

# Addiction as an Attachment Disorder

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# A little bit about me...

Disclosures:

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# Objectives

- ▶ Integrate attachment perspectives with our current understanding of neurobiological mechanisms of addiction
- ▶ Understand elements in perpetuation of intergenerational attachment styles as it relates to addiction
- ▶ Make the case for attachment-based SUD treatment

# Models of Addiction Etiology Abound

- ▶ Moral
- ▶ Agency/ Temperance
- ▶ Psychoanalytic
- ▶ MN Model
- ▶ Social Learning
- ▶ Medical/Disease
- ▶ Sociocultural
- ▶ Biopsychosocial

# Which model best explains addiction?

- ▶ Does not fully consider relational dynamics
  - ▶ Interpersonal relationships seen as additive or decremental
  - ▶ Limited exploration of internal constructs
- ▶ Lacks support for healthy interpersonal development

# Family Programming in Practice

- ▶ Psychoeducation heavy
- ▶ Does not include parental/caregiving education or support
  - ▶ Very limited inclusion of children (particularly young children)
- ▶ Little focus on interpersonal dynamics within families
- ▶ Skills developed focused is unidirectional

# Families with Substance Use Disorders

- ▶ Adverse interpersonal traumatic experiences in childhood and adolescence (ACE's) heighten risk for adult psychopathology<sup>1</sup>
  - ▶ High co-occurrence of ACE's with SUD<sup>2</sup>
- ▶ Compromised core self-regulatory capacities in childhood leading to low threshold of experienced psychological distress<sup>3</sup>
- ▶ Disturbances in individuals' mentalizing abilities potentially increases vulnerability to SUD<sup>4</sup>

<sup>1</sup> Heleniak, Jenness, Vander Stoep, McCauley, & McLaughlin (2016)

<sup>2</sup> Strine et al. (2012)

<sup>3</sup> Meaney & Ferguson-Smith (2010)

<sup>4</sup> Allen, Lemma, & Fonagy (2012)

# Attachment key to understanding SUD

- ▶ Attachment underpins interpersonal and neurobiological vulnerabilities
- ▶ Useful framework for understanding complex dynamics of SUD within families
- ▶ Decrease individual's vulnerability to development of SUD and persistence of SUD symptoms



# Attachment Overview

- ▶ Foundations in Psychodynamic Theories
- ▶ Draws from work of Bowlby & Ainsworth
  - ▶ Bartholomew & Horowitz (1991) further extended understanding of attachment close interpersonal relationships
- ▶ Impact of attachment style is broad and enduring

# Psychodynamic Hypothesis of Addiction

- ▶ Underdeveloped ego-functions (i.e. executive functioning)<sup>1</sup>
  - Reality testing
  - Stimulus barrier
  - Judgment
  - Impulse control
  - Synthetic-integrative function
  
- ▶ Immature defense mechanisms
  - ▶ Underdeveloped ego coupled with stressful or demanding environment hinders proper development of superego
  - ▶ Defense Mechanisms of denial, idealization, and projective identifications

# Object-Relations - Are you mine?

- ▶ Child's internal world imbedded with mental representations or internal objects
- ▶ Addiction is consequence of poor object relations
  - ▶ The "nameless dread"
  - ▶ External regulator (i.e. substance) to emulate soothing qualities of "good object" and wall-off distressing "bad object"

# Attachment Model of Addiction

- ▶ Internal working models of expectations and attributions about caregiver, child (self), and dyadic relationship<sup>1</sup>
- ▶ Representations guide behaviors, attitudes, and expectations with in caregiver-infant relationship
- ▶ Attachment representations continue to be revised and expanded to adapt to increasingly complex relationships, environments, and danger<sup>2</sup>

<sup>1</sup> Bowlby (1988)

<sup>2</sup> Fonagy, Gergely, Jurist, & Target (2004)

# Attachment Styles

- ▶ Secure Attachment

- Insecure Attachment

- ▶ Dismissive Avoidant

- ▶ Fearful Avoidant

- ▶ Anxious Preoccupied

- ▶ Attachment styles underlie capacities for emotion regulation, coping skills, and interpersonal relationships<sup>1</sup>

- ▶ Insecure attachment styles broadly contribute to SUD vulnerability

<sup>1</sup> Bartholomew & Horowitz (1991)

# Is there more to this...?

- ▶ Externalizing behavior potentially associated with fearful-avoidant and preoccupied attachment styles<sup>1</sup>
  - ▶ Possibly lead to more risk taking behavior with regard to substance use
- ▶ Internalizing behavior potentially associated with fearful and dismissive avoidant attachment style<sup>2</sup>
  - ▶ Use of substances as a way of regulating negative emotions

<sup>1</sup> Zucker, Heitzeg, & Nigg (2011)

<sup>2</sup> Hussong, Jones, Stein, Baucom, & Boeding (2011)

# Neurobiology of Addiction and Attachment

- ▶ Addiction and Attachment have overlapping neural pathways<sup>1</sup>
  - ▶ Mesocorticolimbic and Nigrostriatal dopaminergic systems (motivation and reward processing)
  - ▶ Oxytocinergic system (mood, self-regulation, and social behaviors important to attachment)

<sup>1</sup> Buisman-ijlman et al. (2014)

# Neurobiology of Addiction and Attachment

- ▶ Chronic drug use coopts the same neural reward pathways that are involved during parenting<sup>1</sup>
  - ▶ Decreased salience and pleasure in caregiving
  - ▶ Increased stress activation (low threshold)
  - ▶ Leading to increased risk of relapse in the parenting role.
- ▶ System adaptations resulting from prolonged substance use leads to impaired executive functioning and skewed reward processing
  - ▶ Deterioration in capabilities for regulating difficult emotional states <sup>2</sup>

<sup>1</sup> Jones (2008) ; Rutherford & Mayes (2017)

<sup>2</sup> Seelye (2015)



# Intersection of Neuroscience and Attachment Theory

- ▶ Addiction seen as impairments of executive functioning that thwart effective self-regulation in face of internal or external stressors<sup>1</sup>
  - ▶ Compromised neural activity
  - ▶ Underdeveloped ego-functions and defense mechanisms<sup>2</sup>

<sup>1</sup> Volkow et al. (2011)  
<sup>2</sup> Kernberg et al. (2008)

# Intersection of Neuroscience and Attachment Theory

- ▶ Motivation to persist in substance use associated with aberrant reward-processing <sup>1</sup>
  - ▶ Compromised neural activities involving reward processing
  - ▶ Pleasure principle overriding reality principle

# Intersection of Neuroscience and Attachment Theory

- ▶ Both stress importance of internal subjective processes<sup>1</sup>
  - ▶ Associative learning
  - ▶ Mental representations of “good” and “bad”

# SUD Diagnostic Presentation

## Physiological sx

- ▶ Tolerance (increased amounts or diminished effect)
- ▶ Craving, urges, strong desire to use
- ▶ Withdrawal (characteristic w/d or w/d avoidance)

## Behavioral sx

- ▶ Substance taken in larger amounts or for longer duration than intended
- ▶ Ongoing desire or unsuccessful desire to cut down
- ▶ A great deal of time spent seeking, using, or recovering from substance
- ▶ Failure to fulfill obligations (e.g. work, school, home)
- ▶ Ongoing social or interpersonal problems
- ▶ Giving up social, occupational, or recreational activities
- ▶ Use in physically dangerous situations
- ▶ Use despite ongoing knowledge of physical or psychological problems

# Intergenerational Transmission of Attachment

- ▶ Attachment representations determine inter- and intra-personal conceptualization of relationships, environment, and danger or adversity
  - ▶ Transition to parenthood/caregiving is period of reorganization of self
  - ▶ Trigger memories and experiences associated with childhood adversity

# Intergenerational Transmission of Attachment

Pervasiveness and persistence of these representations permeates caregiver-child interactions foreshadowing intergenerational transmission of attachment styles

- ▶ Hypothesized to correlate with familial SUD vulnerability
- ▶ Attuned parenting is essential for healthy development of infant brain and biological system<sup>1</sup>

# Development of Secure Attachment

- ▶ Secure attachment requires sensitive caregiving
  - ▶ Capacity for sensitive caregiving potential predictor of relapse for mothers engaged in addiction treatment.
- ▶ Understanding child's state of mind leads to responsive care<sup>1</sup>
  - ▶ Attend to needs
  - ▶ Appropriate response to affective states
  - ▶ Construct child's mentalizing capabilities
- ▶ Caregiver mental representation of current caregiving experience<sup>2</sup>
  - ▶ Parental capacity to attune to themselves and caregiving
  - ▶ Differentiate between their own affective states and those of the child's
  - ▶ Greater caregiving flexibility and accommodation

<sup>1</sup> Bost et al. (2006)

<sup>2</sup> Sokolowski et al. (2007)

# Components of Sensitive Caregiving

- ▶ Mental representations
- ▶ Mentalizing Abilities
- ▶ Reflective Functioning



# Mental Representations

- ▶ Internal working models or dynamic systems of expectation and attributions about the environment, the self, and others
- ▶ Impacts caregiving behaviors and sensitivity (attunement)

# Mentalizing Abilities

- ▶ Parental self-mentalizing enables the parent to recognize, understand and thereby regulate her own mental and emotional distress and its potential impact on the child (i.e. self-focused mentalizing)
- ▶ Leads to co-construction of child's mental representations

# Reflective Functioning

- ▶ Caregiver ability to understand a child's mind is vehicle whereby their attachment organization becomes highly relevant to child's sense of self and of his relationship to others<sup>1</sup>
- ▶ Observable and measurable manifestation of mentalization
- ▶ Reflective functioning ability may predict success in transition to parenthood

<sup>1</sup> Alvarez-Monjaras, McMahon, & Suchman (2019)

“ attachment-based interventions premise that, as the quality of parental self-focused RF, child-focused RF, and mental representations of caregiving improves, improvement in maternal caregiving sensitivity and child attachment security will follow. ”

Suchman et al. (2017)

# Attachment for Recovery

- ▶ Primary caregiver with SUD poses threat to quality of sensitive caregiving
- ▶ Insecure attachment styles increases vulnerability to emotional dysregulation and relapse
- ▶ Recovery resilience possibly improved from increasing reflective functioning, mentalizing capabilities, and moderating mental representations

# Implications for Treatment

- ▶ Increase client's capacity for sensitive caregiving through therapeutic relationship
- ▶ Exploring client's attachment styles as it relates to their SUD
- ▶ Supporting transition to parenthood

Thank You!

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