Talking to Change: An MI Podcast
Glenn Hinds and Sebastian Kaplan

Episode 54: MI in Peer Support Recovery Services, with John Burns

Glenn Hinds:

Hello again, everybody, and welcome to Talking to Change: A Motivational Interviewing Podcast. My name is Glenn Hinds and I'm based in Derry, in Northern Ireland. As always, I'm joined by my good friend Sebastian Kaplan in Winston-Salem, North Carolina. Hi, Seb.

Sebastian Kaplan:

Hello, Glenn. How's it going?

Glenn Hinds:

It's going very well. So, spring is springing, and today, we had the opportunity to meet with John Burns, who is the director of SOS Recovery, which is a peer-based recovery organization in New Hampshire. But John has offered us some fantastic insights and the podcast could have gone on for hours because there was that many different doors that he opened up we could have followed. But we kept it to just over an hour and a half. That includes, again today, a role play, where you are the client today and John did some work with you. That's something that people can listen to at the end of the podcast. We say our goodbyes to John, and then we have tagged on the role play. For you, Seb, what was your takeaways from today?

Sebastian Kaplan:

Well yeah, a couple of things really stood out that was interesting. We spent a little bit of time talking about self-disclosure. And obviously, when someone with lived experience or is in recovery, is in a helping role with another person who is at some level seeking help, there's an understood element that the two people have this shared experience. And that's certainly unique to other helping situations where therapists, or doctors, or whoever it might be, they don't necessarily ... They may have no idea from a personal standpoint what another person is going through.

Sebastian Kaplan:

So, I was curious about how a peer support specialist uses, or as the case seems to be, doesn't use, or under-emphasizes that explicit, "This is what I've been through," experience as a way to be helpful. So, John does a lovely job explaining that, in terms of the work that he does. And it was also interesting to hear John's, I guess, recommendations or impressions on what it's like for a peer support specialist to work in other agencies that are embedded in the community, whether it's a hospital or a law enforcement agency, and his ideas about how best to mobilize peer support specialists and some of the challenges that are present in having a hospital, for instance, hiring their

own peer support personnel. So, those were a couple of things that really stood out for me. How about for you, Glenn?

Glenn Hinds:

Yeah, again, as you described that, it's recognizing the episodes we've had where we've looked at IT, and AI, and help. And it's about recognizing there is this ongoing transition going on within helping world, and peer support is now establishing itself as one of those across the world. And what was helpful or useful today was John began by recognizing his own journey of recovery, and learning how to support himself, and then learning to support others. And it's almost like there was three levels of what we explored. It was the journey he had for himself, the journey he took down to help others, and where he's at now is the part of the journey where he's leading others with help. And what we were curious about was where did Motivational Interviewing help along that journey for him?

Glenn Hinds:

And then, as we mentioned, the role play, what was wonderful was to witness John's spirit of acceptance, and genuine curiosity of you, the individual, who comes into the recovery community for a cup of coffee, in this instance, and just the way he approached it, the way he endeavored to engage and connect with you. And before he began to explore how and if, he or the services that he offered could be of any benefit to you. And as I mentioned, the many doors that were offered from what John was describing, how we could've opened any one of them, and added time to the podcast. It's definitely a very rich experience, and I hope everybody enjoys it.

Sebastian Kaplan:

Yeah, me too.

Glenn Hinds:

Okay, let's have a listen. Well, good to see you, John. Thanks for joining us. So, we normally start by asking our guests, "Tell us a bit about yourself, and your journey into Motivational Interviewing."

John Burns:

Thanks, Glenn. Good morning, and good morning, Sebastian. I appreciate you guys having me. My name is John Burns. I'm a person in long-term recovery, and I also am a family member of ... I have a daughter who is in recovery as well. And so, my journey into ... MI really came out of that space as I connected into the recovery community. And so, for me, my recovery didn't look like a traditional pathway of recovery. It wasn't through formal channels, which a lot of the research is now showing is pretty common, more common even than people who follow specific pathways, like a 12-step fellowship.

John Burns:

So, I wasn't connected to any sort of a recovery community until my daughter, in her teen years, began struggling with alcohol and later became an injection drug user. And during that time, what I found was there was a lot of the levels of stigma and shame were

surprisingly high, including in a lot of the circles of friends that I had, which led me to falling upon, I guess would be a good way to describe it, falling upon a recovery community that was pretty active in the area that I was in, where I was just seeking resources. And we're in New Hampshire, which here in New Hampshire, we have a motto of Live Free, or Die. Some of us refer to it as Live Free and Die. It means we have no income tax or sales tax, which also means we have no services. So, services are bleak, and finding resources for a teenage daughter injecting heroin was incredibly frustrating, incredibly challenging. Had I not connected with some people, I don't know where that would have led.

John Burns:

But I did fall upon some resources, and that motivated me to get more directly connected into recovery. And I was in typical executive level sales type positions, and just didn't ... I reached this point where I didn't feel like any of it had purpose and started volunteering starting family support groups. And that led to the paid position I'm in now, which is the director of SOS Recovery Community Organization. And we're a recovery community organization in New Hampshire. We have three ... We have four recovery centers now, and about 20 employees. We're one of the larger recovery community organizations in New Hampshire. And we provide pure based recovery supports for individuals with problematic substance use. And that can be people trying to find treatments, and who may be motivated to seek recovery, or they may not be. And it also may be people who have been in recovery for years, and they're just looking for some additional support. So, it can be everything from one-on-one services to meetings.

John Burns:

So, that went on for a few years, and we do a lot of training on how to become what we now call recovery support specialists. A lot of the industry calls it recovery coaching. We got rid of the name recovery coaching because peer to peer should have no power differential, and it dawned us as we're building a training curriculum. Why do we call these coaches? Because who's ever had a coach that there wasn't some sort of a power differential? So, we got rid of that terminology, and now we just call it peer recovery support specialist, or peers, even.

John Burns:

And during that time, I fell upon Motivational Interviewing training. And it was at a time, a couple of years into this that one of the things where I was discovering is a lot of the trainings taught people what recovery coaching, or peer recovery supports are. They didn't teach you how to do it. So, it was a very ... We still have that training today. There's a Recovery Coach Academy. There's this Art and Science of Peer Assisted Recovery that we've built. It's a five-day, 30-hour training. It really brings people into different perspectives around multiple pathways of recovery. But it was very transformational for people to identify some of the issues around stigma, and power, and privilege. But it didn't really teach you how to do the work.

John Burns:

And so, what we had was we had a lot of people who wanted to get into the work that would get hired. They got trained in that, and they all wanted to save people. That was their goal. They're very empathetic, have all the compassion in the world, but didn't know how to ... A lot of them wouldn't know how to work with people in a way that wasn't really unhealthy, which ... And I think that big a-ha moment with me was right around the time I took my first Motivational Interviewing class, which was with a fellow MINTie, Stephen Andrew, out of Maine. I went to that class, and I came out of it blown away. It was just a one-day, six-hour training, and I was blown away, like, "Whoa, this could be a game changer for us, if we can learn it."

John Burns:

And I think it was that very same week, I had a participant, who was a close family member, who had been struggling on and off with substance use. And so, he came to me and said ... She had worked with one of our volunteers, who was volunteering providing services. And she was coming to me ... She kind of disappeared for a while, had gotten some form of navigation into treatment, had left it, was back in a kind of a bad place for her, and came to me, and was like, "I need to do something different." And so, I started to talk to her. And she's like, "I just want to make sure; you're not going to try and bribe me with Burger King, are you?" And I was like, "What are you talking about?" And she said, "Well, we had a volunteer that was working with her that told her if she went to detox, should go take her to Burger King before they went." And I said, "So, you got bribed to go to detox?"

John Burns:

It was just mind-boggling to me that, again, all good intentions, this volunteer was a wonderful person, really good intentions. That wasn't a prevalent situation, but it was a situation that was like, "This is happening under my watch in the space where we're supposed to be helping people, and I've got people who want to help them so badly that they're bribing them, because they don't understand how people change, and how to motivate them to change, and how we can support them, rather than try to fix them. So, the righting reflects was everywhere around me, with staff, with volunteers. And so, that was that first journey.

John Burns:

And that led to me calling Stephen Andrews saying like, "I need to bring this to my organization. And I want ... " We had a lot of trainings that we did training with. And I said to him, "I want to build a culture where we have more MI proficiency. I'm not proficient. " Most of our trainings we have ... And in my mind, so our ... A lot of these trainings that we had done, we had developed some of them. We worked with national experts on curriculum development to develop them. And our training of people was to ... If you wanted to be a trainer of our curriculums, you walked through it. You took it. And then, we did a couple of hours at the end of each day, and maybe had your role play, and do some of the modules that you trained. So, I figured, like, "No big deal. Stephen can come in. He'll do a couple workshops on MI with some of our staff, and then we'll train everybody to be trainers. It'll be great."

John Burns:

And so, my first conversation with Stephen was like, "How do I build that?" And he's like, "Well first of all, I'm not doing any of this, unless we can do at least three trainings with your staff. So, there's going to be an introduction, basics. We're going to do some coding, and then we're going to do some advanced practice. And then, depending on how things go, we'll select ... We can look at who's really bought into this? And if they have a really strong desire, we can look at getting into some training of trainers." And I was like, "Sure." And he was actually ... He was kind of blown away. He's like, "No one ever gives that answer of, 'Sure'." And he's like ... He just doesn't want me to compact it into six hours and save the day. And he's like, "So, the fact that you just said that so quickly, let's work on something." So, that was kind of where we began, and I just fell in love with it. And we did all that with Stephen. In fact, I think I took an MI basics class with him four different times, before I co-trained with him.

John Burns:

Because it was like ... And then, there was this realization of like, "Oh, we can't just send people to two workshops and expect them to train." This is a skill that takes a whole lot of practice, and a whole lot of training, and it's kind of a journey. That had really got me into it, and where it led me into ending up going to the MINT Training of New Trainers and getting more involved. But it was a lot of workshops, and a lot of coding, and a lot of coding, and a lot of realizations along the way.

Sebastian Kaplan:

Wow, wow. What a rich story there. Going from the early days, and your personal experiences, to this shift professionally, and beginning to, I guess, understand the landscape, at least in New Hampshire of the limited services, limited resources for people, your own discovery of MI from this training with Stephen, and then leading to this broader roll out within your agency, and really exploring how you can properly implement Motivational Interviewing agency-wide. And I think we'd be very interested to dive into each of those pieces throughout our conversation today. If it's all right, I'd like to go back to some of those early days. And you describe it as, there you were as an executive in the sales world. And from what I'm hearing, you were kind of struck by, perhaps, some of your own experiences as an individual, but most significantly, the struggles that your daughter was going through at the time. And I wonder if you could take us back a little bit to that point.

Sebastian Kaplan:

And one of the things that Glenn and I were talking about before we recorded was, being curious about your own, or your daughter's personal experiences with other helpers, again, whether they were those coached people, or therapists, or whoever those might've been. And what were some of those experiences like? And how did those, whether they were helpful or unhelpful experiences, how did that start to create a sense for you that, and an understanding, I guess, of what it takes to help people change?

John Burns:

Sure. Yeah, and it's interesting you asked that, because I actually called her in the last 24 hours and said, "Hey, I just want to check in." We've always had an open book, where she gave me permission to speak about a lot of her experiences, which in the recovery world, you usually try to keep it to your own, not to theirs. And it gets a little bit fickle when you're working between my own experiences as her dad and her experience. And so, there's always been this agreement that she was okay with it, and she can revoke it at any time. So, she's still good with me talking about this. Because one of the things that we've ... So, again, I had mentioned, there's very little resources. I think the estimate nationally in the United States, there's about 10% of people who want recovery are able to access services, so one out of 10 people, if you're fortunate. And there's a lot of barriers.

John Burns:

It was even made worse by the fact that she was an adolescent. So, if you're under 18, that gets exponentially worse. There is virtually nothing, and that was the big challenge. And what there is in the treatment world in the United States for adolescents is pretty much almost exclusively, a 12-step program. So, it's 12-step based treatment facilitators, which works for some people. But the reality is, and this ... And tons of people that I work with have followed that 12-step pathway, and it's worked brilliantly for them. So, this is not a knock on it, but that reality is, 12-step is a very directive approach. So, you take people through the steps. There's no MI of like, "Hey, would you like to do the first step today, or the second step?" The role of the sponsor is to really bring them through that. And she wasn't in a space where she wanted treatment. And I was in a space where she was a minor, so there was some things I could ... I thought there was some things I could force.

John Burns:

And it was an interesting dynamic, because I knew my own experience, and I had ... Most of my struggles were when I was under the age of 18, too. But I didn't have people try to push me into treatment or anything. I just kind of ... I ended up finding it on my own through informal means. But I had forgotten all of that, and what I felt like when people were, as I say, shitting on you. And so, I was guilty of a lot of that stuff, where it was just like, "All right, I got to fix her, because this can't happen." As a teenager, I lived on the streets in a squat, and I was a male. And to me, the trauma that's involved with that is so horrible. And then, the trauma of a teenage female is exponentially often worse. And so, I saw what went on around me, two young females on the streets, and that's all I could imagine in my mind was, that's where she's going to be, and so, how do I stop that? How do I save her from all that?

John Burns:

And it took years of learning that a lot of my approaches was great intentions, but they were getting in the way, and if anything, exasperating the situation, likewise with a lot of the treatment facilities I was sending her to. So, in fact, I was sending her to treatment facilities where she'd be kicked out. And I was researching, and researching, and researching. And at that time, there was ... This was about eight years ago. It was kind of the backend of that whole tough love camps for adolescents. And I had a couple treatment

providers, again well-intentioned, that were recommending I send her off to these wilderness tough love camps. And I'm likewise researching them, finding out that there's sexual abuse happening in them, and people dying, and kids attempting suicide because of it. And I'm like, "Why would you try to tell me to send my daughter there?"

John Burns:

And there was also a lot of ... She had some really good results at times, but there was also a lot of times where she'd have a recurrence. And I can remember one time she had put together about six months of recovery, had a recurrence, and went to her sponsor to explain it to her. And she just came to me an absolute mess. Because when she had ... And at this point, she had only had a short recurrence, and was finding her recovery, and was terrified to tell her sponsor, and came back to me just hyperventilating. Because when she told her sponsor, her sponsor was like, "Well, what the hell are you doing? You need to go back to square one. You need to go get your Day One chip, and I don't even know if I should be your sponsor anymore. How could you let this happen?" and just literally shamed her. Again, I don't look at that as a, as I say, the 12-step fellowship is wonderful, and that's not what it's supposed to be.

John Burns:

There's some really foolish approaches, and some foolish people within 12-step fellowships, and that's more about the person, not the approach, necessarily, or not the spirit of a lot of 12-step. But it's common, and it's prevalent. And for her, she was back out on a run within 24 hours of all that, no matter what I could say. So, that was kind of a lot of the barriers that I was witnessing early on. And the position I was in, I realized how unhealthy I was getting, because I was doing everything from tracking her phone apps, to try and figure out where she was, and chasing her down, and threatening people that were selling drugs to her, all stuff that I knew, having been in that lifestyle, none of that is going to be effective. It's not even close to rational, and yet, here I was doing it, and just went to a sick place.

John Burns:

And then, that brought apart along also a lot of that culture of what we call ... of what is often called co-dependency, where I was being accused of co-dependency, which was also another transformation to learn co-dependency is not a diagnosis. It really doesn't exist. It's just kind of ... It's rooted in that tough love, which also doesn't work. So, since then, that's brought me to learn things like the CRAFT model, which is an intervention model that doesn't use tough love. And there's more built around MI approaches. And so, that's been a big part of ... That's what really drove me, and that was that ... going through all that, training people in sales was no longer really ... I came to this point of a couple years where I was making really good money and had always chased that rat race of trying to get ahead. But there was a realization like, "I want to have more purpose, and not see people go through a lot of the challenges of seeking resources that I had gone through for years," and finding ways to take care of myself, so that you don't go into dark places, where ... with a family member, that you're trying to fix it, because it's ... And then, when I did, I started seeing that all around me again, with people trying to fix others. And so, that was a big part of it all.

Glenn Hinds:

And again, just the depth and the width of what it is you've described us, John, there's so many aspects of what you've just said is that I'm intrigued to explore with you. And chances are, I'll not get into all of it with you. But I guess for an awful lot of people listening to you, they will recognize if they have someone that they love, who is experiencing, or has experienced a difficulty with substance issues. They will recognize an awful lot of what it is you've described, taken into ... They made them ... As you've described yourself, you, yourself were on the streets. You did some of what it is you were witnessing your daughter do. And even though you knew what wasn't helpful for you, you found yourself trying to do that with your daughter.

John Burns:

Yup.

Glenn Hinds:

It was rising from a place of compassion. And the way you described it with your colleague trying to bribe someone into recovery, the righting reflex arises from a beautiful place, which is compassion and care for someone else. It's just that ability to learn. Caring for someone, and them finding you caring are two different things. Trying to be helpful, wanting to be helpful, and being helpful are two different things, and it sounds like that's part of what you've been discovering on your journey, which is, how do I love my daughter in a way that will be of benefit to her, rather than just me taking control of everything, and trying to take the pain away, or make it better for her?

Glenn Hinds:

And related in some ways to something that ... We had David Rosengren on the podcast a few years ago, and he talked about the difference between that fluency, which is, you hear something that often, and it becomes familiar to you. So, you know the what of Motivational Interviewing. When you know the what of recovery, you know the what of whatever, but there's another place, which he described, it's a mastery, which is the how-to. And it sounds like that's, again, what you've been exploring. How do I do this, rather than just talk about it, or know it, or recognizing the words? And it sounds like that's been an awful lot of the hard work that you've had to put in to get to where you are in your relationship as a dad, as a peer support, and as a director of service as well. So, it sounds like there's a lot of people that ... I'm going to use the word, responsible, that you have responsibility for her, and that you care about. And it's about how to manage, and how to be responsibly caring.

Glenn Hinds:

And I suppose, I also wanted to reference the fact that you mentioned CRAFT. For some people that may not be aware of that, my understanding, that's the Community Reinforcement and Family Training approach, which is, again, another model of supporting people with substance related problems. So with that in mind, if I now invite you to tease out, what was it that you were finding helpful, that helped you make that transition from the righting reflex before you were introduced to Motivational Interviewing

to a place now where you're much more containing and you're not jumping in just as much in your efforts to be helpful to people.

John Burns:

I think the realization came early on with how I communicate, specifically with my daughter. So, learning some different validation and mindfulness skills was the early stages of this is game changing. So, approaching her from a "Why are you doing this to me and your mom?" She's not doing this to me and her mom. If she could change this, she would in a second. She's been through all kinds of trauma that's horrible, and so she would often come back... She would go to meetings and say things like, "I went to this meeting and there's all kinds of people gossiping." Initially, I would have this response of, "That's not happening." So, I was denying her experience like, "No, no, no." And I was trying to fix it versus just a simple, "That must be so hard to experience that."

John Burns:

Or even little things, like when she would have times where she was doing really well, instead of telling her I was proud of her, saying, "You must be really proud of yourself." That little pivot, I was seeing just responses from her that I had never seen before where we were able to have conversations that weren't a fight and that they were actually closer to that dance that we want to seek out when we're practicing MI. It was not with MI skills at the time, but learned that a lot of that is the foundational spirit of MI. And as you would start to learn MI, you realize, oh okay, now I understand where a lot of this stuff is coming from. Those were the big game changers, I think, early on.

Sebastian Kaplan:

So this is going to fit well with that, I think, because you used some terms in your first... well, when you answered my question to invite you to go back in time a bit, and you used a phrase, shoulding, which could be misconstrued for another similar term or similar sounding term. But you also used the phrase tough love, and these are terms that many people, it'll sound familiar to. But I just wonder also for our non-English-speaking countries or listeners in those places, they might want to understand better what you mean by that. Could you explain what those two things are? And actually, in addition to explaining what they are, it'd be great to hear the MI alternative to shoulding or a tough love approach.

John Burns:

Yeah. I think the culture, at least here in the United States, is, especially with kids as they're growing up through adolescence, is we tell them what they should do all the time, where it's very directive, versus sitting down and having conversations about what they might like to do and what their interests might be and what might motivate them. And that approach of like, "You need to do this. You should do this," they end up being incredibly counterproductive. As I often say when I'm teaching MI now, to this day for myself, if somebody tells me I should do something, I will often hear them say something that's not a bad idea. But because they told me I should, I'm not going to. Now, I might next week because I might find a way to make it my own idea so that I'm not doing what they told me I should. That's what we talk about as shoulding is that just constantly...

John Burns:

Then the tough love piece, again, is pretty prevalent in the US culturally, which is this belief that as a parent raising kids, you need to be really strict. And you need have not healthy boundaries, just a lot of boundaries, and regardless of whether they're necessarily helpful or not. And oftentimes, saying no for the sake of saying no versus collaborating and partnering with kids. And as you raise them, partnering with them to come up with solutions that are going to motivate them, that are going to be something that they want to do that are built in that positive self-empowerment model of this is going to empower a teenager.

John Burns:

How do I empower my daughter to work through the trauma that resulted in her substance use disorder? We know there's a lot of trauma, so how do we work with trauma in a way that builds people up versus almost oftentimes repeats the trauma of being directed through this tough love approach of, and you see this a lot with parenting and a lot with the whole term of codependency, which we know is not a diagnosis. It doesn't exist in the DSM, and it teaches us that by helping, we have some addiction to our loved ones to help them. And that's not healthy because people who use drugs and people who use substances need to have this rock bottom where they bottom out. And only then are they going to be willing to get the help that they need. And it's just not true.

John Burns:

In this current environment of fentanyl and the drug supply that is what it is, that bottom is typically death. It's the last place we need to be working with people and inflicting upon them, and it's very traumatic. It's violent. As we often talk about in MI, doing some of that, approaching, our words can be very violent. And a lot of those approaches are incredibly violent for people. We know that their trauma prevalence is very heavy. I think the science says it's well over 50%. I often argue without the science, anecdotally, I see more like 95% of the people I'm working with have a trauma history. And we need to be mindful of that and create a space where they can be empowered and that they can do it on their terms and not ours.

Glenn Hinds:

Yeah. You're really endeavoring to manifest caring for people in a way that takes into account your intention but also takes into account their need. In all of the models that we've talked about before, the intention is always about helping the other person, whether it is this idea of tough love, that the notion behind it was if you do this, this will be helpful for you or your loved one. Again, it's recognizing the idea of what tough love is and the actual manifestation of genuine tough love were very out of kilter. It sounds like, again, what you've learned, and it sounds like it was really helpful meeting Stephen in that first MI training, and that began to help you continue in your own pivot.

Glenn Hinds:

If we can now look at what it was that you learned in Motivational Interviewing and how that has grown through the years through your different experiences and to your practice

both as a practitioner but also as a director, so what is it specifically about MI that you've noticed that really helps?

John Burns:

What I've noticed about MI, especially in peer support spaces, is one of the advantages we have in a peer support space is that it's often individuals and family members with lived experience. And that can help when you're meeting somebody for the first time, having that, knowing that there's that lived experience can create a very quick connection that often doesn't exist. And it also is without a power differential. So, there's already some components of the spirit of MI that exist naturally and organically within peer recovery support services.

John Burns:

What we don't have is when you look at the clinical area, and I think one of the critiques that peer supports often hear from the clinical support side is that the lack of formal training for individuals working in, often referred to as the Wild West. In some cases, that's earned, so in some cases there is that. What I learned is that by teaching people MI, that was the how. That was the how to deliver services. And if we could build proficiency with my staff, with our staff within the recovery community, I was realizing that could really change things.

John Burns:

At the time we had a contract with, and we still do, we do peer recovery services in a hospital setting. So, we often get dispatched to an emergency department of a hospital. Now, this is where people have typically just come out of an overdose, or they're at the lowest point in their life, and they're being triaged by this giant team of medical practitioners. And all of a sudden, you get dispatched and stroll in as a recovery coach, which they don't even know what that is. So how do start that conversation and how do you build rapport?

John Burns:

That was where early on with the MI, I was still doing that direct service piece where I'd get dispatched, and I'd just run... After taking the first training with Stephen, walking out of the ED, and I can't tell you how many times where the conversations would just hit those dead spots where I wasn't using reflections. I wasn't using some of the skills I learned and wasn't proficient, and I'd walk out and go home and just analyze the entire conversation. If I had just done reflection there rather than... Oh, I asked too many close-ended questions. If I'd just asked a few open-ended questions, that conversation could've flowed so much better, and I might've gotten to even start the focus. But you have a very limited time in that acute type of a setting, so to work through it, you're on a quick timeline.

John Burns:

We've since learned that use MI to build that rapport and chances are, if you can reconnect after they leave the hospital, that's the goal. You're probably not going to solve any ambivalence in that hospital setting. Then resolving some ambivalence, that they will

want to connect with you again. So that was the early learning of seeing some of those aha moments of like, this could be really powerful.

John Burns:

From there, as an organization, we started doing trainings and we started training our staff to do this. It was typically with that two-day MI basics class. We had built off of what Steve and Andrew had taught us. We had a few people that could train it. It was primarily me and one or two other people. We were doing that, but I was also finding it wasn't sticking for a lot of our staff. So, they were learning... What I often would walk away from those trainings is like, let's just get you to where you understand what the spirit of MI is because that's a great starting point. And if we can focus on that spirit without trying to save people and focus on the process rather than the outcome, we're way ahead of where we were before this training. We did a lot of that early on and over time, I've continued training.

John Burns:

But I was doing workshop after workshop with them. And then I was taking workshops, and I was doing coding for myself to improve my skills. Then when I did the training of new trainers this last year for MINT, what I learned was the importance of that coaching and coding and the research that's now showing in six months, if you give one of those workshops, chances are people are back to the baseline they were before their workshop. Now it became like, "Oh, no wonder they're not remembering anything." The research and science proves that that's true and that learning from that training, that MI practitioners are typically the worst to gage themselves and their expertise. Whether they think they're proficient or whether they think they're horrible, it's probably inaccurate.

John Burns:

About the same time as the T&T, I did MICA coding, which is the Motivational Interviewing Competency Assessment. And I did that with John Gilbert and Casey Jackson and took that training. What I've been doing for about the last four or five months now is making sure when we do workshops that we're including some coding and that we're including coaching sessions, at least two coaching sessions, with that basics for everybody. And our trainings are not just for our staff, but they're for typically, most of the people attending are in New Hampshire and most of them are in the peer recovery world. So now we're seeing... My goal right now has transformed into this how do I improve my direct service to how do we get this to be a prevalent level of importance within the recovery community and within peer recovery supports so that people are actually learning it and becoming more proficient and trying to implement that.

John Burns:

With our staff, I do monthly... I've implemented one hour monthly all-staff meetings where I do a lot of the breakouts that we do in our basic MI trainings, even though they've done a lot of them before, just to continuously be practicing it once a month for an hour and combining that with some coding and stuff and feedback and coaching.

Sebastian Kaplan:

A quick aside, you used the word MINT there. Just in case people don't know, many of you will, that's the Motivational Interviewing Network of Trainers, which is this group that John and Glenn and I and many of our previous guests are a part of. It sounds like you've been learning, in a way, through your own kind of a new kind of lived experience of hearing a bit about how skills can regress after a while. And lo and behold, now in your experience of training, it's happened in a way.

Sebastian Kaplan:

I was curious about something in thinking about peer support. Because I'll say, I work in a rather large academic medical center here in North Carolina. The world of peer support specialists in our institution is relatively new. We haven't used them very much in our institution, so it's not something that I personally have had a lot of exposure to or interaction with. But one of the things that I've wondered about the world of peer support specialists is right from the start, there's something very different than in my role as a psychologist, as a therapist, people are coming to see me without any idea of who I am, what my background is, what my past experiences have been. That's much different in the peer support world. Someone just by definition, you already know there's a shared lived experience.

Sebastian Kaplan:

It made me wonder about the use of the peer support specialist's lived experience in conversation and the use of self-disclosure would be a term that I'd talk about in the training that I do is how to do that in a helpful way, when maybe not to do that. I was just wondering, I guess it's somewhat of an MI-related question, but in a sense it's maybe a separate kind of question or a separate topic is, how much is that personal experience from the peer support specialist used in the conversation to effect change from the client?

John Burns:

Yeah. Well, I think sometimes it's used way too often. The spirit of MI really works well with the spirit of peer recovery support services. If your spirit is on point, then you'll be on point with it. So, what we teach within peer recovery support services is you should share your experience if it benefits the person you're working with. There is absolutely zero reason for me to share any of my experiences as a parent, as an individual, of my recovery, of my family's member recovery with one of my participants if it's not going to help them, which again, that is a hoop and a challenge that we face when we're working with a lot of people who are learning peer recovery supports, because it feels good to talk about yourself and share your experiences. And it can be ego driven, and it can be helpful for yourself to share that. But that's not why we're working with the people that we're working with. We're there to help them.

John Burns:

So, if you need to share, go do that, but go do that with somebody who you're not working with, with the intent of helping, unless it's going to benefit them. It's much like MI in that spirit of MI is it should be self-directed by the participant. We're not going to give

unsolicited advice. We're not going to provide information that's not helpful to them, and we're not going to do it without permission. So, it fits into that mold of all that, so that's where the line is drawn as to where and when and how you should share your experience and that shared lived experience. So, for, I would say, the majority of my conversations with participants, which I don't do a ton with anymore, there's not much about my experience that I'm sharing. I think it's a very small... I think in an ideal world, that's typically a small piece, but it can be also very powerful.

John Burns:

We have a lot of staff who are parents who have small children. And participants coming in and they might be involved with child protective services because of the struggles that they've had with addiction, and so might the people that they're working with. So having that lived experience where it might benefit them to share that, yes, I've been through that myself and now I'm reunited with my child, now you're giving them some hope. That can be incredibly powerful. Whereas in the clinical world, you'd probably get fired for that. I think self-disclosure is becoming a little more prevalent in the clinical world, but that's one of those areas where the two-part ways is that self-disclosure piece and that lived experience. Because I mean, I know most of the people that I work with in the clinical side have lived experience, but it's not something that's part of their repertoire with their services.

Glenn Hinds:

Yes. It's, again, quite a complex relationship that you're describing. Because what strikes me is recognizing that peer support is, I suppose, still very much in its infancy in the treatment services, certainly, here in Northern Ireland. I've just recently done some work with an organization called the Recovery College, who use peer support in mental health. And just thinking about, what's the relationship "traditional established helping organizations" have with these organizations who now have former patients or former clients as actual practitioners?

Glenn Hinds:

And it's just, how's that relationship going for you in the world where traditionally, the peer support was something that happened in, say, the rooms of AA and now it's a case of it's becoming more professional. It's almost like these individuals who've gone through treatment are now being given access to the secrets of the tools and the skills that "professionals" are using. That difficulty that you're describing, which is having gone through your own life experience, that goes, "Look, this is what I did." And that urgency or desire to be helpful, it can manifest from a peer support individual by going, "This is what I did in my journey, and this is what I did in my recovery," which from an MI perspective is the righting reflex.

Glenn Hinds:

And equally, that righting reflex still exists for us individuals who have not got lived experience, but it manifests in a slightly different way, which is, "Look, you should do this because we read about it." Or this is what we were taught in college, or this is... But again,

the desire is identical. Just how it shows itself is slightly different. So, it's very important that we don't judge how other people's righting reflex is manifest because it's just a different thing from our own. But we have to keep an eye on our righting reflex. Just again, I'm just curious once again, John, how is the "professional world" of helping responding to the likes of yourselves coming into the ballpark and going, "We can offer help to the same people that you're helping"?

John Burns:

I mean, we're seeing that expand pretty quickly. I also, going off base a little bit here, one of the other things, too, that we see that's developing in peer recovery supports is sometimes the peer recovery supports are being offered within a clinical setting. So, we'll see hospitals hire their own peer recovery supports. We're even seeing law enforcement do it in some spaces. I tend to be a big advocate of the recovery community organization model, which is community based and contracting an organization to do that versus bring it internal. People will say, "Well, why?" And I'm like, "Well, in a hospital, if your management structure and your compliance and all of these structures that are prevalent in a hospital, it's really hard to create a true peer recovery support system for those services because chances are, at some level you're under the guidance and supervision of clinical. And unless they really understand the nuances and the differences, that can be really challenging.

John Burns:

So same thing in law enforcement. Can I really be a peer recovery support service working for a law enforcement agency where if I'm working with somebody and they disclose to me something around illicit substances, how do you navigate that? Do you have to report it? And how do you build that... Honestly, as a person who has used drugs and seen some of the punitive approaches, am I going to trust a peer that works for a police department? Never. There's always going to be pause before I disclose stuff.

John Burns:

So, we do a lot of contracts in drug courts and the criminal justice system, and that's always a demand that we place up front with any of the agencies that contract us or that we have grants with is we will provide these services. The only thing we will provide to you is whether the individual's engaged with us or not. They're like, "Wait, so if they have a recurrence, you're not going to tell us?" I'm like, "Never. And if that's a requirement, then I'm sorry, we can't. We can't move forward with this relationship." Because the minute we do that, we lose the confidence and the trust and that ability to see change in our participants, and I don't have any interest in that. Then things start to become coerced, and you just take on a whole different role.

John Burns:

We are seeing a tremendous expansion here in the United States. I mean, in New Hampshire when I started this, we started SOS in 2016. So, we were only the second recovery community organization in the state, and we started with one small center that was all volunteers, there's now 20 recovery centers and, I think, it's 16 recovery

community organizations just in the tiny state of New Hampshire. Now, New Hampshire, it's funny, New Hampshire was about 10 years behind the curve in ever having any. Now we're ahead of the curve and there's not a lot of states in the United States that have that many recovery community organizations or centers. It's definitely expanding. So now it's like, how do we professionalize it while keeping it true to that grassroots? That's the one thing I love about Motivational Interviewing… I get asked this a lot now that I've gone through where I'm training at, and people are like, "Well, can you really ... How is the training of Motivational Interviewing to peers?" And people will ask me, "What does your training look like?" I'm like, "It would look exactly the same if I was training clinicians as it does peers, and most of the research and science we're seeing is ... Those skills can be learned by peers just as well as they can be by clinicians," and that there's not any big delineation of it not working for peer-based organizations.

John Burns:

So, that's the one thing I love about MI, is I don't need to send people for their Masters in social work. We can create a structure, and a curriculum, and a training that will really help expand MI in these spaces.

Sebastian Kaplan:

John, some really interesting points you made there about, I guess you could say, implementation or maybe some of the programmatic realities. The point that you made there about ... Or at least your recommendation that a peer-support specialist not work in the hospital setting or in the law enforcement agency to really just further enhance what that relationship will ultimate be like and kind of reduce the risk for what, I think, is a pretty expected level of influence that the institution will have on that peer-support specialist. Whereas the goal of the services that you provide are to be solely focused on the client or the participant. It seems like that's the word that you use to reference a client.

Sebastian Kaplan:

And yeah. That's a really important, I think, take home message. I imagine there's some people out there listening to this who are thinking about their own communities, perhaps, and thinking about ways to create a network, or an organization, or at least maybe partner with an organization similar to what you describe. And so, that seems to be a really important one.

Sebastian Kaplan:

And also, your last point there of that you don't need to have any fancy degrees to do MI well. And I imagine there's a bit of, I don't know, maybe a territorial nature that licensed professionals have of, "Wait a minute. We're going to do the same thing. But I have a PhD and you don't." But it's one of the wonderful things about MI, though. One of the things that really levels of the playing field is anybody can do this if they have the heart in the right place and they're listening to certain things.

Sebastian Kaplan:

So, anyways. Just saying that. I'm really resonating with those two points that you made there.

John Burns:

Yeah. And what you're saying about that rub, so to speak, is 100% true. We're seeing the peer-recovery supports come up in ... Some of the national organizations I've been to that have traditionally always been clinical have started bringing in certifications around peer-recovery supports. And in their conferences, they're bringing in tracks that are peer-recovery based and recovery support based. And then, in some of the larger conversations, I'm betting there's some angst, where people are just like, "Wait a minute. Who do you guys think you are coming in here? I've been to school for six years, and now you're going to stroll in here and tell me you can do basically the same thing?"

John Burns:

And my response to that is absolutely not the same thing. In fact, one of the big pieces that we train in recovery supports, we have a lot of trauma. I don't want my staff; I don't want recovery specialists delving into the trauma of our individuals. They can share about it, and we can make recommendations that they go see somebody with these skills and the experience to delve into the trauma. Do not go into the trauma because you are going to have a crisis on your hands more than likely, and you might cause more trauma than you've helped.

John Burns:

So, those are some areas where that's why I think they complement each other, and I think there's some concern that is absolutely true that I hear from clinicians of this sense of, "Well, there's so many peer-recovery sport ... There's not enough training going on, and there's not enough professionalism." And it's true. That's a real concern, and it's a real issue, which is why I'm so passionate about the MI piece of this because this is a way that we can really change that landscape and see some really effective peer supports that are not going off the rails, doing things that are not going to be helpful to participants, and finding ways that the clinical world and the peer world can complement each other where we're sending people to clinicians and they're sending people to us, and now people are getting two different forms of support that they never got before that have some similarities but have a lot of differences that can really be impactful in how they improve their lives and their wellness.

Glenn Hinds:

Yeah. It sounds like you're describing a community of care that includes people who have lived experience, people who have gone to college for six years, and everything else in between with the shared goal of, "What can we do across the spectrum that can be of benefit to individuals who need help?" And what we're going to do is keep in touch with each other and use the expertise each party has for the benefit of these individuals and families who need support to change, because that's what we all want to do, help.

Glenn Hinds:

And with that in mind then, John, curious about with this journey of Motivational Interviewing, Now that you are the director of SOS, which is, if I'm right, Strength Over Stigma, the SOS, for your organization. And how do you use MI in your role of leading people who help people?

John Burns:

Yeah. So, the SOS is an interesting sidetrack. So, SOS was an acronym that we developed without any meaning, and then we tried to create what SOS stood for. We never actually have. We tried and nothing ever fit, so it's always be ... SOS is kind of that universal sign of-

Glenn Hinds:

Save Our Souls.

John Burns:

... saving people. Or, not saving people, but it's kind of a distress signal for people in distress, so how can we help them? And it's interesting, we just did a campaign around stigma, and we labeled it Strength Over Stigma, and now we've had media do some stories about some of our services and they're putting in there, SOS, Strength Over Stigma, as if that's what SOS stands for.

Sebastian Kaplan:

Oh, it's funny you said that.

John Burns:

So, I think when I look at how we're building out this Motivational Interviewing, it's really about making it a cultural norm. When I look at how ... It's building it not just for SOS, but for the other recovery support organizations across the state with the trainings we're doing, and trying to ...

John Burns:

And we have a lot of data around our support services, so trying to use that data to show, as we improve our Motivational Interviewing skills as an organization, how is that going to shift through the outcomes that we're seeing, which are ... They're more around what we call recovery capital, which is your internal and your external resources to find and maintain recovery. So, connection and a lot of that stuff.

John Burns:

A lot of the recovery-based data points really should be focused on connection more than anything, versus ... And unfortunately, we often pigeonholed into people wanting data about treatment outcomes. And it's like, "Well, we're not treatment, so those outcomes are meaningless. So why are you making us report on that?" We want to do data. It just needs to be built around that connection piece, and how are we improving people's recovery capital?

John Burns:

And I'm hoping as we continue to do this MI that we'll see, for our organization, that data demonstrate that the MI is showing outcomes that are improved over other recovery community organizations to help kind of justify and demonstrate the importance of this.

John Burns:

And so, that's been ... My passion is really focused around, how do we training ... Ideally, I'd like to see two or three of my staff become members of the Motivational Interviewing network of trainers. I think that's kind of a goal, so this isn't about me, this is about how can we really make MI a cultural norm within recovery community organizations? And not just recovery community organizations, because our organization is very harm reduction based. We do a lot of homeless outreach, and there's a lot of peer to peer supports in the harm reduction world. So, we also serve as a syringe service provider.

John Burns:

So, we provide safer injection supplies and syringes. We supply safer smoking supplies. We supply safer sex supplies at all of our recovery centers. And that is a population that is marginalized. Many of them are homeless. Not all of them.

John Burns:

And so, how can we also bring MI into those spaces too because that's so powerful there, and make it a cultural thing in peer services, period, not just peer recovery support services? Although, I think there's ... To me, harm reduction is a form of recovery, so I have a hard time separating the two, although there's many in the harm reduction world that will tell you they're very different, and many in the recovery world that'll tell you ... To me, they're the same, but there's another podcast about that.

Sebastian Kaplan:

So, it's really nice to hear where you're at here as to some of the current details of this whole journey for you, John, and the way that you're taking a data-driven approach to examining how effective your trainings are, and really asking yourselves the questions. Even at a more fundamental level, there's, what are the right data points to evaluate a peer support model as opposed to a substance abuse treatment program that have, maybe, some other areas of focus? And then, even hearing how you're expanding into other realms, like the harm reduction. And the harm reduction world is really quite interesting.

Sebastian Kaplan:

So, at this point, John, we'd like to transition to one of our final questions that we ask all our guests. If there's anything coming up for you in the not-too-distant future that you have your sights set on that is interesting to you, whether it's something that's professional MI related, or perhaps not MI related at all.

John Burns:

Yeah. I think there's a number of ... more on the professional side, although I have a hard time separating the professional from the personal with this work. But a few of the things: The first one is that harm reduction piece. For our organization, we've always had a more harm reduction approach, but we've gotten more into the weeds with that with the syringe services and some of the safer supplies that we're now doing and looking to really expand that and make that something that's a bigger part. And when I look at that, including training of peers in that and volunteers in that. I would really like to see ...

John Burns:

In recovery supports, we often have this saying of, "Nothing about us without us." And what do I know about somebody who's injecting drugs today and their needs? So, how do we bring people who are still using drugs, or people who do use drugs and it's not problematic, because that's the majority of people out there, is about 90% who use drugs, it's not a problem. But it's demonized. So, how do we bring people like that to inform our services and build our services into the fold? Like, teaching them MI, teaching them to work alongside with us, and more importantly, them teaching us. Because I often say the biggest barrier in the space of addiction and mental health ...

John Burns:

Somebody was just asking me this at a session I was at. They were saying, "What's the biggest barrier?" I'm like, "The biggest barriers are we have providers in both the recovery services and in treatment that build our services around what's convenient for us and not what's convenient for those who they serve." And by nature, it creates barriers that make whole services inaccessible.

John Burns:

So, how do I get more of that grass roots involvement from our participants in both harm reduction and recovery supports so that we're truly living that spirit of MI with all of them, and that they're the ones that are driving our services and not us. Like, it's not about me. I shouldn't be driving what the program is. I often refer to myself as the maintenance guy.

John Burns:

So, with that, we're also looking at building some social enterprise because workforce development is a big issue in the recovery spaces, sometimes entry-level positions. So, we're looking at, right now, trying to build a social enterprise model where we will bring people in to be employed in this social enterprise model. And one of the areas we're exploring is possibly a restaurant, but have it be much more meaningful than just a restaurant where, in the back of the house, where they're working in the kitchen, we're connecting them to culinary arts programs, formal education, so that they can move on into an executive chef position, and not just come in and hire a prep cook who's going to be there for the next four years as a prep cook.

John Burns:

Nothing's wrong with that, but I often say people in the recovery world, their basic needs are barely being met oftentimes, and then, three or four years, they're on this hamster

wheel that they can't get off of because there's nothing beyond that. So, how do we build that upward mobility for them to actually have had purpose and meaning beyond just their recovery?

John Burns:

And then, same thing at the front of the house, tying them into more hospitality management, maybe, so they can move on to maybe manage hospitality, or do whatever they wish with that. So, that's one area.

John Burns:

And then, the other one is recovery housing. There's a huge housing shortage here in New Hampshire, so how do we build housing, and recovery housing is typically peer-based for people after they leave treatment. So, as an organization, we're really delving into how can we have that as an arm of our organization?

John Burns:

And with the harm reduction, I'm also simultaneously looking at that in more housing first models, which have no ... So, the housing first model is one where people come into housing with no expectations that they're going to stop using drugs or substances. It's this belief that if people's basic needs are met, their wellness improves. It's true. So, let's stop creating these ridiculous rules where you have to stop using drugs if you want housing.

John Burns:

Well, part of the reason they're using drugs is because they don't have housing. So, we're going to traumatize them more as a requirement to get housing? So, I really have a passion as an organization that we build something around that evidence-based approach of, "Let's just give them housing, and let's not put all kinds of silly rules on it. We know what'll happen, and we can provide supports and services while they're housed, which are going to be way more effective than the services and supports we're giving them while they're living in tents, or while they're in an unstable housing situation," which is so prevalent in our communities.

John Burns:

So, they're kind of the big areas that we're focused on, is around those areas.

Glenn Hinds:

So, in many ways, you're describing ... In global terms, it's almost like they're understanding the resistance of people from an MI perspective. In the other books, Steve and Bill talked about, "Resistance is a form of communication coming from the service user, the client's end, that what you're doing is not helping." Resistance is a practitioner's issue.

Glenn Hinds:

When people aren't using our services, we have to look at our services rather than the people. And to use that famous movie quote that's not really true, "Build it and they will come." It's a case of find out what they want and then let's build it with them. And that will be helpful. And that sounds like that's what you're working really hard at.

Glenn Hinds:

And as much as anything else, you're changing the culture of the caring community, but also the wider community about, "How do we approach and support fellow citizens who happen to have difficulties with drugs and alcohol?"

John Burns:

Yeah, yeah. And here in the United States, what we often hear is, "When the services are failing the individuals," we hear, "They didn't want it bad enough."

Glenn Hinds:

Yeah.

John Burns:

And it's just not true. The reality is the services weren't appropriate enough. I think we can build the services that they can access and that are appropriate, and the problem is us, not them. We're the problem.

John Burns:

When I don't see outcomes coming out the way that I would expect with our organization, that's my problem. That's our organization's problem. We need to change something because there's something we're doing that's wrong, because people will naturally move towards wellness when you provide the proper services and supports. Much like change. They're going to change if you give them that empowerment.

John Burns:

And so, I think that's one of the areas that we really struggle in this service provider environment. And I think a lot of that comes from the war on drugs, and a long-term punitive approach to people who use drugs and substances, and this demonization of them that, "Well, they're the problem." And it's not.

John Burns:

As I said, "We don't have a drug problem. We have a drug policy problem."

Sebastian Kaplan:

It's interesting you're saying this, John. As an aside, I'm doing a presentation next week, and I assigned everyone to read Bill Miller's first paper way back in 1983 when he first wrote about Motivational Interviewing, and the very first part of that paper is this discussion that we're having right now about the tendency to believe that if the client or the participant doesn't improve, that's on them. But if it does, "Wow. We have a great

program here." And it's just really ... Wow. Just, literally, as I was rereading that paper, it's sounding so familiar here 40 years later.

Sebastian Kaplan:

Anyway, John. I certainly hope and would imagine there'll be people really interested to ask you some questions and to learn a little bit more about what you're doing there. So, would you be open to people contacting you? And if so, how can they reach you?

John Burns:

Yeah. Absolutely. So, the best way to contact me is probably via email, and they can do that by emailing me at, it's pretty simple, John, J-O-H-N, @sosrco, as in Recovery Community Organization, dot org. So, it's John@sosrco.org. And they're also welcome to go to our website which is www.sosrco.org, and you can connect to us there as well, and it'll get to me. In fact, most of them actually go to my email, so that's also a great place to connect, and I'll get it.

Glenn Hinds:

Fantastic. And just to remind people for ways of staying in touch with ourselves, myself, and Seb. On Twitter, the podcast handle is @ChangeTalking. For us individually, it's @sgkfromnc for Seb. And @GlennHinds for myself. Our Instagram is talkingtochangepodcast. Facebook is Talking To Change. And email for comments, or questions, or ideas, or information on training it's podcast@glennhinds.com.

Sebastian Kaplan:

All right. Wonderful, John. So, we really appreciate you joining us. And for those listeners, we're now going to record a role play that, hopefully, we can kind of tack onto the end of this episode so you can listen to us have the conversation, and then as you keep listening, you'll listen to our role play. But we'll close off the interview part, and again, express gratitude to you, John, for agreeing to join and share some of your world with us.

John Burns:

And thanks so much for having me and giving me the opportunity to do this. Very, very helpful.

Glenn Hinds:

Thanks, John. Thanks so much.

John Burns:

Thank you.

Glenn Hinds:

Okay. As Seb mentioned, we're now going to have an opportunity to listen to John offer a role play with Seb as an injectable user. Over to you chaps.

John Burns:

Yeah. Good morning, Sebastian. So, I understand ... I've seen you coming around and one of my other staff members mentioned you wanted to sit down and talk about some things you're having some struggles with. And so, I just wanted to take a few minutes here and have a conversation and find out what you're looking for and how we might be able to help you out.

Sebastian Kaplan:

Yeah. I mean, I'm not wanting to sign up for anything at this point, but I've come in here a few times. You guys seem pretty cool. And honestly, I really just came in because it's freezing outside, and I just wanted to have some coffee and warm up. But I've heard a couple people talk about treatment or recovery, or this sort of stuff. Maybe I thought I'd just see what you guys had to offer.

John Burns:

Okay. Well, that's a big step for anybody, I think. To even talk about that can be difficult. Would you mind telling me a little bit about what your drug use is looking like and why you feel like it might be a problem that you would want to explore these things?

Sebastian Kaplan:

Well, I suppose I'm a pretty regular heroin addict at this point. I'm using ... I couldn't tell you how often. As much as I can get my hands on it, I'll use and try to get high. It really didn't start with that, and I never thought I would get to this point in my life, certainly.

Sebastian Kaplan:

You know, I was a teenager like anybody else, drinking and smoking some weed. And then, gosh, I don't know, a few years later, I'm living on the streets doing everything I could, stealing stuff, and breaking into house, and things like that to try to get enough money to get high again. So, just to answer your question, I mean, that's kind of where I'm at right now. I'm using pretty often.

John Burns:

Exhausting, and cold out. So, a combination of those, I would guess, are challenging for you.

Sebastian Kaplan:

Yeah. I would say my life is a lot easier in the summertime, but as you know, it is pretty cold and pretty ... I'm kind of bouncing around different places. I'm staying in a tent sometimes. Every now and then, the shelter will let me in, but that's not always that consistent. They may not have room. They got all these rules, too, that I'm not too fond of.

Sebastian Kaplan:

It's hard to stay warm. It's hard to eat. And really, there's times where the most important thing for me is just to get high.

John Burns:

And the supports aren't there and feeling kind of alone in all of it?

Sebastian Kaplan:

Yeah. Alone, for sure. I kind of have a girlfriend, I guess, who's also in a similar position, but that's pretty unstable and we fight all the time about things we're doing. So, yeah. It does feel like I'm out there on my own. My family, they don't want anything to do with me, not that I blame them. But I mean maybe they could be a little bit more supportive. I mean, they actually have a house and some money, so why can't they offer that to me a little bit? But I get it, too. I've burned those bridges.

John Burns:

And reconnecting with them though would be an important piece in maybe building some stability?

Sebastian Kaplan:

I guess. I mean, the last time I talked to any of my family was about six months ago and they made it pretty clear they don't want anything to do with me and that was pretty hard. Again, I don't blame them, so reconnection? If they're willing, I guess. It's hard to imagine that they would be, but yeah.

John Burns:

Well, on one hand you're feeling abandoned by your family and on the other there's a desire there to bring some stability into your life and reconnect with family at some level if they'd be open to it.

Sebastian Kaplan:

Yeah, I guess you could say that. I mean, if we do reconnect, and I mean there's going to be a lot of soul searching that we'll have to do and a lot of wounds that need to be healed, but if that's at all, I've kind of given up on it to be honest, and you bringing it up now makes me think a little bit more about it. So, if it is possible, I guess I'm still open to it.

John Burns:

All right. What do you think would be some of the steps that might help you to get to that point?

Sebastian Kaplan:

Wow. It's hard to really see into the future very much, to be honest with you. I mean, I woke up in my tent this morning freezing my ass off and thought, "I'm going to go check those guys out at the recovery center so I can at least get some coffee and warm up." And at that point, I kind of thought to myself maybe I should ask to talk to somebody, but

honestly, I don't really know what these steps are, what's the next step. I mean, I've had people talk to me before and I've had people try to help and a sponsor once try to convince me with all this fancy talk or I got locked up in a place before, in some rehab place and they didn't give a shit about me. They were just trying to get paid and there to yell at me, it felt like. And so, I don't know. I don't really know what this is all about. Again, like I said, I came in here to warm up and I thought to myself, "Well, maybe I'll see what you guys have to offer."

John Burns:

Right. And that's understandable. I mean, I think for most people in active addiction like yourself, correct me if I'm wrong, it's kind of a daily battle just to keep from getting sick and going through that can be really challenging. So perhaps finding some support for that might be helpful, just to get a little bit of relief from it all.

Sebastian Kaplan:

I mean, relief would be nice. It is kind of sad to sort of think back and you heard people all the time talk about things in high school and later on about what addiction is like, and you see these movies, but, man, to be in it, it's really rough.

John Burns:

Right. And at some level you'd like to not be in it anymore.

Sebastian Kaplan:

Yeah. I mean, not knowing what that looks like, but if there is a way out of this and if you guys can help, and like I said, a couple other people I've hung around with and used with, they're not using anymore. And I mean, they seem like they're okay. And I saw one of the guys the other day and talked to me about it. And so, if there's a way out, I'll listen. I can't say that I'm signing up for anything right now, but I'll listen.

John Burns:

Sure, sure. So perhaps there's an opportunity if I was able to share some different resources that have worked for others, that you'd be willing to explore, and we could talk through some of those and see if they might be a fit for you?

Sebastian Kaplan:

Sure. If you have some resources in mind that you think could help me, I'm all ears. I'll listen.

John Burns:

Okay, great. Well, that's a big step. And certainly, it's a scary space to be into kind of look at taking those steps. So, I commend you on just coming in here today and really looking at some of these options. Those can be big steps, and a lot of times they can be challenging steps in that they're not always a fit. So, finding a way that that fits into where

you're at currently can be the primary focus that we can kind of put so that it feels safe for you.

Sebastian Kaplan:

Hmm.

John Burns:

Tell me a little bit of like how you might envision those next steps for you.

Sebastian Kaplan:

Well, I mean, I guess I'm wondering what other people do, because my experience, I'd get locked up or sent to some rehab place and locked into it. And I just don't know if there's, maybe that's the next step that you're going to suggest, because I don't know what else is out there. I mean, so far you seem pretty cool, but I have to say, if it's another locked place, I can't do that again. I'm not going.

John Burns:

Right. So, there's residential settings that provide treatment supports that aren't necessarily locked down. You can leave anytime you'd like. If it's okay, I can share some of those resources with you. They don't require you stay there. It's completely voluntary, so they're not going to lock you down, but it is a residential type setting where you live there. That's one option. And then there's some other options such as outpatient programs where you might go to an intensive outpatient program three or four times a week. And one area that we've seen a lot of success with is people connecting to medication for opioids, which is a medication that's going to help with the getting sick and it's going to help you maintain your recovery with less cravings, and that's also been an effective... there's kind of some multiple options there that we could explore with you.

Sebastian Kaplan:

Okay. So, I don't have to get locked into, so right off the bat, I'm a little bit more open to it from what you're saying. I'd heard people taking medications and things, but honestly, doctors have done nothing but me off, honestly, any time I've seen them, and they just lecture me about, "Don't use drugs and don't you know how terrible your life's going to be." And I don't need anybody telling me that. So, if you think there's a doctor out there that can help, like I said, I guess I'm open to it.

Sebastian Kaplan:

But I think the thing that I'm most nervous about is people are going to make me stop using. And I guess I don't know that I'm ready to stop right now today. And I was kind of expecting you to lecture me about how I have to stop using. You haven't done that yet. So, I'm a little, I don't know. I don't know what to expect now. But this is kind of surprising.

John Burns:

Yeah. I mean, and I don't think there's any requirement that you stop using. I think if you want to continue using, then that's an option that's available to you. Most of the treatment programs would ask that you're not, so that wouldn't necessarily be a trip, but some of the things we could explore would just be whether you're using sterile syringes and safe supplies and you're welcome to explore that with us, because I don't know what you're using right now, like are you sharing syringes or what does that look like?

Sebastian Kaplan:

Again, I've heard, I know the deal about you're not supposed to share, but if I have to share so I don't get sick, I'm going to share.

John Burns:

Right.

Sebastian Kaplan:

And have I shared before? Of course.

John Burns:

Right.

Sebastian Kaplan:

So, you know.

John Burns:

Okay. So, on one hand for you, there's kind of this desire to change the way you're living and perhaps seek treatment. But on the other side, like you're battling with this, "Do I even want to stop using?" And so maybe there's some opportunities that involves at least some safer supplies so that we keep you a little healthier and maybe down the road we explore treatment.

Sebastian Kaplan:

So, hold on. So, you're saying that you're just going to give me some needles?

John Burns:

Yeah, absolutely. So, I mean, our goal is to keep you safe. And so working through some things like, I want to make sure you don't overdose, so we can provide you with Naloxone, which is an overdose reversal and teach you about some safer injection approaches so you don't get infections, you don't end up in the hospital, and provide you with syringes, so you don't end up, sharing can be problematic in terms of HIV and hepatitis. And we can provide you with some different strategies like that and some safe, sterile supplies so that at least you feel safer when you're using and then we can kind of go from there.

Sebastian Kaplan:

Wow. I don't know. This is a bit scary, even though it sounds like there's a lot of options I didn't know were available to me. John, I think I need to step out and just think about this. I might go out and have a cigarette and just think about some of the stuff that you've been telling me. And what do I just come back in and just ask for you? Or how do I do that?

John Burns:

Yeah. Absolutely. I mean, we're here all day, so you're welcome to just come and go. There's no requirement that you stay here. If you want, we can go outside with you, or you can come back in when you're ready and give this some time to process. These are all big steps and it's brave of you to be considering them. So, you're welcome to take that time.

Sebastian Kaplan:

All right. Well, I appreciate it. I'm going to step out and think about it and I don't know. I'd like to say I'll see you in a few minutes, but I can't promise anything, but I'm going to step out for now.

John Burns:

Okay.

Glenn Hinds:

Okay. Fantastic. Thanks, chaps. Brilliant.

Glenn Hinds:

So, let's just think about what just happened and in particular thinking about from the audience perspective. I guess one of the things I want to do then first of all, is maybe if we start with yourself, Seb, as the user who's come in. What was it like for you? What happened and what did you experience?

Sebastian Kaplan:

I guess the main thing I was trying to really tap into is someone who has lived and is living a really hard life and has been rejected, mistreated, judged, time and time again. And just thinking about the courage that it takes for someone like that to even come in the doors and get some coffee at a place that has recovery sort of prominently featured on the building or in the signage or whatever it is. And even kind of knowing that that's sort of implied as part of what the goal is, that it takes some courage to do that, and to also think who wouldn't want that? You're in New Hampshire, in the wintertime, it's cold as hell, but still, it takes courage to get to that point to walk in the door and then to even ask, "Hey, can I talk to somebody?"

Sebastian Kaplan:

And so, with that, having John respond to me in that way of there was nothing, he didn't say anything. He didn't say I had to do anything. He didn't say I should do anything. It just

seemed like someone, if I had to muster all the courage in me to go talk to somebody at all, that John's somebody who I'd be willing to have another conversation with him.

Glenn Hinds:

Mm. So even saying that, it sounds it's interesting to appreciate that going somewhere to get something that you want, in this instance a cup of coffee, the challenge is that you, as an individual have to overcome because of your own assumptions of what may be exists within this building and that what John did was allow that space and not to push you towards being anything in particular. And I guess as the observer, as you were saying, it struck me that, John, you spent an awful lot of time endeavoring to understand how things were for Seb, and why they were like this. And it was only when you had that understanding that you begin to explore what else or how else or what might be different. And so, can we just explore with you, what was happening for you in that conversation and what were the choice points that you were aware of and the choices that you made?

John Burns:

So, I think coming from my perspective is that realization, that most people who walk into these spaces, to even have this conversation is a big deal. And even to walk in at all, even when they don't ask for help, because of that very reason, the fact that we are a recovery community organization, there is an implied piece for a lot of them that we're going to try and talk them into recovery. So, it's not unusual for people to be surprised that we don't, and it's not unusual, we do a lot of outreach as well to go into encampments and things like that and they're often surprised like, "Oh, you guys aren't going to try and talk?" "No, we're just trying to help you. And whatever that looks like, I don't care, doesn't need to require." So, I think in experiencing this, really trying to understand where the barriers are and where an individual is at, to build that rapport and be able to empathize with that.

John Burns:

You've got to make that connection because if you don't, the experience of most of the people coming in is, again, they've been told over and over what they need to do and what they should do and how they should do it and when they should do it. And there's this urgency of getting them into some sort of treatment when that's very rarely realistic out the gates. So, if you don't learn to understand what their needs are and as Steven Andrew often taught me, don't meet people where they're at meet people where they dream. So, finding out where that dream is. Is it reconnecting with his family? Is it reconnecting? Is it just finding housing? Where are they dreaming beyond that daily grind of just trying to have their basic survival needs met? And how do you look beyond that when your day-to-day grind is just survival?

John Burns:

I remember when I first started before MI coming into these spaces, I used to ask people what their goals were. And they looked at me like I had three heads and I realized like, "Okay, you're on step four or five. There's about four steps before that before you can have that conversation." Because as soon as I'd say, "What are your goals?" "I don't

freaking know." And you might as well of lit their hair on fire and sent them running out of the recovery center to ask that question.

Glenn Hinds:

Yeah. And from what you're describing there, if we go back to the way, you were describing how you were at that early stage, particularly in your relationship with trying to support your daughter, which was coming up with ways forward, you're saying that in this conversation that wasn't your goal. Your goal was just to say, "Hey, hi, how are you, and let's find out why things are the way they're at," without judgment. And then, I love that idea of, what is this person's dreams, and can I meet them there? And understand what that dream is and what Seb's was. And from your perspective then, Seb, in that conversation, I guess from the way you described yourself coming in, which "I'm having for a cup of coffee," at the end of it, 15 minutes later, you've gone out for smoke and you're contemplating.

Glenn Hinds:

What was changing for you during that conversation? What was happening within you that it got you to the point where you were actually considered coming back in after a smoke? Did you look at needle exchange or something different?

Sebastian Kaplan:

Well, one thing that was a surprise to me actually, even in role, was the emphasis on family that you came back to a few times, John. And so that there was that piece, which was significant. But I think an observation just in general was that you didn't ask for goals. You did ask me about next steps. And you were curious about that. You were curious about kind of where things might go with family, but it was done in a way that was really just sort of gently exploring it, just to see what's out there for me. But you were also very willing for me to not know. And for me to kind of be like, "I don't know, man, I just got here. I just came in for a cup of coffee. I don't even know what I'm doing in 15 minutes, let alone what the next steps in recovery are.

Sebastian Kaplan:

But it's like the question itself is important. And of course, with the foundation of the MI spirit where you were very accepting that I didn't know, and you were very accepting that I may not want to stop using right now. And you had resources for me to use in safer ways. So, I could imagine for somebody who was walking in already really kind of nervous and on edge about it with those past experiences feeling at least like, "Whew, that went better than I thought it would."

John Burns:

Yeah.

Glenn Hinds:

So…

John Burns:

And I think, I mean, one of the things I observed too, which is pretty common we see, is people come in the door looking for "treatment." And one of the challenges we often have with our staff and peer recovery support services is getting rid of the bias that treatment is the goal. And so oftentimes they will come in and it's kind of like that we know ambivalence isn't like, MI isn't a linear process, and so you came in with kind of this recognition that maybe you wanted some treatment, maybe that was something that you'd consider. And then it moved to, "Well, I'm not ready to stop using drugs. I don't think I'm ready for that." So, I think for a lot of people they're going to step back and say like, "Oh, we just went backwards."

John Burns:

So, removing that bias and understanding that it's not for me to set the goal. And if using safely becomes the goal, it's that focusing too early, you can't just focus, like if I had gone right into focusing on treatment, we're in trouble. And even like the thought of you leaving to go outside to smoke and not coming back, that is a terrifying fear of a lot of the staff. They're having these sessions and now all of a sudden, he wants to go outside and smoke. Because 99% of the times, it means you're not going to resolve anything today. And you have to accept that and realize that's part of the process. My goal is like, and if I'm like, "No, no, no, no, you can't go outside. Let's talk some more."

John Burns:

You're still going outside to smoke. And now you're never coming back. So, giving you that space and also offering the partnership of like, "I'll go outside with you too. Or we can have somebody go out with you if you want." They kind of give some options. And I think those are also really important in these spaces that a lot of people don't realize is they'll really like, that's where the righting reflex starts to come in, and it's a real fear that you might overdose tonight and not come back. And that's where the righting reflex comes on strong, because like, "Oh, so close. He mentioned treatment and now he's leaving."

Glenn Hinds:

So, this is not a sales scenario where you want the signature at the end of the conversation. For you, the goal is the relationship development, and wherever that happens to be at the end of the conversation is the place to be aware of. Are they coming back? If they do, fantastic. If they're not coming back today, there's the opportunity that whatever happened in those last 15 minutes increases the likelihood that he'll come back and perhaps for another cup of coffee, that he's had a positive helping experience, and positive being the absence of judgment, the absence of pressure, the absence of expectation. And I guess, in Seb's instance there, just to learn bit more about what actually happens inside this building for his own consideration. And how did that then fit in with experiences of other people he knows who've gone through a recovery journey. And he's gone away now to potentially contemplate how does he put those jigsaw pieces together for himself? And are you one of the people he might include in that journey given the way you treated him for the first 15 minutes of that encounter?

John Burns:

Sure. Yeah. I mean, some of the most rewarding moments to me are those pieces where somebody walks in our doors and comments on the fact that they're looking for help and that they came here six months ago and we were the only space that didn't try to force them to do something and that didn't like judge them and that they felt safe. And just them coming back and saying that regardless of where that conversation, those are the big rewards of knowing that okay, we held that spirit of MI, we held that spirit of letting people choose what their pathway and where their pathway leads, on their own, without us really trying to change that or trying to fix it or trying to save them and just doing it without judgment and providing them some safety for a minute. Because for a lot of the people that we're working with, having a safe space for five minutes is like gold for them. It doesn't happen often. They're in spaces where it's never safe. So that can be a huge, huge piece for a lot of the individuals we serve.

Glenn Hinds:

Sure. Quite a rich insight to finish today with, which is just that invitation for us as helping practitioners to realize that just having a safe space in itself can be really beneficial and quite different for people coming into treatment services. John, thank you very much for that role play and previously the insights that you offered in the podcast. Thank you very much for today, and all the very best.

John Burns:

All right. And thank you both for having me.

Sebastian Kaplan:

Thanks a lot, John.

John Burns:

An honor, thanks.