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Presenter: Alan Muia.; Carmin Long

Topic: *Working with Challenging Behaviors: Turning Behavioral Incidents into Transformational Experiences*

Today's webinar presenters are Alan Muia, Executive Director with New Earth Recovery, and Carmin Long, Executive Director with Truly Motivated Transitional Living. Before starting New Earth Recovery with his wife, Amy, Alan worked for eighteen years in higher education at Seattle Pacific University and at Skagit Valley College, where he served as Dean of Student Services.

He holds a master's degree in educational psychology and has participated in numerous local, state, and national leadership development programs. He co-founded and currently chairs the Board of Washington Alliance for Quality Recovery Residences. His professional interests include recovery science, conflict resolution, and staff development.

Carmen Long is the co-founder and executive director of Truly Motivated Transitional Living. She is a certified Genesis Relapse Prevention Counselor and is a person in long-term recovery and has lived experience in recovery residences.

Carmen is a founding member and vice chair of the Washington Alliance for Recovery Residences. Carmen was also the recipient of the Washington Department of Corrections Citizen of the Year Award in two thousand and eight and the Phoenix Award from Behavioral Health Resources in two thousand and seven. Alan, Carmen, the floor is yours.

[00:00:00] **Carmin Long:** Hi, and welcome. We're really, really glad to be here with all of you today. I think most of the info was, uh, well put for me. And yeah, I've been doing recovery home operating since 2005, and we have three homes for men and women here in Yelm, Washington. And we are a faith-based staffed year-long program for folks, and we just invest in them and walk alongside them in all the twists and turns of life and early recovery.

[00:00:31] **Alan Muia:** Everyone I'm Allen, as you heard in the introduction, and I am the director of New Earth Recovery. We operate eight homes for men and women here about an hour north of Seattle. And we have actually, we just opened our first level one home. So we have homes at three different levels of

care, and have been been at this for about 15 years now and continue to learn as we go.

[00:00:54] And this topic we wanna talk about today is near and dear to both of our hearts and something that we continue to kind of learn about and get better at. And you know, like a- any learning you typically learn from mistakes, and so that's certainly not no exceptions here that we've learned some of this content through some really difficult times.

[00:01:10] And and then we've seen some really amazing things happen as we've applied what we've learned. So really really anxious to share this stuff with you, and looking forward to to see how it affects the work that you do.

[00:01:22] **Carmin Long:** Yeah. Okay, we can go to the next slide. So, this whole idea of what we're talking about today is just this idea of being able to work through and work with folks as we're, seeing problematic behaviors with people in our homes, and just this idea that we should really expect these things to happen, that we should not be surprised when these things happen.

[00:01:44] Most of us are probably aware that the average age of starting to use substances is, the average age is around 12. And so that whole growing up time that people would- Typically be procuring life skills and relationship skills hasn't been happening and survival has been happening for folks.

[00:02:02] So, they don't have the, those, that skill set, uh, when people are entering into our homes. And that we as operators really should be expecting and also be equipped to help folks as they're working through these different challenging behaviors. Again, just, the skill set that is needed to survive an addiction is far, far different than what it takes to live in community and to be successful in community, which is what people are doing when they're in our homes.

[00:02:30] But not just as people are in our homes, but when they leave and go on from our homes, that skill set that's needed to do life and to do life well. We can go to the next slide.

[00:02:42] **Alan Muia:** I think we just click through. We've got a couple more clicks there. There we go. Yeah. And then one more slide.

[00:02:46] **Carmin Long:** Yeah.

[00:02:47] **Alan Muia:** Great.

[00:02:47] Thank you. So we wanna talk a little bit about why, what the alternatives are to removing a resident from our homes. You know, I think the temptation is to say, well, this person just ... we use language like, "Well, they're just not ready," or they, um, or they don't get it yet, or they haven't hit bottom, or all kinds of kind of rationale that we use to say that that a person just isn't gonna be a good fit for our homes.

[00:03:12] And I think what we wanna challenge you with today is not to give up so soon, and that there are some reasons why it's important to, to maybe give folks another chance and give them some more tools and so on. So we really wanna focus in on a little bit in this section about why we would do that.

[00:03:28] So why would we seek alternatives to removing people? First of all being allowed to stay in a recovery residence may save someone's life. I don't think I need to spend too much time on this one. But I think it's, it basically boils down to the fact that it's just dangerous out there. And and I don't know how many of you have been through this experience, but we have when we've asked residents to leave because it just has not been a fit and we've tried everything we can, or they return to use and leave we've had residents lose their lives.

[00:03:56] And and so it's, this is really a life and death endeavor. Second thing I wanna say is that living in a recovery residence requires people to, to have experiences that lead to limbic retraining. And and I'm not ... I do wanna do just the briefest bit of brain science here. And that is to say that we really have two parts of our brain.

[00:04:14] There's this logical center, and in our logical brains we ... It's where we make decisions, it's where we make plans, it's where we literally do the math, it's where we say, "Well, this course of action would be better for me than this course of action." But the other part of our brain is our survivor- survival brain, or our limbic brain, or you maybe heard it said, called our lizard brain.

[00:04:34] And our lizard brain, or our survival brain is much more basic. It's instinct. It is much stronger and faster than our rational brain, and it is where you probably know where I'm going with this, it's where addiction lives. It's about the belief of the person who's in addiction is that, "If I don't use, I'll die."

[00:04:52] At some basic level there's this sort of set of kind of life skills we'll call them, or strategies that a person learns when they're living in their limbic brain that is all about survival, and it's not, there's not a lot of nuance to those things. So when they come to our homes, they've gotta learn a whole different way of living, not just kind of life skill kind of stuff, but, uh, which we'll talk about but also just how do I survive now?

[00:05:16] And what does survival ... or can I live life beyond surviving? So we know that when person is trying to learn something rationally, they can be taught. You can sit them in a classroom and you can talk about that this kind of behavior's good for you and this kind of behavior's bad for you, and they can take that in on a rational level.

[00:05:35] But on a limbic level, which is what happens in that survival part of our brain the only way that people learn is through experience. And so we sort of run these laboratories where they get to have experiences of not getting along with somebody, or not agreeing with somebody, and needing to find a different way to deal with that than than the way they used to deal with it, which would be to fight or to flee.

[00:05:57] And so our homes offer these ig- these sort of places where people can l- have experiences. And we really ... That's why the research tells us that the longer a person can stay in, in a healthy recovery residence environment, the more likely they're gonna be to stay in long-term recovery, and that's because they keep learning limbic lessons over and over again.

[00:06:16] And when something goes well in, uh, i- in a limbic kind of learning space, then we learn to do more of it. And and so, th- that's how people kind of make it work. So we're literally helping them reprogram themselves in our environments. And if they don't stay long enough to have those limbic experiences, none of that stuff can happen.

[00:06:38] I went a bit, little bit long there, Carmin, sorry. I get a little bit carried away on that topic.

[00:06:42] **Carmin Long:** It's okay. You cued me up for my next one, if we want to just give one more little click here. There we go So the other reason to not have people go is for them to start having a new experience, and Alan was just talking about those limbic experiences, of when something goes wrong, of the story not just ending right there, right?

[00:07:03] So the men and women that we have coming into our homes are very used to punitive consequences rejection, abandonment, all the things that go wrong when behaviors are, not as they should be. And a lot of failures in their story. How many times did the story end, or I had to leave, or the relationship stopped, or I lost this, or this thi- this bad thing happened.

[00:07:26] And so when we are giving people opportunity to work through issues in our home and modeling grace and accountability and competence we're helping them add to their successes, maybe sometimes for the first time in their whole life. And so, I am guessing that most of you are starting to gather that this is really, really profound, foundational new learning for people.

[00:07:47] And as Alan talked about, that limbic retraining is the most powerful thing, and the longer I've been doing this, the more I'm convinced it's the most powerful thing that can happen for folks when they're on their recovery journey, is to have that limbic retraining of having a new positive experience in an old wounded place is incredibly impactful, and it really changes everything, and we've watched it happen time and time again.

[00:08:11] The other thing it does is it helps us to de-institutionalize people and get beyond the black-and-white thinking. And so we're all probably very familiar with what insti- institutionalization looks like is that it's punitive. It's very black and white. And what we don't want is for people to come into our homes and to kind of show up good for us.

[00:08:33] And so I can look good. I can pass your rules. I'll do the things that you're asking me to, but I'm really only doing that because I don't want to lose my place to live. That is not the kind of change. It's actually not really change at all. It's just being, knowing how to do the right thing and say the right thing to be able to get by.

[00:08:52] And so what we're after is that deeper level of change, is when people can show up and show up with all of their behaviors and all the deficits and all the different things that come along with going from addiction into recovery. We want them to bring those into our homes and then show them a better way, right?

[00:09:11] And show them that you can still screw up here, but we're gonna come alongside you, and we're gonna teach you how to handle that better on the next go and the next go and the next go. And what happens is people start to

have a deeper level of change that's not surface, that's on a deeper heart level, and those are the kind of changes that go with people when they go from us.

[00:09:33] And so, We've watched it happen time and time again in our homes when people are expecting the worst thing to happen because they lied or they gave a dirty UA or they, are not doing well in the home. And when something good happens, like Alan was talking about that limbic retraining, when they're expecting to get something punitive and something, you know, negative to happen in that situation and something good happens, trust starts to be rebuilt, which is another p- foundational part of recovery is learning to trust again.

[00:10:06] They start to trust us as operators. They start to learn to trust themselves a little bit more and settle down into the space that they're in. And I think that's really where that, that deep healing starts to happen for folks. You can go to the next slide.

[00:10:21] **Alan Muia:** Yeah, we used to love, we used to love those residents who were just pleasers, you know, because they kind of stayed under the radar and it-

[00:10:27] **Carmin Long:** Mm-hmm

[00:10:27] **Alan Muia:** and, uh, they seemed to do fine. They did everything we asked, and we thought, "Wow, this person's recovering really well." Um, but that wasn't it. They were institutionalized, and they just knew how to work the system. Mm-hmm. Uh, and I don't, and I don't blame anybody for that. That's, that was, that's a coping skill.

[00:10:42] But we weren't getting the real authentic person who was really getting into that kind of life, th- that life change that, that Carmin's talking about. Mm-hmm. S- so the final thing I w- I want to say on this topic is that we th- that again, aside from limbic learning and and moving away from kind of black and white thinking, deinstitutionalizing, there are some basic life skills that we have the opportunity to work with folks on that they're not gonna get in other places as intentionally as they can get them from us.

[00:11:08] And they're things like how to navigate conflict, which we've talked about already. We'll talk about it again, I'm sure. Apology and forgiveness, how does that work? Working through resentments. Any of you folks who are 12-step graduates or in the 12 steps now, you know that that resentments and actually doing that work is is a skill.

[00:11:26] It's not something that comes easily to, to any of us. Increasing in confidence growing in self-esteem, all of those pieces that just happen through, again, e- experience after experience, and nobody was born with those skills. Those are hard-- Those are soft skills they call, they're called, but they're hard skills in that they're hard to learn, and they take real effort to to develop some of those things.

[00:11:47] Some of them are just, "Oh, I could say that in this kind of situation." Real basic kind of stuff like that. Mm-hmm.

[00:11:52] **Carmin Long:** All

[00:11:52] **Alan Muia:** right, let's go to the next slide.

[00:11:58] **Carmin Long:** We want to talk a little bit about trying to discern the difference between what is a behavioral issue and what may be a mental health concern and kind of trying to, Find the difference between those two. And for all of us as operators we know that we wanna stay in our own lanes, that we're not mental health professionals, but that does not mean that we don't need to be versed in some awareness and understanding of what mental health issues look like.

[00:12:21] I'm sure most of you who are working in this field are well acquainted with this. So we do need to be informed and have that trauma-informed care lens and all these different things. But we also need to know what the difference is when it comes down to can we work with somebody to, you know, change a behavior, and are we doing those things, and are we not maybe seeing the results that we would hope to have?

[00:12:46] And oftentimes that can be because of a mental health challenge where they just may not be able to do that. Even with the best interventions and the competencies and the different helps that we can give, they may not just be able to come around to that. So, we also need to know when it may be necessary to outsource with folks a little bit.

[00:13:05] Do they need to go get a mental health diagnosis that they haven't had before? Is it something that we're noticing that they're not able to come around to some of the helps that we're offering? Do they maybe need to go to a mental health stabilization for a period of time and then come back to the house?

[00:13:20] And so knowing when to outsource is really, really important for us. And so we can click and go to the next one

[00:13:30] **Alan Muia:** here. And, you know, the challenge there is that mental health or mental illness and addiction just go hand in hand. And so there's so many chicken and egg propositions, right?

[00:13:39] Where maybe using behavior is sort of self-medicating for a mental health challenge. The other way around is the longer a person uses, the more likely they are to develop some mental health challenges especially ones that, that just come about as a result of kind of increased trauma in a person's story.

[00:13:56] And if they use long enough, they're gonna have more of that. And and even s- And obviously we know that brain chemistry changes when someone's using substances. And we don't know which causes which all the time. We also know that we get strange diagnoses for people. They get when someone is using meth and then they go use an opiate their behavior looks a lot like man of depre- manic depressive disorder.

[00:14:18] And h- how, we find as people kind of come out of their mental health challenge because medication's working, then maybe then maybe some of those things that they actually have... The way, the language we use, they actually have a fair fight at their addiction because they actually can sort of isolate those things.

[00:14:35] So another thing that we look at is about, something might be a mental health challenge Is if in, in kind of normal situations or normal circumstances, somebody who goes through a stressful situation that really elevates them and that, and it kind of cranks them up that, uh, that they do have a kind of a cooling down period, and that it doesn't take too long with just a normal kind of de-escalation work to get someone to kind of, uh...

[00:15:00] Well, deescalate, to get to a place where they can see things maybe again, I'll use limbic brain, logical brain language. They can get out of their limbic brain, out of fight, flight, freeze, and into something that feels a little bit more like logic, and it feels a little bit more congruent with what's really going on.

[00:15:18] And so someone should be able to do that eventually. And if they can't, if they stay in that kind of wound-up spot for, and just can't seem to click out of that might be a sign that there's something going on mental health-wise

that needs to be addressed in another way. Another thing, another one is that it might be that the destructive behavior continues.

[00:15:38] It-- There's this pattern of behavior, and it goes on and on and on, and regardless of the interventions. And you can have some really successful interventions where the person gets it again, on a rational level. They get that they, that this behavior is destructive. And and no matter how many times they go through it and have kind of epiphanies, they continue to click back into that unhealthy mode.

[00:16:00] So that might be a sign, again, where, wow, there's something going on here beyond what, you know, a person kind of who's in a normal state of mind will be able to learn from those experiences. Even though they're limbic, they'll learn from them and get to a better place. So there's two things that they better watch out for.

[00:16:19] **Carmin Long:** So I wanted just to share a quick little story kind of an example of this. We had a gal in our home that came to us really straight out of the fire. You know, her, literally her entire life was chaos, and she didn't have a whole lot of chance of having any kind of normalcy.

[00:16:37] Came to us from treatment and really wanted to be in recovery. Was probably one of the more willing people that I've seen come through our program in the last twenty years. But really had a hard time in the community setting of the home and consequently had a lot of altercations with the different ladies in the home.

[00:16:54] And so we started taking her through our processes and used the self-discovery strategies, which we're going to talk about in a while. Used the behavior contract. And, but in the meantime, I was starting to spend a lot of time with her and was taking her through what we use here, and Alan also uses in his program, the Genesis process.

[00:17:12] And I started to learn more of her story and consequently, most of her deepest wounds and biggest hurts came from her mom. And putting two and two together of living in a house full of women was incredibly threatening to her. She wanted to be in community, she wanted to build those relationships, but that limbic brain was just saying, "This is bad.

[00:17:33] This is bad. This is bad," right? And so all those different coping strategies were coming out, but we were willing to walk through the process

with her and watched as her limbic brain started to settle down and watched as she was able to start learning to trust us and start learning to develop relationships with the ladies in the house.

[00:17:50] And I think that if I hadn't had the window into some of her story, and I just will point out to you the importance and value of knowing your people's stories and knowing where they're coming from and be able to connect their stories with the struggles that they may be having in your home. I would say that if we didn't have those things here and we hadn't spent that time that we had with her, she probably would've been somebody that would've been a candidate maybe in a, in another setting to go, we just have to move on.

[00:18:19] It's just she's not the right fit. She's not coming around. You know, the house is in an uproar. People are having issues. There's a constant battle going on." And although she did have mental health challenges and many mental health diagnosis, we were able to kind of see that this was a behavior issue that could be worked through versus a mental health issue that she was not able to come along and be a part of this process.

[00:18:43] So I, I think you have to give it some time to go through a process with folks to see how they're gonna be able to respond. And if it is just a behavior issue that can be worked through or if it's a mental health challenge that they just may not be able to come around to that. In saying that, if it goes come to the point where it is apparent that this person is not able to come along in this process with us, and you do have to make that decision that this may not be the right fit for this person or for the home, doing that graciously and kindly and appropriately and safely with the person and trying to help them get to the next best thing that's gonna work for them is also a part of our responsibility, I believe, as housing operators.

[00:19:27] **Alan Muia:** Yeah. So we don't abandon people. We don't just leave them at the curb or kick them. Uh, y- we, we don't love the language of kicking people out. That just feels, that's exactly what it feels like to people. Mm-hmm. And if they have been forcibly removed from situations before, we just don't wanna be a part of that pattern.

[00:19:43] We want people to leave well to the extent that we can have a say in that. That's really, really important, Carmin, that, yeah, I appreciate you said that. So what we're trying to do is when people have mistakes, how can those be learning opportunities instead of instead of- Kind of clicks, notches on the chalkboard that are gonna lead toward their eviction.

[00:20:07] So how do we connect with folks in a way that says, "And we have this conversation fairly regularly, we are on your side. We want you to succeed here. We want you to stay." And sometimes you have to put that on a little bit because there's, maybe if we're honest, a little part of us that said, "Boy, life would be easier if you weren't here."

[00:20:24] But if you're looking for an easy life this is not the field for you. That but helping people through some of those toughest experiences are what we're about. And and th- and maybe the harder the experience, the more difficult it is to work through, if we can help the person win at the other end of that and get to a place where they where they learn something from that mistake i- it's so rewarding when I can reflect with a resident down the road about the crisis that they went through, and we can laugh about it a little bit.

[00:20:53] Not in any kind of way that degrades them but we can say w- i- they can recognize, wow, that really was kind of with my new way of looking at life, that really was over the top. And and and so it's pretty powerful when they can get to a place to sort of see that behavior objectively and see how it wasn't working for them, even though limbically they thought it was.

[00:21:12] Their survival brain is saying, "I gotta do this in order to make life work." But actually life works better when that change happens. We have this choice when we're talking about kind of what we do with a resident, a- about a- and the choice really is often about the good of the one versus the good of the many.

[00:21:31] Those of you who are old enough to be kind of original Star Trek fans know that's a, that's kind of a classical e- ethical dilemma, right? Is that I have this person, and if it were just this person and if, and that were the only person living in the house, I might make a different decision than I would make if I'm sitting this person next to all the other folks in the house and how they're impacted by this one person's behavior.

[00:21:53] So if I could just have the one person, I would keep them longer. But there are times where where I have to say, "Wow the house is really destabilized and struggling because of our choice to keep this person." And so there, that question is, kind of looms in the background for all of us. And we've even talked about it with our houses before.

[00:22:13] And and we talk about it with our other residents about the environment of the house. And so we say things like, "We want this to feel

more like a clinic than a courtroom." How can our house be a place where people feel like they're getting help, and they're making progress, and they're moving forward instead of the courtroom, which they're very used to?

[00:22:30] Most of our folks are very used to courtroom settings where all of their wrongs are kind of being put in front of them, and their job is to justify why we should keep them. And and that's such a toxic place for people to be, but they're very familiar with it. So we have to-- we wanna switch that script and say, "Again, we're on your side.

[00:22:48] We want you to succeed, but we need to be really firm about what that means. So in order for you to stay, we need these things in place, and we need you to agree to the, to do these things. And if you can't do these things then we've gotta have a harder conversation." So all of that to say, all of that's kind of an introduction to this piece about h-how do we help our residents self-correct so that their problematic behavior get is-- we kind of work through it, we get to the other end of it, and then they develop some skills to, to succeed, not just in our house.

[00:23:20] We want them to do that, but this is all about what life is gonna be like outside of their their environment or our environments. So how are they gonna, how are they gonna make marriage work? How are they gonna make employment work? The those other environments that they-- the all kinds of relationships that they have, if they can learn from their mistakes with us and with our safety net and with the level of grace that we can offer them then they might be able to succeed much more successfully in other places.

[00:23:48] So here's just some strategies that we use. First, of course, is de-escalation. I would challenge you just as a homework assignment to kind of list the tools that you have in your de-escalation toolbox. And I'll share one or two with you just off, off the cuff. But you know, what are the things that are set up either in your house or in your houses with your staff?

[00:24:08] Do your staff know or do your house managers know how to-- some basic steps about how to calm somebody down? Or maybe at very least, how not to make it worse, right? So we all know when someone's agitated or in some sort of crisis whether it's real or imagined or a limbic crisis, we'll call it. What we do that we can make it worse by, by challenging them, by matching their voice, by, by creating a scenario where it feels like pardon my language, but it feels like a pissing match where we're just, "It's me against you, and I'm gonna win 'cause I'm in charge here."

[00:24:39] Where so often that is, and if you've ever found yourself kind of moving in that direction, you know how ineffective it is at actually resolving a situation. It tends to escalate somebody more toward the crisis, and then we have a crisis of that might even be violent, and that can be really destructive.

[00:24:55] A colleague of mine who works in our local jail here says the first thing he does when someone comes in and is kind of freaking out, that's his language and maybe they're high or maybe not, maybe they have a mental health crisis or whatever, the first thing he does is he offers them a glass of water.

[00:25:09] Mm-hmm. And he just has them sit down with him at his desk and drink the whole glass of water. And that's really a ... It's an amazing strategy. For one, it sort of calms people down. Secondly there's a pretty good chance that person is dehydrated, and so that means that their that their that their nervous system isn't firing correctly, and so they're not able to listen or act according to logic.

[00:25:30] That their literally their nervous system is not working properly, and the glass of water can be a fix. It also calms things down. It also shows hospitality. All kinds of reasons to just offer someone a glass of water. Just a little tip there. We like to use bookmarks in our conversations with people.

[00:25:46] So to be able to say, "Uh, boy, we're not in a really good place right now," or, "It seems like you're really stressed out right now. Can we talk about this in an hour?" Or, "Can we come back to this? Let's get something to eat, and then let's talk about it in a few minutes." So a bookmark is a great deescalation strategy where we're not avoiding something, we're not avoiding the situation.

[00:26:05] But timing is everything in trying to resolve escalated situations. And then of course just calming presence, right? How can we carry calm with us? How can we ... I heard a colleague talk about how can we be an environment and be an environment of calm and safety for somebody else?

[00:26:22] And if I can be an environment and sort of spread that environment out to encompass the person who I'm talking to or connecting with that can be a huge gift to them so they, so their best selves can come forward instead of this agitated self.

[00:26:35] All right. I ... carmin knows I can go on about this, so I will pass it back to her.

[00:26:40] **Carmin Long:** Yeah. One thing I would add to that before I hop into self-discovery strategies. Yeah. Another really helpful thing that I have found is when somebody's coming in and they're just kind of freaking out and they're giving you the long laundry list of all the reasons why they're not happy- Mm-hmm ... um, is I will just take and I'll just be quietly writing down every single different subject that they brought up.

[00:27:00] Because a lot of times wh- when you get into that setting with somebody, it's easy to lose track of each different thing, I think. Mm-hmm. And it also is saying that I am paying attention to what you're saying, I wrote it down, and now let's go through line by line and try and take what seems like this big ball of frustration and let's just talk about each thing together, right?

[00:27:20] You know, just had a gal in our out- my office a couple weeks ago, and she's fairly new, and she's upset, and and she kind of came in and came in pretty hard and fast. And I could feel myself kind of getting a little bit ... You know, you can feel that physical response in your body, and I went, "No."

[00:27:34] She's just in here voicing her concerns, and that's good, right? We want people to come in and have a conversation about what's bothering them. They may not have the best approach, but they're learning, right? But that safe, calm presence like Alan was talking about and also having to kind of check ourselves like Alan was talking about of when we feel our own self starting to get frustrated, we really just have to put ourself in check and go, you know.

[00:27:58] And I remind our staff all the time, it takes us probably solid two to three months, maybe longer, for our participants to figure out that we're trustworthy, safe people. They do not know that about us. We know that about us, but they don't know that about us yet. And so everything we do is to try and build that safe, trusting presence with folks.

[00:28:19] And sometimes just being able to let people un- unpack or unravel and then go, "Okay, well, let's talk about the list and and let's see where we can get to." So I wanna talk about self-discovery strategies. This is a document that Alan and I both use in our programs. And it's really taking a situation where someone, maybe you've had a couple conversations with a particular person about something that's happening in the home.

[00:28:45] You've had the couple conversations. It may not be working for us, and I believe Alan works the same way. That's when we'll go into moving into a process, right? And what I wanna say, and Alan alluded to it earlier, is that

when you're entering into these processes with folks, the message that we have to give is that we want you to stay.

[00:29:05] We want you to be here. We want you to be successful. That's the whole motivation behind what we're doing right now. It's not to dodge ya. It's not to have you fill out a bunch of papers, 'cause Lord knows you've done, probably done that a lot, throughout your, addiction and disease and recovery and all those different things.

[00:29:23] This is a process that we care about you, and we really feel like if you engage in this with us, it can help, right? And so the self-discovery form is pretty straightforward. And the whole idea is that we're helping people have their own self-discovery on an ongoing issue. And chances are, this is a behavior that has been plaguing them and following them around and sabotaging their lives for a very long time.

[00:29:48] And so instead of us telling people what they need to do to fix themselves, because they're also very used to having, being in that in that situation, we're giving them the tools to ... They have the answers inside of them. We're just giving them a way to walk through and come up with some of their own answers and own their own answers and own their solutions, right?

[00:30:11] And so the form is very straightforward. It's basically asking them what happened. Can you tell us what happened?" It then asks them if they would please name the behavior and the feeling. That they were experiencing while the situation was happening. So basically, how did you act and how did you feel in the situation that was happening or in the behavior that is becoming a problem?

[00:30:33] The next question is asking them, "What did you believe that made this okay?" Like, how did you justify what was going on? And so they would fill that out to the best of their ability. And then how does this behavior affect you, and how does this behavior affect others, right? And so this whole idea that none of us are living on an island, we're not autonomous.

[00:30:56] Everything that happens happened in context of relationship and community. So it's not just affect- impacting me, it's gaining an awareness of how this is affecting others, right? And the next question that I think is really one of the most profound ones on this for people is, how has this affected you in your relationships in the past?

[00:31:16] And so this is where they get to little ... have a little insight and reflection on how this is something that has probably been following me around for a long time and has caused a lot of issues for me in my life. And I can tell you, if they're people who are really wanting to do better, this is gonna be a pretty big aha moment.

[00:31:35] Like, oh, man, this has been- Mm ... causing me problems for a long time, and I don't wanna do this anymore. Like, I wanna be successful. And so I think when you have this and you or your staff or whoever is working with your folks saying, "Yeah and we wanna help you not have to do it again either, like, because we care about you, because your future and your life matter to us as well."

[00:31:58] **Moderator:** Mm.

[00:31:59] **Carmin Long:** And then after you've gone through that part of the form, it's having them just work a double bind on the behavior. So a double bind, as is, I'm stuck in the middle of this. I'm down if I do, and I'm down if I don't, right? I ... If I do change something scary is gonna happen. If I don't change, I know what's gonna happen.

[00:32:16] And so oftentimes people get stuck in the middle of those situations. And so this is just a little process to walk through to go, what's gonna happen, what's ... what will I be vulnerable to? What's the scary thing that might happen if I decide to walk away from this behavior, to change it, to do something different?

[00:32:32] What's the scary, hard thing that I'm gonna experience in that process? And then what do I know is gonna happen if I don't change this behavior? So you're kinda getting into the two different parts of the brain here. It's very, very impactful. They'll probably need a little bit of help walking through this.

[00:32:48] And then after that, what's the new plan? What's the new plan? Mm-hmm. Who can help you with this? Who can hold you accountable? How can we help you with this in your new plan? And lastly, is there anybody that you need to go and make an amends to, right? And so that's that, that limbic retraining that we talked about earlier, is that, acknowledging that I made a mistake, and in that- Who do I need to go to do some cleanup, right?

[00:33:13] And so it's this really good life skills training in the process of all of this. And so that self-discovery for us is kind of what starts the process for folks. If we're, running into the same issue with people and we tell them, "We talked about it a couple times. It seems like we're still struggling.

[00:33:30] We're gonna now s- kind of enter into a process with you. The first step is a self-discovery form. It's not just another paper for you to fill out because you have to, but it really is an opportunity to have real change in your life if that's what you're after," right? If that is not effective, then we're probably gonna move into a behavior contract and we'll talk about that here in just a minute.

[00:33:51] And if that's not effective then we would probably be starting to move into a last chance form. So we want people to be aware of what's happening in their process with them, and that they have just as much knowledge about what we're doing as that they should. Because it's their home, it's their livelihood, it's their recovery and we don't want them to be coming into a process with us that they're like, "Wait, what?

[00:34:15] I didn't know," you know? Mm. Um, they need to be informed, and it's the fair and right thing to do. So, I know that Fletcher has this document. We sent it to them, and so it'll be available here after the webinar. It's kind of the meat. It's kind of the goodness of of working with challenging behaviors.

[00:34:32] **Moderator:** And I stuck it in the chat too, Carmin. Great. So they've got it in the chat, this bonus document that she's provided for you all. Okay. It's titled Self-Discovery.

[00:34:41] **Carmin Long:** Yeah.

[00:34:41] **Alan Muia:** Right.

[00:34:42] **Carmin Long:** And what we'll-- I'll say about that before we move on to mediation is that we've seen really significant turnaround with folks when we've engaged in the, in that process with them.

[00:34:51] And, and then sometimes we've had to move to the next one. We've had to move into a behavior contract. But the whole time we're telling people the same message. We want you here. We wanna help you work through this. We want you to have success. And I think that, in all of this, is the most important motivation and conversation that we can be having with people,

because the men and women that we're serving are very used to being put out, kicked out, shut down, you're done, move on in their lives, right?

[00:35:23] And so I think just that part piece of saying, "We want you to stay. We want you to be here. This isn't gon- Th- this doesn't have to be another scenario where the bottom breaks out and things go wrong," right? And that, that trust is being rebuilt. It's really, really powerful. Okay.

[00:35:42] **Alan Muia:** Great. Thank you, Carmin.

[00:35:44] We've seen really good results of that as well. So we have i- in crisis situations, we've de-escalated as best we can. We we have maybe had to start a process that starts with this sort of self-discovery mode where we really are giving people in a very concrete way a chance to learn from their experience, from their mistakes.

[00:36:04] And hopefully a way that's honoring and respectful and not not treating people like kids or or humiliating them, but really giving them an opportunity to really learn. The next tool in the toolbox then is mediation. So, uh, often what will happen in our homes is two people th- they just sort of start this conflict and they start going down this road that maybe starts with a simple disagreement, and then it turns into just disappointment with each other, and it just goes down the spiral, and they can get to a place where they can become to-totally polarized with each other.

[00:36:35] If you don't know what polarized means, just check out our current political situation in our country, right? That's polarized. So no matter what you say, I'm gonna say the opposite just because it's you that's saying this thing. So when you get two residents that get far down the line and that's where they are, that's a really difficult place to come back from.

[00:36:53] So what we try to do is help people avoid getting that far down and actually try to deal with something while it's still a disagreement that they could work their way through, and the tool that we use to do that is mediation. And there are kind of... There's a real formal kind of form of mediation, but obviously in our homes it makes sense to have maybe a really dialed down version of that's really, that has some informality to it, but that it has some structure.

[00:37:17] So in our organization, all of our staff are trained in the mediation process, a real basic kind of model of mediating. And if you haven't done that

and you think that there could be some value in doing that and helping your residents kind of work through things together get some mediation training.

[00:37:31] Most states have organizations that do that and it's inexpensive for what you get out of it. It's really good. And then we can help people... The whole point of mediation is to move away from an arbitration model. Arbitration says two people come to me, they disagree about something, and they want me to solve it for them.

[00:37:49] So I end up being the judge, and they're used to that, they're used to that model. Okay, we're gonna go to court and we're gonna settle it in court. But what we want them to do is develop the skill set to actually work through their problems themselves, and to come up with their own solutions, and to negotiate with somebody else through some possible solutions.

[00:38:05] The only way that's gonna happen is if they get practice, and this, and a mediation process is kind of a, a is an organized way in which they can do that in which basically if I'm serving as a mediator, I create the safe environment for an important conversation to happen. And people will come to mediation with the assumption because their limbic brain is telling them, "Hey, this is not gonna end well.

[00:38:27] One of us has to leave. One of us has to get hurt. This is gonna be a fight." Whatever is saying and all we're trying to do is do some limbic retraining and say, "Actually, when we sit down with some ground rules and we walk through a scenario, we can figure it out." One person playing their stereo too loud in the room is not grounds for someone having to leave the house.

[00:38:46] We can figure out a solution to this. One person leaving the light on is not gonna end things. One person who's, who snores or who doesn't wash enough or whatever the thing is that empties the dishwasher from the back instead of from the front. You know, whatever the issue is, those are not the issues.

[00:39:01] But they end up... But if we can work through them, then those can become really amazing launching pads for people to learn how to actually do conflict, and the mediation process is a way to do that. So again, Carmin said something really powerful a few minutes ago in that part of what we're trying to do with our residents is help them learn to trust again.

[00:39:20] And and breaches in trust are what have led so often to addictive behavior in the, to begin with. And so trust is this sort of key currency in helping people step back into relationship that is healing. Relationship is almost always the thing that has gone wrong in someone's story, and so it's only through experiences and positive relationship that they'll be able to step into something very different and better.

[00:39:45] So healing comes through relationship, just like damage and hurt came through relationship. And so mediation is this process that we can do to do that. So I don't have time to do that here. We have presented on this mediation topic in past conferences and so on. And and maybe we'll do that again at some point.

[00:40:02] But it's a great skill set and if you don't know much about it it'd be a great way to invest some professional development time and resource. Right. Now let's talk about contracts if we get to that place.

[00:40:13] **Carmin Long:** We have a behavior contract, which I alluded to earlier. Things we've learned about contracts, and I know that we're, need to leave some time for Q&A here at the end is that they need to be specific, and they need to be time-bound, and they need to be fair.

[00:40:27] So if the self-discovery doesn't work and we're still having some of the same issues the behavior contract should be very specific about what you're asking to have changed and then there should- it should be timed down. So leaving it open-ended is really unfair. So this person just feels like they've got this thing that's hanging over them and I'm being monitored, and everything I'm doing is gonna possibly be one step towards, me not being able to stay here anymore.

[00:40:52] So they really need to be fair and it needs to be something that the participant is engaging in with you. Does this feel like something that you can agree to? But they also do need to understand that it is a contract, and we are asking you to say, "The ball's really in your court now. We can do another self-discovery if you think that'll be helpful.

[00:41:11] We're here to help you. How can we support you so that you can have success here? But the ball is really in your court. And in order for us to continue on and everybody to function and live well together, these are the things that we're asking you to take a look at and turn around. We're here to help you with it."

[00:41:29] I don't think that a behavior contract should be any more than a few weeks. I think that any more than that is too long, but you also want to give enough time for people to be able to respond, right? And this may be the time when you're assessing if this is a mental health thing to where this person is just not able to-- to turn that behavior around, if that makes sense.

[00:41:52] Yeah, it, it's a pretty straightforward... And we're happy to share that document as well. And we didn't share that with with the folks at Flexer, but we're happy to share that one as well. I'm sure it could be sent out afterwards. One thing I wanted to say before we move into closing when Alan and I were at the NARR conference last year, we were in a-- I was in a really good-- I don't know if Alan attended it, but I was in this session that was talking about different types of having to remove folks and making hard decisions and ethical decision-making in recovery homes.

[00:42:20] And one of the things that was kind of a takeaway for us that our staff actually sat down and did is we worked on a document that was organizational values for decision-making, for ethical decision-making. And so we went through and said, "What are our organizational values? What are the things that we hold fast to here, and how do those things shape the decisions that we make when it comes down to hard decisions with the people that we're serving?"

[00:42:45] And it was a really good exercise for us to go through. And it's something that we have on-- that we're using all the time now. But one of the questions that was asked at the conference was "Am I willing to document the decision that I made about this person living in my home? Am I willing to document this, and would I be willing to share this decision that was made with their family?"

[00:43:06] So those are kinda like the guardrails, if you will, when you're-- when we're having to make these decisions. And I think that sometimes it will change how we handle these things, right? It's making us accountable for what we say it is that we're here to do.

[00:43:20] **Alan Muia:** Yeah. And one more thing I'll pile onto that if I can is some of the decisions we make, especially as they relate to mental health issues are about level of care.

[00:43:29] And I don't know that we use that language very much here but one fundamental question and best time to answer the level of care question is when you're deciding whether or not to bring someone into your home.

[00:43:39] And if you have the right level of care, that means that you have the support that a person needs.

[00:43:45] If a person comes in as super complex and has all kind of mental health challenges and you don't have a lot of time and energy or staffing to, to walk alongside that person, you ... It'd probably be good not to take them in. And I know a number of us are in a situation where there aren't a lot of other places out there for folks, but we can really do harm to them and be kind of another, another kind of a link in their chain of failures if we bring someone in who really we shouldn't have.

[00:44:13] And and so the best, again, the best time to make that level of care determination is up- upfront, but there are along- sometimes along the way we don't know, and so we bring somebody in and we, we try to work with them as best we can, and ultimately it could be that they just need a higher level of care than what we have to offer.

[00:44:30] And and again, we don't throw that around lightly. It's a really weighty kind of decision. But as Carmin said before, it would be awesome if it makes ... The ethical thing to do is then to help them find that level of care somewhere else instead of just abandoning them. So that's a high ... We're taking on quite a commitment when we bring somebody in, and that's part of it.

[00:44:50] Carmin, are we ready to open up for any questions that folks have? And I'll leave it to the Fletcher folks about how you wanna do that.

[00:44:56] **Moderator:** Yeah. Carmin, Allen, thank you so much. There's so much interest and clearly a need for this. And we spoke a few minutes before the webinar, and I'm working with some operators right now who are really struggling with this topic, so I can't tell you how timely it is and appreciated.

[00:45:12] I'm just gonna jump right in with some questions if that's okay. Okay. Okay. So John asked, "If you were dealing with a client that was actively using meth that is displaying mental health concerns but is not an immediate risk to themselves or others, what are some ways to get them to see their use itself is destructive and hopefully to get them started on medications?"

[00:45:38] **Alan Muia:** Wanna go first, Carmin?

[00:45:39] **Carmin Long:** Yeah. So clarification, that, that was the first part, that they're actively using meth?

[00:45:44] **Moderator:** Yes.

[00:45:45] **Carmin Long:** Okay. Well, I would say, I mean, from my vantage point if somebody were actively using meth in one of our homes it would be because that they have relapsed. So we're, we're running abstinence-based recovery homes.

[00:45:56] Th- that I just wanted to clarify that first before we got further into the question. And then can you say the rest of it again?

[00:46:04] **Moderator:** Sure. Sorry. So that they were actively using meth and displaying... Oh, that is displaying mental health concerns but is not an immediate risk to themselves or others.

[00:46:14] What are some ways to get them to see their use itself is destructive and hopefully get them started on medications? So I guess when you know somebody's started using in the house how to talk to them when they maybe don't even recognize or are willing to admit that their use is destructive.

[00:46:31] **Carmin Long:** Do you wanna just jump real quick in, Alan, about just that

[00:46:35] **Alan Muia:** Yeah. I think t- I think obviously so o- our homes are absence based, and so we would say that's probably a place where we would, that person would need a higher level of care, and a- and probably a place like a treatment center and so on where they're actually working on that.

[00:46:49] But obviously willingness is super important and you can't impose willingness on somebody. I think I think that whole question of what it's gonna take what kind of factors in a person's life need to be in place before they before th- where things are bad enough or hard enough to where they're willing to make a change.

[00:47:08] If it's comfortable people will kinda stay where they are, and that's hard. I'm not a big tough... I'm not a big proponent of tough love approaches. I

think, and we can get, that's a whole other conversation but ultimately we can't we can't manipulate somebody into, um, into that kind of decision making.

[00:47:26] I think this kinda opens the door to a whole other kind of conversation around permanent supportive housing and housing first models, and this is the question that they're asking all the time. "Well, we have these residents that are using. We wanna see them move into recovery. How do we do that?" That is really hard because we've created essentially a space where things are pretty comfortable, and they don't really have to.

[00:47:46] There's no crisis that's causing them to need to rethink their choices. And and as you say, if they don't, if they don't perceive that they're doing harm to others I would argue that they probably are doing harm to themselves in the long run and that they're pushing back some healing that could happen in their stories that would allow them to do things like work and have successful relationships and all of that.

[00:48:06] So there may not be immediate evident harm, but there's absolutely harm happening there. Anyway, we could talk a long time about that. Yeah. I'm happy to do, glad to do that offline, but yeah.

[00:48:17] **Moderator:** Thanks, Alan and Carmin. I know that's a tough one 'cause it's so situational too, and we- Yeah ... when it got to that point for us when I was working in housing, we were really looking to successfully transfer them to a more appropriate level of care.

[00:48:30] **Alan Muia:** Mm-hmm. Yeah.

[00:48:35] **Moderator:** If you

[00:48:35] **Alan Muia:** go to the next slide, I think our contact information is on there just in case. Oh. I guess we'll find out here. I forget.

[00:48:41] **Moderator:** Yes, I believe it is. Thanks, Alan.

[00:48:43] **Alan Muia:** You can click through to there. Keep going. Questions. I think maybe one more. Oh. Or maybe not. Okay.

[00:48:50] **Moderator:** Oh.

[00:48:50] **Alan Muia:** All right. Well- I thought that was there too

[00:48:51] we can get that to you if you need it. Yeah. But okay. Any other questions, Claudia?

[00:48:57] **Moderator:** Yeah, there's a few actually. So Rusty says, "I've been working with the men. They will mention... Oh, I've been working with men. They will mention almost in passing some grief or trauma, and then go ri- back to talking about the job, about their job, and doing well, like it d- doesn't affect them.

[00:49:17] Aside from talking and poking around and seeing if they want to speak on it, men seem to hide their behavior and mental health struggles. Any thoughts on how to address it?"

[00:49:28] **Alan Muia:** For me, I think it's about permission giving. It's about creating environments where people can talk about those things, and maybe having someone who's a little farther along model what that even looks like in a conversation.

[00:49:40] So that's the power of peers, where a peer who has kind of, uh, figured out that really is worth diving into. And so some time spent in house meetings or other spaces where someone can actually share. You know, say you know that there's a resident who's really experienced some good things in grief counseling maybe, or in just talk therapy or they just are willing to talk about or answer the question, "Hey, John, how's, how's it going with the loss of your dad last year?"

[00:50:09] You, you talked about it earlier." And make sure w- you got permission to do that. But and give them the opportunity to model for newer residents what it's like to have that conversation. I think they learn most from each other. I don't think you can make somebody, just like making them stop using, I don't think you can do that.

[00:50:24] I think it's about creating an environment where that is safe and encouraged, and then let people try it out.

[00:50:31] **Moderator:** Love that. Love the permission aspect. And there's- Yeah, I just...

[00:50:35] **Carmin Long:** Go ahead.

[00:50:35] **Moderator:** Go ahead, Carmin. Sorry, Carmin. No, go

[00:50:36] **Carmin Long:** ahead, Erica.

[00:50:37] **Moderator:** I was just gonna say there's so many good questions. I wish we could have done a two-hour special series on this.

[00:50:43] But Carmin, go ahead and finish your thought too.

[00:50:46] **Carmin Long:** Yeah, I just wonder about, and I, you know, noticed too, and especially when people have gone through a lot and just kind of that off the cuff, like, you know, oh, and then this thing happened, and then they just, you know, go on to this. It's like, this has been life, right?

[00:50:58] This is just par for the course. But it also feels like when someone has shared that little tidbit that it's totally worth coming to the circling back around and, "Hey, I'm just wondering if there's a time that you'd like to talk a little bit more about that?" And just let that safe space, making time for somebody.

[00:51:13] I think there's a great value in the follow-up. Conversation with people, just say that, you know, what you shared actually is really important. I would love to talk about that, some more with you some time if that's something that you're open to."

[00:51:27] **Moderator:** That's a great segue. I'm a firm believer it's not what you say, it's how you say it, and inviting them, getting permission, asking very valuable advice.

[00:51:36] Leah asked, "Can you tell me more about this Genesis Process?" I was also interested in this. It caught my ear.

[00:51:42] **Alan Muia:** Sure.

[00:51:43] **Carmin Long:** Yeah.

[00:51:44] **Alan Muia:** You want me to do that?

[00:51:45] **Carmin Long:** Yeah.

[00:51:46] **Alan Muia:** Okay. All right. So Genesis is it's a faith-based process, so, um, uh, it may not be for everybody, but but it sort of combines some really

good kind of what we know about brain science, what we know about some life skills that people in early recovery need to be thinking about.

[00:52:03] Conflict resolution is a part of it dealing with desires, resentments, and fears. But it's a systematic it's a kind of a one-on-one workbook. There's also a group version of it, but the one-on-one workbook has 10 processes in it, and it's all about kind of getting people to look back at their story so they can learn from it, and then being able to make a relapse prevention plan moving forward.

[00:52:28] So to be able to say, "From my past relapses, I've learned that these things are the things that trigger me. This is what my pattern looks like. This is what my behavior starts to look like." And then the climax of the process is inviting a few other people into a circle with them at the end where they actually talk about what their desire to stay in recovery and what relapse would look like for them, and inviting people giving people permission to to ask them questions when they see that they start when they're starting to exhibit some of those kinds of behaviors.

[00:52:58] And so the whole thing is about moving from isolation into community in a kind of in this organized way. And it, it does take some training to be a facilitator or one-on-one coach. But that's available in various spots around the country. There's an online version of that that one of our colleagues does, and then and then there's a local, my wife and I happen to facilitate coach training and that happens we try to do that around once a year here in the Northwest. So if you wanna come visit us we can talk about that. But-

[00:53:29] **Moderator:** Yeah. Oh, thank you

[00:53:30] **Alan Muia:** so much. And- Harmonie, anything else you'd throw in about Genesis? I I don't wanna-

[00:53:33] **Carmin Long:** Yeah, it's genesisprocess.org is where you can find- Yeah

[00:53:36] all the different materials and books. Okay. I found the right

[00:53:38] **Moderator:** one.

[00:53:38] **Carmin Long:** There's tons of videos on YouTube of Michael Dye, who is the creator and author of the Genesis Process. So if you looked up

Michael Dye, D-Y-E unfortunately he's no longer with us, but lots of really great stuff on YouTube as well.

[00:53:53] There's a inner healing aspect to Genesis as well that's at the very beginning of starting to work through and deal with some of these foundational false belief systems that are lurking in the limbic brain that are very resistant to information. So we talked about that earlier that, there's a part of the brain that learns through experience, and there's a part of the brain that learns through, our prefrontal cortex.

[00:54:14] It's two completely different areas. And so some of that inner healing on those foundational false belief systems that are the foundation that are carrying people through all these different places in life, and getting some healing around that area and getting a new, true, healthy belief system is foundational in the Genesis process.

[00:54:33] And it's really powerful. The other tool that's in Genesis that Alan was alluding to is the FASTER scale, and it's really like nothing else that we've ever seen. And it's getting people dialed into their subconscious pre-relapse behaviors. And really a deep dive into that. It's all very practical nuts and bolts, competent, grace-based, accountable, relationship-based processes.

[00:54:58] And they just work. They're very, very good.

[00:55:01] **Moderator:** Oh, I'm so excited. What a wonderful description- Mm-hmm ... Carmin. And I found the right website. It is in the chat. We are a little over time. Right. I would love to invite you all back, and I think there will also be a lot of requests. If you do have a template or something for the behavior contract, I know n- new operators who are just starting out and really struggling through this situation right now that would benefit.

[00:55:24] And I just wanna thank you all so much. I can't tell you, I've been in the field a long time, and I learned so much today. Yeah. So, thank you sincerely. This was wonderful. And for all of you who were not able to download, I'm gonna do my best. I wasn't able to capture all the email addresses. The handout, the self-discovery, will be on our website next week.

[00:55:43] I'm going to try to work with Michelle to see if we can do a follow-up email to every single attendee and get that out. So I will do my best. But if not, please reach out to us at Fletcher Group. Try to get it on our website n- next week worst case scenario, but I will try to get that out to you all.

[00:56:00] Carmin, Alan, thank you so much. I can't tell you how much we appreciate it. And again, we invite you back. So cover any topic you want. We'd love to have you back.

[00:56:08] **Carmin Long:** Thank you so much.

[00:56:09] **Alan Muia:** Great to be with you all.

[00:56:10] **Carmin Long:** Yeah. All

[00:56:10] **Moderator:** right. Thanks everyone. Have a great day. Okay.

[00:56:12] **Carmin Long:** Bye. Thanks.