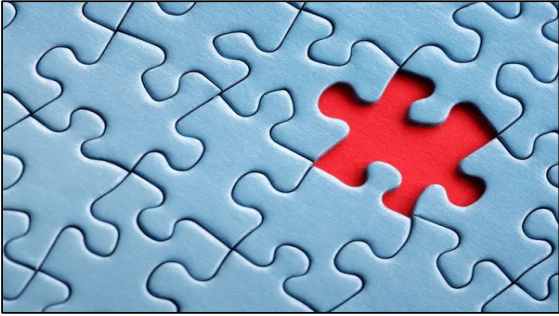


PUTTING THE PIECES TOGETHER
Teens, Trauma, and Substance Use Disorders



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

1

BEFORE WE START

- Many of us have our own trauma histories
- This isn't therapy, supervision, or a case consultation
- Let's avoid overt examples
- Take care of yourself

Following these expectations help us practice trauma-informed approaches

2

INFORMED VS. SPECIFIC

Trauma-specific care
 Counseling services that are intended to resolve trauma related symptoms, provided by a master's level therapist who has specialized training and engages in 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

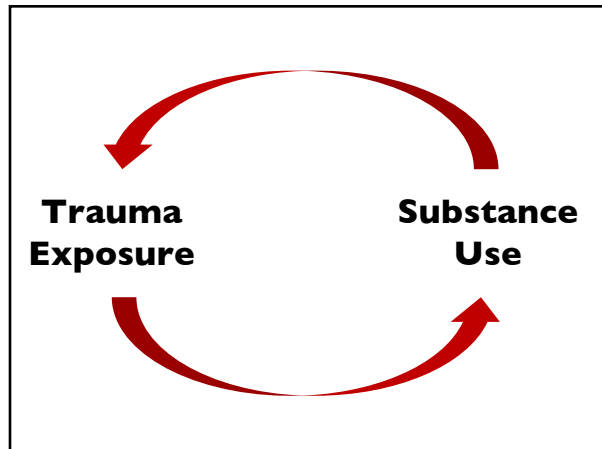
Universal precautions

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 clients at CMHAs 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

How do we define psychological trauma?

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

Survivor vs. surviving

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-vigilance

Overly alert to possible dangers, sleep problems, trouble concentrating

Intrusion

Flashbacks, nightmares, unintentionally re-enacting trauma

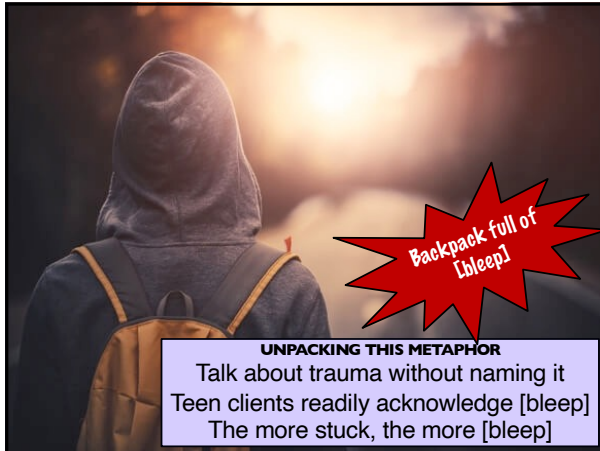
Constriction

Making their world smaller physically, emotionally &/or socially

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 SUDs

DIAGNOSING SUDs

Per DSM-5-TR

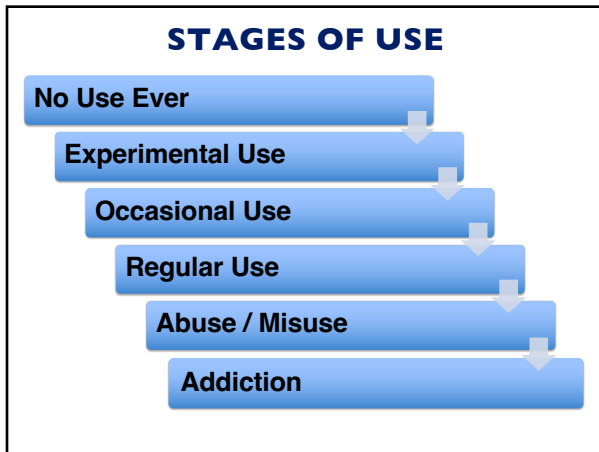
7 substance types
11 diagnostic criteria
Meet at least 2 criteria *per type*
Mild, moderate, or severe

MOST COMMONLY ABUSED SUBSTANCES

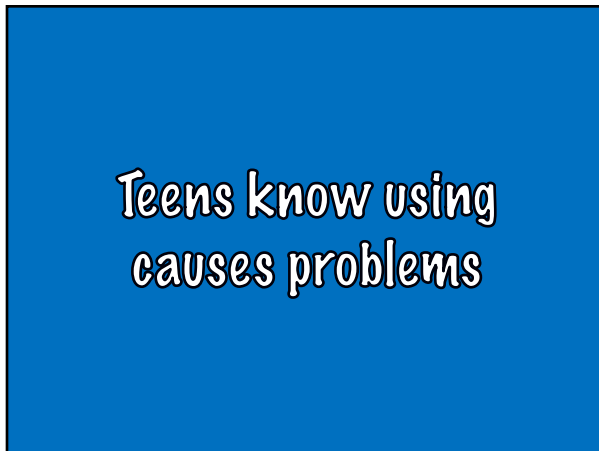
Among David's Teen Clients

THC, Alcohol & Hallucinogens
On the rise: Kratom

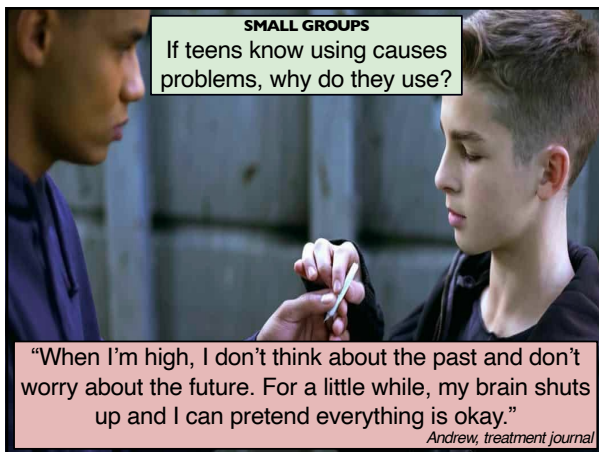
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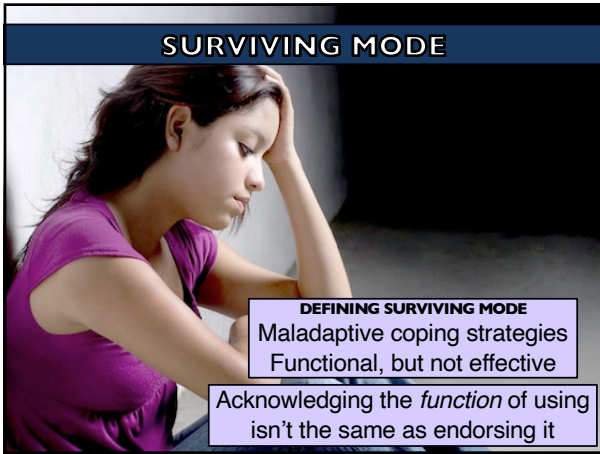


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15

SURVIVING MODE



DEFINING SURVIVING MODE
 Maladaptive coping strategies
 Functional, but not effective

Acknowledging the *function* of using
 isn't the same as endorsing it

16

STUCK

DEFINING STUCK
 An unwillingness or inability
 to do anything differently

WON'T
 Lacks desire

CAN'T
 Lacks skills

Cycles of ineffective behavior & thinking

17

Our goal is to help
 teens get unstuck

18

GETTING UNSTUCK

ADDRESS THE WON'T

Motivational interviewing

Stages of change

Explore existential themes

ADDRESS THE CAN'T

Skills to manage trauma impacts

Options for Surviving Mode behaviors

Trauma-informed mindfulness

ADDRESS BOTH

Therapeutic alliance

Improve self-efficacy

Build resiliency

19

MEET ANDREW

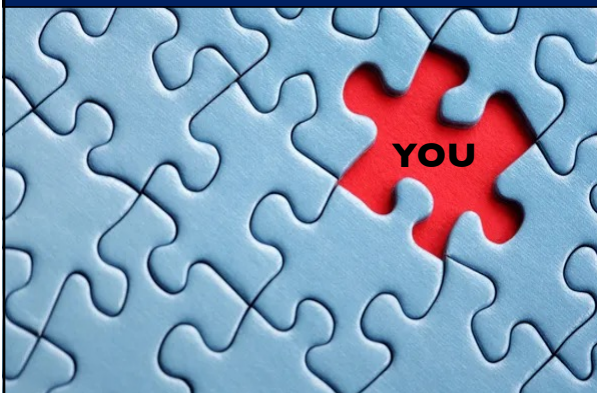


SMALL GROUPS

Case Study: Andrew

20

THE FINAL PIECE



21

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

22

Want the slides?



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23