


PUTTING THE PIECES TOGETHER
Teens, Trauma, and Substance Use Disorders



Presented by David Flack, MA, LMHC, SUDP
 Email: david@davidflack.com • Web: www.davidflack.com

1

BEFORE WE START

- Many of us have our own trauma related experiences
- This isn't therapy
- Let's avoid overt examples
- Take care of yourself

2


INFORMED VS. SPECIFIC

Trauma-specific care
 Counseling services that are intended to resolve trauma related symptoms, provided by a master's level therapist with specialized post-graduate training and ongoing consultation/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

Everything we explore today fits within both care models

Scope of competence

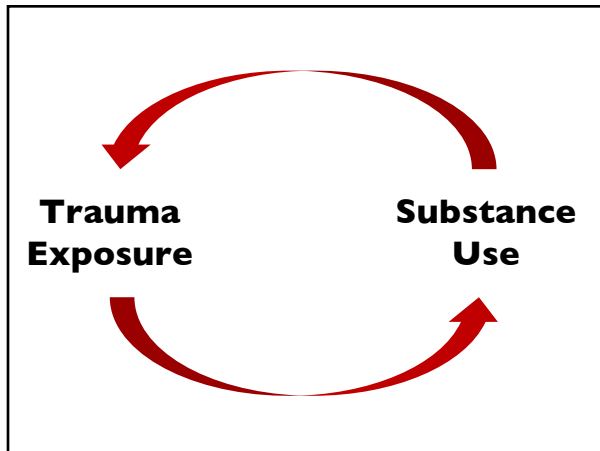


3

WHY IT MATTERS

- 2/3rd of all Americans have had trauma exposure by age 16
- 1 in 4 females & 1 in 6 males have experienced sexual abuse by age 18
- Over 90% of CMH clients have histories of trauma exposure
- 60% of teens with PTSD develop a SUD
- 70% of teens in SUD treatment have histories of trauma exposure

4



5

UNDERSTANDING TRAUMA

Survivor vs. surviving

How do we define *psychological trauma*?

THREE KEY POINTS
 Defined by survivor
 Trauma leads to more trauma
Big T and Little T

6

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

7

SHORT TERM IMPACTS

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

8



9

LONGER TERM IMPACTS

Hyper-arousal

Vigilance, anxiety, sleep problems, trouble concentrating

Intrusion

Flashbacks, nightmares, unintentionally re-enact trauma

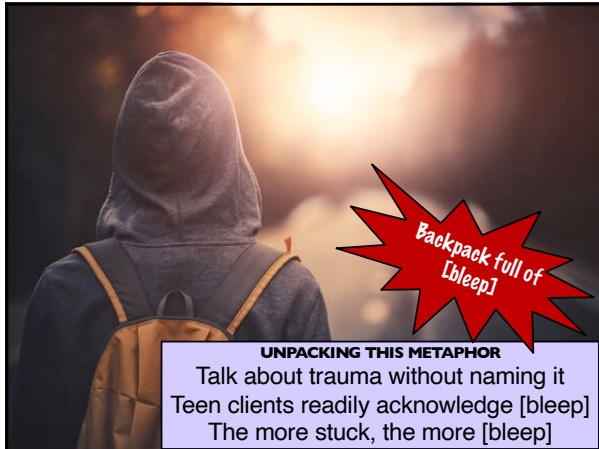
Constriction

Attempts to avoid intrusion, withdrawal from the world

Attempts to manage these impacts often get misinterpreted as resistance

Acting resistant isn't the same as being resistant

10



Backpack full of [bleep]

UNPACKING THIS METAPHOR
 Talk about trauma without naming it
 Teen clients readily acknowledge [bleep]
 The more stuck, the more [bleep]

11

UNDERSTANDING SUBSTANCES

DIAGNOSING SUDs

Per DSM-5-TR

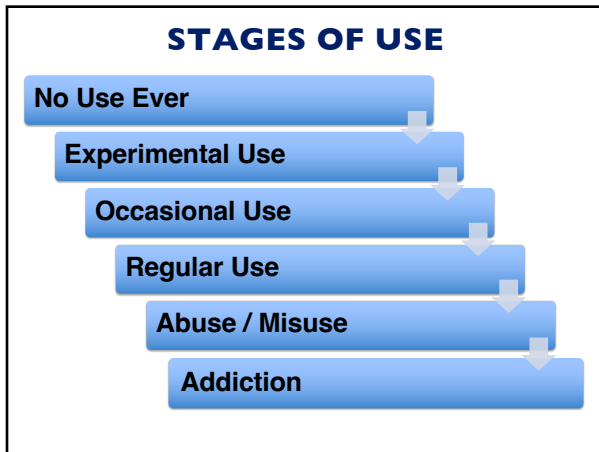
7 substance types
 11 diagnostic criteria
 Meet at least 2 criteria *per type*
 Mild, moderate, or severe

COMMONLY ABUSED SUBSTANCES

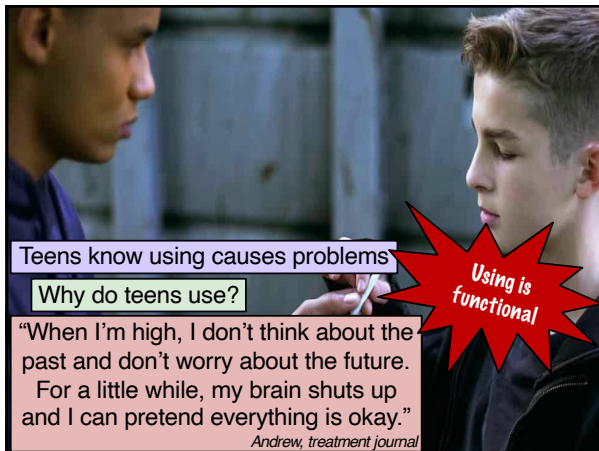
Among My Teen Clients

THC, Alcohol, Prescription Opioids,
 Stimulants & Hallucinogens

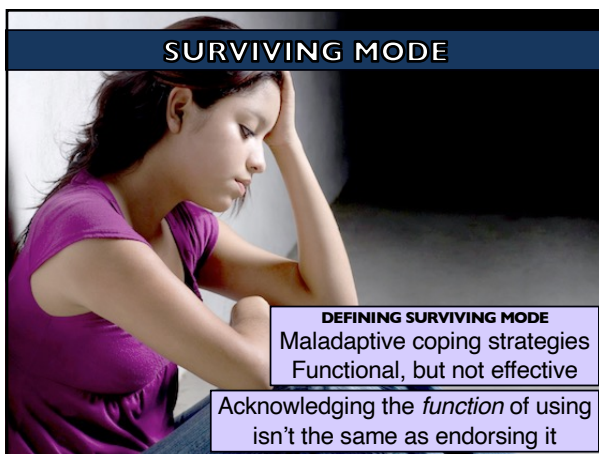
12



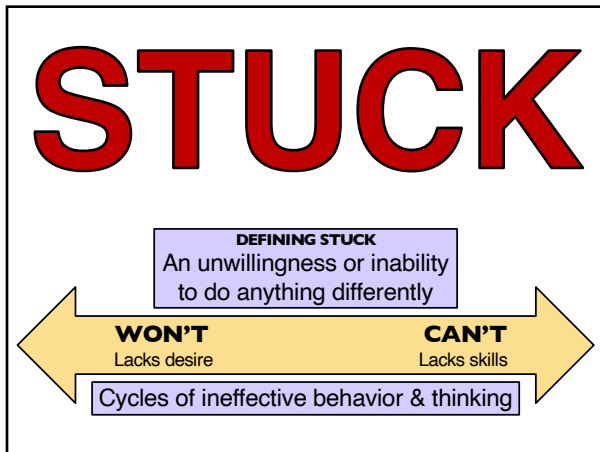
13



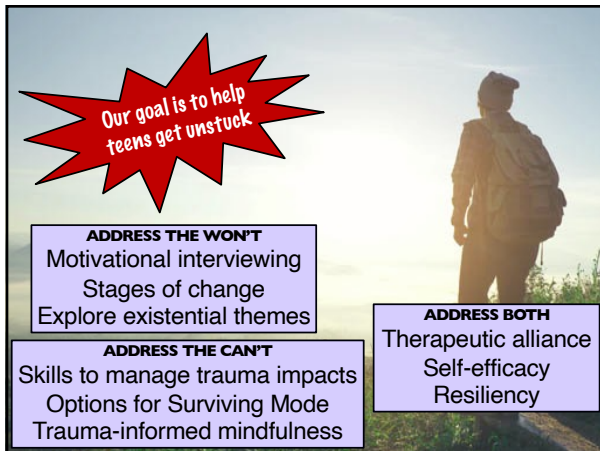
14



15



16



17



18

BEING A PIECE

- Be authentic, consistent, transparent & clinically curious
- When in doubt, focus on therapeutic alliance
- Integrate trauma informed approaches into everything you do
- Learn more about these inter-related topics
- Teens can't fail counseling

19

Want the slides?



DAVID FLACK, MA, LMHC, SUDP

Counseling for Teens & Emerging Adults • Training for Therapists & Other Helpers

Web: www.davidflack.com • Email: david@davidflack.com

20