

MOVING BEYOND STUCKNESS
Addressing Substance Use and Trauma in Teens
Presented by David Flack, MA, LMHC, SUDP

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Part One:
ADDRESSING SUBSTANCE USE

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What does *co-occurring* mean?

DEFINITION
At least 1 MHD
At least 1 SUD
Exacerbate each other

APPROACHES
Sequential
Concurrent
Integrated

45% of teens in MH services have a co-occurring SUD

80% of teens with a SUD have a co-occurring MHD

70% of teens in SUD tx have trauma exposure

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MENTAL HEALTH CONCERNS

- Trauma
- Depressive disorders
- Anxiety disorders
- ADHD
- Eating disorders
- ODD and Conduct Disorder
- Autism Spectrum Disorder



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SUBSTANCE USE DISORDERS

- 7 substance types *plus caffeine & nicotine*
- 11 diagnostic criteria
- Meet at least 2 criteria *per substance*
- Mild, Moderate or Severe

**MOST ABUSED DRUGS AMONG TEENS
(Seattle Area)**
THC, Alcohol, Triple C, Opiates,
Xanax and Amphetamines

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STAGES OF USE

Experimental Use

Occasional Use

Regular Use

Misuse / Abuse

Addiction

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WHY DO TEENS USE?

- Teens with CODs start using earlier than peers
- Likely at a more advanced stage of use
- Don't start using to "fix problems"
- Most teens know using causes problems

Then why do they use?

Using is functional

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"When I'm high, I don't think about the past and don't worry about the future. For a little while, my brain shuts up and I can pretend everything is okay."
Andrew, treatment journal

STUCKNESS
An unwillingness or inability to do anything differently

WON'T
Lacks desire

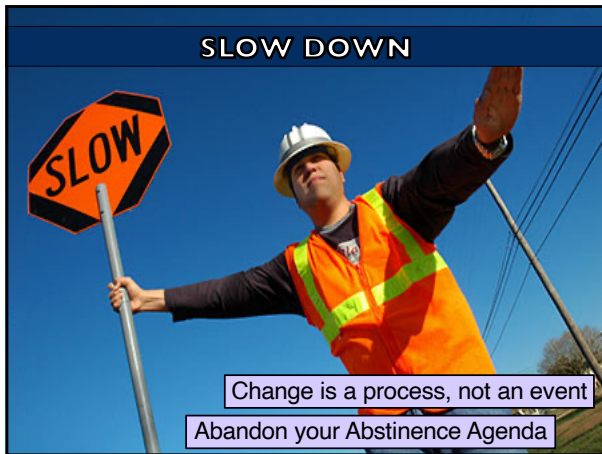
CAN'T
Lacks skills

In small groups, complete
Case Study: Andrew

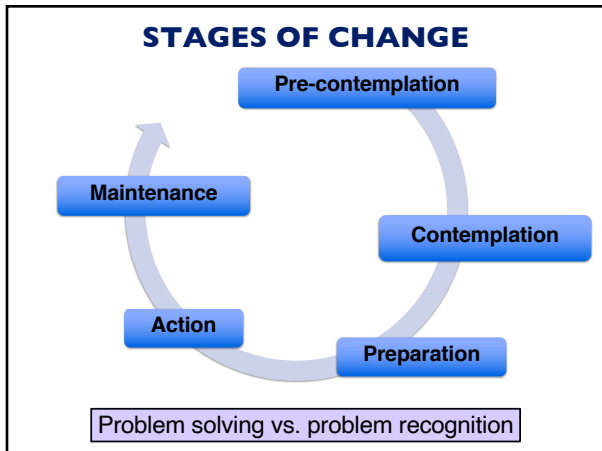
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GETTING UNSTUCK

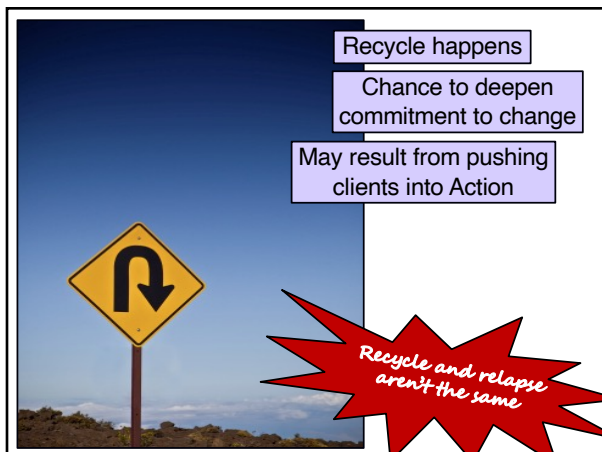
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ENCOURAGING CHANGE

- Identify the client's motivators
- Start with the pros; end with the cons
- More • Same • Less • Stop
- Resist the righting reflex
- Develop discrepancies

THE FIVE Rs
 Relevance
 Risks
 Rewards
 Roadblocks
 Repetition

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AMBIVALENCE IS...

Normal for all teens

Privileges of adulthood vs. comforts of childhood

Indicative of Contemplation

Which means change is happening

Suggestive of an existential crisis

Death, meaningless, freedom to choose, isolation

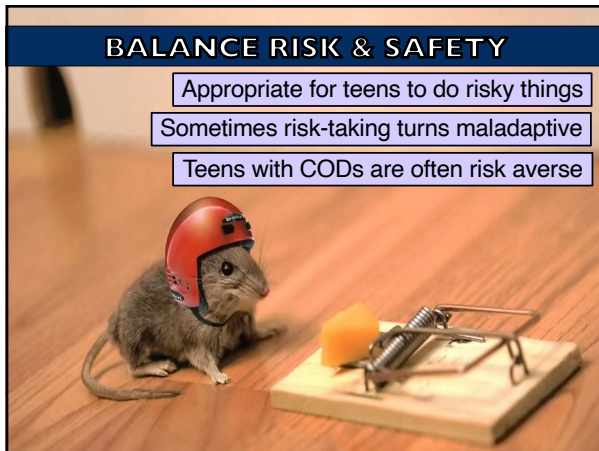
The Known is better than the Unknown

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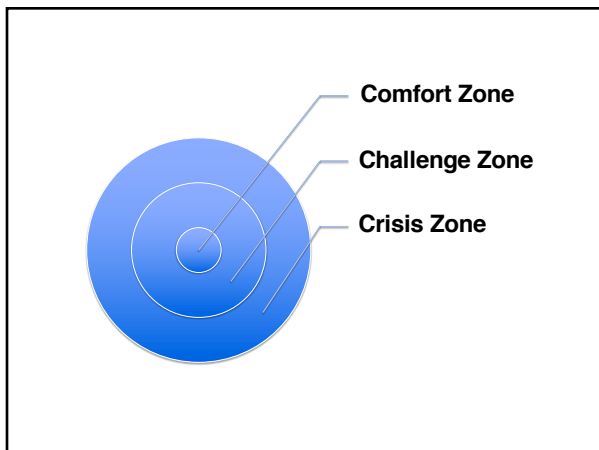
RESOLVING AMBIVALENCE

- Normalize, normalize, normalize
- Explore the costs of changing
- Foster self-efficacy
- Disrupt rigid thinking
- Address existential concerns

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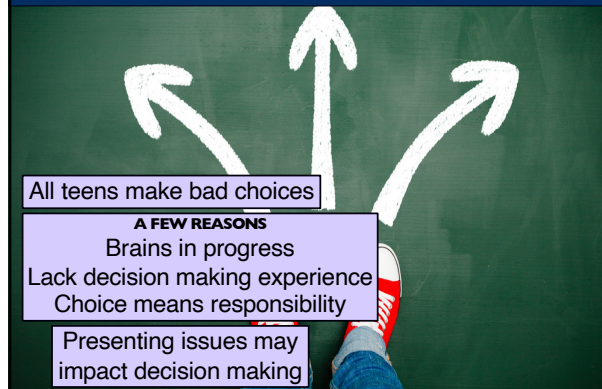
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RISKING CHANGE

- Acknowledge the physical, emotional and social risks involved in change
- Explore good risks and bad risks
- Provide opportunities to practice healthy risk taking
- Use your hard-won therapeutic alliance to confront risk averse behaviors

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NURTURE THOUGHTFUL CHOICES




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THINKING ABOUT THINKING

- Don't make things worse
- Least bad choice
- Take time to think
- Effective, not "good" or "bad"
- Feelings aren't facts

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Making thoughtful choices requires mindfulness skills

THREE MINDFULNESS SKILLS
Non-judgment
Intention
Being present

Clients who would benefit most have the hardest time

Shaping mindfulness

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Part Two:
ADDRESSING TRAUMA

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A FEW STATISTICS

- 2/3rd of all Americans have experienced trauma by age 16
- 60% of teens with PTSD develop a substance use disorder
- 70% of teens in SUD treatment have experienced trauma
- Ethnic and sexual minority teens have even higher rates of trauma exposure

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TYPES OF TRAUMA

Acute
One-time experience that causes severe emotional distress

Chronic
Multiple traumatic events, not necessarily connected

Complex
Ongoing, interpersonal, known perpetrator, imbalance of power

Developmental
Complex trauma that impacts early developmental tasks

Intergenerational
Trauma impacts transmitted through generations

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SHORT TERM IMPACTS

- Overwhelmed and helpless
- Emotional extremes
- Starting to engage in avoidance
- Can't process the experience
- Memory becomes fragmented

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LONGER TERM IMPACTS

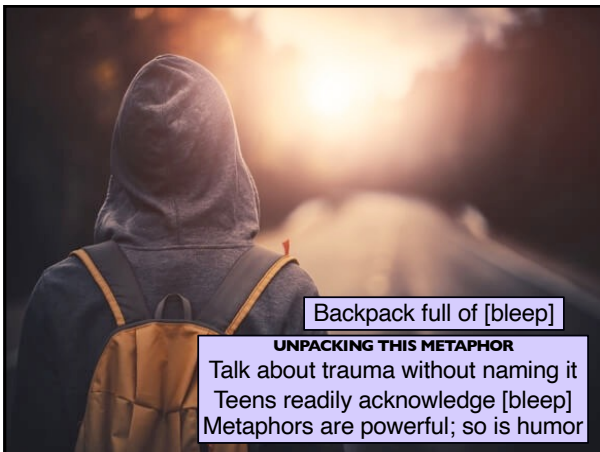
Hyper-arousal
Vigilance, anxiety, sleep problems, trouble concentrating

Intrusion
Flashbacks, nightmares, unintentionally re-enact trauma

Constriction
Attempts to avoid intrusion, withdrawal from the world

In what ways might substance use be functional in managing these impacts?

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WHAT WORKS

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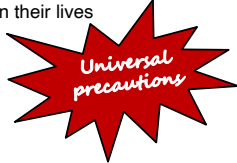
SPECIFIC VS. INFORMED

Trauma-specific care

Counseling services that are intended to resolve trauma-related symptoms, provided by a master's level therapist with advanced training and close supervision

Trauma-informed care

Services that aim to engage people with histories of trauma, recognizes the presence of trauma symptoms, and acknowledges the role trauma has played in their lives

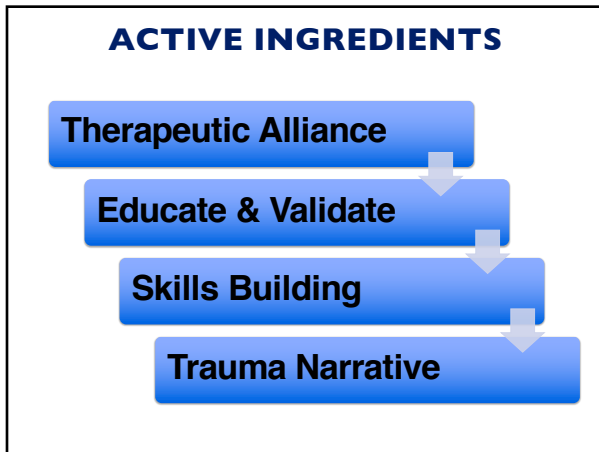


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STUDIES SHOW...

- All trauma-specific EBPs have similar outcomes
- Effective treatments have four active ingredients
- Non-EBPs are equally effective if the active ingredients are present

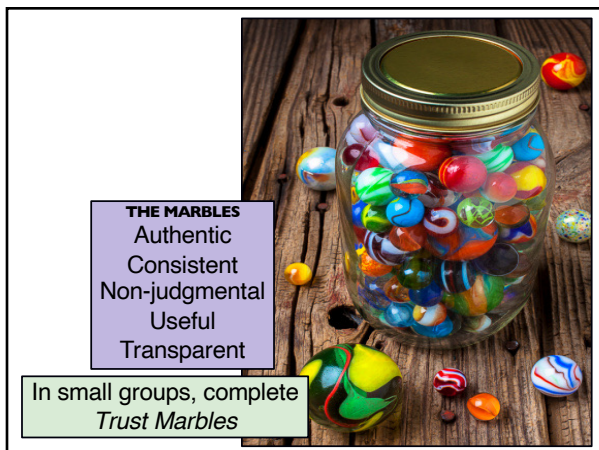
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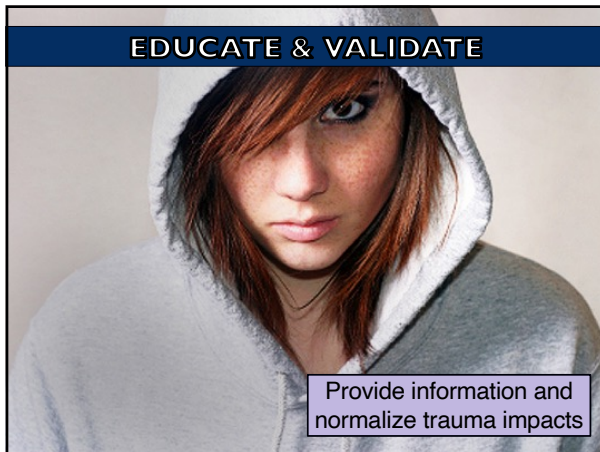
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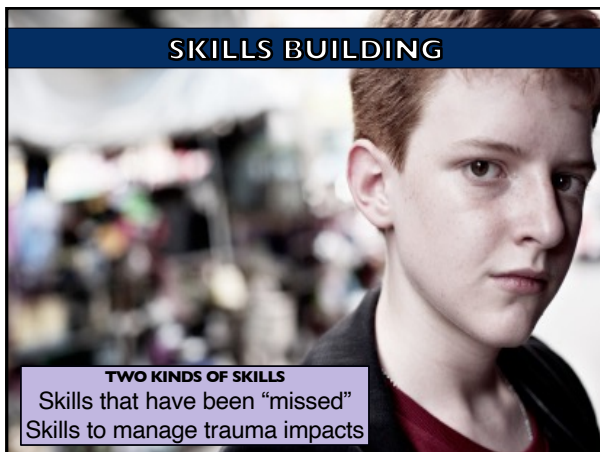


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A FEW STRATEGIES

- Use puzzle and backpack metaphors to teach trauma basics
- Explore pros and cons of functional behaviors
- Stay one step ahead
- Share stories about struggles and successes of past clients
- Hold their hope

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HOW TO MOVE FORWARD

- Different clients need different skills
- Most trauma survivors will benefit from skills for calm body, mindfulness and acceptance
- Address stuckness
- Foster resiliency

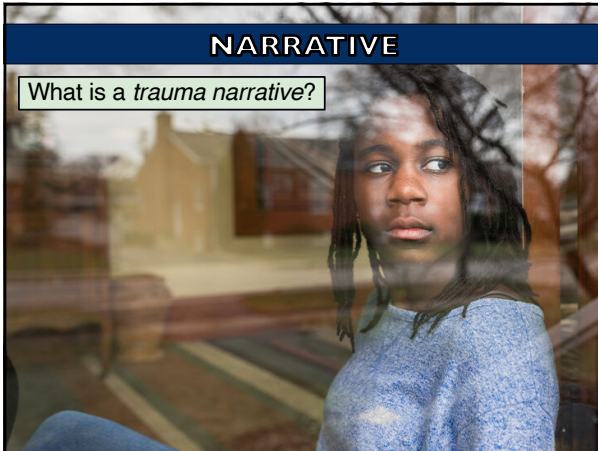
In small groups, complete
Bounce Back

FIVE RESILIENCY SKILLS
Creativity
Connection
Initiative
Insight
Integrity

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NARRATIVE

What is a *trauma narrative*?



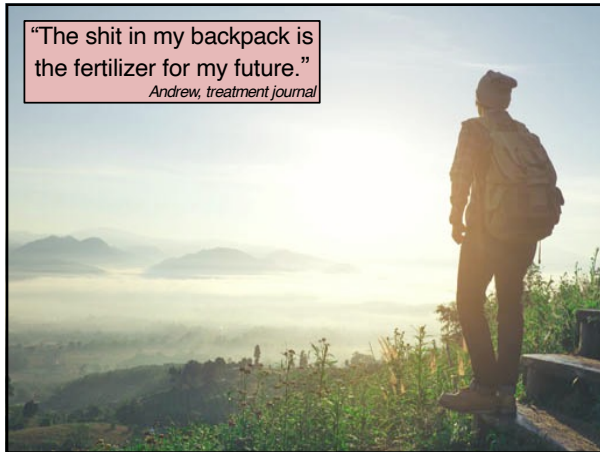
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NARRATIVES

- Address DSM-5 Criterion B symptoms for PTSD through desensitization
- If these symptoms are low, narratives may be unnecessary
- Can be literal or metaphorical

Client autonomy is always more
important than The Manual

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SHAMELESS SELF-PROMOTION

Ethical & Legal Considerations When Counseling Teens
9/10/21 • in-person & online • 6 ethics CEUs

Rainbow Teens: Clinical & Ethical Considerations When Counseling LGBTQ+ Youth
10/15/21 • online • 6 ethics CEUs

Behind the Mask: Depression in Adolescent Males
12/03/21 • in-person & online • 6 general CEUs

Transforming Teen Therapy: An Online Series
Cultivating Rapport • 1/13/22 • 3 general CEUs
Facilitating Change • 2/17/21 • 3 general CEUs
Beyond Resistance • 3/24/22 • 3 general CEUs

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