Questions Asked During Live Webinar Broadcast on 10/05/2016

Heroin is my Father, Booze is My Mother: Addiction as an Attachment Disorder

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Do illicit drugs and addictions have a different effect on people with secure attachments?

A: I don't know of any research that goes the OTHER way, as your question suggests. Experience suggests that anyone with insecure attachment MAY be more susceptible. My research on the ACEs surveys from our client population seem to indicate there is a dose/response relationship – people with lower scores (ie. Better attachment opportunities) seem to have less severe SUDs.

I would be interested to hear about how parenting "ideas" such as sleep training can impact attachment. In other words, does the "cry it out" method impact the things we learned today?

A: The "cry it out" concept seems to contradict the "will I get my needs met" imperative. I'm not a child psychologist, but I think it's dangerous in an infant. In an older child, it might be reinforcing an undesirable behavior. Don't you wish babies came with an instruction manual?

Is it possible to have a combination, for instance trauma and stress, experienced after a brain injury?

A: I'm not a physician, but I do have some experience treating TBI. I suspect that, in addition to the trauma to the brain organ itself, the injury results in surges of cortisol, which can further damage neurons as well as stress responses in the body. The tremendous challenges of dealing with the aftermath and lengthy rehabilitation can be a tremendous and ongoing stressor.

So is substance use (abuse) genetically inherited?

A: Perhaps more accurately, the PREDISPOSITION for developing SUDs has strong genetic loading. There have been numerous twin studies supporting this. However, genes are not destiny – any genetic expression can skip a generation. Good parenting, secure attachment and resiliency factors can weaken the epigenetic expression.

Thank you for the very informative presentation! When describing the decision "is the world safe no/yes?" do you think it is as discrete as you described or is it more of a continuum, with some mixture of the attributes?

A: Thanks for a most insightful question – I actually incorporated the answer in the presentation at the NAADAC Conference. The answer is "yes – absolutely". And could the interactions of the "volume knob" intensity of each of the 3 developmental answers even result in different flavors of attachment? Fascinating!

Would you find the NCAST method useful in addressing attachment needs of infants especially when parents are addicts?

A: I'm not familiar with the model. I assume you refer to the **NCAST** (**Nursing Child Assessment Satellite Training**). The website suggests that the model requires special training and certification, which may make it less accessible for parents with active addiction. I wonder if the training would be useful for Child Welfare workers? Interesting – thanks for familiarizing me with the model.

I've been using the AAI in my individual counseling work. One issue I have with it is it can require multiple sessions to complete, depending on the client. Is there a faster method to identify the type of attachment?
A: I find the two attachment screen handouts in the downloads from the webinar to be pretty helpful – short and sweet. I also use the ACEs survey. There are also a number available on the internet, but they may not be validated by research. Perhaps the most "valid" survey is the one both the client and I are willing to use!

Are there any psychotropic drugs that have an effect on oxytocin, rather than the neurotransmitters like serotonin, norepinephrine, etc.?
A: I'm not a physician, but I'm aware of some research in actually administering oxytocin intranasally or by IV as a psychotropic medication for treating psychotic disorders and autism. Kind of the reverse of your question…

Given the current opioid epidemic, which is crossing the age range with heroin or prescription opiates, how does [your presentation] come into play working with adults who may have otherwise had a "normal" upbringing and a health event resulted in an MD prescribing pain meds with a resulting addiction to pain meds?
A: Attachment disorders are not NECESSARY for the development of SUDs with opioids or other drugs. They may be predisposing, but so are a number of other contributory factors. Again, I'm not a physician. Anyone on Rx opioids for long periods will exhibit physiological dependence and need to be tapered off. It's the other 10 DSM-5 symptoms that define "addiction" as distinct from dependence.

If a child has a healthy attachment with one parent and has negative or unhealthy attachment with the other parent can this affect the attachment of the child in an unhealthy way?
A: I believe so – a very common occurrence in troubled families. The child is given an emotional "mixed message" and has an increased risk of attachment disorders. My guess is the result would most likely be a disorganized attachment pattern.

Thank you all for your interest in this topic, and your insightful questions!