Jessie O'Brien: Hello, everyone! Welcome to Today's webinar substance. Use disorder, suicide, and recovery beyond shame and stigma presented by Dr. Bob Weathers.

Jessie O'Brien: We're really glad that all of you are here with us today, and I see more and more people joining. My name is Jesse O'brien, and I am the director of training and professional development. Here at Nedak, the Association for Addiction professionals, and I'm. Going to be the facilitator for this training experience with me today behind the scenes is our training and customer care specialists, Allison White.

Jessie O'Brien: who will be addressing any issues or questions you may have that are not specifically for our presenter. In other words, you have a lot of support here.

Jessie O'Brien: The permanent homepage for needac webinars is www.net.org forward slash webinars. So make sure to bookmark. This web page you can say up to date on the latest and addiction, education.

Jessie O'Brien: You're probably familiar with it by now, but we are using Zoom Webinar for today's live event. You will notice the zoom control panel that looks like the one on my slide at the bottom of your screen. There's just really 3 things that I want to point out to you and bring your attention to. The first is the chat box. I see that most of you have found it and are using it. You can send chat messages to the host panelists and attendees through the chat box.

Jessie O'Brien: The second is the Q. A box. We reserve the Q. A. Box for questions for us in a neck, or for our presenter you the great feature about the Ch. Q. A. Boxes that you can vote for questions that you see, and you like, and that will sort of escalate them up in the queue of questions.

Jessie O'Brien: and then we gather all those questions towards the end of the presentation, and ask forever amount of time that we have the the questions to our presenter. And lastly, is the live transcript button. We do use Zoom Webinar for close captioning. Live transcript has been enabled. If you would like subtitles, you just click

Jessie O'Brien: on the live transcript button and select show subtitles

Jessie O'Brien: just a reminder that every needac Webinar has its own web page that contains everything you need to know about that particular webinar.

Jessie O'Brien: But something pretty significant has changed. You may have noticed, beginning in 2,023 the process for getting your ce certificate has become more streamlined. So the new home for neatx educational content is called the Nadak Education Center.

Jessie O'Brien: All of our educational content will eventually live here, including all live and on demand webinars. So this includes all the C quizzes and certificates that you are now, and going forward, we encourage you to take some time to explore it. Don't worry. Your old certificates are still available in your Nadak account.

Jessie O'Brien: So each Webinar will continue to have its own web page on our website, like you see here on your screen that has not changed. You'll just notice that when you go to register for a live event or take
an on demand training

Jessie O'Brien: that you will find yourself

Jessie O'Brien: redirected to a course we call them courses within the Education Center, where you can register for the live event or access. The on demand recording, and then complete the C Quiz, the Survey evaluation, and get your certificate all within the same place.

Jessie O'Brien: You can see the structure of the course here, with each step in the C process built out in the order they should be completed. Once you complete the first item, the second item will become accessible, and so on down the line.

Jessie O'Brien: After this live event ends you can navigate to the C Quiz by clicking on the link in the Thank you. But box or on the link at the top of the screen there, or in the email that will get sent to you 1 min after this Webinar ends.

Jessie O'Brien: Once you click on the C quiz, you will get the seat. Needx members will get the Cs for free, and non members will need to pay a nominal amount, depending on the length of Webinar, and then the system walks you through the next steps pretty seamlessly.

Jessie O'Brien: I invite you to explore the Education Center. You can access all the content directly from inside the Education Center. Once you're there, as with any new system, it's not perfect. Please reach out to us. If you have any issues. The email is ce@nedac.org, if you have any issues. Okay.

Jessie O'Brien: So let's meet our presenter, Dr. Bob Weathers, Bob, you can go ahead and join us now. He's a highly regarded educator recovery coach, author, and public speaker.

Jessie O'Brien: Dr. Weathers holds a Phd. In clinical psychology, and over the course of his professional career Dr. Weathers has provided tens of thousands of hours of therapeutic counseling and recovery coaching to satisfy clients. He is also committed over 4 decades to teaching, training and inspiring graduate level mental health professionals

Jessie O'Brien: at several Southern California universities, including assisting in the development of their nationally accredited substance, use, disorder, study, certificate, and mindfulness based clinical training course work, and his 2 most recent books on substance use disorder, recovery are currently in press with Cambridge University Press. So i'm going to

Jessie O'Brien: turn myself off and hand this over to you, Bob.

Let me

Robert Weathers: thank you, Jessie. Thank you.

Robert Weathers: Let's See here.
Robert Weathers: make sure that we get this here.

Okay.

Robert Weathers: how does that look? Jessie

Robert Weathers: looks good.

Robert Weathers: And the other thing I want to do is bring up the chat, and that'll be over here. Okay, Great.

Robert Weathers: Okay. Let's see. Here, let's go back.

Robert Weathers: Welcome, everybody. Hi, i'm Bob. I really

Robert Weathers: really appreciate you joining me today

Robert Weathers: our topic, Our topics are our heavy topics. Substance use disorders, suicide, recovery. We'll be looking at

Robert Weathers: these topics and hoping to move beyond the shame and stigma that tend to collect around them, and my wish for today is that we'll be able to learn together. So I really invite you to join me in our learning will be learning in a couple of different modes. Today we'll be working at exploring these topics.

Robert Weathers: not just from the top down. How I think of it more intellectually, you know, examining theory and research

Robert Weathers: clinical technique. But we'll also be working from the bottom up, and that by that I mean working with our first hand experience. And so you'll see right from the very beginning. I really want to encourage your engagement

Robert Weathers: in our dialogue today. We'll have multiple chances for you to dialogue with me to the chat function, and i'll interact with you. We'll have experiences that you'll have a chance to reflect upon. And i'm hoping that

Robert Weathers: my wish today is that even one person here might be touched, moved, even

Robert Weathers: changed or transformed in a positive way that will make it really worthwhile. So that's my wish for myself and for you to join in. I'm reminded of a an old Lakota su saying that my own therapist Don't slog sloagy shared with me some years ago, and maybe this can be kind of the motto for our being together for this piece of time today. They say, Tell me.

Robert Weathers: and I will forget.
Robert Weathers: Show me.

Robert Weathers: and I will remember.

Robert Weathers: involve me.

Robert Weathers: and I will understand.

Robert Weathers: So the wishes for all 3 today. But the wishes, really, that we might be able to gain an understanding, and that we might be able to remember what we learn here today. So in that spirit. Then let's start right off with an exercise, for I'm going to ask us to

Robert Weathers: pause for a moment before we go any further. I'm going to invite you to join me for just a couple of minutes with a mindfulness of the breath exercise that will hopefully drop us into a place of receptivity, and I'll. I'll suggest some instructions once we've shared in this. So

Robert Weathers: i'm going to invite you if you're able to close your eyes just to reduce distraction. I'm going to do that if you're not able to do that, or if you're uncomfortable with that, you might just lower your eyes in order to be able to focus more. So just join me if you will, for just a couple of minutes. With this exercise

Robert Weathers: I just want to invite you to

Robert Weathers: taken a deep breath.

Robert Weathers: hold it for a moment.

Robert Weathers: and then release that

Robert Weathers: we're going to continue this for a series of a few more breaths.

Robert Weathers: taking another deep breath. Take it in all the way down.

Robert Weathers: all the way down into your ballet.

Robert Weathers: Hold that and release when you're comfortable

Robert Weathers: as you breathe in, see if you can experience the inhalation and the feeling of the breath all the way down to where your belly actually rises a little bit, take a deep breath, and

and breathing out.

Robert Weathers: let's say, for the next 3 breath cycles, I'll be silent, and just ask that you focus as much as you can on the sensations of the in breath

Robert Weathers: and the out breath; and if a thought or a feeling arises, just gently, imagine setting it on
a shelf and bringing your attention back to the press.

Robert Weathers: So 3 full breath, cycles

breathing in

breathing out

Robert Weathers: now with your eyes still closed or your eyes

Robert Weathers: looking down.

Robert Weathers: I want to invite you to consider something

Robert Weathers: i'd like you to call to mind someone.

Robert Weathers: preferably someone who's

Robert Weathers: life has touched your own.

Robert Weathers: Someone who has been affected by substance, use disorder

Robert Weathers: and or

Robert Weathers: suicidality.

Robert Weathers: substance, use, or suicide.

Robert Weathers: Someone who's touched your line.

Robert Weathers: Take a moment to call to mind someone

Robert Weathers: that matches this description

Robert Weathers: like you 2. Imagine, if you can, their eyes looking at you.

Robert Weathers: their voice, the sound of their voice as they address you.

Robert Weathers: maybe the touch of their hand.

Robert Weathers: Think of one thing you would most want to communicate to this person

Robert Weathers: even now.

Robert Weathers: and holding that person in mind and at heart, let's let's engage in 2 more full breath. Cycles
Robert Weathers: holding that person in mind and heart raising in briefing out.

Robert Weathers: I want to thank you for joining me in this initial exercise here.

Robert Weathers: and i'd like you to. I'd like to ask you to reflect for just a moment on any memories or feelings that have been evoked for you in this exercise.

Robert Weathers: and what I want to ask you to do is. is, ask yourself, how might these personal memories or feelings that have just been evoked for you in this exercise around substance, use disorders and or suicide.

Robert Weathers: How might they inform the work that you do.

Robert Weathers: going to invite you to respond in the in the chat box, and i'll have a chance to at least scan a few of your responses and respond. So we want to start by locating our conversation today in the personal memories.

Robert Weathers: our feelings that were evoked even right now in this exercise, and how those might inform or influence the work that we do.

Robert Weathers: so feel free to write your responses in the chat. And i'm going to hold up over here and hopefully, the chance to respond to you.

Okay.

Robert Weathers: The very first one I read is from Carol, who says compassion. Yes, right after that empathy love.
Robert Weathers: acceptance.

Robert Weathers: ability to tune into what is not always set out loud

Robert Weathers: gratitude, love, compassion.

Robert Weathers: care, love, and acceptance.

Robert Weathers: Caring.

Robert Weathers: I lost track of it. But I want to respond to this. Someone talked about a family member who had

Robert Weathers: died.

Robert Weathers: and

Robert Weathers: and I I didn't get a chance to catch it. Whether it was a suicide

Robert Weathers: and or and we'll talk about the overlap here soon, or of

Robert Weathers: substance use so for so many of us and you'll you'll be able to relate to this if you if you work in the area of substance. Use treatment. A disorder treatment

Robert Weathers: is that if you ask a room of people that you're working with, how many have been touched by overdose and or suicide.

Robert Weathers: there will very rarely be any hand not raised in the room. And if you ask any individual, there'll be multiple people in that room, and as we'll soon find out as we discussed further, that room is us. We're all in this, I mean. I think of it. We're in the soup together.

Robert Weathers: and hope to make that clear, and to create a space where we can create a community of trust and empathy as so many of you noted.

Robert Weathers: Thank you for your responses right now. That's exactly right. If we can drop into this place of heartfulness, it's the place below words and ideas between. It's the place

Robert Weathers: underneath possible problem, solving and fixing things. It's a place of joining as we'll talk about with both substance, use disorder, treatment, and with addressing suicide.

Robert Weathers: The first foundation that we want to form is one of connection.

Robert Weathers: I I believe this that your responses suggest to me I believe that the most important resource.

Robert Weathers: What is most essential in the work we do is who we are most deeply inside, and the
wishes to host a space for that today, even as we'll be bringing in scientific information, I don't want to forget this huge well of resource that we share here, which is our life experience.

Robert Weathers: Another way to put this is how we address substance, use disorders

Robert Weathers: and suicide.

Robert Weathers: and more specifically today we'll be looking at how shame and stigma impact both these both these areas.

Robert Weathers: both these topics of substance use disorder and suicide.

Robert Weathers: How we address these topics.

Robert Weathers: I believe, is more important.

Robert Weathers: then

Robert Weathers: any content, any what that we might say about them. How we approach them is more important than what it's. Not that what isn't important.

Robert Weathers: but the how matters the most? So we gonna be in that spirit, inviting you to engage with me just as we have.

Robert Weathers: We'll have at least one further, one more exercise, maybe even 2 if we have time, and I highly value our having question and answer dialogue to interact with you at the end of the presentation. So please know this our interaction. Here we're creating a learning experience hopefully one that is safe and an honoring

Robert Weathers: of of the depth of what we'll be discussing.

That's my slide. Here

Robert Weathers: we discussed our own personal memories and feelings.

Robert Weathers: Let's start by just discussing some of the central topics of today's presentation. First of all, let me ask you, what do we mean by shame and stigma? I you to to write down the first word or phrase that comes to mind with either one of these topics in the chat.

Robert Weathers: A guilt.

Robert Weathers: bad negative labeling

Robert Weathers: not good enough pain, avoidance, embarrassed.

Robert Weathers: Disappointment paralyzing all of these are perfect pain, isolation, lack of support, hiding, concealment, wonderful. Thank you all. Thank you all for contributing here.

Robert Weathers: Take it back for a second. All of these are pertinent.

Robert Weathers: Shame and stigma are really 2 sides of a coin on the other hand any threat to self-esteem. It might be understood as shame. And it basically is shame is when I feel bad about who I am. So there’s a threat to my self Esteem.

Robert Weathers: on the other hand, is any threat to social acceptance from outside. So a threat from the inside shame a threat from the outside stigma, and there are really 2 sides of the if you think about it. How we feel about ourselves

Robert Weathers: is usually so intimately connected to how we experience others relating to us, so it makes sense that they inform.

Robert Weathers: And then, when we tied into today's topics.

Robert Weathers: we really are talking about a double whammy that is, there is incredible social societal stigma toward both

Robert Weathers: addictus and i'll say more about addictus in just a minute. That's the Latin root of the word addiction. There's incredible societal stigma towards both addictus and suicide. These are things that we don't talk about. We are to day.

Robert Weathers: but then they're not talking about. It is an expression of the societal stigma, and how that gets internalized. In fact, psychology sometimes refers to shame as self stigmatization.

Robert Weathers: So there you get a sense of how closely inter woven stigma and shame are. Let's start by talking about stigma around

Robert Weathers: so around addiction around addictus. I've chosen the term. Addict us here in its etymological sense, and I hope that you can move with me. The most recent diagnostic manuals in psychology and psychiatry utilize the term substance, use disorders, and then address specific substance, substances. alcohol, opioid, etc.

Robert Weathers: The Latin root word for addiction addictus is translated in the Bible as bond, servant or slave, and it simply means someone whose birthright has been taken away.

Robert Weathers: I think it's a wonderfully rich term if we look at it in its root understanding, and then apply that to our conversation today. Let's talk about this for just a second. The insides of what it's like to be addicted subjectively
Robert Weathers: anything that might provide immediate relief.

Robert Weathers: no matter how short lived

Robert Weathers: when I'm, in tremendous pain.

Robert Weathers: that's the prime motivator behind addictive behaviors here

Robert Weathers: so even if in the long term that short-term relief leads to long-term suffering

Robert Weathers: it doesn't matter if it provides relief right. Now think about this in the same

Robert Weathers: any of this in this, in this conversation. No addiction firsthand. I certainly do. There's a sense for time collapses in there's no longer any future that you can even imagine.

Robert Weathers: There's only now, and now can be unbearably painful

Robert Weathers: in that circumstance only this substance.

Robert Weathers: maybe all I can imagine that we provide me the relief that I seek

Robert Weathers: want to ask you to pose a pause for just a moment.

Robert Weathers: and notice how what I just said about substance. Use disorders

Robert Weathers: or addictus how it applies word for word to suicidality.

Robert Weathers: Time collapses in.

Robert Weathers: There's no longer any future. There's only now and now is unbelievably, unbearably painful.

Robert Weathers: And any way that I can find relief.

Robert Weathers: I'll do that.

Robert Weathers: I get sticking with the diction, for now we'll move into.

Robert Weathers: We talk about suicide, about stigma in our society around addiction.

Just a second.

this slide. There we go.

Robert Weathers: This statistic just came out 2 weeks ago I had to revise my slides. I told Jessie and Allison had to revise my slides. These are the latest to to statistics on the prevalence of addiction or
substance use disorder in the United States

Robert Weathers: 46 million adults this statistic always gets to me because it's adults are seen as anybody over 12 years of age. You might well ask

Robert Weathers: Why?

Robert Weathers: 12 years of age. Well, that's because so many people

Robert Weathers: who fall into addictive behaviors begin at age 12 and off.

Robert Weathers: sometimes even younger than that. So 46 million adults over the age of 12 in the United States currently suffer with substance use disorders to alcohol, nicotine and the other mood altering or psychoactive drugs.

Robert Weathers: To this a little bit further.

Robert Weathers: 90% of adults in the United States

Robert Weathers: agree that they have at least one

Robert Weathers: a behavioral addiction. Currently

Robert Weathers: now, what do I mean by behavioral addictions? This would include any compulsive relationships that we might have outside of mood, altering drugs. So this could be relationships to food. to sex.

Robert Weathers: to possessions.

Robert Weathers: even to the Internet.

Robert Weathers: You name it. 90% of us say that we have at least one behavioral addiction going on right now.

Robert Weathers: Let's continue with talking about the implications of shame and stigma around the

Robert Weathers: substitute.

Okay.

Robert Weathers: two-thirds of us have a family member who has substance use disorder just now. If you look at that statistic 46 million Americans it's not hard to imagine that that would mean. 2 thirds of us have a family member who is actively struggling with substance use right now.

Robert Weathers: Two-thirds of us are too ashamed to share that fact with anyone outside the family. So
2 thirds of us know addiction first hand in our families. 2 thirds of us are too ashamed to share that with anybody outside the family.

Robert Weathers: This next statistic is interesting. My mom was a public health nurse, and I know from her that one of the Premier public health training programs in the world, is it Johns Hopkins? Well, John Hopkins University School of Public Health, Did a nationwide study a few years ago, and what they found was

Robert Weathers: that when you look at all the diagnostic categories in the diagnostic manual psychology, psychiatry, hundreds of diagnoses

Robert Weathers: the diagnosis that has the most negative judgment. The most societal stigma has to do with individuals who struggle with substance, use disorders more than any other, so called mental illness.

Robert Weathers: So far better that i’d be depressed, anxious. Have a personality disorder, have a thought disorder. We can go down the list, then to then death, and have something to use disorder.

Robert Weathers: I did any surprise then that last year only 6 of those with substance use disorders, received any treatment at all.

Robert Weathers: The statistics also was just came out in the last 2 weeks. It's a it. There's even a a smaller percentage. It used to be 10 now. It's down to 6%

Robert Weathers: before we go any further. I like to ask you to reflect for just a moment on how you've been touched by the societal stigma around substance use disorders. And again. I'm going to ask you to in the in the chat box and all, and i'll

Robert Weathers: refuses as

Robert Weathers: well as I can.

Robert Weathers: So the question is, how Have you been touched by


Robert Weathers: It made the use worse. I lost a relative

Robert Weathers: judgment from mothers kicked out of the family

Robert Weathers: disappointment.

Robert Weathers: Incarceration keeps coming up as a thing

Robert Weathers: loss lost to their friend, loss of trust.
Robert Weathers: invisibility.

Robert Weathers: People die of shame absolutely.

Robert Weathers: There's some way to responses because they're so valuable. Thank you. Thank you.

What we've just shared here continue to share right now

Robert Weathers: of our own personal experiences of stigma, and tie it into this last 3 years of Covid.

Robert Weathers: You probably read about this, and I've got some record

Robert Weathers: at the end of our presentation today is that it's probably no surprise that coding has impacted the prevalence of both substance. Use disorders and suicide.

Robert Weathers: I thought, here

Robert Weathers: is that

Robert Weathers: and several people that responded right now not to this

Robert Weathers: is that there's social isolation comes around any around substance. Use disorders which exacerbates the substances, or that's exactly the words that one of you use right now, and as we'll be discussing interpersonal connectedness or social support, is the strongest buffer against both suicide and substitute disorder. And imagine, then, the direct connection of social isolation to worsening symptoms of substitutes, disorder, or more vulnerability or risk for suicide.

Robert Weathers: It's kind of a little exacerbated by Covid.

Robert Weathers: Okay.

Robert Weathers: There's Also the thought. Here. With Covid that

Yep.

Robert Weathers: that not only is there societal stigma around substance use disorders

Robert Weathers: and suicide.

Robert Weathers: There's been all kinds of controversy, and I dare say societal stigma around Covid, even acquiring a bit. So it just ends up, becoming

Robert Weathers: a horrible convergence of

Robert Weathers: horrible convergence of stigma. From what without shame from within, and then add the societal separation and the fear, the anxiety, the loss to death. All of this around Covid it's made for
just huge spikes and deaths, owing to drug overdose as well as to suicide.

Robert Weathers: Now, more than ever, it seems to me we really are in the soup together, and look at the responses that we're sharing here with one another.

Robert Weathers: We all know what it is to be a bond servant, or we know it. We know what addict this is from the inside out, whether you, if you know it, first hand as I do, or you know it with a close loved one. Clients that we've worked with and so on.

Robert Weathers: And somebody mentioned this earlier is that the shame and stigma that locate around substance abuse, They paralyze this in terms of the brain, they actually evoke a breeze response in the brain.

Robert Weathers: So what can we do about that? Well, there's a number of things we can do about that one I've already told you is that we can connect with one another like we're doing right now. Another thing we can do

Robert Weathers: is access. What I think of a solid science based information which might actually help to free us from some of the ignorance that surrounds these topics. So let's dive into that.

Robert Weathers: Thank you for your continued responses. These questions I really appreciate you moving.

Robert Weathers: We talk about some of the common biological mechanisms and substance. Use those disorders, and let me see if I can do something.

Oh, there we go!

Robert Weathers: There's tremendous overlap between. If we look at just the biological substrate of these 2 sources of distress and suffering. There's tremendous biological overlap, and I want to talk about for us

Robert Weathers: to start with the number one trigger for relapse to substance, abuse, and or suicide

Robert Weathers: is stress.

Robert Weathers: catastrophic distress.

Robert Weathers: The biology goes like this, and you might be familiar with this, but it also might be worth our reviewing it and looking at it in the context of addressing, not just substance, use disorders, but also suicide.

Robert Weathers: When we get stressed. The 2 stress hormones are cortisol and adrenaline. When we get stressed, cord is all spikes, and when cortisol spikes it drives down
Robert Weathers: dopamine and dopamine is related to the reward system in the brain. It's also related to our survival center. It's also related to pleasure, so it has to do with mood, regulation, and energy, etc. So when cortisol goes up, dopamine goes down.

Robert Weathers: and in the short term that's what acute stress looks like high cortisol, low dopamine.

Robert Weathers: There's a I that image there is of a seesaw. It's very much like they have an antagonistic relationship to one another.

Robert Weathers: Now for the individual substance use disorder

Robert Weathers: short-term relief is sought by getting dopamine to spike upward.

Robert Weathers: which drives cortisol downwards. So if cortisol was previously up, now it's spiking down, where dopa means up, and any of the addictive substances, and, for that matter, any of the addictive behaviors will drive dopamine up dramatically.

Robert Weathers: tragically, for the suicidal individual.

Robert Weathers: Permanent relief

Robert Weathers: may seem like the only option for the substance using have been individual. They're well aware that it's short term relief for the suicidal individual they've run out of of any faith in short term solutions and

Robert Weathers: death, maybe

Robert Weathers: seen as the only option as a form of permanent relief from pain. As we talked about earlier, there's no future. There's only this pain. What can I do to relieve this pain?

Robert Weathers: We go back to the individual substance, use disorder.

Robert Weathers: I have to say, and this is the short term consequences, as once dopamine spikes up in any addictive behavior. The body in the brain cannot tolerate that kind of imbalance, and so the body of the brain will kick in

Robert Weathers: excess cortisol which drives this dopamine back down, and we've just described. The physiology of withdrawal

Robert Weathers: is that that's exactly what happens. Is the individual gets drunk or high, or whatever the case might be, with excess of dopamine flushed with all the pleasurable chemicals going on, Cortisol kicks in, and then you move into an acute anxiety response which is characteristic of withdrawal.

Robert Weathers: So for the individual substitute disorder, what you get is you get decreased
Robert Weathers: frontal cortex functioning, like good judgment, decreased impulse control referred to as dis inhibition or decreased behavioral inhibition. The technical term for this when we're in the active addictive cycle is hyperfrontality, and it's easy enough to understand if you think of the frontal cortex as being the seat of the executive functioning in our bodies and brains is that when we move into addictive behaviors the frontal cortex basically goes dark, and what's activated is the reward center in between our ears in the mid brain, and with the with the lack of access to frontal lobe functioning, you have the results of not being able to look at the consequences of current behavior long term not being able to make sound judgments being disinhibited in terms of when author puts it this way is an active addiction. The midbrain is all accelerated.

Robert Weathers: and there's no breaks, because the frontal lobe provides the breaks, and so we end up with hyperfrontality or decreased behavioral inhibition. Now, how this plays out is that it's a it's a desperately perfect storm as what it is, because most of the individuals with substance use disorder, and I was one of them myself.

Robert Weathers: Experience passive, suicidal ideation at the very least. And why is that?

Robert Weathers: Because the the brain that would typically put the brakes on thinking of killing ourselves is disinhibited

Robert Weathers: in the context of being in the rebound effect, and we talked about the rebound. Now that person is, I had one client who was an R. And said, No one can barbecue in their own adrenaline, Bob.

Robert Weathers: we're barbecuing in our own adrenaline and cortisol so the rebound effect the absolute misery of that physically and psychologically, along with no breaks.

Robert Weathers: no dis inhibition. Put this much higher risk for literal suicide. And now you begin to see the linkage, even at a physiological level between substance, use disorder and suicide.

Robert Weathers: I think it was a vicious cycle is that the addictive behavior breeds suicidality, and there and it's woven together integrally into into active addiction.

Robert Weathers: Let's review just quickly here for just a minute.

Robert Weathers: If the number one trigger for relapse to substance, use a substance, abuse, and or suicide is stress.

Robert Weathers: I want to ask you a question.
Robert Weathers: What human emotion is the most stressful.

Robert Weathers: You might already have guessed this

Robert Weathers: Shame. Is it

Robert Weathers: Shame evokes the highest cortisol spike, the highest cortisol response of all of the negative human emotions? Hence is the most stressful emotion.

Robert Weathers: So when we talk today about trying to move, finding ways creatively to move beyond shame and stigma.

Robert Weathers: what we're wanting to do is move beyond those triggers that produce the highest stress in the individual, because the highest stress is what evokes the most vulnerability to both suicide and substance use. Do you see that if we can break that cycle we've contributed something, Major.

Robert Weathers: This two-sided coin of shame, and stigma, I believe, is a power keg right at the heart of both relapsed to substance, abuse, and increase suicide, risk.

Robert Weathers: So if we can find a way, so this raises the question.

Robert Weathers: How do we address shame and stigma. Then, in treating substance, use disorders and suicidality. What can we do to address these?

Robert Weathers: I've been working with my colleagues for the last few years on 2 books. One is, for it's a more technical book for clinicians. The second is a bookm for lay people around this topic of building recovery, resilience. That's another way to ask this question: what can we do to build resilience

Robert Weathers: in the context of of substance? Use disorder, treatment, and in in addressing the risk for relapse to to a suicidality. What can we do to build resilience?

Robert Weathers: And what i'd like to do is balance out what we've just done, which is, you know, introduce

Robert Weathers: statistics, demographics, information about the biology of both suicidality and and addictive behaviors. I'd like to balance those out by some practical bottom-up applications, and i'm going to invite you to join me at least one of those, maybe 2 of them, if we have time right now.

Robert Weathers: the first exercise and this is in the spirit of building recovery, resilience.

Robert Weathers: Our first exercise is an exercise in self regulation. What can I do to help regulate my mood, my activation emotionally and physically. What can I do? And this exercise is an exercise in self compassion or forgiveness.

Robert Weathers: So I want to invite you to join me. Okay, we're gonna start. I'm gonna ask you first of all, I want you to think for just a moment about some behavior that you've engaged in to reduce stress
Robert Weathers: that may have inadvertently caused harm to someone you love

Robert Weathers: something you did to lower your stress level. But in the process there was collateral damage. Somebody got hurt by this.

Robert Weathers: I want to give yourself a moment to think of this.

Robert Weathers: Okay.

Robert Weathers: With that in mind, I wanted to invite you for just a moment to join me again for just a like a minute of mindfulness to the breath practice. Okay.

Robert Weathers: So again lower your eyes, close your eyes. If you're comfortable

Robert Weathers: and let's just breathe together, and i'll guide us quietly in the background

Robert Weathers: as we move into to an exercise

Robert Weathers: with this particular interaction that I just shared with you in mind. Okay, so let's start

Robert Weathers: breathing in

everything out.

breathing in

Robert Weathers: any thoughts that come up to set them gently on the shelf

back to the breath, breathing out

Robert Weathers: freezing in

anything else.

Robert Weathers: Now, thinking about this, this situation, where you

good

Robert Weathers: attempted to reduce stress in some former fashion that

Robert Weathers: had a harmful effect on somebody.

Robert Weathers: This is part of a larger exercise, but I want to pick one strand of it that might be useful

Robert Weathers: to us today, and I want to ask you to imagine in your mind's eye.
Robert Weathers: addressing this person, that you harmed.

Robert Weathers: and

Robert Weathers: and saying this to them

Robert Weathers: for whatever I have done to you.

Robert Weathers: So remind yourself of what you did to them

Robert Weathers: wasn't your intention, but you still had an effect.

Robert Weathers: for whatever I have done to you, causing you harm.

Robert Weathers: Imagine how what you did harmed them

Robert Weathers: hurt them in some way.

Robert Weathers: and imagine how they felt. Imagine how that hurt felt to them

Robert Weathers: so, for whatever I have done to you

Robert Weathers: causing you harm.

Robert Weathers: I forgive myself.

Robert Weathers: Now this last part can be tricky.

Robert Weathers: What's required in order to forgive ourselves at the very least, is to be able to see what we did

Robert Weathers: in the context in which it occurred.

Robert Weathers: So why would I have done something to reduce my own stress.

Robert Weathers: even if it hurts somebody else's feelings.

Robert Weathers: How could that have been the case? This is someone I care about.

Robert Weathers: so your

Robert Weathers: that you don't you did invest in in that. You didn't intentionally want this person in the

Robert Weathers: going to invite you to consider

Robert Weathers: forgiving yourself for having done something
Robert Weathers: to hurt somebody else that you love, not because you intended to.

Robert Weathers: but because of whatever it was that you were trying to address stress-wise.

Robert Weathers: that you are temporarily, temporarily distracted, or may be blinded.

Robert Weathers: And can you forgive yourself for that?

Robert Weathers: For whatever I have done to you.

Robert Weathers: causing you harm?

Robert Weathers: I forgive myself

Robert Weathers: before we wind up see if you can make note of any changes, even if they're subtle

Robert Weathers: in this exercise

Robert Weathers: of self-

Robert Weathers: by you now

Robert Weathers: to share your responses in the chat.

Robert Weathers: and just in a phrase, and I'll do my best by quickly. So I want to invite you any. Anything that you found useful in this shared exercise forgiveness just now

Robert Weathers: someone says, Lighter.

Yes.

one

Robert Weathers: released self-acceptance, and

Robert Weathers: so compassion, like giving my

Robert Weathers: staring my truth columns

Robert Weathers: a great reminder to forgive ourselves forget this don't we we don't learn this in school.

Robert Weathers: picking a breath. This is a lightness

Robert Weathers: self-care Thank you so much. All of these are pertinent. Thank you. Thank you. Thank you for engaging in the exercise.
Robert Weathers: I know that this exercise is just a brief taste. It's just a little taste, but I mentioned that it's part of a larger seedaction involves 4 complete strands. That kind of weave together, but I wanted to pick the one that I felt like might have the most impact, even if it just shifts things slightly, and it looks like that for any number of you. I certainly felt that myself with this exercise.

Robert Weathers: Let's talk about what goes on in this process of self regulation is that we move from our stress response, which we just allow for the fact that shame has the highest cortisol spike of inhuman emotion. And so, if I don't, forgive myself the opposite of self compassion might well be understood as self judgment or shame.

Robert Weathers: is that I'm in what I refer to as red, alert brain, i'm in i'm. In that activated stress response that goes hand in hand with shame, and in an exercise like this, which includes the meditative holding of context. Holding the other person in mind as well as ourselves, with self compassion at the root of it, that we might move from red, alert brain to resting brain.

Robert Weathers: and that that the goal would be. One time is a taste of it. But imagine practicing this regularly daily to where you keep the system cleared out that you might develop a new baseline where you remain more and more centered in resting brain. That would be the goal of self regulation. And and it's application of this exercise. Let's try one more brief taste of a bottom up practice. If you'll join me.

Robert Weathers: This one is going to be an exercise in co-regulation.

Robert Weathers: that is between ourselves and another person.

Robert Weathers: and you'll see what I mean. I i'll we'll do the exercise, and i'll expand on it afterwards.

Robert Weathers: This is an exercise in gratitude practice.

Robert Weathers: When I ask you to pick a time in which you felt particularly lonely

Robert Weathers: with this time in mind, it could be a time recently it could be a time, historically, but just a time where you you know that this is a time of feeling lonely.

Robert Weathers: Let's breathe together for just a minute again, just just to kind of allow our bodies and minds to drop into it

Robert Weathers: a calmer place. Let's breathe, breathing in
Robert Weathers: focusing on the in breath all the way down and end breathing out.

breathing in

everything out.

Robert Weathers: One more breath in.

Okay.

gently. Let the press go.

Robert Weathers: I want you to hold on to that time of loneliness. If you can hold that in mind.

Robert Weathers: want you to call to mind someone in your life

Robert Weathers: whose recent expression

Robert Weathers: of thoughtfulness of kindness

Robert Weathers: has particularly touched you, someone who's reached out to you, and they've touched you with their heart.

Robert Weathers: Imagine, if you can.

Robert Weathers: their eyes as they look at you

Robert Weathers: the sound of their voice as they speak to you.

Robert Weathers: the touch of their hand.

Robert Weathers: So if you might experience that and hold that, you know whatever form is comfortable for you to express inner gratitude to this person

Robert Weathers: for their kindness.

Robert Weathers: for their loving touch.

As a compassionate heart.

Robert Weathers: I'd like to invite you again and

Robert Weathers: to share your response to this exercise. I'd be interested to know anything that you've held use in it. It's kind of like something gratitude.
Robert Weathers: and I' to to respond?

Robert Weathers: Someone says I'm, smiling.

Robert Weathers: I feel that it's like doubled in. So

Robert Weathers: I just love your guys responses. Thank you so much. Really Appreciate your generosity. Thankful and warm, peaceful humbling made me smile, comfort and peace mellow, calm.

Robert Weathers: I'm just giggling. I am too


Robert Weathers: I think something that we were watching is I was doing it. I was feeling it so powerfully inside, relaxed and appreciative, motivated. Thank you so much.

Robert Weathers: Yeah, these are beautiful responses. I'm glad. I'm so glad that you all are responding, both by joining me, but also feeling at least a taste of of what's possible here. I know that this is just a brief sample.

Robert Weathers: and I and I wish I could read every single one of your responses, because every one of them is just spot on.

Robert Weathers: I'll tell you a story about this.

Robert Weathers: Some years ago I was in supervision with Bonnie has been my supervisor over the years, and Bonnie comes out of the tradition of relational neuroscience, used the dearest soul, and I came to Bonnie sharing with it that I had been practicing meditation for years. My doctoral dissertation all those years ago was in mindfulness.

Robert Weathers: and that is the years have gone by. I had felt increasing loneliness as I meditated. And bonnie, said Bob, Why, don't you bring people that you love into your meditation? And I certainly have never done that systematically, and I've only done it systematically since then, because my experience

Robert Weathers: with those exercises Thank you, Bonnie.

Robert Weathers: The my experience with with bringing people into my meditation and the mindfulness practice transform my practice for sure, and it continues with me right to the present is that she had the view. And it's true, is is that and this comes out of interpersonal neurobiology that when we call these individuals to mind and bring them into our hearts.

Robert Weathers: we get to experience all of the benefits of what it's like to be in their presence. I don't know how this has gone for all of you. I can speak to this for me. I've got any number of people that have passed now have died, and and and and I would have thought

Robert Weathers: before they passed away, that that they're being gone would be horrible lost. It would
just be an abscess for me, and owing to Bonnie's encouragement and supervision and support for me.

Robert Weathers: I feel as connected to dear dear souls across my life as well beyond anything I could have imagined. And there's I've even thought about this. Sometimes I feel closer to some of these individuals than I did when they were alive. These are mentors of mine that have passed away. It's really quite extraordinary what's possible in in terms of cultivating. We just did a brief taste right now. But imagine again cultivating this in a regular way.

Robert Weathers: It's very much the same as biologically. It's what we talked about earlier with the forgiveness. Practice is that is, that loneliness is stressful. We're wired to be connected to one another, and in the absence of connection

Robert Weathers: will feel lonely, and and that it kicks in the the body moves into a distressed pattern.

Robert Weathers: My wife Colleen, is is immersed in attachment, theory, and mentalization approaches to psychotherapy which are based on interpersonal connection, and she cides To me the research has been done.

Robert Weathers: How actually deadly it is for us to experience chronic loneliness! Our bodies and brains are not not wired to be able to tolerate that. So what whatever we can do to move out of that sense of loneliness in a sense of companion. Connectedness moves us from red, alert brain to resting. And so it is a creative thing that we can do to create this greater sense of

Robert Weathers: Thank you again for joining me in this exercises.

Robert Weathers: Now, how might all of what we've been talking about here? Inform the work that you and I do, day in and day out, working with with difficult situations, difficult populations, individuals who are struggling with loneliness. Individuals are struggling with shame.

Robert Weathers: individuals who are struggling with substance, use disorder individuals who are struggling in and out of suicidal ideation and intention.

Robert Weathers: So let's let's ask ourselves some questions and talk about this for a moment.

Robert Weathers: What is one change we might make just to start with, to talking about in terms of treatment. It's applied in everything that we've done today, and that is that our work be as collaborative as possible

Robert Weathers: versus the traditional hierarchy of us versus them.

Robert Weathers: I think it's easy to forget that we're all in the soup. But look at what we've done today in terms of looking at

Robert Weathers: how we have so much in common, not only amongst ourselves, but with any clients that we work with Looking at the prevalence of addictive disorders. Looking at the impact of substance, use disorder and suicide on our personal lives. I've been really moved by the work of Heinz Koh, who
Robert Weathers: talk so much about how we're in the soup together. He talks about the kinship or the
twinship foundation of any effective therapy or counseling or coaching is that whatever we can do to to
emphasize and to collaborate from that perspective that we're in this together.

Robert Weathers: It's it's essential.

Robert Weathers: What is one change? We could make an academic preparation for us to do the work we
do in treatment.

Robert Weathers: The first thing that comes to mind for me is that we might focus on strengths versus the
tendency to focus on pathologizing.

Robert Weathers: My first year in graduate school I was immersed in taking abnormal psychology
courses, and I went down into the basement of the university where I was studying, and I thought, I
wonder if I can find the book I it it was curious to me that we weren't talking about

Robert Weathers: about

Robert Weathers: human resources, or or or or strengths, or there there wasn't even the term for positive
psychology at that point. But I was interested to see if I could find the book, and I did find a book on
exceptional adjustment down in the library found one book out of the hundreds of the thousands of
books.

Robert Weathers: and it was written back in the 1,900 fiftys. And I thought, the Lord, how is this going to
be now that has changed thanks to the work of the pioneers and and positive psychology. But the focus on
strength is is important. Here. Let me give you an example. We talked earlier about looking at

Robert Weathers: addict us from the inside. We talked about how it is that in addict us we're looking for
short term relief from what? From suffering we're looking for short term relief. And even if it ends up
with long term suffering as the consequence.

Robert Weathers: the goal. There is survival. I need to survive this, and somehow or another, and so to be
able to realize that there is something at the heart of addiction that seeks something better. And it may. It
may look like it's all.

Robert Weathers: Sometimes it looks like it's so counterintuitive or just like how could you be so crazy,
except that i'm seeking relief as what's what's underneath that even that vantage point to look at that from
the perspective of doing the best in a person can do. Many individuals that I've worked with.

Robert Weathers: They found ways of coping early on that serve them that no longer serve them. But
they, at 1 point were, were were ways of surviving. These were strengths that were employed. Can we
take a a mentality that's more honoring of our client strengths, I think, even in suicide. And this is, this is
difficult to talk about.

Robert Weathers: What often gets confused in suicide is the need to end suffering in the only way that
the individual knows for sure will work that is, by ending their lives. One author talks about the
distinction between ego side versus literal suicide

Robert Weathers: is that for many individuals and and many, if not, most of us, know this first hand. Here there’ been times in our life where something felt like it was either dying or needed to die, and the confusion that can happen in that suffering of that death where it crosses over into literally and killing ourselves

Robert Weathers: is understandable, but highly tragic. And so this authors uses the term ego side that what might be wanted would be death to some some former self, Death to the ego, but not to the literal self. And so just to be able to have a conversation like that with our clients or with ourselves is a movement in the direction of honoring a a strength focus versus just pathologizing, making bad making, needing to be fixed whatever is going on within us internally.

Robert Weathers: Think of our earlier exercises here in self compassion, for example, rather than shaming or pathologizing ourselves. We talked about doing something

Robert Weathers: to manage our stress that caused somebody in our life pain somebody that we loved.

Robert Weathers: But we responded this time not by judging ourselves, but by providing a compassionate context. A oftentimes makes this distinction with clients.

Robert Weathers: We're not talking about making an excuse here, but we are trying to talk about where we are aiming for understanding how it is that we could do something that would harm somebody. We'd love

Robert Weathers: no excuses for that. But let's understand that, because if we can understand it's maybe we can find alternatives that in the future that again would be a strength versus a deficits focus.

Robert Weathers: In fact, too much of a deficit's focus

Robert Weathers: can shame and paralyze us.

Robert Weathers: I believe the strengths and resources focus on the other hand, which we can build through some of these practices, such as self compassion and gratitude. That's a focus on strength and and resources actually motivates us.

Robert Weathers: and can eventually free us. And if you think of? If a dictus means bond, servant or slave, then the opposite of that would be to be free or to be liberated.

Robert Weathers: What is one change we could make in clinical supervision.

Robert Weathers: I have a friend of mine that we've been talking about this recently in and around the topic of suicide. And what are some changes we can make in clinical supervision. I want to start by saying that we could. We would do well to do what we've done today which is to integrate objective science.

Robert Weathers: There are scientific methodologies that are really important to know it's important to
understand, for example, the biology of the depression that so on, so oftentimes underlies suicide as well as substance, use disorder all for understanding and and developing is much

Robert Weathers: scientific information, and and deal that

Robert Weathers: be conversant in in the science of of what we've been talking about. It's extremely important that'd be objective science, but not at the expense of looking at this from the inside, which is why we've had the exercises we've had today. I've invited you guys to engage with me, and thankfully you have. Is that it's a combination of looking at things from the outside and looking at them from the inside, and these are one alone, will will be sufficient. I have 2 friends in the realm of what's referred to as integral recovery.

Robert Weathers: 2 dear friends, John Dupuy and Guy do, plus that guy, and are working on these these 2 books right now, both of whom have written and I've got their references in our in our book list. I've written a great deal about an integral perspective which involves bringing in

Robert Weathers: multiple perspectives into our discussing what's going on around. Substance use what's going on around suicidality? And I advocate you checking out the those resources. And so it's a matter of holding apparent opposites and leaving nothing out. No silos allowed.

Robert Weathers: We've talked about Danny in terms of moving between both the top down

Robert Weathers: more objective approach, and a bottom up more subjective or experiential.

Robert Weathers: It's it's vital to me that that when we're when we're, if if you're a supervisor or in supervision. It's vital that that we not talk about our clients as if they are a statistic as to talk about them in personally. There's there's value in bringing in scientific perspectives, but never at the expense

Robert Weathers: of the clients, so it it or their individuality, their strengths. And so we have to be careful about that. I think this can really arise. Talking about suicide is that we can. We can be

Robert Weathers: because both substance use disorder and suicide, end up having such a there's such a stigma. There's such a moving away from it. It's possible that we can move into either being so clinical, so objective about it.

Robert Weathers: Isn't it ironic that the word clinical has that quality. It means being too objective that we can, we can distance from it and not be in relationship to it in a way that we've tried to encourage today.

Robert Weathers: And I also want to say, especially around suicide. We can move into a by a perspective which is covering our hind side, our backside because because of the clinical, the legal, the ethical challenges around that, and then not be present. And i'm thinking in the context of supervision.

Robert Weathers: that it's required for supervisors to be even more humanly connected to their supervisors when we're talking about the difficulties that in here both substance use disorder, treatment as well as working with suicide clients
Robert Weathers: to be there's an understandable reflex to a distance.

Robert Weathers: and we need to fight. We need to fight that need to find them.

Robert Weathers: One change each of us might make on a more personal level.

Robert Weathers: I think that everything that we've been talking today about involves personal practice, and by that I mean the lifelong learning process that we're all engaged in here today. I also believe it requires honesty and self care that be what we model for our clients.

Robert Weathers: I like the term embody cognition that what i'm speaking of when i'm with a client is embodied in my own life, and they can feel that this gets back to that. How, how, how is more important than what I say if it's not connected to how I say it

Robert Weathers: is, especially if how I say it is not embodied, it's problematic. And so the the the goal here is to to provide a

Robert Weathers: grounded us to our clients in the literature. One author refers to it as ontological humility, which is just basically our own relationship to suffering

Robert Weathers: and our ability to be with that in a way that resonates for the client that we're not standing apart from the client looking at the as if at arms lengths. Another term for that comes from Peter Phoniky.

Robert Weathers: We provide a trustworthy harbor for our clients amidst the storm. He refers to that as epistemic trust.

Robert Weathers: Episteme is the the Greek word for knowledge for knowing, and there's a kind of of trust that's required for any of us to really know and understand something. And so it's required for the the therapist to counselor

Robert Weathers: to know from the inside what it is that they're speaking to their clients, and if they do that, the client can hang on to that, it's an

Robert Weathers: I am a lifelong drummer. I've played drums for 60 years now.

Robert Weathers: In fact, I just had surgery on my left arm this last year, after 6 years it wore out, and they had to fix it so I can drum some more.

Robert Weathers: And anyway, I and I've played jazz for almost all this, and it has drummer

Robert Weathers: and my my favorite comment that applies to what we just talked about in terms of what we can do individually comes not on a psychology, but it comes out of jazz specifically. The modern jazz saxophone is kind of the pioneer of be Pop Charlie Parker, he said. This

Robert Weathers: if you don't live it, your horn won't. Play it.
Robert Weathers: That puts it right where it is.

Robert Weathers: There's one through line today with all we've talked about, and it would be this.

Robert Weathers: who we are, matters far more than what we think we know

Robert Weathers: there's nothing wrong with knowing. But if it's not grounded in who we are.

Robert Weathers: and if who we are doesn't, carry what Charlie Parker talked about.

Robert Weathers: Then our horn won't play it, and it doesn't really matter.

Robert Weathers: I'm going to recommend you if you haven't seen it. Maybe many or most of you have seen it. The Viral Ted Talk by the British journalist, Johan Hari, is incredible on on what we know about addiction, and how

Robert Weathers: we misunderstand oftentimes what's going on in addiction, and he finishes famously that that that I can never watch that video without without tearing up. At the end of some touching to me, he says, the opposite of addiction is not sobriety; it is connection.

Robert Weathers: And so if there's any through line today, it would be for us to be able to show up and be present with the depth of suffering that's involved in substance use as well as in suicide, and to be present with one another, because we all know this firsthand or close enough with our loved ones

Robert Weathers: to put it this in the context of suicide. The most consistent protective factor in suicide. Prevention

Robert Weathers: is social support.

Robert Weathers: So how would we give our clients anything less than maximum social support through the dark times? And for that matter, how would we do anything less than giving those that we supervise

Robert Weathers: who are dealing with suicidal patients, and they lose clients to suicide? Why would we do anything less than provide maximum social support for them, too.

Robert Weathers: The AIM here is that we might turn things around and create an adaptive spiral

Robert Weathers: that moves beyond shame and stigma when we move even down into the darker areas of the human psyche, such as substance use disorders and suicide.

Robert Weathers: I'm.

Robert Weathers: I'm going to pause right here, and i'm going to invite your dialogue with me. I'm going to need some help from my teammates here because i'd like to. I'd like to interact with you. I'm going to reserve just a couple of minutes towards the end with one final slide. But for right now can I invite you to engage with me, and i'm going to assume it's in the Webinar
Robert Weathers: chat.

Robert Weathers: and if i'm mistaken by that, i'm going to ask

Robert Weathers: Jessie or Allison to correct me, because i'm not going to the Q. A. I'm. Staying in the chat right now, and i'm going to invite you to anything that's come up today with the questions thoughts i'd love to hear. I'm very curious about what you found works for you dealing with suicide dealing with clients that are suffering with substance abuse i'd I'd like to just interact with you. So let me invite you, and we will have one little wrap up At the end of that. I think Jesse is going to wrap up.

Robert Weathers: Can I show the last slide again? I'm happy to show the last slide again.

Robert Weathers: The most consistent

Robert Weathers: protective factor in suicide prevention.

Robert Weathers: his social support.

Robert Weathers: Thank you for your kind comments. Thank you.

Thank you.

Robert Weathers: I like what somebody said to stay present with somebody, to breathe the breathing that we did today becomes essential, doesn't it?

Robert Weathers: I like very much what the contemporary spiritual author, he says, when you give your attention to somebody.

Robert Weathers: he says, Keep 10 for yourself, and I think of that oftentimes, as I, as an attending to somebody else. Let's say, in a clinical situation, can I just stay in touch with my breath and stay rooted in my own. My own presence, even as I give most of my attention to, did not give it all away.

Okay, let's see.

Robert Weathers: Thank you for your kind comments.

Robert Weathers: This person says: Any creative group ideas for people struggling with suicidal ideation. We have great groups for substance use disorder.

Robert Weathers: That's a good question. That's a good question, you know. Overlap in my own work when i'm working with clients that are in early recovery. I really haven't spoken of this so much today. So let me comment on this

Robert Weathers: is that you, you know everything that I said about

Robert Weathers: stigma or negative judgment towards addiction applies towards early recovery as well
the way that that goes. As you remember that statistic I talked about from Johns Hopkins University

Robert Weathers: that there's more stigma, more more negative judgment towards substance use disorders than any of the other diagnostic categories in the Dsm. The diagnostic manual. And and what I've thought about is that that doesn't stop when you move into recovery. In fact, the way that it goes, especially in this country, which is so oriented towards the War on Drugs historically, is that if I'm in recovery, that means only one thing. That means I was addicted, or I did have substitutes disorder, or it was substance abusing.

Robert Weathers: and so i'm guilty by association. And so the fact is is that I experienced in my own early recovery as much judgment, probably more judgment that I experienced when I was an active addiction, because now I was out with it, and it just meant that I had been addicted. And so I know that in the earliest phase for main recovery, and I see this again and again in the groups that I've led over the years. I've been very active in leading treatment center groups right up right up to Covid, and then it moved to online. I've been working more with individuals for the last few years. But

Robert Weathers: I know that many of the groups I led we were discussing suicidal ideation as part of what was going on in the group, and they were Co- extensive. Because what happens if you think about this, I move into early recovery.

Robert Weathers: I'm losing something i've relied on. Look at that statistics. Since I was 12 i'm losing something I've relied on for some sense of self regulation, even though it's been costly. I've taken that away. I'm in post acute withdrawal syndrome. I've I've got pause.

Robert Weathers: and Dr. Bob has told me that it's going to last for 6 months or a year. However long I've got judgment and rejection and loss in my life only to my addiction. How am I not going to be vulnerable to depression and even suicidal thoughts?

Robert Weathers: And so it's just to normalize that and create a place where we can talk about that in a way that's connected, and at least for me, when i'm leading groups like that. I'm speaking out of personal experience, i'm not speaking out of I I i'll say i'm not speaking on the textbooks. This is not of a textbook, this out of my own experience, and so that we join in creating a safe space

Robert Weathers: for people to

Robert Weathers: express fears, to express darkness, to express the pain that comes from loss to express longings for the substance that we've given up all of those things

Robert Weathers: in the hopes of beginning to create kind of a rising tide of hope for the future is that in this connection we can somehow make this. This is the genius behind self. Help support groups where it's 12 step. I was involved in 12 step groups and refuge recovery, smart recovery.

Robert Weathers: All of these groups have in common

Robert Weathers: the universality, as we're all in this together. And so that's a that's a huge piece. There's another piece in there, too. That can be very healing, which is altruism. Is that in a group context, we can
support one another in our supporting one another. We receive back so much really begs the question, who's the beneficiary when we give to others in a group context, any of you that have been members of groups in what i'm talking about you receive so much in the giving.

Robert Weathers: There's another, there's another theme, and then i'll move on, for right now there's another theme that we haven't touched on so much is that I find in the work that I do, including the groups that I led, that there needs to be ample space to discuss

Robert Weathers: what I think of as existential issues which oftentimes come up around

Robert Weathers: thinking of killing myself.

Robert Weathers: Is that what it?

Robert Weathers: What meaning is there in my life? What what are my. what's valuable? What's my purpose? And so I really feel like there's a place here for hosting very proactively discussion of all of these for some people it's in conventional spiritual forms for other people. It's not at all that way, but it's. But what's universal is that we're all seeking some purpose or experiencing the lack thereof, and that can be at the bottom of the basis, especially, I think, an early recovery for individuals, that that

Robert Weathers: their reason for being for so many years has been related to the substance use. And now, what do I do to fill that vacuum? How do I move forward? I love leading groups where I ask individuals to share.

Robert Weathers: What's the one thing that that provides for you the most purpose in going through this treatment that you're going through right now, and it'll be everything from relationships to vocational ambitions to integrity to if the the list is endless, but it's it's. It's beginning to invite people to imagine into places of resource

Robert Weathers: the 2 exercises that we've done today. I've done countless times and groups the forgiveness exercises and the self for self-compassion exercises

Robert Weathers: as well as the gratitude practice I should say this

Robert Weathers: for what it's worth. It might as well is that I've I've been in recovery now for a little over 10 years, and in that in that time I was fortunate to be introduced to these 2 practices very early on in refuge recovery, and I took to them, and I've practiced them virtually every day for the last 10 years.

Robert Weathers: So it's just to suggest that with a bit of practice this can really change your life. I sometimes tell people that before I got into recovery I think I spent about, and this is an active addiction. I think I've been spend about 90% of the time

Robert Weathers: looking over my shoulder, feeling ashamed of what was going on in my life, and what it going on for so long, and with the beginning of my being in recovery and beginning to employ this
practices. I tell them that it's only 10 years later, and I think at this point I am

Robert Weathers: 90% free of shame.

Robert Weathers: which is to say, there's still 10% on human.

Robert Weathers: and if somebody wants to shame me they can probably get away with that. But most of the time there's a resilience inside. So i'm not speaking about this. They read if i'm talking personally, if you think about any skill that you've ever developed. I've drawn my whole life. I better be a good drummer right? Well, if I practice forgiveness

Robert Weathers: in the way that we've talked about today for 10 years straight most every day, many more days than not.

Robert Weathers: then it ought to have developed it into a skill that's making a difference, and it has it. Has. So i'm confessing that, too.

Robert Weathers: Everybody we check.

Robert Weathers: Oh, thank you for congratulations. Thank you.

Let's. See here.

Robert Weathers: Yeah. So other resources here center for mindful self self-compassion. Thank you for mentioning that

that.

Robert Weathers: Thank you. Somebody endorsed the the conversation about purpose that ends up being one of those hidden dimensions that might not get discussed. There's such a focus in treatment of substance. Use disorder on symptom remission.

Robert Weathers: and it's easy to that. Underneath all the there has to be a reason for doing that, and it's helpful to make that explicit.

Robert Weathers: Oh, and I move into the Q. A. Right now, because it's like. There's some questions there, too.

Robert Weathers: I'm just going to pick this one. There's so many more that I could pick up me down I I to know that this has to do with guilt and shame related to one's faith, and how it is that that religious involvement can hinder the the the treatment process.

Robert Weathers: Let let me respond to that.

Robert Weathers: It's it's it, it it it's part of the change part of the around. Both these topics today of substance use disorder and and suicidality is that both are prescribed within most religious traditions. And
Robert Weathers: just because it goes underground doesn’t mean it goes away, and so it will typically manifest and symptomatically with worse symptoms. And so how this goes for me. I went to a seminary for my doctor, and I went, went to a seminary, got my doctor in clinical psychology, and so along the way got my masters in religious studies.

Robert Weathers: and my undergraduate. I was the double major and undergraduate in both psychology and religious studies. And so I've had a real keen interest in

Robert Weathers: spiritual and religious resources across my entire career. I'm not conventionally religious, having said that, and also deeply, deeply committed to spiritual development. So go figure so what it how it's turned out for me as I've worked with many clients over the years that have been referred by pastors and rabbis themselves.

Robert Weathers: and I've always encouraged working with spiritual resources in the context of the the work we do. I don't see them as separate from the work. We do my work as a psychologist, my work as a counselor I work as a recovery coach.

Robert Weathers: I think it's important that clients

Robert Weathers: feel that they can trust that they can bring in spiritual resources and not be judged because some kinds of experience that having said that if I invite a if I invite spiritual resources as being valid, and and I and I express value for them. Yeah.

Robert Weathers: it inevitably opens up our being able to talk about the shadow side of some faith, traditions, or spiritual experiences where people can talk about guilt and a shame, for example, that are associated with what's whatever is going on in their life, that we don't need to separate out spirituality, that we can be critical of those aspects that need to be developed further as well as to resource those aspects that will really serve forward movement. And so

Robert Weathers: I end up. You all would know it from this conversation, but ended up being pretty profane actually. And and yet clients know that in E, even if that's if that's the way that I can speak. I'll join them in speaking profanely that there's an honoring.

Robert Weathers: the word profane comes from the Latin term pro fanus, which means outside the Temple, and I kind of want to be able to talk about what goes on in the Temple and then outside of the Temple Way, and I feel like that if we're talking about darker topics, like suicide, like substance, use that, we have to be willing to

Robert Weathers: to go there. And so, having done, Having said that, then there's an inclusiveness of of every spiritual resource imaginable, including a critical perspective on those. And so

Robert Weathers: the groups that I've led the individuals I work with. There's very few individuals I like
how Karl Jung talked about this. He said he rarely worked with somebody, especially later on in their lives.

Robert Weathers: where spiritual issues weren't central to what they were talking about, I would agree with that. And so it's a matter of of sifting through the good from the bad. I'm mindful of the time, and we're going to be winding down. Let me let me up one last slide here before we finish up, and and Jessie is going to finish here. I hope that

Robert Weathers: that there's some sense that you all have gained today that there are resources available to our clients to ourselves, working with clients. I encourage you to come to my website. I've got resources there. I'd love to be in contact with you. You can reach me through my website

Robert Weathers: the installation of hope with our clients, especially with these 2 populations. There's an abundance of resources research to suggest that that

Robert Weathers: if we can instill hope and help clients to maintain and help themselves, there can be a huge gift that we give to them, and it improves

Robert Weathers: the outlook for both, both for both populations. And so, even though we picked a dark topic for today, I feel an abundance of hope, and I hope that that comes through. May I invite you to share with me what you've struggled with what you, what you found, that works creative approaches that you've had with this population invite you to dialogue with me, I will respond to every one of you that writes me. Okay. So i'm interested in what you do in treating substance, use disorders and suicidality. What kinds of questions arise for you and the work that you do.

Robert Weathers: I'm going to stop with that. I want to thank you all so much for joining me today. May May this have been of use to at least some of you. Okay, take good care and blessings to all of you. Thank you.

Jessie O'Brien: Oh, thank you, Bob. This was wonderful. You're getting lots of positive stuff in the Comments Box hopefully. You can follow along. I know it goes really quickly. There were a lot of questions, but what we'll do is we will just send the questions to you, and then, If you just want to write out answers, then we post it as a resource

Jessie O'Brien: for people that they can reference afterwards. So just to remind everybody, Thank you everyone, for your comments after this live event ends actually let me

Jessie O'Brien: share my slide. So you can see

Jessie O'Brien: sorry about that.

Jessie O'Brien: So after this live event you can navigate to the sequence by clicking on this link. See where it says, click here to access the sequence that will actually be highlighted in yellow.

Jessie O'Brien: or there's an email that will go out 1 min after this ends. That also has the link to the C quiz. And then you can also go through the Education Center to this course and find the C Quiz there. As
well. Just a reminder that needac members get the Ce for free. And now members will have to pay a nominal fee depending on the length of the Webinar.

Jessie O'Brien: Just a few announcements we're really excited. We launched in January our relational trauma repair sociometric certificates. They are super user. Friendly way to address relational trauma in your treatment organizations with your clients

Jessie O'Brien: safe, super easy to learn

Jessie O'Brien: and really effective. I don't know if people are familiar with T on Dayton, but she has spent her lifetime developing this, and it's really remarkable work that she does, and that has spread. And this is based on her new book, Socio Metrics embodied experiential processes for healing trauma and addiction.

Jessie O'Brien: So check it out. That's the web page. There at the bottom of the slide, we do have a lot of great upcoming webinars on the horizon. Our next installment and the assessment diagnosis and treatment of Cochrane disorders and S. Ud. Part 2

Jessie O'Brien: is on eating disorders and Sd. And that's what Dr. Heather Hamilton, that's on the seventeenth that is part of our specialty all Night Training Series. On the 20 third we have the next installment in our Peer Recovery Support series beyond 12 steps.

Jessie O'Brien: and then, on February 20, fourth, the third part in the co-occurring series of then March. First, we have collegiate recovery fostering recovery, supportive

Jessie O'Brien: college campuses. So If you're interested in any of those. I invite you to check them out

Jessie O'Brien: a reminder of all the benefits of Nadak. There are a lot of them. I will speak to the cease. If you join Natash, then all of the Webinars in our Free Webinar series, the CEO's are free.

Jessie O'Brien: and if you are someone who needs a certain number of ces per year, or every couple of years for your credentialing.

Jessie O'Brien: This is a really good deal, and the membership very quickly pays for itself. So I consider I would recommend you. Consider joining if you're not already a member, and that's it.

Jessie O'Brien: Thank you again for participating in this Webinar. Thanks, Dr. Weathers for being with us today. Stay connected with us on Linkedin, Facebook and Twitter, and if you Haven't signed up tomorrow starts the engagement in the black community events summit it's virtual.

Jessie O'Brien: really great, so you can check it out on our website as well. All right, take care, everybody have a good rest of your day.