

Adolescent Substance Abuse: An Introduction to Attachment and Systems Theories

Mary Jane Coy, PhD

Pima Community College, USA

Abstract: *The substance abuse epidemic in America is not exclusive to the adult population. Adolescents are increasingly engaging in this behavior which has far-reaching effects. The adolescent is at a transitional phase within the family system and is in a unique stage in the developmental process. When addressing the particular needs of the adolescent within an integrative treatment approach, one must appraise the attachment styles of the adolescent and the systems with which the adolescent is engaged. In an effort towards positive treatment outcomes, the contextual factors that contribute to adolescent development must also be considered. This paper examines Attachment Theory and Systems Theory, considers the literature informing therapeutic interventions for the adolescent who abuses substances, and offers practical suggestions for intervention design with respect to this population. Finally, implications for future research are also offered.*

Keywords: - Adolescent; Substance Abuse; Attachment Theory; Systems Theory

Introduction

Attachment Theory and Systems Theory have been employed in adolescent substance abuse treatment due to their consideration of contextual factors which influence the adolescent who abuses substances. Substance abuse is not developed in a vacuum and does not impact only the individual who abuses substances, but it affects and is affected by everyone who is a part of the system (Kaufman, 1994). In an effort to derive positive outcomes within the therapeutic setting the intervention must address the biological, psychological, social, and spiritual factors encompassing the development and maintenance of substance abuse and its subsequent remediation (Gibson & Donigian, 1993).

In adolescent substance abuse treatment it is optimal to utilize an integrated approach in order to promote positive outcomes. Bowen (1974), Bowlby (1973), and Kaufman (1994) agree that the caregiver-child relationship in early childhood plays a pivotal role in the ongoing biological, psychological, social, and spiritual development of the adolescent and continues throughout the lifespan. The scientific knowledge base is teeming with research that addresses Attachment Theory and Systems Theory with respect to the design and

application of interventions in regard to the adolescent substance abuse population. This paper examines Attachment Theory and Systems Theory, considers the research informing therapeutic intervention for the adolescent who abuses substances, and offers practical suggestions for the design of treatment protocols for this population.

Adolescent Development

Adolescence is a time of change. There are many diverse factors that shape the adolescent experience including biological changes, changes in relationships with family and peers, changes in perceptions and thought processes, and the adolescent identity crisis (Erikson, 1963). During this time, the adolescent is maturing, exploring, and transitioning from childhood into young adulthood. Adolescents are determining who they are and what they are able to become (Stanis & Andersen, 2014). It is during this transformative period that the individual is most likely to develop a substance use disorder (Thatcher & Clark, 2008). Most people who advance towards substance dependence manifest high risk factors associated with substance use during adolescence, and without appropriate

intervention the progression continues into early adulthood and beyond (Wagner & Anthony, 2002).

There is an epidemic in America concerning the number of adolescents who desire to alter their experience through the use of substances. According to the 2017 National Survey on Drug Use and Health (NSDUH), 1 in 5 individuals ages 12 to 20 consume alcohol. According to the National Institute on Drug Abuse (NIDA) in 2017 almost 6% of eighth grade students, over 9% of high school sophomores, and over 13% of high school seniors used illicit drugs other than marijuana. The University of Michigan reports that the use of marijuana in 2017 significantly increased by 1.3% to a massive 24% for 8th, 10th and 12th graders combined (Prieur, 2017). These numbers represent the adolescents who participated in the data collection process. One must be cognizant of the limitations of the sample and be mindful that there are also adolescents who are not enrolled in school, do not attend class, and were not afforded the opportunity to participate in the survey. Nonetheless, the numbers of reported adolescents who use substances are cause for concern. Research supports that the early onset of substance use is linked with the likelihood that one will develop subsequent drug related problems in adulthood (Poudel & Gautam, 2017). These problems include health problems, behavior problems, family problems, employment problems, and social problems which might contribute to costs for society.

Theories Examined

Attachment Theory

The basic premise of Attachment Theory is the assumption that the principal source of anxiety and distress derives from the separation or threat of separation from the significant caregiver and that this anxiety and distress can have personality development implications (Bowlby, 1973; van der Horst & van der veer, 2010). Bowlby (1973) and Kaufman (1994) agree that an understanding of contextual factors that underlie personality development offers cues as to the health or dysfunction of the individual which is reflective of the health or dysfunction within the family unit.

The three volume work Attachment and Loss introduced by Bowlby (1969, 1973, 1980) and Kaufman's (1994) work Psychotherapy of Addicted Persons highlight the integration of approaches to engage the individual and the family in an effort to promote well-being.

Fear of separation from the caregiver results in dysfunctional social behaviors which stem from a lack of consistent, supportive, nurturing attention from parental figures and administered to the child beginning in the first year of life (Connors, 2006). By extension, children grow to be healthy, stable individuals within the context of a warm, reciprocal, and abiding relationship with the significant caregiver which has traditionally been the mother. Attachment Theory concentrates on the interaction between the primary caregiver and child, the child's response to caregiver separation, and the response of the child to the caregiver upon returning. During these engagement—separation—re-engagement negotiations, one can determine the extent of the attachment bond (Bowlby, 1973; Golding, 2006).

The attachment bond between child and significant caregiver is illuminated by the separation or the fear of separation of the child from the primary caregiver. Separation fears and anxiety related to inadequate significant caregiver involvement (parental increased work responsibilities, substance abuse, incarceration, death, and so on) can develop in later stages of development as a result of separation, fear of separation, or inadequate contact with the primary caregiver. Though later stage development of separation fears and anxiety might develop, for the purpose of a fundamental illustration, a classic example is presented here. When a baby cries and is not attended to with care he subsequently develops an anxious relationship with the caregiver that may develop into a disorganized attachment bond with pronounced behavior patterns (Main & Solomon, 1990). This is demonstrated through the behavior of the child as either (a) the lack of caring about the return of the caregiver, (b) clinging to the caregiver upon return, or (c) having no idea about how to cope with the return of the caregiver. When the baby who cries is attended to promptly with care and comfort he

develops a secure attachment to the caregiver and does not fear the caregiver's separation because the child knows that the caregiver will return with appropriate parental involvement. This nurturing process allows the child to discern that there is a secure attachment base that will meet his needs which enables the child to explore his environment and develop autonomy (Bowlby, 1973).

Developing an emotionally attached and healthy child into a steady, autonomous, and secure adult is dependent upon the security that the child feels with respect to how the caregiver reacts toward the child and his needs. For example, when the baby cries and his needs are ignored or not promptly attended to the child is trained to expect that the world is not a safe and giving place in which to ask for one's needs to be met. Conversely, when the baby cries and his needs are promptly attended to the baby feels protection from discomfort and distress and is trained that it is appropriate to ask for what one needs, and the child develops confidence through the knowledge that someone will be there to provide warmth and care. According to Attachment Theory, the child will (a) grow to trust, learn autonomy, and ask for help when needed; or (b) develop an avoidant skepticism of anyone caring to meet his needs with warmth and affection; or (c) develop an anxious ambivalence about his relationship with the world and realize that his needs are unimportant (Bowlby, 1973); or (d) develop a disorganized helplessness, lacking emotional regulation with limited social skill (Graham, 2008).

Systems Theory

According to Bowen (1974), Systems Theory focuses on the functional facts or the observed functioning behaviors of each family member in relation to one another in the context of the family system. Systems Theory assumes that each family member plays a role in the context of the functioning within the unit where any change affecting any one group member affects the whole of the system (Cohen & Lwow, 2004). The introduction of anxiety is critical to developing the health or dysfunction within the family system. The ability of each family member to be a genuine,

emotionally-mature self plays a crucial role in the development of the family system.

The degree of differentiation or emotional maturity expressed by the current parents in relation to their parental origins has implications for the current family system. The extent of differentiation within the marital relationship impacts the level of anxiety experienced within the family unit. The approach utilized by current parents when they were young adults in order to resolve emotional attachment to their parental origins extends to the current family system. Bowen's (1974) Family Systems Theory addresses the functional adaptation to anxiety and the alleviating factors with regard to each family member. The parental family system of origin lays the groundwork for the current family system functioning. The current parents exemplify the learned functioning behaviors from their family of origin, which is expressed during times of anxiety elevation and alleviation, and affects the family system as a whole (Bowen, 1974).

Bowen (1974) postulates that people are attracted to and marry an individual who has the same basic level of emotional maturity. The level of emotional maturity is either represented as exhibiting a healthy interdependent self who is able to differentiate from the spouse or an enmeshed feigned-self who obscures the lines between the self and the spouse. An emotionally mature self-expresses autonomy while maintaining cooperation with an equally functioning spouse. Enmeshment of the pair allows one spouse to reduce in functioning as the other spouse increases and this process has the potential for one of the partners to become impaired. As one spouse under-functions, the other spouse compensates by over-functioning in an effort to maintain the illusion of effective operations within the family system.

When spouses are joined this creates the foundation of a family system. At that time, there is a natural emotional distancing in both functional and dysfunctional systems. The anxiety introduced by the union is either handled in an emotionally mature fashion with a healthy distance while maintaining closeness or in a dysfunctional manner signified by distancing without intimacy, and this is reflective of an unhealthy emotional immaturity

(Herbert, 2000). The discomfort associated with the union of marriage is managed in either one or a combination of ways within the dysfunctional system (Cohen & Lwow, 2004). The anxiety-alleviating adaptations may include: (a) an antagonistic marriage expressed by keeping the distance between spouses, (b) a marriage where one spouse becomes dominant and the other becomes compliant and supports the dominant spouse, (c) or the spouses turn their attention to an external factor such as a child in an effort to avoid the anxiety generated by the union. The choice for anxiety-alleviating behaviors made in parenting has been instilled through the parental modeling in the family of origin. The contact of the spouses with their parental origins is an influential adaptive pattern towards either a healthy or dysfunctional current family system. The more emotionally supported the spouses are from their parents in their families of origin, the lower the incidence of dysfunction within the current family system (Bowen, 1974).

Therapeutic Intervention Strategies

Attachment Theory in Practice

Interventions with a basis in Attachment Theory have been focused on increasing the understanding of and the assistance offered by the mother or the mother figure with regard to the needs of the child (Golding, 2007). Secure attachment bonds are dependent upon the relationship between the significant caregiver and the child. The child learns positive relationship behavior within the context of the mother--child relationship and this relationship lays the foundation for the development of the self and future relationship working models engaged by the child. Interventions designed to promote secure attachment bonds incorporate contextual elements beneficial to the emotional and social development of the child and his impact on society (Bowlby, 2005).

The framework of Attachment Theory in practice examines the reciprocal relationship between the significant caregiver and the child. The premise is that the early childhood relationship with the primary parent sets the stage for subsequent relationships and interrelational functioning. The

aim of Attachment Theory in practice concerns equipping the mother to effectively care for the social and emotional development needs of the child. Supporting the mother during pregnancy to prepare for child rearing is a first-line intervention strategy to address the trajectory of child health and well-being (Maternity Support Services, 2012). The support offered to mothers in the early stages of child development focus on the time and attention needs of the child and the self-regulation needs of the mother in an effort to establish a secure attachment bond with the child. Intervention with the primary caregiver at the earliest point in the development of the child has increased potential for establishing a healthy parent--child connection that extends to future social relationships (Bowlby, 2005; Golding, 2006).

Bowlby (1973) suggests that a child is born with a fundamental temperament conducive to acquiring a secure attachment bond with the primary caregiver. In the first year of social-emotional development, the child interacts with faces and voices and recognizes the parental figures. He learns to smile, vocalize, and laugh as a means to communicate and elicit positive interaction. He will cry to express displeasure and shows awareness of situations that are unusual (Johnson & Mayo Clinic, 1994; Wong, Hockenberry, Wilson, Winkelstein, & Kline, 2003). The child is dependent upon the social cues from the parent and the external regulation practices through the modeling of parental self-regulation. During this time, absorption or a preoccupation between mother and infant is present and establishes the secure attachment bond attributed to acceptance, trust, and claiming (Stern, 1985, cited in Golding, 2006; Johnson & Mayo Clinic, 1994).

Between one and two years the child has become more mobile and expresses a desire to explore his surroundings. He utilizes the secure attachment base as a source of comfort and safety. He begins to learn confidence and endeavors to investigate his world. In light of an attentive and stable parent--child relationship, the child will expand his capacity and will seek out the safety of the secure attachment base when faced with discomfort or threat. During this time, attunement or the moderating relationship between mother and child

is present. This allows for decreased dependence on external regulation as the child feels understood and learns self-regulating behaviors to handle and contain his feelings through the co-regulation with the mother (Golding, 2006).

Between two and four years the parent demonstrates, and the child continues to learn, socialization behavior in the context of a vigilant, reliable, and safe mother--child relationship. This occurs in the course of guiding the child through an intentional parent-child mis-attunement. This mis-attunement demonstrates socialization through parental lack of validation for unacceptable behaviors and the desire of the parent for an adjustment concerning the actions of the child. The parent establishes co-regulation with the child and produces an environment of affection and attention in which the child feels supported to achieve behavior modification. The child feels safe to make a behavior change, reciprocates with the appropriate behavior adjustment, and the relationship between mother and child is re-attuned. Through this process of attunement, mis-attunement, and re-attunement the child learns important self-regulation and social skills (Golding 2006).

Secure attachment bonds with significant caregivers are crucial for child emotional and social development leading to well-being. The child utilizes the relationship with the primary caregiver as a secure foundation from which to comfortably explore his environment. The child returns to the reliable sanctuary of the parental base when his sense of security is threatened (Bowlby, 1988). Nurturing and constant parenting practices promote a secure attachment behavior pattern evidenced by the exhibition of child affect regulation, impulse control, self-esteem, and self-confidence. When this secure base is removed, the child experiences separation and loss which has far-reaching effects on social functioning, social relationships, and mental health (Blakely & Dziadosz, 2015). The deprivation of the mother figure produces anxious attachment styles which are expressed through ambivalent, avoidant or disorganized behavior patterns (Main & Solomon, 1990).

Ambivalent behavior patterns are the result of inconsistent parenting practices. The child feels distress concerning the self and becomes enmeshed with the attachment figure. The child lacks clear boundaries between the self and the mother figure which extends to a lack of boundaries between the self and others in future relationships. The child with an ambivalent attachment style vacillates between the desire for attention and the fear of abandonment. An avoidant behavior pattern is the result of inattentive parenting practices. The child comes to believe that he must fend for himself in order for his needs to be met. He develops a distrust of the mother figure and this distrust extends to others and he will consequently fear closeness in future relationships. Disorganized behavior patterns are the result of parental fears or care giving that frightens the child. The child formulates a fear of self and a fear of others due to extreme anxiety and he manifests hyper-vigilance with the inability to relax. The child takes control of the mother--child relationship and becomes highly organized and self-reliant. This attachment style lays the foundation for behavior patterns in future relationships based in the need to control interactions (Golding, 2006).

The relationship with the mother figure during the formative years has implications for the development of the self and future relationship working models (Bowlby, 2005). Through the lens of significant relationships, the child develops his self-worth, self-concept, and self-image. These constructs regarding the role of the self-impacts the worldview of the child and his social relationship working models. These working models produce expectations about relationships and are modified by future interactions with others as the child grows. Research suggests that there is a link between deprivation and psychopathy. The child who has experienced deprivation will most likely lack empathy and affection. Only with honesty, awareness, and desire is the individual able to make changes concerning his worldview and his role in relationships to increase well-being (Golding, 2007).

The principles of healthy parenting consider and support the biological, psychological, social, and

spiritual development of the child (Golding, 2006). The individual and the family unit must be assessed to determine the intervention approach that best meets their needs. The evaluation of early attachments and subsequent self-perception, working models, expectations, and behavior patterns allows the practitioner to support the change process. Altering expectations and increasing coping strategies associated with separation and loss, negative self-perception, and emotional self-regulation establishes an avenue by which to address the needs of the child and the family unit with the goal to increase comfortable intimacy through secure attachment (Blakely & Dziadosz, 2015). To this end, Attachment Theory and Family Systems Theory have advanced a variety of disciplines concerning theoretical inquiry and therapeutic application (Brown, 1999; Gold, 2011). This seems to be more relevant than ever due to the 415,000 children in the United States who were placed with the Department of Child Safety in out of home placements in 2014 (Children's Bureau of the U.S. Department of Health and Human Services, 2017). This is a staggering number reflecting children who may have experienced adverse parenting practices or suffered separation and loss from the primary caregiver (Mirick & Steenrod, 2016; Golding, 2006). However, this number does not include children who were abused or neglected in the custody of their parents. This indicates a need for increased productive intervention strategies to address impaired parenting and the anxiety experienced by many of America's youth that may turn to substance abuse.

Family Systems Therapy

As with Attachment Theory applied in practice, Family Systems Therapy scrutinizes the parental operations with respect to the family dynamic. Due to the parents having the greatest ability to adjust behaviors, Family Systems Therapy facilitates a change in the patterns of functioning from the parents in the current family system (Pantone, 2000). The nature of the emotional connection between each parent in the current family system with their parents of origin is the focus of the intervention. The magnitude of the connections

with the parents of origin is not the consideration of Family Systems Therapy, but rather it is the degree of differentiation. A healthy emotional connection to parents is one of maturity and interdependence. An emotionally dysfunctional parental connection has different postures across a continuum of extremes between super-independent and de-selfed. The super-independent individual operates as if he can be successful on his own and does not need help from his parents of origin, and by extension he does not need help from anybody in the current family system. The de-selfed individual believes that his success lies in his denial of the need for others and does not recognize his own needs. The de-selfed individual has an enormous need for emotional support from parents and from the current family system. However, he goes to extraordinary lengths to deny it. The therapeutic relationship is focused on overcoming emotional problems in the family system in an effort to increase differentiation and family system well-being (Bowen, 1974).

Therapeutic intervention in Family Systems Therapy seeks to increase the level of differentiation between the members in the system. It is desirable for both parents in the family system to seek treatment; however, positive outcomes are possible when working with one parent who will impact change in the overall system. Integrating psychoeducation and coaching into the therapeutic setting impacts the family system by employing the individual as a catalyst for change. Family Systems Therapy concentrates on the role of each family member within the system and maintains that a change in one condition of the system changes the system as a whole (Bowen, 1974).

Family Systems Therapy is first attentive to the level of anxiety that exists within the system. The anxiety level and its impact on the family system are oppressive and recurrent and seek alleviation. As anxiety is experienced within the dysfunctional family system, part of the system might focus attention on aspects external to the family. This process increases anxiety in the other family system members. This increase in anxiety causes the member with an external focus to continue seeking anxiety alleviation from increasing external focus.

This perpetual cycle continues until someone seeks intervention to relieve the anxiety through behavior change (Bowen, 1974).

According to Family Systems Therapy, contextual factors influence the family system through the functional behaviors of the parents and their interaction within the context of marriage. The purpose of Family Systems Therapy is to identify dysfunction within the system and focus on positive behavior change to enable healthy family functioning. Attachment Theory and Family Systems Theory consider parenting dynamics and their impact on family operations. Attachment Theory focuses on operational attachment bonds between the primary caregiver and the child, and offers a theory for developing secure childhood attachment with the primary caregiver and influence behavior into adulthood. Family Systems Theory considers the parental performance concerning emotional maturity, the role of each family member, and how each element of the system contributes to the health or dysfunction of the overall system (Bowen, 1974; Bowlby, 1973; Kaufman, 1994).

A Review of Applications

An Overview

Systems Theory and Attachment Theory have been employed to engage the adolescent in the treatment of substance abuse. Both of these theories are sensitive to the contextual factors of the adolescent and serve as a means to promote recovery. Additionally, the treatment of adolescent substance abuse must be responsive to the developmental stage of the adolescent. Contextual factors and the management of the adolescent identity crisis contribute to the development of adolescent substance abuse. An intervention utilizing an integrative approach which includes the development of autonomy within the family system and peer relations is optimal to promote adolescent recovery (Bowen, 1974; Bowlby, 1973; Kaufman, 1994).

Attachment Theory Applied in Adolescent Substance Abuse Treatment

A comprehensive intervention model to address adolescent substance abuse must consider the

psychosocial developmental stage of the adolescent, the parental relationship with the adolescent as a child and currently, and adolescent social affiliations. This requires the identification of intrapsychic processes, the attachment bond, and social working models. This will necessitate individual therapy, the integration of the parental figures into the therapeutic process, and psychical processing within a peer group context. The adolescent is assessed for development, cognitive and affective functioning, and maladaptive processes seeking resolution. Integrating the parental figures into the therapeutic intervention affects change by increasing communication and identifying behavior patterns in an effort to encourage the secure attachment between the parents and the adolescent, shifting expectations, and promoting emotional regulation by decreasing anxiety within the family context (Golding, 2006). The peer group utilizes the Identity Crisis (Erikson, 1963) in an effort to increase self-awareness gained through safe exploration in the group setting. This honest exploration within the confines of the peer group promotes identity achievement which results in fidelity or the constancy and acceptance of self (Erikson, 1963; Gerhan & Freeman, 2000). The group setting allows the adolescent to explore and discover truths about the self in regard to self-presentation and social interaction which serves to modify working models. This integration of approaches increases the likelihood for success in adolescent substance abuse recovery (Bowen, 1974; Bowlby, 1973; Kaufman, 1994).

According to Erikson (1963), adolescents require time to explore and express as individuals, with peers, and with parental figures. Adolescents fill various roles during this time of development, and they require their own space to discover their emerging identity. The role of the therapist is to model secure attachment behaviors, decrease confusion, and offer and illustrate coping strategies for adolescent self-regulation while demonstrating interest and support (Blakely & Dziadosz, 2015). The therapist allows the adolescent the individual time and attention needed to cultivate the self and work through intrapsychic and intrapersonal challenges by increasing self-awareness (Gerhan & Freeman, 2000). This sets the stage for honest

exploration of perceptions and safe experimentation of identity within the therapeutic peer group (Erikson, 1963). The integration of the family promotes effective communication and increased awareness of working models and attachment behaviors. The integration of interventions increases treatment efficacy and the chance for success in adolescent substance abuse recovery (Bowen, 1974; Bowlby, 1973; Kaufman, 1994).

Systems Theory Applied in Adolescent Substance Abuse Treatment

Substance abuse is a common manifestation of the dysfunction within the family system and indicates a functional crisis affecting the system as a whole (Bowen, 1974). According to Bowen (1974), when adolescent substance abuse manifests, each member in the family system has a function in the development and maintenance of that behavior. Adolescent substance abuse is developed within the context and the functioning of the larger family system (Kaufman, 1994). Systems Theory assumes that each family member has a function in relation to each other member and this is an avenue for the development and maintenance of the substance abuse due to anxiety in the family system. Therapeutic intervention utilizing Family Systems Theory focuses on functional behavior change and facilitates the long-term healthy alleviation of anxiety (Bowen, 1974).

Systems Theory assumes an emotional-behavioral cycle in regard to substance abuse. The family member feels anxiety and initiates substance use as a means to escape these feelings. This causes additional feelings of anxiety and the individual increases substance use in order to relieve the heightened anxiety. This course of behavior leads to more anxiety and necessitates the need to use more substances. This becomes a never-ending cycle of anxiety and substance abuse and seeks short-term alleviation with increased substance abuse. Breaking this cycle of anxiety and substance abuse requires the integration of the family members, the accounting for the role of each family member in regard to the substance abuse, and the lack of differentiation within the family system (Cohen & Lwow, 2004).

As a first step in Family Systems Therapy, the therapist assesses the lack of differentiation among the family members. The focus of the intervention examines the level of family member differentiation and not the severity of the substance use. The lack of differentiation can be attributed to either (a) enmeshed responsibility for the family system or (b) extreme yielding to the wishes of other family members. Increased differentiation between family members increases the possibility for positive outcomes in the adolescent substance abuse treatment process (Bowen, 1974).

After assessing the degree of differentiation between family members, the therapist evaluates the level of anxiety within the family system followed by the identification of de-escalation behaviors. Next, the therapist offers psychoeducation focused on the emotional connection of the parental figures, the posturing of the parental figures, and the interaction practices of the parental figures with their parental origins (Bowen, 1974). Then, the therapist and family members identify clear and observable behaviors which can be changed to promote healthy family functioning. According to Systems Theory, healthy family functioning develops through decreased anxiety and increased emotional maturity. This can be achieved through healthy distancing within the family system. Substance abuse is an emotional dysfunction which is exceedingly difficult to overcome. With the guidance of a skilled and trained therapist, the inclusion of the family system, and the desire for at least one member of the system to change behavior, the chances increase for positive outcomes in adolescent substance abuse treatment (Bowen, 1974; Cohen & Lwow, 2004).

The Systematic Operation of These Theories

Conventional Strategy for using Attachment Theory

Bowlby (1973) asserts that an integration of approaches within psychotherapeutic intervention which concentrates on attachment and separation issues promotes the remediation of adolescent substance abuse. An eclectic intervention approach consisting of psychoanalysis, developmental psychology, social psychology, ethology, and

biology promotes the well-being of the individual (Gold, 2011). The focus on contextual factors integrates perspectives and extends upon any one therapeutic orientation. The integrated therapy model facilitates adolescent substance abuse recovery by addressing the role of the environment and interpersonal relationships in the development of psychological architecture, cognitive processing and composition, and psychopathology (Gold, 2011).

The attachment-based psychotherapeutic model includes a representation of secure attachment demonstrated by the therapist within the therapeutic relationship. The therapeutic tasks that promote autonomy include: (a) the therapist models encouragement regarding therapeutic exploration and the client extends the therapeutic context to current interpersonal relationships, (b) the therapist and client investigate current behaviors influenced by past perceptions and experiences, (c) the therapist facilitates client understanding of the possibility of thoughts and behaviors being faulty, and (d) the therapist aids in the development of alternative behavior that might be more beneficial to increase self-regulation. Applying these general precepts of attachment-based intervention allows therapists from various orientations to develop intervention strategies and increase options for adolescent recovery (Bowlby, 1973; Gold, 2011; Golding, 2006).

The integrative approach to adolescent substance abuse treatment allows for flexibility and modification concerning the needs of the adolescent and the family in the treatment milieu. A flexible and integrative therapeutic intervention utilizes modifications which meet the needs of the family in various stages of maturation. The abstinence, early recovery, and advanced recovery stages must be met with specific interventions for achieving a substance free and interdependent self-awareness in an effort to promote well-being. Psychoeducation must be a part of the therapeutic process and illustrate how defense behaviors seek homeostasis, identify how character flaws stem from biology and environment, and address family issues concerning healthy relationship maintenance. These issues must be confronted utilizing the therapeutic alliance

with regard to the therapeutic process and promote competent, ethical adolescent substance abuse recovery practice (APA, 2002; Kaufman, 1994).

Attachment Theory utilized within psychotherapy relies on the safe, attentive environment of the therapeutic setting (Bowlby, 1973). The therapist models effective behaviors and the adolescent adopts and extends these behaviors to promote positive behavior patterns beyond the therapeutic setting. The desire of the adolescent for recovery and the remediation of faulty thinking and behavior are discovered through the mirrored relationship within the therapeutic alliance. Extending this therapeutic relationship to family members encourages the modification of behaviors within the family unit and in the larger society. Increasing the security of the family environment and applying behavior modification in an attempt to decrease anxiety allows for enhanced opportunities for successful outcomes.

Practical applications for intervention with the adolescent substance abuse population combine the individual, family, and peer approaches. Individual intervention allows for the processing of intrapsychic influences and facilitates internal shifts. The therapist utilizes family therapy to identify interpersonal difficulties and collaborates with the family to develop strategies for the family to overcome these challenges. Individual therapy influences and informs family therapy and family therapy influences and informs individual therapy. Family therapy might consist of one individual in the therapeutic process as a mechanism by which to facilitate change and impact the entire family system. The utility of 12-Step support groups promotes increased spirituality and decreased anxiety concerning functional shortcomings, increased fortitude and positive behavior change. Practicing the 12-Steps promotes the recovery process as a function of increased awareness and intentional living through the utilization of an identified process of progressive procedures in which the next action is engaged based on the groundwork of previous performance and achievement. Engaging adolescent peers in the social setting of the 12-Step group decreases anxiety and increases courage, enabling positive

behavior change. This facilitates opportunities for successful adolescent substance abuse recovery (Alcoholics Anonymous, 2001; Kaufman, 1994). Combining individual and family therapy techniques along with peer interventions through utilizing a 12-Step model enables adolescent awareness toward behavior change and facilitates an atmosphere of substance abuse recovery.

Methodical Procedure for using Systems Theory

Kaufman (1994) supports the notion that therapeutic intervention with the adolescent must include the family system and the peers in order to increase positive outcomes from the adolescent treatment process. The integration of resources for therapeutic intervention with the adolescent who abuses substances must examine the contextual factors that give rise to risk behavior and personality disorder which has implications for addiction development. Therapeutic intervention must include the identification of therapeutic needs, the nature of dysfunction in personality, and the intervention design and implementation strategies that facilitate insight and transition from current levels of processing.

The design and implementation of strategies for competent practice encompass an ethical engagement between the therapist and the family (APA, 2002). The therapist extends upon rapport-building practices and engages the assessment process. The assessment includes an examination of substance abuse patterns and indicates the severity of psychological and physical dependence upon substances. The assessment then informs the development of approaches best suited to meet the needs detailed by the family. The practitioner then designs a framework for integrative therapeutic intervention with the family to promote positive outcomes in adolescent substance abuse recovery (Kaufman, 1994).

The therapeutic focus on the particulars of detoxification and withdrawal lays the groundwork for later treatment and intervention techniques. After attaining and maintenance of abstinence, the therapist utilizes the integration of cognitive-behavioral concepts and psychodynamic techniques which allows for increased opportunities for

success (Bowen 1974; Bowlby, 1973). Kaufman (1994) notes that addressing the family issues and the subsequent matters concerning family relationships are key elements for achieving and maintaining a healthy family system which enables a substance-free lifestyle.

Therapeutic intervention focused on the functional behaviors of each family member within the family system relies on the practitioner suspending the natural inclination towards the depiction of why a behavior has occurred, and she abstains from framing a cause-and-effect conclusion of the observed behavior. Systems Theory requires that the practitioner rather overcome the tendency to frame reasons for behavior and the subsequent cause-and-effect thinking, in an effort to relinquish the tendency to blame the individual for the dysfunctional behaviors within the family system (Bowen, 1974). It might also be optimal for each family member to attend substance abuse recovery support programs and engage other supportive interventions that aid the adolescent and the family unit in achieving recovery (Kaufman, 1994). The integrated Family Systems Therapy approach addresses many contextual factors. The first step in Family Systems Therapy is a family diagnosis. Next, the family contracts with one another and with the therapist to work on therapeutic issues as they arise outside of the therapeutic setting. Then, the therapist utilizes psychoeducation to include psychological and physiological influences and impacts of substance abuse, the disease concept, cross-addiction, the family system, and attendance in 12-Step and other support groups in an effort to increase understanding of addiction issues. After that, the therapist joins with the family system and becomes an active part of the Family Therapy process. The therapist changes roles within this structural dynamic from an objective observer to an active participant in Family Systems Therapy. In this restructuring phase, the therapist challenges and confronts family patterns. During this process, the therapist utilizes psychodynamic concepts and techniques to increase self-awareness concerning her own family system to decrease personal bias and encourage decreased reactivity from the family towards the therapist. Integrating communication training, the therapist points out and work with the

family to identify and overcome the challenges to healthy, productive communication within the family system. This integrative approach addresses the contextual factors of the family system and increases overall system well-being (Bowen, 1974; Kaufman, 1994).

Introducing the family into therapeutic intervention is an integral part of the adolescent recovery process. In 1980, the White House Conference on Families recognized this fundamental aspect of adolescent recovery and proclaimed the benefits of and advocated for the integration of the family within adolescent substance abuse treatment. The White House Conference on Families has supported the integrated approach for adolescent substance abuse recovery and is employed within Family Systems Therapy (Stanton & Shadish, 1997). The integrated approach combining individual, family, peer, and 12-Step programs support an optimal environment for treatment success (Bowen, 1974; Bowlby, 1973; Kaufman, 1994).

The integration of approaches utilized in adolescent substance abuse treatment must address the contextual factors of the adolescent and the family environment. Integrating models of Attachment Theory and Systems Theory attends to the comprehensive needs of the adolescent and the family unit. The behavior of the adolescent is an indication of the broader functioning within the family ecosystem. Attachment Theory and Systems Theory offer intervention strategies that can be applied through various therapeutic orientations that might be integrated in an effort to address the intricacies of adolescent substance abuse recovery.

Analysis of Research on Adolescent Substance Abuse

Attachment Theory and Systems Theory

There is an abundance of research investigating adolescent substance abuse, its development, and best practices for remediating the addiction process. An investigation of adolescent substance abuse, how it is developed, and the mechanisms through which it is remediated must include an application of Attachment and Systems Theories and scrutinize contextual factors. The adolescent who abuses substances is part of an ecosystem that

encompasses bio-psycho-social-spiritual elements. Attachment and Systems Theories research addresses both individual and contextual factors regarding the adolescent ecosystem (Bowen, 1974; Bowlby, 1973; Kaufman, 1994).

The adolescent substance abuse research focused on Attachment and Systems Theories investigates the relationship between adolescents who abuse substances and their environment. The research suggests an inverse relationship between parental involvement and adolescent substance abuse. As positive parental involvement increases, the adolescent risk factors for development and maintenance of substance abuse behaviors decreases (Branstetter, Furman, & Cottrell, 2009; Cohen & Lwow, 2004; Franck & Buehler, 2007; Parker & Benson, 2004; Yuen & Toumbourou, 2011). Positive parental involvement includes increased interest in adolescent matters (Kaufman, 1994), extended autonomy to the adolescent and other family members (Parker & Benson, 2004), and increased levels of differentiation (Branstetter et al., 2009; Franck & Buehler, 2007). Positive outcomes are associated with interventions that allow for increased parental support (Parker & Benson, 2004), parental monitoring (Branstetter et al., 2009; Parker & Benson, 2004), and parental assertiveness (Cohen & Lwow, 2004) for increased family functioning (Yuen & Toumbourou, 2011). Furnishing a family context of decreased anxiety, low levels of negative interaction, and high levels of family functioning has a direct impact on adolescent positive peer associations (Parker & Benson, 2004) and commitment to substance abuse recovery (Cohen & Lwow, 2004; Franck & Buehler, 2007). As the adolescent experiences autonomy and differentiation from the parents, and engages a secure attachment base concerning positive parental modeling of self-regulation, the adolescent might decrease his need for negative peer affiliations to alleviate anxiety.

Implications for Future Research

Some challenges identified in the adolescent recovery research concern the initial phase of the change process concerning parental assertiveness, boundary setting, and monitoring behaviors (Yuen & Toumbourou, 2011). These behaviors might have

been neglected in the context of the family unit before therapeutic intervention. If introduction of new behaviors happens when the adolescent has already established risky peer affiliations then this might lead to an increase in reliance upon peer affiliations to separate from the family and avoid changes in the family functioning. Further investigation is needed to examine the relationship between the onset of increased family functioning strategies, risky peer affiliations moderating the change process, and adolescent substance abuse recovery commitment levels. At the beginning of therapeutic intervention the initial change process may increase anxiety and decrease cohesion in the family unit; however, the discovery of strategies promoting ongoing changes in behavior in a supportive environment fortified by the therapeutic relationship are suggested to produce positive outcomes (Cohen & Lwow, 2004; Yuen & Toumbourou, 2011).

Research focused on adolescent substance abuse recovery supports family and peer inclusion in the therapeutic process (Bowen, 1974; Bowlby, 1973; Kaufman, 1994). Family intervention provides an approach for the development of autonomy, differentiation, parental support, parental monitoring, assertiveness, decreases in anxiety, and increases in positive interactions (Branstetter et al., 2009; Cohen & Lwow, 2004; Franck & Buehler, 2007; Parker & Benson, 2004; Yuen & Toumbourou, 2011). Integration of peer support includes 12-Step groups with members who are engaged in the group due to the same kinds of issues as the adolescent. Individual adolescent psychotherapy includes the processing of family and peer interactions. Family intervention includes increasing differentiation and decreasing anxiety within the family system focusing on behavior change (Bowen, 1974; Bowlby, 1973; Kaufman, 1994). Further research investigating the integrated approach is needed concerning therapeutic intervention with the adolescent seeking recovery from substance abuse and increasing positive outcomes.

Attachment and Family Systems Theories applied to adolescent substance abuse recovery contemplate the relationship between parents and adolescents,

and peers and adolescents (Branstetter et al., 2009; Cohen & Lwow, 2004; Franck & Buehler, 2007; Parker & Benson, 2004; Yuen & Toumbourou, 2011). An examination of family functioning in addition to the attachment and separation issues informs adolescent substance abuse treatment and recovery. The contextual factors influencing secure attachment bonds between parents and the adolescent are directly linked to the functioning of the family unit as a whole. Parental interactions demonstrating a warm and constructive environment aids the development of adolescent autonomy. This trust-building behavior with the parents promotes self-esteem by increasing the confidence of the adolescent and the reliance on the self to negotiate environmental obstacles. Further research investigating the relationship between confidence and secure attachments needs to be conducted to fully examine these issues.

An inquiry concerning parental ability to provide the adolescent with safety for independent exploration and the link with confidence-building based on trust is warranted. Further research addressing the parental provision of safety for adolescent exploration leading to increased adolescent confidence based on trust and its link with decreased parental anxiety concerning guilt, past parental shortcomings, and shame associated with dysfunctional parenting patterns is also necessary. This reduction in negative feelings regarding the parental self may increase feelings of confidence and allow the parent to feel more comfortable about the determination concerning what is appropriate for the adolescent. This increased parental confidence and comfort may be an encouragement to the parent. The parent might then extend upon this confidence and comfort, allowing the adolescent increased independent exploration. Further research must be conducted to examine the relationship between feelings of parental confidence and comfort, and parental ability to recognize adolescent autonomy.

The increasing confidence exhibited by the parent which translates into adolescent confidence in exploring the world safely and successfully might have implications for adolescent and peer interactions. Further investigation is needed

concerning the relationship between increased parental confidence, the adolescent increased self-confidence toward lasting change in positive family functioning, family system confidence in optimistic outcomes, and how these might translate into adolescent selection of peers who are also confident in relation to their environment. These confidences have the potential to decrease risk factors associated with choosing peer affiliations and might decrease risk behaviors including substance use due to decreases in peer anxiety levels and peer family tension. Further research might support a relationship between parental confidence, adolescent confidence, peer confidence, and decreased risk factors for adolescent substance abuse. This review of the adolescent substance abuse recovery research is concerned with contextual factors, employing Attachment and Systems Theories, investigating the role of the individual, family, peers, and the interconnected influences regarding adolescent risk behaviors in an effort to address and ameliorate the costs to society.

Practical Suggestions in the Design of Programs for this Population

Therapeutic interventions designed for the adolescent in recovery must consider the adolescent ecosystem and the influences of substance abuse development and maintenance. Contextual factors influence the development and maintenance of substance abuse thoughts, feelings, and behaviors (Bowen, 1974; Bowlby, 1973; Kaufman, 1994). Research suggests that the integration of approaches to address the contextual factors of the adolescent is optimal in substance abuse recovery design and implementation (Harel, Shechtman, & Cutrona, 2011). Best practice substance abuse recovery focused on the adolescent includes an individual assessment, a family assessment, family-involved external agencies, and 12-Step groups. The integrated model of intervention might incorporate (a) psychoeducation, (b) cognitive-affective-behavioral interventions, (c) experiential treatments, (d) an examination of the processes of anxiety and its long- and short-term alleviating factors, (e) the psychosocial developmental crisis of the adolescent, (f) attachment issues associated with inaccessible parenting, (g) communication, (h) the

examination of family system roles, rules, and boundaries, and (i) addressing the flexibility of each family member to transform. These approaches integrate for a general therapeutic framework that engages the individual, peers, and the family ecosystem which demonstrates collective dysfunction through adolescent substance abuse. The therapeutic intervention must be flexible and comprehensive, address the needs of the individual and the family, and prioritize intervention strategies which arise within the therapeutic setting. Each facet of the treatment process informs every other aspect of therapeutic work in an effort to improve outcomes and increase success. Utilizing an integrated therapeutic framework contributes to a comprehensive technique regarding therapeutic intervention concerning the recovery of the adolescent who abuses substances.

Conclusion

Attachment Theory (Bowlby, 1973) and Systems Theory (Bowen, 1974) have been utilized in the adolescent treatment process, and have been employed with the adolescent substance abuse population (Kaufman, 1994). These theories have informed practice with adolescents in order to promote positive outcomes concerning substance abuse recovery. Research supports the integration of approaches in adolescent substance abuse recovery, and integrating Family Systems Theory and Attachment Theory approaches are well-suited for intervention with this population (Branstetter et al., 2009; Cohen & Lwow, 2004; Franck & Buehler, 2007; Parker & Benson, 2004; Yuen & Toumbourou, 2011). Substance abuse does not occur in isolation, and the adolescent is not in isolation when the substance abuse develops and persists. By extension, the adolescent should not be in isolation when working to remediate the processes of addiction. Adolescent substance abuse treatment must include an examination of contextual factors and offer a comprehensive, eclectic approach to substance abuse remediation and recovery (Bowen, 1974; Bowlby, 1973; Kaufman, 1994).

References

1. Blakely, T. J. & Dziadosz, G. M. (2015). Application of Attachment Theory in clinical social work. *Health & Social Work*, 40(4). doi: 10.1093/hsw/hlv059
2. Bowlby, J. (1969). *Attachment and loss: Vol. 1*. New York: Basic Books.
3. Bowlby, J. (1973). *Attachment and loss: Vol. II Separation: Anxiety and anger*. New York, NY: Basic Books.
4. Bowlby, J. (1980). *Loss: Sadness & depression*. *Attachment and loss (vol. 3)*; (International psycho-analytical library no.109). London: Hogarth Press.
5. Bowlby, J. (1988). *A secure base: Clinical applications of attachment theory*. London: Routledge.
6. Bowlby, R. (2005). Attachment theory in practice: An overview. *Service and practice update*, 41(1). In K. S. Golding (Ed.), (2007). *Attachment Theory in Practice*, (Briefing Paper No.26, pp 9-12). Leicester: The British Psychological Society.
7. Bowen, M. (1974). Alcoholism as viewed through family systems theory and family psychotherapy. *Annals of the New York Academy of Science*, 233, 115-122.
8. Branstetter, S. A., Furman, W., & Cottrell, L. (2009). The Influence of Representations of Attachment, Maternal-Adolescent Relationship Quality, and Maternal Monitoring on Adolescent Substance Use: A 2-Year Longitudinal Examination. *Child Development*, 80(5), 1448-1462. doi:10.1111/j.1467-8624.2009.01344.x
9. Brown, J. (1999). Bowen Family Systems Theory and practice: Illustration and critique. *Australian and New Zealand Journal of Family Therapy (ANZJFT)*, 20(2).
10. Children's Bureau (ACYF, ACF) of the U.S. Department of Health and Human Services. (2017). *Child Welfare Outcomes 2010-2014 Report to Congress*. <https://www.acf.hhs.gov/cb/resource/cwo-10-14> Retrieved on May 31, 2018.
11. Cohen, E. & Lwow, E. (2004). The parent-child mutual recognition model: Promoting responsibility and cooperativeness in disturbed adolescents who resist treatment. *Journal of Psychotherapy Integration*, 14(3), 307-322. doi:10.1037/1053-0479.14.3.307
12. Connors, M. (2006). *Symptom-focused dynamic psychotherapy*. New York, NY: Academic Press.
13. Erikson, E. (1963). *Childhood and society (2nd ed.)* New York: Norton.
14. Franck, K. & Beuhler, C. (2007). A family process model of marital hostility, parental depressive affect, and early adolescent problem behavior: The roles of triangulation and parental warmth. *Journal of Family Psychology*, 21(4), 614-625.
15. Gerhan, P. & Freeman, A. (2009). Neither child nor adult: Applying integrative therapy to adolescents. *Journal of psychotherapy integration*, 19(3), 269-290. doi:10.1037/a0017067
16. Gibson, J. & Donigian, J. (1993). Use of Bowen theory. *Journal of Addictions & Offender Counseling*, 14(1), 25-35.
17. Golding, K. S. (2006, September). Attachment theory, debate, controversy, and hope. A clinicians perspective. In K.S. Golding (Ed.), (2007). *Attachment Theory in Practice*, (Briefing Paper No.26, pp 13-30). Leicester: The British Psychological Society.
18. Golding, K. S. (Ed.), (2007). *Attachment Theory in Practice*, (Briefing Paper No.26, pp 2-4). Leicester: The British Psychological Society.
19. Graham, L. (2008). The neuroscience of attachment. Retrieved from <http://lindagraham-mft.net/pdf/WiseBrainBulletin-4-6.pdf>
20. Harel, Y., Shechtman, Z., & Cutrona, C. (2011). Individual and group process variables that affect social support in counseling groups. *Group Dynamics: Theory, Research, And Practice*, 15(4), 297-310. doi:10.1037/a0025058
21. Herbert, M. (2000). Parenting skills interventions. In P. Reder, M. McClure, & A. Jolley (Eds.), *Family matters: Interfaces between child and adult mental health* (pp. 237-256). New York: Routledge.

22. Johnson, R. V. & Mayo Clinic. (1994). Mayo Clinic Complete Book of Pregnancy and Baby's First Year (1st ed.). New York, NY: W. Morrow and Co.
23. Kaufman, E. (1994). Psychotherapy of Addicted Persons. New York: Guilford Press.
24. Main, M. & Solomon, J. (1990). Procedures for identifying infants as disorganized/disoriented during the Ainsworth strange situation. In M, Greenberg, D. Cicchetti, & E.M. Cummings (Eds.), Attachment in the preschool years: Theory, research and intervention (pp121-160). Chicago, IL: University of Chicago Press.
25. Maternity Support Services. (2012). Washington Nurse, 41(4), 29.
26. Mirick, R. G., & Steenrod, S. A. (2016). Opioid use disorder, attachment, and parenting: Key concerns for practitioners. *Child & Adolescent Social Work Journal*, 33(6), 547-557. <http://dx.doi.org/10.1007/s10560-016-0449-1> Retrieved from <https://search.proquest.com/docview/1833158644?accountid=36783>
27. National Institute on Drug Abuse (NIDA). (2017, December 14) Monitoring the Future Survey: High school and youth trends. Retrieved from <https://www.drugabuse.gov/publications/drugfacts/monitoring-future-survey-highschool-youth-trends> on 2018, February 23
28. Pantone, P. J. (2000). Treating the parental relationship as the identified patient in child psychotherapy. *Journal of Infant, Child, and Adolescent Psychotherapy*, 1, 19-38.
29. Parker, J. & Benson, M. (2004). Parent-adolescent relations and adolescent functioning: Self-esteem, substance abuse, and delinquency. *Adolescence*, 39(155), 519-530.
30. Poudel, A. & Gautam, S. (2017). Age of onset of substance use and psychosocial problems among individuals with substance use disorders. *BMC Psychiatry*, 17, 1-7.
31. Prieur, N. "National adolescent drug trends in 2017: Marijuana use edges upward." Michigan News, University of Michigan Regents, 14 Dec. 2017, ns.umich.edu/new/releases/25333-national-adolescent-drug-trends-in-2017-marijuana-use-edges-upward. Retrieved February 23, 2018.
32. Stanis, J. J. & Andersen, S. L. (2014, April). Reducing Substance use during adolescence: A translational framework for prevention. *Psychopharmacology*, 231, 8, 1437-1453. ISSN: 00333158.
33. Stern, D. N. (1985). *The Interpersonal World of the Infant*. NY: Basic Books. In Golding, K. S. (2006, September). Attachment theory, debate, controversy, and hope. A clinicians perspective. Paper presented at Faculty for Children & Young People Annual Conference. Hertfordshire, UK: University of Hertfordshire.
34. Substance Abuse and Mental Health Services Administration. (2017). Key substance use and mental health indicators in the United States: Results from the 2016 National Survey on Drug Use and Health (HHS Publication No. SMA 17-5044, NSDUH Series H-52). Rockville, MD: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. Retrieved from <https://www.samhsa.gov/data/>
35. Thatcher, D. L. & Clark, D. B. (2008). Adolescents at risk for substance use disorders: Role of psychological dysregulation, endophenotypes, and environmental influences. *Alcohol Research and Health*, 31(2), 168-176.
36. van der Horst, F. C. & van der Veer, R. (2010). The ontogeny of an idea: John Bowlby and contemporaries on mother-child separation. *History Of Psychology*, 13(1), 25-45. doi:10.1037/a0017660
37. Wagner, F. A. & Anthony, J. C. (2002). From first drug use to drug dependence: Developmental periods of risk for dependence upon marijuana, cocaine, and alcohol. *Neuropsychopharmacol*, 26, 479-488. doi:10.1016/S0893-133X(01)00367-0
38. Wong, D. L., Hockenberry, M.J., Wilson, D., Winkelstein, M.L., & Kline, N.E. (2003).

Wong's Nursing Care of Infants and Children
(7th ed.). St. Louis, MO: Mosby.

- 39.** Yuen, E. & Toumbourou, J. W. (2011). Does Family Intervention for Adolescent Substance Use Impact Parental Wellbeing? A Longitudinal Evaluation. *Australian & New Zealand Journal of Family Therapy*, 32(3), 249-263.