

Attachment Styles in SUD and Mental Health Treatment: What to Look For

A Quick-Reference Guide for Therapists, Counselors, and Referral Partners

Why Attachment Styles Matter

Attachment patterns often underpin the emotional and behavioral difficulties clients bring into treatment. In both Substance Use Disorder (SUD) and mental health treatment, recognizing attachment dynamics helps clinicians:

- Understand maladaptive relationship cycles
- Predict triggers for relapse or emotional dysregulation
- Tailor therapeutic approaches to build safety and trust

The Four Primary Attachment Styles & How They Present Clinically

1. Secure Attachment

- Development: Consistent, attuned caregiving
- In Treatment: Clients show openness, resilience, and ability to reflect on emotions
- SUD Risk: Lower likelihood of chronic relapse, more responsive to treatment

2. Anxious Attachment

- Development: Inconsistent caregiving; emotional unpredictability
- In Treatment: Fears abandonment, over-relies on therapist validation, difficulty tolerating uncertainty
- SUD Risk: Uses substances to soothe relational anxiety or abandonment distress
- Watch For: Rapid bond with provider, panic at perceived distance, relapse after relationship loss

3. Avoidant Attachment

- Development: Emotional neglect, discouraged emotional expression
- In Treatment: Detached, self-reliant, may resist group therapy or vulnerability
- SUD Risk: Uses substances to avoid or numb emotional states
- Watch For: Intellectualization, therapy avoidance, discomfort with dependency or routine check-ins

4. Disorganized Attachment

- Development: Trauma, abuse, or caregivers as source of fear and comfort
- In Treatment: Push-pull dynamic; craves closeness but sabotages it, emotional chaos
- SUD Risk: High-risk behaviors, trauma reenactments, emotional volatility
- Watch For: Cycling between idealization and distrust, chaotic relationships, substance binges linked to emotional triggers

Clinical Red Flags Suggesting Attachment-Driven Dysregulation

- Suicidality or self-harm triggered by romantic loss
- Obsessive texting or stalking behaviors
- Inability to tolerate therapeutic boundaries
- Repeated relapse after interpersonal conflict
- Trauma bonding or limerence cycles in early recovery

When to Refer to IOP or PHP

Consider a higher level of care when clients:

- Are unable to regulate distress without substances or self-harm
- Reenact attachment trauma in therapy or romantic relationships
- Experience attachment-related dysregulation that disrupts daily functioning
- Require structured, group-based processing and trauma-informed support

River's Bend Is Here to Support Your Clinical Work

We provide trauma-informed IOP and PHP programs that specialize in relational healing, emotional regulation, and co-occurring disorders. Our team is here to collaborate with you every step of the way.



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or make a referral](#)

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