

# **CHILD WELFARE AND SUBSTANCE USE DISORDER: TRAUMA**

**Dr. Lipi Roy and Hon. Rachel Tanguay  
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## **Transcript**

- Ralph Wolf: Hello everyone. I'm Ralph Wolf, your guide for today's program. Thank you for joining us. Today we are focusing on trauma. Before we begin, I need to address some housekeeping items. For those seeking CLE, please read all of the requirements and information in the body of the team's notice you used to join this meeting. The affirmation and evaluation forms you will need to submit immediately after the presentation are attached to the notice. If you have a problem signing the affirmation, take a good photo of the signed form and email the photo.
- Ralph Wolf: If you're seeking CLE credit, have paper and pen ready. During the program at least two codes will be announced and displayed. Write down all codes, which you will need for your affirmation. We are not allowed to repeat the codes once they have been provided. All completed affirmation and evaluation forms must be emailed to [oppcl@nycourts.gov](mailto:oppcl@nycourts.gov) today. Please email those forms today to [oppcl@nycourts.gov](mailto:oppcl@nycourts.gov). This is very important. If you do not submit your affirmation and evaluation today you will not receive CLE credit. No partial credit will be provided. You must enter all codes given during the presentation.
- Ralph Wolf: If you selected CASAC or CEU at registration, you will receive certificates by email. Let's get started. Please keep your microphones muted and post any comments or questions in the chat box. If you have any reception problems, hang up and rejoin. You can also type a problem in the chat box and Nick from the Department of Technology will assist.
- Ralph Wolf: It's my pleasure to introduce the Deputy Chief Administrative Judge for Justice Initiatives for the Unified Court System, the Honorable Edwina G. Mendelson. Judge Mendelson.
- Judge Edwina G. Me...: Thank you so much, Ralph. Thank you all so much for joining us today for the second in a series of keynote discussions with national experts on important topics relating to child welfare and substance use disorders. We are quite fortunate to be able to learn from these experts who bring with them a wealth of experience and knowledge that will enhance our ability to appropriately respond to family court cases at the intersection of child welfare and substance use disorder.

Judge Edwina G. Me...: Our primary goal is to improve outcome for families with parents who are struggling with addiction. Last month you heard from Dr. Ira Chasnoff and the Honorable Karen Loguercio who discussed the ethical implications of prenatal drug and alcohol use and impact that these substances have on the developing prenatal brain. It was a wonderful yet sobering discussion and I hope you all had a chance to participate.

Judge Edwina G. Me...: Today our presenters will be discussing a topic that deeply affects so many of us and even more, deeply impacts the people who we serve appearing in our courts, trauma. Now trauma is a very, very common word. We're hearing more of it these days and in different ways of course we have all experienced varying degrees of trauma in our lives. Just this past year and a half alone we as a society have shared the trauma of a once in a century pandemic in which we were all locked down. Many of us lost family members and friends to the pandemic, courts were reduced in our ability to provide service to people, schools were closed. Many suffered and many are still suffering, living with the devastation of personal and professional losses, isolation loneliness and so much more.

Judge Edwina G. Me...: So trauma we know is not limited by age, gender, socioeconomic status, race, ethnicity, geography, sexual orientation or any other identifying demographic, but for purposes of our discussion today, it's extremely important to recognize that extensive histories of trauma are almost universally experienced by people with mental and substance use disorders. Trauma also frequently plays a role, a significant role in child welfare cases, impacting individuals at all levels, including the children, their parents and all family members.

Judge Edwina G. Me...: So this presentation today will discuss the mental health toll of working within the Child Welfare system itself and will also help us identify effective self-care strategies and we are asking you to please use them. Today's expert, Dr. Lipi Roy states that her mission is to educate and empower the public to make healthy decisions and what a mission that is, quite a toll order and one that I look forward to learning more about.

Judge Edwina G. Me...: A true public servant, Dr. Roy has a lifetime of experience working those victimized by trauma. She oversaw substance abuse treatment and recovery service as the Chief of Addition Medicine at Rikers Island. She has worked with homeless people and served them in the Boston area, she has served the underserved in Nicaragua and India. She has treated New Orleans residents who have been impacted and devastated by Hurricane Katrina. She has provided medical relief to earthquake victims in Haiti and that is just a few of the items on her extensive bio.

Judge Edwina G. Me...: So Dr. Roy as our expert is joined by another expert, my friend and colleague the Honorable Rachel Tanguay, who truly understands how people experience trauma and as it pertains to this program, how that experience can contribute to their involvement in our child welfare and family justice systems, and we are so fortunate to have Judge Tanguay available to us as a judge in our New York

State Unified Court System. She provides the highest form of responsive justice in her courtroom.

Judge Edwina G. Me...: So before I turn it over to the judge, I just want to take a moment to recognize that all of us, all of you are doing work that is not easy work and you can be and probably have been impacted by the stories you hear day after day and the things you see day after day. Look, vicarious trauma is real. I want you to think about that and listen to what we have to provide for you today and take extra good care of yourselves. So I end by thanking you so very much for everything that you do and without further ado it is my pleasure to introduce you to the most Honorable Rachel Tanguay. Thank you.

Judge Rachel Ta...: Good afternoon everyone and thank you so much, Judge Mendelson for that very, very warm welcome and I really appreciate your comments and your thoughts. I too am incredibly honored to be joined both by you, Judge Mendelson with your wealth of experience and your tremendously hopeful views on very important topics, so thank you so much for joining us today.

Judge Rachel Ta...: And also Ralph. Ralph Wolf, thank you so much for putting together this series and inviting both me and Dr. Roy to join you here today. Dr. Roy I had the pleasure of meeting a few weeks back when we began talking about this series and we had a very vibrant and lively discussion and it was such a pleasure being able to have that conversation with you, Dr. Roy, and as Judge Mendelson indicated, Dr. Roy has a very impressive and diverse background in her field. She's worked in several capacities as a doctor working with various populations, many of the same populations that we as family core practitioners and other people in the child welfare system are working with these populations that oftentimes struggle with substance use disorder and co-occurring mental health issues, which are oftentimes trauma based, trauma related.

Judge Rachel Ta...: So Dr. Roy comes to us and is going to present today from that lens of somebody who's worked with the homeless population, who's worked most recently in overseeing and establishing COVID isolation and quarantine sites throughout New York City, things that we've been hearing about all over the news with respect to our homeless population in this city that's so close to our geographic area. She's also previously worked in Rikers Island, overseeing substance use services and recovery for inmates and Rikers is the second largest correct facility in the country, so that was quite a huge undertaking for Dr. Roy to do.

Judge Rachel Ta...: She's also worked with the homeless population in Boston, where she oversaw their health needs, as well as their recovery needs since I understand from reading Dr. Roy' bio, that overdose was the primary cause of death among that population. So Dr. Roy has a wealth of experience. I'm really looking forward to hearing from you today, Dr. Roy. Thank you so much for making the time to join us and when you're done with your presentation we'll happy to take questions from the audience, that I'll be happy to pass onto Dr. Roy for us to have a lively

discussion. So Dr. Roy, please begin whenever you're ready and welcome to our presentation today.

Dr. Lipi Roy: Well, thank you very much, Judge Tanguay, that was a wonderful introduction and a bio that's way too long. Next time I'll give you just two sentences. Thank you so much. I'm going to attempt to share my slides. So you should be seeing a slide that says, "Childhood to Triumph: Trauma and Substance Disorder In The Child Welfare System." Do you see that?

Judge Rachel Ta...: Yes, Dr. Roy, we can see the screens.

Ralph Wolf: Looks good now.

Judge Rachel Ta...: Thank you.

Dr. Lipi Roy: Thank you everyone and thank you for your patience. So let me just say that I'm truly honored to be here and to be giving this presentation on topics that are deeply important to me and they clearly are to all of you as well.

Dr. Lipi Roy: So let me just... So some of the objectives for today. Describe trauma and its collateral consequences within the child welfare system, identify strategies for trauma prevention and treatment within the child welfare system, and recognize the mental health toll on staff within the child welfare system and identify tools for self-care.

Dr. Lipi Roy: An outline just discussing overview of trauma as it's related to the child welfare system, complications, collateral issues, very briefly on adverse childhood experiences, addiction or substance use disorder as it intersects with the courts and the criminal justice system, stigma, harm reduction, the mental toll among attorneys and court professionals, treatment in moving forward, including self-care and resources that I hope will be helpful to all of you.

Dr. Lipi Roy: So I thought I'd start with briefly telling you a bit about my experience with this pandemic. Every one of you have had unique experiences during this rather surreal year and a half. So let's be honest, it's been a tough 16 months for all of us, uniquely so for frontline and health care workers such as myself.

Dr. Lipi Roy: I am currently working at three different clinical positions. My full-time day job is overseeing COVID isolation quarantine sites for Housing Works. Once a week I also treat patients with opioid addiction in a harm reduction clinic in the Bronx and then over the last few months, I picked up some shifts over the weekends to oversee vaccinations efforts in both city and state run vaccination sites throughout New York.

Dr. Lipi Roy: In addition to all of that, my direct clinical work, I also do a media medical commentary for television, radio and print. I'm also a Forbes contributor, and I do things like this, I do virtual speaking as well as consulting because the truth is

that there's so many different organizations that really want and need to learn more about substance use disorders, mental illness and pain and trauma. The truth is that I'm on call 24/7... I don't know if you can see me, but I'm holding two of my phones. So I think it's pretty clear that, no shock to anyone, that I'm clearly burning out. It's a lot and this is just my story. I know that each and every one of you has your own story, your own pressures that you're facing, job, family, personal, academic, social, all of the above. So I'm here to share what I know, my own experiences and then have a dialogue.

- Dr. Lipi Roy: So just a little bit about trauma. What exactly is it? According to the National Institute of Mental Health trauma is defined as a shocking, scary or dangerous experience that affects someone emotionally. These situations may be natural, such as an earthquake or a hurricane or caused by other individuals. It could be a car accident, crime, assault, and according to SAMSA, Substance Abuse and Mental Health Services Administration, our federal agency... they're both federal agencies, trauma is defined as an event or a series of events or a set of circumstances that's experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual's functioning and mental, physical, social, emotional or spiritual wellbeing.
- Dr. Lipi Roy: So just a few statistics. Lifetime history of sexual abuse among women as children or adults is 15-25%. Domestic violence prevalence among women in the United States is anywhere from 9-44%. The cost of intimate partner violence, including medical and mental health costs and lost productivity, \$8.3 billion and that is a gross underestimate because that is almost two decades ago. And up 20% of returning veterans reported symptoms of PTSD or depression.
- Dr. Lipi Roy: So what about the intersect of a trauma and the health care system? Trauma is pervasive among patients and health care staff. By the way, you're going to see the points that I'm making here that will also resonate with the criminal justice system, the legal, the court system and child welfare system. Trauma has significant physical and mental health effects. Trauma strongly influences how people access and experience health care and legal criminal justice care and without considering trauma health care services can be re traumatizing as can be legal, criminal justice family, child health care services. Treatments may not be effective, patients or clients may not be able to engage with staff.
- Dr. Lipi Roy: So what about trauma in the context of this past year, year and a half of the COVID-19 pandemic. So let me talk about the context from a substance use disorders perspective. One in four U.S. adults will experience a substance use disorder or mental illness in any given year, again, prior to COVID-19. Up to half of U.S. homeless adults experience severe mental illness and/or substance use disorders. Opioid overdoses were rising faster among women versus men, a 1600% rise in women from '99 to 2017 and overdose deaths increased 65% among veterans from 2010 to 2016. Again, that's all before COVID-19.

Dr. Lipi Roy: And how about getting treatment? Only 10% of Americans with substance use disorder got treatment and less than 10% of Americans with alcohol use disorder got treatment. And what about cost to society? At least financial cost, just with addiction alone, \$740 billion and again, that's a gross underestimate and in 2019 over 70,000 deaths occurred from drug overdose, mostly driven by opioids, such as heroin and later fentanyl.

Dr. Lipi Roy: So the traumatizing impact of a pandemic. The reality is that this past year has seen historic unemployment, homelessness, food insecurity, school closures and abrupt shutdown of sports, shopping, museums, Broadway, camp. And what about the impact on children and families specifically? Studies show that there is increased reports of anxiety, depression and grief. There was a surge in alcohol and drug use, overdose and death and there was an increase in intimate partner violence and child abuse.

Dr. Lipi Roy: Now what about substance use disorders during this past year, this pandemic? And you're going to see these are some headlines all over the country. Heavy drinking increased 41% among women. This is as of last September. Another headline, Massachusetts saw a 3% increase in drug overdose deaths from January to September of last year versus the previous year, and methamphetamine use and addiction are on the rise among Americans according to the CDC and then in Nebraska, as drug overdoses increased, rural Nebraska lacks adequate treatment, and I'm sure we can see headlines like this in every single state nationwide.

Dr. Lipi Roy: COVID-19.

Ralph Wolf: Dr. Roy, pardon me. The slides are not forwarding. Perhaps, can you stop sharing and then start sharing them again?

Dr. Lipi Roy: Oh, I'm so sorry. Yeah, give me a second.

Ralph Wolf: It's not your fault. We have technological issues these days and they happen sometimes, so not a problem.

Dr. Lipi Roy: Let's see... are you seeing my screen?

Ralph Wolf: Yes.

Dr. Lipi Roy: One second.

Ralph Wolf: Hopefully that will resolve it. Thank you. And we'll share these slides after the presentation, so thank you very much.

Dr. Lipi Roy: Ralph, are you seeing a slide now that's saying, "SUD during COVID-19?"

Ralph Wolf: Yes.

Dr. Lipi Roy: Oh, great. My apologies, folks. I had a lot of great pictures, but again, I will share all of these slides with Ralph and the team, okay.

Ralph Wolf: Thank you.

Dr. Lipi Roy: So this is the last slide and this is now moving forward. Okay. So substance use disorder during COVID-19, okay so these are the patients I was just talking about, these are the headlines. Okay, so now substance use during COVID-19.

Dr. Lipi Roy: So COVID-19 pandemic is distinct from other catastrophic events because of the massive population exposure to ongoing trauma. Pandemic related morbidity and mortality has led to significant loss and grief. Job and food insecurity, school closures have led to uncertainty and frustration. Public health driven measures, such as staying at home and halt of events have really led unfortunately to social destruction and isolation and as I mentioned before, we saw over 50% increase in national sales of alcohol in one week versus the same time in the previous year.

Dr. Lipi Roy: Chronic heavy alcohol consumption reduces immunity to viral and bacterial infections, so there's the connection, one of many, between substance use and infectious disease outbreak. Increased stress substance use and return to use or relapse, overdose and death unfortunately have been widespread and prevalent this past year in relation to the pandemic and a lot of this related directly or indirectly to trauma.

Dr. Lipi Roy: Some positive findings though during COVID... the pandemic, COVID-19 has forced us to rethink what was once routine practice in SUD treatment, leading to less barriers and easier access to care for our patients and clients, decrease in our practice of routine urine drug screening during office based addiction treatment. Federal regulators relaxed guidelines requiring in-person evaluation prior to buprenorphine initiation. Telemedicine, including just telephone visits were sufficient to start buprenorphine, so urine drug screens were no longer routine and SAMSA eased restrictions on methadone, allowing up to a month's supply of take home doses, rather than requiring people to come in every single day to pick up their medication. All of these radical changes and the sky did not fall down.

Dr. Lipi Roy: So what about trauma and the child welfare system. Again, many of you are already familiar with what I'm about to say. Separation of children from their parents can be confusing and upsetting for a child. Removing a child can be devastating for parents who are experiencing substance use disorders or mental health issues. Children in youth who experience abuse or neglect or interact with the child welfare system are vulnerable to trauma. Welfare, legal, and health systems can be challenging to navigate for the best of use, let alone people who are also experiencing addiction and mental health issues.

Dr. Lipi Roy: Complex trauma, which often doesn't surface until well into recovery or after extended periods of substance or alcohol use can contribute to relapse and courts need to shift from a punitive approach, such as catastrophizing or overreacting with sanctions, ratcheting up treatment, moving people back a phase, transitioning to a more compassionate Evans based and harm reduction strategy and misleading the courts or in other words, nondisclosure of a problem, such as a person's drug use, should be framed first as a trauma response or a protective behavior versus a criminal act. These men and women as well as children, adolescents have likely had years if not decades of system involvement, surveillance, judgment and those systems rarely reward honesty. And by the way I do include my own profession, the medical profession, which still continues to stigmatize the men and women that we all collectively take care of and we are certainly actively addressing it within our own system.

Dr. Lipi Roy: So let me share a little bit about my own experience working in homeless shelters, in addiction treatment centers and at Rikers Island and the jail systems. By the way, I should have prefaced my presentation by telling you that almost everything that I'm sharing with you today has been on the job training. Look, I was fortunate enough to go some really good schools and training programs and universities, but they didn't really teach us about addiction and mental illness and trauma and harm reduction and motivational interviewing. I learned almost all of that through working in these very unique systems.

Dr. Lipi Roy: So many of my adult patients have children. Most of adult patients experience trauma as a child or adolescent, many of my patients have been disenfranchised or isolated from their own families for different reasons. Sometimes it's the family's decision because they just couldn't deal that my patient's substance use or mental health related behaviors, being aggressive, being just difficult and then sometimes it was the patient's decision because it was the family was the source of their abuse, their trauma, their uncle, their mother was abusive. And then-

Ralph Wolf: Dr. Roy.

Dr. Lipi Roy: Yep.

Ralph Wolf: Pardon me. The slides aren't forwarding. If you don't mind, let's stop sharing then, and you'll just give us the presentation live. I think it will be easier to follow... oh, they just forwarded. Excuse me.

Dr. Lipi Roy: You know what? Can you see it now, Ralph?

Ralph Wolf: Yes.

Dr. Lipi Roy: You know is it okay, it's a smaller screen. Are you seeing me advance it?

Ralph Wolf: Yes.

Dr. Lipi Roy: Are you okay with it being a smaller screen?

Ralph Wolf: Yes.

Dr. Lipi Roy: Okay, as long as you guys can see it. I would rather do this.

Ralph Wolf: Okay, great.

Dr. Lipi Roy: Okay?

Ralph Wolf: Thank you.

Dr. Lipi Roy: Only because it's... let me... Can you see me forward now?

Ralph Wolf: No.

Dr. Lipi Roy: Okay, I think it's when I maximize it. Okay, so I'm going to keep it like this. You can see this, right?

Ralph Wolf: Yes, see if we can forward it. Yes, okay, keep it like that and we'll keep going.

Dr. Lipi Roy: Okay.

Ralph Wolf: Thank you.

Dr. Lipi Roy: All right. Yeah, no worries and sorry for all those... I usually use Zoom for my slide showing, so all good. Okay. That's fine.

Dr. Lipi Roy: So not having a family as a support system can lead to isolation and isolation serves as a significant risk factor for return to use or relapse and depression and anxiety, and separation from children can lead to guilt, shame, anger, sadness and all of this can exacerbate substance use disorders and mental health issues, and almost all of my patients felt that the court or legal system punished them for their drug or alcohol use and mental illness. They would tell me things like, "I just want to get help. I just want to get my life in order."

Dr. Lipi Roy: So adverse childhood experiences, ACEs, I know that you have either received training on ACEs or you will be in the future, so I'm not going to spend too, too much time on this, but it's been very clear that traumatic experiences as a child has led to all of these different effects or impacts on adults. 50% increase in binge drinking, 80% increase in heavy drinking, 270% increase in smoking, 500% increase in depression, 430% increase in risky HIV behavior, and 60-90% increase in heart attack and stroke.

Dr. Lipi Roy: So trauma is really categorized on a spectrum from mild, moderate to severe symptoms and again, I know you're going to get some more of this training, but I do want to define it from a physician's perspective. So different people

respond to traumatic events in different ways at different time points. Signs and symptoms may appear immediately after an event or several weeks or months after and may include feelings of sadness, anxiety or anger, difficulty concentrating and sleeping, constantly thinking about the event, and for most people the above signs are normal and expected responses, which decrease over time.

Dr. Lipi Roy: Now moderate to severe symptoms. In some cases stressful thoughts can continue well after the event and interfere with daily life. Symptoms of complicated trauma can include feelings of significant fear, anxiety and sadness, crying frequently, difficulty thinking clearly, anger, nightmares or difficulty sleeping and avoiding places or people that bring back disturbing memories. And then some of the signs, as opposed to symptoms, signs are what we as doctors or health care professionals look for. Physical signs of complicated trauma can include headaches, abdominal pain and GI issues, fatigue, tachycardia or fast heart rate, sweats and being easily startled. Complications and chronic issues. Trauma is associated with both behavioral and chronic medical conditions, especially if the event occurs during childhood, and examples include substance use, mental illness, other chronic medical diseases and risky behaviors.

Dr. Lipi Roy: So how do you manage trauma? If it's mild symptoms, avoiding substances such as alcohol, opioids, other drugs. Supportive connections. Support with family, friends, counselors and trying to maintain normal routines, such as eating, sleeping exercising and then staying active can really help cope with stressful emotions. I hope some of these are reminding you of your current situation now during the pandemic. A lot of us, myself included, have had to revisit what it means to have a normal life when you're isolated at home, when jobs stop, schools stop.

Dr. Lipi Roy: Then for moderate to severe trauma, it involves treating co-occurring substance use and co-occurring mental health, but always doing so using a trauma informed care approach, and again my understanding is that you're all going to... you've either received in the past or you will receive trauma informed care training, so I'm going to really briefly touch on it.

Dr. Lipi Roy: The four Rs really include realizing the widespread impact of trauma and understanding paths for recovery, recognizing the signs and symptoms of trauma in our clients', families, staff and others within the symptoms and responding by fully integrating knowledge about trauma into policies, procedures and practices and then seeking to actively resist re traumatization. And then there's six key principles that are involved in trauma informed care, safety, trustworthiness and transparency, peer support, collaboration and mutuality, empowerment voice and choice, and cultural historical and gender issues... Oh, go ahead Ralph.

Ralph Wolf: The CLE code for this presentation is 777G. The first CLE code is 777G. Thank you, Dr. Roy.

Dr. Lipi Roy: Excellent. So I want to make sure that we are all on the same page when it comes to the definition of drug addiction or substance use disorder, which is the actual diagnostic term. So addition or substance use disorder is a chronic medical disease, relapsing or remitting disease of the brain that causes compulsive drug seeking use despite harmful consequences of the individual using and to those around him or her. It is not a sign of moral weakness or failure. And although the initial decision to drugs is voluntary, for most people, the brain changes that occur over time challenge his or her self-control and affect his or her ability to resist intense impulses to take drugs.

Dr. Lipi Roy: In medical school you're bombarded with so many different terms that we use mnemonics regularly. So for addition I encourage you to think of the four C's. Impaired control over drug use, compulsive use, continued use despite harm and cravings. View cravings as the primary symptom in addition. So if somebody had, say, COPD or emphysema, their primary symptom might be shortness of breath, if someone was having a heart attack or coronary artery disease, their primary symptoms might be chest pain. In addiction it's cravings, and those cravings are so intense that it drives their behavior.

Dr. Lipi Roy: So the true causes of addiction. Ralph, I'm going to try to share this just temporarily, okay? Do you see this slide, it's a tree?

Ralph Wolf: I don't see it, but I know that slide that you have, it's a great slide.

Dr. Lipi Roy: You see it now?

Ralph Wolf: Yes.

Dr. Lipi Roy: Okay. Do you still see it?

Ralph Wolf: Yes.

Dr. Lipi Roy: Okay, when people think of addiction they think of usually tobacco, they think of alcohol, they think of substances or they think of behaviors, such as gambling, they think of devices, such as smartphones, they think of food, bread... who doesn't love bread? Caffeine, coffee. How many of you, put up your virtual hand, how many have already had one, two, three cups of coffee this morning and then of course, my vice is sweets, I love chocolates and cakes and donuts, but, and you're not going to be able to see this... Do you see the bottom half there, Ralph?

Ralph Wolf: Yes, I do.

Dr. Lipi Roy: Oh, fantastic. But the true cause, I'd like to try to convince all of you the roots of addiction are really these different factors. Isolation and God knows we've been talking about isolation this entire pandemic and then traumatic events, such as illness, death, divorce, unemployment, a hurricane, earthquake, fire, stress,

fear, shame, anger, genetics as well plays role, but all of these complex emotions are what drive people to self-treat or self-administer their pain and trauma and they do so when they live in society that addresses those emotion and that pain and trauma, they self-medicate, and that could be through drugs, it could be through different behaviors.

Dr. Lipi Roy: Are you seeing this next slide, Neurobiology of Addiction, Ralph?

Ralph Wolf: I don't see it yet.

Dr. Lipi Roy: That's fine. I'll ...

Ralph Wolf: And I know some people are not seeing all the slides.

Dr. Lipi Roy: All right. So do you at least see this slide, Neurobiology of Addiction?

Ralph Wolf: Yes, I see it now.

Dr. Lipi Roy: Very good. So a little bit about how the brain plays a role. I want to focus your attention on three areas. Let's look at the basal ganglia, that's the part of the brain that's focused on reward and pleasure, secretes a neurotransmitter dopamine. Then there's another part of the brain called the amygdala, that's the part that responds to the fight or flight. Whenever there's a grizzly bear you run, right? Then there's the prefrontal cortex, that's the front part of the brain that's involved in executive decision making.

Dr. Lipi Roy: Now think about it right now. It's about 1:00 PM Eastern Standard Time, before you came to this presentation all of you woke up in the morning, you might have turned off your alarm clock, you might have checked your phone, you brushed your teeth, you did your makeup, you ate breakfast, and you're thinking, "Yeah, Lipi, that's just common sense. I can do that off the back of my hand," but think about all the decisions that your brain made literally in the matter of one to two minutes.

Dr. Lipi Roy: Now try making those decisions with drugs on board. The first stage is that a person consumes an intoxicating substances and experiences rewarding and pleasurable effects. Think about that one or two cups of coffee you had or maybe at night, one or two glasses of wine, you feel that warm buzz. The second stage is a person experiences a negative emotional state when they're not using. I think of my mom when she didn't have her first cup of tea or coffee, you feel a little irritable and anxious. Then the third stage is a person seeks a substance after a period of abstinence. The actor Philip Seymour Hoffman had been in recovery for 20 years, some relapses here and there, but then in 2014 something happened or a series of things happened, he relapsed and sadly was found alone in his Manhattan apartment surrounding by drug paraphernalia and found to have had a fatal drug overdose. The brain doesn't really forget.

Dr. Lipi Roy: So psychosocial therapies... Sorry, I didn't even get a chance to talk about medications, such as methadone and buprenorphine for opioid use disorder. For alcohol there's medications, for tobacco we have medications. Unfortunately for other stimulants, such as methamphetamines, cocaine, LSD, for most other drugs we really don't have effective medications, but for all substance use disorders we certainly have psychosocial therapies. Behavioral therapies really help engage people in substance use treatment, modify their attitudes and behaviors and really help increase life skills to handle stressful circumstances, which can trigger cravings. Many different types, CDT is perhaps the most common, motivational enhancement, other family behavioral therapies for family and adolescents, 12 step.

Dr. Lipi Roy: And then just a little bit about Rikers Island. They not only have the first and largest jail based opioid treatment program, OTP with methadone and buprenorphine or Suboxone, they also have behavioral therapies called A Road Not Taken. Again, they just teach wonderful skills and again, evidence based skills to the men and women behind bars.

Dr. Lipi Roy: So what about the legal community? What about all of you? I think some of you are very familiar with the Legal Action Center. LAC is the only nonprofit law and policy organization in the U.S. whose sole mission is to fight discrimination against people with histories of addiction, HIV aides or criminal records and to advocate for sound public policies in these areas. I'm not going to go into them, there's so much more. I just encourage all of you to reach out them and communicate with them. They've been extremely helpful to me as a nonlegal person and really they work at the intersection of medicine, public health and criminal justice system and just the legal system.

Dr. Lipi Roy: I do want to talk a little bit about women behind bars. Women are the fastest growing segment of the U.S. prison population. Over 60% of women in federal prison are behind bars for nonviolent drug offenses. Black women are twice as likely to be incarcerated as their white counterparts and Native American women and six times as likely to be incarcerated as white women. Prosecutors nationwide have target pregnant women accused of drug use, supposedly in the interest of protecting the fetus and 60% of women in prison are mothers of minor children, many of them sole caregivers of those children.

Dr. Lipi Roy: So I definitely want to talk to you about stigma and again, everything that I'm telling you is things that I had to learn on the job and it's just transformed the way that I provide care. So stigma is any type of attribute, behavior or condition that socially discrediting. Of the 23 million Americans of substance use disorder, only 10% access treatment and stigma is a major barrier to seeking help.

Dr. Lipi Roy: According the World Health Organization, drug addiction is the most stigmatized social problem, more than mental illness and alcohol. Notice I said social problem, that means drug addiction is more stigmatized than incarceration, poverty, homelessness.

Dr. Lipi Roy: So God, you know what? I'm sorry, I'm going to try to share again if I can. Hopefully this will advance. If it doesn't, Ralph, tell me. Do you see this, Stigmatizing Punitive Tough Approach?

Ralph Wolf: I'm seeing, "Words Matter."

Dr. Lipi Roy: That's it, just the title?

Ralph Wolf: "Changing our Language," that whole slide.

Dr. Lipi Roy: But just the title, nothing beyond that?

Ralph Wolf: No, I see the slide, yeah.

Dr. Lipi Roy: Okay, that's fine. It's all good. So studies show that when we use stigmatizing, tough, punitive language like substance abuser, drug abuse, the War on Drugs, your urine is dirty, you're a junkie, addict, coke head, lush... We actually no shortage, by the way, of derogatory terms to describe people... people, clients, patients who have this medical disorder or condition.

Dr. Lipi Roy: So studies show that when we use these stigmatizing terms, patients or clients are less likely to seek help and they're more likely to perceive discrimination and health care professionals like me, when we use or hear terms and phrase like this, we have less regard for a patient's addiction, we label them as less motivated, violent, manipulative, and we spend less time in clinic with them, all of that adding up to suboptimal care.

Dr. Lipi Roy: In contrast, when we use less stigmatizing terms and phrases, like substance use disorder, a person with substance use issues, your urine is positive for opioids, patients, clients feel less judged, more respected, it improves the therapeutic relationship between clients, patients and their provider and people are more likely to seek care. And by the way, this is not Lipi's opinion, this is all data. By the way, I should pointed out, at the bottom of almost every slide I have references. Dr. Rich Saltz, John Kelly and Sara Wakeman published widely on these studies.

Dr. Lipi Roy: So I wanted to make sure I talk a little bit about harm reduction. Harm reduction is a set of strategies and ideas aimed at reducing the negative consequences associated with drug use and again, it's not even just drug use, it's just behaviors, it's a social justice movement that's built a belief in and respect for the rights of people who use drugs and there's a spectrum from [inaudible 00:43:50] use, to managed use, to abstinence, and the motto here is meeting people where they're at, and again, it's not just drug users, it's just meeting people where they're at. Examples of harm reduction as far as drug use goes, it's a needle exchange, overdose prevention, using Naloxone or Narcan, condoms, care coordination, such as referring people to drug treatment, legal

services, food, clothing, jobs, employment, group and support services and health services.

Dr. Lipi Roy: But isn't abstinence really the ultimate goal? Actually no, it's not. The United States has a very archaic and punitive view of drugs and people who use drugs. The reality is that most people who use drugs do so recreationally. Each and every one of us knows people who use drugs. People on Wall Street use drugs, they're just not the ones that are on the front headlines, they're not the ones being arrested and incarcerated. These are men and women who will not ever develop addiction, we just don't hear about them because they go about their regular lives just like you and me. People have their own path to recovery, each starting in different places, with different resources and barriers.

Dr. Lipi Roy: This is why treatment and expectations need to be individualized, tailored to that individual. The journey to healing and recovery is often slow, convoluted and filled with missteps along the way. Being sensitive to past trauma rather than being punitive is often far more healing.

Dr. Lipi Roy: Just a little bit more about harm reduction. I won't go into too much detail, but I encourage all of you to look at Insight in Vancouver, North America's first legal supervised consumption or injection site, continuity of care, over 300,000 visits per year, but as you can imagine, when they first started, lots of controversy. Some of the headlines were, "Injections is not the answer. It's a mobile crack house." There was one quote that I read, "We don't give drinks to alcoholics. We don't give places for rapists to rape people, so why are we giving places for drugs?"

Dr. Lipi Roy: I'll be honest, if you told me five years ago, "Lipi, we're going to create a place in your neighborhood where people can inject heroin." I'd say, "You're crazy. That just makes no sense." It sounds counterintuitive, right, until I saw the data and the data is very clear, looking at harm reduction sites, specifically consumption sites all over the globe, decrease in IV drug use, decrease in overdose deaths by 35%, decrease in HIV and Hep C, increased connection to treatment, no increase in drug related crime and zero fatalities. Portugal is an excellent example. This is me with their national coordinator, Dr. Joao Goulao in Lisbon and he'll be the first to tell you that decriminalization was just a part of it, they took a multidisciplinary public health approach and this is me talking to the methadone van, me talking one of their consumers, their clients. There are dissuasion commission and harm reduction tools and kits, syringe kits.

Dr. Lipi Roy: So now I really want to make sure I address the mental health of not just attorneys, but court professionals and there's many of you that work in the court system and the child welfare system. So mental health toll. Let me just share with you my recent experience. During a routine wellness check by medical staff at one of our COVID isolation quarantine sites a patient was found unconscious. It turns out he had taken his life. Staff immediately began CPR, EMS and NYPD were activated, patient was pronounced sadly dead a few moments later.

Dr. Lipi Roy: He was a young man, in his 30s, he was homeless, alone, no family, no possessions. I went back to the medical workroom where I debriefed with staff. I tried to create a safe space for staff to share their thoughts and feelings. There were nurses and medical assistants, case managers and some of these were really young staff, some of them just graduated and there was a mixture of emotions, including from some of the more experienced nurses and health care professionals, they were confused, they were sad, they were in shock, they were in grief, they felt guilty. They're like, "I should have said something to him. I saw him, I should have done something." We offered behavioral health support through Housing Works and our chief psychiatry officer, Dr. Pierre Arty spoke about suicide to all the staff the following week and that's just my personal professional experience and this happened just a few months ago.

Dr. Lipi Roy: What about attorneys, courts and the system and COVID: the mental toll. We all know that stress can cause fear, sadness, numbness, frustration, sleeping difficulties or nightmares, increased substance use or initial substance use and physical symptoms as I discussed before, headaches, rash, body aches, gastrointestinal symptoms and a whole slew of others. But self-care, ladies and gentlemen, is not selfish.

Dr. Lipi Roy: Take someone like me. In my profession we do such a bad job, doctors and other health care professionals just don't tend to take care of themselves and much to the detriment. Burnout was an epidemic before the pandemic and COVID-19 has just escalated burnout and I'm sure this is not a surprise, you saw that hospitals, clinics, doctors, nurses, respiratory therapists who are on the front line just getting bombarded with patients and then seeing this pandemic being politicized, all of that just led to an increased toll, certainly on my profession, but we're not alone.

Dr. Lipi Roy: Self-care is not selfish. Some healthy ways to cope with stress. Take breaks from watching the news, care for your body, meditate, eat healthy, sleep, get vaccinated, unwind for hobbies, such as sports and exercise, reading, cooking, music, art and connect with others. Initially when there was isolation we were using phone, Skype, Zoom, share your feelings with people you trust. And what do I do? I'll share with you. I meditate for 20 minutes every morning, I cook, I go out for walks, I exercise, I watch funny shows, sitcoms, things that make me laugh, things that help me decompress, I watch movies and I spend time with my own family and friends and colleagues, people I trust and who I know care about me.

Dr. Lipi Roy: So just some take home points. I know I discussed a lot. I know I threw a lot at you. I want to make sure that you remember some key points. Trauma has chronic medical and behavioral effects on children and parents and their adult caregivers. The child welfare and family treatment court systems can be traumatizing for children, parents and for staff. Addiction is a chronic medical disease, a disease of the brain. It is not a sign of moral weakness or failure and most people of addiction, once they're connected to appropriate treatment and recovery services get better.

Dr. Lipi Roy: Stigma towards people with addiction acts as a barrier to care. The COVID pandemic has exposed the existing cracks in the addiction treatment system, as well as the legal system and housing system and education, every possible system, but eased restrictions are improving access to treatment and care, and attorneys and other court professionals are uniquely positioned to facilitate substance use and mental health treatment for children and adults in the child welfare system using harm reduction and other evidence based approaches.

Dr. Lipi Roy: There's many excellent references and TV film and books. Again, a lot of these are more addiction related, but CNN on HBO, 13, I highly recommend this amazing documentary by Ava DuVernay, Rikers, and amazing books In The Realm of Hungry Ghosts, an amazing book by Dr. Gabor Mate, who really talks about trauma, The New Jim Crow by lawyer Michelle Alexander, I think should be required reading for every person living in the United States. Johann Hari's book, Chasing the Scream, Dreamland.

Dr. Lipi Roy: And then tons of amazing resources that I used for this presentation and for a lot of my health related presentations. By the way, Fighting For Space, excellent book by a Vancouver based journalist, Travis Lupick about who documents a 20 plus year journey to create North America's first safe injection site in Vancouver. By the way, I never said, but every photograph you saw in my presentation, almost every photograph is one of my former patients and I received their permission to share their photograph and their story. And... Oh, let me see if I can just try to share this, The Power of Hope, there are no hopeless situations, only people who think hopelessly.

Dr. Lipi Roy: Let me see if you... Ah, I can't show it. Damn. Oh well, sorry about that, guys, but I just want to thank each and every one of you for taking time out of your busy schedules to listen to me, to my story, to listen to some of the data behind addiction, mental illness, trauma and how it all intersects with the child welfare system, that's a system all of you know far better than I do. I know I went through a lot of things very quickly, I also talk fast, I know, but please feel free to reach out to me. You're welcome to email me, check out my website, LipiRoyMD.com and I'm very, very active on social media, so I should have told you, feel free to take any pictures, tweet, use Instagram and I recently joined TikTok too. So I think I'm going to stop sharing and get back to this...

Judge Rachel Ta...: Okay, well thank you so much Dr. Roy for that wonderful presentation and looking forward to a lively discussion to follow, but before we do that I need to give the second CLE code for all of those out there looking for that information. I'm going to repeat it twice, so please have your pens ready. It is T9DQ. Again, the code is T9DQ.

Judge Rachel Ta...: Okay, so now let's move onto more exciting things. So Dr. Roy, we do have question actually in the chat box. I'm actually just going to read it aloud to you to elicit your thoughts and your feedback on this question/comment. One of our watchers here wrote in the chat box, "I'm shocked by the statement that, 'People on Wall Street use drugs. These aren't the people who are going to

develop addiction, they are going to go on with their lives like you and me.' I'm wondering where Dr. Roy gets the impression that addiction does not affect people with money and/or education. Addiction is not a disease that discriminates based on class, race, et cetera. The truth is that there are many addicts on Wall Street, but they do not often seek treatment because, as Dr. Roy stated, stigma."

Judge Rachel Ta...: So Dr. Roy, I'd like to get your thoughts and impressions relating to that question/comment from one of our listeners. I think you're muted.

Dr. Lipi Roy: Sorry, yeah, that's a great statement. I'm not sure if they're shocked by the fact that people on Wall Street use or that they going to develop addiction. The purpose of my making that statement really was to indicate that in the United States as I've come to learn over the past decade or so, just people who use drugs are stigmatized, and the media also plays a significant role here in depicting just certain people who use drugs and unfortunately, and I didn't get a chance to talk about race, they tend to be people who are black and brown, they're a minority communities and the point that I was trying to make is that people from all walks of life use drugs. I used an extreme example of the wealthy people on Wall Street and again, lots of stereotypes here I'm well aware, but just the point that I'm making is people from all walks of life use drugs, very few of those people go on to develop addiction and those that do sadly do not get the treatment that they need and deserve. So that was the point that I was trying to make there.

Judge Rachel Ta...: The same listener actually just put something else in the chat box about an area that I was going to inquire about, which was the harm reduction model that you spoke quite a bit about as being another model that's used more often outside of our own country, as being a more antiquated approach, is I think the word that you used when you talked about that and this listener had written in the chat box on another note, "Harm reduction is very valuable, but evidence based approaches have demonstrated that moderation is not effective for an addict or alcoholic. Abstinence is the only way that an addict will not again spiral into active regular destructive use. Again, people who can effectively moderate are not addicts, although they may use or drink abusively." I would love again your thoughts and comments in response to that particular comment and the distinction maybe between those two if there is one.

Dr. Lipi Roy: Between addiction and drinking or using abusively?

Judge Rachel Ta...: Yeah, I believe that this particular listener is trying to make that distinction, that there's somehow a distinction between addiction and misuse or disuse of substances and how perhaps harm reduction may be effective with one as opposed to the other. So I'd like to get your thoughts on that and see if you agree with that position.

Dr. Lipi Roy: Yeah, no, absolutely. I got to say these are really complex topics, first of all, first and foremost, and usually I spend hours if not days and frankly sometimes

months and years really honing these skills and it's almost unfair for me to be talking to all of you so briefly on this. So I really encourage all of you to read far more about these topics.

Dr. Lipi Roy: I am doing this master workshop on motivational interviewing because it's a practice, it takes practice. So just to be very clear on drug use or substance use and then addiction. The vast majority of people use substances. They do, they just don't go on to develop addiction, but addiction or misusing, again, we try to avoid the word abuse, but misuse or use at a level that becomes destructive. So addiction is any type of use that adversely impacts your day to day life.

Dr. Lipi Roy: As a very simple example, people use the word addiction and addict or, "I'm addicted," they use it in very layperson terms now, it's becoming part of like a popular culture, I even use words like, "I'm addicted to chocolate," because I eat chocolate every single night and my kitchen is full of chocolate, but in truth I'm not really addicted to chocolate because if I ask myself, "Well, am I consuming chocolate to the point where I can't pay bills, I can't pay my mortgage, I'm not showing up for work, I'm mean and aggressive and offensive to my family?" No.

Dr. Lipi Roy: So when I hear the phrase misusing that then by definition is addiction and by the way, substance use disorder, there's clear guidelines, there's clear parameters, criteria rather that need to be met in order to be diagnosed. So it's not a subjective thing. I can't just say, "Oh, Judge, you're addicted to cocaine." You have to meet certain criteria to meet that diagnosis.

Dr. Lipi Roy: As for harm reduction, harm reduction the approach can be applied to almost anyone with any condition regarding any behavior. I used it in the context of drug use, but it can really be applied to anyone in any circumstance, because I go back to what their motto is, which is meeting people where they're at.

Judge Rachel Ta...: And that's certainly something we hear a lot in the recovery world, is meeting clients and patients where they are at, so I appreciate that. I want to shift gears if we can a little bit because we are getting some questions now in our chat box that are asking a bit more about how to approach patients and clients and the population with whom we work in the context of trying to address trauma or trying to be sensitive to trauma.

Judge Rachel Ta...: One of our listeners asked, "Can we please discuss further how to approach cases or individuals involved in the child welfare system. Whether we know if they had trauma or not, should we assume that they've experienced some kind of trauma when we're approaching these individuals?" And that's actually something, Dr. Roy, that I wanted to know a little bit more about, is that in all the extensive work that you've done in your context of working with the homeless population, with the inmate population, how have you approached individuals in talking about recovery in terms of trying to identify trauma or trying to be sensitive to the possibility of a trauma in their background?

Dr. Lipi Roy: Yeah, fantastic question and I wish I had another two hours to talk about this, but really briefly two types of training that have really transformed the way that I provide care to at least my patients, and there's intersection with my patients, your clients that all of you would take care of, the two approaches are motivational interviewing and harm reduction because both of those approaches make it about the client or about the patient and not about me.

Dr. Lipi Roy: Motivational interviewing really involves empowering the person in front of you from a nonjudgmental perspective and it's by using techniques such as reflection, affirmation, asking open ended questions, but then trying to do so using a trauma informed care approach. That's what I would recommend and advise for when dealing people or individuals or clients in the child welfare system. And then again, a harm reduction approach, not the abstinence only approach. Harm reduction, again going back to substance use, it's a spectrum. So meeting a person where they're at, tailoring it to that individual because you can see maybe 10 different adolescents or teenagers and each one of those has a very different story, a different genetic background, family background, cultural, ethnic, gender identity.

Dr. Lipi Roy: This is work, the work that all of you doing is so hard. It's so complex and navigating within these complex systems it's really challenging. So that's my approach when I take care of patients and these very complex bureaucratic systems, tailor the approach to the individual and work with other people that just are better informed, better trained. When I have any kind of legal issue regarding a patient, trust me, I don't make those decisions, I talk to lawyers and court professionals and similarly, if you've got patients who are really traumatized, they're having substance use or behavioral health issues, please partner with a behavioral health professional when navigating those very complex circumstances.

Judge Rachel Ta...: Thank you. So relating to that question, kind of piggybacking on that, we have another listener who's asking if you have noticed whether a certain type of trauma tends to be more predictive of going on to develop an addiction or a substance use disorder.

Dr. Lipi Roy: Yeah, great question. My short answer is I don't know of any specific type of trauma that is predictive of that. I don't think it's the type of trauma, but rather the impact that it has on the individual because again, what's considered a traumatic event is very relative, it's very subjective and an event... I won't even preface it by calling it a traumatizing event, an event can be traumatizing to one person and not so much for another and how it impacts that individual may then predict if that individual goes on to develop addiction or mental illness, but that's something, there might be more data on that that I just don't know.

Judge Rachel Ta...: Well, thank you for that. Yeah, that's certainly something that we struggle a lot with as the legal and the clinical professionals I know that are here listening to you speak, is trying to meet our patients and clients where they're at, as well as

trying to help them navigate those complex dynamics, so I appreciate all that feedback.

Judge Rachel Ta...: I'd like to circle back a little bit if we can and talk a little bit about stigma more because I think that's such a valuable message that you provided to us, Dr. Roy and sort of the shocking labels that we've all heard used in TV, movies and even colloquial speech, that it's important for us as professionals working with individuals to constantly be mindful of not only what we're saying, but how we say it.

Judge Rachel Ta...: So in talking about stigma and then talking about this motivational interviewing, motivational approach that you take with clients, how would you recommend that each of us reevaluate how we can use our own skills in communicating with the people that we're working with to de-stigmatize some of these issues, to increase the engagement, if you will, with the people with whom we're working?

Dr. Lipi Roy: Yeah, no, absolutely. Thank you for that question, Judge. Again, let me just take a step back and say that I was guilty of using all of those stigmatizing phrases. I didn't know that they were stigmatizing. I didn't know they were harmful.

Dr. Lipi Roy: When I was in medical school, when I was in residency, I'd be on-call and I'd get a page back when we used pagers saying, "Oh, you've got a new admission. It's an alcoholic in the ED. He's a frequent flyer." These are all stigmatizing terms. And then when I would present to my attending the next morning, I'd say, "This is a 38-year-old female, cocaine abuser," and you just don't know until you find out... We all have gaps in our knowledge so that's why I try not to be too hard or too judgmental on people who are still using stigmatizing language because I didn't know either. There's a time I didn't know, but now I'm working very hard, Judge, to unlearn the bad language, the harmful language that I used.

Dr. Lipi Roy: One of my colleagues, Dr. Chinazo Cunningham, who's an incredible primary care and addiction doctor at Montefiore, she doesn't even use the word stigma anymore, she just says it's harm. It's harm, right, and words can be harmful, but the beauty is that we can also use words to be compassionate, we can use words to heal. So I make it... I'm very proactive in using less harmful language and when I catch colleagues and friends, coworkers using stigmatizing language, I don't say, "Hey, you shouldn't use that. By the way, you know that's harmful."

Dr. Lipi Roy: I don't make it about me, I say, "By the way, studies have shown that when we use words like abusers, dirty urine, it's actually harmful to people that we love and people that we care about. I was guilty." So I try to make it about me in that regard, so I don't know if that answers your question, Judge.

Judge Rachel Ta...: It absolutely does and it's helpful and just to share a quick story that I think goes right along with what you're saying, which I think is helpful for everybody to hear, is that, like you said, we are all learning, we all have certain things that we

were exposed to, words that we've used for our entire lives that we're not even necessarily mindful can be stigmatizing and negative and pejorative. On my FTC team we have the benefit of having a peer recovery coach, and let me give a shout out to Nancy [Taylor 01:09:31], who's amazing and so many of us know her and love her, and one day during our FTC staffing, I referred to somebody as an addict, and she had the courage and I value this courage of saying to me, "Judge, you might not want to use that word addict. You might want to just say someone who's struggling with addiction because an addict is not who that person is."

Judge Rachel Ta...: She said this a long time ago to me and I value that so much because as you said, it's important for the people in the room to politely and professionally educate our colleagues. So I really value those comments and I wanted to share that story for everyone else that was listening because it's something that I really treasure and value as a way to further my own education.

Judge Rachel Ta...: We do have another question here from another listener asking if you have any recommendations or resources for working with individuals with substance use disorder and personality disorders?

Dr. Lipi Roy: What a fantastic question and I wish I did, but let me just say something about personality disorders. It is one of the most challenging conditions to really manage. I'm not a psychiatrist, but I work very closely with psychiatrists and other behavioral health professionals and I've taken care of many, many patients with personality disorders. It's not easy.

Dr. Lipi Roy: Let me just say that the first recommendation is to treat the substance use disorder best way possible, there's pharmacotherapy or medications available, try to prescribe that or get them access to those medications and then behavioral therapies to deal with the addiction side of it, the substance use disorder side. The personality disorder side, depending on the type of personality disorder, there's narcissistic personality disorder, grandiose, antisocial, there's many difficult types, borderline, but the take home, the primary form of treatment tends to be CBT, cognitive behavioral therapy and DBT, dialectal behavioral therapy.

Dr. Lipi Roy: I got to tell you it's not easy, but if you can at least tackle the substance use and get them engaged in treating and helping and managing their substance use then hopefully they'll be more willing to engage in the treatment for their personality disorder. I hope that's somewhat helpful.

Judge Rachel Ta...: Extraordinarily helpful and I couldn't agree more with everything you just said, so thank you so much for that. We actually have a question from our own Ralph Wolf that I wanted to share, kind of bringing the conversation back to some of the vicarious trauma and self-care that you talked about towards the end of your presentation, which I think is a really important topic for us as all the professionals working in this world to keep in mind.

Judge Rachel Ta...: He asks, "What do you do besides upping your game in the self-care area? What do you do when you become trauma triggered during a situation at work? How do you deal with that?"

Dr. Lipi Roy: Yeah, that's a great question. What do you do in the moment, right? It's hard.

Judge Rachel Ta...: I would love the answer to that question because I find it happening regularly, so whatever advice you can provide I would love that, thank you.

Dr. Lipi Roy: It happens to all of us, really it does, especially when you're in this line of work, and by the way, it doesn't have to be at work. It could be even at home. How many times have we talked about, especially during this pandemic, but even with politics, "Oh, I can't talk about politics during Thanksgiving or with the family, it's triggering," right?

Dr. Lipi Roy: So I'll just share with you some things that I would do and what I've learned to be somewhat helpful sometimes is just stopping and just being silent, taking a deep breath and that is easier said than done and again, I ought to practice what I preach here. Just being silent and just let it sit, let whatever they said, the other person said, let it sit and sometimes just taking a deep breath and just say, "I hear you. I hear what you're saying," and again, it depends on the situation. If somebody says that they were raped by their dad yesterday or something that's... thank them, thank them for sharing the story.

Dr. Lipi Roy: Even if it's something that you disagree with, like nobody on Wall Street develops addiction, I agree, I believe that people do, but just say, "I hear you. Thank you for sharing your opinion," and then as calmly as possible, respond, react and sometimes that response can be, "I don't feel comfortable really responding right now or reacting," or "I don't know what to say or how to respond, but I know people who do."

Dr. Lipi Roy: So again, can you see there's different directions you can go in, it totally depends on the situation and by the way, first and foremost, and this is what I say to my staff all the time, never put yourself in a position where you are in harm. Keep a door open. Have somebody that's security outside. Have somebody else with you. Always practice safety in your own place because I tell me staff all the time, the nurses, NPs, medical assistants, case managers, "If you are not safe, nothing else matters." I'm not going to ever jeopardize your health and safety to take care of patient. So I hope that's going to help, that's the kind of approach I would take, but it has to be tailored to the individual situation. Don't work alone, you're part of team, take a deep breath and silence is golden.

Judge Rachel Ta...: It sort of something that we always talk about in our court, about the idea of wearing your oxygen mask first, as we learn when we all go into an airplane and we have those safety instructions, that you have be healthy first and put on your own oxygen mask before you're able to help anyone else. So I hear what

you're saying, that you have to be able to calm yourself down and evaluate before you're going to be effectively able to help others. So thank you for that.

Judge Rachel Ta...: I know that our time is running out here, and this has been a really amazingly wonderful, helpful discussion and presentation and there's a final comment here that I see by one of our listeners, who I think sums up a lot of what we're talking about here, so I'm going to go ahead and read it out loud to everybody where she writes, "The most important thing to remember is to de stigmatize addictions and that addiction is a disease and not a moral failing. It does not discriminate based on race, class, educational level, career choice, age, et cetera, any more than cancer, and just the same as cancer, there can be a relapse of the disease. In addition, nearly 100% of people with substance use disorder have experienced childhood trauma," so she strongly believes that if we can all keep that in mind, we will see addiction differently.

Judge Rachel Ta...: I couldn't agree with that statement more and I think that that's a wonderful way for us to wrap up our discussion and wrap up our thinking about trauma and substance use and the work that we all do and the valuable work that you have done and continue to do, Dr. Roy, and thank you so very much for spending time with us today and for presenting to us and I want to wish you the best. Hopefully I get to cross paths with you again.

Dr. Lipi Roy: Thank you so much, Jude and thank you for all of your team for doing amazing work, putting this event together. Thank you, Ralph, and thank you, Judge, it was an honor to talk to all of you. Thank you.

Ralph Wolf: Thank you very much, Dr. Roy and Judge Tanguay. That was an excellent presentation and discussion. I think we've cleared up the issue regarding SUD and Wall Street forever.

Dr. Lipi Roy: My apologies, I don't want to make any enemies out of anyone.

Ralph Wolf: No worries. SUD impacts us all, and thanks for discussing trauma in the communities that we serve in the history of those communities and the lived experience, how court and the health care industry can be re traumatizing. We talked a lot about self-care and stigma. So thank you very much, as well as other things.

Ralph Wolf: We hope you will all join us for our next child welfare and substance use disorder keynote series program on September 23rd, when we will be joined by Helen Harberts and Judge Paul Deep to explore adapting family treatment court best practices to rural communities. Just a reminder to everyone to send us your evaluation. We really want to know what you think.

Ralph Wolf: If you are an attorney seeking CLE, send us both your affirmation, including your email and evaluation today. It must be today. You can expect to receive your CLE CASAC or CEU certificates via email within 60 days. If you have any

questions about attending the keynote series or the FTC best practice SUD Back to Basics Thursdays, please contact me, Ralph Wolf. Thanks again for joining us. Judge Mendelson, did you want to... No, okay. This concludes our program. Thank you very much.