Webinar Transcript - Ask the Expert: Overcoming Stigma in Reentry and Mental Health Struggles

Welcome to the National Criminal Justice Training Center's webinar, "Ask the Expert-- Overcoming Stigma in Reentry and Mental Health Struggles." My name is Greg Brown, and I will be moderating for you today. This webinar was provided under awards provided by the Bureau of Justice Assistance, Office of Justice Programs, US Department of Justice. The opinions expressed by the presenters and their oral or written material are theirs alone and do not necessarily represent those of the National Criminal Justice Training Center, of Fox Valley Technical College, or the Department of Justice.

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 welcome our presenters.

First of all, welcome, Dr. Anjali Nandi. Dr. Nandi is an associate with the National Criminal Justice Training Center and a human services consultant. Anjali is a member of the International Motivational Interviewing Network of Trainers, a licensed addictions counselor in the state of Colorado, and a nationally certified masters addictions 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 here at the National Criminal Justice Training Center. Also joining us today is Paul Fuentes and Kevin Poleyumtpewa, both project coordinators from NCJTC with extensive experience working in tribal corrections, tribal re-entry, and providing reentry programming. Thank you again for joining us. And, Dr. Nandi, the time is now yours.

Great. Thank you so much, Greg, and welcome, everyone. So today, we are here to slow down a little bit around a very, very important topic, which is stigma, stigma related to, in particular, two things, mental health and addiction. But we'll start by just talking about stigma in general.

So the place we're going to start is how bias works in the brain. And I know we covered this at the full webinar. But just for review and in case some of you were not able to attend the full webinar, we'll cover how stigma happens in the brain, how bias works in the brain. And then we'll talk a little bit more specifically about mental health and addiction.

So bias and stigma, they reside in the unconscious part of our brain, the part of our brain that actually processes everything first. So our brain has to process over 10 million bits of information every minute. So there's a lot of information that we're getting from the outside world, whether it sounds or sights or different information from our senses or different decisions that we have to make in our head.

And there's just a lot that our unconscious brain has to sort through. And if you were to think of having to consciously decide all of these things, we would be exhausted in, like, three minutes. So it's a really great thing that we have our unconscious brain to take care of all of this.

Imagine when you drive to a new location, the amount of attention that you have to pay, particularly if it's a new location. There's lots of traffic. You're not used to what's going on. You really have to pay attention to the road as opposed to how you can move into autopilot if you're traveling the same route that you've been on thousands of times before, like traveling from work to home or whatever it is.

So that's the difference between having to pay a ton of attention with the conscious brain and then the unconscious brain taking care of stuff that's familiar or that we already know. And so because the unconscious brain is doing so much sorting for us, there are tricks that the unconscious brain uses to make quick decisions, things that the unconscious brain uses so that it doesn't have to expend too many calories on decisions.

These tricks, or speed pathways, are informed by a lot of things in our history. So type into the chat, what do you think informs our unconscious brain's ability to make quick decisions about things in front of us? What feeds into the unconscious brain? How does the unconscious brain-- what does it rely on to make quick decisions about the present? How is it informed?

So type into the chat. What are your guesses? "The environment." Yes. "Experiences that we've had in the past." Excellent, Jenna, yes. Yep, Danielle says "previous experiences." Yep, very true. Good.

So our past experiences give us a lot of information about how to deal with the present. But also, yes, Jenny, our relationships in the past, those inform, and also how we grow up, what we learn, how we're taught in our family. So our values, our norms, our cultural norms, our family norms, all of that informs how we make decisions. So the environment and also past experiences, as well as the culture that we're hanging out in and the social information that we get from media or social media or whatever it is. Yes, Greg?

Anjali, are all those the same influence? Or like peers and family and culture, are those more powerful in helping-- I mean, where do these come from that are most significant for us?

Yeah, that's a great question. So it depends on what age. It shifts in terms of how much value we place on the things that we're learning. So, for example, as we grow up, our family has a huge influence on setting our norms and values and beliefs that then inform our unconscious brain. Around the age of 12 onwards, our peers really have a big influence.

But even when we're really tiny, it's remarkable how unconsciously and even non-verbally we will pick up on what's right and what's wrong, or what feels good and what doesn't. And you can sometimes ask people, why did you choose A and not B? And they'll try and give you a cognitive answer. But if you allow them to sit with it for a second, they'll sometimes say, I don't know, I just prefer it.

So there's this really interesting way in which we can absorb what's OK, what's not OK, who to feel safe with, who to not, those kinds of things. That sometimes is nonverbal. That sometimes is because we're just swimming in the same cultural soup as everybody else. So we're taught through social media, through school, through all kinds of things, how to make some of these quick decisions.

There was an experiment-- and I'm not sure if I shared this in the last webinar on this topic-- but there was an experiment to look at, when do we know, unconsciously versus consciously, when something's a little off? So the way the experiment went is the folks participating in the experiment were given a stack of red cards and a stack of blue cards. And they had to make guesses about what was going to happen.

The experiment was rigged in that all the red cards were huge problems, and bad things happened with the red cards. But the blue cards were the cards that usually went the person's way. So the experimenters, what they did was they were testing the amount of sweat that was coming off of people's palms as they were making some decisions, some betting decisions. They were measuring heart rate, blood pressure, those kinds of things.

And you can probably see where this experiment is going. So as they were placing red card, blue card, et cetera, their palms, within three rounds of the red cards not going in their favor and the blue cards going in their favor, within just three rounds, the amount of sweat in their palms, blood pressure, et cetera, would rise every time they were about to select a red card. But they took about nine tries before they finally shied away from-- consciously shied away from-- the red card. Does that make sense?

So essentially, what they were trying to show is that somehow we can pick up that something is off unconsciously way faster than when it gets to our conscious brain. So now, of course, red cards, blue cards, we can't really make much of a cultural statement, I think, with those. But there are times where we could potentially make a stigma-based statement on how much learning we've had, either as kids in our houses or in school, about what's OK and what's not OK.

So some people might call it a gut instinct. But our instincts are not always right because they're based on information that may be biased, that may have stereotypes built into them, that may be based on information that's not inherently true, even though we swallow it whole, even though we believe it. So, Greg, I'm just going to check in with you. Did that experiment make sense? I don't know if I did an OK job explaining it.

Yeah, the other thing-- that makes complete sense. When you're younger, it definitely influences your family. I mean, it's really proximity, people who are in your environment on a daily basis or weekly or monthly or whatever that influence you. I guess the other thing that comes up, because we all spend at least 40 hours a week at work, how much does work start influencing people's biases in the work that we do? And can you talk a little bit about that dynamic as well?

This is the sad stuff. I've shared this with Greg and maybe a couple of other people on the call, but I am now an empty-nester, which is just the most amazing thing in the world. So exciting. [CHUCKLES]

But when my daughter was at my house living in her very messy room, I remember being so worried about how messy her room was because I have this incorrect-- I just want to be very clear this is inaccurate-- but in my brain, this connection between if your space is messy, it means your mind is disorganized. Again, I want to be really clear that is not the case. Research does not support that.

But I have this inaccurate belief that was instilled in me because I grew up in a military family. So being in a military family, everything was very organized. And it was drilled into us that if you keep neat spaces, et cetera, you allow yourself to have an organized mind. Again, zero research behind this, but just sharing that this is my bias.

And so every time I would walk into her room and see this completely messy, disorganized, perhaps you would call it creative, whatever-- but for me, it was disorganized-- and immediately my association was disorganized room means disorganized mind, means-- and because I work in this field-- means she's going to be drug addicted and gang involved because there's no other choice for her. If she has a disorganized mind, she's going to do badly at school.

And then because we are surrounded by-- at least I am-- surrounded by all of the things that go wrong-- I mean, we see kids in trouble on probation, deeply addicted, involved in gangs, et cetera. And so when I would look at my daughter, the first thing I would think is, oh, my gosh, drug addicted, gang involved.

So that's an example, I think, of what Greg is talking about, how sometimes being in this field-- I mean, how many of us, when we walk to Walmart, and if we have our kids with us and somebody pays extra attention to our kid, we immediately have a negative association? Which is super unfortunate because maybe the person is just being friendly, but we immediately are a little more protective because we work in this field and are exposed to that.

So Greg is asking a question just similar to the example that I just shared, which is, how many of you transfer your work experiences when you go home to your partner or your kids? Maybe this is not you all, but when I asked my daughter how was school or where were you or something and she gives me a slightly funky answer, immediately all my spidey senses go off.

And I start to ask her questions in a very similar way that I do with my clients, trying to get the full story. And she is a good kid, and yet I'm treating her in this way because of our work experiences. So now I'm feeling very exposed. And I'm hoping that you all will provide us a few examples, or at least give me a thumbs up that you can relate to what I'm talking about. Greg?

I'll bail you out a little bit. I'm sitting here wondering-- Kevin Poleyumtpewa does a lot of work with fathers, especially fathers that have been a bit estranged or are not available. Kevin, I'm wondering what kinds of biases play into the men that you work with about justifying where they're at or explaining away where they're at or even the opposite, of maybe catastrophizing about where they're at and the harm that they've caused?

Yeah, thanks, Greg. I think there's obviously a lot of different variables that play into that kind of thinking, that mindset when it comes to men and fathers and their ability to move forward or create healthy relationships. Maybe it is to begin that process of giving up the drugs and alcohol and things like that. But with men as fathers, there are a lot of negative association with that as well.

These men have maybe grown up with a life of substance misuse and so have created a reputation for themselves. And so not only over time do they begin to see themselves in a negative way, but their environment, the people in their environment see them in that way as well. And they'll continue to drop references or just helping to contribute to that negative mindset of theirs.

And so it is very difficult for them to make that transition. When they want to better their lives, when they want to change into becoming more involved fathers, maybe more active community members as well, it's a very difficult thing to do when your environment is telling you constantly that you are not worthy of this, you're not important, you're not-- and society does that as well. Media does that.

You look at your TV shows whenever there's a dad involved. Dad is always, most of the time, played as a buffoon. He doesn't know what he's doing. He doesn't make the right decisions. He doesn't know how to care for the kids. And then you have mom come in and save the day or to fix his mistakes that he's made in life or whatever it is.

So there's a lot of different things that really play into a man being able to become a better person when there's just so much negativity around it. And that's not an easy thing to get out of. It's very easy to fall into that mindset as well and to just give up and say, OK, well, this is me. This is my life. This is the way it is. And I'm here, and that's all I can do.

So it does take a lot of work, a lot of building that individual up and helping them to understand that they are important, that they do deserve better, and to have somebody there that can help advocate for them, as well. And that really is what I've seen in my work to help transition men, is really getting them to start believing in themselves, but, most importantly, building a trusting relationship with them so that they do feel that there is somebody in their corner and they're not going through this on their own.

Really, really, really helpful, Kevin. I'm wondering about biases and maybe how-- to bring this back to we're working with people in reentry and probation-- how might they-- we're not talking about necessarily biases with others, but maybe our own internal biases about ourselves and what we do. How does that play into risk?

And, Anjali, you talk a lot about self-talk and those narratives that people put in their brains that become so powerful, that it's really hard to let them get out of that loop. If you both maybe could talk about that, and maybe even Paul too, about seeing clients that really get stuck in those loops.

Yeah, it's definitely an easy thing to do as I mentioned. When you're surrounded in your environment by that type of negativity, again, that's part of your experience. And so that experience feeds into that subconscious. And without thinking about these things, you negate yourself. And you continually provide yourself with negative self-talk.

Or there's situations that come up and because they've been maybe burned in the past, they've been done wrong, so they automatically have that bias, well, this isn't going to work for me. I've tried it before. And so they've already given up.

But then we have to look at it programmatically as well. If we're going to be doing this work, whether underneath a program, say, a social service program or something, there tends to be a negative bias toward social services already. And now they had programs that have come and gone. They were here for a couple of years while they had the grant funding. And then now, since the funding is gone, the program is gone.

So that can also create that subconscious mindset of saying, OK, well, why should I do this program? It's just going to be gone in a year or two. And so those are some of the ways that can happen.

Yeah, really nicely put, Kevin. The piece that you were saying about how movies sometimes depict dads, it has such an influence on our unconscious even when we're growing up. So kids growing up, watching some of these movies, internalizing this dialogue that, as a dad, I'm inept or whatever. I can't get it right. And the mom has to come and save me.

It's those same narratives that we internalize about people with addiction, people with mental health, people in trouble with the law. And interestingly, these narratives, these internal narratives, are predictive of success or lack thereof. And there's a body of research called desistance which looks at reductions in recidivism over the long haul, meaning, what does it take for people to desist from crime, to stay away from crime in the long haul?

And what they're finding is one of the things that's very important is this change in narrative. So people have to be able to shift the way they talk about themselves. And that's, I think, a huge part, Kevin, of what you do. You develop this trusting relationship. You allow people to be honest about the narrative that they currently hold. And then you support them shifting that narrative to something positive, shifting the narrative where they believe in themselves more, where they don't talk about themselves as inept or worthless or whatever it is. But they talk about themselves in a more positive manner.

And yes, Jess, this is why people's first language is really, really important, absolutely, because language matters. And the way we talk about ourselves-- the way we talk about each other, of course-- but the way we talk about ourselves matters and is really predictive.

So, Greg, when you ask the question, what is the influence on recidivism, it's a big deal. And helping people shift from, I'm a screw up, I'm never going to be successful, to, some of my clients will say, I'm a family man now, or it's different for me, I'm in a different place, that is that shift in narrative that's pretty cool. Paul, I'm wondering if you have anything to add to that before we move on.

I was going to make a comment similar to the shifting one's narrative. And when a client is in that cycle of maybe the self-fulfilling prophecy and it's on the treatment side or on probation, I feel like we have to disrupt that in some form or fashion, disrupt the cycle.

And that's where I think it's really good whenever we as providers or professionals working, I think it's good to, when we're thinking of treatment plans or when we're working those treatment plans and together we're setting goals, that it's comprehensive enough so that-- because we don't know which one is going to help the client that we're working with. We don't know if they end up having a good relationship with whoever's doing the drug testing, or if it's the probation officer that they really connect with, or if they're doing Healing to Wellness Court.

So we don't know which elder or which treatment provider or which faith-based service is going to be the one to give them that insight or whatever it is to help them to help shift that narrative or, again, to disrupt the cycle. And so I feel like us as providers, it's important that as we look at the treatment plan, that it just be comprehensive enough that it's meeting their goals.

Of course, you don't want to give them so much services that they're not going to-- that then they're going to get in trouble for not meeting their minimum amount of meetings or whatever it is. But at the same time, you want it to work on a number of aspects in their lives because, yeah, you want to disrupt that.

You want to help them to change the narrative and to develop those pro-social relationships or relationships that are going to help them to make positive decisions or analyze. So I feel like all that's important for us as professionals working with folks who have misused alcohol or substances in the past.

Yep, very, very true. Very true. Yes, Greg?

I was just going to ask you to comment on one other thing that I've heard you talk about, which is, I wonder if these narratives, these tapes that play in our heads, in all of our heads I would say, if those are more closely connected with the lizard brain rather than the wizard brain because, I mean, I think of clients that-- the label I want to put on it is impulsivity. But every decision that they make, every interaction that they have, it's win/lose. Like, if I don't get the upper hand on this, it can push them to violence, to behavior, to all kinds of things.

I'm not saying that in the scientific way, which I think that you can talk more about. But I wonder how this plays into that as well when we're specifically talking about connecting this to our own internal biases and the risk that a person might pose to their family or their community because of what's playing out in their heads and how that might be helpful to us to understand and make sure that we try to make this a priority in working with them.

Yeah. So yes, absolutely that these live in the lizard brain, or the unconscious brain, for sure. And impulsivity is also a lizard brain response. It's an unconscious brain response. So there's a book called *Atomic Habits* by James Clear-- fantastic book. And in that book he's talking about how to change behavior.

And one of the things that he says that is helpful is before we have the impulse to do whatever the negative behavior is that we're trying to stop, to take a pause and to think about the person that we want to be. What is the person I want to become or the persor I want to be. And what decision would that person make?

So essentially, the strategy that he's talking about is the very thing we're talking about right now, which is narrative, the way we talk about ourselves. And so if my belief is I'm always a screw up, I'm never going to be able to be successful, I am not going to be able to make a good decision, we allow ourselves the easy route to make the impulsive choice in that way. So yeah, it absolutely relates to impulsivity.

And then Chantelle adds that it's really important to include people on case planning so you can figure out what their capacity is to help them get towards their goals because it's really, really important that whatever plan we come up with is a mutual plan. It's something that we come up with together. So we can build success in that way together. And Chantelle also points out that as we're talking about case plan stuff, you'll be able to hear some of the thoughts that they have that we might need to focus on changing. And that could be a part of the case plan. Greg?

So really, the curiosity thing that you talk about is not only is it curious as a way of interacting with people, but it's curious to get their guards down, if you will, and get them to talk about how they think, how do they make that decision, non-judgementally so we can understand them as opposed to, I can't believe you just said that. You should never say that again. And if you do, I'm going to arrest you. I know that's an extreme, but I'm thinking about our biases, too.

We have our buttons and biases that play out with our clients. We have those clients that we love and want to see successful. And then we have other ones that we're like, I can't believe the judge put this person on probation or in re-entry. He should have been locked up forever. But I think, bringing it full circle, it plays out for us because we're human beings as well.

Yeah, for sure. I think that connection, making that connection, is so incredibly important, and getting curious in a non-judgmental way, like you said, even about some of the things that people say that might bother us. So, for example, if somebody says, I only got arrested because the cop was racist, even if we want to completely dismiss that and say, oh, my gosh, stop it, you need to take responsibility for your actions, that may actually have been the person's experience.

And so it's curiosity for sure, but it's also the ability to allow my experience to be different from the other person's experience. My experience is not a universal experience. And we get into trouble when we think that my experience is what everybody experiences. Surely everybody has the kind of experiences that I have, and that is not the case. And because people don't have the same experiences, we have different ways that the world treats us.

And so we just have to be a little bit careful around, yes, supporting accountability, responsibility, all of those things, but truly hearing the other person's experience and their point of view. And they may have had that experience where the police officer may have been completely unfair or treated them in a manner that was inappropriate or whatever it is. It could have been the experience that they had. I'm not saying that excuses their behavior. But I think it's important for us not to just have a knee-jerk reaction of dismissing their experience just because it doesn't fit with ours.

So our internal narrative should shift from, oh, my god, I can't believe he said that, to something like, help me understand where that comes from for you, or help me understand your experiences that lead you to that conclusion, to get curious about it.

Exactly, exactly. Those were some beautiful motivational interviewing open questions there, Greg. Nice job. Yeah, awesome. OK.

Trained by the best.

[CHUCKLES]

All right. Any other questions regarding unconscious brain, conscious brain, where sometimes our biases lie? Pop those into the chat. I'll try and attend to them. So when you have some of these biases, unfortunately what we tend to do is we then view our experience, view our world through that lens. And we try and confirm the belief that we have.

So for example, if I believe that I'm a screw-up or a terrible dad or something like that, I will view all of the experiences that I'm having. And I will select ones that only reinforce that belief. So if-- and, Kevin, maybe you can help me with a better example-- but perhaps if you have a dad who is really down on himself, believes that he's not doing a good job, and he's sharing an example with you and he's actually doing a great job-- maybe some errors here and there, but overall he's doing a great job-- the way that the dad will talk about it will be through this negative lens because we have this bias within our unconscious brain that seeks to confirm the beliefs that we have.

And so our job as practitioners is twofold. One, to interrupt that confirmation bias in the people that we're working with. But also to interrupt that confirmation bias with us, with ourselves as well. And just being careful that we're not reinforcing some of these biases inadvertently.

So politics is a great example of this, where if we have a particular belief, we don't want to challenge it. We'll talk to people who have similar beliefs as we do. Like, oh, gosh, you wouldn't believe blah, blah, blah, and have the other person confirm. So even though there are objective facts, what we see is only what confirms our bias. We literally don't see the whole picture.

It's fascinating. There are a ton of research experiments on this that when we have a particular bias, we will remember very different parts of whatever we're seeing. It's the opposite of the elephant analogy, as I'm sure you're all familiar with. Several people who are blind and they're trying to figure out what they're touching and they're touching actually different parts of the elephant, but they describe it so differently. It's the opposite, where we're seeing the whole thing, but we actually only absorb a small portion of it that confirms our bias. Kevin?

Yes, I was just going to talk a little bit about what you had asked in regarding to the men and changing that narrative and helping that transition. Working with men, definitely many of them have had many encounters with law enforcement, and so have a completely negative view of all law enforcement. So they make that generalization because, yes, as you said, that's been their experience.

And then, as a practitioner, it's very easy for us to say, well, maybe you shouldn't put yourself in those situations where you have encounters with law enforcement. Or they'll talk to you about an example of what happened. And as they're going through this story of that interaction, you can see that in their response to being pulled over or whatever it might be, automatically they assume they're being harassed because that's their experience.

And then as he continues to tell you the story, you can see him making that situation happen in the tone of his voice or his attitude and things. And then at the end of it, he's ended up on the ground in handcuffs, and that's that experience. So it's very difficult at times to get him to understand that, OK, maybe there's something that I could do different.

But if that has been your experience, then that's all you know what to do. And like you said, it becomes a reaction. You don't even think about it. You just do these things. So the part of the work that we had to do with the men was to change that thinking as well, change that narrative that not all law enforcement officers are going to be like that. Not every encounter is going to be like that. So how do we change that?

And part of it was some of the events that we hosted. We would bring in law enforcement. We'd bring in fire. Our first responders would come in. And we would have all the men in our program and law enforcement, and then fire as well, and we'd do a tug of war. So you have the guys who are taking everything they've ever had out on these officers through that tug-of-war thing.

And at the end of it, everybody's laughing. And they're walking up and high-fiving each other. And then that's when you start that new dialogue between the law enforcement officer and the individuals because they'll come up, and they'll say, hey, I'm really glad you're doing this program. It's great to see you doing stuff with the community. I'm proud of you. And sometimes that's all it takes.

But it also is very easy to fall right back into that your next negative experience. So it's a constant dialogue that they have to have within that. And that is only done through repetitious practice, continuing to tell myself, OK, it's not always like this. It's not always going to be like this. And then slowly, that can change. But it's not an easy thing, though.

It's not easy. And it takes so much repetition, like you said, to shift somebody's perspective. The strategy-- I just put it in the chat-- but the strategy that you're talking about is exposure to counter-stereotypical experiences, where you're experiencing somebody in a different light. We do something very similar where many of our clients have such negative associations with police officers.

And so during one particular event, we bring in police officers. And they're able to have conversations with them. We do activities very similar to what you were talking about. And I had one client say, this is so cool. You're actually not too bad. I thought all of you were assholes. That's the bias that the client-- it just fell out of his mouth, that I lumped all of you in this category. And you're actually not too bad. And that's the shift.

Now, like you said, it takes a lot of practice. It takes a lot of these exposures to positive to finally get over whatever that negative thing is. But yeah, great. Thank you, Kevin, for that. That was super helpful. Chantelle, you asked a question that I want to make sure that we answer and I don't want to lose. So your question was about how using when we're young stunts our frontal lobe growth and leads to some not-so-good decision-making.

So as we grow up, the unconscious brain is what's maturing first. And then the conscious brain matures a little bit later. So Greg had used the term "lizard brain." The lizard brain is the unconscious brain. There's a pathway from the lizard to the wizard. And the wizard is our conscious frontal cortex, really the thinking part of our brain, the part of our brain that is involved with executive functioning, problem solving, thinking about the consequences, really the parts of our brain that we want online when we're trying to make decisions about our future.

The way our brain develops is the lizard brain, the unconscious brain, develops first and is usually mature around the age of 15. And then the conscious brain, the frontal cortex, the thinking brain, matures later, around the age of 25. If we engage in early substance use as kids, we interrupt the development and maturation of the brain, and we stunt it right there. So whenever the use picks up, begins and then picks up, is where the brain development slows down.

Also, when we use, we do certain damage to our developing brain. And that damage is disproportionate when we are young, before the age of 25, especially before the age of about 21. The damage to the brain is disproportionately increased when we use during that time versus if we use when we're 26, 27, 28, or after that.

And that is because of where the brain's development is. So like Chantelle was asking, really what happens is when we use any time before the age of 21, but particularly at the young, like 11 to 16, age, several things happen. One, it stunts brain development. And so even when they grow up, if they're still continuing to use, you'll have a 45-year-old person sitting in front of you. But really, their brain is at a 15-year-old or a 13-year-old. And many of you have probably experienced this. So that's one of the pieces.

And then the other is the frontal lobe is not able to develop and mature in the same way. And so you'll have somebody who really relies on their unconscious brain, their impulsive brain to make decisions. So you'll see a huge increase in impulsivity. You'll see an increase in emotional dysregulation. And you'll see a decrease in stress resilience as a result of early use. Chantelle, let me know if there's anything else related to that that you had a question about.

And then Greg was prompting me to also talk about whether mental health issues have an impact on brain development. There's a ton of research on trauma and the impact that trauma has on brain development. So adverse childhood events is a great example and a great way of talking about childhood trauma. Pop into the chat, what are examples of adverse childhood events? So when I say adverse childhood events, or ACEs, what are some examples of adverse childhood events?

Type it into the chat so we all know what we're talking about. Yeah, experiencing divorce in the family that leads to instability. So it's not just divorce, but it's divorce that creates chaos. Abuse of any sort, yes, so emotional, physical, sexual abuse. Yep. Being exposed to drugs and alcohol or drugs and alcohol in the family, so people are using in the family. Parents in prison, domestic violence, neglect. Yeah, being in and out of foster care is huge. Chaotic environment, racism, bullying. Yeah, excellent.

So all of these are examples. Yeah, great. All of these are examples of adverse childhood events. And what they're finding is that when we have four or more of these adverse childhood events, predictably, reliably, you can see a shift in trajectory if we don't attend to it. So please don't walk away with just a negative view. You can alter that. You can provide safe, stable, nurturing environments to shift that.

But if we don't and we allow people to continue in these environments where they're exposed to ACEs, what happens is their lizard brain overdevelops over and above the wizard brain. So the lizard brain becomes much larger, the wizard brain becomes smaller even as they go into adulthood. So again, much higher rates of impulsivity, lowered stress resilience, like I said, and really a hard time being able to slow down, stop, and make some conscious decisions. So you'll see people making really rash decisions or engaging in risky behavior or those kinds of things. Yeah.

Let's see. So we talked a little bit about confirmation bias. And again, other questions, definitely pop into the chat. Greg, you're asking-- I don't know. So Greg just asked me directly if I know about statistics related to boarding schools. I don't-- boarding schools and mental health and substance use. I don't have statistics related to boarding schools specifically. I do have them related to foster care in general, so being removed from the household.

And I'm not sure how many of you have read this information on the "foster care to prison" pipeline, that if we're not careful and we don't provide foster care that's actually safe and stable-- because some is. Some foster care situations are incredibly safe and stable and provide so much support that is not available in the home. So it's definitely a positive movement.

But when it's not, when it's not safe, stable, nurturing environments, there's a pretty dramatic increase in failing out of high school, in having increased suicidality, increased mental health symptoms, increased involvement in substance use. So definitely a significant uptick for sure. And, Melissa, thank you for that resource. Really great. Thank you for putting that in there.

So confirmation bias is one of the biases that we have. And another bias that we have is affinity bias, which is we tend to feel more comfortable and safer with people who look like us, act like us, have similar experiences to us. And so we'll feel safer with those folks. The downside is we immediately have negative associations with people who are different from us. And because of that, we miss sometimes meeting people's basic needs. And their basic needs are to be seen and to feel like they belong.

So [INAUDIBLE], what we can sometimes do to people is we can other them. We other people in a variety of different ways in the system. Sometimes as professionals, even though we are trying to learn all of this stuff, we inadvertently can other people, meaning convey to them that they don't belong, that they are different from us, that there's something wrong with them.

And, Kevin and Paul, I'm wondering if you have some examples of inadvertent ways in which we sometimes other people or ways in which we can just, as a system, contribute to stigmatizing folks or contribute to this message that there's something wrong with them or that they don't belong.

I think a great example of that for me would be working in Native communities and seeing that even myself as a Native American coming into another Native American tribe or working for another Native American tribe, that you are automatically othered already just walking in there because you're different. You're not of that tribe. And so you can see that quite a bit in working with men with substance misuse issues, whether it's drugs, alcohol or both, again, that situation is you're already othered because you went to college. You have a degree. And so what do you think that you know about me and my life?

And so that situation, it's very easy for that to happen. We do that on a constant basis as well, I think, as service providers. We can other people, also. We think we know. We've got the education. We've got the certificates and whatever it might be. And we know how to help you.

Well, sometimes we fall into that situation where you're just not doing it right because you don't know. And you can develop that bias also where you're othering people because they aren't like you or you don't understand why their life turned out so much different when you basically grew up in the same way, same environment, the same exposures. But your life went this way, theirs went that way. So yeah, many different situations.

That's a brilliant example. It's a real problem in our thinking if we start to say things like-- and even if we just say it internally-- I went through the very same things that you went through, and I'm not in the place that you are. And immediately we are othering them. We're missing something really, really important. Yeah, thanks, Kevin. That was great.

And lots of examples are coming in the chat. So, Paul, before I go to you, I just want to highlight a couple of examples that people are providing. So Aurelia said making teams in public school based on academic achievement, where you essentially very actively other people. Or Jenny says, "not being trauma-informed and thinking that people are lazy or being defensive, and really what's going on is maybe mental health issues or trauma, or they're having a trauma reaction and we say that they're being lazy."

April shares, "fat-shaming in high school through non-inclusion." Yes, great example. "Shaming somebody or excluding them because of their sexual preference." Excellent, Stephanie. Great example. Paul?

What I was going to share was that even in the tribal community of the same tribe, there can be a hierarchy, if you will, or maybe like a big family probably, in some sense, may feel like they have more of a say or more voting power when it comes to elections. So for all those reasons, and because the tribal community is so small or everyone knows each other, so even as professionals, a client could be someone that their families may get along or may not get along.

But one of the things I think we're helpful at-- I did this as a supervisor as well. But let me give you an example of what was really helpful for us. In court cases, whether it be pre-sentencing investigations or just some initial interviews that the judge may have us do, a lot of times our clients, they were in a county jail.

And so when I was doing probation in our Healing to Wellness Court, we both wanted to interview the same client. And a lot of the questions that we're both asking are the same. So a lot of times we would partner together on those interviews. And that was always a great thing because where we shared the same questions, one of us would lead those. And then if the other had a follow-up question, that could be done.

And then at the tail end, I would ask the questions that may only involve me. She would ask the questions that may only involve Healing to Wellness Court. And so some of this was just screenings or applications and just seeing what services this person would fit good with. Of course, before even doing the interviews, we sought permission both from the judge and then also from the client that we were working with because it was good for all parties.

One of the things that that experience allowed is it allowed us for both to say, hey, what about rephrasing that question? Because the way it sounds, even as it's being asked, is either already condemning someone or categorizing them or casting them into a category. And so I felt like that was really helpful for both of us, just to assess, oh, that was not my intention.

Or in some occasions, if one of us had that bias, having that relationship with each other to be able to call the other person out on. And of course, we did it in a very gentle way, but in a way to get the message across. And I felt like that really helped shape our skills. And I felt like we became better interviewers because of that.

Yeah, so I think that, for us listening, knowing that bias does exist, creating systems, if you're a supervisor, sitting in on some of those sessions and being able to give the professionals that are working, be it counselors or other probation officers or Healing to Wellness Court, or whatever it is, giving them feedback on, hey, you did really great on these areas, these areas can improve, ask these questions different, I feel like having that checks and balance and accountability is really good.

And a lot of times, we're understaffed in tribal communities that we don't even get that opportunity for a supervisor to sit in on one of those sessions, again with the client's permission. But I found most of the times a client is more than willing to have a second person just to be there listening or share an interview. So that's my experience on the topic.

That's awesome. Yeah, what a great way to grow your skills, to be able to have somebody listening, offering feedback. You're listening to other people and thinking, oh, wow, that's an interesting way to phrase the question. Or, oh, my gosh, I think you meant to say this, but it's coming across this way, or whatever it is. So helpful.

And bias, it's not always easy to spot it in ourselves because we're so convinced that we have none. We so don't want to be the person with biases, but we all are. It's normal, natural stuff. There's no shame.

Where it gets problematic is if we're not trying to get aware of it. And I think the example that you shared really helps us increase our awareness, whether it's just coworkers doing it with each other or supervisor with staff, for sure. Yeah, that's awesome. Thank you for sharing that. Great.

So similar to what actually Paul is bringing up, these biases don't just exist within us as individuals. Sometimes it's within a team even. And as a team, we can believe certain things about people and reinforce them. Or as an organization, sometimes as an organizational culture, we have certain biases, who we work with, why we work with them, those kinds of things.

So it's just important to be thinking about, what are our biases? What are we taking for granted? What are ways in which we talk about the people we serve that highlights some of the biases that we have, the ways in which we say things like, well, these people, something, something. Anytime we use that language, it's important to just slow down and say, wait, what did we just do by clumping people into these people? And what are the beliefs that we have around them? Let's slow down and look at that a little bit.

One of the things that sticks out for me whenever we have this discussion is organizational culture and biases. And I don't know if we have any bosses here or managers or administrators, but I think we see a lot of that. And it's really a challenge about, what do we do about it? When is it a person expressing an opinion, versus, when can it be harmful to the culture almost, especially with the really difficult work that we do? And how do we handle that as individuals working with others? Because it has an impact on us.

But it also, I would imagine, impacts the culture too. If that becomes OK to say then-- and I'm thinking of the terms that we use, "crazy," "antisocial," "he's just a criminal," "oh, she's just histrionic." We get a little bit of information on these terms, and then we create a box for them. And then it influences everyone potentially that you have that conversation with. So if you could talk a little bit about that, that would be helpful.

Yeah, it's a great way to be thinking about it. What are boxes that we put people into in order to relieve ourselves of the responsibility of working hard? And I know I'm being a little-- maybe a little abrupt with that comment, but there are times in which we will put people in a box, like being defensive or being borderline or histrionic or whatever the term is that we want to use, not because we truly know whether that is the case but because it allows us less responsibility of trying really hard to figure that person out, of slowing down and saying, hey, I'm just really confused. You're saying this, but this is happening. Help me understand.

And because we run out of runway on our skills sometimes, I think it's easy to put people in boxes. I'm not saying that that's what we always do. And I'm not saying that there doesn't exist something called borderline personality disorder, for sure. But just because that person has that diagnosis, it doesn't mean that now I get to not work as hard with them in that relationship. It doesn't take away my responsibility of fully showing up, of working really hard, of upping my skills about, how do I work with somebody with borderline personality disorder? And how do I keep myself sane and help them progress?

So we just need to be a little bit careful when we lump people into a particular category or box and then dismiss them. That's the danger. If we use labels to inform our next intervention, that's a different story. So I know that this person has borderline personality disorder. A psychiatrist diagnosed them, or whatever it is. So now I have a little more information about how to be with them a little bit differently, how it informs my skills.

What about specifically the antisocial, or he's just a criminal, or he's not interested in change? I mean, those seem a little bit more like diagnoses. Maybe it's not something else like substance abuse or mental health is contributing to this. But it's a deliberate choice that they've made to interact with the world this way. Do we just write those people off? I mean, even psychopaths, do we just write them off? I mean, they're on probation. They're in re-entry. What do we do?

So I imagine that different people would answer this differently. So take everything that I'm about to say, folks with a grain of salt because it comes through my lens and some of my biases. And my bias very clearly is we don't write anyone off ever because they are our fellow human beings with exactly the same rights to somebody giving them a shot as anybody else.

So from my lens, we don't write people off. Instead, we learn better skills of how to work with them and how to support them. So very practically then, if you're starting to feel, oh, my gosh, this person is just always going to be this way, they're such a criminal, or they're so anti-social, or whatever it is, take a pause because you might be right. They might be criminal, antisocial. All of these things might be right. And now what?

Just because they're acting in this criminal, antisocial way, it doesn't mean then we get to say, and so I wash my hands of this person. They're still a member of our community. They're still on our caseload. They're still a human being that we are assigned to serve. So what do we do? We step our skills up.

So usually when somebody is displaying criminal or antisocial behavior, it's because that behavior has worked for them in the past. And it could be that they don't yet know anything different or they haven't had the safe space to try something different. Theft, as an example, has always worked in the past. It's quick. It's easy. And I can get my family what they need. Or I can get myself what I need or get enough money to buy my drugs or whatever it is. It's worked in the past.

And so we have to slow down and try and help people figure out, how do we operate in this community where we have certain agreements as a community? And the agreements are we abide by the law. That's one of the agreements we make as a community. And so how do you get your needs met? And what are ways in which I as a professional can support you getting your needs met?

So if it is housing, if it is food, if it is clothes, whatever, are there ways in which we can support you getting your needs met so you can try something differently? Because even though, for whoever the human is, engaging in that criminal, antisocial behavior has worked in the past, they're now in front of us. And so it hasn't worked. Their freedom is now at stake. And that sometimes is the motivation.

I'm guessing, client, you don't want to be in the system. I'm guessing you don't want me involved in your life. I mean, I've had a client flat out tell me, my only goal is not to see you any longer. I'm like, that's great, because that is my goal for you as well, that you won't see me any longer either. So how do we, together, get to this goal?

And so it requires a little bit of extra skill versus just dismissing somebody because they're engaged in antisocial or criminal behavior. So, Greg, I feel like I get very passionate about this thing because when you say "write people off," I'm like, stop. [CHUCKLES] No, no. So I hope I answered your question.

You did. And I think that the boxes are helpful in guiding us. But sometimes we use them, just like you said, to maybe not work as hard. Those are much harder conversations, too, with a person who's thinking antisocially because we want to correct it. We're fixers. We want to say, oh, dear, no. If you think of the world that way, that grievance thinking and everybody's out to get you, what a horrible place to be. Let me help you explore some other areas.

But it's painful for them, too, I would imagine, for the most part. So no, I think it's really helpful. And those are maybe the easiest ones. Or the other thing that comes up maybe for all three of you is relapse, either mentally ill people or substance misuse. People who relapse, mentally ill people stop taking their medication, we're like, what? It was working great. You were behaving great, and you quit. What's up with that? You must not want to get better.

Or relapse, which we-- actually, the whole school of thought of, it happens so often, we need to prepare them for it. But we don't want to enable them to go, oh, you told me I was going to relapse, so that's OK. Those conversations are so complex. I'm wondering if you guys, all three of you, could maybe talk a little bit about your approach to that.

Yeah, for sure. It's so fascinating. Actually, let me just take a step back. Paul, did you want to say something before I talk about the relapse conversation?

I was but it kind of goes into that, too. But we're talking about working with antisocial personality. But I think one of ours, one person that comes to mind, we were working together on a lot of things. But one of the things was a VPO that he had on him. So there's a protective order.

And part of his way, I guess, would just be like, oh, my gosh, it's not even me breaking this VPO. The victim, or the person that he had victimized, is the one who keeps breaking this VPO and making contact with me. And so instead of me saying, no, you're lying, I know you're the one who's creeping by her house or you're the one who's making contact with her, there's no sense in discussing it. He's never going to see it from that perspective.

So for me, it was more like, OK, well, I'm glad you brought this to my attention. Let's make a safety plan on all the things that we're going to do to work around if contact is made that way. And so then we're there, spending the next 20 minutes writing up a plan and getting real in depth. So I felt like that helped in so many ways.

So the next time we're meeting and we're doing a check in and we're talking about that VPO, he can't say, well, she's the one that keeps doing it, because I was like, OK, well, when you guys were within 20 feet, you realized you guys were in the same store or in the same area, did you do step 1? And then it'd be like, well, no, I didn't do step 1. OK, I'll be like, well, law enforcement or the court, who are they going to hold responsible for not doing step 1? Are they going to hold that person or you?

And so I felt it's almost like we're drilling that same plan over and over. And I felt like that ended up giving them skills and also taking some of the excuses away that it's that other person. And at the same time, I was working very closely with victim services. And we had the appropriate agreements in place to be able to say, hey, this is what we're working on. And so I was able to verify, too, if it was the other way.

And so I just wanted to highlight that and maybe just a way of working with folks who may have antisocial or even-- but still being able to not disagree with them on every area and every issue. Instead, moving towards solution based and then breaking down those scenarios. And then in a relationship with the other professionals, which is victim services, and working that way so that I'm covering it with the client, but I'm also going around and covering it on that side, too. So anyways, that's what I was going to comment.

Yeah, that's great. So we don't get in a power struggle with the person. And instead, we say, OK, if that's the case, let's have a safety plan around it. So we roll with whatever they're giving us. And then practicing and role playing, such a great way of reinforcing skills, for sure. For sure, yeah.

So Greg had asked about relapse. And one of the examples that Greg used, he said when people stop taking their medication, we say, oh, my gosh, you probably stopped because you don't want to get better. And unfortunately, medication adherence has the same sort of relapse rates as addiction, which has the same, interestingly enough, relapse rates as our commitments that we make to food-related, healthy eating. Dropping off from exercise actually has a higher rate of relapse than other things.

So it's helpful to think about that, in a general form, that all of us as human beings, you and me too, if we think about some of the behaviors that we have said we will engage in and then we relapse, our rates are pretty much very similar to what it is for people on medication. And so whatever names that we call them-- 'you don't actually want to change'-- is probably then true about us. So we just have to be a little careful.

Whatever behaviors that we engage in, you and I have relapsed off of. So whether it's a healthy eating plan or going to the gym or, for me, staying up on narratives with clients or whatever it is, staying up on paperwork, we fall in and out of things. And as a society, we're so much gentler in our assumptions about people when it's medical issues, which have a huge behavioral component to it.

So cardiac issues or type 2 diabetes or those kinds of things, those kinds of diseases, they have a big behavioral component and have very similar relapse rates off of sticking with those behaviors as addiction. And yet we stigmatize addiction so much more-- addiction, mental health, all of that-- so much more. So there's something just about, as a society, how we hold value for certain things and not others.

Greg, thank you for adding that comment in there. Let's go back to just talking about mental illness for a second and then talking about what we can do to reduce stigma. So mental illness, there's a ton of stigma around mental illness mostly because, I think, people find that folks who have a mental illness tend to be unpredictable. And that's not always the case. But I think that's what creates fear for people, a lack of understanding and feeling like they're being unpredictable.

And in particular, when you ask people questions about, who is it that worries you, who is it that you feel is unpredictable, they'll frequently talk about folks with psychotic disorders, so schizophrenia or schizoaffective disorder or psychotic disorder, people with hallucinations, delusions. That's not a huge part of our population. I just want to reassure you. You will encounter it for sure, but it's not the hugest part of our population.

And interestingly enough, folks who have mental illness are actually not at a higher rate of exhibiting violence. They are more likely to be victimized than to victimize somebody else. So just keep that in your head. Just pure statistically, they are more likely to be victimized than to actually victimize somebody else.

So mental illness is diagnosable, meaning it meets certain criteria that are listed in something called the *Diagnostic and Statistical Manual of Mental Health Disorders.* When somebody has a mental illness, it means it impairs their functioning. It impacts their living. It creates distress. It doesn't allow them to do their life in a way that they could if they didn't have a mental illness. And it's very, very hard to regulate it without some kind of an intervention.

The intervention doesn't have to be medication. It can be other things. But there needs to be some kind of intervention for people to feel better. People, of course, can have a wide range of symptoms, from a ton of symptoms to just a few symptoms. We call that mild to severe. And again, it has a greater likelihood of people being victimized.

Unfortunately, sometimes people think that folks with mental illness are either less intelligent or weak. Or there's something wrong with them. Or they're not a good person, and that's why mental illness was put upon them. And that's not the case at all.

Some mental illness is genetic, so it can run in the family. Schizophrenia is a great example. Mood disorders are another great example. Depression, bipolar disorder tends to run in the family. It can happen to anyone, and it's not always visible. So here's the difficult thing, is that any one of us on this call could be struggling with certain symptoms of mental illness, and we won't be able to see it. It's not always visible. People don't wear a badge that says, hey, I'm struggling with a particular issue.

And so I say that just to allow us to slow down a little bit with some of our clients, especially when they're exhibiting certain symptoms that feel like something's off. So slow down a little bit because there might be something more going on that's not totally visible.

Again, not inherently dangerous. It is a psychological condition. And people don't do it to themselves. So it's not like they're working hard to have a mental illness. That's not the case at all. And mental illness, antisocial personality disorder for example, is different from psychopathy or sociopathy, which is where emotion is processed in a different part of their brain, where emotion is processed as a thought, as a cognition, and that's something entirely different.

The rates of psychopathy are pretty low. The likelihood that you and I are going to see a true full-blown psychopath is pretty low. We might see people with psychopathic traits. But overall, in terms of percentages, it's like 5% to 7% in a maximum-security prison. So the likelihood that in our world of outpatient that we're going to see a psychopath is pretty low.

So we talked about mental illness. But I also want to talk just a tad about addiction. And I know we have full webinars where we've talked about mental illness and we've gone into depths about that. We've talked about addiction and gone into depths. So I'm just covering it from a stigma place, from a view of why it creates stigma.

And unfortunately, there's such a lack of understanding around addiction and around mental health. And people think that addiction is about choice and that people are choosing to be addicted and stay addicted. And this is the problem. Yes, they chose to use in the first place. I'm not arguing that. But once we're addicted, it's not about choice anymore. It's about survival.

And unfortunately, there are changes in the brain and in our biochemistry that move us towards using more as a method of survival versus as a choice, like, oh, I want to choose to. It no longer is a choice. It becomes a necessity. That's what a true addiction is.

Unfortunately, people think that they're continuing to be addicted because they're not strong enough or they don't want it enough or they're weak or there's something wrong with them. And unfortunately, we tend to portray that in the media. Greg?

So just to get you to comment on an example, I think more and more of us, especially with the fentanyl and opiate epidemic, know people, obviously, that may be struggling-- family members, friends. So it's become much broader. It's not as easy of a label to say, oh, because they're poor, or because they grew up with this family, they use drugs. It's really spread.

But I guess one of the hard things for me to understand, and this happened recently, is a person who's had lots of treatment and opportunities and done those things still continues to do the relapse. And then when you help them break down that relapse, it's like, there's all this planning that goes into it, for this person to the point where they order designer drugs from China that can't be picked up on UAs, and they use.

And that's so much harder-- and I'm trying to figure out the biases that play for me into this-- that's so much harder to understand than the typical one where we think about, oh, the guy who had a rough day at work, he fought with his wife before he went to work, he walks by the bar that he used to go to all the time. His friends are out front, and they say, come in for a drink. And he goes in there, and he relapses.

I mean, the planning, I guess my biases come into that. And I'm just like, well, you had all this time. And you did all these steps leading up to this that you could have asked for help, that you could have stopped, that you could have done something, and you still don't do it. So that's harder for me to say, oh, this is like me not sticking to a diet or going to the gym. There's so much planning that goes into it that I really struggle with that. And my old biases come back into play. Can you speak to that? Because I think many of us experience that with people.

Yeah, super tough. So I so appreciate you being so honest about struggling to understand like if there's so much planning involved, why could the person not have asked for help instead? So it's not just the using of the substance that creates the reward and the meeting of the need in the brain. It's in the planning and preparation of using.

And a similar analogy-- it's not a perfect analogy, so hang with me-- but a similar analogy is if you do a functional MRI, like an MRI of the brain where you see where the blood is flowing, you'll see a ton of blood flowing in the reward center as the person is preparing to use the drug. In fact, sometimes the actual use is not as rewarding as the preparing to use it. This is, again, a terrible analogy, but maybe sometimes-- I don't know if any of you have experienced this-- but the preparation to go on vacation sometimes, like the excitement of the anticipation of the event, is sometimes more exciting than the event itself, or a birthday party or whatever it is.

And so that to the n-th degree is what addiction is about. So, Greg, when you're saying that this person now is ordering something from China that takes a while to get to them, they're actually already have started the reward process. They've started the process of meeting the need, the survival need. So again, it's not just about reward, but it's also about survival.

So as soon as they push the "OK, let's order it from China" button, it's starting. Their need is starting to get met. So it's not just the use of the substance, but even the preparation and planning. In the DSM, the *Diagnostic and Statistical Manual,* one of the criteria for this continuum of addiction is lots of time that's spent on either obtaining the substance, preparing to use the substance, or recovering from the substance. So that, I think, helps understand this particular person and what they're doing in the ordering the drug instead of reaching out for help. So I hope that helps.

And then Terry said-- I'm sorry, Terry. You sent that just to us, so I'm going to pause on my response. Sorry, Chantelle says, "Sometimes the person is in precontemplation and not ready to change." So true. And we've got to respect that. So when people are in precontemplation, our goal in that moment is really to provide support and ask questions and be curious.

So sometimes people will say something like, I really don't think I have a problem. And my question will be something like, and how do you know when it is actually a problem? What are things that have to happen in your life, what do you have to lose, what bad stuff has to happen in order for you to feel like you really do have a problem? So get-- oh, OK, thanks, Terry. So get curious with folks.

I'm going to go back to Terry's comment. So Terry shared that, "I'm a person in long-term recovery. And so I use that to connect with my clients and to be able to provide them the compassion that they need and the understanding," which is really, really important. Yeah. And then Jenny says, "self-sabotage." Yes, and we've all done it to some degree. Greg, I just looked at the clock. [CHUCKLES] I'm so sorry.

No worries. I think we're in a perfect place. To close, I'm wondering if we could ask Kevin, Paul, and then you, Anjali, what are some things that you do to stay in a healthy place interacting with the clients that are really hurting and really challenging and, to be truthful, take something from us? I mean, we're giving something to them as we create this relationship and are on their journey with them. What are some things that each of you have done to stay resilient in this work? Because the biases are probably one of our coping mechanisms to help us not have to deal with all the pain and suffering that we hear and see and see them struggle with. So Paul, Kevin, and then Anjali.

Thanks, Greg. Yeah, I mean, the way I take it is like for me, personally, what it is I do to stay good, I feel like I do good at decompartmentalizing things. I know that that's probably not the best practice in and of itself. And so I feel like I play the drums, doing that. I love being with my family, doing that.

And then that sense of purpose as far as the sense of purpose, I feel like I'm doing a great service for the community. And hopefully it's a better place and safer for my girls or for future generations. So I feel like all those things help me to stay in this career a long time and not burn out, I guess. So I don't know if that's what you were looking for, but that's what comes to mind, Greg.

To answer your question, for me, pretty similar to what Paul has done. When I was working a lot at the time with these men, the thing that helped me the most was really just spending time with my kids and kind of helped me realize that these men I'm working with don't necessarily have that opportunity. They don't have the opportunity to do the things that they would like with their kids because maybe they're not with mom anymore or whatever the situation might be.

But to be able to be grateful for the time that I had with my kids, that is the one thing that really helped me a lot getting through this because, you're right, it does take a lot out of you. Working with the specific population that I did, there were many times where you get the phone call in the middle of the night. So-and-so has been shot. So-and-so has been stabbed, or they've gotten into something. So you end up going to the hospital, and you really start to dislike the hospital because of those experiences.

And it can be rough at times, but I found that spending time with my kids, doing different activities with them, really helped me to slow down in that mindset and really just be appreciative of what I have been able to do and that I'm really grateful to have been able to do the work that I've done with the men. And as Paul said, be able to contribute something. Maybe it's just a little bit, but giving back to try to create a better world for my kids as they were growing up. So that is really how I found my peace with all of it.

Greg, I think we have to wrap up, yes?

Yes, we do.

OK.

All right. So thank you, everybody, for the great participation today. An extremely valuable resource is the COSSUP Resource Center. A screenshot of the Resource Center and a web link are shown on your screen. Featured resources are available through funding opportunities, COSSUP grantee site profiles with data visualization tool, information about demonstration projects, peer-to-peer learning, and recordings of 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, local, and state organizations, stakeholders, 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. Whether you're a COSSUP grantee or not, TTA can be requested at the link shown on your screen. So join the COSSUP community by subscribing to the link on your screen below.

Thank you to Anjali, Paul, and Kevin for taking the time to share your expertise with us today. Thank you all for the great engagement, especially in a virtual world, and your questions. Have a wonderful day and a great rest of your week. Thanks, everybody.