

Jessie O'Brien (NAADAC): Hello, everyone, and welcome to today's webinar, Unseen, Unheard, Untreated, a Disconnected Systems Call for the Medicine of Connection. Today, we are going to be hearing from Dr. Ken Martz.

Jessie O'Brien (NAADAC): My name is Jesse O'Brien, and I am the Director of Training and Professional Development here at NADAC, the Association for Addiction Professionals. And behind the scenes, we also have Carrie Martin Lane for a bit, who is our NADAC Training Programs Manager, so we have a lot of support here today.

Jessie O'Brien (NAADAC): Just a reminder that we are using Zoom webinar for today's live event, which most of you are familiar with. I'm just going to point out a few... three key things that we utilize. The first is the chat box. We use that to chat with each other if Ken asks you any kind of, like, quick, open-answered questions.

Jessie O'Brien (NAADAC): You can put those questions, or answers into the chat box.

Jessie O'Brien (NAADAC): If you have questions, we ask that you put those into the Q&A box, that way they don't get lost in the chat.

Jessie O'Brien (NAADAC): And they can be questions related to the presentation, or if you just have a question for me or for Carrie, we can answer those in the Q&A as well. And then lastly, if you want closed captioning.

Jessie O'Brien (NAADAC): for today's webinar, just click on the closed captioning live transcript, and click Show Subtitles, and those will appear for you.

Jessie O'Brien (NAADAC): I'm going to just go over the CE instructions. Carrie's just gonna drop a link into the box for the CE quiz and certificate instructions. You don't have to take the CE quiz immediately after this. You can wait and take it whenever you want. It will live in the live attendee section in the course.

Jessie O'Brien (NAADAC): If you have any issues claiming CEs, just, you can email us at CE at nadoc.org anytime.

Jessie O'Brien (NAADAC): But once you're... once you finish this, you will be eligible to take the CE quiz, and then do the survey and get your CE certificate.

Jessie O'Brien (NAADAC): recorded webinar attendees can navigate to the CEQ quiz by clicking the Go To Next Item button that appears on the screen immediately after they finish watching the entire presentation. But essentially, once you finish this webinar, the CEQ quiz is right below it. We will also provide you with a link, in the thank you box.

Jessie O'Brien (NAADAC): That will appear in the live events section where you came in to this webinar.

Jessie O'Brien (NAADAC): All right, let's meet Dr. Martz. Ken is a licensed psychologist. He's worked in the treatment and management of addiction, including gambling, for the last 30 years across settings,

including outpatient, residential, and hospital settings.

Jessie O'Brien (NAADAC): He was formerly the Special Assistant to the Secretary for the Department of Drug and Alcohol Programs in the Commonwealth of Pennsylvania, and Policy Director for Substance Use Disorders in the Governor's Office.

Jessie O'Brien (NAADAC): Dr. Martz has a doctorate in clinical psychology from Argozi University. He has authored a dozen publications, including 6 bestsellers, such as the international bestseller, *Manage My Emotions*, which has been translated into multiple languages.

Jessie O'Brien (NAADAC): He's given well over 100 presentations, both locally and internationally in the fields, including many for NADAC. So, Ken, we'll go ahead and welcome you here. I can't see my camera, so I'm assuming you're with us, but I'll stop sharing and let you take over.

Kenneth J. Martz, PsyD, MBA: Alright... Can... can you hear me now? Can you see me now?

Jessie O'Brien (NAADAC): Yes.

Kenneth J. Martz, PsyD, MBA: Wonderful.

Kenneth J. Martz, PsyD, MBA: Hello, everybody. Welcome, welcome, and thank you for being here. Thank you for sharing this afternoon. I've already seen some friends from Pennsylvania here and from around the country, so looking forward to sharing this time with you and building some conversations.

Kenneth J. Martz, PsyD, MBA: This is a field that is built on connections and the need for connections, so we're going to be playing with that for the next hour and a half.

Kenneth J. Martz, PsyD, MBA: or so.

Kenneth J. Martz, PsyD, MBA: And so, something to think about.

Kenneth J. Martz, PsyD, MBA: That no one recovers in isolation.

Kenneth J. Martz, PsyD, MBA: And no system changes without connection.

Kenneth J. Martz, PsyD, MBA: Okay?

Kenneth J. Martz, PsyD, MBA: So, no one recovers in isolation, and no system changes without that connection.

Kenneth J. Martz, PsyD, MBA: So, some things to think about.

Kenneth J. Martz, PsyD, MBA: This is a disease of isolation.

Kenneth J. Martz, PsyD, MBA: Okay, so we'll talk through that a little bit as we think about it on the individual level.

Kenneth J. Martz, PsyD, MBA: As well as on the, systems level.

Kenneth J. Martz, PsyD, MBA: All right. So, a couple of things to think about. The disease... addiction is a disease of isolation and disconnection, but that fragmentation within individuals, across services, and across systems is part of the problem. And if...

Kenneth J. Martz, PsyD, MBA: We don't manage this.

Kenneth J. Martz, PsyD, MBA: Our loved ones, our brothers, our sisters, our children are left unseen, unheard, and untreated.

Kenneth J. Martz, PsyD, MBA: We know that some 90% of those with addiction don't get the treatments they need, and that's got to change.

Kenneth J. Martz, PsyD, MBA: Right?

Kenneth J. Martz, PsyD, MBA: Alright.

Kenneth J. Martz, PsyD, MBA: So one fish walks up to the other fish and says, hey, how's the water over there?

Kenneth J. Martz, PsyD, MBA: You know, the fish says... What's water?

Kenneth J. Martz, PsyD, MBA: You know... We've been swimming in the system

Kenneth J. Martz, PsyD, MBA: Where the numbers haven't changed for a number of years, that folks are not getting into the system for care.

Kenneth J. Martz, PsyD, MBA: But this just feels normal.

Kenneth J. Martz, PsyD, MBA: And so I invite you to step outside of the system for a moment for the next hour or so, and think about how it can be.

Kenneth J. Martz, PsyD, MBA: So that we can think about how to design our systems and our practices and our daily lives in ways that will be effective for making those changes, rather than just living in what is.

Kenneth J. Martz, PsyD, MBA: Alright?

Kenneth J. Martz, PsyD, MBA: There's a... well, I usually can get past a slide without doing a research study, but, you know, there's research out there that says, you know, that we do the... we watch these trainings, we get all excited, and then we go back and do the same thing tomorrow. So I'm gonna put the marker down even right now.

Kenneth J. Martz, PsyD, MBA: Saying, I invite you to think about what you're doing and what we can change

Kenneth J. Martz, PsyD, MBA: So that this becomes a transformative moment

Kenneth J. Martz, PsyD, MBA: That begins some changes in what you do, and what we do collectively.

Kenneth J. Martz, PsyD, MBA: We're stronger together.

Kenneth J. Martz, PsyD, MBA: The... I believe the PowerPoint is already available, on the... on the webpage. If you hadn't already gotten it, you can download it from the QR code. I won't bore you with the background information about me, because that's not so relevant, because that's not the most important thing here.

Kenneth J. Martz, PsyD, MBA: One of the things that may be relevant, just to begin to get a sense, though, is... You know...

Kenneth J. Martz, PsyD, MBA: One day, back when I was a... young lad.

Kenneth J. Martz, PsyD, MBA: A few less gray hairs.

Kenneth J. Martz, PsyD, MBA: And...

Kenneth J. Martz, PsyD, MBA: I was running around, doing all the cool things, I was getting my great grades and all that good stuff.

Kenneth J. Martz, PsyD, MBA: And one day, I went to the post office.

Kenneth J. Martz, PsyD, MBA: I'm staying in line at the post office, and...

Kenneth J. Martz, PsyD, MBA: All of a sudden, my heart starts racing, my...

Kenneth J. Martz, PsyD, MBA: I'm all flushed, ears are pounding.

Kenneth J. Martz, PsyD, MBA: And I start getting dizzy, like, I'm passing out.

Kenneth J. Martz, PsyD, MBA: Wake up in the hospital, You know, with the gowns that are designed to not cover anything of value.

Kenneth J. Martz, PsyD, MBA: As they're trying to figure out what the heck is going on, why is this healthy young man here having...

Kenneth J. Martz, PsyD, MBA: an incident.

Kenneth J. Martz, PsyD, MBA: What is going on?

Kenneth J. Martz, PsyD, MBA: And they did their assessments and studies, and figured what they could figure, and kind of came up with the... we don't know what's going on.

Kenneth J. Martz, PsyD, MBA: So, I had a cool discharge summary that says,

Kenneth J. Martz, PsyD, MBA: You seem to be okay. Now, go follow up with your PCP, and we'll go from there.

Kenneth J. Martz, PsyD, MBA: Without any conversation about what could that be?

Kenneth J. Martz, PsyD, MBA: From a mental health perspective.

Kenneth J. Martz, PsyD, MBA: On the behavioral health side.

Kenneth J. Martz, PsyD, MBA: From a life perspective outside of the four corners of medicine.

Kenneth J. Martz, PsyD, MBA: you know, I'd like to think that's gotten better a little bit through the years, but I've still recently seen an ER visit

Kenneth J. Martz, PsyD, MBA: Discharge note that said.

Kenneth J. Martz, PsyD, MBA: You almost died. You had an overdose last night. Follow up with your PCP next week, and don't use drugs.

Kenneth J. Martz, PsyD, MBA: And... This is an example from the emergency medicine, but this is not about emergency medicine at all.

Kenneth J. Martz, PsyD, MBA: This is about how our system gets disconnected.

Kenneth J. Martz, PsyD, MBA: And doesn't understand the talking to each other.

Kenneth J. Martz, PsyD, MBA: From medicine to mental health to substance use to.

Kenneth J. Martz, PsyD, MBA: All the pieces of the whole.

Kenneth J. Martz, PsyD, MBA: We become experts in one area, which means we don't pay attention to other areas.

Kenneth J. Martz, PsyD, MBA: And so, the systems become very important.

Kenneth J. Martz, PsyD, MBA: And an option of an area for change.

Kenneth J. Martz, PsyD, MBA: So let's play with that.

Kenneth J. Martz, PsyD, MBA: Today, we are going to have a few, goals, and learning objectives focused on understanding how this connection creates some of these treatment gaps. We're going to take a look at examples of cross-sector collaboration strategies and apply these, these, cross-connection-based care principles.

Kenneth J. Martz, PsyD, MBA: Okay? So, does that sound like a mission? Does that sound like... like something we can be doing? We can make some changes, we're gonna... we're gonna follow this into our lives and into the next... next months, and make some changes in our world. Because right now, we've got some struggles out there in the world, and so how do we make a part of that?

Kenneth J. Martz, PsyD, MBA: We have people, as we're going through the chat here, from all around the country.

Kenneth J. Martz, PsyD, MBA: Imagine, as we start to connect ourselves.

Kenneth J. Martz, PsyD, MBA: Rather than being disconnected like the other pieces in the system.

Kenneth J. Martz, PsyD, MBA: We in for that? Let's go.

Kenneth J. Martz, PsyD, MBA: Alright.

Kenneth J. Martz, PsyD, MBA: So, what happens when we're afraid? I'm gonna pick on fear, because, you know, I can't get too far without talking about emotions along the way, too. So, what happens when we are afraid?

Kenneth J. Martz, PsyD, MBA: So... Oh, wait a minute, this says Common Counselor's deals, this is about us. You mean, like.

Kenneth J. Martz, PsyD, MBA: We might have some stuff, too.

Kenneth J. Martz, PsyD, MBA: You know, what all are we afraid of here? You can drop some of these in the chat, but I'm gonna throw a couple of them that I hear all the time. You know, so...

Kenneth J. Martz, PsyD, MBA: Fear of funding. Fear of lack of funding. Fear the insurance company's gonna cut me off.

Kenneth J. Martz, PsyD, MBA: Fear of my client relapsing.

Kenneth J. Martz, PsyD, MBA: Hear of the client being resistant, or hostile, or yelling, or hitting me.

Kenneth J. Martz, PsyD, MBA: Fear of not being able to help my clients effectively. Fear of failing, absolutely.

Kenneth J. Martz, PsyD, MBA: Because what does it mean if we fail as a counselor? We're there, the ones that are there to help them.

Kenneth J. Martz, PsyD, MBA: Beautiful.

Kenneth J. Martz, PsyD, MBA: Bureau not... will be not able to do enough.

Kenneth J. Martz, PsyD, MBA: isn't that, you know, isn't that central? We are here to make the changes,

and we can give a piece.

Kenneth J. Martz, PsyD, MBA: But maybe we can't do it all.

Kenneth J. Martz, PsyD, MBA: And how do we activate a system so that we leverage ways that are stronger than us, so that we can give enough?

Kenneth J. Martz, PsyD, MBA: How about fear of burnout, or compassion fatigue? You know, you fear how that ties together there. Oh my gosh, I'm exhausted because I've been giving, and giving, and giving.

Kenneth J. Martz, PsyD, MBA: Stereotypes and stigmas. One of the top reasons why folks don't get the care that they need is the stigma and the fears of coming in into our care.

Kenneth J. Martz, PsyD, MBA: One of the top reasons why people don't get... I said 95... 90% don't get the care that they need. Some of the top reasons why people don't get the care that they need is I'm afraid what my neighbors will think of me. I'm afraid what my employer will think of me. I'm afraid the stigma that's associated with

Kenneth J. Martz, PsyD, MBA: Coming into treatment.

Kenneth J. Martz, PsyD, MBA: So, if we are a part of that stigma and bias.

Kenneth J. Martz, PsyD, MBA: We can also be a part of that Breaking that down.

Kenneth J. Martz, PsyD, MBA: about fear of making mistakes, none of us ever made a mistake. Now, we don't know how that wouldn't be. About encountering ethical dilemmas? Those are cool when you weren't learning in school, but when they're in real-life practice, it's like, oh my gosh!

Kenneth J. Martz, PsyD, MBA: And on, and on, and on. I'm not gonna read you all these, but we got a lot of fears here.

Kenneth J. Martz, PsyD, MBA: Okay?

Kenneth J. Martz, PsyD, MBA: Here are personal issues or biases interfering with our work performance.

Kenneth J. Martz, PsyD, MBA: Stigma on us in the professional field as well.

Kenneth J. Martz, PsyD, MBA: Okay?

Kenneth J. Martz, PsyD, MBA: So... How do we... Keep our strength without being overloaded by the work.

Kenneth J. Martz, PsyD, MBA: Fear of not being able to understand the difficult cultures in our clinical activities. Different cultures in our clinical activities. Absolutely. We're gonna touch on this in a bit, but this is... this is critical conversations about not everybody looks, sounds, thinks like I do.

Kenneth J. Martz, PsyD, MBA: And so, that's a whole different skill set to learn, to develop, and...

Kenneth J. Martz, PsyD, MBA: Depending upon where we are across the country, we may see some very, very diverse cultures on a daily basis.

Kenneth J. Martz, PsyD, MBA: Okay?

Kenneth J. Martz, PsyD, MBA: You know, so here in Pennsylvania, for example, we have a wonderful system, which takes on our gambling hotline in 112 languages.

Kenneth J. Martz, PsyD, MBA: Let that sink in for a second.

Kenneth J. Martz, PsyD, MBA: We have a need for... Services in 112 languages.

Kenneth J. Martz, PsyD, MBA: I don't know 112 languages, I don't know 112 cultures at that level.

Kenneth J. Martz, PsyD, MBA: By the way, there's a gap in the system, we don't have 112 language-speaking counselors.

Kenneth J. Martz, PsyD, MBA: Okay? So there's a lot of pieces here. Fear of using everyday language that triggers the client's trauma. Yes!

Kenneth J. Martz, PsyD, MBA: And, my gosh, think about that. We can't,

Kenneth J. Martz, PsyD, MBA: We don't know what language is going to trigger their trauma, necessarily.

Kenneth J. Martz, PsyD, MBA: So, we end up walking around on eggshells at a certain level, where it's like, no, I can't do that.

Kenneth J. Martz, PsyD, MBA: We need to develop a relationship where it's safe to talk about what we need to talk about.

Kenneth J. Martz, PsyD, MBA: And so that they know that whatever happens, we've got this together.

Kenneth J. Martz, PsyD, MBA: So...

Kenneth J. Martz, PsyD, MBA: like I said, I'm not gonna read all of these to you, but just know... get the... get the sense that...

Kenneth J. Martz, PsyD, MBA: Fear is one of the reasons why we get disconnected.

Kenneth J. Martz, PsyD, MBA: Can you say that again?

Kenneth J. Martz, PsyD, MBA: Fear is one of the reasons why we get disconnected.

Kenneth J. Martz, PsyD, MBA: The client is afraid of the stigma, so they're not coming into treatment. We're afraid of looking imperfect, and so we don't ask for help and don't work with our peers.

Kenneth J. Martz, PsyD, MBA: The systems are afraid of not saying that they know something.

Kenneth J. Martz, PsyD, MBA: And some of it may be from trauma, maybe different sources, but the fear that comes from that.

Kenneth J. Martz, PsyD, MBA: Okay?

Kenneth J. Martz, PsyD, MBA: So...

Kenneth J. Martz, PsyD, MBA: As we begin to recognize some of these and articulate some of these causes, we can begin to think about how do we build relationships that are solution-focused for this.

Kenneth J. Martz, PsyD, MBA: Alright.

Kenneth J. Martz, PsyD, MBA: There are no safe seats in the crowd.

Kenneth J. Martz, PsyD, MBA: I'm not gonna ask you to put all of these into the discussion section.

Kenneth J. Martz, PsyD, MBA: But a couple of questions to think about.

Kenneth J. Martz, PsyD, MBA: is self-assessment. We are the tool.

Kenneth J. Martz, PsyD, MBA: We are the tool.

Kenneth J. Martz, PsyD, MBA: So... and... you know, we're gonna use CBT and MAT and C... and, you know... All the acronyms.

Kenneth J. Martz, PsyD, MBA: You know? But, we are the tool that's doing the delivering of it.

Kenneth J. Martz, PsyD, MBA: So, we want to begin to identify which areas that we have those skills over, and can adapt to, and, exactly, Anthony, that we have control, that we can lead with.

Kenneth J. Martz, PsyD, MBA: So, ask yourself, where are there places where I am a bridge.

Kenneth J. Martz, PsyD, MBA: And where might I be a barrier?

Kenneth J. Martz, PsyD, MBA: So, are there times where I'm facilitating a connection between clients and resources, or unintentionally contributing to the disconnection?

Kenneth J. Martz, PsyD, MBA: I'm busy, I don't have time to make sure they actually called, reached out, or... I don't have time to make sure they actually got the phone number for their other person, so...

Kenneth J. Martz, PsyD, MBA: Get it?

Kenneth J. Martz, PsyD, MBA: where might I be a barrier? I think they should just be able to handle this, so they don't really need to go see this other person, or I'm supposed to be good enough, so they don't really need this other person.

Kenneth J. Martz, PsyD, MBA: Where are there places where I am the facilitator and a bridge versus a barrier?

Kenneth J. Martz, PsyD, MBA: Now, do I think, judgmental attitudes? Yes. So, when I bring a judgment, I have precluded something about you.

Kenneth J. Martz, PsyD, MBA: That's what a judgment is.

Kenneth J. Martz, PsyD, MBA: It's a conclusion that I have drawn.

Kenneth J. Martz, PsyD, MBA: Alright? And as soon as I've drawn that conclusion, you may not be able to change.

Kenneth J. Martz, PsyD, MBA: Okay?

Kenneth J. Martz, PsyD, MBA: Always build relationships with other treatment facilities. Beautiful, Bethany. So, think about that in multiple layers here as we play through this. Am I a bridge between myself and my own identity, between myself and my client, between myself and my team within my own treatment program, and to other treatment facilities?

Kenneth J. Martz, PsyD, MBA: And there may be more.

Kenneth J. Martz, PsyD, MBA: But I'll leave that there for now. Do I treat the system as static or shapeable?

Kenneth J. Martz, PsyD, MBA: Huh.

Kenneth J. Martz, PsyD, MBA: Am I passively navigating through these institutional limitations, or do I actively advocate for change and integration?

Kenneth J. Martz, PsyD, MBA: You know, it's kind of like the fish in water. If I don't even realize that this isn't right, I can't change it.

Kenneth J. Martz, PsyD, MBA: If I don't stop to... if I see my caseload full, so I don't stop to realize that 90% of the people aren't getting into the care that they need.

Kenneth J. Martz, PsyD, MBA: I'm not gonna do something to change that. I'm gonna stay focused on where I am.

Kenneth J. Martz, PsyD, MBA: So, how do I respond to the system when the system fails my client?

Kenneth J. Martz, PsyD, MBA: Yes. That continuous quality improvement. It's a process that we do in

our programs, right? So do we do that also in ourselves?

Kenneth J. Martz, PsyD, MBA: trainings. Do we do that constantly as a systems level, though?

Kenneth J. Martz, PsyD, MBA: And we don't really have a system for that.

Kenneth J. Martz, PsyD, MBA: The systems are designed to have a bit of personal growth with continuing education.

Kenneth J. Martz, PsyD, MBA: Our programs are designed to have a continuous quality improvement program.

Kenneth J. Martz, PsyD, MBA: Some are better than others, but we do that with accreditation purposes.

Kenneth J. Martz, PsyD, MBA: But we don't quite have that in a systemic level for the integration levels.

Kenneth J. Martz, PsyD, MBA: How do I respond when a client's system fails my client? Do I offer repair or advocacy?

Kenneth J. Martz, PsyD, MBA: Do I... or do I retreat into protocol? Well, that's not my problem.

Kenneth J. Martz, PsyD, MBA: You know, I can't help that, that's just the system.

Kenneth J. Martz, PsyD, MBA: Am I building trust or reinforcing mistrust?

Kenneth J. Martz, PsyD, MBA: Do I personally collaborate... collaborate across silos, or do I stay in my lane?

Kenneth J. Martz, PsyD, MBA: Okay?

Kenneth J. Martz, PsyD, MBA: So, one of the things that happens often is we're really busy, and so I don't... I'm trying to do my work.

Kenneth J. Martz, PsyD, MBA: and this is what's on my treatment plan, and I'm gonna get in trouble if my treatment plan has been signed with this number of days, and the note was done in this many days.

Kenneth J. Martz, PsyD, MBA: But... I'm not getting tracked if I didn't call out to the other provider.

Kenneth J. Martz, PsyD, MBA: So I'm not getting tracked if I reached out to More clients today.

Kenneth J. Martz, PsyD, MBA: So... How do we design systems that have metrics that

Kenneth J. Martz, PsyD, MBA: It includes systemic thinking, rather than just... granular... Even if they're valuable, items.

Kenneth J. Martz, PsyD, MBA: I've had,

Kenneth J. Martz, PsyD, MBA: Funders look at progress notes and say, well, that was how many words there were, or you didn't talk about this in here, or you didn't mention the specific treatment plan goal number on there.

Kenneth J. Martz, PsyD, MBA: And these things are valuable, and...

Kenneth J. Martz, PsyD, MBA: How do we keep thinking systemically about what will be valuable for the client?

Kenneth J. Martz, PsyD, MBA: Nice.

Kenneth J. Martz, PsyD, MBA: So, how do I model that connection with my own professional relationships?

Kenneth J. Martz, PsyD, MBA: So, we're here together, chatting with

Kenneth J. Martz, PsyD, MBA: Couple hundred of our closest friends.

Kenneth J. Martz, PsyD, MBA: Think about that for a second.

Kenneth J. Martz, PsyD, MBA: Even as a training participant.

Kenneth J. Martz, PsyD, MBA: Are you hanging out at your office, kind of paying attention, or are you active in the chat? Are you engaging? Are you talking with each other? Are you finding ways to apply this to your life?

Kenneth J. Martz, PsyD, MBA: All through the day, we can go through these same layers.

Kenneth J. Martz, PsyD, MBA: how do I get the most out of the time that I'm doing, whatever that time is, on a given day?

Kenneth J. Martz, PsyD, MBA: How can I continue to grow?

Kenneth J. Martz, PsyD, MBA: Alright?

Kenneth J. Martz, PsyD, MBA: about how perception and professionalism in the field can be a gray area while considering clinically appropriate disclosure that can be either a bridge or a barrier. So that gets back into another ethical issue. Absolutely.

Kenneth J. Martz, PsyD, MBA: Where do we go with these pieces?

Kenneth J. Martz, PsyD, MBA: So, what's ethical to share, and what's ethical to hold back? You know, some things need to be shared for various reasons.

Kenneth J. Martz, PsyD, MBA: For legal and ethical reasons.

Kenneth J. Martz, PsyD, MBA: The available time allotted for the client. And so, how do we get around those rules?

Kenneth J. Martz, PsyD, MBA: Can I see the client for an extra 2 minutes?

Kenneth J. Martz, PsyD, MBA: What happens if I... if I run over on a session?

Kenneth J. Martz, PsyD, MBA: Well, there's a technical issue if I'm back-to-back-to back-to-back with my clients.

Kenneth J. Martz, PsyD, MBA: See, there's lots of things that start to get into this, and what style of approach is my program? Is it an outpatient program? Is it a residential program?

Kenneth J. Martz, PsyD, MBA: So, there's lots of ways to build that interaction, and how do we design that, where the, there's an adequate time needed available?

Kenneth J. Martz, PsyD, MBA: How do we design staffing models?

Kenneth J. Martz, PsyD, MBA: Where there is adequate time for the clients.

Kenneth J. Martz, PsyD, MBA: Beautiful.

Kenneth J. Martz, PsyD, MBA: So... and what legacy of connection am I leaving behind? We have folks here from all over, all ages, all experiences. At some point, we're not going to be here.

Kenneth J. Martz, PsyD, MBA: And our wisdom that we've been accumulating over these decades will not be there, and so how are we making sure that we mentor that and give it to others, and build the system as we need for the next generation?

Kenneth J. Martz, PsyD, MBA: So, we are the center of this.

Kenneth J. Martz, PsyD, MBA: We are the center of this.

Kenneth J. Martz, PsyD, MBA: So... And how do we begin to...

Kenneth J. Martz, PsyD, MBA: Build systems that follow that through.

Kenneth J. Martz, PsyD, MBA: Whether that... and how do we build systems that

Kenneth J. Martz, PsyD, MBA: Maintain them in the level of care that's appropriate.

Kenneth J. Martz, PsyD, MBA: As long as it's needed until we've got the systems on board for the next level of care to carry them.

Kenneth J. Martz, PsyD, MBA: So, for example, You know, we often end of time because a funder says it's time to stop.

Kenneth J. Martz, PsyD, MBA: But whether it's the right time or not, one of our roles is about how to build those connections, whether it's to the next partial hospitalization program, or to the next recovery house, or to the next mental health or trauma-based care, or whatever it may be.

Kenneth J. Martz, PsyD, MBA: So...

Kenneth J. Martz, PsyD, MBA: Using more and more folks to understand this problem, because the more of us that we are collaborating with this on together, the easier it is to make systemic changes.

Kenneth J. Martz, PsyD, MBA: Alright.

Kenneth J. Martz, PsyD, MBA: So, pause one more moment of reflection. What is my worldview?

Kenneth J. Martz, PsyD, MBA: So a man goes walking down the street.

Kenneth J. Martz, PsyD, MBA: Then he sees another man,

Kenneth J. Martz, PsyD, MBA: With some bricks in his hands, says, hey, what you doing?

Kenneth J. Martz, PsyD, MBA: And the man says, I am laying bricks.

Kenneth J. Martz, PsyD, MBA: That's what I do, I'm a bricklayer.

Kenneth J. Martz, PsyD, MBA: This is great, that's cool.

Kenneth J. Martz, PsyD, MBA: Wanders down the street a little further, and he sees another man. Says, hey, what are you doing? How you doing today?

Kenneth J. Martz, PsyD, MBA: Hi, I'm building a wall.

Kenneth J. Martz, PsyD, MBA: That's what I do.

Kenneth J. Martz, PsyD, MBA: Turns the corner, comes across another person, he says, Hi, how you doing? Good morning!

Kenneth J. Martz, PsyD, MBA: What are you doing?

Kenneth J. Martz, PsyD, MBA: He says, I'm building a cathedral.

Kenneth J. Martz, PsyD, MBA: What is it that we are doing on an hourly and daily basis?

Kenneth J. Martz, PsyD, MBA: Are we seeing a client?

Kenneth J. Martz, PsyD, MBA: Are we covering a caseload?

Kenneth J. Martz, PsyD, MBA: Are we building a community of recovery?

Kenneth J. Martz, PsyD, MBA: We have 24 million Americans in recovery from drug and alcohol. Drug and alcohol recovery is the expectation of good treatment.

Kenneth J. Martz, PsyD, MBA: Yes, we are about saving lives all day long.

Kenneth J. Martz, PsyD, MBA: And I don't think I said this yet, but thank you, thank you for all of you that are paying attention now.

Kenneth J. Martz, PsyD, MBA: Because you're doing life-saving work on a daily basis.

Kenneth J. Martz, PsyD, MBA: This is life-saving work.

Kenneth J. Martz, PsyD, MBA: And so, when we get caught up into, what are you doing? Well, I'm writing a progress note.

Kenneth J. Martz, PsyD, MBA: That's great.

Kenneth J. Martz, PsyD, MBA: See the perspective of how we are working on all of this together.

Kenneth J. Martz, PsyD, MBA: We're doing it one life at a time, but are we?

Kenneth J. Martz, PsyD, MBA: Each one life we save is one family changed.

Kenneth J. Martz, PsyD, MBA: Each one life we save may have children, and friends, and community members, and church members.

Kenneth J. Martz, PsyD, MBA: all of a sudden, what I'm doing with this one client that I'm trying to save

Kenneth J. Martz, PsyD, MBA: Is impacting the world.

Kenneth J. Martz, PsyD, MBA: Are we saving a client? Are we saving a life?

Kenneth J. Martz, PsyD, MBA: Are we changing the community?

Kenneth J. Martz, PsyD, MBA: Got it?

Kenneth J. Martz, PsyD, MBA: Huh, that sounds like something worth spending our time on.

Kenneth J. Martz, PsyD, MBA: That sounds like something, like, I already invited you to.

Kenneth J. Martz, PsyD, MBA: How are we gonna take this and not just be another training, but a springboard that was gonna build something that we're going to change some lives and build some communities in this coming days and weeks?

Kenneth J. Martz, PsyD, MBA: Don't wait more years. We can't wait years.

Kenneth J. Martz, PsyD, MBA: Some of our folks won't have years to live if we don't make changes.

Kenneth J. Martz, PsyD, MBA: Alright, let's go.

Kenneth J. Martz, PsyD, MBA: So, real-world example, let's talk about Anthony.

Kenneth J. Martz, PsyD, MBA: So our friend Anthony was bouncing around between providers, he was discharged without follow-up, and now he's back in crisis.

Kenneth J. Martz, PsyD, MBA: Poor Anthony.

Kenneth J. Martz, PsyD, MBA: So, who's responsible for this? Anthony's just a screw-up. Obviously, we're gonna blame Anthony, because Anthony just didn't do what Anthony needed to do.

Kenneth J. Martz, PsyD, MBA: He was a... he was a... whatever label you put on him.

Kenneth J. Martz, PsyD, MBA: Any label you put is gonna be judgmental.

Kenneth J. Martz, PsyD, MBA: Okay?

Kenneth J. Martz, PsyD, MBA: So, blame Anthony.

Kenneth J. Martz, PsyD, MBA: Or we could blame the counselor.

Kenneth J. Martz, PsyD, MBA: You didn't do it, you didn't get the right tool, you didn't do the right technique, you didn't do the right... get your progress note in on time, and therefore, that's why Anthony didn't get his stuff done.

Kenneth J. Martz, PsyD, MBA: How about the case manager?

Kenneth J. Martz, PsyD, MBA: Maybe it was the clinical supervisor. The clinical supervisor should manage the program so that Anthony could have made it.

Kenneth J. Martz, PsyD, MBA: No, the program director.

Kenneth J. Martz, PsyD, MBA: The funder?

Kenneth J. Martz, PsyD, MBA: Yeah, it was that darn insurance company. You all been there, you know, we're talking about that insurance company, right?

Kenneth J. Martz, PsyD, MBA: Maybe it was the county addiction agency.

Kenneth J. Martz, PsyD, MBA: A state addiction agency?

Kenneth J. Martz, PsyD, MBA: How about the U.S. Congress? Because they fund the state addiction...

Kenneth J. Martz, PsyD, MBA: Do you see the problem here?

Kenneth J. Martz, PsyD, MBA: SAMHSA! SAMHSA is the federal agency responsible for making sure this all happens, and...

Kenneth J. Martz, PsyD, MBA: Well, but they go by the president.

Kenneth J. Martz, PsyD, MBA: Well, wait a minute, now we're by the voters and the system...

Kenneth J. Martz, PsyD, MBA: Oh my, I'm getting a headache.

Kenneth J. Martz, PsyD, MBA: Blaming doesn't help the problem, exactly.

Kenneth J. Martz, PsyD, MBA: We're all in this.

Kenneth J. Martz, PsyD, MBA: We're all responsible.

Kenneth J. Martz, PsyD, MBA: Which also means that whatever we do.

Kenneth J. Martz, PsyD, MBA: We can influence the entire system at each of these levels in different ways.

Kenneth J. Martz, PsyD, MBA: Do you know who your county funder is?

Kenneth J. Martz, PsyD, MBA: Do you know who your state funder is?

Kenneth J. Martz, PsyD, MBA: Have you ever talked with one of them?

Kenneth J. Martz, PsyD, MBA: Et cetera, et cetera, et cetera.

Kenneth J. Martz, PsyD, MBA: Which of these have you been connected with?

Kenneth J. Martz, PsyD, MBA: And which of these have you never connected with?

Kenneth J. Martz, PsyD, MBA: Something to think about.

Kenneth J. Martz, PsyD, MBA: NADAC regularly works, and if you're on our mailing list, you get notices about

Kenneth J. Martz, PsyD, MBA: Action alerts, or when to call your congressman, or when there's an issue that's going on, like, we're trying to protect our federal funding for addictions counseling.

Kenneth J. Martz, PsyD, MBA: So, do we use these tools and systems thinking and systems interventions

Kenneth J. Martz, PsyD, MBA: Where we're leveraging our power together.

Kenneth J. Martz, PsyD, MBA: Because if we're not doing that, I can assure you, that the Insurance Federation, and the... Pharmaceuticals.

Kenneth J. Martz, PsyD, MBA: Are all sitting out there.

Kenneth J. Martz, PsyD, MBA: Reaching out to their congressman.

Kenneth J. Martz, PsyD, MBA: Because all these needs are valuable, it's fine that they are, but we need to be at the table as well.

Kenneth J. Martz, PsyD, MBA: Okay? So that... We can educate on what are the needs of our system.

Kenneth J. Martz, PsyD, MBA: And what happens to our system if this program gets cut, or that program gets cut?

Kenneth J. Martz, PsyD, MBA: So... Notice what starts to happen is that

Kenneth J. Martz, PsyD, MBA: Poor Anthony was invisible to the data, And unheard by the system.

Kenneth J. Martz, PsyD, MBA: Okay.

Kenneth J. Martz, PsyD, MBA: So...

Kenneth J. Martz, PsyD, MBA: these are some of the ways we can begin to think about how do we help Anthony, that it's not about Anthony's fault, and it's not about blame, and there's enough of responsibility to go through this whole list.

Kenneth J. Martz, PsyD, MBA: So that we can build a better tomorrow.

Kenneth J. Martz, PsyD, MBA: Alright.

Kenneth J. Martz, PsyD, MBA: So, let's get into a little bit further conversation about how these disconnections create treatment gaps, such as missed handoffs and internal disconnections and programmatic silos. So, I've already mentioned we've got 9 out of 10 individuals don't get the care that they need.

Kenneth J. Martz, PsyD, MBA: And that ultimately leads to untreated addiction costs in healthcare. So, when I don't treat my person with addiction, they end up at the ER with a \$100,000 bill because they fell off a ladder.

Kenneth J. Martz, PsyD, MBA: Without a car accident.

Kenneth J. Martz, PsyD, MBA: Okay? Because I didn't want to pay for \$1,000 of behavioral health treatment. Or they end up in prison.

Kenneth J. Martz, PsyD, MBA: Or they end up in human services costs, etc, etc, etc. We can't afford to

not be treating our brothers and sisters.

Kenneth J. Martz, PsyD, MBA: A quick word, but I can't go without a bit of research slide for a second. You know, so, we know, we know, we know, we know.

Kenneth J. Martz, PsyD, MBA: from research study after research study that the length of stay in treatment is the number one predictor of outcomes. By the way.

Kenneth J. Martz, PsyD, MBA: That is for 90 days minimum. You know what minimum means, right?

Kenneth J. Martz, PsyD, MBA: And the appropriate continuum of care.

Kenneth J. Martz, PsyD, MBA: So here is a study from the 1970s. It's actually, I believe this one was on opioid users, and you two can understand, that those who were only in treatment for a few days

Kenneth J. Martz, PsyD, MBA: couple weeks.

Kenneth J. Martz, PsyD, MBA: Had a... a week?

Kenneth J. Martz, PsyD, MBA: Had a 20% success rate.

Kenneth J. Martz, PsyD, MBA: And by the way, in other studies, what starts to happen is it stays pretty level, and then about 90 days, it spikes up. That's when we bend the curve. And so you see that little curve that bumps up there? Right about at 90 days.

Kenneth J. Martz, PsyD, MBA: Okay? And so, it continues to go up, though.

Kenneth J. Martz, PsyD, MBA: such that those who were in the program for 6 months had an 80% success rate. So I will ask you, and this is not a trick question, do you want a 20% success rate, or do you want an 80% success rate?

Kenneth J. Martz, PsyD, MBA: This is not a trick question.

Kenneth J. Martz, PsyD, MBA: How do we design our systems to get the 80% success rates?

Kenneth J. Martz, PsyD, MBA: That we can have.

Kenneth J. Martz, PsyD, MBA: that research.

Kenneth J. Martz, PsyD, MBA: Documents. Now, this is old research, that's in the 70s, that's old stuff, that was before, before MAT... no, it wasn't. Let's, let's play on.

Kenneth J. Martz, PsyD, MBA: So, we did this in the 70s. It's called the DATOS study, one of the bigger ones we did back then. That was some 3,000 clients. They included methadone, they included drug-free, they included all kinds of stuff back then. What they found was 50% reductions in illegal activity and 10% increases in full-time employment for long-term residential clients.

Kenneth J. Martz, PsyD, MBA: With 6 months or longer.

Kenneth J. Martz, PsyD, MBA: This, one on the right here is a Pennsylvania study.

Kenneth J. Martz, PsyD, MBA: the...

Kenneth J. Martz, PsyD, MBA: New conviction rates go up and up and up the shorter time you are in treatment. The more you're in treatment, the shorter... the less... lower the recidivism.

Kenneth J. Martz, PsyD, MBA: Study after study, year after year. You can see, again, I'm not even gonna do... read this, you get the top left corner is a women and children's meta-analysis. Study after study, there's a direct link between the length of stay and treatment and the outcomes.

Kenneth J. Martz, PsyD, MBA: Okay? Exactly. The brain needs time to... time to heal.

Kenneth J. Martz, PsyD, MBA: Okay.

Kenneth J. Martz, PsyD, MBA: We've known from research for years that a withdrawal management for a week is not sufficient. That's a stabilization. It is not a treatment.

Kenneth J. Martz, PsyD, MBA: Okay? To set up for you to do the next stages, to set up for the client to learn the skills, to set up for the client to practice the skills.

Kenneth J. Martz, PsyD, MBA: And I invite you to consider that it needs... it takes time for the client to build that relationship. You know, I'm a nice enough guy, I've been there, and probably some of you have too, where it's like, I've been working with somebody for months, and all of a sudden they walk in, they move the chair funny, and you're like, oh boy, it's gonna be one of those... one of those sessions.

Kenneth J. Martz, PsyD, MBA: Okay?

Kenneth J. Martz, PsyD, MBA: Now... They turn around and say.

Kenneth J. Martz, PsyD, MBA: Dr. Kan, I never told anybody this.

Kenneth J. Martz, PsyD, MBA: But I gotta tell you this now.

Kenneth J. Martz, PsyD, MBA: It takes time to build relationships.

Kenneth J. Martz, PsyD, MBA: Relationships are the cure. The isolation and the secrets are the problems.

Kenneth J. Martz, PsyD, MBA: And... short answer, John, no, we're really not doing studies like this for a lot of reasons today. One is who is funding them?

Kenneth J. Martz, PsyD, MBA: One is the need, for that, and one is the... we have lost a lot of our programs through the years, particularly longer-term programs have gotten shorter and shorter and shorter.

Kenneth J. Martz, PsyD, MBA: Okay.

Kenneth J. Martz, PsyD, MBA: So...

Kenneth J. Martz, PsyD, MBA: NIDA took a look at this, and they said, what was less than 90 days, what was more than 90 days? It's like.

Kenneth J. Martz, PsyD, MBA: twice the... twice the, improvement for cocaine, for positive urinalysis, for alcohol, for... for jail time. I mean.

Kenneth J. Martz, PsyD, MBA: You know, that is... Things to think about.

Kenneth J. Martz, PsyD, MBA: Okay? They do say, as of 2018, that the best-known residential model was a therapeutic community with planned lengths of stay between 6 and 12 months.

Kenneth J. Martz, PsyD, MBA: Who's got a 6- and 12-month program right now?

Kenneth J. Martz, PsyD, MBA: You know, maybe a methadone program.

Kenneth J. Martz, PsyD, MBA: You know what I'm saying?

Kenneth J. Martz, PsyD, MBA: There may be... there's a couple out there.

Kenneth J. Martz, PsyD, MBA: Who benefits from inadequate treatment?

Kenneth J. Martz, PsyD, MBA: Well, that's a good question.

Kenneth J. Martz, PsyD, MBA: Certainly not the client, certainly not the community. And how do we build that to that conversation?

Kenneth J. Martz, PsyD, MBA: Okay? How do we begin to advocate for that the funders know that this is the expectation?

Kenneth J. Martz, PsyD, MBA: That the funders know, when they're trying to serve more people, With a little bit less.

Kenneth J. Martz, PsyD, MBA: And so, what happens if you take half an antibiotic? I can serve more people.

Kenneth J. Martz, PsyD, MBA: But... I'm not giving them what they need.

Kenneth J. Martz, PsyD, MBA: Now...

Kenneth J. Martz, PsyD, MBA: Keep in mind, that is in the context of the system, and this is just one variation here, where some people are in the top left here, the no addiction process. There's no drinking, there's social drinking, they're drinking because it feels good.

Kenneth J. Martz, PsyD, MBA: They maybe move into an early addiction process, where they're maybe withdrawing from their friends. They maybe get their first DUI. This is not addiction yet.

Kenneth J. Martz, PsyD, MBA: I maybe start having conflict in my relationships. This is, however, with the new DSM, this is now, substance use disorder mild.

Kenneth J. Martz, PsyD, MBA: Okay? Because you only need a couple of symptoms.

Kenneth J. Martz, PsyD, MBA: So...

Kenneth J. Martz, PsyD, MBA: These are the things to think about, where you then start getting into isolation, and you get into that arrest and divorce and job loss. Very often, we're in early recovery, which is where we tend to say, I just got them off the streets.

Kenneth J. Martz, PsyD, MBA: And we're doing... our work there is really about medical stabilization, getting them willing to get help.

Kenneth J. Martz, PsyD, MBA: Middle recovery is where we're still resolving those legal issues and building that self-respect.

Kenneth J. Martz, PsyD, MBA: You know, late recovery, Takes a little longer.

Kenneth J. Martz, PsyD, MBA: Hang?

Kenneth J. Martz, PsyD, MBA: Takes a little longer.

Kenneth J. Martz, PsyD, MBA: We know that the brain continues to heal over the course of a year. We know this if you have a head injury from a driver's motor vehicle accident.

Kenneth J. Martz, PsyD, MBA: The brain continues... improves a lot in the first days, but then continues to grow for another year.

Kenneth J. Martz, PsyD, MBA: Up to 2.

Kenneth J. Martz, PsyD, MBA: Okay? So the body is adaptive, and we need to give the body some time to heal

Kenneth J. Martz, PsyD, MBA: From the poisons and the brain damage that we have caused with our addiction processes.

Kenneth J. Martz, PsyD, MBA: Huh?

Kenneth J. Martz, PsyD, MBA: So let's apply this.

Kenneth J. Martz, PsyD, MBA: I invite you to pull out a pencil for a few seconds, and just imagine what a client's journey is.

Kenneth J. Martz, PsyD, MBA: And where are some of the places that a client could get dropped off? Where does a client go from developing the addiction, to getting into a program, to getting out of a program, to getting into recovery?

Kenneth J. Martz, PsyD, MBA: Okay?

Kenneth J. Martz, PsyD, MBA: Something to think about.

Kenneth J. Martz, PsyD, MBA: Just think about that outline for a moment, about where they are, and where are the places where somebody might make a mistake and get lost in the isolations of the systems.

Kenneth J. Martz, PsyD, MBA: While you're thinking...

Kenneth J. Martz, PsyD, MBA: Oh, there's a lot of words on here. I'm not going to read all this to you, but you'll have it available in the slides. So...

Kenneth J. Martz, PsyD, MBA: Much like the sit and prior slide, think about primary prevention.

Kenneth J. Martz, PsyD, MBA: And many of us are here in treatment. We're not in primary prevention, so what is primary prevention? Think about that for a moment.

Kenneth J. Martz, PsyD, MBA: Am I connected with that?

Kenneth J. Martz, PsyD, MBA: People are at our system, For treatment, because something didn't catch them in the primary prevention world.

Kenneth J. Martz, PsyD, MBA: Primary prevention are some of the unsung heroes saving lives every day before they got ill.

Kenneth J. Martz, PsyD, MBA: Alright?

Kenneth J. Martz, PsyD, MBA: intervention. I'm having risky behavior, I can't control it, I don't have a problem, that sort of thing.

Kenneth J. Martz, PsyD, MBA: Transportation barriers. Oh yeah, don't forget about that. So, transitions in various ways.

Kenneth J. Martz, PsyD, MBA: Okay?

Kenneth J. Martz, PsyD, MBA: initial crisis. That first ER visit, can I get them now?

Kenneth J. Martz, PsyD, MBA: Or do I just say, you almost died last night, go to your PCP?

Kenneth J. Martz, PsyD, MBA: Don't use drugs.

Kenneth J. Martz, PsyD, MBA: Costing barriers, yes.

Kenneth J. Martz, PsyD, MBA: Insurance barriers.

Kenneth J. Martz, PsyD, MBA: Do I... do I... do we... do we all walk around with our insurance card and our driver's license and our social security card?

Kenneth J. Martz, PsyD, MBA: If we're homeless.

Kenneth J. Martz, PsyD, MBA: Something to think about.

Kenneth J. Martz, PsyD, MBA: So...

Kenneth J. Martz, PsyD, MBA: If we don't have the systems that's set up so that we can accept our clients, because they need to prove who they are.

Kenneth J. Martz, PsyD, MBA: You know?

Kenneth J. Martz, PsyD, MBA: issues. Lack of babysitting. See, here again, all the layers here.

Kenneth J. Martz, PsyD, MBA: I don't want to come into treatment because I will... I can't leave my children, or they'll take my babies away. Versus, do you have a women-children's program in your area?

Kenneth J. Martz, PsyD, MBA: for example.

Kenneth J. Martz, PsyD, MBA: What about assessment and treatment planning?

Kenneth J. Martz, PsyD, MBA: Assessment and treatment planning, we're kind of doing that thousand questions in a day that it's like, we gotta get through our questions, because we gotta answer these within 24 hours.

Kenneth J. Martz, PsyD, MBA: Versus, hi, good morning.

Kenneth J. Martz, PsyD, MBA: I'm Ken, good to meet you. Welcome.

Kenneth J. Martz, PsyD, MBA: Let me ask you these 20 questions all about your personal history, that you never met me before.

Kenneth J. Martz, PsyD, MBA: You know, how do we engage at each one of these levels of system? Through residential, rather than we talked, somebody mentioned before about how do we transition from residential to the community support?

Kenneth J. Martz, PsyD, MBA: How do we go from community support, to reintegration, to my jobs, to my families, to my lives? Lives are lives.

Kenneth J. Martz, PsyD, MBA: Okay?

Kenneth J. Martz, PsyD, MBA: We burnt bridges at other programs. I didn't get what I needed, And now

I've lost options.

Kenneth J. Martz, PsyD, MBA: You know? For various reasons.

Kenneth J. Martz, PsyD, MBA: Beautiful.

Kenneth J. Martz, PsyD, MBA: So, each of these are different drop points that could occur. So, each of these become different intervention points that we can begin to think about, about how we work together in our system.

Kenneth J. Martz, PsyD, MBA: So let's go deeper into the individual.

Kenneth J. Martz, PsyD, MBA: Sometimes the disconnection is within the client.

Kenneth J. Martz, PsyD, MBA: I don't have a problem

Kenneth J. Martz, PsyD, MBA: You know, I... I have a problem, but I don't want to ask for help.

Kenneth J. Martz, PsyD, MBA: That stigma may be internalized.

Kenneth J. Martz, PsyD, MBA: If I admit to help, I am confirming that I'm broken.

Kenneth J. Martz, PsyD, MBA: So, maybe somebody judged me, or neglected me, or coerced me in the past, and I'm afraid of it.

Kenneth J. Martz, PsyD, MBA: You know, and the systems are punitive. That child welfare, they're gonna come and take my kids away, or the prison system, they're gonna lock me up.

Kenneth J. Martz, PsyD, MBA: Versus a system having... Alternatives to incarceration.

Kenneth J. Martz, PsyD, MBA: And every state's different.

Kenneth J. Martz, PsyD, MBA: But very commonly, there's a whole range of alternatives to incarceration.

Kenneth J. Martz, PsyD, MBA: Before, during incarceration, or after.

Kenneth J. Martz, PsyD, MBA: Okay?

Kenneth J. Martz, PsyD, MBA: So, lots of ways to play with that.

Kenneth J. Martz, PsyD, MBA: Seeking help requires that emotional presence that they don't have yet.

Kenneth J. Martz, PsyD, MBA: Okay.

Kenneth J. Martz, PsyD, MBA: So... Certainly not least.

Kenneth J. Martz, PsyD, MBA: I want to get better, but I don't believe I deserve it.

Kenneth J. Martz, PsyD, MBA: I've tried, nothing's worked.

Kenneth J. Martz, PsyD, MBA: I've done all these things I'm ashamed of, My family's rejected me.

Kenneth J. Martz, PsyD, MBA: My heart just aches. Why would I do this? Why would anybody Be able to help me.

Kenneth J. Martz, PsyD, MBA: I'm sicker than all those people.

Kenneth J. Martz, PsyD, MBA: And I become terminally ill.

Kenneth J. Martz, PsyD, MBA: Because of my own shame.

Kenneth J. Martz, PsyD, MBA: Because of my own isolation.

Kenneth J. Martz, PsyD, MBA: And my own humiliation.

Kenneth J. Martz, PsyD, MBA: Trauma goes real.

Kenneth J. Martz, PsyD, MBA: And shame goes deep.

Kenneth J. Martz, PsyD, MBA: So, one of our roles is to help the client to reconnect with themselves, and to get past some of these blinders.

Kenneth J. Martz, PsyD, MBA: So, think about concentric circles. We're going to move out from the client to cultural connection or disconnection.

Kenneth J. Martz, PsyD, MBA: So, some services ignore or minimize race, gender, sexuality, spiritual identity.

Kenneth J. Martz, PsyD, MBA: what's gonna happen if I take a, client who,

Kenneth J. Martz, PsyD, MBA: identifies as Muslim and put them into a Christian faith-based, treatment program.

Kenneth J. Martz, PsyD, MBA: Who says, oh yeah, we'll accept them.

Kenneth J. Martz, PsyD, MBA: You know.

Kenneth J. Martz, PsyD, MBA: When we... we have systems, and we're trying to put square pegs in round holes, rather than having that...

Kenneth J. Martz, PsyD, MBA: sensitivity of, well, who is this client? Where will they... where will they thrive?

Kenneth J. Martz, PsyD, MBA: Versus get distracted by the, these people aren't like me.

Kenneth J. Martz, PsyD, MBA: And you can't do that. Right down to language, yes. It's another great example.

Kenneth J. Martz, PsyD, MBA: So, are there culturally competent staff, or their multilingual resources? Do they feel unheard or misinterpreted? I can't express myself because English is my second language. I can speak it, but I can get,

Kenneth J. Martz, PsyD, MBA: But people get frustrated with me because I don't speak as smoothly.

Kenneth J. Martz, PsyD, MBA: religious, beliefs.

Kenneth J. Martz, PsyD, MBA: In some cultures, seeking help is seen as a weakness, or a betrayal, or a shame on the family.

Kenneth J. Martz, PsyD, MBA: And so, don't you talk about that.

Kenneth J. Martz, PsyD, MBA: What about normalization of behaviors? Like, everybody uses some marijuana or alcohol in college.

Kenneth J. Martz, PsyD, MBA: Actually, no, they don't.

Kenneth J. Martz, PsyD, MBA: The running... the running joke that, you know.

Kenneth J. Martz, PsyD, MBA: Kind of true story. One person says, hey, this is such a party school. All my friends are at the bar down the street for Thursday, Friday, Saturday night. That's such a drinking school, I love it. All my friends are there. Everybody drinks at this school. And the roommate says.

Kenneth J. Martz, PsyD, MBA: oh my gosh, this is such a dry school. All my friends are at the library with me Thursday, Friday, Saturday night. Everybody's there. This is such a dry school.

Kenneth J. Martz, PsyD, MBA: Who we hang out with, becomes normalizing.

Kenneth J. Martz, PsyD, MBA: Hang?

Kenneth J. Martz, PsyD, MBA: use staff or peers who share the client's background? Do we have some, experiences? Does our staff reflect our clientele in any way?

Kenneth J. Martz, PsyD, MBA: Okay?

Kenneth J. Martz, PsyD, MBA: Emotional language and coping styles may be misread by clinicians across cultures. So, men respond differently than women.

Kenneth J. Martz, PsyD, MBA: 18-year-olds respond differently than 80-year-olds.

Kenneth J. Martz, PsyD, MBA: If I walk into the room and I'm sitting with a 16-year-old, they're gonna think of me a certain way because I'm... have a few gray hairs.

Kenneth J. Martz, PsyD, MBA: If I walk into the room and... with a 16-year-old, and I'm 19,

Kenneth J. Martz, PsyD, MBA: I may be an excellent clinician, and they may think, oh, you're cool.

Kenneth J. Martz, PsyD, MBA: But they may not think I know anything, because I'm too young.

Kenneth J. Martz, PsyD, MBA: You're only a year older than me, what do you know?

Kenneth J. Martz, PsyD, MBA: If I walk into the room with a 90-year-old, they're gonna look at me like a kid.

Kenneth J. Martz, PsyD, MBA: So... Each of these cultural elements, are... need to be... built around.

Kenneth J. Martz, PsyD, MBA: So, one of the ways to think about that, let me just say one more word there.

Kenneth J. Martz, PsyD, MBA: I sometimes have another slide with this. So, there is a... a way to think about that is, where am I on each of these areas? Where is my client on each of these areas? And third column, what is the interaction between us?

Kenneth J. Martz, PsyD, MBA: So, where am I on the age, where's my client on the age, and what's the interaction on that create? Where am I on the gender, and where's my client on the gender? What interaction does that create?

Kenneth J. Martz, PsyD, MBA: So when I'm talking to another guy, they're gonna respond to me differently.

Kenneth J. Martz, PsyD, MBA: When a woman is talking to me, they may respond to me differently, or might speak about their trauma differently.

Kenneth J. Martz, PsyD, MBA: So, things to think about.

Kenneth J. Martz, PsyD, MBA: It's not that you can't treat across the cultures, because we're not always going to be perfectly aligned with a dozen cultural metrics.

Kenneth J. Martz, PsyD, MBA: But it's up to us to be the ones that are responsible to think through what are the differences, and how do we compensate for them, and how do we translate across those differences.

Kenneth J. Martz, PsyD, MBA: For age, for race, for color, for religion, for... for gender, gender identity, et cetera, et cetera, et cetera, for language, for physical abilities, for learning abilities, for... et cetera, et cetera, et cetera.

Kenneth J. Martz, PsyD, MBA: For socioeconomic status.

Kenneth J. Martz, PsyD, MBA: We walk into the room with a certain socioeconomic status.

Kenneth J. Martz, PsyD, MBA: And you wear a big diamond ring.

Kenneth J. Martz, PsyD, MBA: And big gold chains.

Kenneth J. Martz, PsyD, MBA: And the client is coming off the streets and homeless.

Kenneth J. Martz, PsyD, MBA: How does that work?

Kenneth J. Martz, PsyD, MBA: degrees.

Kenneth J. Martz, PsyD, MBA: Correct that as well.

Kenneth J. Martz, PsyD, MBA: That's what I mean about there are a dozen different cultural norms and elements

Kenneth J. Martz, PsyD, MBA: And how do we work across those systems?

Kenneth J. Martz, PsyD, MBA: Okay?

Kenneth J. Martz, PsyD, MBA: Alright.

Kenneth J. Martz, PsyD, MBA: systemic silos. I've already touched on this a bit, so I'm not going to spend as much time on this layer in the concentric circle. The medical system, the mental health system, the criminal justice system, the human services system, the housing system, prevention services, employment systems.

Kenneth J. Martz, PsyD, MBA: Peer supports, case management, researchers, funders, government.

Kenneth J. Martz, PsyD, MBA: And that's not all there are.

Kenneth J. Martz, PsyD, MBA: How many of these are you working with on a daily basis?

Kenneth J. Martz, PsyD, MBA: a couple.

Kenneth J. Martz, PsyD, MBA: That's not a jab, it's not meaning you're not doing good work.

Kenneth J. Martz, PsyD, MBA: But at some point, we need to think through how our system interacts.

Kenneth J. Martz, PsyD, MBA: I encourage you to think about the person as a whole, not as an individual. We often get caught up into, we're going to do CBT, CBT, CBT, CBT, or one of the other acronyms.

Kenneth J. Martz, PsyD, MBA: And don't get me wrong, I like CBT.

Kenneth J. Martz, PsyD, MBA: But... CBT doesn't change On a certain level, my biology.

Kenneth J. Martz, PsyD, MBA: You know, My medicine doesn't change my trauma.

Kenneth J. Martz, PsyD, MBA: my... Medicine doesn't change my spiritual services.

Kenneth J. Martz, PsyD, MBA: It doesn't teach me coping skills and relational skills.

Kenneth J. Martz, PsyD, MBA: My beliefs don't necessarily directly change my motivation levels.

Kenneth J. Martz, PsyD, MBA: And who's talking about emotions here?

Kenneth J. Martz, PsyD, MBA: Okay?

Kenneth J. Martz, PsyD, MBA: So, we need all of this as we begin to think about this, and again, this is not an exhaustive list, because relationships. Well, what about my family? What about my church system? What about my local, government systems? Etc, et cetera, et cetera.

Kenneth J. Martz, PsyD, MBA: We see how these are, again, concentric circles all the way through.

Kenneth J. Martz, PsyD, MBA: So that's within us and our system, and let's go and transition a little bit into cross-sector collaborations. So, for example, are we working with the justice system?

Kenneth J. Martz, PsyD, MBA: Exactly, Dawn. How do we support all the pathways? Because they are whole people.

Kenneth J. Martz, PsyD, MBA: And how do we design a system that has a little bit of funding and a little bit of structure to treat the whole person, rather than just this little piecemeal thing?

Kenneth J. Martz, PsyD, MBA: Okay? And we may be better or worse at one or two or three of them ourselves.

Kenneth J. Martz, PsyD, MBA: But then that's okay, we just need to know where to fill in the gaps.

Kenneth J. Martz, PsyD, MBA: Now, justice and treatment. You know, very often, folks are like, I'm afraid to go... afraid to go to a mental health problem, because then I'm going to go in prison.

Kenneth J. Martz, PsyD, MBA: Prison can send us to treatment.

Kenneth J. Martz, PsyD, MBA: I've done prison programs behind the walls in the prison system.

Kenneth J. Martz, PsyD, MBA: You know, there's lots of ways that these two... these can interact and, interact differently.

Kenneth J. Martz, PsyD, MBA: So, at our... one of my prison programs, there was a 6-month program.

Kenneth J. Martz, PsyD, MBA: Behind the walls, and it was designed to be, you graduated from our program, and we're about to leave to go into the community in the next week.

Kenneth J. Martz, PsyD, MBA: And... The last 2 months of the program.

Kenneth J. Martz, PsyD, MBA: You were meeting with the outpatient provider that lives in your neighborhood where you're going to be going home to.

Kenneth J. Martz, PsyD, MBA: We called it InReach.

Kenneth J. Martz, PsyD, MBA: You see how you can begin to think about your program and design your system to better... you're not just giving a name to go to this program on Monday, you're going to see Joe, who you've been working with for the last 2 months, and already knows your story, and you trust.

Kenneth J. Martz, PsyD, MBA: Okay.

Kenneth J. Martz, PsyD, MBA: So, lots of ways to build that.

Kenneth J. Martz, PsyD, MBA: Into, into the systems. The other benefit of the prison program is that they have a captive audience, and that's, that's, you know, joking aside of that.

Kenneth J. Martz, PsyD, MBA: You know, when a client has a rough day, they tend to bolt.

Kenneth J. Martz, PsyD, MBA: In the community. When you're in prison.

Kenneth J. Martz, PsyD, MBA: We're gonna work through some of those challenges. We had actually pretty high success rates, about 85% completed the programs.

Kenneth J. Martz, PsyD, MBA: Okay?

Kenneth J. Martz, PsyD, MBA: They were motivated for multiple reasons. So there's multiple ways you can begin to think about this cross-system reframing of the models.

Kenneth J. Martz, PsyD, MBA: So I'm gonna invite you to grow as a team here. So...

Kenneth J. Martz, PsyD, MBA: I'm gonna add a phrase to you. I need your help.

Kenneth J. Martz, PsyD, MBA: So... I'm going to my practice, and I need your help. Who do you know who... like.

Kenneth J. Martz, PsyD, MBA: We're gonna fill in the blank. Let's play with this a little bit together.

Kenneth J. Martz, PsyD, MBA: So...

Kenneth J. Martz, PsyD, MBA: I'm going to my practice, and I need your help. Who do you know who is a man with addiction?

Kenneth J. Martz, PsyD, MBA: Well...

Kenneth J. Martz, PsyD, MBA: Right now, probably most of us all know some guys with addiction, right? And so you sit there and you say, okay.

Kenneth J. Martz, PsyD, MBA: Most of us have a program that treats men. There may be a few women's programs around in the group here, but by and large.

Kenneth J. Martz, PsyD, MBA: You see how this kind of generic doesn't really engage much?

Kenneth J. Martz, PsyD, MBA: It didn't really get you to jump out of your seat and say, oh, I know what I need to do now.

Kenneth J. Martz, PsyD, MBA: So let me try this one.

Kenneth J. Martz, PsyD, MBA: I'm growing my practice, and I need your help. Who do you know who's a middle-aged man struggling with anxiety, who may look like stressed at work, being checked out from his spouse, he needs emotional management tools, but denies that he needs the help?

Kenneth J. Martz, PsyD, MBA: What he needs is a safe space for one-to-one counseling and a men's group.

Kenneth J. Martz, PsyD, MBA: Now... As you're sitting there listening to that, one of you probably just said, oh, that's me!

Kenneth J. Martz, PsyD, MBA: That's me, I need to come talk to... talk to Ken, that's his specialty.

Kenneth J. Martz, PsyD, MBA: Somebody's sitting there saying, oh, my brother Joe.

Kenneth J. Martz, PsyD, MBA: He needs... he is this guy, and he needs to go talk to Ken.

Kenneth J. Martz, PsyD, MBA: Notice what just happened here.

Kenneth J. Martz, PsyD, MBA: As I identify my superpowers.

Kenneth J. Martz, PsyD, MBA: It's a little easier to know who to refer to and how to connect with each other.

Kenneth J. Martz, PsyD, MBA: So I've been at conferences before, and I go around the vendor areas, they're wonderful, and I go to the program, and they say, oh yeah, we're a drug and alcohol program. Oh yeah, we're a drug and alcohol program. Oh, yeah, we're a drug and alcohol program. It doesn't tell me

Kenneth J. Martz, PsyD, MBA: who I should send to them.

Kenneth J. Martz, PsyD, MBA: And then I'll get to one and say, oh yeah, and we're a drug and alcohol program, and we take veterans. Like, oh!

Kenneth J. Martz, PsyD, MBA: Now I know where to send my veterans.

Kenneth J. Martz, PsyD, MBA: Oh, now I know somebody to send my eating disorder, people with eating disorder and substance use disorder.

Kenneth J. Martz, PsyD, MBA: Having some specialization, having some identity as what our skills are.

Kenneth J. Martz, PsyD, MBA: Within our drug and alcohol specialties, and within our cross-system referrals, Being LGBT affirming, absolutely.

Kenneth J. Martz, PsyD, MBA: So you begin to get the... you begin to get where we're going with this. Where do you recognize what are your superpowers personally, what are your program's superpowers that you work with?

Kenneth J. Martz, PsyD, MBA: Individually, so that you can articulate that to others, so that people know, hey, if I got a client that looks like this, send them to Ken. If I've got a problem that looks like this, send them to Aaron. If I've got a problem that looks like this, send them to Jackie.

Kenneth J. Martz, PsyD, MBA: Okay?

Kenneth J. Martz, PsyD, MBA: So...

Kenneth J. Martz, PsyD, MBA: Be specific. One of my colleagues gives the example that you should... it's like the left-handed carpenter with SUD. You know, that you should actually be precise, because it's not saying that nobody else will come that's not left-handed.

Kenneth J. Martz, PsyD, MBA: But if I've designed my program for the left-handed carpenter, you know, so, for example, that there might be different things to tailor to that, and all my friends are there who are left-handed carpenters.

Kenneth J. Martz, PsyD, MBA: Or all my friends are there who are veterans.

Kenneth J. Martz, PsyD, MBA: See what starts to happen.

Kenneth J. Martz, PsyD, MBA: Alright, so I'm gonna do this super quick. In the chat.

Kenneth J. Martz, PsyD, MBA: Give... give me a pop in there if... who works with veterans? That's... who's got... that's your specialty.

Kenneth J. Martz, PsyD, MBA: See who's fastest here. Who works with veterans? Somebody's gotta work with veterans. We got, we got, we got hundreds of people here. Somebody's gotta be working with veterans.

Kenneth J. Martz, PsyD, MBA: There we go. So, Barbara gets our veterans.

Kenneth J. Martz, PsyD, MBA: All right, we're jumping ahead here. Who works with women and

children with the families?

Kenneth J. Martz, PsyD, MBA: Got it?

Kenneth J. Martz, PsyD, MBA: What about those evening disorders?

Kenneth J. Martz, PsyD, MBA: What about those gambling disorders?

Kenneth J. Martz, PsyD, MBA: You see what starts to happen? As soon as I say what you do, it's like, oh, that's my specialty, now I know where to go, right?

Kenneth J. Martz, PsyD, MBA: you see what starts to happen, so you can start to talk with each other and communicate with each other. Now we'll get into other issues, does... is there cross-state licensing? Is there... is there funding? Is there this and that and the other?

Kenneth J. Martz, PsyD, MBA: But you see how you can begin to articulate your skills in ways that help you to stay connected with others in your system a little bit more effectively, and to cross-collaborate, very well. Court-mandated individuals, absolutely.

Kenneth J. Martz, PsyD, MBA: So we have an issue in Pennsylvania where we've been losing our adolescent programs, and it sounded like a lot, because we had, like, 13 at one point, but when you figure that one only accepts boys, one only accepts girls, one only accepts court-adjudicated youth.

Kenneth J. Martz, PsyD, MBA: There may only be one program that you can go to.

Kenneth J. Martz, PsyD, MBA: As an adolescent.

Kenneth J. Martz, PsyD, MBA: With substance use disorder. In our entire state.

Kenneth J. Martz, PsyD, MBA: Because... you know, We don't treat them all.

Kenneth J. Martz, PsyD, MBA: And that's okay.

Kenneth J. Martz, PsyD, MBA: Huh? S?

Kenneth J. Martz, PsyD, MBA: So, catch the range here of folks that we've got. Who's got our stimulants? Yes.

Kenneth J. Martz, PsyD, MBA: who does trauma care? Not everybody does that.

Kenneth J. Martz, PsyD, MBA: Okay?

Kenneth J. Martz, PsyD, MBA: Collaborations, collaborations, collaborations. Breaking down the silos, talking to each other.

Kenneth J. Martz, PsyD, MBA: So, what do my program specialize in? What do we do really well?

Kenneth J. Martz, PsyD, MBA: And if you don't know the answer, again, what is my personal superpower?

Kenneth J. Martz, PsyD, MBA: You know? And who do I know that needs that particular gift?

Kenneth J. Martz, PsyD, MBA: Right?

Kenneth J. Martz, PsyD, MBA: So let's think about referrals now. I already opened that door, so now that you have a beginning sense of what some of your specialty areas are.

Kenneth J. Martz, PsyD, MBA: We do Medicaid, we do private pay, we do... these are all elements of that.

Kenneth J. Martz, PsyD, MBA: How about referrals?

Kenneth J. Martz, PsyD, MBA: We tend to get also limited when we think about the systems for referrals.

Kenneth J. Martz, PsyD, MBA: So, I encourage you to think about upstream referrals and downstream referrals.

Kenneth J. Martz, PsyD, MBA: So, we tend to think about, do you go to a conference, and the vendor tables are all drug and alcohol counseling programs?

Kenneth J. Martz, PsyD, MBA: Now, I certainly refer to other counselors and other psychologists and other drug and alcohol licensed clinicians, comma.

Kenneth J. Martz, PsyD, MBA: Some are better specialties than others, or vice versa.

Kenneth J. Martz, PsyD, MBA: But what about prevention?

Kenneth J. Martz, PsyD, MBA: Do any of you have a relationship with prevention or intervention programs in your area?

Kenneth J. Martz, PsyD, MBA: Because what's a prevention program doing? They're identifying people that need your help, and they can't help them.

Kenneth J. Martz, PsyD, MBA: They are looking to give you people.

Kenneth J. Martz, PsyD, MBA: Got it?

Kenneth J. Martz, PsyD, MBA: So that's an upstream referral. So they are looking to give to you downstream, because you went to treat... they identified the problem they need to give you to the treating clinician. Now, the treating clinician has a new problem.

Kenneth J. Martz, PsyD, MBA: Somebody mentioned this before, I'm finishing up my residential program, now I gotta give them to somebody.

Kenneth J. Martz, PsyD, MBA: So, are you talking with your recovery houses? Are you talking with your recovery communities? Are you talking with your recovery services?

Kenneth J. Martz, PsyD, MBA: of all kinds.

Kenneth J. Martz, PsyD, MBA: you see what starts to happen. Are you building that system of referrals that are people that are going to refer well to me, and so I'm helping them out.

Kenneth J. Martz, PsyD, MBA: By solving their problem. I will take those clients off your hands for you. Thank you very much.

Kenneth J. Martz, PsyD, MBA: as well as, I'm... I need to give this problem, this client to somebody.

Kenneth J. Martz, PsyD, MBA: You're solving my problem. Yes, it's a web of support. Begin to see our systems as collaborative, rather than me doing my silo.

Kenneth J. Martz, PsyD, MBA: This is one way to think about that, is the up and downstream effect.

Kenneth J. Martz, PsyD, MBA: Okay?

Kenneth J. Martz, PsyD, MBA: So, next one is collateral.

Kenneth J. Martz, PsyD, MBA: So, are there ways to collaborate across systems, laterally rather than up and down?

Kenneth J. Martz, PsyD, MBA: So, are there ways that school systems and community services and religious organizations who are all doing some preventive services can help each other?

Kenneth J. Martz, PsyD, MBA: Do our trauma specialists work together with our medical needs, work with our job training education and our relationship counseling in our substance use disorder treatment programs?

Kenneth J. Martz, PsyD, MBA: Do you do all those things on that treatment side? No, probably not.

Kenneth J. Martz, PsyD, MBA: Can you do a little bit? Sure.

Kenneth J. Martz, PsyD, MBA: Do you do all of them? Probably not.

Kenneth J. Martz, PsyD, MBA: So, we have another collaborative system where

Kenneth J. Martz, PsyD, MBA: We can refer back and forth with each other.

Kenneth J. Martz, PsyD, MBA: Same thing. Peer supports, recovery housing, community activities, etc, etc, etc. So different ways to begin to think about this from the different levels of the systems.

Kenneth J. Martz, PsyD, MBA: Does that make sense?

Kenneth J. Martz, PsyD, MBA: Know your specialties, know your program specialties, and then think about how to refer and connect

Kenneth J. Martz, PsyD, MBA: And we're still just talking, really, about The healthcare extended system here.

Kenneth J. Martz, PsyD, MBA: By the way.

Kenneth J. Martz, PsyD, MBA: Hay?

Kenneth J. Martz, PsyD, MBA: So...

Kenneth J. Martz, PsyD, MBA: I invite you to take 30 seconds and brainstorm how many things can I think of that are either upstream and can refer to me, or downstream that I can refer to, or lateral that I can refer to. And...

Kenneth J. Martz, PsyD, MBA: Is my program strong in one of these, or weak, or lacking in one of these, because that becomes a resource. Yes, and how do we create a database for something like this? One of my staff was tasked with exactly that, because nobody was doing it.

Kenneth J. Martz, PsyD, MBA: And SAMHSA has some resources that list the programs, but they really don't tell us what we need to know of, this place does... is good for veterans, this place does good for adolescent girls, this place is for this and that and the other thing.

Kenneth J. Martz, PsyD, MBA: So, we can use that internally and build relationships about who we can refer to.

Kenneth J. Martz, PsyD, MBA: So, last section.

Kenneth J. Martz, PsyD, MBA: So... Applying these connection, based, principles, so think about it for, disconnection, not just diagnosis.

Kenneth J. Martz, PsyD, MBA: So... Let's go back to us for a moment.

Kenneth J. Martz, PsyD, MBA: And where is my personal life balanced?

Kenneth J. Martz, PsyD, MBA: Is your physical health in order? Is your vocational health in order? Is your financial health in order? Spiritual values, mental health? Recreation, social?

Kenneth J. Martz, PsyD, MBA: If we are the treating clinicians, if we are the instruments of change, are we...

Kenneth J. Martz, PsyD, MBA: Solid in ways that let us guide the clients.

Kenneth J. Martz, PsyD, MBA: Okay?

Kenneth J. Martz, PsyD, MBA: Now, think about that for a second. What if one of these is weak for me, Now, same thing...

Kenneth J. Martz, PsyD, MBA: Is my client's life balanced?

Kenneth J. Martz, PsyD, MBA: Where has their life become unmanageable?

Kenneth J. Martz, PsyD, MBA: And if my life is unmanageable in that same area, am I necessarily the first person to help them, guide them out of that?

Kenneth J. Martz, PsyD, MBA: Am I a few steps ahead of them? Sure. Can I still lead them those few steps? Yes.

Kenneth J. Martz, PsyD, MBA: Do I need to refer them because I'm not ahead of them in each and every area? No.

Kenneth J. Martz, PsyD, MBA: But yes, how do we begin to look at the whole person for us and for them?

Kenneth J. Martz, PsyD, MBA: And do all these things make it on our treatment plans? Sometimes yes, sometimes no.

Kenneth J. Martz, PsyD, MBA: So, addiction is a disease of isolation, so as I've progressed down that V chart that we did before, I start...

Kenneth J. Martz, PsyD, MBA: Lying to my family and my friends and my, stealing and doing all sorts of things that damage relationships.

Kenneth J. Martz, PsyD, MBA: And so I become more and more and more isolated. Somebody said they have trouble at a program, so now I can't come back to that treatment program anymore.

Kenneth J. Martz, PsyD, MBA: I have more and more and more isolation.

Kenneth J. Martz, PsyD, MBA: I get boxed in.

Kenneth J. Martz, PsyD, MBA: Okay? So consider, my beliefs influence the treatment, attitudes of others influence the treatment, and

Kenneth J. Martz, PsyD, MBA: These isolations, these connections, and these judgments influence the treatment.

Kenneth J. Martz, PsyD, MBA: Okay.

Kenneth J. Martz, PsyD, MBA: So, you may have heard of a fellow by the name of William White, he's very prolific. He is, amongst other things that he does, there... he has a, assessment for,

Kenneth J. Martz, PsyD, MBA: for, recovery Capital.

Kenneth J. Martz, PsyD, MBA: It includes some things like citizenship.

Kenneth J. Martz, PsyD, MBA: It's like a sense of belonging or social contribution. Social support, such as positive relationships, global health psychology, such as confidence, recovery experience, such as life purpose and optimism, sobriety, substance use and sobriety, such as achieving abstinence. So, these are pieces of a puzzle.

Kenneth J. Martz, PsyD, MBA: Do you hear a theme here?

Kenneth J. Martz, PsyD, MBA: as we start to think about the whole person, as we start to break some of these down, do you hear the isolation issue? These are some actual, questions on the assessment. I believe it was a Likert scale off the top of my head. I feel like I have meaningful, positive communication with my family and my community.

Kenneth J. Martz, PsyD, MBA: I have friends who are supportive of my recovery process.

Kenneth J. Martz, PsyD, MBA: I have established close affiliation with my local recovery support group.

Kenneth J. Martz, PsyD, MBA: Check this out. The more of this that I can answer yes to, versus my family is waiting for me to get out of prison to go sell some drugs so I can make more money again.

Kenneth J. Martz, PsyD, MBA: Where my relationships are pushing me into drug culture.

Kenneth J. Martz, PsyD, MBA: All my friends are selling drugs.

Kenneth J. Martz, PsyD, MBA: Where my relationships are either isolative or... Again, causing that negative culture.

Kenneth J. Martz, PsyD, MBA: My personal values and sense of right and wrong have become clearer and stronger in recent years.

Kenneth J. Martz, PsyD, MBA: I now have goals and great hopes for my future.

Kenneth J. Martz, PsyD, MBA: I know that my life has a purpose.

Kenneth J. Martz, PsyD, MBA: Huh, that almost sounds like some questions that I've been talking about, inviting you to think broader and hopes for our field.

Kenneth J. Martz, PsyD, MBA: I'm tricky, you gotta watch me sometimes, I don't always explain everything that I'm doing. So, think about that for a moment, that we, too.

Kenneth J. Martz, PsyD, MBA: Can get our blinders on, or we can begin to think larger about what can we do in our system, what can we build in the next decade?

Kenneth J. Martz, PsyD, MBA: So that we can have a system

Kenneth J. Martz, PsyD, MBA: That serves our communities and our families.

Kenneth J. Martz, PsyD, MBA: So, one of the major roles that we have as clinicians is therapeutic alliance, and this often gets brushed over, because everybody's doing CBT, CBT, CBT.

Kenneth J. Martz, PsyD, MBA: There's this fella named Rogers, who used to say that we should have

Kenneth J. Martz, PsyD, MBA: a model of safe and trusting relationships, that we may be that for these individuals, we may be the first safe relationship they've ever had. That does not mean that we don't tell... talk about difficult things. It means that I have the courage to lead you into conversations that need to go.

Kenneth J. Martz, PsyD, MBA: I had a conversation with a client just today, said.

Kenneth J. Martz, PsyD, MBA: I'm not afraid to talk about this, because I know it's not true. I know you're afraid of it.

Kenneth J. Martz, PsyD, MBA: But I see the growth in you, I see the potential in you, that this old, irrational belief is not true.

Kenneth J. Martz, PsyD, MBA: Your sense of not worthy is not true.

Kenneth J. Martz, PsyD, MBA: It's not that I'm going to be a fritten... I'm not going to talk about the I'm unworthy, Fear.

Kenneth J. Martz, PsyD, MBA: I'm going to guide them, I'm going to be safe enough and trusting enough that they can explore the fears.

Kenneth J. Martz, PsyD, MBA: And move beyond them.

Kenneth J. Martz, PsyD, MBA: Facilitate development of these relationships in the individual systems of reports. Maintain cultural competency and context. So, that's up to us as clinicians, as professionals, to lead them a little bit.

Kenneth J. Martz, PsyD, MBA: In their own systems. Enter their world.

Kenneth J. Martz, PsyD, MBA: Because I'm not expecting them to suddenly become into my world, and to change religions to my religion, and to...

Kenneth J. Martz, PsyD, MBA: You know, whatever.

Kenneth J. Martz, PsyD, MBA: So, I'm the one that's up to being aware and translating.

Kenneth J. Martz, PsyD, MBA: So, we can do certain things, such as empathy, warmth, genuineness,

open that communication.

Kenneth J. Martz, PsyD, MBA: Safe space to explore those difficult emotions.

Kenneth J. Martz, PsyD, MBA: People won't heal until they... until they share their secrets. They won't share their secrets until they feel safe.

Kenneth J. Martz, PsyD, MBA: And where are they gonna feel safe?

Kenneth J. Martz, PsyD, MBA: Cause I got a relationship with you.

Kenneth J. Martz, PsyD, MBA: There are things we can do to quickly gain a bit of relationship, like you're at an ER.

Kenneth J. Martz, PsyD, MBA: But... By and large, some of these things, we're not gonna just dump on the floor there.

Kenneth J. Martz, PsyD, MBA: We need that time and consistency. Remember, the length of stay in treatment. That time and consistency is the number one predictor of outcomes. And I don't believe that it's simply just because of the time itself.

Kenneth J. Martz, PsyD, MBA: It's about, I have time to build relationships.

Kenneth J. Martz, PsyD, MBA: If you think about who you're closest with in your life, there are probably two major reasons why you're in your, you know, circle of friends. One, because there was some...

Kenneth J. Martz, PsyD, MBA: Bonding event where we shared something together.

Kenneth J. Martz, PsyD, MBA: That was emotionally valuable.

Kenneth J. Martz, PsyD, MBA: Or, we have time with each other. I've known this person since college.

Kenneth J. Martz, PsyD, MBA: I've known this person since grade school.

Kenneth J. Martz, PsyD, MBA: Okay?

Kenneth J. Martz, PsyD, MBA: So, time and consistency brings value.

Kenneth J. Martz, PsyD, MBA: So... we... Are going to balance some of that, and think about that in a couple of layers here.

Kenneth J. Martz, PsyD, MBA: So, choose an important person in your life and rate them on a scale of 1 to 10.

Kenneth J. Martz, PsyD, MBA: On how much you show them

Kenneth J. Martz, PsyD, MBA: Empathy, warmth, genuineness, open communication, a safe space.

Kenneth J. Martz, PsyD, MBA: Balance their support with difficult emotions, time, and consistency. Where do you do With giving that to your... Child.

Kenneth J. Martz, PsyD, MBA: To your loved one.

Kenneth J. Martz, PsyD, MBA: To your best friend.

Kenneth J. Martz, PsyD, MBA: And some days were better, and some days were not.

Kenneth J. Martz, PsyD, MBA: And if we're not there at the second, How can we build that?

Kenneth J. Martz, PsyD, MBA: As we practice that, In our deep relationships, we can lead that With our clients as well.

Kenneth J. Martz, PsyD, MBA: Did I mention? We are the instruments of change here, so as we continue to work ourselves, we build those connections.

Kenneth J. Martz, PsyD, MBA: Yes, Dawn, that is one of the unique elements while folks are thinking about that. When I am...

Kenneth J. Martz, PsyD, MBA: when I have certain areas of affiliation, It builds a bond quickly.

Kenneth J. Martz, PsyD, MBA: So if I'm a veteran, and I send a veteran into the room with you...

Kenneth J. Martz, PsyD, MBA: there's an immediate connection there because of some of these affiliations, which lets you do a quick bond, which lets you build a connection, which lets you, get further faster. It comes with pluses and minuses.

Kenneth J. Martz, PsyD, MBA: It's a good... it's a faster way to start, but it doesn't always lead to long-term in... once you have a... if you're in a, ongoing relationship.

Kenneth J. Martz, PsyD, MBA: And the other risk area is that when I lean into my connections, I assume there's a risk that I assume, or they assume, that how I did it is the way you need to do it.

Kenneth J. Martz, PsyD, MBA: And so, that's why we still...

Kenneth J. Martz, PsyD, MBA: We use our systems. These are all... values. These are all needed.

Kenneth J. Martz, PsyD, MBA: And so, thinking through each of these, how it helps to make that safe space, because, oh, I don't even explain all that. You know, because you walked it.

Kenneth J. Martz, PsyD, MBA: Okay? Exactly. It's not one size fits all.

Kenneth J. Martz, PsyD, MBA: You know, we actually need people who are in a lived experience, and we

need people who have the book learning who have a specialty in some other specialty.

Kenneth J. Martz, PsyD, MBA: You know what I'm saying?

Kenneth J. Martz, PsyD, MBA: It's not a competition sport, it's a collaborative sport where we're additive and stronger together.

Kenneth J. Martz, PsyD, MBA: Okay, so one more layer, here. Think about your role in the change system. You may be a provider, you may be an administrator, or an advocate.

Kenneth J. Martz, PsyD, MBA: The system isn't broken, we built it this way.

Kenneth J. Martz, PsyD, MBA: And we do have the opportunity to rebuild it, so think about it. I'm going to invite you to think about a connection that you haven't been making in your system, and we've talked about enough of those today, and create one of those that you've been resisting.

Kenneth J. Martz, PsyD, MBA: Start one conversation in your agency.

Kenneth J. Martz, PsyD, MBA: That co-worker that is not your favorite.

Kenneth J. Martz, PsyD, MBA: Start one conversation. Hey, how you doing today?

Kenneth J. Martz, PsyD, MBA: Hey, it's been a rough week, how you doing with that?

Kenneth J. Martz, PsyD, MBA: I invite you to consider making a 90-day connection plan.

Kenneth J. Martz, PsyD, MBA: Make one actionable change that you want to do.

Kenneth J. Martz, PsyD, MBA: And name one colleague and share it with them.

Kenneth J. Martz, PsyD, MBA: You can do this right now, it takes a few seconds.

Kenneth J. Martz, PsyD, MBA: One actionable change, a colleague that you're gonna share it with.

Kenneth J. Martz, PsyD, MBA: And then, check how you do.

Kenneth J. Martz, PsyD, MBA: Follow through. Writing down a behavioral change makes it 90% more likely you're gonna follow through on it.

Kenneth J. Martz, PsyD, MBA: You've heard me say that a couple of times today, right? Pull out a piece of paper and just jot down these couple of things. Write down one actionable change, one person that you're gonna talk to tomorrow.

Kenneth J. Martz, PsyD, MBA: Or today.

Kenneth J. Martz, PsyD, MBA: Now.

Kenneth J. Martz, PsyD, MBA: I love this work, so I will be... I'm gonna be pausing for questions here. If you haven't had questions into the questions section, go ahead and throw that there now.

Kenneth J. Martz, PsyD, MBA: If you don't know, I love this stuff, so I will be open for contact. If you think about the most important question about 10 minutes after we leave, that's cool. Shoot me an email, my contact information is there.

Kenneth J. Martz, PsyD, MBA: This is...

Kenneth J. Martz, PsyD, MBA: You want to take the tools with you, so, whatever I can give away for free, there's my meditation stuff. I use this with all of my clients. The more we get centered, the better we can be there with clients, and it's a great tool for them as well. I do also have posters you can download, print, you know, that are about being stronger together.

Kenneth J. Martz, PsyD, MBA: So, questions, questions, questions?

Kenneth J. Martz, PsyD, MBA: Anything in the questions section? If not, I can always yammer on too, but...

Jessie O'Brien (NAADAC): I don't see any questions,

Jessie O'Brien (NAADAC): I think you were pretty good at addressing people's comments and stuff as you went through, which is a superpower in of itself. When you're looking for the groups, the guy that can answer everything in the chat and the Q&A,

Jessie O'Brien (NAADAC): Anyways, yes. So, what I'll do is, if anyone has any questions as I'm closing out, feel free to put those in the Q&A, and

Jessie O'Brien (NAADAC): Ken, if you want to just type a response, feel free, and then, like he said, if anyone comes up with a question and the webinar's over, that's okay. You can always reach out and shoot him an email. But thank you so much, Ken. I'll just go ahead and share my slides.

Kenneth J. Martz, PsyD, MBA: while you're doing that, I'll just do one last little...

Jessie O'Brien (NAADAC): Yeah.

Kenneth J. Martz, PsyD, MBA: Thank you, everybody. Thank you for what you do, this life-saving work on a daily basis. We are a team, and we are stronger together. Any ways we can collaborate, any ways I can support you, I'm happy to do so. So thank you, thank you for all you're doing on a daily basis.

Jessie O'Brien (NAADAC): Awesome. Well, thank you, Ken, for all you do.

Jessie O'Brien (NAADAC): Alright, so Don put a question for you there. I'm gonna go ahead and start just closing out.

Jessie O'Brien (NAADAC): Okay, so here, CEs, gonna quickly wrap up here. You are now, if you've

been here for the duration of the webinar, eligible to take the CE quiz and do the survey evaluation. I'm gonna put the direct link to the CE quiz in the

Jessie O'Brien (NAADAC): chat box now, so you have it, but don't worry, because there's a quick hyperlink. Click here to access the CEQ quiz that will appear in this thank you message.

Jessie O'Brien (NAADAC): Shortly after this webinar ends, in the live event where you joined this webinar. You don't have to take the quiz now, you can always wait, come back, because it lives in the NADAC Education Center in this course.

Jessie O'Brien (NAADAC): So you just sign into the Education Center, go to Education, type in the name of this webinar, go into the course, and then in the live event section,

Jessie O'Brien (NAADAC): where you came in, you'll see the CE quiz, and you can take it at your leisure.

Jessie O'Brien (NAADAC): Okay, big announcements. We... the NBCC Foundation, has opened

Jessie O'Brien (NAADAC): The 2026 application period for their minority fellowship program for addictions Counseling.

Jessie O'Brien (NAADAC): Now... Just because you're not eligible.

Jessie O'Brien (NAADAC): keep listening, because if you know someone who is in a master's program, master's degree level counseling, they are eligible to apply for this. It's a \$15,000, scholarship.

Jessie O'Brien (NAADAC): towards their education. They also get to go to different conferences and training events that are paid for. They get paired with a really cool mentor that's in the field. It's a great program. So, if you know anyone, if you're interested, submit your, application. The deadline is June 30th.

Jessie O'Brien (NAADAC): It's a really great program, so don't miss that.

Jessie O'Brien (NAADAC): Next webinar is Ethical Issues and Best Practices in Substance Use Disorder Treatment.

Jessie O'Brien (NAADAC): with Dr. Malcolm Horn, that is next week, can't believe we're at the end of April, April 29th, at 12 Eastern, so hopefully some of you will join us there. We also wrapped up

Jessie O'Brien (NAADAC): Our 2026 specialty online training series just last... just earlier this month, called Restoring Balance, Mindful and Holistic Practices in Addiction and Recovery. It's a six-part series,

Jessie O'Brien (NAADAC): that explores the intersection of mindfulness, breathwork, spirituality, religion, and emotional growth. There's 6 different webinars, they're all available on demand, and if you take all six, you get a certificate of completion for that specific specialty online training.

Jessie O'Brien (NAADAC): Pointing out that our annual conference moved up a little bit this year. It is now August

Jessie O'Brien (NAADAC): in August for 2026.

Jessie O'Brien (NAADAC): In Kansas City, Missouri.

Jessie O'Brien (NAADAC): I had the opportunity with some of my colleagues to visit Kansas City, just about a week ago. Super cool city, never been before, and I was very impressed. It's in a great location, our conferences are always very energetic, a lot of great education, and opportunity to connect with people in the field. So, if you've been to it before, or haven't been to it before, I encourage you to join us.

Jessie O'Brien (NAADAC): Look into it. It is now... registration is now open.

Jessie O'Brien (NAADAC): All right, well, thank you again, Ken. Thank you again, everyone, for being here with us today. Hopefully I will see some of you next week on next week's webinar. Otherwise, I hope you have a good rest of your week and weekend, and I will see you all soon.

Jessie O'Brien (NAADAC): Bye-bye.