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Disclosures:

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1 Zucker, Heitzeg, & Nigg (2011)



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

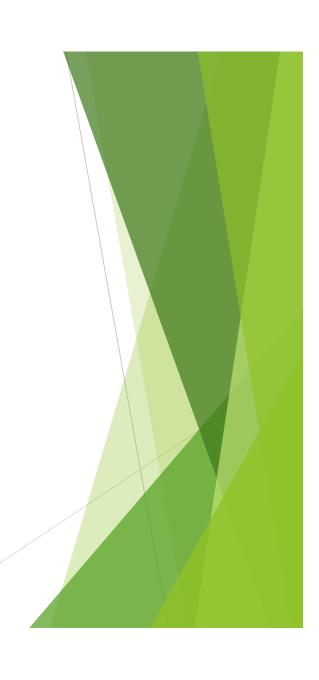
Make the case for attachment-based SUD treatment



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 development focus is unidirectional

Families with Substance Use Disorders

- Adverse interpersonal traumatic experiences in childhood and adolescence (ACE's) heighten risk for adult psychopathology¹
 - ► High co-occurrence of ACE's with SUD²
- Compromised core self-regulatory capacities in childhood leading to low threshold of experienced psychological distress³
- Disturbances in individuals' mentalizing abilities potentially increases vulnerability to SUD⁴

¹ Heleniak, Jenness, Vander Stoep, McCauley, & McLaughlin (2016)

² Strine et al. (2012)

³ Meaney & Ferguson-Smith (2010)

⁴ Allen, Lemma, & Fonagy (2012)



- 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

Addiction from Psychoanalytic Perspectives

- ▶ Underdeveloped ego-functions (i.e. executive functioning)¹
 - 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



Addition of Object-Relations

- 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 relationship¹
- 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 danger²

² 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 relationships¹
- ▶ Insecure attachment styles broadly contribute to SUD vulnerability

Attachment Manifested in Addiction

- Externalizing behavior potentially associated with fearful-avoidant and preoccupied attachment styles¹
 - Possibly lead to more risk taking behavior with regard to substance use
- Internalizing behavior potentially associated with fearful and dismissive avoidant attachment style²
 - ▶ Use of substances as a way of regulating negative emotions



Neurobiology of Addiction and Attachment

- Addiction and Attachment have overlapping neural pathways¹
 - Mesocorticolimbic and Nigrostriatal dopaminergic systems (motivation and reward processing)
 - Oxytocinergic system (mood, self-regulation, and social behaviors important to attachment)



Neurobiology of Addiction and Attachment

- Chronic drug use coopts the same neural reward pathways that are involved during parenting¹
 - 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 ²

Intersection of Neuroscience and Attachment Theory

- ► Addiction seen as impairments of executive functioning that thwart effective self-regulation in face of internal or external stressors¹
 - Compromised neural activity
 - ▶ Underdeveloped ego-functions and defense mechanisms²

Intersection of Neuroscience and Attachment Theory

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

Intersection of Neuroscience and Attachment Theory

- ▶ Both stress importance of internal subjective processes¹
 - Associative learning
 - ► Mental representations of "good" and "bad"

Physiological sxs

Behavioral sxs

SUD Diagnostic Presentation

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

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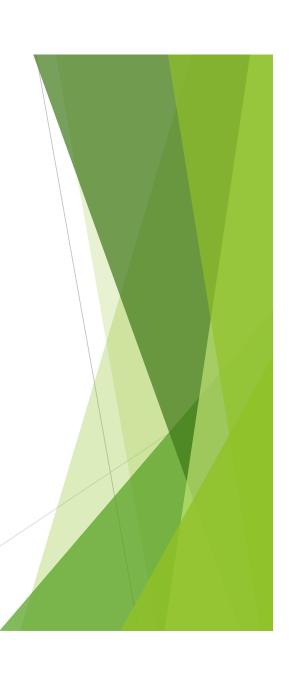
Pervasiveness and persistence of these representations permeates caregiver-child interactions foreshadowing intergenerational transmission of attachment styles

Intergenerational Transmission of Attachment

Correlations between Intergenerational Transmission of Attachment and Addiction

- ► Familial SUD vulnerability increased significantly
- Unclear whether attachment insecurities predicates addiction or vice versa
- Addiction certainly exacerbated by insecure attachment styles across generations
- Attuned parenting is essential for healthy development of infant brain and biological system¹





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 care¹
 - Attend to needs
 - Appropriate response to affective states
 - Construct child's mentalizing capabilities
- ► Caregiver mental representation of current caregiving experience²
 - 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

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 others¹
- Observable and measurable manifestation of mentalization
- Reflective functioning ability may predict success in transition to parenthood



attachment-based interventions premise that, as the quality of parental self-focused RF, childfocused 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
- Development of emotional regulation skills and cognitive restructuring of maladaptive attachment styles

Thank You!

