“What’s Love Got to Do With it?”
Addiction, Attachment and the 13th Step

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LEARNING OBJECTIVES  At the conclusion of this workshop, participants will be able to:

1. describe the basic nurturing patterns, brain structures and neuro-chemistry involved in secure attachment;

2. understand how attachment deficits in childhood can lead to addiction and complicate early recovery processes;

3. have several screening tools and client handouts to use in their own practice, if desired.
If you haven’t already…

…please silence your cell phones.

Thank you!
What are your learning goals for today?

[We’ll check back at the end]
“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
The brain develops in order:

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.
Parts of the brain have different jobs

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
Heart Rate
Breathing
Balance
Neuronal pruning birth \(\rightarrow\) age 5... “use it or lose it!”

Predominance of “mirror neurons”:

- Newborn
- Early Childhood
- Later Childhood
“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?
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.”

Jacque Ristau  MS, LPC, 2006
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.
We’d like to think that attachment has to do with the “cogs” of cognition…

…when in fact much is unconscious and pre-verbal!
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

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

NO
YES

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
When asked to evaluate kids because a parent or professional suspects Reactive Attachment Disorder, 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

The child’s answer to these three questions becomes a “life posture” that is pre-conscious and durable across the life span.
Mirror neurons are the basis of attunement…

...which leads to attachment

After Bessel van der Kolk MD
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.
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

Ann W Smith - MS, LPC, LMFT, NCC
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.

Ann W Smith - MS, LPC, LMFT, NCC
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.

Ann W Smith - MS, LPC, LMFT, NCC
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>
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</tbody>
</table>
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-attrtribution 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!”
<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>Activatesaddictions</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>Which way would you vote?</td>
</tr>
</tbody>
</table>

The Benefits of Oxytocin
<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>
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</tbody>
</table>
Actions of PEA on Brain Chemistry

• Stimulates dopamine’s nerve terminals and activity for feeling pleasure, libido and emotional wellbeing;
• Increases our arousal level and decreases logical thinking;
• Increases and stimulates paying attention to what we’re attaching to (at the expense of everything else…);
• Elevates mental alertness and mood
• Enhances and uplifts our mood, emotions and decreases self-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 13th Step: People Who Prey on Newcomers

Some 12-Step members try to get fresh recruits on their backs before they’re on their feet. But newbies don't have to take harassment lying down.
Some typical signs of “affection addiction:

- Mistaking infatuation or intense sexual attraction for “love”
- “Looking for Mr. Goodbar” – frantic pursuit of sex or romance
- Using sex in an attempt to find “love”
- Falling in love on-line, or by letters (eg. from prison)
- Problems maintaining relationships when novelty wears off
- Unhappiness or anxiety when alone
- Using sex to mask loneliness
- Consistently choosing abusive or emotionally unavailable partners

After Robert Weiss LCSW, Patrick Carnes, and others
Some typical signs of “affection addiction:

• Giving emotionally, financially or otherwise to partners who can’t (or don’t) reciprocate

• In relationship, feeling detached, fearful or unhappy - when not in a relationship, feeling desperate and alone

• Using sex, money, seduction, drama or playing the victim to “hook” or hold onto a partner

• Missing out on important life domains (eg. career, family, friends, recreation) in order to find, create or sustain romantic relationships

• Giving up sex or social contacts for long periods to “solve the problem”

After Robert Weiss LCSW, Patrick Carnes, and others
Some typical signs of “affection addiction:

• Being unable to leave unhealthy or abusive relationships despite repeated promises to self or others
• Returning to previously unmanageable, unsatisfying or painful relationships despite promises to self or others

What are some examples you have seen?

After Robert Weiss LCSW, Patrick Carnes, and others
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 para-sympathetic (calming) Autonomic NS
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!
Successive unsuccessful attempts to fill the void left by insecure attachment in early childhood.

Lack of secure attachment

[after Terry Kellogg]
Adult relationship problems often stem from unresolved attachment deficits...

- Inability to sustain emotional closeness
- Defense against awareness of PASO
- Shame and guilt surrounding sense of badness (for primitive self-organization)
- Anxious state surrounding danger of aggressive reactions
- Unconscious retaliatory rage against attachment figure
- Sadness, grief, and despair
- Pain of trauma (separation, loss, emotional disconnection)
- Core secure attachment bond (pretrauma)

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A Venn Diagram Heuristic for Working With Co-Occurring Disorders and Trauma

Personality Features and Disorders

Addiction Chemical Behavioral

Shared relationship between addiction and psychiatric illness

Psychiatric Illness Mood Disorders Anxiety Disorders Psychotic Disorders

Trauma Abuse Neglect Wounds/Loss/Grief Shame PTSD

Shared relationship between addiction and trauma

Shared relationship between psychiatric illness and trauma

Affective & sensory detachment

Insecure Attachment

Cognitive & affective detachment

“Psychiatric unhinging”
Implications for Recovery

Now we’re faced with 3 unpleasant alternatives:

1. Sequential engulfment or "honeymoon hopping" (ultimately unsatisfying)
2. Isolation (violates the biological imperative)
3. 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 “corrective experiences”
  – Unconditional acceptance
  – Peer support groups
• Reciprocal positive relationships
  – Counseling & therapy
  – Sponsorship & mentoring
  – Community service
Implications for Recovery

Task is to make the unconscious conscious

Healthy recovery 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 Recovery

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.

Review of past relapse experiences through the “attachment lens”

What did relapse “feel like?”

Familiar?
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
  – “velcro for victims”
The Cycle of the Breath in Restoring Self

“Emotions” - MIND

Sense of SELF

“Feelings” - BODY
Spiritual Being
(meditation; moving toward my valued ends)

Emotional Being
(relaxation and self-regulation)

Social Being
(distress tolerance)

Physical Being
(I take responsibility for my body)

Cognitive Being
(re-structuring my experience without judgment)

Emotional Being
(relaxation and self-regulation)

ACT and DBT help restore balance
So... whaddaya think?

What are some of YOUR concerns and experiences?
What were your learning goals for today?

How did we do?
Michael G. Bricker MS, CADC-II, QMHP

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

Consultation in recovery from substance use and mental disorders

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Promoting dual recovery since 1984