



W6. Relationships Ignite Resilience and Recovery

Wednesday, June 5, 2019
11:30 a.m. - 12:45 p.m.

Moderator:

- Dr. Stacey Bouchet, Products Specialist, National Responsible Fatherhood Clearinghouse, Baltimore, Maryland

Presenters:

- Gyasi Headen, Director of Workforce Development, The Osborne Association, Inc., Bronx, New York
- Ted Strader, Executive Director and Creating Lasting Family Connections Curriculum Developer, Council on Prevention and Education Substances (COPEs), Inc., Louisville, Kentucky

Dr. Bouchet: Good morning everyone. My name is Stacy Bouchet and it's my pleasure to introduce you to this session, Relationships Ignite Resilience and Recovery. I get to introduce our two dynamic presenters. Gyasi Headen is Director of Workforce Development at The Osborne Association, Inc. The Osborne Association, Inc., has an 85-year history working with currently and formerly incarcerated men, women, and children, as well as families affected by incarceration. His team has developed practical and effective approaches to assist fathers who have substance use disorder find meaningful employment. Team members use evidence-based curricula with a person-centered approach. Previously, he served as manager of workforce development at NADAP. Welcome.

Mr. Ted Strader. Anyone who's ever heard Ted speak before, you're in for a wild ride. Ted is Executive Director of COPEs, Inc., a managing partner of the Resilient Futures Network. He is a nationally recognized author, curriculum developer, trainer, motivational speaker, and publisher on topics related to fatherhood and marriage programming, parenting skills, family strengthening, and the prevention of substance abuse, violence, and prison recidivism. His Creating Lasting Families curriculum series is used throughout the United States and several countries. With that, I am going to turn it over to Ted.

Ted Strader: Thank you, Stacy. What's left out of my introduction is probably the most important thing. I'm a dad. I raised four beautiful stepchildren in an earlier marriage, all girls. Three were triplets. I have a biological child, Sierra, who's in the room, and my wife Teresa, who's also present. We work together both at COPEs and the Resilient Futures Network.





I want to share with you information that gives you a sense of America and over time, not just today because today we're all bunched up, excited, and tensed out. There's an opioid crisis and 70,000 people are dying in the streets. It's harsh. It's a horrible situation, but it's not new. It's the third opiate crisis we've had in our history. We've had multiple crises, so I want to just put it all into perspective.

What do we know about studying the history of mankind since it's been written? We know that addiction has harmfully impacted families, communities, and nations since 1754 B.C. with the first written historical code of law, the Code of Hammurabi. Does anyone remember that from high school or college? One of the rules in the code written in stone said you can't sell alcohol. You can make your own, but you can't sell it because those that don't make it, drink too much and get drunk and cause problems; so, if they don't make it, don't sell them any. Isn't that interesting? 1754 B.C. we knew that alcohol and other substances could be a problem.

It's important to know that all around the world, it's globular that ancient Eastern European and Western cultures have all used prohibition, legislation, taxation, incarceration, and death sentences for substance abuse issues. We're pretty harsh around the world, not just America. American incarceration is not just a black-white thing. It's all over the world. Wherever you have someone treated less than someone else, the ones that are treated less get it hard and harsh and everybody else gets a pass. That's a worldwide phenomenon. It's important for Americans to know that, especially my African American brothers, especially my Hispanic friends and neighbors and Native Americans.

If you're in the minority, you get treated differently and you probably know that. That's worldwide. When I went to Africa, I was in the minority in a couple of situations. I had to look for an African mother to nurture me and take care of me through the process because we know that prejudice exists, and it plays out in cultures. It always has. Hopefully, it won't always. The cool thing about America is we fight about it, but we also talk about it, and we do work on it, so we're trying to get better. I'm not going to say it's getting better, but addiction has been around forever, and if you study the Judeo-Christian ethic, the poor will always be with us and addiction will probably always be with us. Can we prevent it? Can we treat it? Yes. We have better tools today than ever before.

The CDC says we have at least 20 million addicts in the U.S today. That's an estimate based on the number of people asking for treatment; based on a variety of factors. By the way, I think it's very low. We saw 70,000 overdose deaths in 2017-2018. Let's put that into context. Since everyone in this room was a child, we probably had 400,000 or 500,000 tobacco-related deaths every year, and at least 100,000 alcohol-related deaths. I'm not talking about crashes because if you count those, it would be way more. I'm just talking about alcohol health-related deaths.



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This opioid crisis is a really big deal. Losing anyone hurts. How many people in this room have a family member or friend who has suffered from addiction in their lifetime and they know it? Raise your hand. Now look, if 20% of our population are experiencing it, we're all experiencing it. We see it and what happens when people see that kind of pain and suffering when it looks like they ought to just quit. How do you feel when you see someone harming themselves and their children and you want them to stop and they don't stop? Don't you get frustrated? Doesn't it hurt? Don't you get scared? Don't you get angry? Well, that's why we incarcerate. That's why we prohibit, we legislate, and we tax. We do all types of things because it's painful to see somebody living in spreading pain. I get it. We take it out worse on people who we think are different from us. That's what humans do. We play the blame, attack, and retaliation game.

The background is this problem has been with us since history began. It's likely to persist but, we know what works, we can treat it, and we can prevent it. It's almost 100% treatable and it's certainly 100% preventable. Then people argue about prevention and treatment. They fight about that because it's turf.

Let's go through a little history. In 1620 the Mayflower brought 14 tons of water, 42 tons of beer, and 10,000 gallons of wine. What were the Pilgrims' priorities? These were White Europeans. We might not get anywhere, but we're going to have a good ride. I just selected tidbits to give you an understanding of our culture and it's not even a mutual culture. The president of Harvard University was fired. Why? Because he didn't teach children? No, because he didn't get enough beer. He didn't have enough beer for the students and faculty, so they had an uprising. They got mad at him and the university board fired him because he didn't make enough beer for the semester. What was our priority? The same now, right, beer bash at the university.

In the 1770s, a temperance movement begins to heat up. Why? Because people see problems with that. In 1778, the Free African Temperance Organization, free Africans in the north who said everyone's getting messed up and if we're going to make it, we need to patrol ourselves and make an agreement that we're not even going to drink. Not don't get drunk. We're not even going to drink because we have enough odds against us right now. We can't be making bigger problems for ourselves by letting our brothers get drunk, so we're going to send a message. We're going to stay clean to stay free. Think about that. I think it's fascinating, it's wonderful, and it's beautiful; but, how do we collectively do the right thing together? We don't get together collectively and start doing the blame game and finger pointing. We know that's not what works, but we still do it.

Let's look at the Civil War. This is a wild piece of history. The North had lawyers, guns, and money. The South had agriculture and passion. We're going to keep our slaves. We're going to



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keep our agrarian culture. We're going to keep our culture the way it is. Don't tell us what to do from the other side. The North had better cannons, better uniforms, better doctors, better systems, and better drugs. They sent morphine out with their medical teams. You think that if morphine was available and you're feeling kind of blue that you might be able to sneak some out of the mess? You might be able to go over and get a little bit and use a little bit to deal with the anguish and pain? If you're wounded, do you think you got a supply of morphine? I promise you, you did.

The North won the Civil War; but guess what came home? The northern families sent men, fathers, husbands, and children to war and what did they get back? People addicted to morphine. What did they do when they couldn't get the government to issue morphine anymore? Where does he go when he can't get drugs? He goes to the nearest drug he can get. He went to the saloon and started drinking heavy and hard. Then they start saying wait a minute, let's go find morphine.

Remember the patent medicine? Anybody watch cowboy shows when they were young? Anybody over 50 remember the medicine show where they sell drugs out West and guns to the Native American population and try to use whiskey to supplant? Let me take your property. Let me take your well-being. Here, you drink my whiskey. We deal in drugs and morphine. People were affected and what happens? Well, a lot of men came home from the Civil War addicted and the government came up with a great solution. They looked for a drug to treat morphine addiction and alcoholism and guess what they gave them? Heroin, because it's not addictive, right? It really, really works. They quit craving the morphine. Welcome to America. We give drug problems to drug solutions. That's prevention. That's treatment. It's all good.

Next, we go back the other way. We can't have anything, not even alcohol. It's prohibition, so in the '20s and '30s, you can't sell alcohol unless we give you a license. Unless you're a doctor, you can't give people drugs. Then the Harrison Narcotics Act was passed. Now it's a crime for a doctor to treat a drug addict with a drug maintenance program, which at least reduces the crime and gives them hope to stabilize before they try to go into abstinence or quit. No, that's illegal now, so what do we do? We have a learning medical community. It's small, very poorly trained, but very dedicated. Twenty-five thousand of them end up in jail for giving drugs to their patients because they took a Hippocratic Oath. This man is addicted to morphine as a soldier. I'm going to give him a low maintenance to try and wean him off, and he gets put in jail for doing that. I'm going to get out of the history.

What has not worked with addiction? If you've studied grief, you watch people go through addiction, it's pain, denial, anger, bargaining, and depression. If you blame, attack, retaliate, or give up handling the pain as a nation or as a body, as a culture to handle addiction, if you do all





those things, what if it doesn't work? Have we blamed people? Have we blamed certain classes, certain races in America? Have we retaliated? Have we put people in prisons in unfair and unequal ways? Yes, we have. By the way, so has every other culture on the planet. Again, I'm not going to disparage just Americans, because we're great; but, we do what others have done. Other cultures put them to death. In China, they just kill them. In Russia, I talked to their best treatment expert. They're glad when their addicts either quit or die. I was sent to Russia by the State Department to interview them on what their thoughts are about addiction. My Russian colleague said, "I have a graveyard named after me because my guys either quit or committed suicide." That was in 1994. Scary. It's that painful to watch people. You've seen people in your community suffer and die from addiction. It hurts. You get angry. You get hurt. You get disappointed. Who doesn't? That's not what works to help them. Let me kill you to help you.

We also know that legalizing, enforcement, incarceration, and legislation, don't make someone stop craving a drug. It may keep them from getting it, might force them to go through a withdrawal period, but the ideation, the craving just gets worse and sits there latent until they get out or they find a way to get it in prison and make their guards wealthy. Legalizing and tax and whenever we legalize it, the dealers become legal and they make more. They only give 10 to 20 percent taxation. It's never enough to treat the social ills that come with it, so they get fat. We get sick. Our family and friends suffer and die; but, it's all good because we're collecting tax money, because that's how government sometimes thinks. It's painful. Beware. Is that happening today? Think about it.

Telling people about the risk doesn't work in prevention. Scaring people doesn't work. A person that's already addicted says, "This is harmful to your health. I don't care. I need it. I want it. I got it. You're full of it. You don't know that not using is what hurts." That doesn't stop an addict. As far as prevention is concerned, if you know the adolescent mind, it's risky. I'm in. I can jump off that cliff and swim. I can do it. Watch. We take risks in adolescence, so in a culture where we make certain risks look attractive and cool, then we say don't do it. I was a middle school teacher at one time. If I were to walk out and say, "Look, nobody cross that line. I'll be back in a few minutes," six out of 20 children are going to jump up and cross the line and say, "Nah, nah, nah, I did it, nothing is going to happen," and they sit down. Well, there's not any benefit to that and drugs feel good, actually, so be careful. That's not what works in prevention. Denial, anger, bargaining, depression, blame, attack, retaliation, giving up doesn't help with addiction.

What does work? What has worked? Compassion. That's my brother, my sister, my mother, my son, my daughter, and they need help. That is what works. Being compassionate, understanding, nonjudgmental, and non-delusional acceptance. I know it's going to happen to some of us. Some of us are going to take the risk. Some of us are going to get pleasure and not even get into a hard problem, which is great; but, some of us are and we need to be there for them because it's our





family. It's us. As soon as you make it, they become another minority and another person that gets abused, attacked, blamed, and retaliated. It has to be us. We must see people suffering from addiction as us. That's what works.

All of us are at some risk for addiction, and some of us are at greater risk due to genetics, environment, and lifestyle. Three topics: genetics, environment, and lifestyle. By studying that, we know how to do prevention and treatment. Thinking about this intergenerationally is exactly what works. I praise the panel because they finally got that out. It's an intergenerational issue, but you're not predestined. It's not preordained. We can take the lessons of the father and teach the son and the son can avoid the problem with loving support from someone who knows. I've researched my whole life. Thirty articles on prevention and treatment research and it's written. Go read it. Sixty percent reduction in recidivism when people are treated with dignity, respect, and given an honest set of tools to work with.

When family and peers recognize addiction and recognize abuse before addiction occurs and say you know, that's not a great idea, people avoid the disease and people find a way out. It's a chronic health issue. You look at it as a health issue and we heal, we prosper. Recovery and resilience, abstinence-based, AA/NA, it works. It's a way people find recovery. It usually involves group interaction and relationship skills. We're in a fatherhood movement. Relationship skills is what works. When people know you care, they care what you know. You can help people find recovery through abstinence-based or through medically assisted therapies.

Dr. Halsted, one of the four big founders of Johns Hopkins Hospital, which became Johns Hopkins Medical University, was a drug addict. He invented cocaine as an anesthetic and experimented on himself. He knew it worked and developed a cocaine addiction. This whole complex came from a drug addict who was actively engaged with his addiction throughout his life, but he switched from cocaine to morphine and had free access. He put himself on a maintenance dose; and, while he was drug addicted, he created anesthetics. He created and was the first doctor to perform a mastectomy for breast cancer. He was the first to put medical students on residencies with doctors so they can observe and work with them. It's the way we train doctors.

Dr. Halsted was a drug addict from age 34 and died at the age of 70. Can medical assisted therapies work? Yes. Do you know how he got better? He wrote an article that didn't make sense and one of his colleagues said, "I know Halsted. He didn't write this. He must've been messed up." He went to visit him. He said, "Yes, I've been using cocaine and my mind gets racing." His colleague told him "You need to go on a trip," and took him to Europe, got him clean, and said, "Let's try morphine maintenance," and he did it for the rest of his life successfully because he had access. It wasn't illegal. When used in certain doses in a regularly monitored way, there's not





a big downside for someone that has access to it. That model has been around. That's maintenance. Maybe he was the first to ever do that; but, we think judgmentally and critically. You can't use drugs, so you get into this big fight in treatment about it. It has to be abstinence only. Other people say no, we need medically assisted therapies. I'm good with both, but if it was my daughter Sierra that developed an addiction, I would want her to graduate to an abstinence-based approach because recovery without maintenance is awesome. I've seen it hundreds of times, so I lean toward that in the end; do you want her to die with an overdose or do you want her to make it to treatment?

It's important to think nonjudgmentally, noncritically, to be open-minded, and to work within the context and the cultural context of the client. Their history matters. Their belief system matters. If you think you're going to die in the next 10 minutes, people want help now. That makes sense to them now. Let's give them the help they need now and slowly teach them other options along the way and the client gets to choose along with the practitioner.

I want you to be aware that there's tension between preventionists and treatment people about abstinence only, but the same thing's happening in sexuality, isn't it? You have to teach everyone abstinence only. No sex before marriage. If you told me that when I was 17, I'm not hanging around you for very long. However, it's probably important to think about prophylactics. It's probably important to think about health and HIV AIDS. I might not want to have sex with just anyone, and under certain conditions I might, so it's helpful to have a broader level of education and understanding across these topics.

Whenever you see a powerful issue, you'll see extremes develop, people fight, and reasonable people can start to see options among them and be able to talk about the options that are on the table as possibilities. Instead of judging, attacking, and criticizing, maybe we can see an open-minded approach that can work. When do MATs, medically assisted therapies, self-help and abstinence approaches work best? When they're undergirded with relationship skills, therapeutic interventions that include people that help them think and see things in new ways, who accept and understand their cultural relevance, their cultural perspective, and then create a relationship that nurtures them toward greater health and a step program. What has worked is accepting and understanding addiction is part of the human condition and that we can help people find recovery.

What does this all have to do with fatherhood? Addiction and fatherhood programs. I came here to say this to you. I come from the substance abuse prevention and treatment field. In the '80s, I was one of the first six men to publish research that showed that prevention can work with substance abuse. SAMHSA promoted my programming worldwide, so we have people using my programs in all 50 states and six countries because they work in substance abuse prevention.





I came to the fatherhood field saying wait a minute. What works in substance abuse prevention and treatment is relationship skills. Relationships matter most. People need fathers, mothers, and families and contacts that are healthy. You give me a healthy family; I'll show you a healthy child. I came here to bring that news to this field, and I say "Watch, I'll work on relationship skills that help with addiction, but it'll help fathers coming out of prison."

If you're working with dads, it's important to think, screen, and assess for addiction. It's important to screen and assess children of alcoholic families, children of drug-addicted families. It's important to screen for adverse childhood experiences. You've been hearing that for the last 10 years, right? Well, here's why. Because that's the next generation. This is all intergenerational. If you have a chemically dependent father who goes into incarceration and is untreated; as one of our panelists said, he got screwed out of a dad and they didn't do any rehabilitation. They let him out and he said he wasn't better and still doesn't have a dad.

We can help dads through relationships, and we can help those children. This is what Katherine was saying. We need to be those children's children when dad's gone, help mom and help other men be role models and teach the skills of well-being because they all want it. It's helpful to know who and what you're working with. Don't turn away from the possibility that these men are in your program because they suffered intergenerational addiction or personal addiction. Be open to screening. If you're targeting returning citizens, our experience is 75% of our men have alcohol and drug issues and 100% of the 75% have a family history.

Let's treat them with gentleness and give them the fatherly love they never experienced before and watch them respond to the healing of father-like love. That's what works. Fatherhood programs teach fatherhood. We need to role model it; so, I'm asking you to not be judgmental and critical of reentry men, addiction, or people who had adverse childhood experiences and treat the world like it's a nail because the only tool they have is a hammer. Let them swing that hammer a few times. You turn the other cheek a few times and show them more tools and watch them turn it around.

If you're targeting recovering dads, be open-minded to both abstinence and MAT, but serve them differentially. Serve them with cultural sensitivity to the method they're being treated with. If they're in AA/NA, I'm going to support abstinence for you. If they're in MAT, I'm going to follow your doctor's regimen and keep coming to the group therapy programs, and we'll talk about disengagement at some point in time, if ever, but it beats losing control and spiraling back into the criminal justice system. That's that person's decision. I think we, in the fatherhood movement, can be very effective by being sensitive to both.





Finally, I think it's important that everyone walks out of here with this much expertise. When you're interviewing clients, at least assess them. Do you have a history with use of any drug trouble? Alcohol, marijuana, heroin, it doesn't matter. If they have a repeated trouble, then you might want to get a formal assessment done and help them get some form of treatment because they probably need it. If you can remember WURT, you can do a good screening, at least. With Use, Repeated Trouble. If you look at their history, you can see "with use, repeated trouble." Not can you quit, not do you love it, can you put it down? Can you lighten up? Do you have a history of trouble or don't you because if you have a history, you're probably suffering from at least dependence, if not full-blown addiction. I don't care if it's tobacco, alcohol, marijuana, heroin, cocaine, crack, smack, jack, whatever, spice.

All three of these populations have responded to programming that we've created and written. We treat people with love, unconditional love, dignity, and respect and then share good father-like information as if it's your brother or as if he's your son. Whatever they can take from you, they're highly motivated to receive these skills because they never had them before. When you start getting what you never had before, it feels good. They want it and then they realize that they want to give it to their children. I never got that. Katherine had it right. They're ashamed. I feel horrible. I have low self-esteem because I have these children and my daddy wasn't a daddy. I'm no daddy and my children and I feel horrible. Well, let me show you how you can. You have some tools that some dads who aren't in recovery don't even have. You can speak from experience. I can? They saw you as you were. Now they see you as you are. Everyone is uplifted. That's a huge gift.

Do you hear that shift? We help people make that shift. If we don't do it, who's going to? Don't be afraid to see addiction, to talk about it, to understand that sometimes that's an underlying issue. You're not afraid to look at economics as being an underlying issue, so don't be afraid to look at substance abuse as an underlying issue.

People work great with acceptance and sensitive accountability. Not, I'm going to put you back in jail if you're using. I'm worried you're going to have a hard time being that responsible dad that you told me you wanted to be because I'm seeing you got a dirty test. There's some conflict going on, isn't there? That's how addiction plays. Now, which road are we going to go down? Abstinence, maintenance, or just quit? Anything but quit is high on my list of support.

This is all published research, criminal justice policy reviewed, three five-year studies, same results. We served over 2,500 recovering reentry drug treatment graduates over a 12-year period and provided them with an RCLC program. It's evidence based. It's listed in the Encyclopedia of Couple and Family Therapy. What happens? We give them fathering skills, personal and family reflections to look back on what they did and did not get from family. What they did and did not





get from their community. How has America screwed them? What do they need and what can we do about it? Personal family reflections; what are the children's needs? What is emotional intelligence? How can you begin to create expectations for your children and give them consequences so they can avoid your history?

You want to help them. You can speak your history to them and give them new tools. Well, that child's smiling. Now that low self-esteem that Kate Sullivan was talking about turns into high self-esteem because I am the solution. I'm not the problem. I'm doing better. My children can do better because of me. That's what our men leave with; refusal skills, how to say no. Lots of dads think they have to say yes to get love from their children. No. Children know they need to hear no. They know that they want to do things that aren't healthy or appropriate. They want to hear no from a dad because that means dad loves me, because he's willing to risk his relationship to help me do the right thing instead of supporting me doing the wrong thing. That's daddy love. Daddies know how to say no lovingly. No, son. I know that looks good but let me tell you from my experience that's a bad road. I love you so much I don't want that for you. We're going to do better than that now. They can hear that.

Those refusal skills really matter and how to look at healthy ways to talk about alcohol and drugs instead of judging, criticizing, attacking, and blaming. Let me tell you, my church serves wine. Are you going to tell me my priest is a sinner? Are you going to tell me he needs to be abstinent? Are you going to tell me no one can go to church in my church anymore? Are you going to tell me the Jewish faith can't celebrate with wine? Do you understand what I'm saying? It's not about extremism, it's about understanding context and culture and relationships and health. It's a health issue, not a criminal justice issue.

We've published powerful results. We focus on nine relationship competencies. This is emotional intelligence. Our curriculum focuses on communication, conflict resolution, interpersonal skills, how to know yourself and be able to be open and honest with your vulnerabilities. Interpersonal skills, how to relate to your brother, somebody who's a little different from you, how to relate to the opposite sex who are different from you. How to express your emotions in a way that people don't get turned off. How to make a commitment in a relationship and the benefits thereof. How to manage a relationship and be happy in a relationship. Who doesn't want that? Most of the men we serve coming out of prison and in fatherhood programs need those skills. They love them and respond to them.

We did HIV testing of men coming out of prison from 10 percent volunteer rate to 85 percent. Why? Because we taught them, we cared about them, and this matters. You don't want to transmit that to your wife or your woman do you? Well then, you might want to know where you





stand, and you might be able to learn how to communicate with partners about that. Ten to 85 percent is a pretty big jump in any business.

Decreased intentions to binge drink. That means they don't want to get high anymore. They made the connection. Most of them weren't coming out of alcoholism. Some were, but they're saying wait a minute, this whole business about changing the way I feel with drugs isn't working for me. That's what that tells you. Eighty-five percent gained and maintained employment and that was 2005 through 2012. Think about what was going on in 2009 in the economy. That was when there were no jobs, the opposite of what we have now. The table's set for us, ladies, gentlemen and fatherhood. We can get our men employed. Let's get them motivated. Let's get them skilled up. These are the soft skills in CLRC. We have the soft skills.

We then need to hook up with the labor and get the harder skills that fit the niche in their economy, in their local economy. Get them into the legal job market because we work with a lot of men from prison. It's one thing to make money, it's something else to make legal money. When someone says, "That's legal money," he's smiling and has high self-esteem. He knows the difference because he knows how fast illegal money slides out of his pocket. Legal money's just different in the way we feel about it.

We reduced prison recidivism 40 percent to 12 percent. That is a 60 percent reduction in recidivism. It's all about relationships, fatherhood and that's what's important to us. Our CLRC curriculum, we use our own and people use it all around the country, but relationships ignite both prevention and treatment and relationships ignite resilience and recovery. I think from there, we're going to go to Gyasi's programming and what Osborne Association does and what he does with substance abuse and employment. Gyasi.

Gyasi Headen: Thank you everyone for having me here. I want to talk briefly about Osborne Association. We've been around for 85 years. In the last fiscal year, we served over 12,000 individuals in prisons, jails, and in the community. We have a staff of over 300 people. We're in 20 of the New York State prisons and on Rikers Island. We have offices in Newburgh, Buffalo, Bronx, Brooklyn, and Manhattan. That's an opportunity just to hear the wealth of services that we do provide to individuals in the community.

I'm going to talk about two distinct programs, our substance use disorder program and our workforce program. When you're working with incarcerated or formerly incarcerated individuals, they often interconnect with one another. Our populations are both parents and individuals that have histories of substance abuse and incarceration, but the populations are very similar to one another.





I'm primarily going to talk about our Department of Corrections individuals, our city population, and our community services. Overall, we service men in New York City and in the Bronx, 50 percent of them are Latino and 45 percent are African American.

Looking at the statistics around drugs, there's 1.3 million individuals that are dependent or abused illicit alcohol in 2013. Eighty-three percent of individuals in the Department of Corrections have identified as needing substance abuse treatment or having a history of substance abuse. Unfortunately, only 45 percent of those individuals have completed or accessed a substance use disorder program while incarcerated, oftentimes because there's not enough slots for those men to engage in those services.

There's strong evidence that CBT (Cognitive Behavior Therapy) linked therapies are important in helping individuals overcome their substance use disorder. Oftentimes, when you think about substance use disorder programs, they focus on the substance use and not the whole person. What we do in our programs is we look at the entirety of the person. It's not just about your substance use history. We want to look at separation issues, custody issues, visitation, and familial relationships. We really want to make sure that we address what's going on with the person because we understand that if we only address one part of a person, they will come back broken and unfixed. Our responsibility is to try to make these men return to their families and contribute to their communities in a meaningful way.

Our organization is working toward becoming a culturally and linguistically approved service organization that ensures health equity, improved quality, and the elimination of healthcare disparities in our organization. Our goal is to ensure that with every point of contact with our participants we provide respectful, clear communication so they can walk away feeling like they've been heard, like they've been listened to because oftentimes, when dealing with men that have criminal justice involvement, there's a history of trauma. We want to make sure that we're culturally sensitive to that fact in every service we provide to the men that come through our doors, that we understand that they're there in our offices because of the trauma they experienced.

Thinking about the assessments we use to look at our individuals moves us toward the treatment plans that I'll talk about later. We use the Oasis level of care for alcohol and drug treatment referral. It helps us understand what level of treatment services an individual needs, because our El Rio is an 822-outpatient clinic and if someone needs inpatient, we don't want to be putting them in the outpatient setting. We want to make sure we assess them and get them the appropriate services they need. For individuals that also have criminal justice involvement, we use the Compass assessment, which is a statewide assessment that looks at an individual's risk of





recidivism and helps us to inform the way we provide services when they're actually engaged in the program.

Understanding CBT therapy, it addresses antisocial thoughts, behaviors, attitudes, and associates. In our program, it causes reduction in recidivism 10 to 30% lower than other interventions. We understand that when you're dealing with people's thoughts, their thought process and thinking skills, if you address those, you often have an opportunity to impact behaviors and outcomes. We do have evidence-based practices that we use in engaging our participants.

I'm going to get slightly technical around the therapies and interventions that we use in our programs and I'm going to break it down into two different programs. The first program is our El Rio, which is our substance use disorder programs. We have four different interventions that we primarily use to engage our participants. This is done both in group settings with an average of 15 people and individual sessions. The first one is Seeking Safety. It's a trauma informed CBT target that increases safe behaviors, thoughts, and emotions for people who have experienced trauma or suffer from PTSD. It can be used in a group or individual setting. We primarily use it in our group setting, but we do work with our men in the individual setting as well. What it does for us is it meets SAMHSA's goal of having trauma-informed care when working with individuals with substance use disorder. We try to make sure we address not only the government's needs, but our participants' needs. As I said earlier, we are really focusing on being trauma informed and making sure that our services understand and reflect the needs of our participants as they come through the door.

The second evidence-based practice we use is GORSKI Relapse Prevention. It's a self-controlled program that teaches individuals with substance use addiction how to anticipate and cope with a potential relapse. Coping skills are really the cornerstone of GORSKI Relapse Prevention.

Next is MRT, moral reconnection therapy. We use it to decrease recidivism by increasing moral reasoning and behavior. It combines elements of psychological traditions to address ego, social, moral, and positive behavioral growth. It's a 16-step process and ideally, every person goes through the 16 steps. What MRT does is it addresses and focuses on seven different areas of treatment. The first one confronts beliefs, attitudes, and behaviors. Second, it's an assessment of current relationships. Third, reinforcement of positive behavior and habits. Fourth, positive identity formation. Fifth, enhancement of self-control. Sixth, development of frustration tolerance. Most of our men are on supervised release and are dealing with the competing agendas of parole, family, and programs and oftentimes get frustrated. Many of them have not had the opportunity to really understand how to deal with that and balance those different, competing agendas. We want to make sure that they do address those in an appropriate manner, so they





don't have an opportunity to be rearrested or violated due to their behaviors. Seventh, development of higher stages of moral reasoning.

The last intervention that we use is MET, motivational enhancement therapy. It's really based on MI, motivational interviewing. It's directive but empathetic counseling that has proven effective in changing problematic behavior. It's based on looking at where someone is at in their stages of change and working with where they're at in their particular stage, whether it be ambivalence, denial, or moving them toward the next level. What we want to do with MET is really build on that self-efficacy that our participants start to have as they're going through the program.

As they start to do more worthy things and think more positively about themselves, they start to move away from "I can't do this, I can't be drug free or reduce my drug usage." We want to work with those things and continuously challenge them in a way that motivates them using their own words because obviously, if you've taken MI, it's really about using and reflecting off someone else's thoughts and interpretations of things. That's what we want to do. We don't want to be the authority of their lives because they've been in situations where someone else has dictated how they move. For me, our participants are the best captains of their journey and we want to take that information that they provided us and utilize it to help them move forward.

Ted said something that's really pivotal. I was at a conference maybe a year ago. They talked about relationships. I hope some of you have experienced both the positive and negative aspects, because it can help you transform your programming. Relationships will determine how well someone will do. You can have the greatest program in the world, a thousand dollars' worth of incentives, graduations and parties. You may find no one ever shows up. Then you have that one person or group of individuals that connect to a counselor, and regardless of what this counselor needs; I need a pay stub, I need you to come in, I need you to speak, I need you to present, that person does that because of that relationship. It's been proven time and time again that relationships are pivotal in increasing someone's potential to be successful, whether it's a substance use program, an employment program, or any kind of programming that you provide. It's imperative that you think about that as you're creating your programming.

When hiring staff, you want to make sure that you are hiring people that reflect the population that you're serving, that can understand the challenges and issues that they're going through, that are culturally competent, trauma informed, and also knowledgeable; because, you can have all of those other things and not be knowledgeable and do more damage than good.

In our parenting program we use 24/7 Dad. It's an opportunity for us to first build the man, because if you can't build the man, if the man is not whole or understanding his role, he cannot be an effective father. We do that by addressing family history. What it means to be a man,





showing and handling feelings because oftentimes, because of their environments, they cannot show their feelings. They cannot express how they feel. They may not have even learned how. I'm not going to say they can't. A lot of them haven't learned and been shown how to be effective communicators, so we want to work with that. Then we talk about being as the father component, getting involved, how to get involved with their child's life, how to be an effective co-parent, and then understanding their children's growth.

The other program we use in our parenting portion is Family Works. It's an Osborne-created program in conjunction with the National Resource Center on Children and Families of Incarcerated Families at Rutgers Camden University. It's a curriculum that we use in the prisons and is really about cultural competency and being a dad from prison. How do you deal with someone on the outside as your children are being raised without you and possibly visiting you in jail; and, how do you instill yourself into that relationship again without disrupting the household. Ultimately, your family is in the community and they are thriving and moving on, but you still want to be a part of that. We want to make sure that you have the skills to do that effectively.

The last portion of our employment piece that we use is Ready, Set, Work, which is a 10 module, evidence-based curriculum founded by the Department of Criminal Justice Services, and has been shown to work effectively with individuals that were formerly incarcerated. We address barriers to employment, addiction, financial literacy, how to interview and maintain a job, and make sure they are prepared to go to work, deal with constructive feedback and criticism. Lastly, we use MRT employment, which, once again, is building on that cognitive behavioral therapy model where we focus on the positive beliefs around employment and dispel those negative beliefs because; oftentimes our men do have beliefs that are very anti-work and we want to work with those behaviors and make sure they change those around and really reinforce the positive behaviors.

Lastly, I'm going to talk about the model which we work with. In the Department of Corrections we recruit primarily through probation and parole. Bronx Treatment Court or the treatment courts make a lot of referrals to us, then walk-ins, but a predominant amount of our participants are referred through either the treatment courts, parole or probation to engage themselves in an intensive or non-intensive situation. Most of our intensive individuals are mandated through the courts and it's because we function as an ATI program. Individuals are engaged in 20 plus hours of group work, whether it be group and/or individual counseling; and, we're engaging them around the Breaking Barriers, GORSKI Relapse, and the things I mentioned earlier. The ATI program lasts six months to approximately 18 months of compliance because the judges are foregoing a sentence or incarceration in order for them to be compliant or complete our program. The second group of individuals that we work with are through probation and parole. In addition,





CBOs that we work with will also refer to us. Those are usually individuals in their maintenance phase. They're 10 hours or less. We're still just working on their positive thinking and reinforcing what they have learned either in our program previously or through another program or independently have gained some skills to be abstinent or in the harm reduction model.

I want to briefly mention our fatherhood piece. Our participants come in many different ways. We have individuals that come from our substance use program that enroll in our fatherhood program. We have fathers that have substance use history. As I mentioned earlier, over 50% of our participants have identified as substance use history, but don't want to enroll in a substance use program because of the stigma that's attached to it. We still want to engage them in employability services, so they do the two-week parenting class and then the two weeks of job readiness.

If we identify behaviors or something that an individual needs, we refer them to our substance use program for them to engage. Oftentimes it's really our staff's role to converse with them and interview and engage them around effective ways in which to deal with what they're dealing with. Participants that don't have money that have substance use issues are abstinent; but, find themselves with employment, now have the trigger. They have the resources and find themselves using illicit substances. We want to make sure we're addressing those issues as we're engaging them. We have our employer specialists, which are account managers, job developers, etc., in constant communication with the employers. We also have career coaches that are on the backend really supporting our participants while they are at work and reaching out consistently to address any areas of need while they're involved in our program.

Lastly, in terms of results, we placed over 325 people last year. Of those individuals, 116 were fatherhood/substance use disorder individuals. Our program goal is to place 80 people per year, so we've done an amazing job in terms of placing individuals. Part of it is because our fathers are committed to doing better. We spend a lot of time talking about how being a meaningful father can help their child become a better adult. Working with the Office of Child Support Enforcement, we have them coming in to work with our fathers; because, oftentimes if I work, they're going to take my money. They take my money; it makes no sense for me to work and so we want to dispel that. In New York State, the Office of Child Support Enforcement is super proactive in working with noncustodial fathers in dealing with arrearages, modifications, etc. We're there with them. We want to make sure that we support our men.

For our substance use program, we had a database issue and a staff change, so the last number I got from them in terms of outcomes was approximately 45 percent of our participants were successfully completed, but that's flawed data. If I can find a way to get some updated data, I will





share it with the group. We really just believe in dealing with an individual holistically and making sure that they have the opportunity to thrive.

I'm going to wrap it up with some key points. As Ted mentioned, the U.S. has had a history of extreme positions on substance abuse from acceptance and promotion to prohibition and incarceration. It is helpful to view addiction as a health issue rather than a weakness, moral flaw, or legal/criminal justice issue. I'm going to turn it over to Ted to finish the last two bullet points and then we'll start the Q&A. I want to thank you for your time.

Ted Strader: Gyasi, thank you. If we're not in denial, angry, bargaining, or blaming, but we're anywhere but acceptance, we know that addiction is responsive to relationship-based interventions. We also know that adverse childhood experiences are responsive to relationship-based experiences. CBT is a relationship-based therapy, creating lasting family connections. It's all about relationships. AA/NA is group self-help therapy. It's social, relational. MAT is not recommended without a relational component of therapy. What's the key across prevention, intervention, and treatment? Relationships.

Fatherhood program practitioners are all about understanding the importance of relationships. We are inviting those of you who aren't sensitive to substance abuse issues to be aware that you might have populations who are deeply engaged with addiction and you don't know it. Ask the question and develop a relationship with programs that do understand it. If you just teach relationship without looking at addiction, people are going to recidivate. They are going to engage in inappropriate behaviors as a result of addiction. Addiction pulls our values out of us; if we ever had them. We're asking fatherhood programs to be sensitive to addiction issues and be sensitive to intergenerational family issues that come from addiction and adverse childhood experiences.

Next, we know that fatherhood programs can generate energy and excitement about recovery while improving child and family well-being. A recovering dad is an absolute sea change for the entire family. When a child has seen and suffered from the adverse experiences in incarceration, addiction, joblessness, illegal inappropriate moneymaking behaviors, and then sees recovery and a returning father who has a job, is there to listen, care, and be able to invest in the family, it changes the child's trajectory as was described in the sessions before our talk. We will now open it up to questions.

Participant: Are all of your participants court ordered or are there also voluntary programs that people can participate in?





Gyasi Headen: For us, no. Not everyone is court mandated. We do have individuals that choose to walk in on their own. Fortunately, our program, especially our fatherhood portions of the organization, are well represented by participants referring other participants. With the criminal justice population in New York, a lot of them are clustered in the same environments. We have an OFA ReFORM grant, so we deal with individuals that are released within the last six months. There's a prison to shelter system in New York City, and our men are in shelters or halfway houses together or transitional houses together, so they talk to one another about the success of the program. As I mentioned earlier, we're finding jobs for people that typically are not able to find employment on their own or going to other organizations and not being able to find employment. That speaks to itself, so they refer other individuals.

Ted Strader: We found the money to provide these services. Corrections was begging us to serve their population because they knew of our curriculum. They knew of our work. We said great. I said, "Well, what do you think we're going to have in terms of participation?" They said, "We're going to make them come." I said, "Well, that's the last thing I want you to do. You just screwed the whole relationship." They asked, "What are you talking about?" I said, "What do you currently do? Everything happens in a culture. Everything happens in a context. This is what's important for all of us to understand. That's why I'm asking you to think about addiction in your context." They said, "We require all our men get substance abuse treatment in prison and do some type of aftercare." I said, "You already do that. Great. Put us on the volunteer list and they can choose to take to meet your requirement, but don't mandate them to come to my program because I don't want people to have that feel to them."

We spent a year training the correctional staff how to talk about our programming. It's a voluntary program, but it meets our requirement and it's free. You want to go to a program you have to go to? You don't want to go to one that's free, that says they care about you, and they invite you in and, by the way, they meet you at the door with a bottle of water after work and they offer you a buffet dinner before class? Do you want to go to the mandated program, or do you want to come to mine? Ours were never mandated, but then again, something was mandated. Why? Because that's the culture of the corrections system.

We're trying to teach corrections how to work collaboratively with community programs and I'm not going to be a corrections [program], I'm going to be a community program that serves reentry men and I'm sensitive to how they feel. I'm going to teach them emotional intelligence. Then we must design our programs with emotional intelligence, so after six months, we were overwhelmed. We were overwhelmed with volunteers who were mandated to do something by Corrections, but ours was the only voluntary program because we were smart enough to position ourselves that way.





Let's be sensitive to how we design our programs to what the participant takes from it. My staff would say, "Yeah, make them mandate it." You're screwing yourself. You know nobody will come because they had a 20% rate of compliance. We had 85% compliance. Once you sign up for a program, we want you there every time because you matter. If you don't show up, we miss you. We're going to give you a call. "Where were you? Those folks are serious. They'll put you back in jail when you don't show up. Come on, at least eat the buffet dinner so we can check that you were here." "Oh, I got that. I'll be there tomorrow." "Okay. Cool. Then while you're here ..." you'll go, "Come on. Let's do our work now." It's how it feels to people that matters most, relational.

Participant: Gyasi, what is the name of the curriculum you use for the addiction piece?

Gyasi Headen: For our substance use program, we use GORSKI Relapse Prevention, Seeking Safety, and Breaking Barriers. We use MRT, the 16-step version of the course.

Participant: Moral reconnection therapy?

Gyasi Headen: Yes.

Participant: I have another question for both of you. I agree that the relationship approach is very important, but how would you, and how have you, worked with a client that has "burned the bridge" with families and friends and literally, they're in your office and have no one. How far do you go? How do you deal with that?

Gyasi Headen: It's about consistency. Oftentimes, what we experience with our men is that they say they are going to do something and don't do it, so they broke the bond of trust with that person and they no longer want to support him. What we do with our men is really talk to them about being consistent and taking small steps. The first thing is showing up. You may get, "I don't want you here." You need to understand that you have to accept that because your actions put you in a situation for someone not to want you there. Through consistent effort, that talking through the door may allow that other person on the other side to open a door and look at you now. They may see that you look different. You don't just sound different now because you may be talking through the door getting that message and now okay, you do look clean, I'll listen a little longer and then you listen. You have to respect the fact that you can't come in yet. Take those small, incremental steps of consistency and eventually, in my experiences with our participants, that door eventually becomes wide open. You have to accept the fact that you put yourself in that situation, probably over an extended period of time, so there's not going to be an immediate fix to repair that relationship. That's proven successful with us. It's hard for our participants to hear that because they want it now.





Ted Strader: Instant gratification.

Gyasi Headen: Yes, and especially when you're dealing with younger men.

Ted Strader: I'm with you 100 percent. I would just add that in addition to teaching that philosophy, we're doing one other thing. We're giving them a solid relationship, whether they're consistent or inconsistent, and I'm going to love you either way. When you come back and you're feeling low and think your family wouldn't see you, your mom wouldn't let you in, we still have that buffet dinner for you. You're still important to us and our family. We'll keep working on them over the years and we'll keep working on ourselves as we build new relationships too. You know what? They might not ever let you in, but somebody ought to because you're beautiful. You're capable. Look at you. Look how well you're doing now. Who wouldn't want you? They don't know you. They know the old you. They haven't seen the recovering you yet. They might or they might not, but let's prepare you for new and healthy relationships either way. We focus on building new ones and we're the first ones; and, we're going to have a relationship even if you screw up. We turn the other cheek a few times.

Participant: I got into this from the substance abuse. We had outpatient substance abuse and recovery support services. About seven years ago I had so many men that were having child support issues, so I went to a fatherhood program to find out how to add that to my substance programs. We got there and walked into something totally different. We realized fatherhood is a very important part of this and that we're actually dealing with fathers who had substance issues, so it changed the dynamics of how we solve things. I really appreciate this because having that combination understanding the relationship with the fathers and the impact substance abuse has had on fathers and with families is so important. I wanted to comment on the male development piece. It is very important because you're still dealing with men. You have to look from a man's perspective psychologically dealing with all the issues, so when a man comes to us that has to deal with the courts, with their children's mother, we talk to him from a male perspective and talk about the six stages of male development to help him understand his real responsibility he'd never seen. Not only has he never had a mentor, he's never seen the model so he can't emulate something he hasn't seen.

It's very important that we use that, but the piece that I saw in there that I would hope there was a little bit more information on, which I think is where the relationship is really built, is at case management. I know for our program, the case manager is pivotal. When you tell them to throw a right hook and a left and they got punched, they come back and they're able to talk to their case manager. Let's go back to the drawing board. Maybe you should've bobbed and weaved. Could you talk more about the case manager piece?





Ted Strader: If it's about relationship, then there has to be somebody that's there in the good and the bad and that's the case manager. That's that person, male or female, young or old, who cares and who will break down all the cognitive stuff you might've gotten in these classes and all the nice theory and all the support. This person's here when none of that worked and their nose is bleeding and they're crying and they need to turn to somebody who listens and supports and then says, "Hmm. I get it. That happens. Let's see how we can take this and learn from it and do better because I'm really glad you came to me to share that because I'm here."

They need a friend at that point. They don't need a lecture. They need somebody that puts their arm around them and hugs them and says, "You know, I get it. Life sucks. It's painful. This is really painful for you. I will hear it with you, and I will feel it with you. Then I'm going to start asking some things and let's make a plan B." Slowly, as you nurture them through the pain, you slowly make the plan B. Case management is essential for these programs to work. I say it's an important part of the curriculum that you have case management and that you have effective case management. It's not the program that gets the results. It's the collection of the program, the content, and the people and the relationships and the case manager is central. For me, that's essential, so when you're dealing with human, it's important that somebody be there as a guide, but who acts like a friend.

Participant: I'm a former alcohol and drug counselor. I've been out about eight years. I worked both in a prison facility and in probation areas. One of the things I found as a counselor in the prison system was the fathers were in denial of even being fathers because when I asked them, I said, "Are you a father?" They'd raise their hand. "But I can't be a father in prison." I said, "Why can't you be a father in prison? If you have a child, you're a father." I told them, "I want you to write letters to your children." A lot of them had a hard time doing that.

As I went backwards from there, my client said, "You need to go to probation." I said, "Okay. What's the difference between probation and prison?" He said, "You'll learn if you go to probation." I went to probation and it was a whole different system. Far different than being incarcerated. On probation you're having to meet all these objectives. If you don't make child support, you're dealing with the mother coming back in, getting a job, having to find a place to live. Dealing with all these factors.

To me, I think the point I'm trying to make is as I went to the tribe, I started to institute a lot of what you're saying. Relationships, taking care of the individual first, not dealing with the issues of the family yet, taking care of their medical, substance abuse, and, actually, my director fought me on the substance abuse because they said that's not our avenue. I said no, it's got to be part of our avenue. When you get into that director or management level, you have to fight for that piece because it's an important piece that has to function in the system and like some of my clients who





I asked, "When was the last time you went to a dentist?" They'd say, "I don't know, six, seven, eight years." I would say "Well, make the appointment." They start seeing you care about them. They start seeing it's okay. They went to the dentist and it wasn't that bad. I went and got my eyeglasses and it wasn't that bad. So, these little increments make them start to believe.

Ted Strader: Our time is up. We're going to stay and talk to you. Anybody interested please stay.

Dr. Bouchet: Before we go, let's just give our presenters a round of applause.



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