BEHAVIORAL ADDICTIONS: CRITICAL CLINICAL IMPLICATIONS

Brian G. Lengfelder, LCPC, CAADC, CCJP, SAP, MAC, CSAT-S, CMAT-S, ACRPS
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“the difference between an excessive healthy enthusiasm and an addiction is that healthy enthusiasms add to life whereas addictions take away from it”

- A 'components' model of addiction within a biopsychosocial framework, M. Griffiths
- Journal of Substance Use, August 2005, 10(4), 191-197

Defining Behavioral Addictions

- Salience
- Mood Modification
- Tolerance
- Withdrawal Symptoms
- Conflict
- Relapse
Feeling-State Theory

❖ An intensely desired feeling becomes fixated with a behavior
❖ Positive feelings become rigidly linked with specific objects, people, or behaviors

The Feeling State Theory and Protocols for Behavioral and Substance Addiction, 3rd Ed. 2019
Robert Miller PhD

Statistics

▪ Gambling is more popular than ever. Problem gambling is a growing issue in the United States and around the world
▪ Youth risk developing a gambling problem at a rate of about two to three times that of adults
▪ Approximately 6% of U.S. college students have a gambling problem

▪ 15% of Americans gamble at least once per week
▪ 4% of adults display symptoms of problem gambling at any given time
▪ The global online gambling market is forecasted to grow to more than $59 billion by 2020
Wallethub 2019
- And maybe most alarming is that Illinois, Hawaii, and Mississippi are at the top of the list for the most gambling related arrests per capita.

Psychotherapy
- Cognitive-Behavioral Therapy
- Cue Exposure
- Motivational Interviewing

Screening Instruments
- Lie-Bet Tool
- South Oaks Gambling Screen (Diagnostic)
- NODS (Diagnostic)

A. Maladaptive preoccupation with buying or shopping, or maladaptive buying or shopping impulses or behavior, as indicated by at least one of the following:
1. Frequent preoccupation with buying or impulses to buy that are experienced as irresistible, intrusive, and/or senseless.
2. Frequent buying of more than can be afforded, frequent buying of items that are not needed, or shopping for longer periods of time than intended.
B. The buying preoccupations, impulses, or behaviors cause marked distress, are time-consuming, significantly interfere with social or occupational functioning, or result in financial problems (e.g. indebtedness or bankruptcy)

C. The excessive buying or shopping behavior does not occur exclusively during periods of hypomania or mania

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**Psychotherapy**

- Cognitive Therapy
- Behavioral Therapy
- Financial Counseling
- Mindfulness

**Screening Instruments**

- The Bergen Addiction Shopping Scale

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**EATING DISORDERS**

- Feeding and eating disorders are characterized by a persistent disturbance of eating, or eating-related behavior that results in the altered consumption of absorption of food, and that significantly impairs physical health or psychosocial functioning

- Some individuals with disorders described in this chapter report eating-related symptoms resembling those typically endorsed by individuals with substance use disorders, such as craving and patterns of compulsive use

- DSM-5, 2013
FOOD ADDICTION SYMPTOMS
■ Obsessed with thoughts about food, especially comfort foods.
■ Eats to relieve depression, anxiety, or stress.
■ Eats until they feel sick.
■ Feels anxious while eating.
■ Eating out of boredom.
■ Overeats because the food is there.

Psychotherapy
■ Cognitive-Behavioral Therapy
■ Dialectical Behavioral Therapy
■ Mindfulness
■ Group Therapy
■ Nutritional Counseling

Social Network Addiction
Griffiths, M., J Addict Res Ther 2013, 4:5
■ Cognitive-behavioral model:
  – This model emphasizes that ‘abnormal’ social networking arises from maladaptive cognitions and is amplified by various environmental factors, and eventually leads to compulsive and/or addictive social networking
### Social skill model:
- This model emphasizes that ‘abnormal’ social networking arises because people lack self-presentation skills and prefer virtual communication to face-to-face interactions, and it eventually leads to compulsive and/or addictive use of social networking.

### Socio-cognitive model:
- This model emphasizes that ‘abnormal’ social networking arises due to the expectation of positive outcomes, combined with internet self-efficacy and deficient internet self-regulation eventually leads to compulsive and/or addictive social networking behavior.

### World Health Organization (WHO)
- All countries which are Members of the United Nations may become members of WHO by accepting its Constitution. Other countries may be admitted as members when their application has been approved by a simple majority vote of the World Health Assembly. Territories which are not responsible for the conduct of their international relations may be admitted as Associate Members upon application made on their behalf by the Member or other authority responsible for their international relations. Members of WHO are grouped according to regional distribution (194 Member States).

### Classifications:
- International Classification of Diseases, 11th Revision (ICD-11)

#### 6C51.0 Gaming Disorder, Predominantly Online/Offline
- Gaming disorder, predominantly online/offline is characterized by a pattern of persistent or recurrent gaming behavior (‘digital gaming’ or ‘video-gaming’) that is primarily conducted over the internet and is manifested by:
  - Impaired control over gaming (e.g., onset, frequency, intensity, duration, termination, context)
  - Increasing priority given to gaming to the extent that gaming takes precedence over other life interests and daily activities.
Continuation or escalation of gaming despite the occurrence of negative consequences
- The behavior pattern is of sufficient severity to result in significant impairment in personal, family, social, educational, occupational or other important areas of functioning
- The pattern of gaming behavior may be continuous or episodic and recurrent
- The gaming behavior and other features are normally evident over a period of at least 12 months in order for a diagnosis to be assigned, although the required duration may be shortened if all diagnostic requirements are met and symptoms are severe

Understanding The Big Disconnect
- Engage in a digital de-tech period.
- Address underlying mental health issues like depression, anxiety and ADHD.
- Understand factors leading to increased virtual connection.
- Develop an individualized plan for how to engage with digital media in a healthy way.

Psychotherapy
- Cognitive-Behavioral Therapy
- Motivational Interviewing
- Community Reinforcement and Family Training
- Acceptance & Commitment Therapy
- Attachment-Based Therapy
Research Identifies Common Signs of Workaholism

- Always staying busy
- The need to control
- Perfectionism
- Difficulty with relationships
- Work binges
- Difficulty relaxing and having fun
- Memory loss due to exhaustion
- Mental preoccupation with work
- Impatience and irritability
- Feelings of self-inadequacy
- Self-neglect

Bergen Work Addiction Scale

- Utilizes seven basic criteria to identify work addiction, where all items are scored on the following scale: (1) Never, (2) Rarely, (3) Sometimes, (4) Often, and (5) Always:
  - You think of how you can free up more time to work
  - You spend much more time working than initially intended
  - You work in order to reduce feelings of guilt, anxiety, helplessness and depression
You have been told by others to cut down on work without listening to them
You become stressed if you are prohibited from working
You deprioritize hobbies, leisure activities, and exercise because of your work
You work so much that it has negatively influenced your health
Andreassen's study shows that scoring of “often” or “always” on at least four of the seven items may suggest that you are a workaholic.

Compulsive sexual behavior disorder is characterized by a persistent pattern of failure to control intense, repetitive sexual impulses or urges resulting in repetitive sexual behavior.
Symptoms may include repetitive sexual activities becoming a central focus of the person’s life to the point of neglecting health and personal care or other interests, activities and responsibilities; numerous unsuccessful efforts to significantly reduce repetitive sexual behavior; and continued repetitive sexual behavior despite adverse consequences or deriving little or no satisfaction from it.
The pattern of failure to control intense, sexual impulses or urges and resulting repetitive sexual behavior is manifested over an extended period of time (e.g., 6 months or more), and causes marked distress or significant impairment in personal, family, social, educational, occupational, or other important areas of functioning.

Distress that is entirely related to moral judgments and disapproval about sexual impulses, urges, or behaviors is not sufficient to meet this requirement.

**Typical Sex Addict Behaviors**
- Compulsive Use of Porn / Cybersex / Masturbation
- Anonymous Sex (met online or in sex clubs etc.)
- Adult Bookstores / Strip Clubs
- Sexual Exchange (i.e. Drugs or Favors for Sex)
- Prostitutes / Escorts
- Massage Parlors
- Fusing Sex and Substances (Cocaine, Meth, Alcohol etc.)
- Cruising / Intriguing
- Objectifying / Flirtation / Seduction /Fantasy
- Boundary Violations / Sexual Harassment
- Multiple Affairs / Anonymous Infidelity
- Abusing Power Relationships for Sex - Predatory

**Psychotherapy**
- Cognitive-Behavioral Therapy
- Task-Oriented
- Partner Therapy
- Trauma Informed/Response
- Affect Regulation
Screening Tools (IITAP)

- Sex Addiction Screening Test
- Sexual Dependency Inventory 4.0
- Sexual Digital Media Inventory
- Post Traumatic Stress Index - Revised
- Partner Sexuality Survey