these things, that if I help this person get into a shelter or get into even short-term stability in terms of housing, several other things stabilize. They're not exposed to some of the people who are committing crime around them.

They feel safe. They're able to not have their stuff stolen on a daily basis, all of those things. So is there something that if we address, will also stabilize a whole host of other things? So that's another thing to think about.

You can also think about, is there something that this individual is motivated to change? And that's where motivational interviewing comes in. That's where stages of change come in. Is there something that this person is so ready to change that if we just support that, we'll get some quick wins? And with people, getting quick wins is so motivating. So are there things like that are helpful? What is this person motivated to change? So those are some of the ways to think about prioritization.

So Esther just said that you help with gas vouchers or food vouchers and sober-living apartments. Yeah. Those are the kinds of things. For some people it could be employment, that they just have a ton of time on their hands, and they are bored and impulsive, and not-positive things happen when people have too much time on their hands and they're bored and impulsive. So maybe the job piece is what we prioritize.

So we're really thinking about the individual in front of us and thinking through some of these ways to prioritize. What's killing them first? What is the biggest criminogenic need that can get us the biggest bang for our buck? What is the big stability thing, that if we pay attention to, will help other things stabilize? What are they motivated to change? Where can we get a quick win? Those are some things to think about when prioritizing. And motivational interviewing will help us go through or talk through that.

And our job is definitely to remove barriers versus what sometimes we end up inadvertently doing, which is putting in barriers. So there are times in which I think we tend to overwhelm people or we ask things of them that they cannot afford to do, UA monitoring and treatment and pay for community service and pay for work-release housing and, and, and. So we just have to be a little bit careful about not being the ones to put in the barriers, but being very clear that our job is actually to continue to remove barriers.

OK. Awesome. Add to the chat. Add questions or anything along the way. Please don't hesitate if you have just questions that you're thinking about.

So any risk-need assessment tool will help you, will tell you a few things. It'll tell you what the risk score is, low risk, minimal service, medium to high risk, lots of attention, lots of supervision, lots of service. It'll also tell you protective factors.

Protective factors are those that keep people safe from crime or buffer them from crime. Protective factors are things like employment or having a period of sobriety under their belt or having positive pro-social peers. Those kinds of things are protective.

It'll tell us their need profile, what things to focus on. Some assessment tools, not all, will give you a classification level, meaning, it'll tell you what their likelihood for recidivism is and therefore, what level of classification they fall into and therefore, how to supervise them. And some assessment tools, when you reassess, will also give you a change score. And what we're hoping for is that their risk for recidivism is reducing and that their protective factors are increasing.

So ideally, we reassess on a regular basis, maybe at six months, maybe at nine months, or when something happens, there's a big change in there. OK, so we listed out some of the risk-need assessment tools. But let me give you some ideas for other assessment tools.

For addiction, the addiction-severity index is really helpful. One of the addiction tools that I forgot to put on here is the TCU, the Texas Christian University addiction-assessment tool. It's a nice, quick screen. The CARS-- that's the second bullet on here-- is really helpful.

It's computerized so you can do it really quickly. And it scores it for you, and I believe at this point, is free. I'm pretty sure that's correct, so the CARS. It also has a mental-health section, which is really helpful.

There's the ACEs scale, the Adverse Childhood Experiences scale, a Brief Grief Questionnaire could be something that you do for grief, if you wanted. The Montreal Cognitive Assessment is really helpful. It's called the MoCA. The reason I put it on here is that it's much quicker than the Mini Mental Health status exam. So it might be something.

The OSU is a TBI screen that they recently, like within the past month, renamed the Opus. So I'm just going to type that into the chat. But it's a screen for traumatic brain injury. And what's so helpful about it is, it gives us some accommodations that we might need to do for folks with TBIs.

And by accommodations, I mean, maybe the accommodation is to write everything down for them as opposed to doing it verbally. Or it could be something like have the appointment on the same day, at the same time every week or every month, just so that people don't get terribly confused. So those are some examples of assessment tools that you can use that are non and need.

OK, beyond assessment, it's also important to focus on some other things. Greg had mentioned motivational interviewing. It's also important to pay attention to gender-specific programming and how the pathways into crime are a little bit different based on gender, that we need a trauma-informed lens, that people engage in behaviors for a variety of different reasons.

And it's easy to judge them and judge them harshly for their behavior, whereas sometimes it's a coping mechanism, meaning, they're not doing it because they're manipulative and all of these things that we say, but they're actually just trying to keep themselves safe.

So having a trauma lens is really helpful because it helps us understand and have empathy for why people are engaging in certain behaviors, and then frequently doing reassessments so we know that we're moving in the right direction.

OK. So Greg, if they wanted to put an assessment tool together or folks wanted an easy assessment tool to do, that had all of these pieces in there, that was targeted towards their population, how could they do that? What would they do?

Well, we could certainly do technical assistance around it, for sure. It wouldn't be validated, necessarily. But it would obviously, largely take from the research that's out there, and I think build on a couple of the components that you identified that are not existent right now, basically, in the assessments I'm aware of, the spirituality piece and the community-connectedness piece.

So yeah, we could certainly do that. If there's a lot of interest in this webinar and in the evaluation, yes, we'd love to see-- we could call it a checklist. I don't know that we could call it an assessment necessarily, because lack of validation. But we certainly could create a checklist and maybe some areas-- a questionnaire, a companion questionnaire that goes along with it, Anjali, that might be helpful for people.

So if you're interested in something like that, we certainly can create a webinar or a couple of day training where we do that. I just would need to hear that in the evaluation. And we'll take your comments to BJA and tell them, hey, this is coming up. Even though there's an assessment that's coming, is there something that we can do in the interim?

And I would imagine-- CCI does great work. And I'm sure they're very deeply into the research. So I can't imagine that the checklist that we come up with, with some companion interview questions, would not be right on track.

So yes, the easy way to think about, what do I do now? Let's say we don't have an assessment tool that we're using right now, and we really need to have something. What do I do?

We could come up with a checklist-- not a problem. And we could also come up with a scoring tool. Most often, assessments are scored in a binary fashion, meaning, is the risk present or not? If the risk is present, it's a 1. If the risk is not present, it's a 0. So that's what I mean by "binary."

So let's say, have you been arrested in the past? could be one of the items. If the person hasn't, it's a 0. If they have, it's a 1. We then add up all the 1's, and the bigger the score, the greater the likelihood for recidivism.

Now, yes, it's not a validated tool. But it's really-- there are a lot of items that we know do predict recidivism. So it would be something that you could use in the interim, as Greg said.

Anjali, Esther just asked about juveniles.

Yes. So yeah, lots of different assessments for juveniles. I'll name a few. The SIDRA is one of them. It's a juvenile risk assessment that we use in Colorado, normed on juveniles, and has very similar to what we've talked about, with an emphasis on skills, so problem-solving skills and some of those skills like that.

The YLSCMI-- I know that's a lot of letters-- the Youth Level of Service Inventory-- YLSCMI-- Case Management Inventory. So let me just type it into the chat because right now, you must think that I'm just spouting letters. YLSCMI.

And can you highlight which ones are free and which ones would require training or some kind of licensure or paying for the instrument, if they exist that way?

I don't know any juvenile risk assessment that's totally free.

That's what I thought too. That's why I thought I'd ask the question, because I've--

I'm sorry.

--scoured the planet. Yeah.

Yeah. Again, we can create a checklist, for sure. So put it in your emails because we can provide you something. So the difference between adults and juveniles, in terms of assessment, is that we need to have a school-related academic section for juveniles. Involvement in school, engagement in academic activities, engagement in after school activities really, really important, and is a protective factor.

Don't get me wrong. I'm not saying that if you didn't complete high school, that's going to predict crime. No. But it protects you from engaging in crime, when you're engaged with school.

Pro-social adult mentors, hugely protective. So that gets added. That's not on an adult instrument. So juvenile instruments will have something about adult pro-social mentors. Doesn't have to necessarily be the parents. But as long as there's some positive adult in that person's life, it's really helpful.

Peer involvement is huge. So we ask a ton of questions related to that. Substance use is actually really super influential and way more problematic and predictive of crime in juveniles than adults. It impacts a juveniles brain way more than it impacts an adult's brain, not to diminish anything, but just to make that emphasis. And so there's just a bigger section on addiction that's usually with our juvenile population.

So those are some of the additions that we make. Christi, you're sharing that you've never used an assessment in the Tribal Probation Department. So please put on your eval that something, a checklist in the interim, would be really helpful. And that will give Greg the ability. Thanks, Miranda. Yeah, no problem. Complete the eval and add those things.

Greg, we have about 10 minutes left. What other questions are you thinking about? Folks, what questions do you all have? Please put those in the chat before we wrap up.

So I have a couple that have come up. And I think they're related to this. They've come up in other webinars. But I think it's nice to tie them together. So what about the "Kumbaya" approach? We've got lots of people who believe that we need to be still-- even with all the research, lay people still think if you hit someone over the head a little bit harder, it'll change their behavior.

What do we say? What's the elevator speech around, this isn't a "Kumbaya" approach, but it actually is based in science, and it's what works and helps keep communities safer? Do you have an elevator speech for us?

[LAUGHTER]

Oh, my gosh. So I think the question that you're asking is, when people hear you and talk, oftentimes they say-- they call us names, right? They say things like, oh, Greg, you're just such a hug a thug, or this is such a hug-a-thug, "Kumbaya" approach. You just want to love on people. And you think that by loving on people, you're going to solve all the world's problems. I've been told that, by the way, which-- guilty as charged. I do believe that if you love on people, it'll help.

However, here's what the research says. The research says that by making people feel like they are seen, heard, and safe, it actually matters. We literally have brain research that says that when people feel safe, it allows their frontal cortex to engage and learn. And if people don't feel safe, they're going to be protected the whole time. And they're not going to be honest and vulnerable and all of these things.

So it sounds Kumbaya-ish. It sounds like a hug-a-thug-- I've been called a chocolate heart before. It sounds like all of these things. And yet, there's research that supports that this is what helps people change behavior. And if people push back, I ask them how they've been successful in changing their own behavior, because all of us have struggled with multiple different behaviors. And hitting us over the head has never worked.

Anytime somebody shames me about something, I walk away. I'm done. I don't even want to have the conversation with you anymore. So sometimes bringing up, how do you change? Is really helpful, as well.

How about a little bit on, when we're looking at a person-- they're not perfect when they come in. Obviously, if they could just fix what was wrong in their lives, they wouldn't probably need to be on probation. They wouldn't have gotten in trouble in the first place.

So when we're looking at a person's performance, we've done an assessment, we focused on the right things, how do we assess proximal versus distal behaviors and responding to those? If you could talk a little bit about that.

Yeah. So when we're doing an assessment, proximal behaviors are those that are most immediate, in front of us. Distal behaviors are those that will take time and are out there, to change. So proximal behaviors are things that we want to be able to expect right now. And those are what we start with.

We try not to start with things that are going to take a while. So we try and figure out, what are the building blocks for right now? What are the most proximal behaviors that we can attend to? So an example might be-- and it's different for different people. So these are just examples.

An example might be showing up to the meetings with me. That's the most immediate thing that I need for them to do, or showing up to treatment, just showing up. They don't have to participate. They don't have to spill their guts. They don't have to have these dramatic changes in treatment. That comes later. It's really, what's the most immediate thing that I need from them?

Yes, Esther, it's really about meeting them where they are and then getting curious with them about where they need to get to. We meet them where they are. But we don't allow them to stay comfortable there. We have this term-- I talk about it in motivational interviewing-- called "productive discomfort," that it's when people are a little uncomfortable that they change.

And so that's our job, to help people get a little uncomfortable. And we do that only when they're safe, when they feel safe enough. And that's highlighting what the discrepancy or the discomfort is.

So I typed it into the chat. This productive discomfort is something that I keep in my mind, meeting the client where they are, and then helping them get a little bit uncomfortable because sometimes, unfortunately, our clients are very comfortable with continuing to engage in really problematic behavior.

I have clients who've been using meth for a really long time, who will say to me, I'm not hurting anyone. Using meth really is helpful to me. I'm super productive. I am able to get stuff done. And perhaps they are 100% right, and have no business having this conversation with them. But I also see that their relationships are suffering or their teeth have fallen out or they have infections that are growing, and are making them uncomfortable.

So those, not from a shame place but from a curiosity place, are ways in which we can get curious with them. And those would be some of those proximal things that we start to talk about, that will then lead us to big-time change, which is down the line. So it's really helpful not to expect huge, big, tough changes right up front. We start with the small, easy-to-get things.

Thanks. And I think that is going to just about do it for time. So thank you all for your questions and your participation. It makes these webinars and communities of practice so much more enjoyable and hopefully, helpful to you all.

This is going to conclude our webinar for today. Thank you, Dr. Nandi, for your time and knowledge. And thank you all. Have a great rest of your week. And thank you for the work that you do.