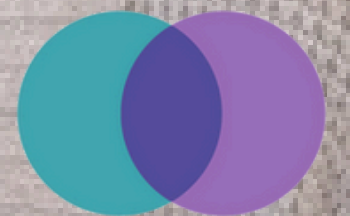


OSCA/ACOSO

***IS THIS JUST A PHASE?
SUPPORTING STUDENTS
THROUGH MENTAL HEALTH &
ADDICTION CHALLENGES***

NOV 9, 2025, 3:15-4:15 PM



**SUSTAINABLE
RECOVERY**

SUSAN RAPHAEL , FOUNDER OWNER | @SUSTAINABLE_RECOVERY | SUSTAINBLERECOVERY.CA



HI. I'M SUSAN RAPHAEL

**FOUNDER SUSTAINABLE RECOVERY, AUTHOR OF
*WHAT'S WRONG WITH MY TEEN? FINDING ANSWERS
TO TEENAGE ADDICTION AND FAMILY CRISIS***

**COUNSELLING ADDICTION SERVICES
HONS BA PSYCH, ICADC, SAP**

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HOW SUSTAINABLE RECOVERY WORKS

- Private Practice
- Outpatient services
- Located in the GTA
- Comfortable home/office environment
- Fee for Service
- Sometimes covered by extended health care benefits & or bursary programs
- Youth, family members, adults
- Assessment, treatment planning, referrals, case management/case collaboration

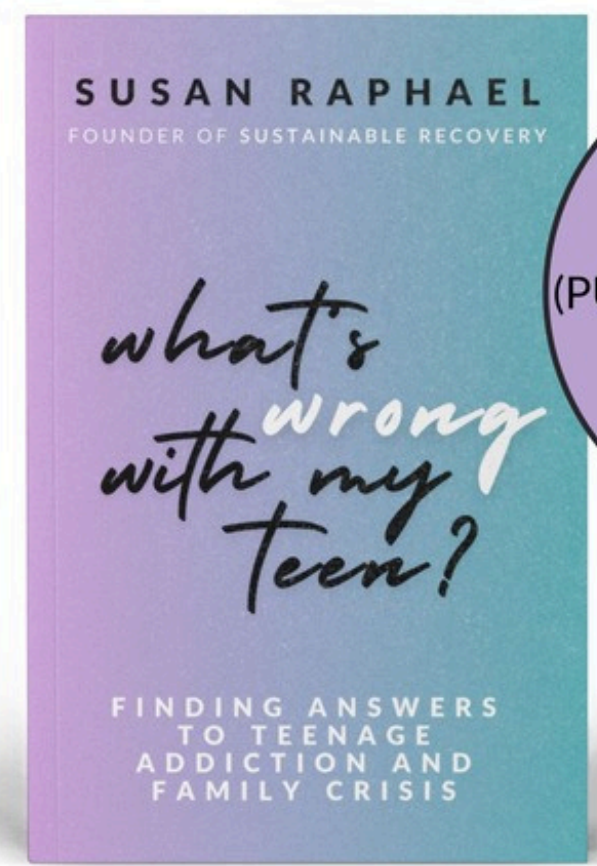


“

Raphael’s instructive debut will help parents broach conversations and implement actionable steps to build healthy, dynamic relationships with their kids.”

”

WHAT’S WRONG WITH MY TEEN? FINDING ANSWERS TO TEENAGE ADDICTION AND FAMILY CRISIS





IS IT JUST A PHASE?

This presentation equips school/guidance counsellors and teachers with **tools to recognize the early signs of mental health issues and substance use in students.** With recent data showing a sharp rise in distress, self-harm, and opioid misuse among youth, early intervention is more critical than ever. We'll explore **what's normal, what's not, and how to respond with empathy, boundaries, and practical support.** Drawing on lived experience and clinical insights, this session offers real-world strategies to help students feel seen, and to help you feel more confident navigating tough conversations. **Q & A included.**

Now more than ever, understanding the nuances & best practices when working with teens is essential to navigating a way forward.

Best practices and insight on this special teen population & subject matter will be addressed.

3 Tools for Supporting Teens

1. Recognize

- Spot warning signs
- Know what's typical vs. concerning

2. Respond

- Intervene early
- Use empathy and boundaries

3. Connect

- Navigate tough conversations
- Help teens feel seen and supported





**YOU ARE PLANTING
SEEDS.**



***A seed is a
concentration of
potential.***

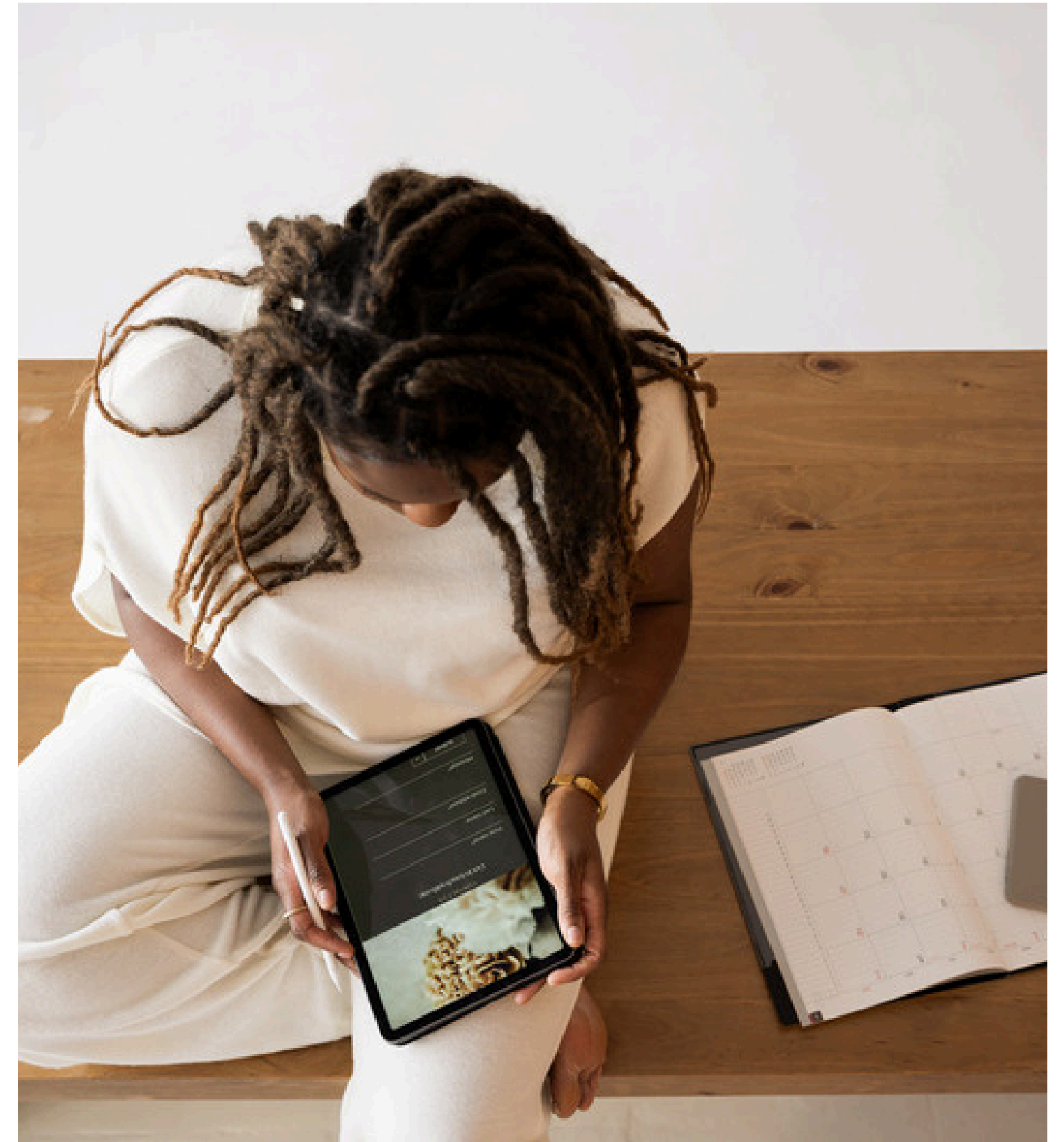
9 out of 10
people with an addiction
began using before age 18.

The most dangerous words
we can say are:

“Not my kid.”
or “It’s just a phase.”

Early substance use
isn’t a phase —
it’s a warning sign.

Early
intervention
saves lives.



5 Signs a Teen May Be Struggling

- Mood & Behaviour Changes 🧠: Irritability, withdrawal, sudden outbursts
- Academic Decline 📖: Slipping grades, missed classes, loss of focus
- Social Shifts 👤: Distancing from family/friends, secretive behaviour
- Sleep & Appetite Changes 🛏️🍏: Noticeable weight or energy changes
- Loss of Interest & Motivation 🎨⚽: Abandoning hobbies or activities

**Tip for counsellors: Early recognition + supportive conversations can make a critical difference.*

COMPLEXITY OF SUBSTANCE USE

- Development of substance use disorders are multifaceted (related to genetics, trauma, mental illness, peer & parental modeling, etc.) Bio/Psycho/Social/Spiritual
- Education alone does not lead to behaviour change
- Knowledge of risks is an important component of prevention & treatment
- The brain is developing until the age of 25

“Ask, not why the addiction, but why the pain?”

Dr. Gabor Maté, MD, Addiction Specialist

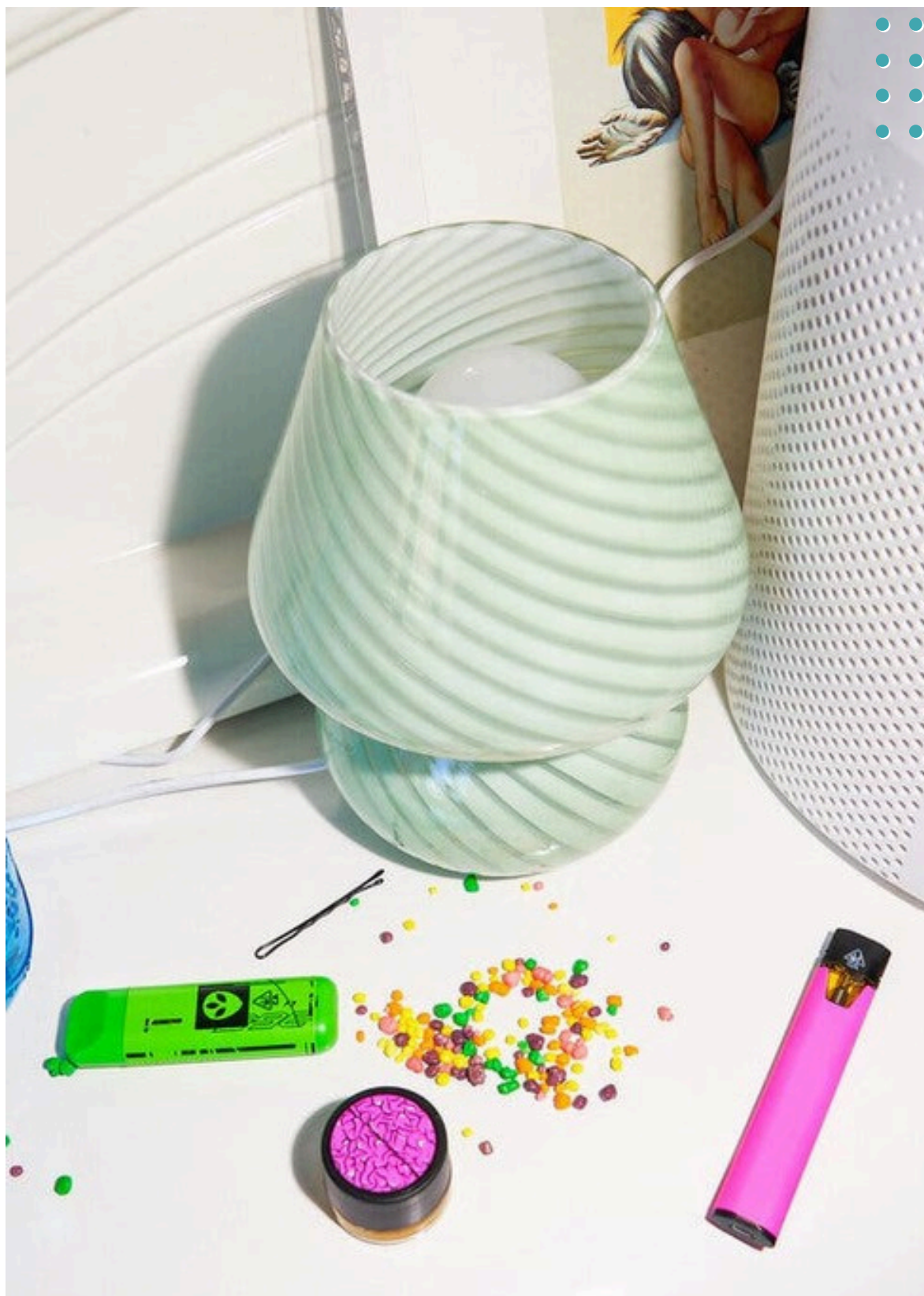
Youth, Screens & Mental Health in Canada

Based on 27,000+ responses (Jan /24–Feb /25)

- Youth (16–24) have the highest screen use and most severe mental health symptoms.
- 7+ hrs/day on screens = **higher anxiety, depression & suicidal thoughts.**
- Cybervictimization → 3× increase in suicidal ideation.
- TikTok & Snapchat users show above-average risk.
- Resilience & strong social ties help protect mental health.

(Data: MHRC National Polls 19–23)





Credit: Michelle Groskopf for NYT

In 1995, the average concentration of THC in cannabis samples seized by the Drug Enforcement Administration **was about 4 percent. By 2017, it was 17 percent.**

Now cannabis manufacturers are extracting THC to make oils; edibles; wax; sugar-size crystals; and glass-like products called shatter that advertise high **THC levels in some cases exceeding 95 percent.**

Brightly colored vapes alongside a container of cannabis resin wax. In recent years, products like waxes — many containing more than 90 percent THC — have become increasingly popular.



**DABBING, A METHOD OF INHALING
HIGHLY CONCENTRATED THC, HAS
BECOME INCREASINGLY POPULAR
AMONG TEENAGERS.**

Credit: Michelle Groskopf for NYT

High-Potency Cannabis Risks in Teens

Psychosis Risk

- Increased Risk of Psychotic Disorders: A 2024 study published in Psychological Medicine found that adolescents using cannabis are at 11 times higher risk of developing a psychotic disorder compared to non-users.

Cannabinoid Hyperemesis Syndrome (CHS)

- Rising Cases Among Teens: Cannabinoid Hyperemesis Syndrome (CHS), characterized by persistent vomiting and severe dehydration, is increasingly reported among young marijuana users. This condition is often associated with chronic cannabis use.

High-Potency Cannabis Risks in Teens, cont'd

⚠️ Emergency Room Visits

- Leading Cause of Marijuana-Related ER Visits: CHS the primary reason for marijuana users seeking help in emergency rooms, indicating a significant health concern.

🚑 Poison Control Calls

- Increase in Pediatric Cases: In Connecticut, nearly 700 calls to the state's poison control center since 2019 have been related to children consuming cannabis, often resulting in hospital visits. Many cases involve toddlers and teens experiencing severe symptoms such as uncontrollable vomiting, seizures, and unstable blood pressure.



A LIQUID LIVE RESIN IN A GIRL'S BEDROOM.

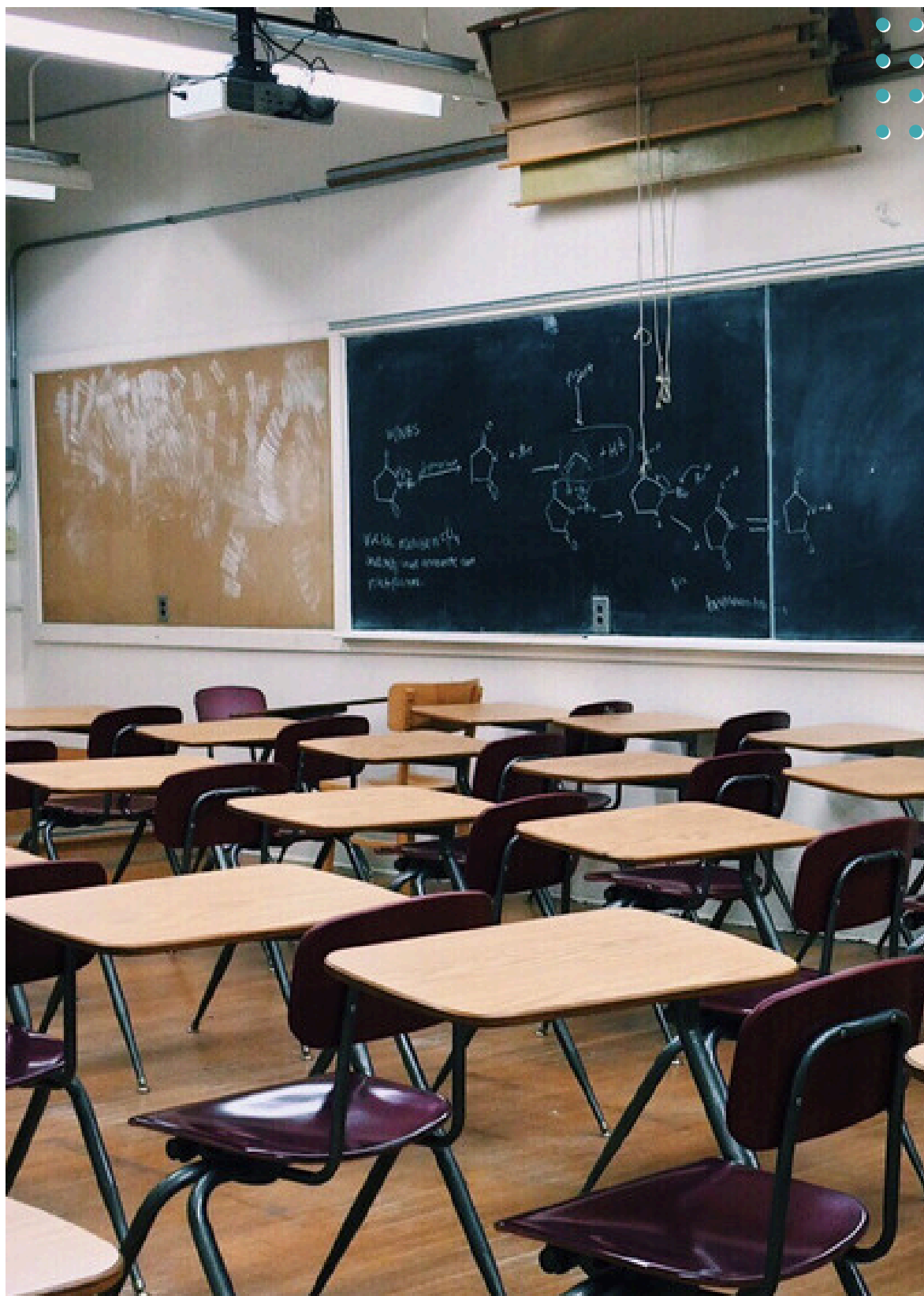
SOME CONCENTRATED CANNABIS PRODUCTS ARE DESIGNED TO LOOK LIKE JUICE BOXES TO HIGHLIGHT THEIR FRUITY FLAVORS.

Credit: Michelle Groskopf for NYT



TAKEAWAY:

**High-potency cannabis
(THC close to 100%) poses serious
physical and mental health risks for
adolescents.**



MENTAL HEALTH

Decline in Mental Health:

-From 2019 to 2023, about 1 in 5 youth who rated their mental health as “good, very good, or excellent” reported a decline to “fair or poor” mental health.

Released: 2024-09-10



SUSTAINABLE
RECOVERY

CO-OCCURRING DISORDERS COMMON FOR YOUTH SUBSTANCE

- When mental health disorders & addiction appear together, it's called "co-occurring disorders," & it's more common than not, Dr. Joseph Lee, President & CEO, Hazelden Betty Ford Foundation.
- The range is wide, somewhere between 20 percent & 90 percent depending on the diagnosis & the population

Source: [MPRNews](#)

CO-OCCURRING DISORDERS COMMON FOR YOUTH SUBSTANCE

- That range can include some very high-risk populations. LGBT populations, youth, those who have a serious mental illness, the homeless & those who experienced trauma have higher rates of comorbid conditions.
- "It's more of a two-way road, it's not one thing causes the other, or a butterfly effect. You find that mental health issues can lead to or exasperate addiction later in life," Lee said. "But you also find that excessive substance use can lead to, & predicts for, certain mental health issues like depression & anxiety as well."

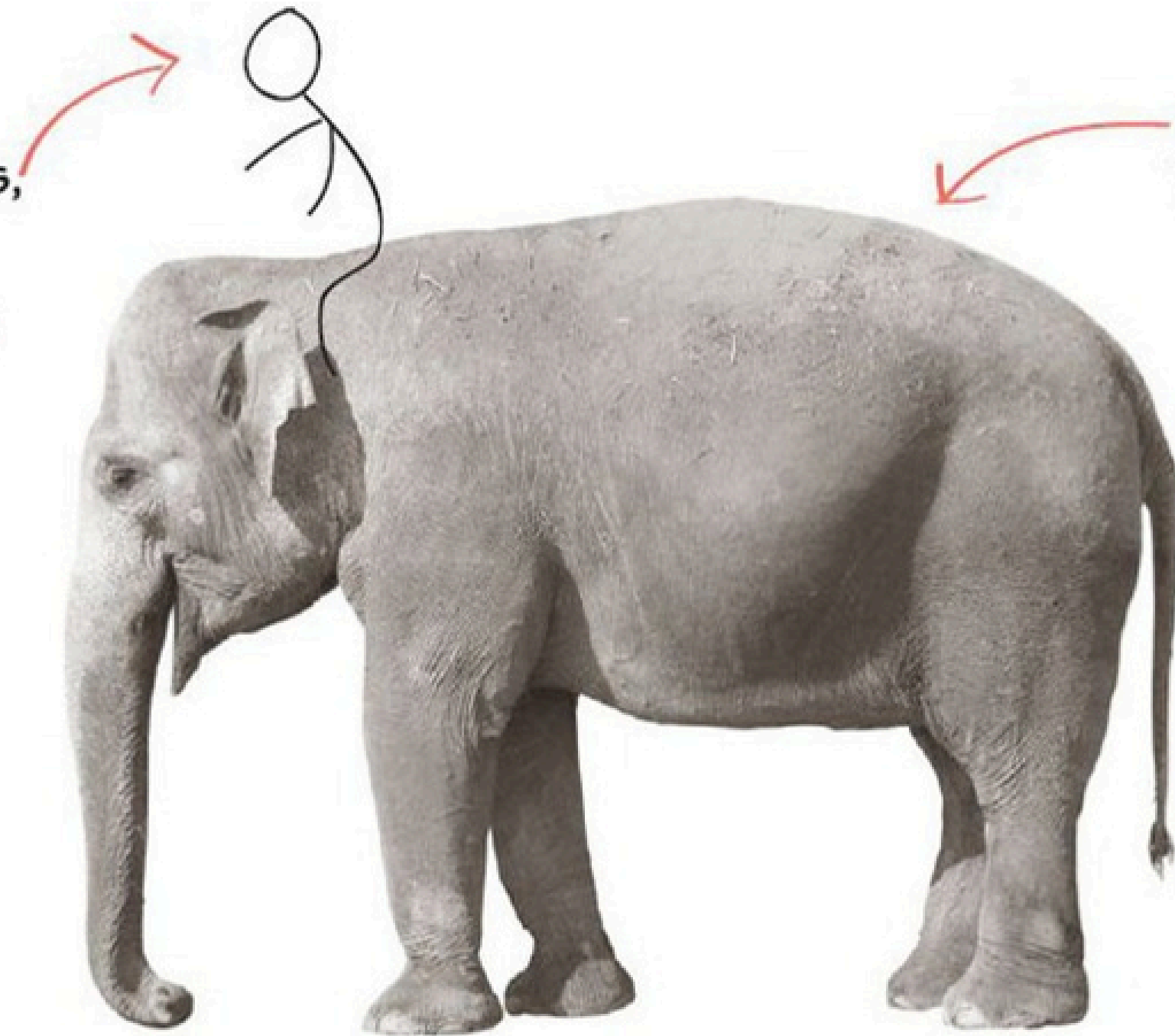


**“While Addiction & Mental
Health concerns are not your
fault....
they are your responsibility.”**

-SUSAN RAPHAEL

ELEPHANT RIDER METAPHOR FOR THE BRAIN

Rider:
The
conscious,
verbal,
thinking
brain



Elephant:
The automatic,
emotional,
visceral
brain

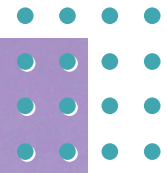
ELEPHANT RIDER METAPHOR FOR THE BRAIN

In *What's Wrong with My Teen? Finding Answers to Teenage Addiction and Family Crisis*, the elephant and the rider metaphor, drawn from Jonathan Haidt, illustrates the **imbalance between emotion and reason in the brain.**

The rider is the rational mind—small, analytical, trying to steer with logic. The elephant is the emotional mind—huge, powerful, and driven by instinct.

Because **the elephant is so much bigger**, when emotions *surge*, it can easily **overpower the rider and kick it off course**. This is especially true for **teens, whose emotional brains are fully online** while their rational brains are still developing.

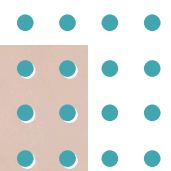
Real change and calm only happen when the rider and elephant work together—when reason can guide, and emotion isn't charging out of control.



REWARD CENTER

Reward system related to *matters of survival:*

- Reproduction/sex
- Food
- Safety
- Companionship, love, joy

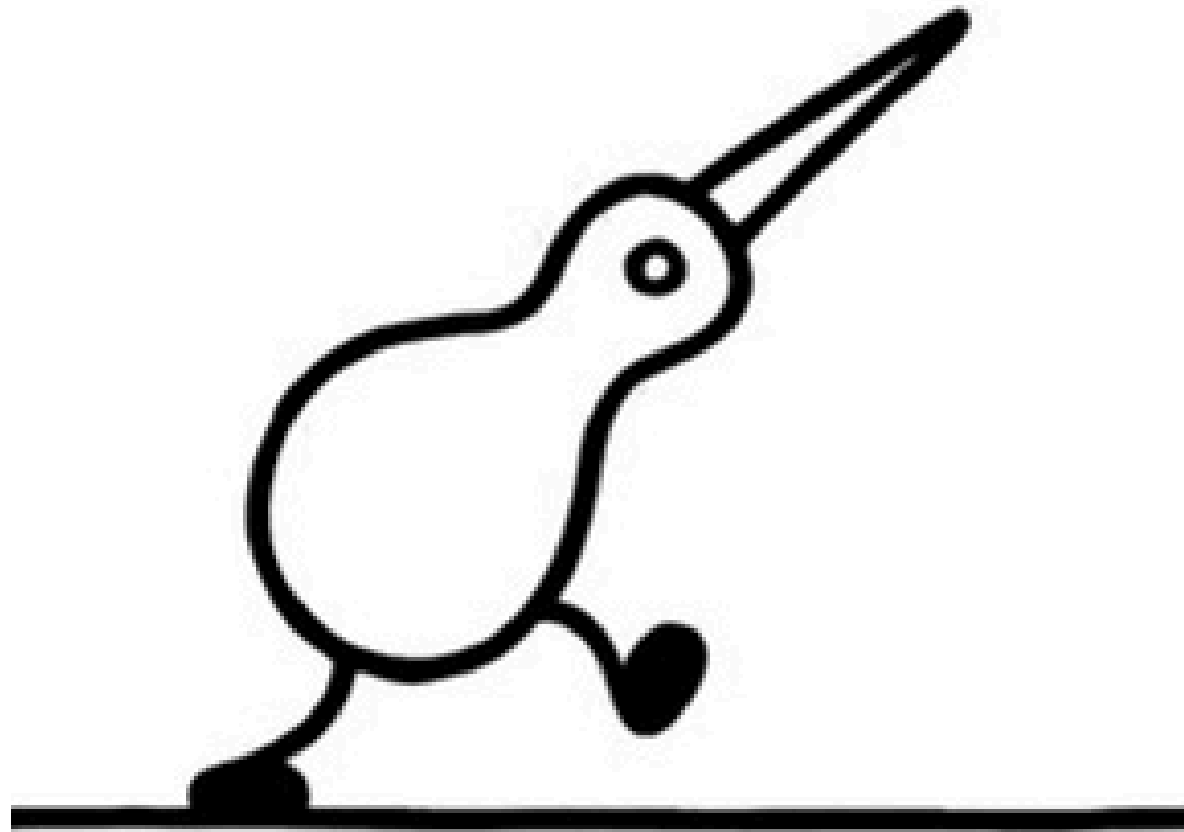


DRUGS AND THE REWARD CENTER

- Drugs 'hijack' the reward center
- The traditional 'rewards' become secondary
- As these secondary rewards; food, sex, reproduction, are not as intense & concentrated as drugs

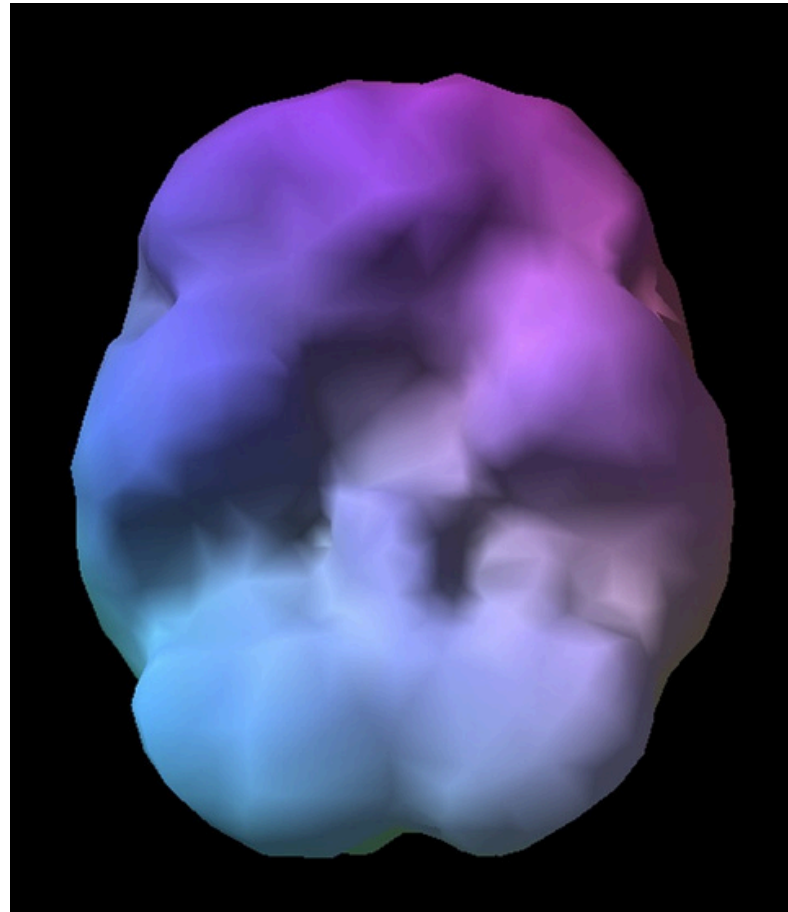


ADDICTION

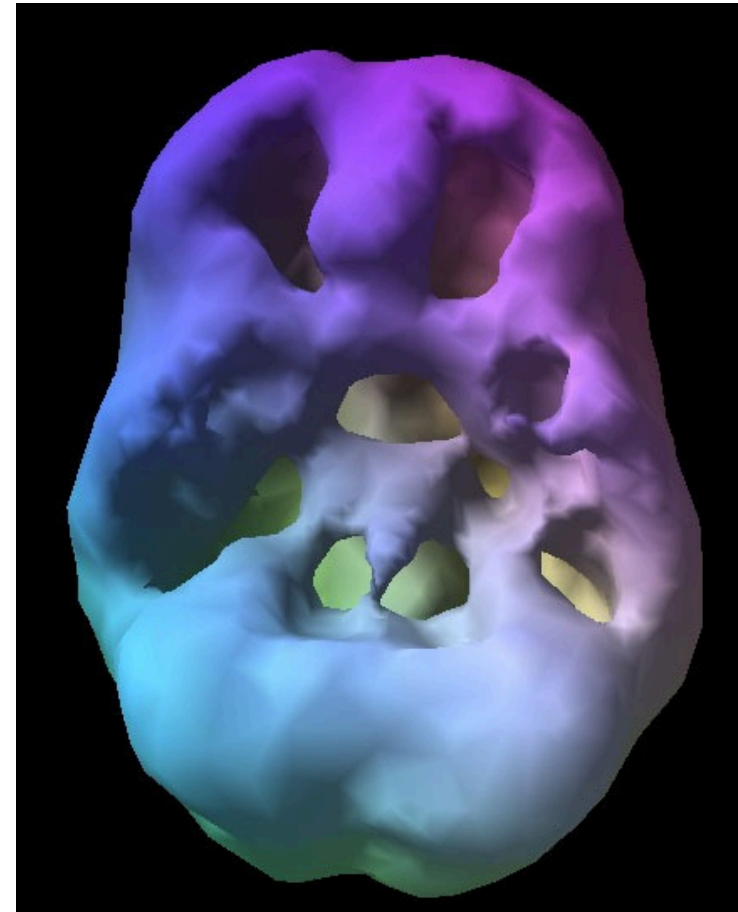


NUGGETS

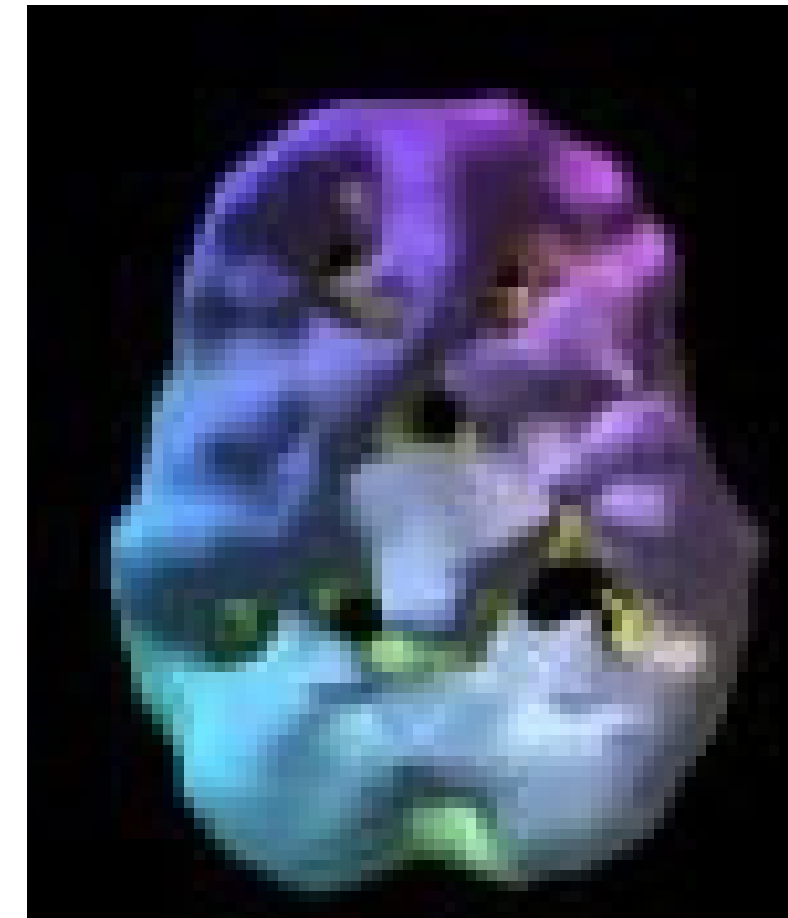
BRAIN SCANS



Normal



3x week Marijuana

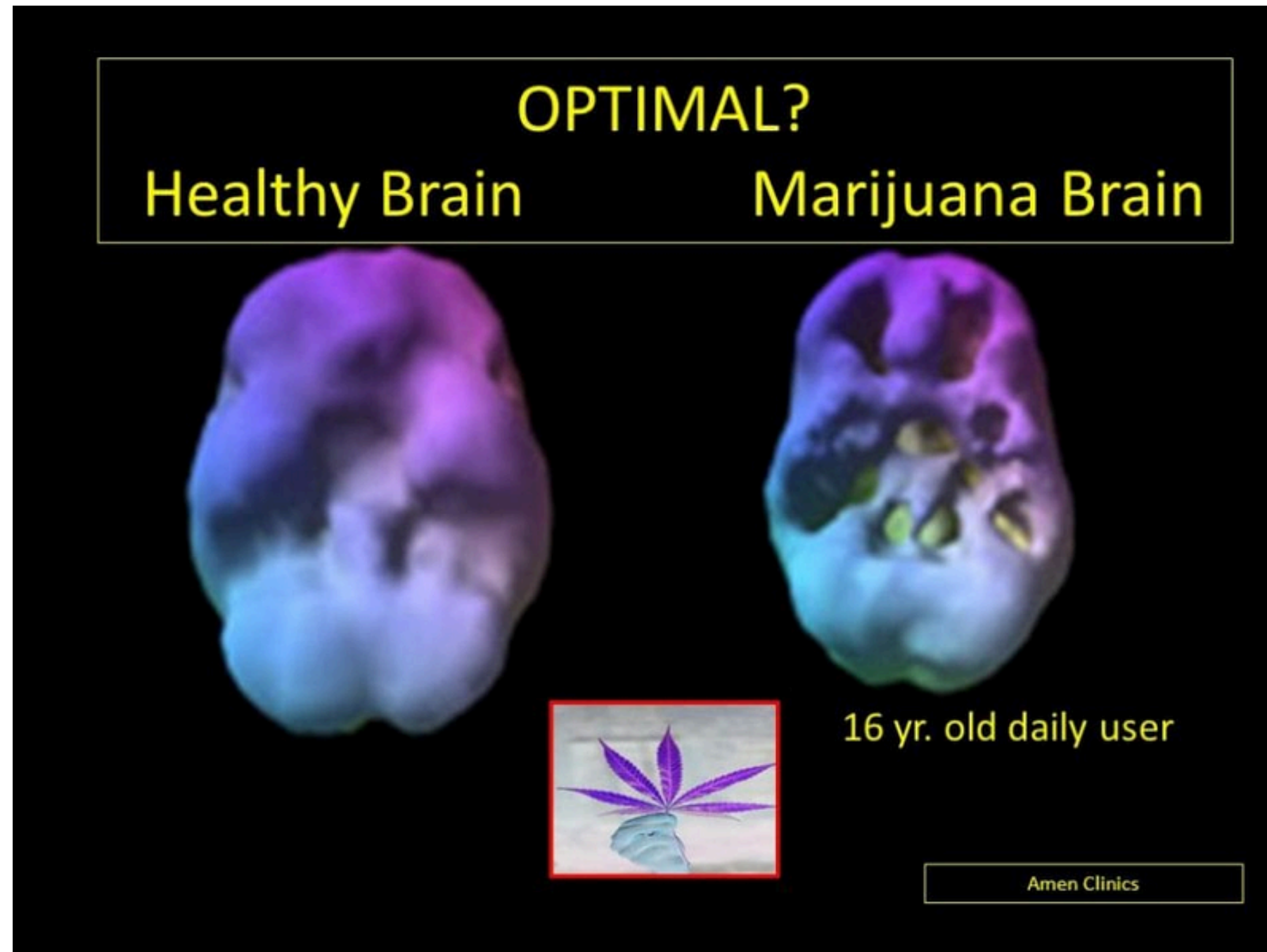


Heavy Binge Drinking

These images are very useful in helping people understand that there are real effects associated with substance use. This helps to remove the stigma of “bad” kids, both for the kids & adults.

Source, Dr Amen Clinics


BRAIN SCANS



THE STAGES OF Change Model

- 1 Pre-contemplation:** The patient is unaware or does not believe that there is a problem or may believe that there is a problem but is not considering changing it.
- 2 Contemplation:** The patient is ambivalent about recognizing a problem & shies away from changing it.
- 3 Preparation:** The patient is ready to work toward behavior change in the near future & develops a plan for change.
- 4 Action:** The patient takes steps to implement specific behavioral change.
- 5 Maintenance:** The patient works to maintain & sustain long-lasting change.

*Adapted from
[Cost Benefit Analysis](#)
 Tool

	SHORT TERM RESULTS	LONG TERM RESULTS
Drinking/Using Drugs (+) What is good about using	<ul style="list-style-type: none"> Makes you feel good ^{happy} & relaxed escape — perfect worry free solution. never overthink. ↑ confident. 	<ul style="list-style-type: none"> takes Nyquil } come down . ? w/ dog } cigarette } OR w/ friends. 
Drinking/Using Drugs (-) How are or how could Alcohol & or Drugs be hurting me in a negative way	<ul style="list-style-type: none"> THE come down - makes you anxious \$ Fights w/ Daniella tension w/ family → whole new excuse to kick her out of house. 	<ul style="list-style-type: none"> makes you angry ^{mood change} ^{frustration}. unhealthy → Ruins your nose → raw/hurts/ruins nose. hurts. house.
Not Using (-) What's negative about quitting or what would I miss out on or lose by quitting	<ul style="list-style-type: none"> withdrawals - 3-4 days ^{horrible}. memory problems 	<ul style="list-style-type: none"> cravings
Not Using (+) What would be good about being clean & sober if I decide to get or stay clean?	<ul style="list-style-type: none"> Money ↑ ↓ David, tension w/ parents. ↑ Daniella. 	<ul style="list-style-type: none"> Money NOT as anxious less angry *



COUNSELLORS POSITION: NO POSITION

- Relaxed
- Interested
- No side taking at first
- No preconceived ideas
- Open to new ideas
- Remember people use for good reasons
- Be flexible
- Be patient with plenty of time
- Open & honest
- Let the youth know you really want to hear their side
- Treat with respect & respect their ideas
- They have great ideas
- Self-disclose if appropriate
- No shaming, yelling or belittling it's not helpful



MESSAGES

Now

Sometimes, the most powerful thing we can do is not to find an immediate solution, but to sit, listen and hold a space for our child's feelings.

HERE ARE SOME GUIDING PRINCIPLES I ADHERE TO WHEN WORKING WITH TEENS:

- I remain curious, relaxed, & interested.
- I do not take sides or hold preconceived notions.
- I am open to new ideas & flexible in my approach.
- I remember that teens use drugs & alcohol for reasons they feel are valid.
- I exercise patience, allowing plenty of time for communication.
- I foster an environment of openness & honesty.
- I convey to them that I genuinely want to hear their side.
- I treat them with respect & value their ideas, as they often have great insights.
- I share my own story of recovery when appropriate, establishing a sense of camaraderie & trust.
- I refrain from shaming, judging, or belittling, as it is counterproductive.

Teens are generally open & willing to explain & defend their reasons for using substances. I use an exercise that is effective in answering the question of, "WHY?"

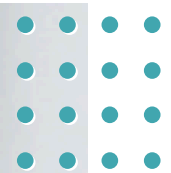


THE INQUIRY - HOW TO ASK QUESTIONS WITHOUT BLAME OR JUDGEMENT

Open ended questions such as:

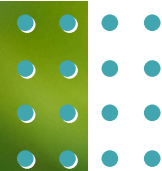
- What can you tell me about...
- I'm curious...
- Tell me more about that...
- I notice...
- What is better?
- Where do you feel it in your body?
- Anxiety is thoughts about the past or worries about the future
 - what is blocking you from living in the present?

*Source Motivational Interviewing



OPEN ENDED QUESTIONS

- What can you tell me about your relationship with your parents?
- More examples of open questions:
- How can I help you with ___?
- Help me understand ___?
- How would you like things to be different?
- What are the good things about ___ & what are the less good things about it?
- When would you be most likely to ___?
- What do you think you will lose if you give up ___?
- What have you tried before to make a change?
- What do you want to do next?



AFFIRMATIONS

Are statements & gestures that recognize teens strengths & acknowledge behaviors that lead in the direction of positive change, no matter how big or small.

Affirmations build confidence in one's ability to change.

To be effective, affirmations must be genuine & congruent.

EXAMPLES OF AFFIRMING RESPONSES

- I appreciate that you are willing to meet with me today.
- You are clearly a very resourceful person.
- You handled yourself really well in that situation.
- That's a good suggestion.
- If I were in your shoes, I don't know if I could have managed nearly so well.
- I've enjoyed talking with you today.



SET TEENS UP FOR SUCCESS

Here are some suggestions based on my experience:

- Obtain any previous assessments
- Create a plan with the teen for addressing issues
- Plans provide a framework of accountability
- Timelines
- Plan A for so long... if not successful then,
- Plan B which would involve higher level of support & resources
- Check in on the progress of the plan at regular intervals
- All changes positive or negative are simply facts
- These facts inform the treatment plan

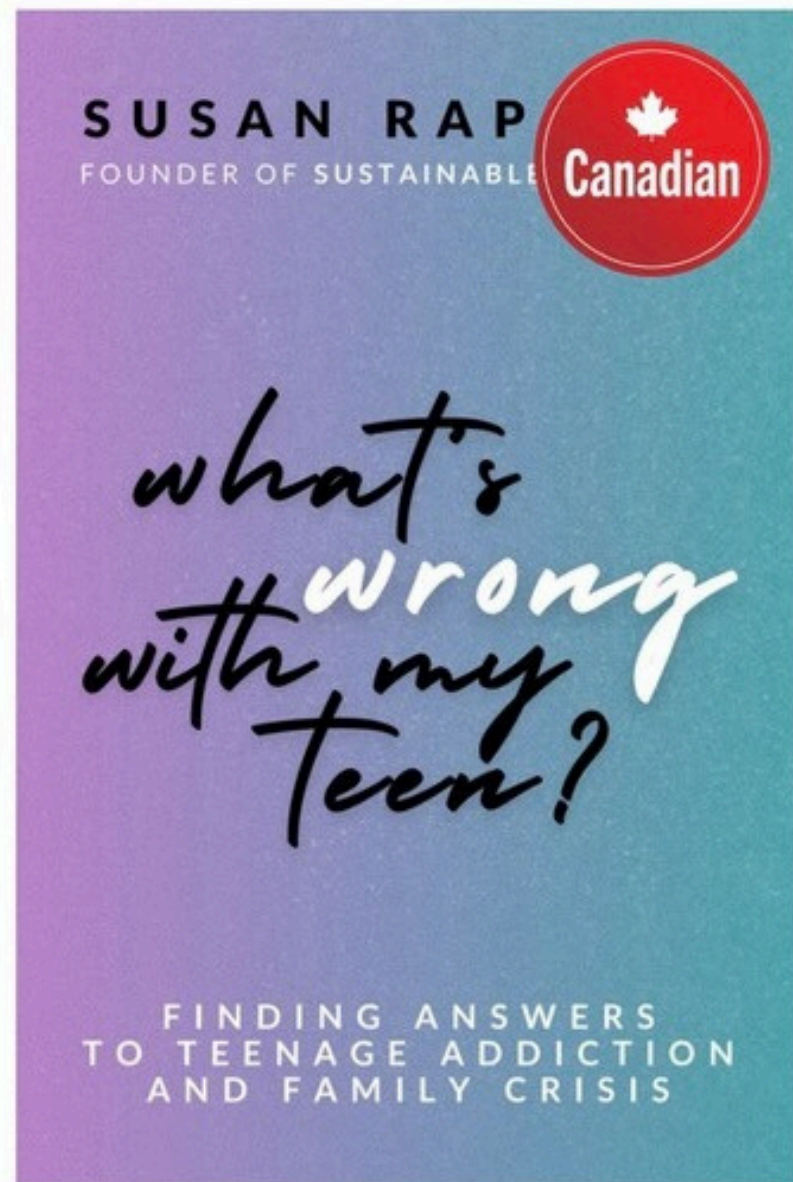
RESOURCES

- Sunnybrook Family Navigation Project: <https://sunnybrook.ca/content/?page=family-navigation-project>
- <https://jacstoronto.org> - free supports for young people and family members
- Drug alcohol, mental health & gambling Registry of Treatment: 1-866-531-2600
<https://www.connexontario.ca>
- 211: <https://211ontario.ca/211-topics/mental-health-addictions/> Telehealth: [1-866-797-0000](https://211ontario.ca/211-topics/mental-health-addictions/)
- [Mental Health Helpline: 1-866-531-2600](https://211ontario.ca/211-topics/mental-health-addictions/)
- 9-8-8: Suicide Crisis Helpline


ANY QUESTIONS OR COMMENTS?



What's Wrong with My Teen? Finding Answers to Teenage Addiction and Family Crisis



Thank you all for participating. We are here to help.

 416-271-1117

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STAY CONNECTED!

