

Integrating the Dis-integrated

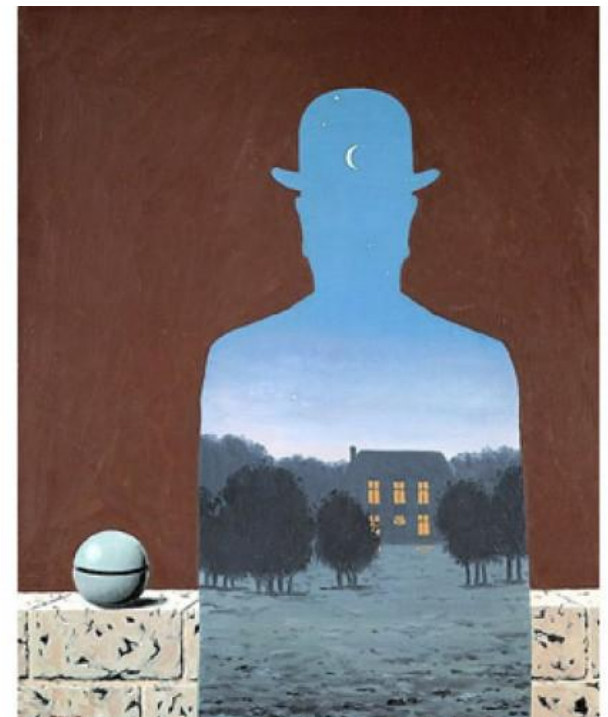
Attachment, Trauma and Substance Abuse

14th March 2019, Glasgow

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Hello... Mind the Gap





Purpose of Presentation

- Consider an integrated model of mental health and substance use
- Consider implications for working integratively with those who experience mental health issues and substance abuse issues



Attachments develop in relationship

In the Gap between you and I

In the gap between you and your
experiences

Healthy Attachment

▶ **A Core sense of Security**

- ▶ A sense of being consciously connected with oneself, and others
- ▶ A felt experience of Belonging and being present
- ▶ Development of Internal Working Models to shape experience
- ▶ Develop social emotions; understand relationships
- ▶ Develop a conscience (guilt not shame)

▶ **Autonomy -capable of connection with others (intimacy) and separation i.e. healthy boundaries**

- ▶ Self Identity
- ▶ Self-regulation: emotions, impulses, worth, needs, behavior
- ▶ Able to reflect: respond not React
- ▶ Overcome common fears and worries, develop coping skills – resilience

INTEGRATION

Complex trauma

- Exposure to **multiple** traumatic events, **from early age, frequently** within a **caregiving** system that is supposed to be the source of safety and stability
- Impact is **Global across domains of development and functioning**, and long term



Traumatic Attachment – Complex Trauma

- ▶ **A Core sense of Insecurity**
- ▶ A sense of being split/dis-connected within oneself, and others; insecurely connected
- ▶ A felt experience of not Belonging and unable to be fully present
- ▶ Development of Negative and irrational Internal Working Models to shape experience
- ▶ Lack of development of social emotions
- ▶ SHAME and ANXIETY
- ▶ **Not autonomous - disturbance in boundaries**
- ▶ Dependency; co-dependency; avoidance; disorganisation
- ▶ Lack of stable Self Identity
- ▶ External Locus
- ▶ Inability to Self-regulate: emotions, impulses, worth, needs, behavior - dysregulation
- ▶ Reactivity
- ▶ Numbness or overwhelmed

DIS-INTEGRATED

4 Category model of Adult Attachment Bartholemew and Horowitz (1991)

		MODEL OF SELF (Dependence)	
		Positive (Low)	Negative (High)
MODEL OF OTHER (Avoidance)	Positive (Low)	SECURE Comfortable with intimacy and autonomy	PREOCCUPIED Preoccupied with relationships
	Negative (High)	DISMISSING Dismissing of intimacy Counter-dependent	FEARFUL Fearful of intimacy Socially avoidant



What complex trauma looks like

- Emotional dysregulation
(chronic inability to identify, regulate and manage feelings)
- Hypo or Hyper dysregulation (obliteration/numbing/depression vs explosive rage) – fight, flight, freeze, fawn
- Reactivity and volatility
- Dysfunctional relationships
- Negative schema (IWM's) about self, others, world – SHAME / THREAT
- Inevitability of victimisation
- **Reliance on strategies to cope (feel secure) – e.g. Abusing substances**



Substance Abuse: What we know already – contributing factors

- Kilpatrick *et al* (2000) - victim or witness to violence ; PTSD; parental substance abuse
- Rai (2008) – parental rejection; lack of emotional warmth
- Guo *et al* (2002) – lack of family bonding
- Dhillon and Parwah (1981) – emotional insecurity
- Howard (1963) – parental rejection

Attachment insecurity and Substance Abuse

Research Findings

- Attachment styles significantly correlate to substance abuse.

Caspars *et al* (2006); Doumas, Blasey and Mitchell (2006); Molnar *et al* (2010); Davidson and Ireland (2009)

- Individuals with higher levels of insecure attachment in their close relationships have higher tendency to abuse substances

Borhani (2013)

SUBSTANCE USE AND CONTACT

“People use drugs, legal or illegal, because their lives are intolerably painful or dull...They are estranged from their families and their neighbours. It should tell us something that in healthy societies drug use is celebrative, convivial, and occasional, whereas among us it is lonely, shameful and addictive. We need drugs, apparently, because we have lost each other”

Wendell Berry, *The Art of the Commonplace*



Attachment insecurity and function of substance abuse

Trauma

- Emotional dysregulation
- Shame, negative IWM's
- Lack of connection, belonging, relational difficulties (lack of capacity for intimacy)
- Mental and emotional health problems
- Lack of self identity, and autonomy
- Lack of attachment base

Role of substances

- Regulate emotions
- Numb, block out, obliterate, feel better
- To socialise, interact, fit in, feel belonging (navigate relationships)
- Self-medication
- Sense of familiarity, security, routine, order, consistency
- Attachment object

Substance abuse and Addiction

- Importance of viewing and understanding that it is the *relationship* that a person has with a substance or substances which is addicting or abusive.
- It is a symptom of, and an attempt to deal with, an ongoing experience of dis-integration, dis-organisation and disconnection
- Therefore if relational damage is central to the development of difficulties, relationships hold the key to healing and resolving these difficulties

Bridging our own Gaps

- We work with people that are disconnected and dis-integrated, unable to traverse their “gaps”
- In a system of care which can begin to mimic this very split and lack of integration!
(“dual diagnosis”)

We need

- Services which are integrated
- Workers who work integratively, and are supported to be self-reflective
- Services that are mindful of the process of engaging clients
- Multiagency teams and working which shares a clear integrative model to underpin care and treatment

KEY POINTS

- Problem drug use is a symptom, not a cause, of personal and social maladjustment

Most efforts at drug prevention and treatment are misguided to the extent that they focus on symptoms, rather than on the psychological functioning underlying drug abuse

Frisher (2012)

- The meaning of substance use can be understood ONLY in the context of an individual's unique functioning and developmental history, family and systemic factors, attachment pattern and ways of "relation-shipping"
- i.e. How they relate to themselves and to others, the locus of their self identity, self esteem and self regulation, and their sense of belonging in the world, and their ability to feel connected.

TAKE HOME MESSAGES

- See the **substance abuse as a SYMPTOM** – in context of deeper problems and issues. DON'T just treat the symptom.
- **The quality of relationships is central**
- Involving wider systems and context
- Central **importance of multi-agency working**:
 - support shift in culture, understanding and awareness.
 - Address systemic issues
 - Wrap-around care for the person and their family
 - NO “pass the parcel”
- Shape the service to fit the needs of the person, not the other way around



Thank you all for being present.



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