

Perinatal Substance Use Disorders, Trauma, and Attachment

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Didactic Speaker Disclosures

No conflicts of interests to declare

Learning Objectives

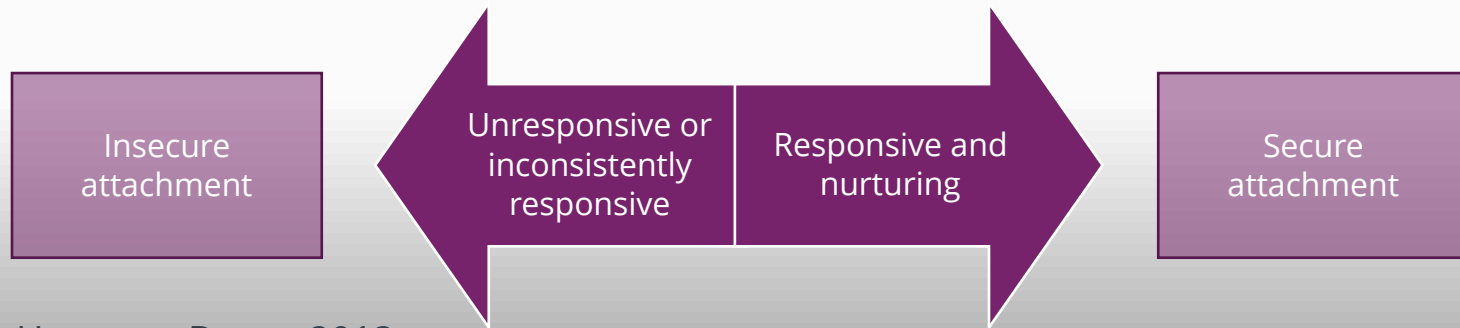
- Define attachment and introduce styles of attachment
- Describe the data on substance use disorders during the perinatal period
- Describe rates of trauma exposure and discuss potential complications during the perinatal period
- Discuss impacts of substance use and trauma on attachment

Initial questions

- What are your initial thoughts on the topic of attachment, trauma, and perinatal substance use?
- What has your experience been with attachment between those with co-occurring trauma and substance use and their child[ren]?

Attachment

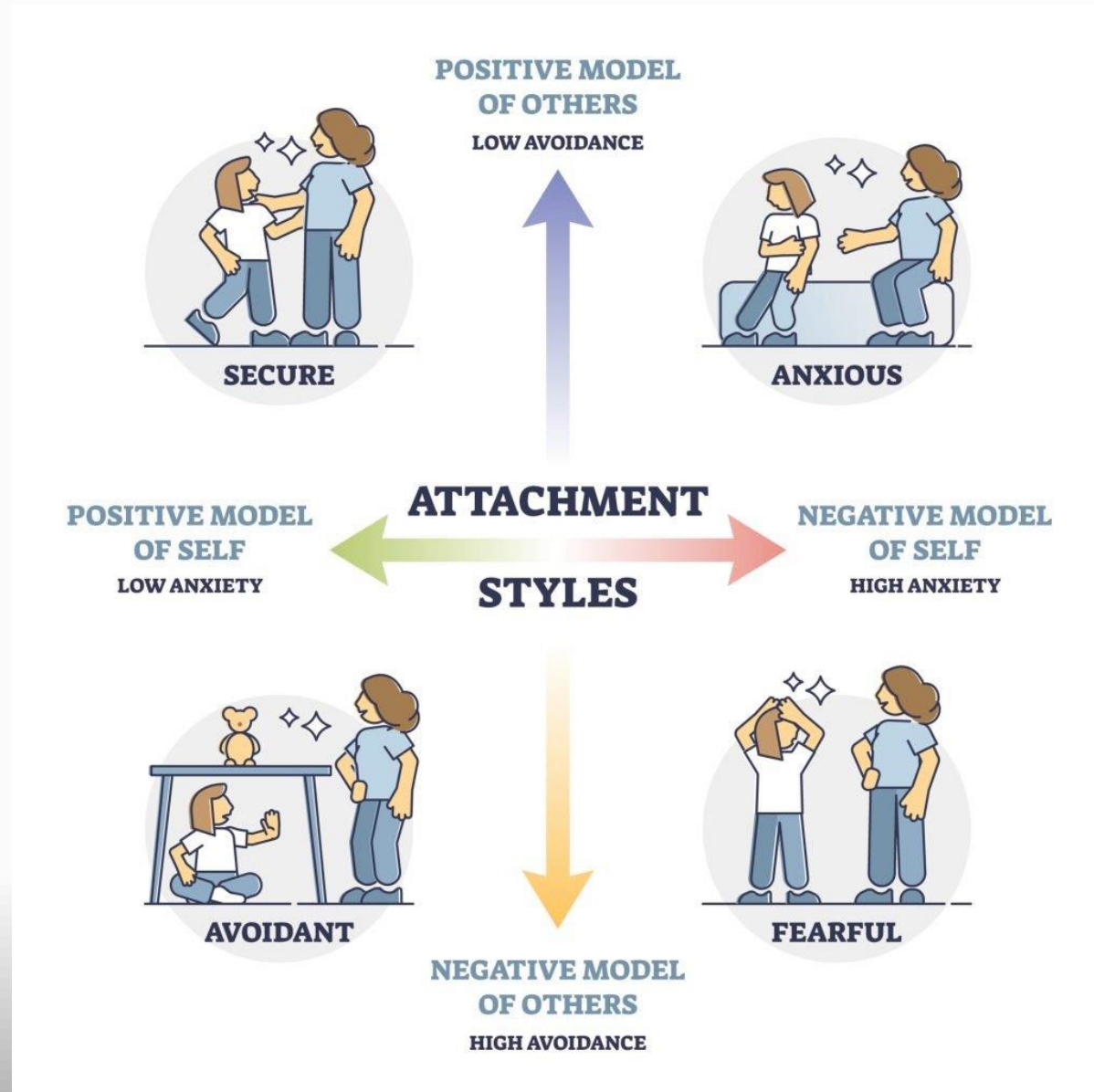
- Attachment: "a deep and enduring emotional bond between two people in which each seeks closeness and feels more secure when in the presence of the attachment figure" (Simply Psychology, no date)
- John Bowlby proposed attachment theory following the study of mammalian species and humans.
- From birth, the infant learns to communicate via cooing, crying, rooting, and physically clinging. How caregivers respond to this forms the initial basis of relationship modeling and environmental interaction.



Lander, Howsare, Byrne, 2013

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Attachment



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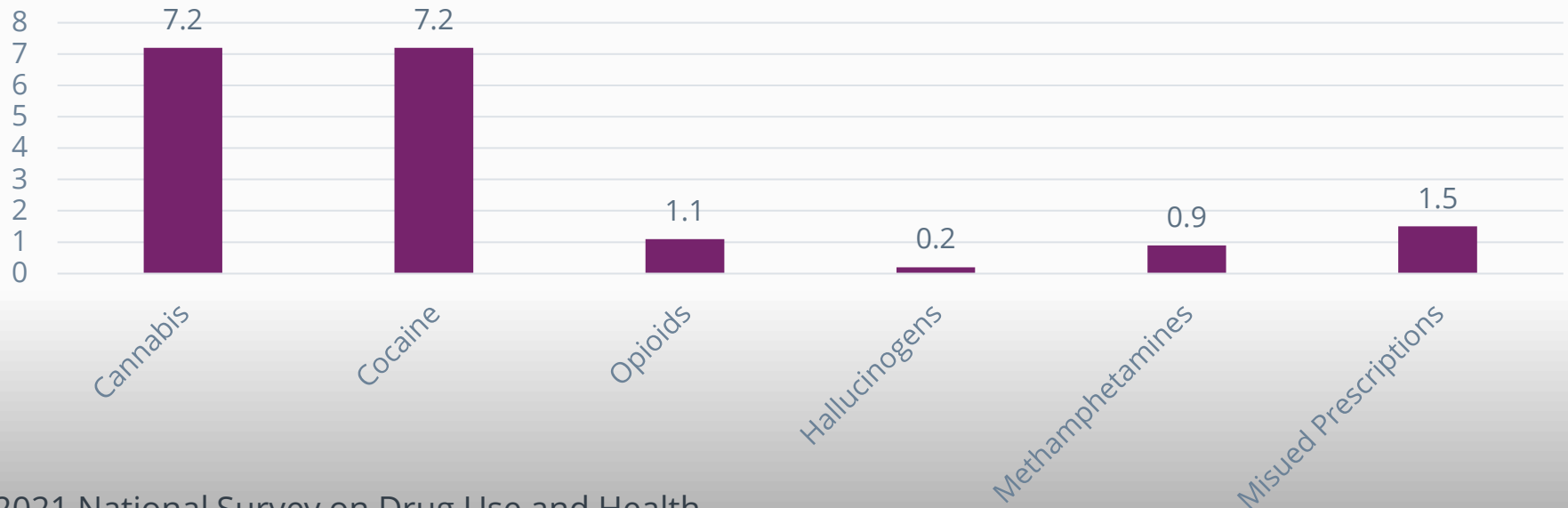


Substance Use Disorders during Pregnancy

Reported use in the last month:

- Illicit drugs, tobacco products, or alcohol: 19.6%
- Illicit drugs or alcohol: 13.9%
- Tobacco products or alcohol: 17.6%

Percent using in the last month



2021 National Survey on Drug Use and Health

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Substance use in the perinatal period

- In those with use prior to pregnancy, 96% of those drinking, 78% using cannabis, 73% using cocaine, and 32% using tobacco products reported abstinence during pregnancy (Forray, Merry, Lin, Ruger, & Yonkers, 2015)
- At three months postpartum, in those who had been abstinent: 58% of tobacco users, 51% of alcohol users, 41% of cannabis users, and 27% of cocaine users had relapsed. (Forray, Merry, Lin, Ruger, & Yonkers, 2015)
- On imagining, mothers with SUD showed reduced brain activity in the reward regions of the brain in response to their infant's cues (Kim et al., 2017)

Forray, Merry, Lin, Ruger, & Yonkers, 2015

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Trauma, lifetime and perinatal

- According to the National Center for PTSD, approximately 50% of women will experience at least one trauma event in their lives.
- Lifetime: 6 out of 100 U.S. adults will be diagnosed with PTSD
- Last year: 5 out of 100. U.S. adults. In 2020, approximately 13 million Americans reported having PTSD.
- Lifetime rates for women: 8 out of 100

National Center for PTSD, no date

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Trauma, lifetime and perinatal

- Trauma and adverse outcomes in the perinatal period (e.g., physical health difficulties, mental health concerns, and childbirth complications) have been linked (Perera et al., 2023).
- Parental PTSD and impaired parental functioning across numerous domains may be linked, including increased levels of parenting stress, decreased parenting satisfaction, and poorer parent-child relationships (Christie et al., 2019)
- Increased risk for developing an intergenerational cycle of abuse in women who report co-occurring trauma and SUD (Egeland, Jacobvitz, & Papatola, 1987).

Trauma, lifetime and perinatal

- Compounded when the trauma is attachment-related:

Attachment trauma translates to the overwhelming experience of feeling alone in the midst of an unbearable emotional state or, worse, realizing that the attachment person itself is the cause of overwhelming distress. Exposition to a traumatizing attachment figure impairs the basic ability to achieve a secure attachment at all. It leads to the formative expectation that all relationships are dominated by mistrust.

(Allen, 2013 in Lahousen, Unterrainer, & Kapfhammer, 2019, p. 9).

Impact of SUD on attachment

- If a caregiver is intoxicated or preoccupied with obtaining or recovering from substances, they are likely to miss key opportunities to foster attachment (Lander, Howsare, Byrne, 2013)
- If parents demonstrate difficulty with affect regulation, this may also result in the child[ren] experiencing a similar difficulty and put them at risk for internalizing problems (e.g., depression, anxiety, or SUD) or externalizing problems (e.g., conduct problems, oppositional behaviors, aggression, impulsivity) (Lander, Howsare, Byrne, 2013)

Impact of SUD on attachment

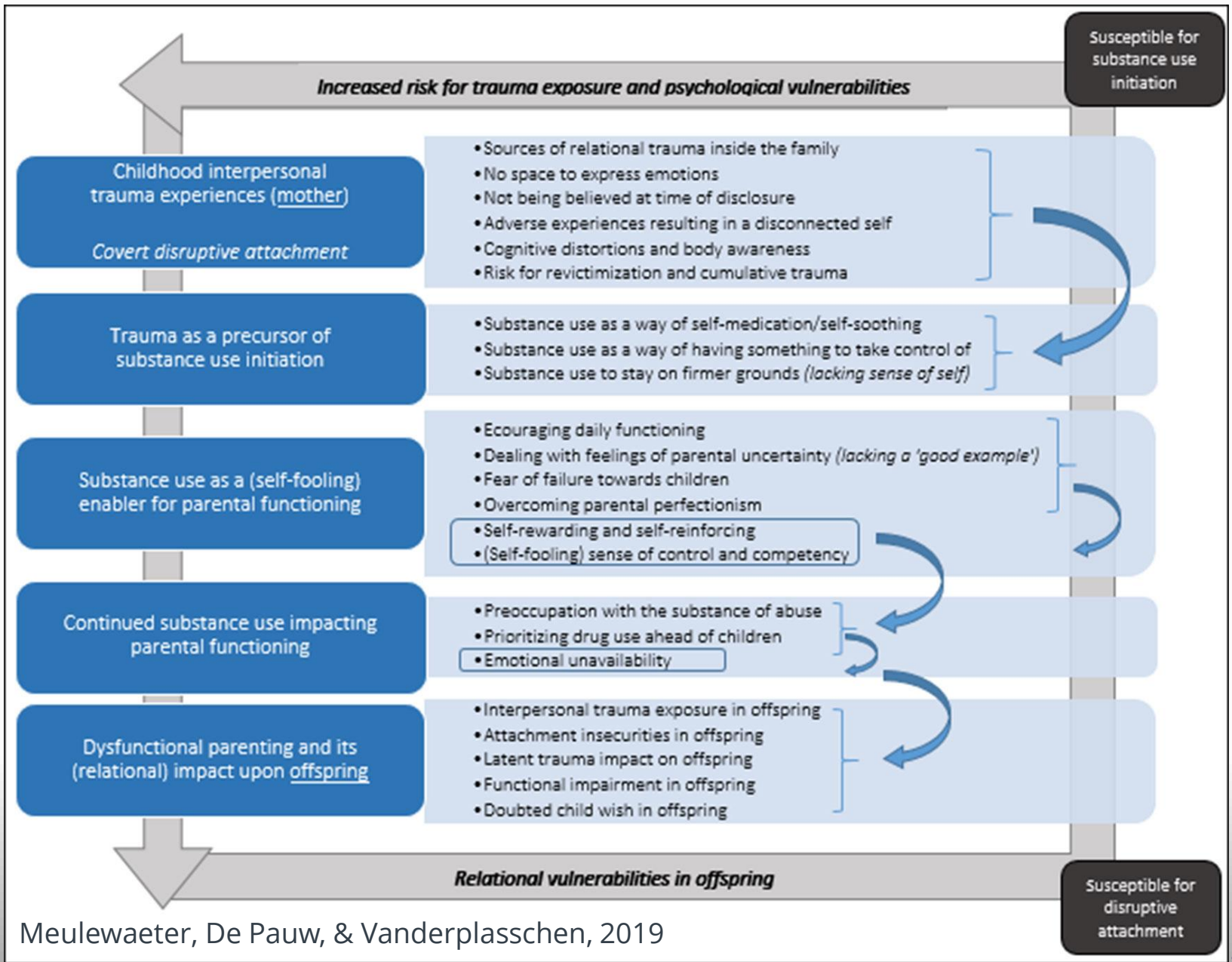
- Children may have difficulty establishing trusting relationships and/or may be overly emotionally responsible and assume adult-type roles (Lander, Howsare, Byrne, 2013)
- Child[ren] may have difficulty setting appropriate boundaries throughout life and may not develop necessary communication skills (Lander, Howsare, Byrne, 2013)
- Individuals who form an insecure attachment pattern are at higher risk for developing later SUDs (Schindler, 2019)

Impact of trauma on attachment

- Childhood trauma may hinder early relationship formation, and this may then impair coping in adulthood (Fuchshuber et al., 2017).
- Secure attachment is correlated with lower levels of PTSD symptoms following the experience of a trauma compared to those with insecure attachment in adults (Woodhouse, Ayers, and Field, 2015).
- Insecure attachment patterns are associated with higher rates of experiencing trauma or trauma-related symptoms (Lahousen, Unterrainer, & Kapfhammer, 2019).

Impact of trauma on attachment

- Childhood trauma, particularly interpersonal trauma, is a significant predictor for the development of SUDs later in life (Meulewaeter, De Pauw, & Vanderplasschen, 2019)
- Abuse by a caregiver increases the likelihood of the development of a SUD and has been linked to patterns of insecure attachment (Khan & Renk, 2018).



Meulewaeter, De Pauw, & Vanderplasschen, 2019

Discussion

- Consider the questions from the beginning of the presentation:
 - *What are your initial thoughts on the topic of attachment, trauma, and perinatal substance use?*
 - *What has your experience been with attachment between those with co-occurring trauma and substance use and their child[ren]?*
- What do you think you might want to do differently in your practice given what you learned today?
- What further support/services might be helpful to support the patients you work with to help address attachment issues related to trauma and/or substance use?

Case example

Ashley was a 15-year-old female who was referred to treatment by her school counselor for self-injury. She is a classic “hero” child who has excellent grades and is well liked by her peers. Her parents separated when she was age 5, and she lived with her biological mother until she was 12. Her father obtained full custody of her after being contacted by the domestic violence shelter where she was living with her mother and younger brother. They had moved to the shelter after a domestic violence incident involving her mother's boyfriend. Her biological mother was alcohol dependent; she had difficulty keeping a job and moved frequently. In fifth grade, Ashley changed schools 7 times in a single academic year. Her mother worked as a waitress and a bartender and would often go out drinking after her evening shifts. Ashley then became the caregiver to her younger brother. From age 9 she remembers her mother coming home, being intoxicated sometimes in a black-out, and Ashley helping her into bed. She remembers caring for her mother at night, cleaning up her vomit, wiping her face, and tending to her younger brother in the mornings by getting his breakfast and helping him get ready for school. She stated to her therapist that she remembers thinking, “If only I take really good care of her, maybe she'll be able to take care of me someday.”

Lander, Howsare, Byrne, 2013

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