

NORTHWEST INSTITUTE OF ADDICTIONS STUDIES CONFERENCE



Everyday Attachment in Recovery: Creating Healthy, Connected Communities

Wednesday-Friday, July 19-21, 2017 | 18 CEUs | Portland, Oregon

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

Michael G Bricker MS, CADC-II, NCAC-II, LPC

Bet you never thought about gambling
as an Attachment Disorder...

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



Michael G Bricker MS, CADC-II, NCAC-II, LPC

Michael G Bricker MS, CADC-II, LPC

Behavioral Health Clinician

Adult SUD Treatment Mgr.

Klamath Falls, OR

mbricker@lcsnw.org



N O R T H W E S T

Health • Justice • Hope

*The attachment portions of this
address originally presented at the*



OCTOBER 7 - 11, 2016

Annual Conference

Embracing Today, Empowering Tomorrow

Pre-Conference: October 7 | Exhibit Hall: October 7 - 9 | Conference: October 8 - 10 | Post-Conference: October 11



**“NAADAC is the premier global organization of addiction focused professionals who
enhance the health and recovery of individuals, families and communities.”**
NAADAC Vision Statement adopted 1998

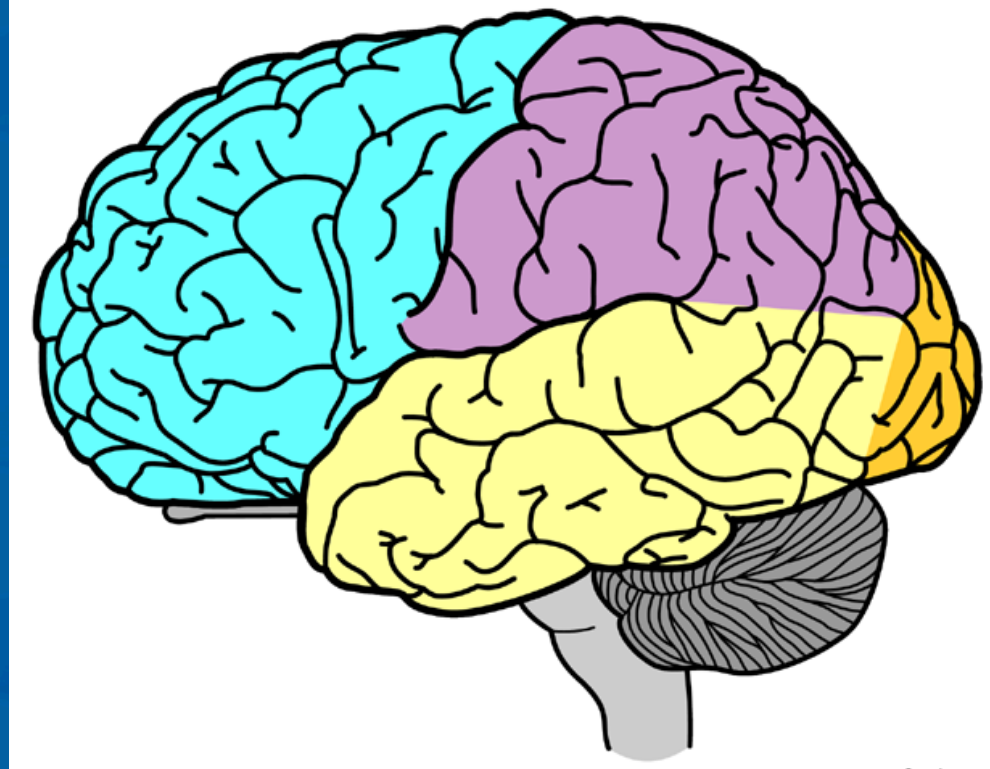
If you haven't already...

*...please silence your
cell phones.*



Thank you!

“Mary, Mary quite contrary... how do your neurons grow?”



Program
for
infant
toddler
care



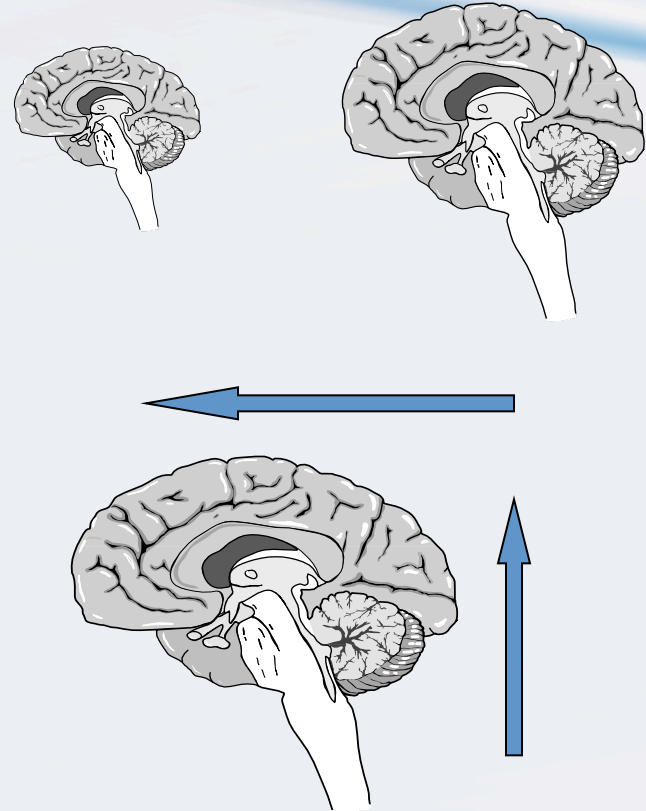
Brain architecture is built over time

- ❖ 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

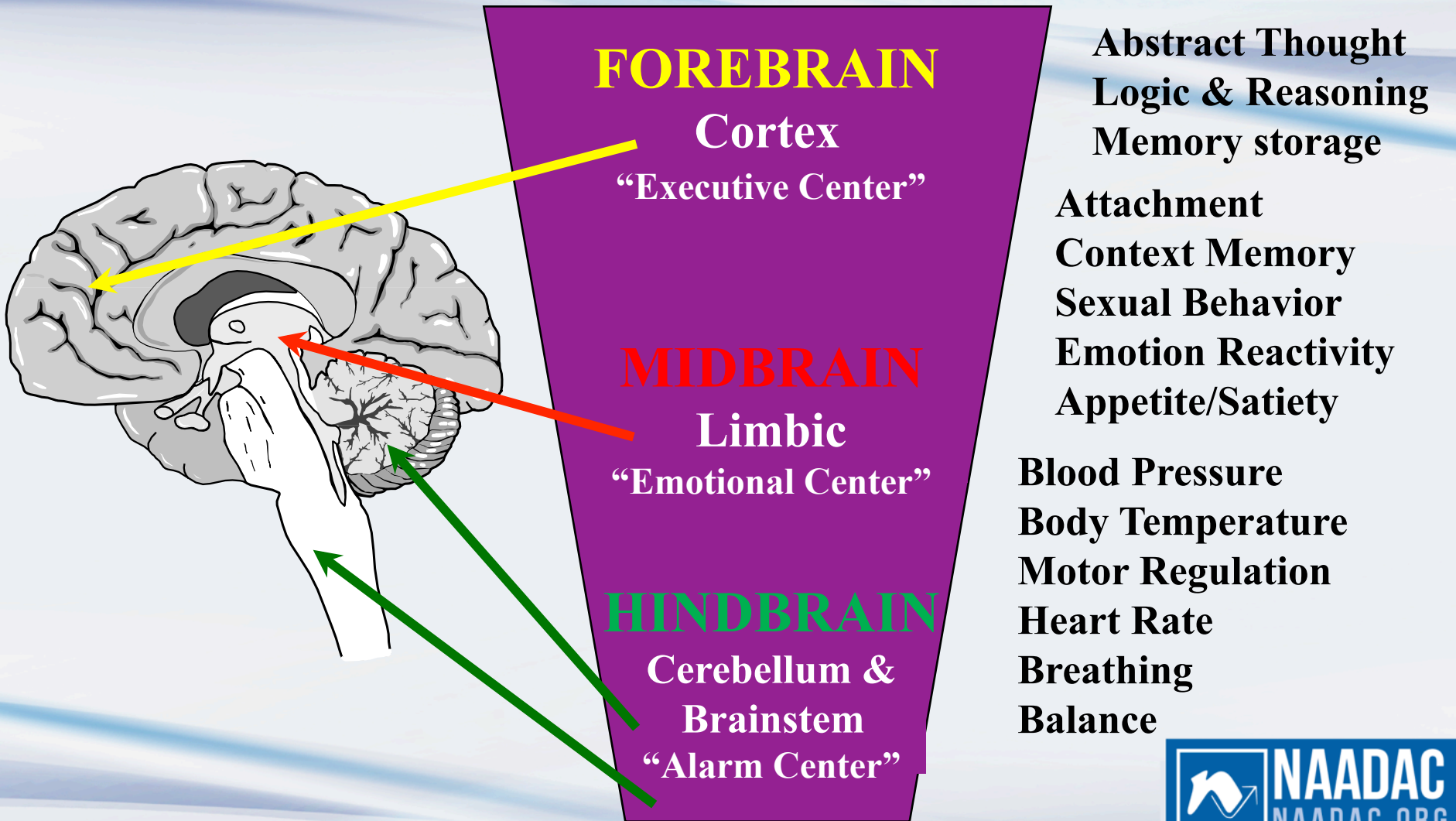
The brain develops in order:

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.



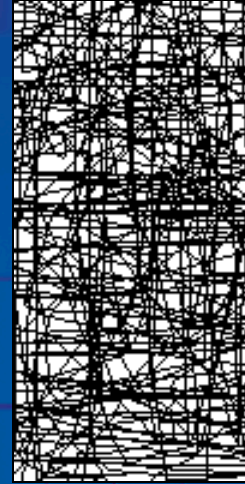
Parts of the brain have different jobs

Neuronal pruning birth → age 5... “use it or lose it!”

*Predominance
of “mirror
neurons”*



Newborn



Early
Childhood



Later
Childhood

the Program
for
infant
toddler
care

“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?

New Research suggests that great apes know what you're thinking

- Bonobos, chimpanzees, great apes and orangutans appear to be able to “read” the intentions of humans and other primates
- Research suggests that primates may have a “theory of mind” similar to humans – they can think about what others are thinking about
- Just published in Science (10/7/2016)
Christopher Kuppenye et.al.

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.”



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.

We'd like to think that attachment has to do with the “cogs” of cognition...

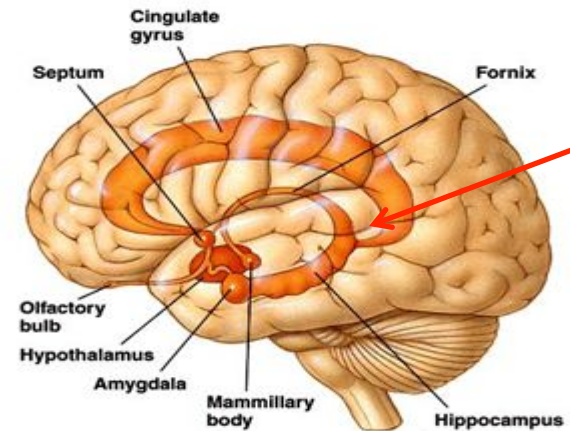


...when in fact much is unconscious and pre-verbal!

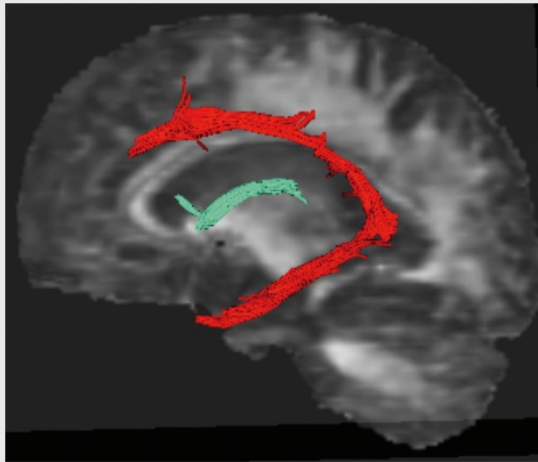
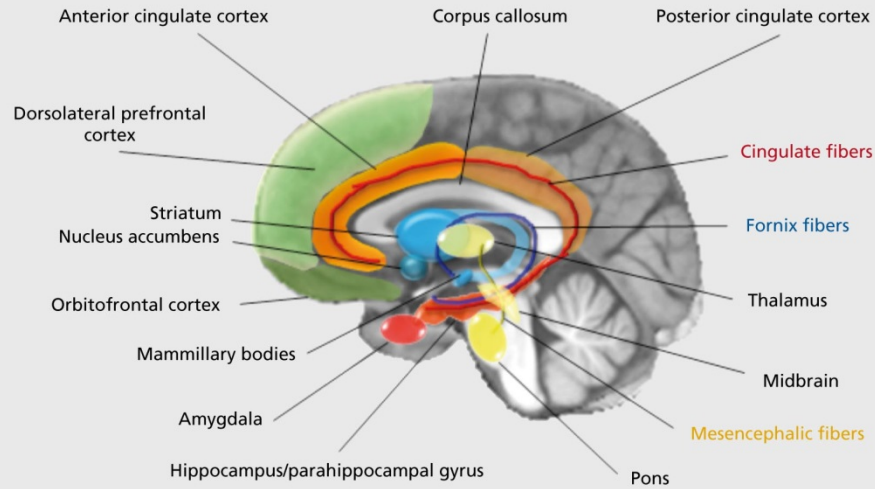
The Cingulate Gyrus

- The cingulate gyrus also connects many key sites.
- In this region, emotions, attention, and working memory interact.
- It is thought to help us to personally animate our attention and to attach it to things in external space.

► Location of Major Limbic System Structures

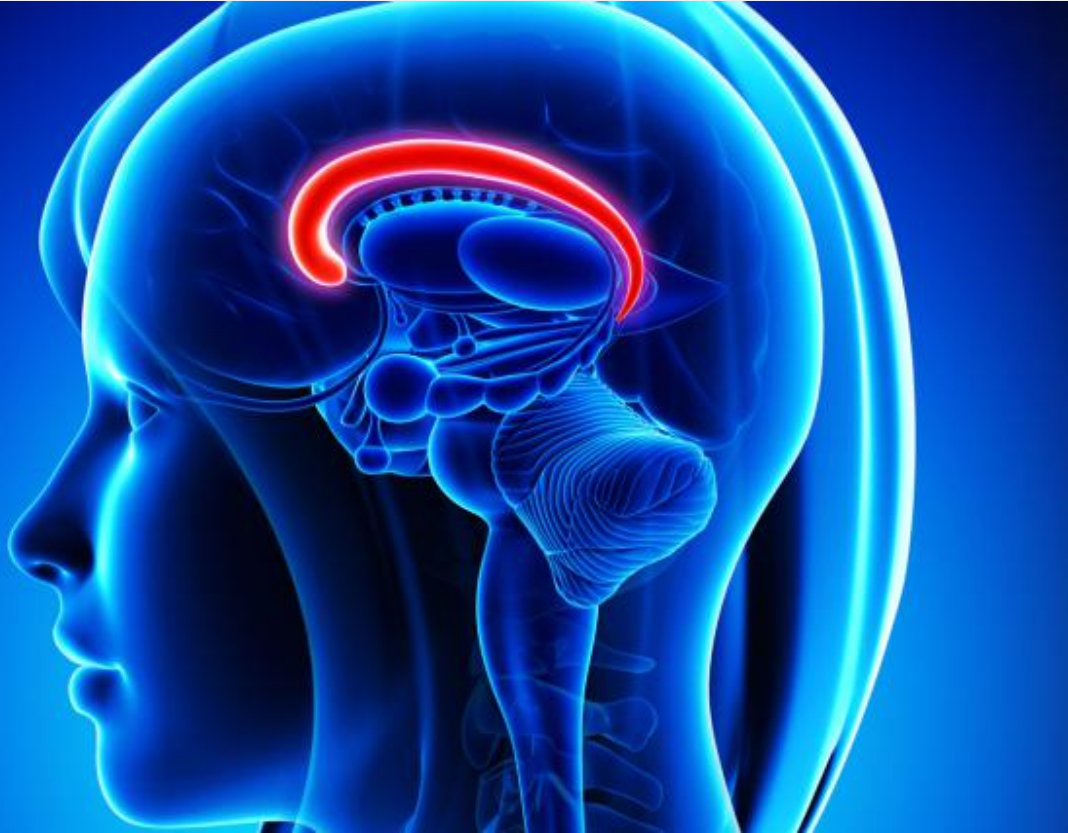


The Posterior Cingulate gyrus is hard-wired into the emotional Limbic system, and is active in attachment



The Cingulate gyrus is strongly associated with both the cortex and the limbic system...

The Cingulate gyrus is the “border” between conscious and subliminal behavior



- It is accessible to the conscious frontal cortex and explicit memory
- It connects with the limbic system and implicit or “felt” memory – the basis of attachment

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 Hierarchy of Human Needs

Erickson's Stages of Personality Development



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*

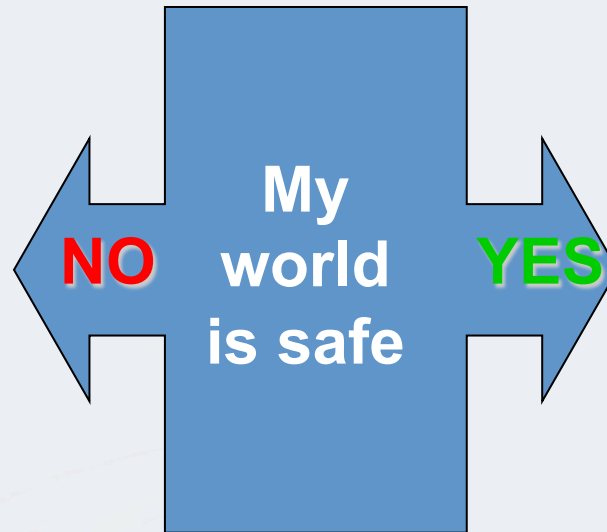
**Chronic trauma
response**

Hypervigilance

Trust issues

Attachment D/O's

Personality D/O's



Security

**Healthy
Attachment**

**Stable
relationships**

*The child's answer to these three questions becomes
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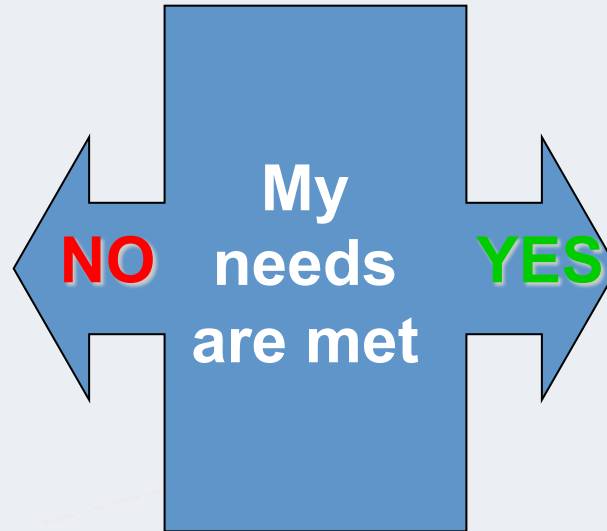
Insecurity

Ambivalence

Trust issues

**Extremes of
Attachment**

**Borderline/
Antisocial
Personality**



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

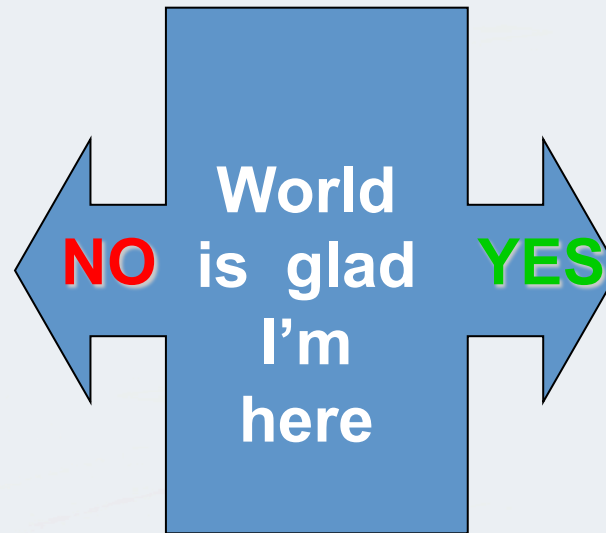
Insecure

Attachment

Dependent/

Borderline

Personality



Security

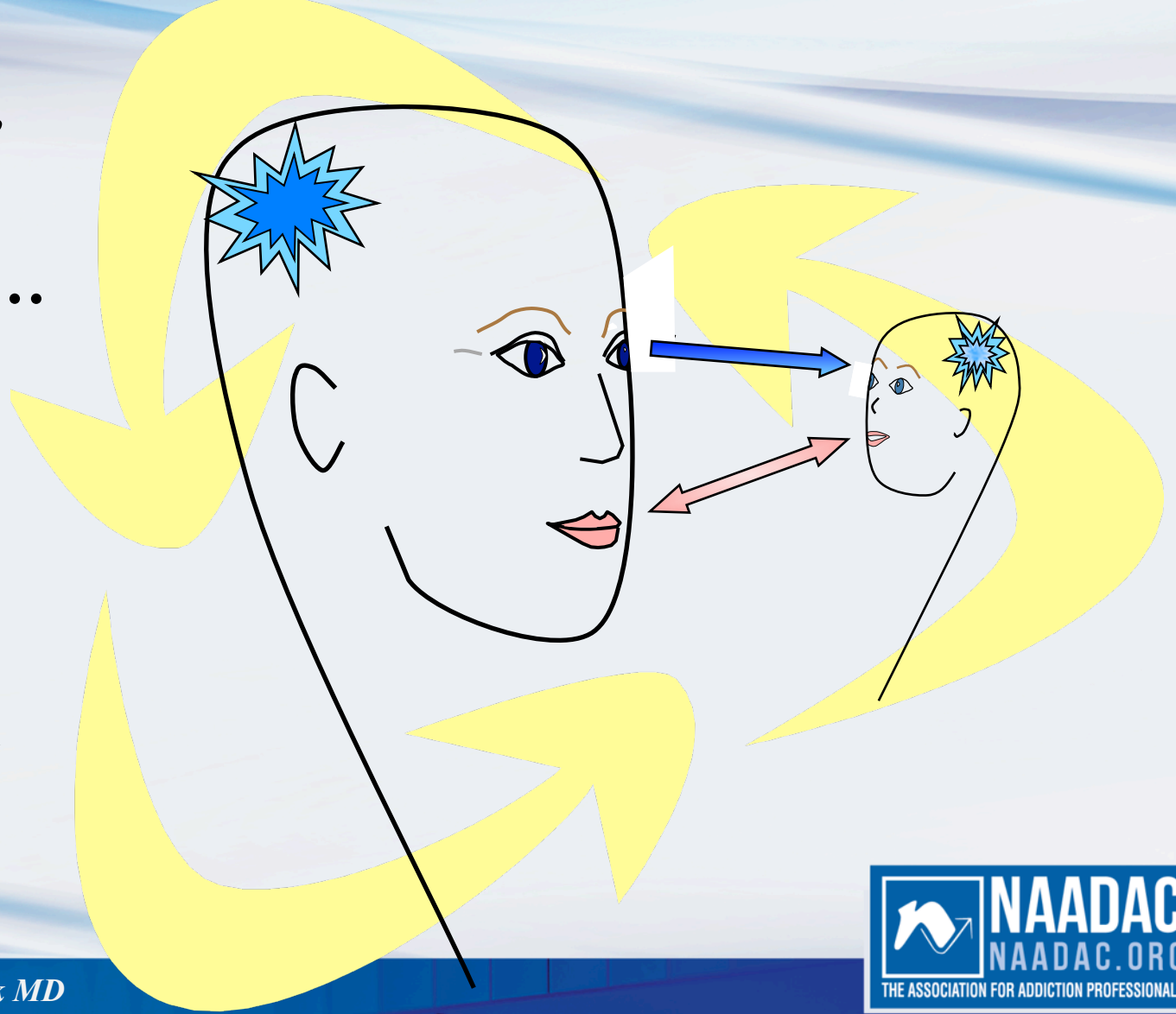
**Positive
self- worth**

**Healthy
Attachment**

**Stable
relationships**

***Mirror
neurons are
the basis of
attunement...***

***...which
leads to
attachment***



After Bessel van der Kolk MD



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.

Source: Attachment in Adulthood: Structure, Dynamics and Change by Mikulincer,
Mario and Shaver, Philip R. 2007.

Ann W Smith - MS, LPC, LMFT, NCC

www.BreakthroughAtCaron.org



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.

www.BreakthroughAtCaron.org





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

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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

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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.



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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.



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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



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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

Characteristics of Secure Attachment

As Children:	As Adults:
1. Able to separate from parent.	1. Have trusting, lasting relationships.
2. Seek comfort from parents when frightened.	2. Tend to have good self-esteem.
3. Return of parents is met with positive emotions.	3. Comfortable sharing feelings with friends and partners.
4. Prefers parents to strangers.	4. Seek out social support.



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?

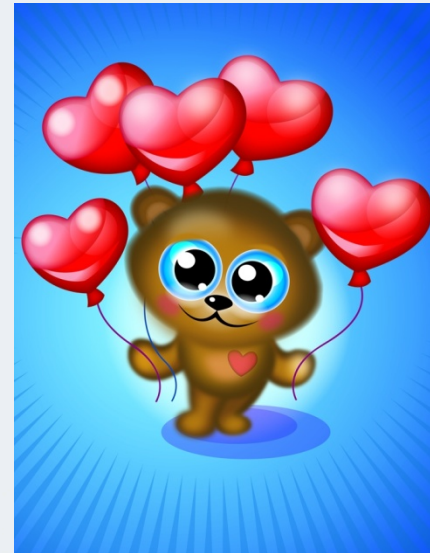
- Inconsistent attachment results in diffuse memory formation (“fun-house mirror” neurons)
- Trauma → “splintered” memory formation
- stress → fragmented memory storage w/o markers for conscious recall → flashbacks
- Neglect → mis-attribution of self → Victim stance: “What’s WRONG with me?”
vs “What’s *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!”



Fear - Cortisol	COMFORT - Oxytocin
Aggression	Anti-stress hormone
Causes arousal, Anxiety, Feeling stressed-out	Feeling calm and connected, Increased curiosity
Activates addictions	Lessens cravings & addictions
Suppresses libido	Increases sexual receptivity – promotes orgasm in women
Associated with depression	Positive feelings
Can be toxic to brain cells	Facilitates learning
Breaks down muscles, bones and joints	Repairs, heals and restores
Weakens immune system	Faster wound healing
Increases pain	Diminishes sense of pain
Clogs arteries, Promotes heart disease and high blood pressure	Lowers blood pressure, Protects against heart disease
Obesity, Diabetes, Osteoporosis	Which way would you vote?

The Benefits of Oxytocin

Excess	Deficient	"Normal"
Addictions	Addictions	Motivated
Anxiety	Depression	Feelings of well-being, satisfaction
Compulsions	Anhedonia - no pleasure, world looks colorless	Pleasure, reward in accomplishing tasks
Sexual fetishes	Lack of ambition and drive	Healthy libido
Sexual addiction	Inability to "love"	Good feelings toward others
Unhealthy risk-taking	Low libido	Healthy bonding
Gambling	Erectile dysfunction	Healthy risk taking
Compulsive activities	No remorse about personal behavior	Sound choices
Aggression	ADD/ADHD	Realistic expectations
Psychosis	Social anxiety disorder	Maternal/Paternal love
Schizophrenia	Antisocial behavior	

Dopamine Levels

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:

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

Some clients turn instead to other kinds
of “Process Addictions”



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?)*

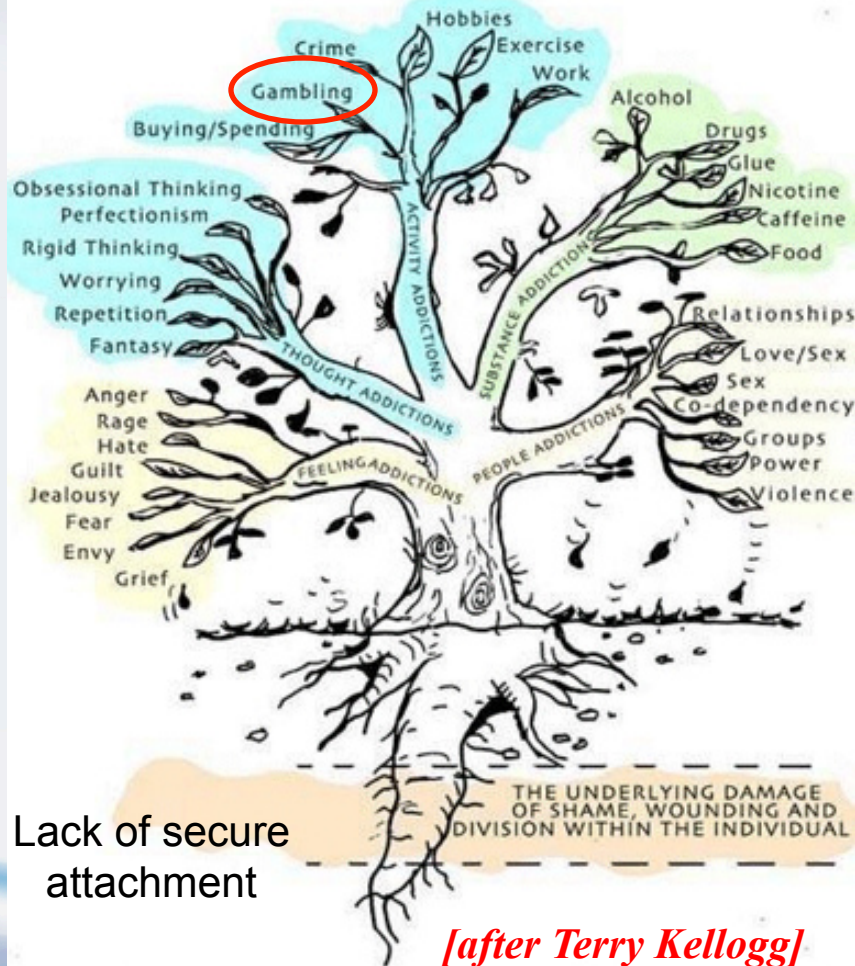
3 main functions

- Reduces stress hormones like cortisol
- Increase bonding neuropeptides like PEA, oxytocin & vasopressin
- Shift from sympathetic (activating) to parasympathetic (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!

THE ADDICTION TREE



[after Terry Kellogg]

*Successive
unsuccessful
attempts to fill
the void left by
insecure
attachment in
early childhood.*

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

Personality
Features and
Disorders

Addiction
Chemical
Behavioral

Psychiatric Illness
Mood Disorders
Anxiety Disorders
Psychotic Disorders

A
Shared
relationship
between
addiction and
psychiatric illness

B
Shared
relationship
between
addiction and
trauma

C
Shared
relationship
between
psychiatric
illness and
trauma

Trauma
Abuse
Neglect
Wounds/Loss /Grief
Shame
PTSD

D
Represents
patient at most
symptomatic with
all three areas
activated

Affective &
sensory
detachment

Insecure
Attachment

Cognitive &
affective
detachment

“Psychiatric
un-hingement”

The many faces of Post-Traumatic Stress Disorder

Schizoaffective d/o

Cognitive & affective detachment

Affective & sensory detachment

Personality disorders

Insecure Attachment

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

Personality Features and Disorders

Addiction
Chemical
Behavioral

Psychiatric illness
Mood Disorders
Anxiety Disorders
Psychotic Disorders

D
Represents patient at most symptomatic with all three areas activated

B
Shared relationship between addiction and trauma

C
Shared relationship between psychiatric illness and trauma

Trauma
Abuse
Neglect
Wounds/Loss /Grief
Shame
PTSD

"Psychiatric un-hingement"
Borderline

Bipolar d/o?

The many faces of Post-Traumatic Stress Disorder

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?

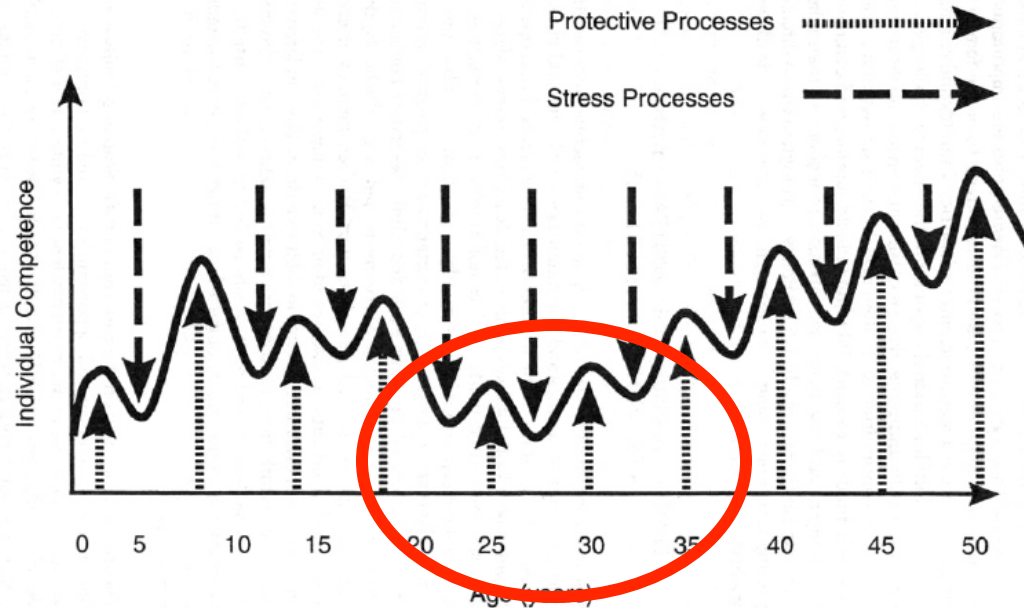
- CNS depressants
- Ages 7-10 suggest early sexual abuse?
- Ages 10-12 suggest insecure attachment

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”

Interplay of protective and stress processes and their influence on individual competence across the life span.



(used by permission)

This transition time in early recovery is
filled with existential discomfort:

S on

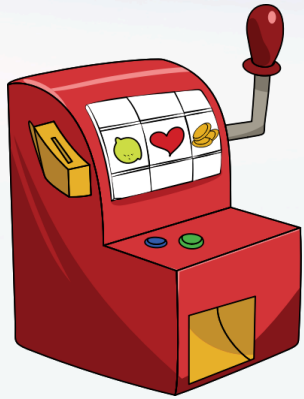
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B *****

E **verything's**

R **EAL!!**

This is the time
when many
clients turn to
substitute
addictions...



Two of the most common are:

GAMBLING: seems to be the most common “addiction substitution” for persons addicted to psychostimulants, especially methamphetamine –

- Stimulates excitatory neurotransmitters
 - Glutamate, norepinephrine
 - Phenylethylamine - arousal
 - Dopamine – pleasure & reward

PORNOGRAPHY: seems to attract persons addicted to CNS depressants like alcohol, opiates and anxiolytics

- Appears to stimulate “calming” neurotransmitters
 - GABA, serotonin
 - Oxytocin & vasopressin
 - Dopamine – pleasure & reward





Close but no cigar, the saying goes. But new research shows that when it comes to gambling, the human brain seems to take a very different approach. In our head, near misses, such as a lottery ticket just one number away from the jackpot, are interpreted as wins.

Using functional MRI, Luke Clark of the University of Cambridge and his colleagues looked at the brains of 15 volunteers who were playing a computerized slot machine. Unsurprisingly, wins activated the players' reward system, whereas complete misses did not. When the wheel stopped just one position from the pay line, however, the reward system of volunteers' brains got excited the same way it did after a win—there was much activity in the striatum and the insula, areas involved in reinforcing behavior with positive feedback.

Nicole Branan
July 20, 2009



This type of reinforcement makes sense in behaviors that involve actual skill, such as target shooting, because a sense of reward provides encouragement to keep practicing, Clark says. “A near miss in a game of chance doesn’t mean that you are getting better,” he notes, yet it seems that the brain mistakenly activates the same type of reinforcement learning system in these situations.

Nicole Branan

July 20, 2009

The findings expose the underpinnings of gambling addiction, according to Clark. Even though all volunteers were non-gamblers, those whose brain showed a greater response in the scanner also reported feeling more desire to continue trying after near misses. Excessive recruitment of these reward areas, therefore, may be a risk factor for compulsive gambling

F63.0 (312.31) Gambling Disorder

Persistent and recurrent problematic gambling behavior leading to clinically significant impairment or distress, as indicated by the individual exhibiting four (or more) of the following in a 12-month period:

1. Needs to gamble with increasing amounts of money to achieve the desired excitement
2. Is restless or irritable when attempting to cut down or quit gambling
3. Has made repeated unsuccessful attempts to cut back or quit.
4. Is often preoccupied with gambling
5. Often gambles when feeling distressed (eg. Helpless, guilty, anxious, depressed)
6. After losing money gambling, often returns another day to get even ("chasing" one's losses)
7. Lies to conceal the extent of involvement with gambling
8. Has jeopardized or lost a significant relationship, job, educational or career opportunity because of gambling
9. Relies on others to provide money to relieve desperate financial situations caused by gambling.

Gambling Disorder and Attachment?

Persistent and recurrent problematic gambling behavior leading to clinically significant impairment or distress, as indicated by the individual exhibiting four (or more) of the following in a 12-month period:

1. Needs to gamble with increasing amounts of money to achieve the desired excitement
2. Is restless or irritable when attempting to cut down or quit gambling - ↑↑ cortisol
3. Has made repeated unsuccessful attempts to cut back or quit.
4. Is often preoccupied with gambling
Limbic “acquired drive state”

5. Often gambles when feeling distressed (eg. helpless, guilty, anxious, depressed)
↑↑ cortisol
6. After losing money gambling, often returns another day to get even (“chasing” one’s losses)
7. Lies to conceal the extent of involvement with gambling
8. Has jeopardized or lost a significant relationship, job, educational or career opportunity because of gambling
Instant vs delayed gratification
9. Relies on others to provide money to relieve desperate financial situations caused by gambling.

Does gambling activate the “attachment



Sowhatzafellas'postado??

Implications for Treatment – get an attachment history

Adverse Childhood Experiences (ACEs) Attachment Survey

INSTRUCTIONS: 1) Identify and list a few of your strengths – how did you survive? What are some things about you that you really like? 2) Read the ACE definitions and identify any things you experienced in the family (or families) you grew up in BEFORE THE AGE OF 12. Then enter your answer (yes/no) for each type of trauma. [If you can remember about how old you were, you can put that in the next box.] Add up the checks in your “yes” column to get your Trauma Dose. 3) Complete the NOW column. 4) Then complete the HOW questions. *You’re encouraged to discuss your answers with a Counselor or Therapist.*

1. STRENGTHS: _____

I am ☐ Female ☐ Male ☐ Transgender How old are you now? (Please circle) 6 – 12 13 – 18 19 – 25 26 – 35 36 – 45 46 – 55 56 – 65 66 +

2. ACEs	Did this ever happen to you as a child before you were 12 years old?	✓ no	✓ YES	How old were you?	3. NOW?
Emotional Abuse	Did a parent or other adult in the household often or very often, swear at you, insult you, put you down and/or threaten you in a way that made you think that you might be physically hurt?				
Physical Abuse	Did a parent or other adult in the household often or very often...push, grab, slap, or throw something at you? Or ever hit you so hard that you had marks or were injured?				
Sexual Abuse	Did an adult or person at least 5 years older ever touch or fondle or have you touch their body in a sexual way? Did anyone attempt or actually have oral, anal, or vaginal intercourse with you?				
Emotional Neglect	Did you often or very often feel that no one in your family loved you or thought you were important or special? Or your family didn't look out for each other, feel close to each other, or support each other?				
Physical Neglect	Did you often or very often feel that you didn't have enough to eat, had to wear dirty clothes, and had no one to protect you? Or your parents were too drunk or high to take care of you or take you to the doctor if you needed it?				
Mother Treated Violently	Was your mother or stepmother often, or very often pushed, grabbed, slapped; or had something thrown at her? Sometimes, often, or very often kicked, bitten, hit with a fist or something hard, threatened or hurt by a weapon?				
Household Substance Abuse	As a child, did you ever live with anyone who was a problem drinker or alcoholic or lived with anyone who used street drugs?				
Household Mental Illness	Was a household member ever depressed; mentally ill or sent to a mental hospital? Has a family member ever attempted suicide?				
Parental Separation/Divorce	As a child, were your parents ever separated (didn't live together) or divorced?				
Incarcerated Household Member	Did a household member ever go to prison, or was constantly in and out of jail?				
REMEMBER – this is what happened to you ... NOT who you are!	Add the column - this is your RESILIENCY SCORE				
	Add the column - this is your TRAUMA SCORE				
	Add the column - this is your total TRAUMA LOAD				

3. NOW: Across each YES row that you marked, how much or how often does this experience of childhood trauma bother you in your life today?
1 – Never or almost never 2 – Hardly Ever 3 – Some of the time 4 – Most of the time 5 – Always or almost always

4. How many long-term friendship or romantic relationships have you had that lasted for 5 years or more? _____. On average, how satisfied are you with your intimate relationship(s) and close friendships? ☐ very ☐ mostly ☐ pretty much ☐ somewhat dissatisfied ☐ very dissatisfied. Have you ever felt the need to get counseling around your relationship issues? ☐ YES I wanted to ☐ NO. Did you follow through with counseling? ☐ YES ☐ NO ☐ n/a

Thank you for your courage in looking at these issues! If this raised some troubling memories or emotions, please see a Therapist, Counselor or Clergy.

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Michael G Bricker MS, CADC-2, LPC (rev. 2017) after Felitti & Anders (1995)

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Implications for Treatment – get an attachment history

Adverse Childhood Experiences (ACEs) Attachment Survey

What's My "Attachment Style?"

RELATIONSHIP QUESTIONNAIRE

PLEASE READ THE DIRECTIONS!

Please rate each of the following relationship styles according to the *extent* to which you think each description corresponds to your general relationship style.

- A.** It is easy for me to become emotionally close to others. I am comfortable depending on them and having them depend on me. I don't worry about being alone or having others not accept me.

	Not at all like me			Somewhat like me			A lot like me
	1	2	3	4	5	6	7
Style A.							

- B.** I am uncomfortable getting close to others. I want emotionally close relationships, but I find it difficult to trust others completely, or to depend on them. I worry that I will be hurt if I allow myself to become too close to others.

Style B.	1	2	3	4	5	6	7
----------	---	---	---	---	---	---	---

- C.** I want to be completely emotionally intimate with others, but I often find that others are reluctant to get as close as I would like. I am uncomfortable being without close relationships, but I sometimes worry that others don't value me as much as I value them.

Style C.	1	2	3	4	5	6	7
----------	---	---	---	---	---	---	---

- D.** I am comfortable without close emotional relationships. It is very important to me to feel independent and self-sufficient, and I prefer not to depend on others or have others depend on me.

Style D.	1	2	3	4	5	6	7
----------	---	---	---	---	---	---	---

There are no wrong answers here – your attachment style is uniquely yours, and you developed it for a reason. But if it isn't working for you - now that you've had a chance to look at it, is there anything you'd like to change?

Michael G. Bricker (2012-17) After Hazen & Shaver (1990)

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Implications for Treatment – get an attachment history

NICHD SECCYD—Wisconsin

ADULT ATTACHMENT SCALE

Please read each of the following statements and rate the extent to which it describes your

feelings about close relationships in general. That is, we want you to think about how you feel in all close relationships including your romantic relationships, friendships, and family

relationships. Please use the scale below and indicate the degree to which each statement is

characteristic of you by placing a number between 1 and 5 in the space provided to the right of each statement.

1-----2-----3-----4-----5

Not at all characteristic

Very characteristic

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Implications for Treatment – get an attachment history

What's My "Relationship Style?"

Please rate each of the following relationship styles according to the extent to which you think each description corresponds to your general relationship style.

- A. It is easy for me to become emotionally close to others. I am comfortable depending on them and having them depend on me. I don't worry about being alone or having others not accept me.

	Not at all like me			Somewhat like me			A lot like me
Style A.	1	2	3	4	5	6	7

- B. I am uncomfortable getting close to others. I want emotionally close relationships, but I find it difficult to trust others completely, or to depend on them. I worry that I will be hurt if I allow myself to become too close to others.

Style B.	1	2	3	4	5	6	7
----------	---	---	---	---	---	---	---

- C. I want to be completely emotionally intimate with others, but I often find that others are reluctant to get as close as I would like. I am uncomfortable being without close relationships, but I sometimes worry that others don't value me as much as I value them.

Style C.	1	2	3	4	5	6	7
----------	---	---	---	---	---	---	---

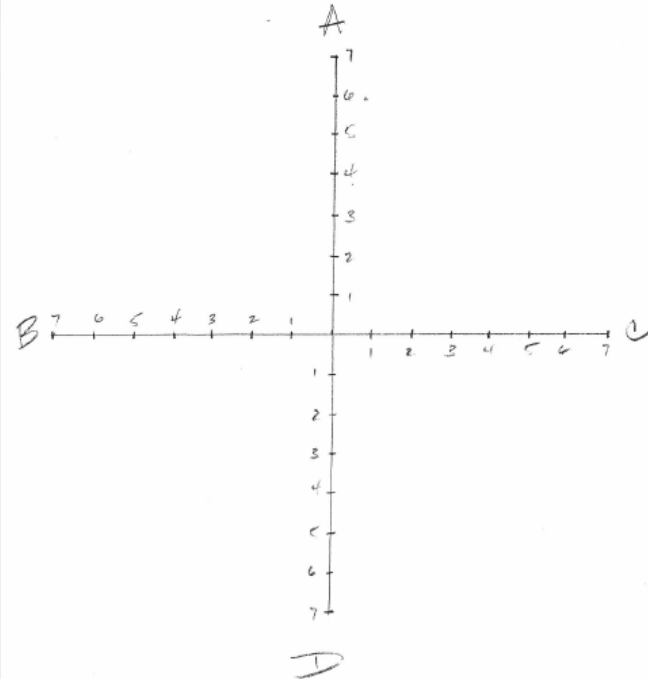
- D. I am comfortable without close emotional relationships. It is very important to me to feel independent and self-sufficient, and I prefer not to depend on others or have others depend on me.

Style D.	1	2	3	4	5	6	7
----------	---	---	---	---	---	---	---

Hazen & Shaver (1990)

Most folks don't have just ONE approach to attachment; over the years we've developed a profile that works (...or doesn't...) for us. If you're comfortable with your relationships most of the time, great! But if you become aware that your pattern has some problems, now you can choose to change. Take a moment to plot your responses to the 4 Styles on the next page. Notice anything? Something you might like to explore?

What's My "Relationship Style?"



A = Secure attachment pattern
C = Anxious/ambivalent

B = Avoidant pattern
D = Detached/Dismissive

(after Hazen & Shaver mgb 2013)

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Attachment Styles and Close Relationships

What is your attachment style?

These surveys are designed to measure your **attachment style**--the way you relate to others in the context of close relationships.

There are two surveys you can take.

Survey Option A

This survey is designed to provide you with in-depth information about your attachment style and your personality. It requires a simple, no-spam e-mail registration and will allow you to track your attachment style and personality functioning across time, if you choose. You can also login to see your results at any time. Approximate time: 10 mins

Begin Option A

Survey Option B

This survey provides a quick assessment of your attachment style. No registration required. But, as a result, you will *not* be able to login and see your results at anytime. Approximate time: 4 mins. You must be 18 years or older to participate. By clicking the button below, you certify that you are 18 years or older.

Begin Option B

Web-based Survey

Gambling Disorder interventions which may address the attachment issue

Pharmacological (physical)

- Naltrexone – has been shown to block the reward mechanism related to endogenous opioids
- Nalmefene – has the same effect with less hepatic toxicity
- *Potenza, Marc (2008): The Neurobiology of pathological gambling and drug addiction: New findings*

Behavioral (mental)

- Cognitive-Behavioral Therapy
- Counter-conditioning
- Relapse prevention skills training

Holistic (mind/body/spirit)

- DBT and ACT
(mindfulness, somatic awareness & distress tolerance; relationship with gambling)
- Visualization and somatic awareness *(self-regulation of ANS homeostasis)*
- 12-Step and Peer Support

Protective and Resiliency Factors

Developmental - Children

- Self-value
- Self-regulation
- Hope – future goals
- Problem-solving
- Supportive belief structure
- Friends & Family
- Support for achievement
- Active diversion – new activities
- Supportive community

Adult – in Recovery

- Step 2
- Steps 4, 5 & 10
- Step 11
- Steps 6 & 7
- Steps 2 & 3
- Steps 8 & 9
- Sponsorship & service
- Step 12
- Fellowship/service

(after Machele D. Madsen Thompson and Bart Kilka - 2013)

The 12 Steps offer developmentally sequenced corrective experiences:

- 1. The experience of abandonment & betrayal**
- 2. Permission to Hope – attunement to others**
- 3. Risking Attachment**
- 4. Risking attunement with self**
- 5. Risking attachment with another**
- 6-7 Repairing my relationship with myself**
- 8-9 Repairing my relationship with others**
- 10. Owning responsibility for my attachments**
- 11. Cementing attachment to my Higher Power**
- 12. Expanding that relationship to others**

The Women for Sobriety “New Life Acceptance” Program

1. I have a life-threatening problem that once had me *I now take charge of my life and my disease. I accept responsibility for my life.*
2. Negative thoughts hurt only myself *My first conscious sober thought must be to remove negativity from my life*
3. Happiness is a habit I will develop *Happiness is created, not waited for*
4. Problems bother me only to the degree I permit them to *I now better understand my problems, and don't let them overwhelm me*
5. I am what I think *I am a capable, competent, caring compassionate woman (person)*
6. Life can be ordinary, or it can be great *Greatness is mine by conscious effort*

7. **Love can change the course of my world**
Caring becomes all-important
8. **The fundamental object of life is emotional andb spiritual growth** *Daily I put my life into proper order, knowing which are my priorities*
9. **The past is gone forever** *No longer will I be victimized by the past. I am a new person*
10. **All love given returns** *I will learn to know that others love me*
11. **Enthusiasm is my daily exercise** *I treasure all moments of my new life*
12. **I am a competent woman and have much to give life**
This is what I am and I will know it always
13. **I am responsible for myself and my actions**
I am in charge of my mind, my thoughts and my life

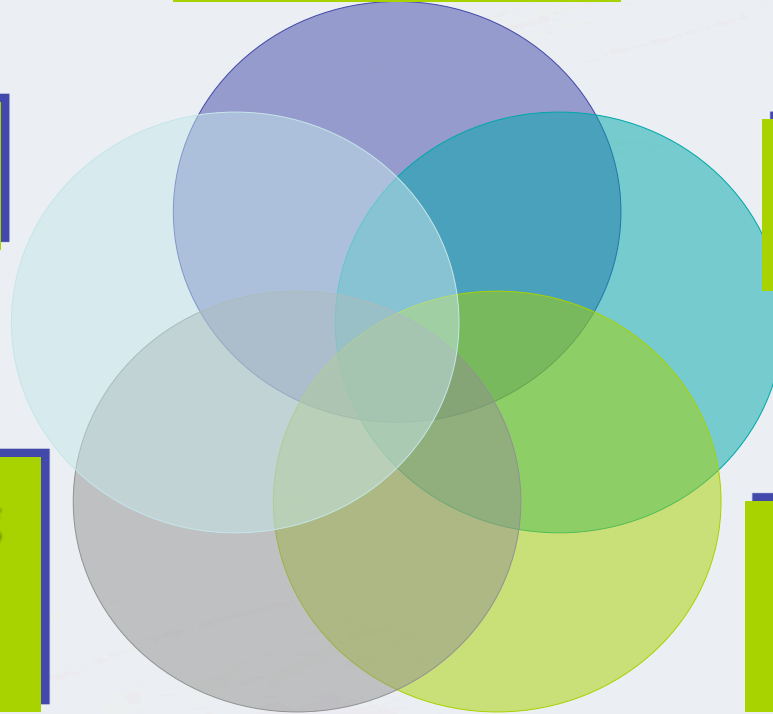
Spiritual Being
*(meditation; moving
toward my valued ends)*

Social Being
(distress tolerance)

Physical Being
*(I take responsibility
for my feelings)*

Cognitive Being
*(re-structuring my
experience without
judgment)*

Emotional Being
*(relaxation and
self-regulation)*



ACT and DBT help restore balance

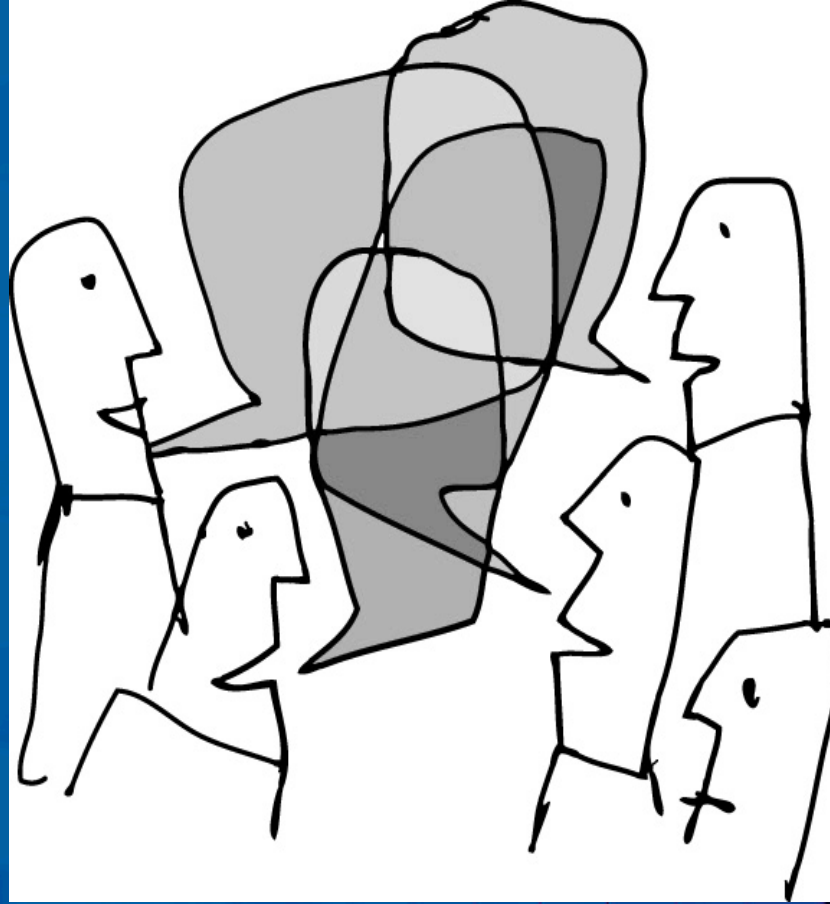
“Emotions” - MIND



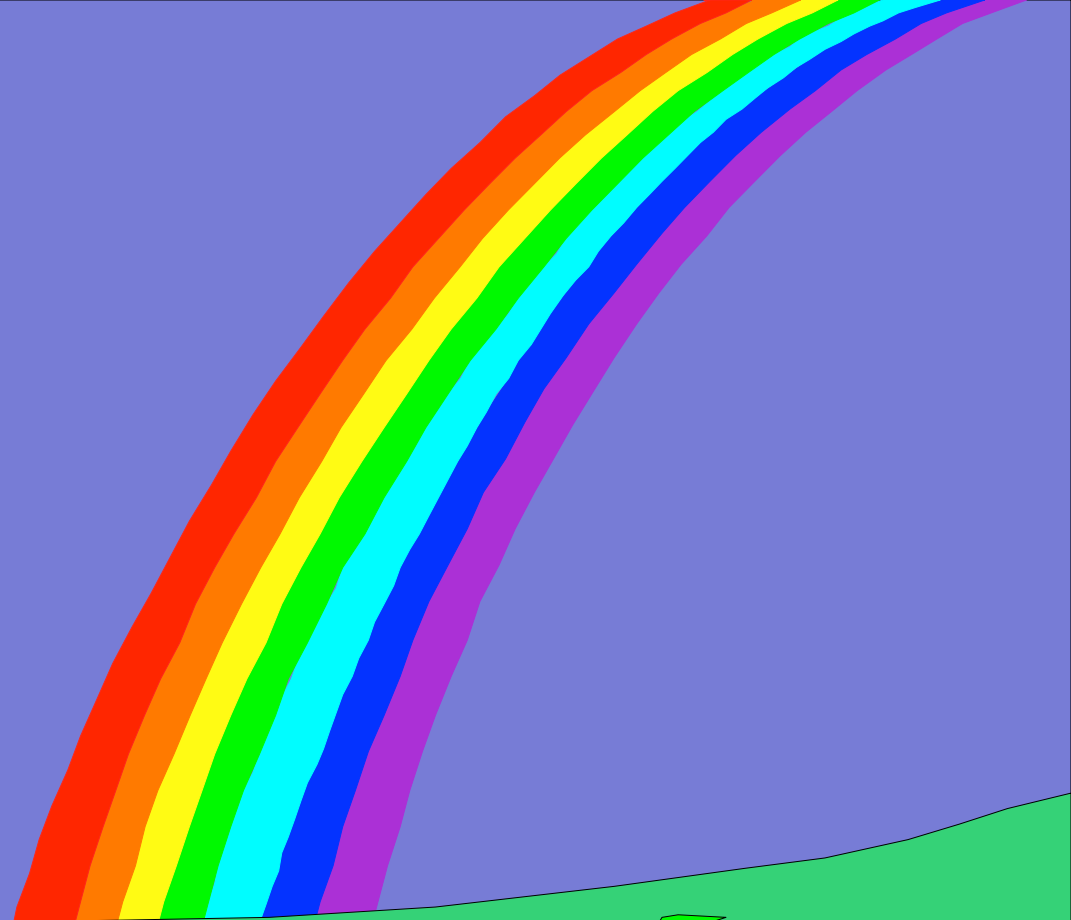
*The Cycle of
the Breath in
Restoring Self*

“Feelings” - BODY

So... whaddaya think?



What are some of YOUR concerns and experiences?



Thank You!

Michael G. Bricker MS, CADAC-II, LPC



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PO Box 1028
5341 Bryant Avenue
Klamath Falls OR 97601

Phone: (541) 880 - 8886

Email: mbricker6421@gmail.com

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