MOVING BEYOND STUCKNESS

Addressing Substance Use and Trauma Among Teens

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CASE STUDY: ANDREW

Andrew never knew his father. Then, at age four he witnessed the death of his mother from an overdose. They were living in a car at the time. With no family members willing to take him in, Andrew entered foster care. Between the ages of four and fifteen, he had nearly a dozen placements. Andrew reported, "I moved around so much I stopped unpacking my suitcase." With each move, his behavior became more problematic – including oppositional behavior, angry outbursts, lying, hoarding food, and stealing.

At nine, Andrew started drinking alcohol. By eleven, he was using alcohol and marijuana regularly. At fourteen, he discovered meth and went to inpatient. He ran after three days, later reporting, "Inpatient was stupid. I had to go to my room at like 9:00pm and couldn't have any books or music, at least not anything I wanted. Just stupid crap like rainforest sounds. So, I'd just lay there, not sleeping because nobody goes to sleep that early, and think about stuff. If I didn't leave, I would've probably gone bat-shit."

Following inpatient, Andrew's substance use and behavioral issues continued to increase. At the time of his admission, he was on probation and had moved into a transitional living program after several months on the streets. He reported his drug of choice was meth and he used "something" every day. "Meth if I can get it, but other things, too… Ritalin, coke, crack. Or just drinking or smoking weed. I'm not picky."

Andrew met the DSM-5 criteria for alcohol use disorder-severe, amphetamine use disorder-severe, cannabis use disorder-severe, cocaine use disorder-moderate, and opioid use disorder-moderate. He also had a long list of pre-existing mental health diagnoses that included PTSD, ADHD, conduct disorder, and major depressive disorder.

Andrew reported a desire to stop using amphetamines, cocaine, and alcohol. "Those things are messing up my life!" However, despite possible legal consequences and the threat of losing his housing, he reported no desire to stop using marijuana. "It's my life. People should just leave me alone. Besides, weed is pretty much the only thing I've got… My friends have ditched me. My family wants nothing to do with me. Why would I stop?"

Although Andrew repeatedly stated he didn't think treatment of any kind was necessary, he agreed to enter services. "I gotta do it or I'm going to juvie and I don't want that. Besides living on the street isn't really that great, I guess."

In what ways might Andrew's substance use be functional?

In what ways is Andrew is stuck?

Why has past treatment been ineffective?

What would you do differently?

TRUST MARBLES

Brené Brown (2010) stated, "Trust is built one marble at a time." In clinical settings, we can label these marbles *authenticity*, *consistency*, *non-judgment*, *usefulness*, and *transparency*. Which trust marbles are commonly present in your interactions with participants? How?

For you, what are potential obstacles to using these trust marbles?

What are some ways you could be more intentional in using these trust marbles?

BOUNCE BACK

We can increase resiliency in teen survivors by fostering these five components: *creativity*, *connection*, *initiative*, *insight*, and *integrity*. In what ways are these components integrated into the strategies we explored today?

What components seem under-represented in the strategies we explored today?

How could you bring these under-represented components into your clinical work?

EPILOGUE: ANDREW TODAY

Andrew remained in services for about three years. By that time, he'd stop use of all substances, improved his ability to manage difficult feelings, engaged in trauma therapy, and successfully completed all probation requirements. He had also moved into a transitional living program for young adults who had aged out of foster care and was planning to enroll in a local community college.

In his final treatment journal entry, Andrew wrote, "I've been in treatment a lot. That's my fault, I guess, but before now nobody ever said it was up to me or asked me what I wanted. Not this time. You asked me what I thought. At first, I said there was no reason to do anything different, because I didn't have a problem. Eventually, though, I decided I don't need to be a lonely, angry kid anymore. So, thanks for that, and thanks for ruining drugs for me."

Now 22, Andrew recently completed an associate degree in human services and looks forward to attending a four-year college, where he plans to study art and psychology. Andrew gave permission to use his story for training purposes. His name and some identifying details have been changed to protect his confidentiality.

RECOMMENDED READING (substance use)

- **Beautiful Boy**, by David Sheff
- **In the Realm of Hungry Ghosts**, by Gabor Mate
- **Treating Addiction**, by Alyssa Forcehimes, William Miller, and Allen Zweben
- **Tweak**, by Nic Sheff

RECOMMENDED READING (trauma)

- **The Body Keeps Score**, by Bessel van der Kolk, MD
- **The Boy Who Was Raised as a Dog**, by Bruce Perry and Maia Szalavitz
- **Ghosts from the Nursery**, by R. Karr-Morse and M. Wiley
- **Treating Trauma in Adolescents**, by Martha Straus
- **Trauma and Recovery**, by Judith Herman
- **Trauma and the Avoidant Client**, by Robert Muller

RECOMMENDED READING (working with teens)

- **Brainstorm**, by Daniel Siegel
- **Changing for Good**, by James Prochaska, John Norcross, and Carlo DiClemente
- **Elusive Alliance**, edited by David Castro-Blanco and Marc Karver
- **Motivational Interviewing**, by William Miller and Stephen Rollnick
- **Motivational Interviewing with Adolescents and Young Adults**, by Sylvie Naar-King and Mariann Suarez
- **The Primal Teen**, by Barbara Strauch
- **Relationships in Counseling**, by Jeffrey Kottler and Richard Balkin

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