WELCOME!

“Heroin is My Mother, and Booze is My Father:”
Addiction as an Attachment Disorder
“Heroin is My Mother, and Booze is My Father;”
Addiction as an Attachment Disorder

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Behavioral Health Clinician
LCS Drug Court Program
Learning Objectives:

After today’s Workshop, you should look forward to

• Being able to identify at least 3 types of childhood attachment deficits associated with adult Substance Use Disorders

• Understanding how successful SUD treatment modalities can effectively remediate dysfunctional attachment by offering corrective developmental experiences

• Being more comfortable addressing attachment issues in your own practice, with handouts you can use
“Mary, Mary quite contrary... how do your neurons grow?”
Brain architecture is built over time

- Brain development progresses in a hierarchical, “bottom-up” sequence, with advanced skills built on more basic capabilities. ("Epigenetic principle")

- As it develops, the quality of brain architecture establishes a sturdy or weak foundation for learning and behavior. “What fires together, wires together”

- Brain circuits consolidate with increasing age, making them more difficult to rewire.

- The timetable of brain plasticity varies: it is narrow for basic sensory abilities, wider for language, and broadest for cognitive and social-emotional skills.

- “mirror neurons” are crucial to the process, especially in infancy
Sequential neuronal development

At birth the brain is 25% of adult size & reaches 90% of adult size by age 5.

The brain develops from the bottom up and from the back to the front.

Impact of the environment on the structure and function of the brain is greatest during the first 3 years of life.
Hierarchy of Brain Development

FOREBRAIN
- Cortex
  - “Executive Center”

MIDBRAIN
- Limbic
  - “Emotional Center”

HINDBRAIN
- Cerebellum & Brainstem
  - “Alarm Center”

Abstract Thought
- Logic & Reasoning
- Memory storage

Attachment
- Context Memory
- Sexual Behavior
- Emotion Reactivity
- Appetite/Satiety

Blood Pressure
- Body Temperature
- Motor Regulation
- Balance
- Heart Rate
- Breathing
Neuronal pruning birth $\rightarrow$ age 5... “use it or lose it!”

**Predominance of “mirror neurons:**

- **Newborn**
- **Early Childhood**
- **Later Childhood**
Neuronal plasticity has its limits...

The Brain's Ability to Change in Response to Experiences

Amount of Effort Such Change Requires

Birth 2 4 6 8 10 20 30 40 50 60 70 AGE
“Mirror Neurons” seem to be important in this process

- Discovered in the mid-1990’s in monkeys
- Theoretically, they provide an internal “mirror” of other’s actions, intentions and emotions
- This becomes an internal representation or map of interactions with important “others”
- Could they be the foundation of attachment?
Mirror neurons (MN) have been interpreted as an internal motor template crucially involved in primate social cognition: the perception of others’ behaviour, in fact, activates in the observer the same motor representations used during the execution of the same behaviour (Rizzolatti and Craighero, 2004). The different characteristics of MN in monkeys and humans suggest that natural selection may have operated differently on their molecular basis, producing various degrees of heritability and subtle, but critical differences in neuronal responses.

We consider epigenetics a good candidate to support differential evolution of MN from a molecular perspective. The MN involvement in neonatal imitation, the observation that their firing response can change and be tuned during ontogeny in a human-like way (tool-use mirror neurons) raise the possibility that epigenetic regulation is crucially involved in mirror neurons development and evolution. Epigenetic marks can thus have been differentially selected and wired in the various categories of MN (mouth and hand MN) of the different species. The process of selection of variants emerged during brain development is consistent with Evo-devo theories of mirror neurons.

Photo by Frans de Waal
Environmental interactions can influence genes as they are “expressed”. Their intensity can either reduce or increase genetically based risks.
Interaction of nature and nurture

Biology shapes ability to:
- Recognize speech
- Discern sounds
- Link meaning to words

The child’s environment shapes:
- Particular languages learned
- Vocabulary
- Dialect
Mirror Neurons are important in parenting:

When you focus on your children's inner experiences (feelings), something really important is happening. This focus helps you develop a balanced way of regulating your child’s emotional states. For example, when you interact using mirror neurons you can both calm your child when he or she is upset, and you can teach your child to calm him or herself.
Implications

• First 2 years of life is “blooming” of the pre-frontal cortex
• Experience-based interaction is essential to the process
• Implicit vs explicit memory
• Early experiences reinforced by interactions

• All children will attach; what differs is the quality of attachment
  – To what or whom?
  – Secure or insecure
  – Malleable or not?
• Patterns are persistent but can change
• Anger and aggression are most stable
The child’s brain development is governed by 2 processes:

Blooming: As the child’s brain grows there is an initial “sprouting” of neurons and synaptic junctions.

Pruning: Those neurons that are not encouraged to fire gradually atrophy in favor of neuronal connections that are used.

Due to the infant’s limited psychomotor capacity, the brain at this point is a passive recipient, waiting for an experience. As experiences, interactions and environmental stimulation are provided these activated neurons shape the actual structure of the brain.
And the result is:

To the degree that a particular experience is provided, the developing brain responds with neuronal growth. If these experiences aren’t provided, the child goes from a potentially large neural substrate to one shaped by pruning and lack of stimulation, which alters the structure of the brain for life. Synaptic connections that are reinforced by an infant’s exposure to language, sounds, facial expressions, and even lessons in cause and effect (e.g., the infant smiles, the mother smiles back) become permanent parts (blooming) of the brain’s structure. Tentative connections that are not reinforced by early experience are eliminated (pruning). Examples include binocular vision, the developmental of language, musical competence, and the capacity for attachment. “Addiction as an Attachment Disorder” by Philip J. Flores, Ph. D.
Attachment is not just for babies anymore… it becomes part of or survival system. (Have you ever had a “gut hunch” about somebody?)

The limbic brain is another delicate physical apparatus that specializes in detecting and analyzing just one part of the physical world—the internal state of other mammals. Emotionality is the social sense organ of limbic creatures. While vision lets us experience the reflected wavelengths of electromagnetic radiation, and hearing gives information about the pressure waves in the surrounding air, emotionality enables a mammal to sense the inner states and the motives the mammals around him.

Lewis, et. al. (2000)
By the time a child is a year old, they have made the three most important decisions they will ever make:

• The world is a safe place for me, or it’s not
• If I make my needs known, they will be met, they’ll be frustrated or (worst of all…) I can never tell
• Either the world is glad that I’m here, or it’s not
Personality Development & Core Emotion

Maslow’s Heirarchy of Human Needs

- Need to have Meaning
- Need for Respect
- Need to Belong
- Safety Needs
- Survival Needs

Erickson’s Stages of Personality Development

- Integration vs. Despair
- Contribution vs. Dependence
- Intimacy vs. Isolation
- Identity vs. Role Confusion
- Industry vs. Inferiority
- Initiative vs. Guilt
- Autonomy vs. Shame & doubt
- Trust vs. Mistrust

Joy

Sadness

Hurt

ANGER

Fear/Anxiety

Shame

Michael G Bricker MS, CADC-2, LPC (2002)
The child’s answer to these three questions becomes a “life posture” that is pre-conscious and durable across the life span.

- Chronic trauma response
- Hypervigilence
- Trust issues
- Attachment D/O’s
- Personality D/O’s

My world is safe

- Security
- Healthy Attachment
- Stable relationships
The child’s answer to these three questions becomes a “life posture” that is pre-conscious and durable across the life span.

- Insecurity
- Ambivalence
- Trust issues
- Extremes of Attachment
- Borderline/Antisocial Personality

My needs are met

- Safety
- Sense of worth
- Healthy Attachment
- Stable relationships
The child’s answer to these three questions becomes a “life posture” that is pre-conscious and durable across the life span.

Insecurity
Depression
Trust issues
Insecure Attachment
Dependent/Borderline Personality

World
is glad
I’m here

NO
YES

Security
Positive self-worth
Healthy Attachment
Stable relationships
The child’s answer to these three questions becomes a “life posture” that is pre-conscious and durable across the life span.

When asked to evaluate kids because a parent or professional suspects RAD, the child is usually exhibiting some combination of problematic behaviors from the following list:

- Lack of conscience or empathy for others, manifesting in antisocial behavior
- Severe aggression that (at times) may appear deliberate on the part of the child
- Property destruction
- Pathological lying
- Stealing
- Removing and hiding food from the family’s kitchen or refrigerator
- Inappropriate sexual behavior
- Manipulative behavior
Origins of Attachment Theory

John Bowlby (1959) viewed human beings as inherently relationship seeking, naturally oriented to seek “contact comfort” and naturally inclined to seek proximity to familiar, comforting figures in times of threat, pain or need.

Survival Decisions

When we are born we have one task:

To find the person who will look in our eyes and transmit the message

“I am here for you always”

Without this person, we will surely die. Most of us have more than one person, Mom, Dad, Grandma, Aunt, Uncle, Big sister...But they aren’t all committed to us in the same way.

Even an infant knows the difference and has a preference, usually mom.*

*Cassidy, Handbook of Attachment, 1999
Mirror neurons are the basis of attunement...

...which leads to attachment

After Bessel Van Der Kolk MD
Survival Decisions

The connection made with this special person is called attachment and will begin the process of wiring our brains for relationships for the rest of our lives.

“Plan A”
We are born believing that we are the center of the universe and all of our needs will be met.

Human beings are hard wired to attach and our survival depends on it. Infants are helpless and vulnerable and remain dependent on their caregivers for physical care, safety and healthy development for many years.
The Shift from Plan A to Plan B: How children get what they need in stressful families

What we didn’t know 30 years ago was that the early years, especially birth to age 5, are extremely important in how our brain is wired for future experience with love and connection.

In any family, children discover early on that Mom and Dad (because they are human) are not totally consistent or predictable.
The Shift from Plan A to Plan B:
How children get what they need in stressful families

Plan B - Increase the quantity and quality of contact with our person. But how?

If a child is raised in a painful or stressful environment he or she will need to intensify efforts to get safety, security and comfort.

As early as age 3, children will begin to adapt and do whatever is necessary for attachment, connection and/or attention regardless of circumstance.
INSECURE ATTACHMENT

Anxiety increases when we don’t have a secure and consistent connection as children.

How we adapt and try to maintain connection depends on many factors including:

- Temperament
- Birth order and Siblings’ choices
- Degree of stress or trauma

Ann W Smith MS, LPC, LMFT, NCC
INSECURE ATTACHMENT

• Patterns emerge without conscious awareness. Some traits must be used to excess and others may be disowned.

• Coping mechanisms developed out of necessity in early childhood are used well into adulthood.

• These brilliant survival patterns will sabotage the search for loving connection as adults.
Attachment is influenced by trauma or neglect:

CAPACITY FOR RELATIONSHIPS

Intimacy ← -------------------------- → Isolation

IDENTITY

Secure sense of self ← -- → Identity confusion

SELF-EFFICACY

Sense of mastery ← -------- → Powerlessness

SELF-REGULATION

Self-control ← -------------------------- → Impulsivity

After Teresa Stroup, MSW
**Characteristics of Secure Attachment**

<table>
<thead>
<tr>
<th>As Children:</th>
<th>As Adults:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Able to separate from parent.</td>
<td>1. Have trusting, lasting relationships.</td>
</tr>
<tr>
<td>2. Seek comfort from parents when frightened.</td>
<td>2. Tend to have good self-esteem.</td>
</tr>
<tr>
<td>3. Return of parents is met with positive emotions.</td>
<td>3. Comfortable sharing feelings with friends and partners.</td>
</tr>
<tr>
<td>4. Prefers parents to strangers.</td>
<td>4. Seek out social support.</td>
</tr>
</tbody>
</table>
Attachment I: Relationships in Research (ISS: Infant Strange Situation) Studies

<table>
<thead>
<tr>
<th>Relationship Type</th>
<th>Parenting Behavior</th>
</tr>
</thead>
<tbody>
<tr>
<td>B - Secure</td>
<td>Responsive, Consistent</td>
</tr>
<tr>
<td>A - Avoidant</td>
<td>Rejecting, Distant</td>
</tr>
<tr>
<td>C - Ambivalent</td>
<td>Inconsistent/Intrusive</td>
</tr>
<tr>
<td>D - Disorganized</td>
<td>Frightening, Confusing, Fearful</td>
</tr>
</tbody>
</table>
## Attachment II: Adults Making Sense of Their Lives (Adult Attachment Interview)

<table>
<thead>
<tr>
<th>Adult Narrative</th>
<th>Child Attachment</th>
</tr>
</thead>
<tbody>
<tr>
<td>F – Free/Secure</td>
<td>Secure</td>
</tr>
<tr>
<td>Dis – Dismissing</td>
<td>Avoidant</td>
</tr>
<tr>
<td>E – Entangled, Preoccupied</td>
<td>Anxious</td>
</tr>
<tr>
<td>U – Unresolved</td>
<td>Disorganized</td>
</tr>
</tbody>
</table>

Trauma or Grief
Experience creates expectation which alters perception which shapes behavior
Where does it go wrong?

• As biological beings, we are “hard-wired” at birth for survival, attachment, pleasure and comfort (homeostasis)

• Brainstem & limbic functions: increases in
  – dopamine (motivation & pleasure)
  – oxytocin (bonding & comfort)
  – PEA (excitation & arousal)
  – Vasopressin (social & sexual motivation)

• Trauma or neglect create highly reinforced neural pathways in unconscious and pre-conscious “survival brain” systems
Where does it go wrong?

• Inconsistent attachment results in diffuse memory formation ("fun-house mirror" neurons)

• Trauma → "splintered" memory formation

• Stress → fragmented memory storage w/o markers for conscious recall → flashbacks

• Neglect → mis-attribution of self → Victim stance: “What’s WRONG with me?” vs “What’s happening to me?”
Where does addiction come in?

• We are “hard-wired” at birth for survival, attachment, pleasure and comfort. This is a biological imperative, and WILL be satisfied

• Brainstem & limbic functions
  – dopamine (motivation & pleasure)
  – oxytocin (bonding & comfort)
  – phenylethylamine PEA (excitation & arousal)
  – vasopressin (social & sexual motivation)

• For genetically vulnerable persons, drug intoxication fires the same parts of the brain, and feels like an acceptable substitute...
Where does addiction come in?

• For genetically vulnerable persons, drug intoxication fires the same parts of the brain, and feels like an acceptable substitute...

• “Loaded feels like love!”
# The Benefits of Oxytocin

<table>
<thead>
<tr>
<th>Fear - Cortisol</th>
<th>COMFORT - Oxytocin</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aggression</td>
<td>Anti-stress hormone</td>
</tr>
<tr>
<td>Causes arousal, Anxiety, Feeling stressed-out</td>
<td>Feeling calm and connected, Increased curiosity</td>
</tr>
<tr>
<td>Activates addictions</td>
<td>Lessens cravings &amp; addictions</td>
</tr>
<tr>
<td>Suppresses libido</td>
<td>Increases sexual receptivity – promotes orgasm in women</td>
</tr>
<tr>
<td>Associated with depression</td>
<td>Positive feelings</td>
</tr>
<tr>
<td>Can be toxic to brain cells</td>
<td>Facilitates learning</td>
</tr>
<tr>
<td>Breaks down muscles, bones and joints</td>
<td>Repairs, heals and restores</td>
</tr>
<tr>
<td>Weakens immune system</td>
<td>Faster wound healing</td>
</tr>
<tr>
<td>Increases pain</td>
<td>Diminishes sense of pain</td>
</tr>
<tr>
<td>Clogs arteries, Promotes heart disease and high blood pressure</td>
<td>Lowers blood pressure, Protects against heart disease</td>
</tr>
<tr>
<td>Obesity, Diabetes, Osteoporosis</td>
<td><strong>Which way would you vote?</strong></td>
</tr>
</tbody>
</table>
# Dopamine Levels

<table>
<thead>
<tr>
<th>Excess</th>
<th>Deficient</th>
<th>&quot;Normal&quot;</th>
</tr>
</thead>
<tbody>
<tr>
<td>Addictions</td>
<td>Addictions</td>
<td>Motivated</td>
</tr>
<tr>
<td>Anxiety</td>
<td>Depression</td>
<td>Feelings of well-being, satisfaction</td>
</tr>
<tr>
<td>Compulsions</td>
<td>Anhedonia - no pleasure, world looks colorless</td>
<td>Pleasure, reward in accomplishing tasks</td>
</tr>
<tr>
<td>Sexual fetishes</td>
<td>Lack of ambition and drive</td>
<td>Healthy libido</td>
</tr>
<tr>
<td>Sexual addiction</td>
<td>Inability to &quot;love&quot;</td>
<td>Good feelings toward others</td>
</tr>
<tr>
<td>Unhealthy risk-taking</td>
<td>Low libido</td>
<td>Healthy bonding</td>
</tr>
<tr>
<td>Gambling</td>
<td>Erectile dysfunction</td>
<td>Healthy risk taking</td>
</tr>
<tr>
<td>Compulsive activities</td>
<td>No remorse about personal behavior</td>
<td>Sound choices</td>
</tr>
<tr>
<td>Aggression</td>
<td>ADD/ADHD</td>
<td>Realistic expectations</td>
</tr>
<tr>
<td>Psychosis</td>
<td>Social anxiety disorder</td>
<td>Maternal/Paternal love</td>
</tr>
<tr>
<td>Schizophrenia</td>
<td>Antisocial behavior</td>
<td></td>
</tr>
</tbody>
</table>
**Actions of PEA on Neurotransmitters**

- Stimulates dopamine’s nerve terminals and activity for feeling pleasure, libido and emotional wellbeing;
- Increases epinephrine and norepinephrine catecholamine activity, for energy production and inhibition of their reuptake;
- Increases the action of acetylcholine for cognitive functions by stimulating the AMPA glutamate receptors;
- Elevates mental alertness and mood by suppressing the inhibitory effects of GABA-B receptors;
- Enhances serotonin release and its uplifting activity on mood, emotions and control.
**Where does addiction come in?**

- Brainstem & limbic functions are similar in positive attachment and intoxication
  - dopamine – responds to pleasurable events that are novel and significantly better than expected
  - oxytocin – may function to “bond” the user to the new and pleasurable experience
  - PEA – triggers the “giddy” lovestruck feeling
  - vasopressin – may close the motivation loop

- For attachment-deprived persons, drug intoxication fires the same parts of the brain, and feels like an acceptable substitute...

- So, in the absence of dependable attachment: **LOADED WILL DO!**
The goal of attachment is homeostasis in a “felt sense of security”

3 main characteristics
• Safe haven – who you turn to when upset
• Proximity – who do you want to be close to
• Secure base – who is always there for you
• *(Remember Maslow’s Pyramid?)*

3 main functions
• Reduces stress hormones like cortisol
• Increase bonding neuropeptides like PEA, oxytocin & vasopressin
• Shift from sympathetic (activating) to parasympathetic (calming) Autonomic NS
Reactive Attachment Disorder

Diagnostic Criteria 313.89 (F94.1)

A. A consistent pattern of inhibited, emotionally withdrawn behavior toward adult caregivers, manifested by both of the following:
   1. The child rarely or minimally seeks comfort when distressed.
   2. The child rarely or minimally responds to comfort when distressed.

B. A persistent social and emotional disturbance characterized by at least two of the following:
   1. Minimal social and emotional responsiveness to others.
   2. Limited positive affect.
   3. Episodes of unexplained irritability, sadness, or fearfulness that are evident even during nonthreatening interactions with adult caregivers.

C. The child has experienced a pattern of extremes of insufficient care as evidenced by at least one of the following:
   1. Social neglect or deprivation in the form of persistent lack of having basic emotional needs for comfort, stimulation, and affection met by caregiving adults.
   2. Repeated changes of primary caregivers that limit opportunities to form stable attachments (e.g., frequent changes in foster care).
   3. Rearing in unusual settings that severely limit opportunities to form selective attachments (e.g., institutions with high child-to-caregiver ratios).

D. The care in Criterion C is presumed to be responsible for the disturbed behavior in Criterion A (e.g., the disturbances in Criterion A began following the lack of adequate care in Criterion C).

E. The criteria are not met for autism spectrum disorder.

F. The disturbance is evident before age 5 years.

G. The child has a developmental age of at least 9 months.

Specify if:
   Persistent: The disorder has been present for more than 12 months.

Specify current severity:
   Reactive attachment disorder is specified as severe when a child exhibits all symptoms of the disorder, with each symptom manifesting at relatively high levels.

Disinhibited Social Engagement Disorder

Diagnostic Criteria 313.89 (F94.2)

A. A pattern of behavior in which a child actively approaches and interacts with unfamiliar adults and exhibits at least two of the following:
   1. Reduced or absent reticence in approaching and interacting with unfamiliar adults.
   2. Overly familiar verbal or physical behavior (that is not consistent with culturally sanctioned and with age-appropriate social boundaries).
   3. Diminished or absent checking back with adult caregiver after venturing away, even in unfamiliar settings.
   4. Willingness to go off with an unfamiliar adult with minimal or no hesitation.

B. The behaviors in Criterion A are not limited to impulsivity (as in attention-deficit/hyperactivity disorder) but include socially disinhibited behavior.

C. The child has experienced a pattern of extremes of insufficient care as evidenced by at least one of the following:
   1. Social neglect or deprivation in the form of persistent lack of having basic emotional needs for comfort, stimulation, and affection met by caregiving adults.
   2. Repeated changes of primary caregivers that limit opportunities to form stable attachments (e.g., frequent changes in foster care).
   3. Rearing in unusual settings that severely limit opportunities to form selective attachments (e.g., institutions with high child-to-caregiver ratios).
**DSM-5 Attachment Disorder revisions**

- Moved out of “disorders of Infancy and early childhood” in DSM-IV
- DSM-IV Criteria A & B split and treated as separate disorders
- Redefined as a trauma disorder
- Reactive Attachment Disorder
  - Minimal emotional engagement
  - Limited positive affect
  - Unexpected fear/anger
- Disinhibited Social Engagement D/O
  - Overly familiar verbal & physical behavior with strangers
Implications for Recovery

• When we get sober, we now have lost our “attachment surrogate”
• The biological imperative is still in force
• Lacking the developmental attachment skills, secure sense of self and self-soothing skills...

• ...we look for something else to fill the void, eg.
• cross-addiction
• “process” addictions
• and last, but not least...
• ...the “13th Step”! We find someone who feels like they’re “the ONE...”
• ...so we still don’t develop the skills!
Implications for Recovery

• Now we’re faced with three unpleasant alternatives:
  – Sequential engulfment (ultimately unsatisfying)
  – Isolation (violates the biological imperative)
  – Grow up! Get to know who I am so that I can connect in a healthy, meaningful way.

• So how do we do THAT? We need to find developmentally appropriate experiences
  – Unconditional acceptance
  – Peer support groups

• Reciprocal positive relationships
  – Counseling & therapy
  – Sponsorship & mentoring
Implications for Recovery

Successive unsuccessful attempts to fill the void left by insecure attachment in early childhood.

Lack of secure attachment
**Working hypothesis: attachment issues operative at 2 points in time?**

- Early initiation of substance misuse?
  - CNS depressants
  - Ages 7-10 suggest early sexual abuse?
  - Ages 10-12 suggest insecure attachment

- Antisocial PDO’s
  - Early MJ and ETOH
  - CNS stimulants age 14

- Early initiation of abstinence?
  - Boundary issues w. Staff
  - “13th Step” violations
  - Withdrawal from support as Tx proceeds

- Beware the “antisocial-borderline dyad”
  - People who “need to be needed” and people who need to dominate
Implications for Treatment

• Task is to make the unconscious conscious

• Well-designed treatment provides sequential “developmentally corrective experiences”
  – Empathy, genuine-ness and unconditional positive regard (sound familiar?)
  – This allows the INNER experience of attachment to develop, including
  – Healthy boundaries between “self” and “other”

• Opportunities to risk new behaviors in a safe, supportive learning environment
Implications for Treatment

• Engagement is even MORE important with the attachment-challenged adult

• “They don’t care what you know ‘till they know that you CARE.”

• Manualized EBP’s alone may be less effective without adjunctive “process work”
  – Personality D/O’s are usually screened out of study cohorts...
  – Attachment becomes a confounding variable
Implications for Treatment

• A developmental assessment is essential
  – The client who was securely attached as a child will benefit from education & skill-building
  – These may not be sufficient for those with early attachment deficits
  – Particularly clients with borderline and dependent personality characteristics will require conjoint therapy to consolidate recovery gains

• Antisocial personalities are another story...
Implications for Treatment

- Clients with attachment issues may tend to self-sabotage with old patterns
- Knowing what the “old patterns” look like may help keep them from repeating
- Get an “attachment history”

- Adverse Childhood Experiences Survey
- Adult Attachment Interview
- Review of past relapse experiences through the “attachment lens”
- What did relapse “feel like?” Familiar?
**The 12 Steps offer developmentally sequenced corrective experiences:**

1. The experience of abandonment & betrayal
2. Permission to Hope – attunement to others
3. Risking Attachment
4. Risking attunement with self
5. Risking attachment with another
6-7 Repairing my relationship with myself
8-9 Repairing my relationship with others
10. Owning responsibility for my relationships
11. Cementing attachment to my Higher Power
12. Expanding that relationship to others
The Women for Sobriety
“New Life Acceptance” Program

1. I have a life-threatening problem that once had me... I now take charge of my life and my disease. I accept responsibility for my life.

2. Negative thoughts hurt only myself. My first conscious sober thought must be to remove negativity from my life.

3. Happiness is a habit I will develop. Happiness is created, not waited for.

4. Problems bother me only to the degree I permit them to. I now better understand my problems, and don’t let them overwhelm me.

5. I am what I think. I am a capable, competent, caring compassionate woman (person).

6. Life can be ordinary, or it can be great. Greatness is mine by conscious effort.
7. Love can change the course of my world  
   Caring becomes all-important

8. The fundamental object of life is emotional and spiritual growth  
   Daily I put my life into proper order, knowing which are my priorities

9. The past is gone forever  
   No longer will I be victimized by the past. I am a new person

10. All love given returns  
    I will learn to know that others love me

11. Enthusiasm is my daily exercise  
    I treasure all moments of my new life

12. I am a competent woman and have much to give life  
    This is what I am and I will know it always

13. I am responsible for myself and my actions  
    I am in charge of my mind, my thoughts and my life
# Implications for Treatment – get an attachment history

**Adverse Childhood Experiences (ACEs) Assessment**

This questionnaire is completely anonymous, and your answers will not be shared with anyone. We want to use this information to improve our treatment services.

The Center for Disease Control’s Adverse Childhood Experience (ACEs) Study uses a simple scoring method to determine the extent of exposure to childhood trauma. Exposure to one category (not incident) of ACE, qualifies as one point. An ACE score of 0 (zero) indicates no exposure, while an ACE score of 10 indicates exposure to all trauma categories.

**INSTRUCTIONS:** 1) Identify and list your strengths. 2) Read the ACE Definitions and identify any things you experienced in the family you grew up in before the age of 18. Then enter your score (either zero or 1) for each type of Trauma. Add your scores to get your Trauma Dose. 3) Complete the NOW column. 4) Then complete the How questions.

## 1. STRENGTHS:

How old are you now? *(Please circle)*

|-------|--------|--------|--------|--------|--------|--------|--------|------|

<table>
<thead>
<tr>
<th>ACEs</th>
<th>Question</th>
<th>Score</th>
</tr>
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<tbody>
<tr>
<td>Emotional Abuse</td>
<td>Did a parent or other adult in the household often or very often, swear at you, insult you, put you down and/or sometimes, often or very often act in a way that made you think that you might be physically hurt?</td>
<td>Yes/No</td>
</tr>
<tr>
<td>Physical Abuse</td>
<td>Did a parent or other adult in the household often or very often...push, grab, slap, or throw something at you? or ever hit you so hard that you had marks or were injured?</td>
<td>Yes/No</td>
</tr>
<tr>
<td>Sexual Abuse</td>
<td>Did an adult or person at least 5 years older ever touch or fondle or have you touch their body in a sexual way, or attempted or actually had oral, anal, or vaginal intercourse with you?</td>
<td>Yes/No</td>
</tr>
<tr>
<td>Emotional Neglect</td>
<td>Did you often or very often feel that no one in your family loved you or thought you were important or special? Or your family didn’t look out for each other, feel close to each other, or support each other?</td>
<td>Yes/No</td>
</tr>
<tr>
<td>Physical Neglect</td>
<td>Did you often or very often feel that you didn’t have enough to eat, had to wear dirty clothes, and had no one to protect you? or Your parents were too drunk or high to take care of you or take you to the doctor if you needed it?</td>
<td>Yes/No</td>
</tr>
<tr>
<td>Mother Treated Violently</td>
<td>Was your mother or stepmother often, or very often pushed, grabbed, slapped, or had something thrown at her or sometimes, often, or very often kicked, bitten, hit with a fist or something hard, or ever repeatedly hit over at least a few minutes or ever threatened or hurt by a knife or gun?</td>
<td>Yes/No</td>
</tr>
<tr>
<td>Household Substance Abuse</td>
<td>Did you ever live with anyone who was a problem drinker or alcoholic or lived with anyone who used street drugs?</td>
<td>Yes/No</td>
</tr>
<tr>
<td>Household Mental Illness</td>
<td>Has a household member been depressed; mentally ill or ever attempted suicide?</td>
<td>Yes/No</td>
</tr>
<tr>
<td>Parental Separation/Divorce</td>
<td>Were your parents ever separated (didn’t live together) or divorced?</td>
<td>Yes/No</td>
</tr>
<tr>
<td>Incarcerated Household Member</td>
<td>Did a household member ever go to prison?</td>
<td>Yes/No</td>
</tr>
</tbody>
</table>

**TOTAL ACE SCORE**

---

3. **NOW:** Across each row, how often does this type of childhood trauma experience impact your life today?

1 – Never or almost never  
2 – Hardly Ever  
3 – Some of the time  
4 – Most of the time  
5 – Always or almost always

4. **HOW:** How has this trauma affected your life? Have you:

- Been admitted to residential substance abuse Treatment?  
- Gone to jail for a week or more?  
- Been admitted to the hospital or ER for accident or illness?  

Reproduced by permission

Thank you for your courage and honesty in sharing your experience!  
Acosta & Associates (rev. 6/2010 mgh)
ADULT ATTACHMENT SCALE
Please read each of the following statements and rate the extent to which it describes your feelings about close relationships in general. That is, we want you to think about how you feel in all close relationships including your romantic relationships, friendships, and family relationships. Please use the scale below and indicate the degree to which each statement is characteristic of you by placing a number between 1 and 5 in the space provided to the right of each statement.

1----------2---------3----------4---------5
Not at all characteristic          Very characteristic
Implications for Treatment – get an attachment history

What’s My “Relationship Style?”

Please rate each of the following relationship styles according to the extent to which you think each description corresponds to your general relationship style.

A. It is easy for me to become emotionally close to others. I am comfortable depending on them and having them depend on me. I don’t worry about being alone or having others not accept me.

<table>
<thead>
<tr>
<th>Not at all like me</th>
<th>Somewhat like me</th>
<th>A lot like me</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
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<tr>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>7</td>
<td></td>
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</tr>
</tbody>
</table>

Style A.

B. I am uncomfortable getting close to others. I want emotionally close relationships, but I find it difficult to trust others completely, or to depend on them. I worry that I will be hurt if I allow myself to become too close to others.

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</table>

Style B.

C. I want to be completely emotionally intimate with others, but I often find that others are reluctant to get as close as I would like. I am uncomfortable being without close relationships, but I sometimes worry that others don’t value me as much as I value them.

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</table>

Style C.

D. I am comfortable without close emotional relationships. It is very important to me to feel independent and self-sufficient, and I prefer not to depend on others or have others depend on me.

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</table>

Style D.

Hazen & Shaver (1990)

Most folks don’t have just ONE approach to attachment; over the years we’ve developed a profile that works (…or doesn’t…) for us. If you’re comfortable with your relationships most of the time, great! But if you become aware that your pattern has some problems, now you can choose to change. Take a moment to plot your responses to the 4 Styles on the next page. Notice anything? Something you might like to explore?

[in your handouts...public domain]
The Cycle of the Breath in Restoring Self

“Emotions” - MIND

Sense of SELF

“Feelings” - BODY
Questions?
Comments?
From the Foreword:
"Addiction is a disorder in self-regulation. Individuals who become dependent on addictive substances cannot regulate their emotions, self-care, self-esteem, and relationships. In this monumental and illuminating text Flores covers all the reasons why this is so. But it is the domain of interpersonal relations that he makes clear why individuals susceptible to substance use disorders (SUDs) are especially vulnerable. His emphasis on addiction as an attachment disorder is principally important because he provides extensive scholarly and clinical insights as to why certain vulnerable individuals so desperately need to substitute chemical solutions and connections for human ones.
**Book Description**


**Edition:** A visual exploration of how the brain develops throughout our lives.

Just as neurons communicate through mutual stimulation, brains strive to connect with one another. Louis Cozolino shows us how brains are highly social organisms. Balancing cogent explanation with instructive brain diagrams, he presents an atlas of sorts, illustrating how the architecture and development of brain systems from before birth through adulthood determine how we interact with others.

**Editorial Reviews**

Cozolino adds... impressive contributions to the increasingly important field of neurobiology and attachment theory, and how these contribute to human development. *(Clinical Social Work, Dennis Miehls)* REVIEW:

Reading this book has added a whole new dimension to my work and everyday life. Highly recommended. *(Therapy Today, Andrew Barley)*

Reading this book has added a whole new dimension to my work and everyday life. Highly recommended
Further Resources

Dr. Bruce Perry – Attachment and the brain

Dr. Perry provides the below free online courses at his website. He is currently transitioning to a new website. The newer address is http://childtraumaacademy.org/default.aspx

"Our online university offers free online courses for interested participants. Currently we have four self-directed online courses."

The Amazing Human Brain and Human Development

Surviving Childhood: An Introduction to the Impact of Trauma

The Cost of Caring: Secondary Traumatic Stress and the Impact of Working with High-Risk Children and Families

Bonding and Attachment in Maltreated Children
Further Resources

Dr Bruce Perry MD, PhD
Email: ChildTrauma@ChildTraumaAcademy.org
Phone: (866) 943-9779
Fax: (713) 513-5465
Web Site: www.ChildTrauma.org
Online Store: www.CTAProducts.org
Online University:
www.ChildTraumaAcademy.com
Further Resources

What is your attachment style?

This interactive survey takes about 5 minutes to complete. The questionnaire is designed to measure your 'attachment style'--the way you relate to others in the context of intimate relationships. When completed, the site will reveal your attachment style, and provide a brief summary of what is known about your attachment style on the basis of contemporary scientific research.

www.web-research-design.net/cgi-bin/crq/crq.pl

You must be 18 years or older to participate. By clicking the above button, you certify that you are 18 years or older.

This application was developed by R. Chris Fraley and is to be used for educational purposes only. The application is based on the Experiences in Close Relationships-Revised measure of adult attachment styles.
Further Resources

• Dr Gabor Mate: drgabormate.com/the-biology-of-attachment
• Attachment Theory and the Brain: Dr. Daniel Sonkin
  – Wounded Men and Domestic Violence
• Attachment Theory and the Developmental Consequences of Relational Trauma by Dr. Jon Caldwell D.O. The Meadows
• Demystifying Addiction: Understanding Addiction as Attachment Disorder By Thomas Hedlund the Meadows, August 17, 2012
• Addiction as an Attachment Disorder: Implications for Group Therapy Philip J. Flores¹, PhD
• Dr. Dan Siegel - On Optimal Attachment – YouTube
  www.youtube.com/watch?v=_XjXv6zseA0
Quyana!

(Thank You!)
Michael G. Bricker MS, CADC-II, LPC

The STEMSS® Institute
Support Together for Emotional & Mental Serenity and Sobriety

Consultation in recovery from substance use and mental disorders

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Phone: (541) 880-8886
Email: mbricker6421@gmail.com

Promoting dual recovery since 1984