PUTTING THE PIECES TOGETHER

Teens, Trauma, and Substance Use Disorders

Presented by David Flack, MA, LMHC, SUDP • Counselor Camp, September 2026

SMALL GROUP DISCUSSION

If teens know using causes problems, why do they use?

CASE STUDY: ANDREW

Andrew is a 16-year-old white cisgender male who identifies as "mostly straight."

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. With each move, his behavior became more problematic.

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 shit 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 gone nuts."

Following inpatient, Andrew's substance use continued to increase. By sixteen, 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. Whatever. I'm that not picky."

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

Andrew reported a desire to stop using amphetamines, cocaine, alcohol, and heroin. "Those things are messing up my life!" However, he didn't think treatment was necessary. In addition, 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?"

Read the case study above. Then in your group, discuss the questions of the other side.

In what ways is Andrew in Surviving Mode?

Within your scope of competence, what are some ways to address Andrew's stuckness?

In your opinion why has past treatment been ineffective?

What would you do differently?

What challenges would you have working with a client like Andrew?

RECOMMENDED READING

- **Beautiful Boy**, *by David Sheff*
- **The Boy Who Was Raised as a Dog**, *by Bruce Perry and Maia Szalavitz*
- **The Body Keeps Score**, *by Bessel van der Kolk, MD*
- **Ghosts from the Nursery**, *by Robin Karr-Morse and Meredith Wiley*
- **In the Realm of Hungry Ghosts**, *by Gabor Mate*
- **Trauma and Recovery**, *by Judith Herman*
- **Trauma and the Avoidant Client**, by Robert Muller
- **Treating Addiction**, *by Alyssa Forcehimes, William Miller, and Allen Zweben*
- **Treating Trauma in Adolescents**, by Martha Straus
- **Tweak**, *by Nic Sheff*
- **Widen the Window***, by Elizabeth Stanley*

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