



Attachment, Trauma and Substance misuse in Children and young people

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Focus

- Links between Attachment difficulties and problematic substance misuse
 - childhood experience and adult substance misuse difficulties
- Implications for interventions, growth and healing in communities, for children and adults
- Implications for us as professionals working with this population

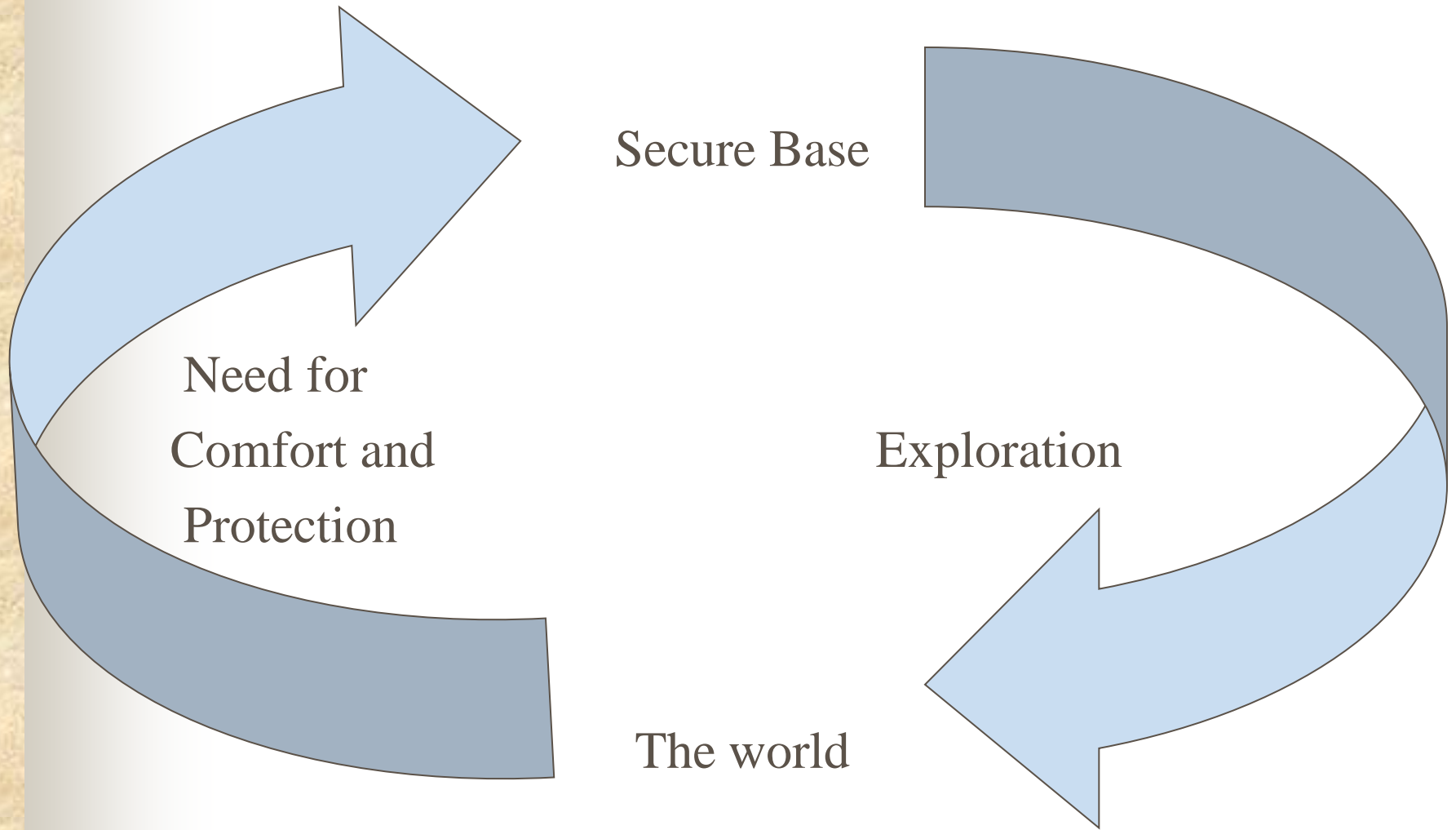
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- Healthy Attachments relate to our core sense of security, and view of self, other and relationships
 - Workers in residential care communities are concerned with how to help children and young people whose first and primary relationships did not offer, and do not offer security and comfort.



What is Attachment?

- The need to form a close bond with another human being.
- Biologically, it serves to offer protection and security.
- Attachment takes place within the context of relationships.
- Attachment behaviours arise when threat is evident.
- Attachment behaviours seek to increase proximity to the caregiver in order that anxiety may be allayed.
- Attachment figure offers a secure base
- This presupposes that the attachment figure is available, physically &/or psychologically.

Secure Attachment





The Development of Attachment

Interaction Determinants of
Attachment Security:

- Synchronicity
- Warmth
- Involvement
- Responsiveness
- Sensitivity
- Inter-subjectivity
- Consistency



Importance of Attachment

It is essential for mental health that infants experience a warm intimate and continuous relationship with a carer –which is enjoyed by, and satisfying to both.

When deprived of this type of care, a child's development is almost always negatively impacted: physically, emotionally, cognitively and socially.



Importance of attachments

- Attachments are related to security / insecurity

Responsive/sensitive parent
= secure attachment

Unresponsive / insensitive parent = insecure attachment



Importance of Attachment: The positive effects of secure attachment

- Self esteem and identity
- Empathy
- Sensitivity to self and others
- Attainment of full intellectual potential.
- Sort out what he/she perceives. (IWM's)
- Ability to think logically.
- Develop social emotions; understand relationships
- Develop a conscience
- Secure sense of self
- Ability to trust others (and self).
- Ability to regulate emotions
- Become self-reliant.
- Cope with stress and frustration.
- Reduce feelings of jealousy.
- Overcome common fears and worries, develop coping skills



The Development of Attachment

Contextual Determinants of Attachment Security:

- Personalities of caregivers
- Psychological attributes
- Family relationships
- Social support
- Structural factors
- Social problems



What is Attachment disorder?

- A condition in which individuals have difficulties forming and maintaining genuine, healthy, loving, lasting and intimate relationships.
- Leads to significantly higher levels of emotional, cognitive and social difficulties, including developmental delays, behaviour disorders, mental health difficulties and antisocial and criminal behaviour.



Patterns of Attachment

Organised

- **Secure**
- **Insecure - Avoidant**
 - **Ambivalent / Resistant**

(both – Controlling)

Disorganised

- **Disorganised/disoriented**

Ambivalent Attachment Pattern



Secure base

Need for
comfort and
protection

*“You will attend to me,
I fear abandonment.”*

The world

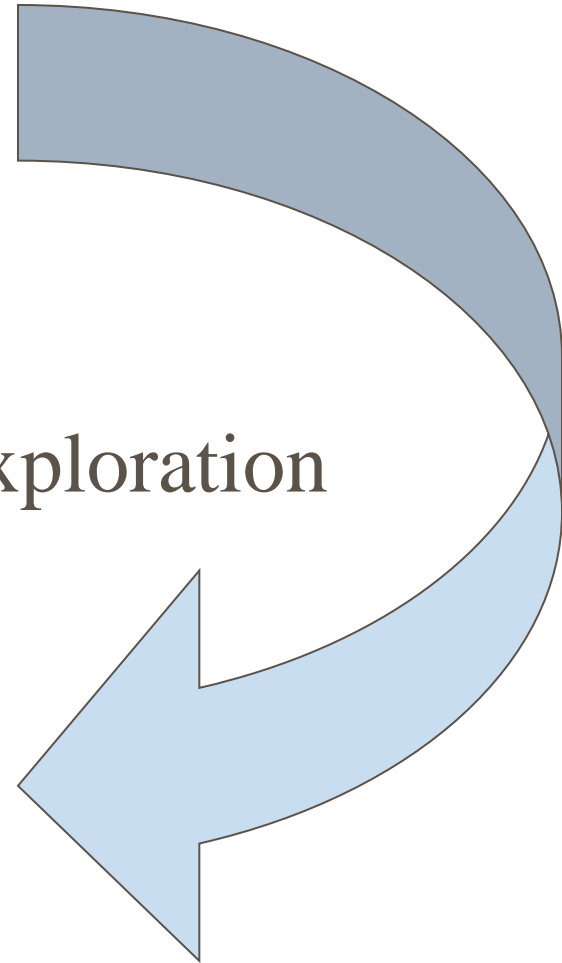
Avoidant Attachment Pattern

Secure Base

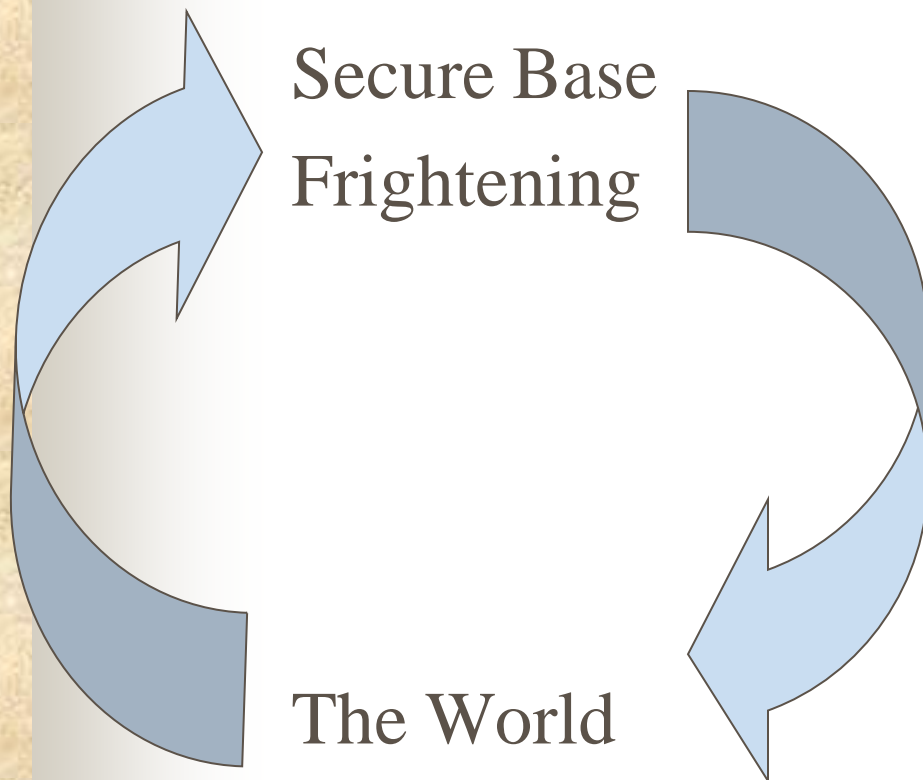
*“I will do it by myself,
I fear closeness”*

Exploration

The World



Disorganised/Controlling Pattern



Secure Base
Frightening

The World

*“I am powerful,
I am scared
I fear”*



The child of a substance misusing parent may feel:

- Shameful, unworthy, unloveable
- Ignored, unimportant
- “the keeper of secrets”
- Others are unavailable, cold, uncaring, disinterested ; scary, confusing
- Responsible for the parent
 - parent & child roles are switched
 - over-entwinement/symbiosis ; confusion of feelings
- “out of step”
- Frightened
 - high levels of generalised anxiety left unsoothed
- Anger / Rage
- “frozen” ; numb ; unfeeling
- Continuing sense of neediness



Possible roles substances may play for a young person with attachment difficulties:

- As coping mechanism, problem solver, mood enhancer
- Self- medicating
 - numbing or obliteration of negative feelings
- Way of challenging parents/system
 - attack ; express distress ; escape
- Modelled behaviour from parent(s)
- Form of anti-social adjustment
- Form of self-harm
 - where unable to vent anger outwards towards parent / system



Attachment disorder and substance misuse

- It has been suggested that insecure attachment (especially disorganised) predisposes the use of external regulators of affect

e.g. psychoactive drugs, alcohol, sexual behaviour and eating

(Maunder & Hunter 2003)



Attachment and substance misuse

- “There are significant associations between attachment representations and reports of illicit substance use”

(Caspers et al, 2006)

- Individuals identified with attachment problems have a higher incidence of substance misuse problems



Attachment and recovery

Individuals identified with attachment problems reported low rates of participation in treatment, despite substantial problems with substance misuse/dependence

The process of promoting recovery may also rely heavily on attachment. Assessment of both substance use problems and attachment may improve likelihood of successful recovery from substance use problems.

(Caspers et al, 2006)



Healing damaged Attachments

The overarching purpose of any attachment intervention is to help the person resolve a dysfunctional attachment pattern, or “way of relation-shiping”.

To assist in the process of the person resolving their fear of making and breaking contact, being in relationship, loving and being loved.

The flourishing of inner security, self acceptance, validation and self expression



Parents, carers (and services) often feel:

- emotionally exhausted, helpless, demoralized
- angry, frustrated or “burnt out”
- sense of failure
- inadequate and guilty
- manipulated or abused
- controlled by the antics of the young person – can cause withdrawal

- systems become critical of parents/other systems!
- Danger of pathologising the family



Elements of effective interventions:

- *Willingness* to be open, flexible, and draw upon a number of strategies and approaches - integratively
- Ability to *sit with* and face the intensity and depth of traumatic feelings that these young people have kept hidden – together
- *Exploring the attachment history* – relationships to carers (past and present) and ability to have relationships (present)
- Using the working *relationship itself*
- Collaborative and effective *inter-agency* working
- Working with the whole person and their relationships, not simply the symptoms



Some main goals include:

- Developing reciprocal relationships ; trust ; bonding
- Learning about, and modulating feelings & emotions
- Developing internal control
e.g. coping skills, impulsivity
- Resolving early losses and rejections
- “Re-doing” missed developmental stages
- Developing self-esteem and respect
- Learning acceptable responses to external structures and rules
- Feeling safe and belonging



Caring for the young person with an ambivalent attachment pattern

Hidden need:

- Support to be apart from you – need help to be apart and to be secure that you will be there when needed



Caring for the Child with an avoidant attachment pattern

Expressed need

- I don't need you

Hidden need

- Help to feel comfort and safety with you
- Support to accept nurturing
- Co-regulate emotion that is hidden



Caring for the Traumatized Child

Expressed need:

- I need to be in control

Hidden need:

- I need help to feel safe
- I need a low stress environment



Help Children Learn Vocabulary for Emotion

Attunement through interactive repair.

- help children get back in touch with feelings – naming them, validating them, support expression of them.

The child learns and develops the ability to understand, express and regulate emotion

- experience empathy for others



Making the healing community a secure base

- *Emotion is contagious.* Carers need to control the emotional rhythm
- A poorly attached young person will attempt to recreate the original family environment (e.g. hostility, abusiveness, defensiveness, habitual anger, tension, fury, fear, discouragement) via:
 - replaying/re-enacting conflicts
 - Assigning roles and expectations to care workers
 - Forcing carers into a negative response



Creating a Secure Base

■ Original home atmosphere

- Hostile
- Abusive
- Tense
- Habitual anger
- Defensive
- Discouragement
- Fear

■ New home atmosphere

- Safe and Nurturing
- Empathy
- Sharing
- Predictability and Security
- Opportunities to develop
- Mutual enjoyment
- Love and fun
- Clear, calm, firm expectations



Looking after yourself

- Child's attachment-related behaviour can evoke a range of feelings in carers:

Rage, depression, fear, frustration, exasperation; dislike for the child, mistrust; fear of abusing the child; withdrawal or avoidance; emotional numbing; hopelessness/failure; confusion!

Central importance of peer support; time to reflect, share; talking through; accept and understand own feelings



Looking after yourself

- Be aware of your own attachment history
 - think about your own experience of being parented
 - How might this impact on your role as a carer?



In Summary...

There is a significant relationship between attachment style and substance misuse re.—


- Childhood victimisation
- Adolescent & Adult perpetration
- Therapeutic / service engagement



Implications...

- Traditional psychoeducation or parenting training programmes alone *will not* result in enduring shifts in patterns of relating in the parent-child relationship.

(Leslie, 2006)

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- In order to achieve this, effective interventions need to include relational, dyadic components that support the exploration and resolution of attachment difficulties both within the individual and between the individual and significant care figures.

END/BEGINNING





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REVIEW

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