

# Driving Change: pregnancy, parenting, alcohol and other drugs conference

Welcome





# Parenting, Attachment and Substance Use

# A Complex Relationship

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## Parenting – the harsh reality

- Stress!!!
- Hormonal Changes/ Physical recovery
- Sleep Deprivation
- Change of Role/ Identity
- Pressure "the perfect parent"
- "Leftover" effects from Childhood
- Children
- Other

### Attachment Theory

"A biological instinct in which proximity to an attachment figure is sought when the child senses or perceives threat or discomfort. Attachment behaviour anticipates a response by the attachment figure which will remove threat or discomfort" Bowlby

Intimate emotional bonds between individuals have primary status and biological function

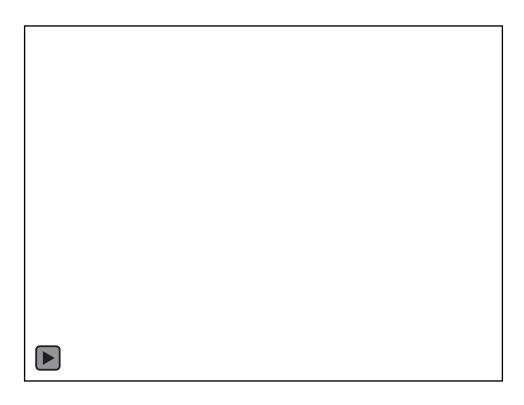
Attachment Behaviour- How humans respond within relationships when hurt, separated from loved ones or perceiving a threat.

"Repeated experiences of parents reducing uncomfortable emotions (fear, anxiety, sadness, anger), enabling the child to feel soothed and safe when upset, becomes encoded in implicit memory as expectations and then as mental models or schemata of attachment, which services to help the child feel an internal sense of a secure base in the world."

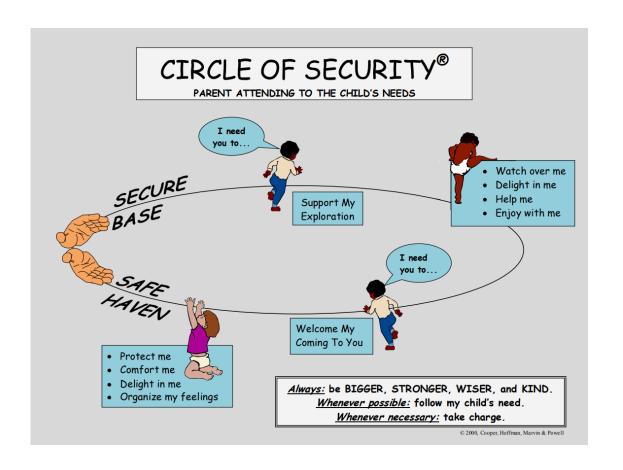
Dan Siegel, MD



# Mirroring









# **Attachment Styles**





#### Effects of Secure Attachment Patterns

- Emotional regulation
- Positive relationships in adult life
- Less mental illness
- Less substance abuse
- Positive Self esteem
- Empathy
- Career success

#### How does this goes wrong

- Stressed parents can have difficulty offering their children a specific quality - attunement - due to their own concerns and worries
- They can be physically present but emotionally unavailable
- Parents can love but be mis attuned



#### **AOD** and pregnancy

- The 3 main drugs used during pregnancy in Australia are alcohol, tobacco and cannabis
- The majority of woman will cease or reduce their substance use during pregnancy
- The proportion of pregnant women abstaining during pregnancy increased in 2010 (from 40% in 2007 to 52% in 2010)
- A minority will continue to use and use heavily and this group requires targeted support and treatment
- Problematic use is most commonly found among women who are marginalised and/or disadvantaged and often have comorbid physical and mental health problems

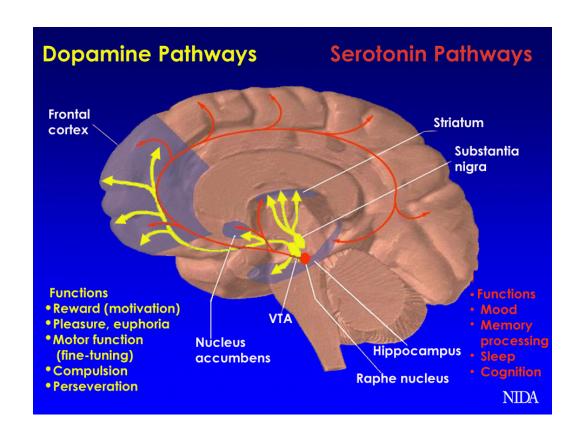


	Before pregnancy %	After pregnancy %	4 months postpartum	6 months postpartum %	12 months postpartum %
Any alcohol	67.3	35.4	46.7	47.6	42.3
Standard drinks/week					
0–2	47.8	82.2	59.7	57.1	63.8
2.1-6.9	18.6	13.9	29.9	26.9	27.7
7.0	24.6	8	14	19	8.5

Table 2. Prevalence of alcohol consumption during breastfeeding in Australian women (Giglia and Binns 2007)



#### Lets look at the brain





#### The plot thickens

- Alcoholism also associated with other mental heath difficulties
- Environmental Factors
- Alcoholism associated with:
  - Reduced levels of parenting
  - Poor home management
  - Reduced family communication skills
  - Increased family conflict
  - Emotional or physical violence
  - Increased family stress including work problems, illness, marital strain and financial problems.



# So what's the big deal: Foetal Alcohol Syndrome children/adolescents

- Heightened risk of maladaptive behaviour
- More likely to have academic failure
- More likely to become substance abusers
- Reduced ability emotionally regulate
- Increased aggressive tendencies/ anti social traits

#### **Attachment and Substance Abuse**

#### Cooper, Collins & Shaver (1998)

Individuals low in secure attachment were significantly more likely to report alcohol dependence and experience negative consequences from alcohol use

#### Wedekind, Bandelow, Heitman et al. (2013)

Those with insecure attachment styles were more likely to have parents who reported a history of abuse, adverse events (marital problems, substance abuse, domestic violence) and psychological problems

Less likely to be attuned to their child due to intoxication, withdrawal, secondary impact on mental illness, drug seeking behaviours, hang over effects



## What can we do to help

- Primary Care
  - Identify those at risk- ANRQ, ASSIST
  - Motivational Interviewing
- Pathways to care
- Service Linkage
- Education- clinicians, the public



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