

1



2

TODAY'S SCHEDULE

1:30pm to 3:00pm

- Substance use among teens
- Explore the process of change
- Some smaller activities

3:00pm to 3:30pm

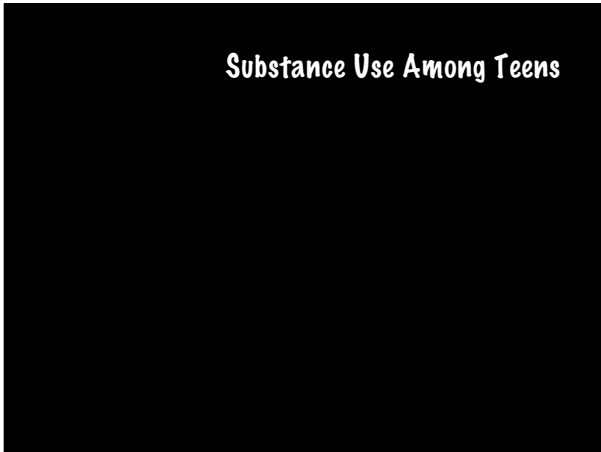
- Break

3:30pm to 5:00pm

- Activities

Scope of competence

3



4

TEENS & SUBSTANCES

- Most US high school students have used *something* by graduation
- Most common: THC, alcohol
- Experimental use fits within normative developmental behavior for teens
- There are good reasons to discourage *any* substance use among teens
- Use alone doesn't warrant a SUD diagnosis or treatment

5



6

INSIGHT FROM THE FIELD

- Very few teens want to be in treatment *even if* in services “voluntarily”
- Most teens with a SUD have a mental health concern &/or trauma history
- Traditional SUD programs usually focus on abstinence
- Less talk, more do
- Teens know drugs are “bad”

Why do teens use?

7

USING IS FUNCTIONAL

DEFINING FUNCTIONAL
 Maladaptive coping strategies
 Works short-term, but not effective

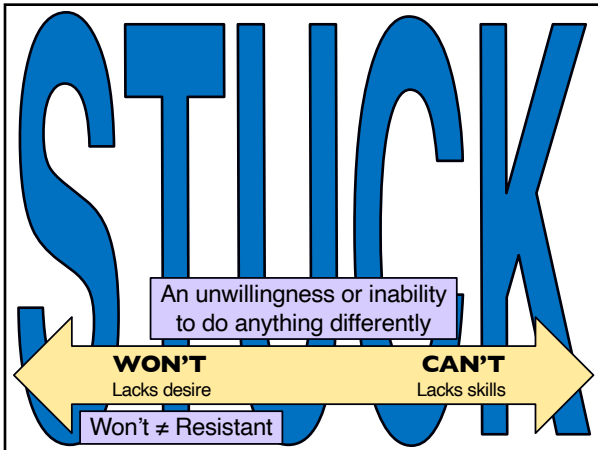
Acknowledging the function of using isn't the same as endorsing it

“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

8

Let's Do An Activity
ENDLESS LOOPS

9



10



11



12



13



14

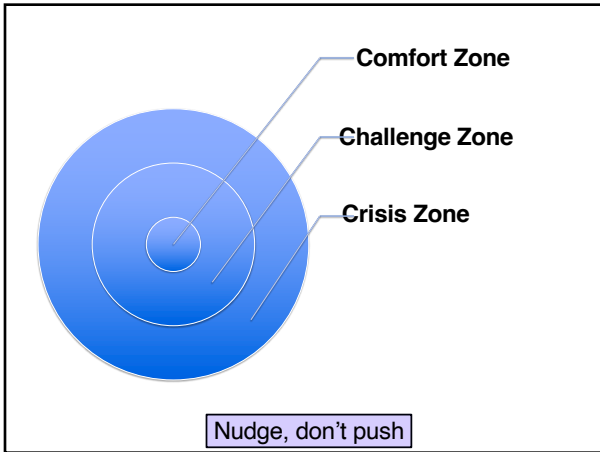
“[Change] threatens our very identity and asks us to relinquish our way of being.”
Prochaska, Norcross & DiClemente, 1994

Change is an existential threat to sense of self

Most teens with SUDs are risk averse

HOW TO HELP
Increased focus on client self-reflection
Acknowledge physical, emotional & social risks
Provide opportunities for healthy risk taking

15



16



17



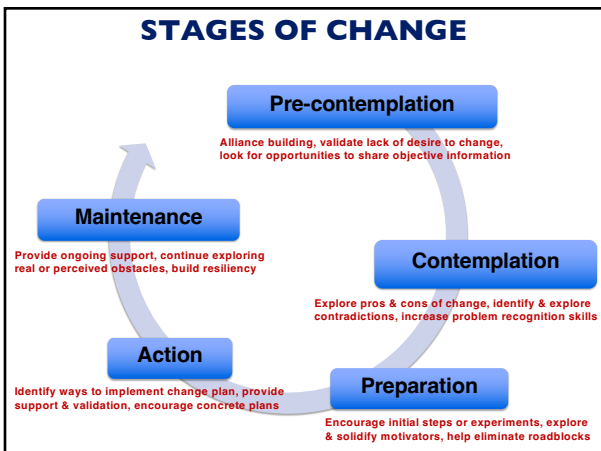
18

STAGES OF CHANGE
 Evidence based, transtheoretical
 Developed in 1980s
 Meet them where they're at

Non-directive, but active approach

Directive approaches don't work with teens

19



20

EXPECT AMBIVALENCE

Simultaneously believing multiple seemingly contradictory ideas

Indicates Contemplation

Exacerbates *everything* we've discussed thus far


21

RECYCLE HAPPENS

Recycle & relapse aren't the same

Opportunity to deepen commitment to change

Can result from pushing clients into Action



22

SLOW DOWN



Recovery isn't a race

THE FIVE R's
Relevance
Risks
Rewards
Roadblocks
Repetition

23

Facilitating for Change

24

A FEW IDEAS

- Integrate the Five R's into *all* frontloading, debriefing & processing
- Avoid using metaphorical or storytelling frames when frontloading
- In clinical settings, the processing is as important as the activity
- Be trauma-informed... always
- Team building is a poor use of time in most clinical settings

25

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

26