



Nicole Letourneau

## Introduction

This issue of DMM News focuses on addictions. Our contributors hail from three different continents: Europe, North America and Africa, demonstrating the growing reach of DMM'ers internationally!

Contributions include:

- a review of an ongoing American study examining the potential for intergenerational predisposition to addiction, due to the overlap in the brain's reward system for addiction and attachment relationships
- a summary of a completed Canadian study on addicted mothers' preferences for support for themselves and their children, and
- from our United Kingdom contributor, a description of how the DMM can be used to understand the relationship between addiction and attachment and provide guidance for treatment

We also highlight the work of one of our newest DMM'ers in creating a successful community addictions counseling centre in South Africa. Finally, we are excited to provide a review of the latest book on DMM methods, *Assessing Adult Attachment: A Dynamic-Maturational Approach to Discourse Analysis* by Pat Crittenden and Andrea Landini. The review is timely for this issue, especially in light of the potential for attachment experiences to account for the risk for addiction in adulthood, as suggested by our first two articles.

Our members list is growing! See our website at [www.iasa-dmm.org](http://www.iasa-dmm.org).

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## Maternal Addiction: Does Attachment Play a Role?



Lane Strathearn

Maternal addiction is a serious problem with long lasting consequences for children's social, emotional and cognitive development. Mothers who abuse substances have higher rates of reported child abuse, neglect and foster care placement. There is evidence that drugs such as cocaine may affect infant development both directly, via in utero exposure, and indirectly via alterations in maternal caregiving patterns (Strathearn and Mayes, 2010).

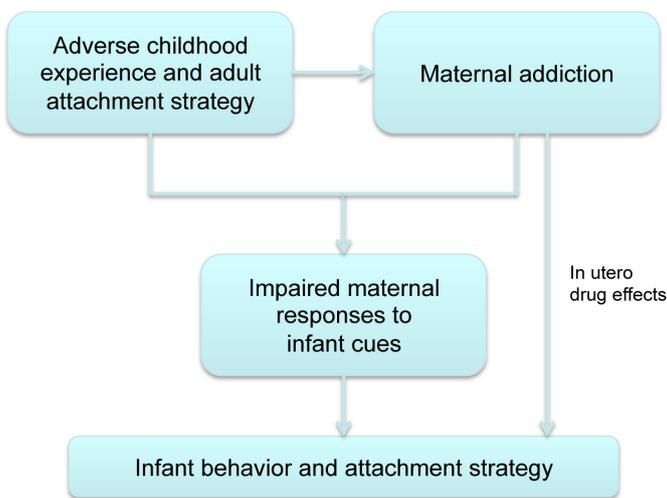
Most drugs of abuse activate so-called "reward systems" in the brain, releasing the neurochemical dopamine that potentially conditions and reinforces these patterns of drug-taking behavior (Kufahl et al., 2005). Interestingly, when mothers respond to their own infant's cues, such as smiling faces, they engage some of the same reward processing regions in the brain that are activated by drugs of abuse (Strathearn et al., 2008). This leads to the question of whether these drugs may "high-jack" the same reward processing systems in the brain, making them less responsive to more "natural" reward cues, such as their infant's behaviors and facial expressions. Reduced reward response when interacting with one's baby may predispose a mother to neglect or even abuse her child.

Research has demonstrated that the quality of parenting care received in infancy may program the development of these reward systems in the brain (Champagne et al., 2004; Pruessner et al., 2004). Therefore, an alternate explanation for the association between addiction and child maltreatment may be that a mother's own experience of abuse or neglect alters the development of these reward processing brain structures, making these mothers less responsive to their own infants cues, and more vulnerable to the effects of artificial stimulants such as cocaine.

In other words, mothers who have experienced early life neglect or trauma may experience diminished natural reward (to normal social interactions including infant cues) and therefore be at greater risk of developing an addiction when exposed to chemicals that intensely stimulate these brain responses. The mother's lack of responsive caregiving to her own infant may then perpetuate the cycle into the next generation, via changes in the infant's neural development and behavior.

In the Attachment and Neurodevelopment Lab at Baylor College of Medicine, we are currently examining these important questions, comparing a cohort of 200 mothers with addiction problems with 200 matched control subjects, along with their 6 to 7 month old infants. We are assessing the mothers' own childhood experience and dispositional representations using the DMM Adult Attachment Interview, and then perform functional MRI brain scans to compare maternal brain responses to their infants' face and cry cues (Figure 1).

Ultimately, we hope that this research will lead to a better understanding of how adverse early life experiences may contribute to adult patterns of caregiving, as well as susceptibilities to addiction, which may further impair parenting capacities. Understanding how cocaine exposure interacts with other environmental factors to influence maternal behavior may help us both to better respond to addiction, and prevent long-term consequences in children—which may itself include an increased vulnerability to addiction.



**Figure 1:** Factors influencing and resulting from maternal addiction. Adapted from Strathearn and Mayes (2010).

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Lane Strathearn MBBS FRACP Ph.D

# Addiction & Attachment



**Charley Shults**

The term “addiction” means a devotion to something, and the “addict” is the person with the devotion. Thus, a disorder arises when the addiction, or devotion, begins to interfere with other important areas of a person’s life, such as work, play, family, friendships, and finances. “Addictive disorders” are an attempt by the persons having them to make up for the deficits or difficulties in attachment. The big four addictions are drugs (including alcohol), sex, food and gambling. There are other addictive disorders that some postulate, such as spending, fantasy, romance, work, and exercise.

Addictive disorders can be identified in a simplified way by using the three C’s of addiction:

- **Control** - addicts typically experience a loss of control over the use of their addiction. This can be manifest in various ways: when they use it, how much or how long they use it, where they do it, and with whom they do it.
- **Compulsiveness** - the addict, in spite of making efforts to control or promises to themselves or others to abstain or reform their behaviour, nevertheless indulge in it, often despite their best intentions not to do so.
- **Consequences** - because of the loss of control, and the compulsive nature of the behaviour, negative consequences begin to accumulate. Sometimes it is the potential for negative consequences that accumulates, in terms of the impact on family, employment, and even the addict’s freedom, if the behaviours are illegal.

In dealing with addictions, many questions remain unanswered by various theoretical approaches to addiction, including the medical model, learning theory, genetics, and social-ecology. Among these are: Why would someone pursue a course of behaviour that was destructive to themselves and others, especially once they had seen that there were other options available (learning theory)? Why would someone who had achieved sobriety, or abstinence, for a certain period of time, revert their old behaviour, or “relapse” (medical model)? Why would someone seem to conquer one behaviour only to pick up another addictive or dysfunctional behaviour (genetics)?

And finally, why would someone who had seemed to be successful at recovery go home one night and put a bullet in



their brain, or as a dear professional colleague of mine did, take a fatal overdose of drugs (social ecology)?

Searching for answers to these questions led me to the field of attachment, and I think that attachment theory, and especially the DMM, provides the answers to those questions.

In my early days of using attachment concepts, about a decade ago now, I remember explaining the concepts of attachment to an addict with whom I was working. I found that simply explaining the concept, and how difficulties in attachment affects one in childhood and subsequent development, had great explanatory value for the client (and of course for me in understanding what was going on). As I finished explaining this to one client, he looked at me and said, delightedly, "Oh, you mean I've made my drug of choice my attachment object." Well, that wasn't what I had meant, but I realized that for him it was true, so he had educated me. His drug of choice had become what he was most attached to, at the expense of the legitimate attachment figures of his wife and children. It had become his secure base, his safe haven, the one thing that helped him to deal with – or seem to deal with – his negative

(and positive) feelings. And it had become his most important need, leading to one of the criteria of addictive behaviour of "maintaining supply."

Today in dealing with addictions I no longer use the previously postulated models which predicate addiction as a disease, as a learned behaviour, or the result of social and environmental factors. The dysfunction makes sense when one understands the context in which it arose. That is, as an attempt to deal with negative feelings and meet unmet needs. Because of the primitive nature of addictive pathways, they "trump", or override, legitimate needs and feelings. Today I understand the etiology of addiction to lie in difficulties in attachment, leading to negative views about oneself, fractured or incomplete relations with others, a distorted world view via distorted perceptual filters, and a adaptation to rely on something other than nurturing relationships as a way to nurture the self. And today I use an attachment centred approach based on the DMM as the way to understand and intervene in these maladaptive behaviours.

Charley Shults, MA JD LPC NCC

## Canadian Methadone Program Helping Mothers Improve Parenting Skills



Nicole Letourneau

In Canada, nearly 10 in 100 women report addiction to some form of illicit substance (e.g., cannabis, opioids) and nearly 2 in 100 abuse highly addictive opioid substances like oxycontin and heroin (Adlaf, Begin, & Sawka, 2005). Many of these women are mothers of childbearing age (Health Canada, 2002), and face greater challenges than non-users in raising children to meet their

developmental potentials. Substance abusing mothers also are at increased risk of affective disorders, low self-esteem, anxiety, depression, and are often challenged by social isolation, reduced support networks and violent relationships (Jones et al., 1999). Each of these factors can influence a mother's capacity to parent her children. In addition, children exposed to maternal substance abuse are at increased risk for developmental problems, such as cognitive deficits, language delays, emotional problems, behavioural disorders, and becoming substance abusers themselves (Middlebrooks & Audage, 2008). (For more information check out: <http://www.albertafamilywellness.org/>.)

We recently completed a qualitative study of mothers participating in Methadone Maintenance Treatment (MMT) for addiction to opioid narcotics. Our purpose was to identify resources that could maximize mothers' engagement in treatment and their parenting capacity. The intention is to use these data to provide guidance to an attachment intervention

based on principles of the Dynamic Maturational Model of Attachment.

Twelve mothers eligible, ranging in age from early 20's to early 40's, were included. Mothers were mostly unemployed, only half completed high school and most were unmarried. Their addiction histories suggested that childhood trauma, abuse or neglect in combination with difficult adult attachment relationships created the conditions for these mothers' addictions.

We learned that the most common reason that mothers cited for entering a Methadone program was to be a better parent for their children. This input from mothers suggests that mothers in Methadone treatment may be amenable to attachment-based interventions. When asked how the MMT program has affected their parenting, most women felt that the treatment has already made them better mothers. They felt more attentive to their children's needs and better able to engage with them as illustrated in the following statement.

*I'm not foggy anymore, I'm more clear and I'm just a better mother. I play with (my children) all of the time, I do activities, I read to them, whereas before I just used to feel like everything I did was a chore. But now I just take everything and I'm grateful for it.*

Not surprisingly, most mothers claimed their relationship with their children had improved after attending the MMT program.



Mothers had more time and energy to devote to their children and were more emotionally available. They reported that the relationships with their children were more open, honest, marked by a stronger bond and increased affection. Overcoming their addiction allowed some mothers to get their relationships with their children “back to normal” after a period of relative neglect. However, when asked what children need to prosper, these mothers focused more on physical things such as food, shelter and clothing and less on emotional aspects of nurturing. Indeed, less than half of the sample mentioned that children require good parenting to meet their potentials. While these mothers were motivated to improve their parenting and anxious to see their children do well, mothers had limited perspectives of what this entails. Mothers spoke of spending more time with their children, but provided very little detail or emotional content in these descriptions. For example, as one mother said:

*I find I spend a lot more time with (my children). I find I was neglecting them when I was using because I was always in the other room using. But I don't do that now. I don't go off in my bedroom and leave them to watch TV. So I think now my relationship is better.*

Mothers also spoke about how their addiction affected their children and how the MMT program forced them to change the family dynamics. For example, one mother said that:

*When someone starts getting well, [this] changes the whole dynamics of the household. Because when you've got somebody who's using or sick and probably the child is going to be, the parent is being sick, the child becomes the parent. That whole dynamic is going to change.*

*All of a sudden, the child whose been probably getting away with blue murder because he's the parent is suddenly going to be the child again, so that's something that's gonna have to be looked at, the child being a child again.*

The DMM offers not only a model for explaining how addictions happen, but also a framework for intervention. These mothers spoke of their early lives and relationships and how they contributed to their addictions. They also revealed how their addictions promoted parentification, and likely excessive demands of children. Mothers' motivations to be better parents can be drawn upon to engage them in attachment-based therapy to provide them with the skills, insight and abilities to form healthier relationships with their children. In summary, the results suggest benefits of integrating parent-child attachment supports into MMT.

**Nicole Letourneau, Ph.D, RN**

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# Drug Counseling Centre

## For recovering addicts and their families



Ayesha Hoorzook

**One of IASA's goals is to highlight the work of our members. In this issue of DMM News on Addictions and Attachment, we highlight the work of Ayesha Hoorzook of the Al Khaleel Drug Counselling Centre in South Africa.**

Al Khaleel is a community-based organization in Brixton, South Africa that offers weekly free counselling to recovering drug addicts and their families. Ayesha Hoorzook is the head counselor at the centre and played an integral role in starting the group which was formed 12 years ago as a result of the alarming increase in substance abuse in the Asian community. This trend has now reached alarming proportions with children in their early teens and even younger turning to recreational drugs.

### Family Members Involved in the Process

Many of the addicts who attend the meetings have undergone treatment at one of the several rehabilitation centres in and around Johannesburg, and Al Khaleel's aim is to continue that recovery process, as the abuser re-enters society. Recognizing that drug abuse has a devastating effect on entire families, the Al Khaleel centre encourages family members and friends of drug addicts to attend the weekly meetings. By doing so, they are able to interact with people in the same situation as themselves and benefit from sharing their experiences.

### Counseling Gets to the Heart of Issues

Al Khaleel provides a healing way to deal with personal, deep felt issues that pushed the addict in to the cycle of addiction. These include concerns about relationships, serious illness or loss, feelings of not belonging or emptiness. Weekly sessions help bring to light hidden dynamics which can entangle addicts in prolonged suffering, such as intergenerational confusion. To quote Robert Bly, "...Society prizes a state of half-adulthood, in which repression, discipline, and the Indo-European, Islamic, Hebraic impulse-control systems are jettisoned. The parents regress to become more

like children, and the children, through abandonment, are forced to become adults too soon, and never quite make it."

At Al Khaleel, addicts and their family members and friends together explore ways to find their place in their family system and how they might be entangled as a result of intergenerational confusion.

### Compassion Yields Results

As one family member remarked, "We share true stories of the drug addict we serve, which describes the psychosocial deprivations that make addiction hard to manage. Addictive substances and behavior influence brain chemistry. The addict's nuanced understanding of pleasure seeking and pain avoidance inspires empathy for a wide range of addictions—from cocaine and alcohol to destructive patterns of shopping, eating, and sexual behavior. The group's audible compassion makes us hear these stories and consider this information with an open heart. Furthermore the true engagement of the counselor together with the group members makes this a moving invitation to the complex world of addiction."

Congratulations to Ayesha Hoorzook and her team of volunteer counselors for their outstanding work.

Ayesha Hoorzook





**Panagiota Tryphonopoulos**

# Book Review: Assessing Adult Attachment: A Dynamic-Maturational Approach to Discourse Analysis

In *Assessing Adult Attachment: A Dynamic-Maturational Approach to Discourse Analysis*, co-authors Crittenden and Landini offer a concise yet comprehensive guide to discourse analysis of the Adult Attachment Interview (AAI), rooted in the DMM. The interview seeks information about adults' childhood experiences with attachment figures and protection from danger. The resulting narrative reveals the adult's current response to threats and danger and how the mind processes information in response to specific stimuli. Since this method focuses on the structure of speech (i.e. discourse markers) rather than the content of the narrative, the underlying preconscious meaning of the speaker's communication is maintained as opposed to being concealed by conscious thought process. At the same time, the DMM-AAI allows the speaker to tell a story in his or her own way, thus preserving his or her reality.

### A New Approach to DMM-AAI

The DMM-AAI has many advantages over other methods of discourse analysis. First and foremost, unlike Main and Goldwyn's (M & G) AAI where infant classification provides the basis for adult classification, in the DMM attachment strategies evolve throughout the lifespan. Second, the M&G-AAI is based on outdated work in the cognitive sciences while the DMM-AAI is open to and continually integrates new findings from cognitive and neurobiological theory and research. Third, the DMM was derived from AAI's from over 20 countries and included individuals from normative samples, outpatient and hospitalized psychiatric patients as well as incarcerated individuals while the M&G-AAI was developed from observations of middle-class, low-risk samples. Fourth, due to lack of empirical support, the concept of disorganization has been eliminated from the DMM-AAI. With these key issues in mind, the new approach to discourse analysis presented by Crittenden and Landini is timely and necessary.

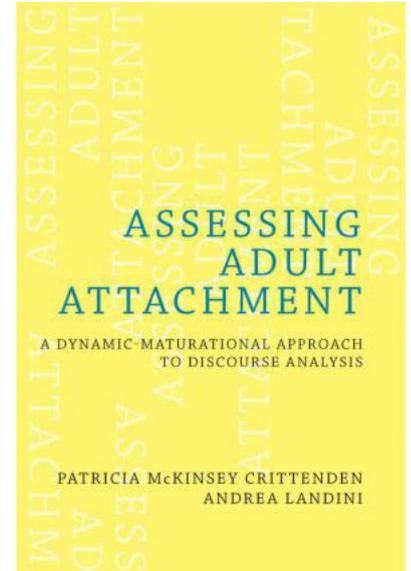
### Organized Approach Simplifies Understanding

Written clearly for a wide interdisciplinary audience, the book is organized into three sections. Part one outlines the DMM approach to attachment, including a brief overview of the history of attachment theory and the constructs that underpin the AAI. Part two details the DMM-AAI classificatory system including an overview of Type B, A and C attachment strategies as well

as the noted discourse markers and their psychological relevance to each attachment strategy. Finally, in part three, the authors offer a guide to applications of the DMM-AAI, including a description of the process behind transforming an AAI classification into a treatment plan, a review of available validity studies, and future directions for using the AAI in order to further our understanding of human attachment and adaptation and psychopathology.

### Essential Reading for Researchers, Clinicians & Others

This volume will be useful to those in the fields of developmental psychology, psychiatry, psychotherapy and other health professions (i.e. nurses, social workers) working with individuals and families at risk for psychopathology. It is essential reading for researchers studying human development, clinicians seeking a complementary approach for diagnostic assessment and intervention planning, and even expert witnesses testifying in child protection cases. While this book is not intended to replace direct training in the coding of the AAI, it encourages the reader to further explore the DMM approach to discourse analysis within the context of the AAI. In short, Crittenden and Landini adroitly guide us through research, assessment, and treatment to promote adult mental health and reduce psychological suffering through the exploration of attachment over the lifespan.



**Patricia Crittenden**



**Andrea Landini**

### Panagiota Tryphonopoulos, Ph.D Candidate, RN

Patricia McKinsey Crittenden & Andrea Landini. *Assessing Adult Attachment, A Dynamic-Maturational Approach to Discourse Analysis*. New York: W.W. Norton & Company, 2011.

## Special Announcement!

### The 2012 IASA Grants and Training Scholarships Competition Deadline is Announced!

The award competition is open until May 15, 2012. The purpose of the competition is to provide financial support to IASA members carrying out basic research on the DMM, testing the validity of DMM assessments and/or developing coder and trainer skills.

This year, preference will be given to developing coder and forensic reliability in the SAA and AAI. Development of DMM capacity in these areas was determined to be a strategic priority of the IASA Board at our summer 2011 meeting.

For more information or to apply, please email IASA Board Member, Nicole Letourneau at [Nicole.Letourneau@ucalgary.ca](mailto:Nicole.Letourneau@ucalgary.ca).

**Good Luck!**