Welcome, your facilitator will be:
Jessica O'Brien, LCSW, CASAC, CPTM
- Training and Professional Development Content Manager NAADAC
- NAADAC, the Association for Addiction Professionals
- www.naadac.org
- jobrien@naadac.org
www.naadac.org/attachment-disorder-webinar

Free NAADAC Webinar
Friday, October 16, 2020 @ 12:13pm ET (11CT/10MT/9PT)

Register Now!

Using GoToWebinar
• Live Participants Only
• Control Panel
• Asking Questions
• Handouts
• Audio (phone preferred)
• Polling Questions

Ellen E. Elliott, LCAS, LPC, CSAT, PhD Candidate
• Director, Four Directions Counseling & Recovery Center
• Email: EllenEliot@aol.com

NAADAC Webinar Presenter
What will you learn?

• The significance of attachment in addiction treatment
• Types of Attachment styles
• Meaning/Impact of Attachment
• Treatment modalities for healing attachment

We’ve come a long way....

ADDICTION

Addiction is a primary, chronic disease involving brain reward, motivation, memory and related circuitry; it can lead to relapse, progressive development, and the potential for fatality if not treated. While pathological use of alcohol and, more recently, psychoactive substances have been accepted as addictive diseases, developing brain science has set the stage for inclusion of the process addictions, including food, sex, shopping and gambling problems, in a broader definition of addiction as set forth by the American Society of Addiction Medicine in 2011. (Pubmed, 2014)
A Treatment Deficit

- Addiction is a disease of isolation, secrecy, and dissociation
- Addicts use behaviors/substances to escape the discomfort of life and relationships

Trauma and Intimacy-Blocking Cognitions

- Victims develop a world view as rejecting
- Develop negative self-concepts
- “Other people will not care for me”
- “Others will not meet my needs”
- “I will never be loved.”
- “I do not deserve to be loved for who I am.”
- They organize their relationships around victimization or abandonment.
- These narratives direct their behavior and choices.
Polling Question 1

According to the information presented in the training, addiction can be viewed as what type of disorder?

A. A behavioral disorder  
B. An intimacy disorder  
C. A personality disorder  
D. A learning disorder

What is Attachment?

Attachment is the emotional bond that forms between infant and caregiver, and it is the means by which the helpless infant gets primary needs met. It then becomes an engine of subsequent social, emotional, and cognitive development. The early social experience of the infant stimulates growth of the brain and can have an enduring influence on the ability to form stable relationships with others.

Causes of Insecure Attachment

- Physical neglect — poor nutrition, insufficient exercise, and neglect of medical issues
- Emotional neglect or emotional abuse — little attention paid to child, little or no effort to understand child’s feelings; verbal abuse
- Physical or sexual abuse — physical injury or violation
- Separation from primary caregiver — due to illness, death, divorce, adoption
- Inconsistency in primary caregiver — succession of nannies or staff at daycare centers
- Frequent moves or placements — constantly changing environment; for example: children who spend their early years in orphanages or who move from foster home to foster home
- Traumatic experiences — serious illnesses or accidents
- Maternal depression — withdrawal from maternal role due to isolation, lack of social support, hormonal problems
- Maternal addiction to alcohol or other drugs — maternal responsiveness reduced by mind-altering substances
- Young or inexperienced mother — lacks parenting skills
USA; Trauma and Stressor-Related Disorders

- Posttraumatic Stress Disorder
- Acute Stress Disorder
- Adjustment Disorders
- Reactive Attachment Disorder
- Disinhibited Social Engagement Disorder
- Other Specified Trauma- and Stressor-Related Disorder
- Unspecified Trauma- and Stressor-Related Disorder

Limitations of PTSD Diagnosis

- Conceptualized from an adult perspective
- Identified as diagnosis via Vietnam vets and adult rape victims
- Focuses on single event traumas
- Fails to recognize chronic/multiple/ongoing traumas
- Is not developmentally sensitive and does not reflect the impact of trauma on brain development
- Many traumatized children do not meet full diagnostic criteria
- Does not direct clinical attention to attachment history and attachment-related injuries
What is Complex Trauma?

Exposure to multiple forms of violence and other potentially traumatic stressors in the context of attachment behavioral systems that are unable to provide protection, care, and comfort.

Focus on cumulative trauma and the developmental context in which exposure occurs rather than on discrete episodes.

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CHILDHOOD TRAUMA

... including abuse and neglect, is probably the single most important public health challenge ... a challenge that has the potential to be largely resolved by appropriate prevention and intervention (healing).

Dying to Connect: Addiction as an Attachment Disorder

What is the Adverse Childhood Experiences (ACE) Study?

The largest study of its kind that looks at the health and social effects of adverse childhood experiences over a lifespan.

Adverse Childhood Experiences Study (ACES)*

- Physical abuse by a parent
- Emotional abuse by a parent
- Sexual abuse by anyone
- An alcohol and/or drug abuser in the household
- An incarcerated household member
- Domestic violence
- Loss of a parent
- Emotional neglect
- Physical neglect
- Exposure to someone who is chronically depressed, mentally ill, institutionalized, or suicidal

Felitti et al. 1998

As the ACE Score increases, the risk of the following health problems increases:

<table>
<thead>
<tr>
<th>Health Problems</th>
<th>ACE Score</th>
<th>Women</th>
<th>Men</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcoholism/alcohol abuse</td>
<td>0</td>
<td>38%</td>
<td>38%</td>
</tr>
<tr>
<td>STDs</td>
<td>1</td>
<td>28%</td>
<td>28%</td>
</tr>
<tr>
<td>COPD</td>
<td>2</td>
<td>16%</td>
<td>16%</td>
</tr>
<tr>
<td>Depression</td>
<td>3</td>
<td>9%</td>
<td>9%</td>
</tr>
<tr>
<td>Fetal death</td>
<td>4 or more</td>
<td>13%</td>
<td>9%</td>
</tr>
<tr>
<td>Health-related QOL</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Liver disease</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Smoking</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unintended pregnancy</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Suicide attempts</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intimate partner violence</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ischemic heart disease</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Adverse Childhood Experiences Study (ACES) from Felitti et al., 1998

We know that:

Early Adverse Experiences (ACEs) contribute directly to the risk for long-term physical and mental health.
Dying to Connect: Addiction as an Attachment Disorder

**ADVERSE CHILDHOOD EXPERIENCES**

<table>
<thead>
<tr>
<th>Experience</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sexual Abuse</td>
<td>55%</td>
</tr>
<tr>
<td>Witnessed Domestic Violence</td>
<td>39%</td>
</tr>
<tr>
<td>Physical Abuse</td>
<td>27%</td>
</tr>
<tr>
<td>Traumatic Loss</td>
<td>26%</td>
</tr>
<tr>
<td>Witnessed Physical or Sexual Abuse</td>
<td>26%</td>
</tr>
<tr>
<td>Witnessed Community Violence</td>
<td>19%</td>
</tr>
<tr>
<td>Motor Vehicle Accident</td>
<td>13%</td>
</tr>
<tr>
<td>Other Medical Trauma (other than burns)</td>
<td>12%</td>
</tr>
<tr>
<td>Victim of Extramural Violent Crime</td>
<td>7%</td>
</tr>
<tr>
<td>Burns</td>
<td>7%</td>
</tr>
<tr>
<td>Fire</td>
<td>7%</td>
</tr>
<tr>
<td>Witnessed Homicide</td>
<td>5%</td>
</tr>
<tr>
<td>Other trauma types include dog attack, school violence, abduction, torture, witnessing serious injury, hurricane</td>
<td></td>
</tr>
</tbody>
</table>

Stolbach et al., 2009

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**Abuse/Early Trauma**

- Most addicts report some type of abuse during childhood. Teicher’s work has shown us how this abuse changes the brain and how it works forever.

**Abuse/Early Trauma**

- Emotional 97%
- Sexual 81%
- Physical 72%

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**Beginning (Early)** | **Theme of Connection** | **End (Late)**
---|---|---
2nd Trimester | Developing a sense of existence | 3 Months
1 Month | Need | 1 1/2 Years
8 Months |Autonomy | Developing the sense of being able to explore the world, moving away from needs. | 2 1/2 Years
8 Years | Love/Sexuality | Developing the capacity for deep emotional and sexual intimacy. | 6 Years
5 Years | Opinion | Forming & expressing deep, complex opinions about the world & family. | 8 Years
7 Years | Solidarity/Performance | Belonging to a group without needing to be special, but with our uniqueness valued. | 12 Years
Still Face Experiment

<table>
<thead>
<tr>
<th>Attachment Style</th>
<th>Parental Style</th>
<th>Resulting Adult Characteristics</th>
</tr>
</thead>
<tbody>
<tr>
<td>Secure</td>
<td>Aligned with the child; in tune with the child's emotions</td>
<td>Able to create meaningful relationships; empathetic; able to set appropriate boundaries</td>
</tr>
<tr>
<td>Dismissive/Avoidant</td>
<td>Unavailable or rejecting</td>
<td>Avoids closeness or emotional connection; distant; critical; rigid; intolerant</td>
</tr>
<tr>
<td>Anxious/Ambivalent</td>
<td>Inconsistent and sometimes intrusive parent communication</td>
<td>Anxious and insecure; controlling; blaming; erratic; unpredictable; sometimes charming</td>
</tr>
<tr>
<td>Disorganized/Fearful/Avoidant</td>
<td>Ignored or didn't see child's needs; parental behavior was frightening/traumatizing</td>
<td>Chaotic; inconsistent; explosive; disordered, untrusting even while craving security</td>
</tr>
<tr>
<td>Reactive</td>
<td>Extremely unattached or malfunctioning</td>
<td>Cannot establish positive relationships; often misdiagnosed</td>
</tr>
</tbody>
</table>

Children presenting with complex trauma-related symptoms are at risk of being misdiagnosed with a variety of disorders and functional difficulties particularly when a comprehensive assessment for complex trauma issues is not conducted.

- ADHD
- Depressive Disorders
- Oppositional Defiant Disorder
- Conduct Disorder
- Reactive Attachment Disorder
- Psychotic Disorders
- Specific Phobias
- Learning/ academic difficulties
- Juvenile Delinquency

Children's Posttraumatic Reactions: Risk for Misdiagnosis and Mislabelling
Adults also presenting with complex trauma-related symptoms are at risk of being misdiagnosed with a variety of disorders:

- ADHD
- Depressive Disorders (66/35% ACE >4)
- Intermittent Explosive Disorder
- Borderline Personality Disorder (81% <7)
- Narcissistic Personality Disorder
- Psychotic Disorders
- Panic Disorders
- Learning difficulties
- Bipolar Disorder
- Substance Use Disorders (7x ACE>4, 0.4-6.0x greater ACE>6)
- Eating Disorders
- Gambling, Sexual disorders, etc.

### Trauma & Self Medication

“When you have a persistent sense of heartbreak and gutwrench, the physical sensations become intolerable and we will do anything to make those feelings disappear. And that is really the origin of what happens in human pathology. People take drugs to make it disappear, and they cut themselves to make it disappear, and they starve themselves to make it disappear, and they have sex with anyone who comes along to make it disappear and once you have these horrible sensations in your body, you’ll do anything to make it go away.”

Bessel van der Kolk (2011)

### Polling Question 1

Addiction can be viewed as a disease of: ?

- A. Genetics and learned behavior
- B. Isolation, secrecy, and dissociation
- C. Spiritual bankruptcy
- D. Anger, resentment, and shame
In contrast to 25 years ago, trauma treatment today focuses survivors not on pain, but on accessing the kinds of feelings they would have experienced if they’d never been traumatized.

-Jonna Fisher

**Trauma Interventions**
- Stabilization, deconditioning, relationships can be re-framed as “containment”

**Regulation/Body Work**
Emotions/ Relationships

- Feelings education and expression exercises
- ART!
- Treat depressive symptoms
- Treat anxiety (fear of connection)
- Encourage safe social experiences
- Assertiveness skills
- Communication skills
- Express anger in healthy ways
- Address avoidance and isolation
- 12-step groups

Clinical Relationships

- Emotions expressed in interpersonal relationships can be extremely painful and can be related to attachment patterns
- These trauma-based emotions (e.g. anger, fear, hopelessness, sexual arousal) can be very hard for clinicians to tolerate
- Clinicians must be mindful about their experience of attachment and trauma-based emotion so their own unresolved emotions are not enacted in the clinical relationship

We Are Designed To Be Relational

- Intimacy is an authentic connection to ourselves and others
- Intimate connectedness is our birthright and optimal state.
- The “cure” for addiction and emotional problems is intimacy.
Thank You!
Ellen E. Elliott, LCAS, LPC, CSAT, PhD Candidate
Email: EllenEliot@aol.com

ANY QUESTIONS?

www.naadac.org/attachment-disorder-webinar

Cost to Watch:
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CE Hours Available:
1.5 CEs
CE Certificate for NAADAC Members:
Free
CE Certificate for Non-members:
$20

UPCOMING WEBINARS

October 21st, 2020
The Addiction Professional’s Guide to Addressing Medical Marijuana Use – Part 1
By: Aaron Norton, LMHC, LMFT, MCAP, CRC, ICAADC, SAP

October 28th, 2020
Unintended Consequences of the Cannabis Panacea: What Addiction Specialists Need to Know
By: Susan Bradshaw, MD, MPH, TTS

October 22nd, 2020
The Addiction Professional’s Guide to Addressing Medical Marijuana Use – Part 2
By: Aaron Norton, LMHC, LMFT, MCAP, CRC, ICAADC, SAP

October 30th, 2020
Advocacy Series, Session V: Bringing it Home – Grassroots Advocacy
By: Sherri Layton, LCDC, CCS and Michael Kemp, NCAC I, IC, CSAC, CSR

www.naadac.org/webinars
Dying to Connect: Addiction as an Attachment Disorder

10/16/2020

Cultural Humility Series

- Part I: Understanding SUD Disparities Among LGBTQIA People
  By: De’An Roper, PhD, LCSW-S
- Part II: Social Class Bias and the Negative Impact on Client Treatment Outcomes
  By: Anthony Rivas, PhD, LICSW, LICCD, SAP, and Maria Reamon, LICCD, SAP
- Part III: Do You Know Who You Are and For Whom You Provide Services?
  By: Janice Stevenson, PhD
- Part IV: Critical Issues in LGBTQIA Patient Care
  By: Allison (Alli) Schad, LICCD, SAP, and Peter Pennington, LPC, NCC
- Part V: Substance Use Disorder Treatment for Latinx Communities
  By: Pierluigi Mancini, PhD, MAC, NCAC II
- Part VI: Why It Matters Now More Than Ever
  By: Miguel E. Gallardo, PsyD.
- Part VII: Four Directions of Diversity: Honoring Differences
  By: Don Coyhis, Mohican Nation
- Part VIII: Social Responsibility in the Addiction Profession
  By: Samson Teklemariam, LPC, CPTM, and Jessica K. O’Brien, LCSW, CASAC, CPTM

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- COVID-19 Resources
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- EMERGENCY RESPONSE WEBINARS:
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  By: Kim M. Stein, PhD
- Telehealth and Disaster Recovery: The Perfect Storm
  By: Timothy Jop, PhD, LP, PAHNP-P, MSN
- Psychological Practice During COVID-19
  By: Frederick Dombrowski, PhD, LCMHC, MAC, CASAC
- Virtual Town Hall: Understanding the Impact of COVID-19 on the Addiction Profession
  By: Fredrick Dombrowski, PhD, LMHC, MAC, CASAC
- Psychological First Aid During COVID-19
  By: Fredrick Dombrowski, PhD, LMHC, MAC, CASAC
- Virtual Workplace Wellness: Successfully Managing Change and Reducing Stress
  By: PerCilla Zeno, CHW, CPRS
- Virtual Town Hall: Understanding the Impact of COVID-19 on the Addiction Profession
  By: Fredrick Dombrowski, PhD, LMHC, MAC, CASAC

Clinical Supervision in the Addiction Profession Specialty Online Training Series

- Part One: The Supervisory Relationship
  By: Thomas Durham, PhD
- Part Two: Using Technology for Clinical Supervision
  By: Malcolm Horn, PhD, LCMHC, MAC, SP
- Part Three: Legal and Ethical Issues in Supervision
  By: Thomas Durham, PhD
- Part Four: Stages of Clinical Supervision
  By: Thomas Durham, PhD
- Part Five: How to Structure Clinical Supervision
  By: Cynthia Moreno Tuohy, BSW, NCAC II, CDC III, SAP and Samson Teklemariam, MA, LPC, CPTM
- Part Six: Motivational Interviewing in Clinical Supervision – A Parallel Process
  By: Alan Lyme, LICSW, MAC

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Part Two: Support Our Life After Service – Addiction and Transition to Post-military Life
Part Three: Mental Health for Military Populations – Core Clinical Competencies for Treating Service Members, Veterans, and Their Families
Part Four: Beyond Basic Military Awareness – Cultural Competence in Working with Military Affiliated Populations
Part Five: Identifying Problematic Concerns – Assessment Competencies for Service Members, Veterans, and Their Families
Part Six: Using What Works – A Review of Evidence-Based Treatments for Military Populations

Series Presented By: Duane K.L. France, MA, MBA, LPC

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Thank you for joining!

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