

Date: July 9, 2020

Subject: Meeting Minutes, CUSP Personal and Public Safety Committee

Location: East Idaho Public Health, Idaho Falls

Meeting was called to order at 7:02 p.m. by Dr. Janet Allen, Committee Chairwoman.

In attendance:

- Dr. Janet Allen, Chairwoman
- Amy Gamett, Co-chair
- Paul Allen
- Brad Landes
- John Ferguson
- Rolanda Bjornson
- Carol Mascarenes (via teleconference)
- Dr. Dan Weinrich, Community Advisor
- 1 Representative from the Community (via teleconference)
- Not in attendance: Anthony Tirino, co-chair

A quorum was in attendance.

Chairwoman welcomed everyone.

Minutes from the past two meetings were approved, with the note that for the June meeting minutes, the Police Chief's comments should have included the statistic he cited that Police were 5x more likely to die by suicide than by on-duty death.

Chairwoman turned the meeting over to Dr Weinrich.

Dr. Weinrich:

Began with discussion of various theories of psychology that are relevant to understanding addiction:

- 1) Behavior Theory – Punish/reward. Prison is a good example of the application of this theory, but it doesn't really work. Now we have specialty courts for addiction, because punishment isn't a deterrent to addicts.
- 2) Cognitive Behavior Theory – changing the way we speak is followed by changing the way we behave. People tend to get "stuck in a rut" and don't think about the behavior, they just always do it. Changing the way they speak can move them out of that rut and drive new behavior.
- 3) Interpersonal Reconstructive Theory – We are patterns that get repeated. Those patterns evoke emotional responses in ourselves and others.

When working with addicts, they always want to know if the therapist is an addict. If you are, then you're "just as messed up as they are." If you're not, then "you'll never understand."

People have the ability to evoke an emotional response in us, but we are generally left taking inventory of our own reaction to that person, rather than considering the input from the person that causes the reaction. If they make us frustrated all the time, we focus on our frustration rather than recognizing the patterns the other person engages in that leaves everyone frustrated.

The Goals of this theory are as follows:

- 1) Identify and bring to consciousness the self-destructive patterns of addiction and the origin of those patterns;
- 2) Identify the loyalty and commitment to living out the legacy of self-contempt (SLICKS);
- 3) Promote a new legacy and a commitment to loyalty to self-love and support from the community (SKILLS);
- 4) Promote a skillful life where healthy relationships are a driving force for meaning.

Have to help people believe they are a “strong, capable person surrounded by strong, capable people who are capable of using good information.”

The opposite of addiction isn't abstinence, it's connection (relationships). Addiction is a problem of isolation. The drug only becomes irresistible when the opportunity for normal social existence is destroyed. Attractive alternatives dramatically reduces the appeal of drugs.

Addiction theory identifies two addiction types:

- 1) Substance – drugs and alcohol, principally;
- 2) Process – gambling, shopping, pornography, eating, etc.

Notes that the INL weapons carrier (security force) get an annual discussion with an EAP counselor and fill out a life-change survey. Every three years they get a full psychological evaluation.

Chairwoman asked about situations where an addict describes how they were hooked after one drink. Dr. Weinrich believes that first drink (or use) was filling a void for the very first time that had never before been filled for that person.

Estimates that 90% of addicts in our jail system are living out behaviors that were modelled at home by their parents or care-givers.

The kinds of “Qualitative Differences” we observe that cause negative reactions from others include such behaviors as boundary issues/concerns, odd style of interaction, unpredictable processing such as too much self-disclosure, too aggressive, too passive, too attached, etc.

When dealing with addicts, they are not concerned with anything other than “how do I feel good right now?” They become masters at getting people to enable their behavior so that they don't ever have to change that behavior. They establish a mindset that you are “either for me or against me.” If you enable my addiction, “you are for me.” If you encourage healthy living, “you are against me.”

Chairwoman made the observation that cop culture is similar in that it, too, is an “us vs. them” culture.

John made the observation that police training and police work results in the loss of empathy toward the people you encounter, and that can bleed over into other aspects of a police officer's life, including personal relationships. Also is of the opinion that police officers don't mistrust the community as much as the mistrust poor leadership.

Brad agreed that a PD's administration can be the highest stressor on a police officer.

Dr. Weinrich noted that when Vietnam vets who were addicted to opioids returned home after the war, that 90% spontaneously stopped using. The theory is that they were no longer in a war zone. The 10% who did not spontaneously stop using lived "in a war zone" before they went to Vietnam, and returned to continue living in a "war zone."

In the addicts brain:

- 1) If you are "for them," then you will let continue to do what they always do;
- 2) Are always looking to avoid accountability so they can continue to do what they want (use);
- 3) "Good" relationships are ones that allow me to be as destructive as I want;
- 4) People who deny me my vices are "abusive."

The "Moral Code" of the criminal and addict says: 1) if it feels good, do it; and 2) don't get caught.

If you confront an addict, they either get mad at you, or work to get you to feel sorry for them. Addicts will only tell you the truth about what they got caught doing. "Yes, I was driving drunk, but that's the first time I've ever done it."

Love is co-dependent with the addict. They want to be in a relationship with an someone who will enable their behavior, not challenge it.

Recovery is the process of moving away from self-contempt toward self-love.

Addicts live in a zone of feeling bad, or feeling nothing, but never feeling good.

To maintain healthy boundaries, the person working with an addict has to ask:

- 1) Can the person I'm helping actually fix the problem? and
- 2) Can I share information with them that will be useful to them in fixing the problem?

Dr. Weinrich shared a matrix with four quadrants. Along the X-axis was Hate vs Love, and the Y-axis was Others vs Self, resulting in four "types":

- 1) Facilitator – Self Love, Other Love;
- 2) Abuser – Self Love, Other Hate;
- 3) Abused – Self Hate, Other Hate;
- 4) Savior – Self Hate, Other Love

Dr. Weinrich suggested that an idea that this committee could suggest would be "The Idaho Conference on Connection" where the intention is to bring citizens and community leaders together to discuss ways to create the "enticing environment" in Idaho Falls that encourages people to choose alternatives other than drugs and alcohol.

John made the point that if people aren't coming to police events, then the police would be well served to be seen present walking around and interacting, like at football games, etc.

Brad mentioned that we used to have a program called, "Blue in the School" that had cops coming to schools to just interact with children in positive ways, like reading to them in the library, or playing basketball with them during PE.

Dr. Weinrich concluded that if addiction is a disorder of relationships, then we need to be doing what we can to foster a greater sense of community, which will encourage relationships and diminish addiction.

Chairwoman asked for dyad reports (assignments made in May):

Rolanda and Amy indicated they had discussed the need and availability of community classes. Discovered that there were in fact a lot of resources in the community, but difficult to bring them all together under one umbrella, in part because things are dynamic. Rolanda specifically discussed a model from Teton County for parenting classes wherein there are a few annual fund raisers each year that are used to support a structured program, including an incentive called "Earn While You Learn," a 501(c) organization that provides monetary and other incentives for people who come to the class, thereby encouraging their participation and attendance.

Janet and Paul discussed the overall framework of ideas that have been previously distributed, and Paul noted that the expanded "Idea Paper" on First Responder Mental Wellness was an example of how we could all be providing expanded input for the final report.

There were no other dyad reports.

Next meeting was tentatively scheduled for Thursday, August 13 at 7:00 at East Idah Public Health on Hollipark Drive in Idaho Falls. The meeting will either be in-person or via ZOOM, depending on the conditions in the community.

Meeting was adjourned at 9:15 pm.