The Merge of Technology Addiction & Sex Addiction

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Disclosure of Relevant Financial Information

I have NO financial disclosures or conflicts of interest with the presented material in the presentation.
Learning Objectives

• Define the concepts of technology addiction/ excessive technology use and sex addiction/ problematic sexual behavior.
• Demonstrate how these problematic behaviors may lead to “clinically significant distress or impairment.”
• Examine recent societal trends specific to the merge of tech addiction and sex addiction.
• Propose interventions to effectively address issues related to the integration of these problematic behaviors.

The Technology Conundrum

• Using technology is part of our daily routine.
• Benefits of technology include enhancing communication, providing entertainment, fostering creativity, accessing new and exciting ways to learn, etc.
• The very source of so many benefits may also become a foundation for the development of problematic behaviors.
Excessive Technology Use

• The definition is not solely based on the absolute quantity of exposure.  
• It is based on how it impacts different functions of the individual’s life.  
• What may be “excessive” for one, may not be “excessive” for another.  
• Excessive technology use exists for a variety of reasons.  
  • Recent research has found excessive technology particularly prominent in people with Attention Deficit Hyperactivity Disorder, Autism Spectrum Disorder, depression, anxiety disorder and other emotional/behavioral disorders.


Excessive Technology Use

• Technology use may become “excessive” when the content, duration (length of time), frequency (how often), and the posture that is adopted during its use leads to the following problems:
  • Development of specific health risks including:
    • Developmental problems (behavioral, learning and attentional problems, language, social/emotional delays)
    • Musculoskeletal problems (headache, neck and wrist pain and backache)
    • Reduction in physical activity and exercise and increased sedentary activity
    • Increased obesity due to poor eating habits and/or lack of exercise
    • Inadequate sleep quality, quantity and timing
    • Adverse mental and social health (loneliness, depression or depressive symptoms, withdrawal and anxiety and family relationship dynamics)
  • Interference with normal day-to-day functions.
  • The behavior becomes difficult to control.
Clinically Significant Distress or Impairment

- There is an impairment or severe limitation of the ability to function in a meaningful way.
- The behavior has reached a threshold that requires an intervention.
- This criterion was introduced as a major change in the DSM-IV.
  - “clinically significant distress or impairment in social, occupational, or other important areas of functioning”
  - In response to concerns that the DSM criteria were overly inclusive
  - Attempted to minimize false positive diagnoses in situations in which the symptom criteria did not necessarily indicate pathology.

CSDI and Excessive Tech

- Combination of the following symptoms in the past year:
  - preoccupation
  - withdrawal symptoms when tech is taken away or not possible (sadness, anxiety, irritability)
  - tolerance, the need to spend more time using tech to satisfy the urge
  - inability to reduce use of tech, unsuccessful attempts to quit
  - giving up other activities, loss of interest in previously enjoyed activities due use of tech
  - continuing despite problems
  - deceiving family members or others about the amount of time spent
  - the use of tech to relieve negative moods, such as guilt or hopelessness
  - risk, having jeopardized or lost a job or relationship
More than half of the US population identifies as a digital gamer. 
Gamers make up over 1/3 of the world’s population.
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DSM5 – Internet Gaming Disorder

• The American Psychiatric Association (APA) determined that Internet gaming disorder (IGD) required further research and data accumulation in 2013.

• IGD was included in section III of the Diagnostic and Statistical Manual of Mental Disorders-Fifth Edition (DSM-5).

• Five of the nine diagnosis criteria (preoccupation or obsession, withdrawal, tolerance, loss of control, loss of interest, continued overuse, deceiving, escape of negative feelings, functional impairment) must be met within a year to be diagnosed as IGD.

ICD11 – Gaming Disorder

• A pattern of gaming behavior (“digital-gaming” or “video-gaming”) characterized by three symptoms (impaired control over gaming, increasing priority given to gaming, continuation or escalation of gaming despite the occurrence of negative consequences).

• In the ICD-11, behavioral addiction is classified as an addictive disorder, the name is changed from ‘dependence’ to ‘use disorder.’

• Biological concepts such as withdrawal/tolerance proposed in the IGD of the DSM-5 is excluded from the ICD-11 GD diagnosis criteria.

• Withdrawal/tolerance are a physiological response that occurs during the process of adapting neurons when addictive substances act on brain nerves.

• The concept of diagnosis is comprehensively defined as a functional impairment that shows pathological aspects rather than biological definition.

• The behavior pattern must be severe enough that it results in significant impairment to a person's functioning in personal, family, social, educational, occupational or other important areas, and evident for at least 12 months.
Excessive Tech Use - Cell Phone

- Smartphone and cellphone use is at an all-time high in the United States.
- Smartphones equate to...
  - Communication
  - Connection
  - Information
  - Entertainment
- There are 294.15 million smartphone users in the United States.
- 85% of American adults use smartphones.
- Approximately 47% of web traffic in the U.S. originated from mobile devices.

How often are we using our phones? On average, Americans check their phones 344 times per day. (That’s once every 4 minutes!)


Cell Phone and Child Well-Being

- November 2022, Stanford University released results from a 5 year long study where they followed 250 children.
- The average age at which children received their first phones was 11.6 years old.
  - Phone acquisition climed steeply between 10.7 and 12.5 years of age, a period during which half of the children acquired their first phones.
- The researchers analyzed phone ownership and specific well-being outcomes.
- Cell phone ownership was associated with lower levels of depressive symptoms for boys than girls.
- Less depression for children with lower versus higher sexual maturity.
- Phone ownership was also associated with less sleep among children with higher maturity.

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**Computer Use in the US**

- **One or More Computers**
- **Adults Who Work Remotely**

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**Excessive Tech - Computer**

- Increases risk of developing a physical including muscle and joint pain, overuse injuries of the shoulder, arm, wrist or hand, and eyestrain.
- Increase sedentary time and inactivity which impact body weight as well as body mass index (BMI).
- Increase risk of several mental health issues related to stress, depression and sleep disturbances.
- Increase risk of development of social phobia.
  - *Isolation and minimizing face to face communication led to an increase of anxiety symptoms.*

*Internet Addiction: A Review of the First 20 Years* https://hrcak.srce.hr/file/276157
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Social Media Trends 2023

302.35 million social media users in the US = 90% of the total US population uses social media

- Facebook
- Instagram
- TikTok
- Twitter

Excessive Tech – Social Media

- According to a recent Harvard study, “Self-disclosure on social networking sites light up the same part of the brain that also ignites when taking an addictive substance.”
- When an individual gets a notification, the brain receives a rush of dopamine and sends it along reward pathways, resulting in pleasure.
- Social media provides immediate rewards (e.g., attention from others) for relatively minimal effort.
- Additionally, the reward centers of the brain are most active when people are talking about themselves.
- In the non-virtual world, it’s estimated that people talk about themselves around 30 to 40% of the time.
- Since social media is all about displaying one’s life and accomplishments — people talk about themselves an average of 80% of the time spent on social media.

Excessive Tech – Social Media

- Approximately 27% of children who spend 3 or more hours a day on social media endorse poor mental health symptoms.
- Overuse of social networking sites is much more problematic in children and young adults since their brains and social skills are still developing.
- Adolescents who habitually use social media from a young age have severely stunted social interaction skills.
  - Even though users are interacting with others on these platforms, many of these interactions do not translate well to the real world.
- This population had worsened social anxiety in groups, higher rates of depression, negative body-image, and lowered levels of empathy and compassion toward others.


Excessive Tech – Social Media

- Problematic behavior includes:
  - being overly concerned about social media
  - experiencing an uncontrollable urge to log on to or use social media
  - devoting exorbitant amount of time and effort to social media that it impairs other important life areas.
  - Mood modification (i.e., engagement in social media leads to a favorable change in emotional states)
  - Salience (i.e., behavioral, cognitive, and emotional preoccupation with social media)
  - Tolerance (i.e., ever-increasing use of social media over time)
  - Withdrawal symptoms (i.e., experiencing unpleasant physical and emotional symptoms when social media use is restricted or stopped)
  - Conflict (i.e., interpersonal problems ensue because of social media usage)
  - Inability to stop (i.e., quickly returning to excessive social media usage after an abstinence period).
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Excessive Tech - Computer

On average, people spent 44% of their waking hours looking at a screen

US Screen Time Statistics

- The average screen time in the United States is 7 hours 4 minutes per day.
- The split between mobile and computer screen time is almost equal in the US.
  - On average, 3 hours 30 minutes are dedicated to mobile devices, while 3 hours 34 minutes are spent on computers.
- US teenagers spend over 3 hours per day watching TV or videos.
- American teenagers from lower-income households (<$35,000 annual household income) spend 9 hours and 19 minutes on their screens each day.
  - That's 2 hours and 3 minutes more than the 7 hours and 16 minutes averaged by teenagers from higher income households ($100,000+ annual household income).

https://explodingtopics.com/blog/screen-time-stats#us-average-screen-time
US Screen Time Statistics

- A recent survey conducted by the advocacy group ParentsTogether found…
  - 82% of parents were worried about their child’s screen time
  - 43% of parents report excessive use of screens has caused family conflict
  - 39% of parents identified increased screen time negatively impacting their child’s mental health


Cyberbullying

- Cyberbullying is bullying that takes place over digital devices (e.g., cell phones, computers, tablets).
- Cyberbullying includes sending, posting, or sharing negative, harmful, false, or mean content about someone else.
- May include sharing personal or private information about someone else causing embarrassment or humiliation.
- May occur through text, apps, or online in social media (e.g., Facebook, Instagram, Snapchat, Tik Tok), forums (e.g., chat rooms, message boards) or online gaming communities where people can view, participate in, or share content.
- Nearly half of U.S. teens ages 13 to 17 (46%) report ever experiencing at least one type of cyberbullying behavior.
- 28% of teens have experienced multiple types of cyberbullying.

Cyberbullying https://www.stopbullying.gov/cyberbullying/what-is-it
Cyberbullying and LGBTQ+ Youth

- LGBTQ youth are disproportionally more likely to experience cyberbullying and experience negative outcomes (i.e., psychological and emotional, behavioral, academic, and relational) than their heterosexual and cisgender counterparts.
- These youth are less likely to tell a parent, teacher or other adult.
- Cyberbullying has also been associated with lower self-esteem for sexual minorities and gender expansive youth.

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7163911/

Tech’s Merge with Sexual Behavior

- Technology has increasingly become part of our daily lives.
- Excessive technology use impacts an individual, **including the development and cultivation of their sexuality and sexual health**.
- Considering the potential development of social pathologies through excessive tech use, insights into the merge of excessive tech use and sexuality/sexual behavior have become important when conceptualizing problematic behaviors.
- The merge of technology use and sexual behavior may result in greater sexual exploration, enhanced satisfaction and a higher level of acceptance.
- **Complex challenges for individuals arise when excessive technology use merges with problematic sexual behavior.**

Problematic Sexual Behavior

- Problematic sexual behavior is described as sexual behavior that:
  - inhibits one’s ability to keep commitments.
  - is outside of one’s values.
  - causes a person to lose control of themselves when engaging in that behavior.
  - causes or places the person at risk for significant consequences if they engage in that behavior.
  - is irresponsible by causing harm to the well-being of others when engaging in that behavior.

The Society for the Advancement of Sexual Health https://www.sash.net/

Nomenclature Discussion

- There are many formal/informal diagnostic models currently either proposed or being reviewed that support an underlying clinical condition which requires assessment, intervention and treatment.

“Sexual Addiction” “Pornography Addiction” “Hypersexual Disorder” “Out of Control Sexual Behavior” “Unspecified Impulse Control Disorder” “Sexual Compulsivity”

- In 2014, the American Society of Addiction Medicine, recognized sexual addiction as an addictive disorder.

- “A growing body of empirical research supports the serious clinical concerns on which these various models seek intervention including dozens of studies supplying neuroscience evidence consistent with the presence of addiction, primarily in Internet pornography users, but also in “sex addicts” generally.
  https://www.sash.net/about/sash-policy-statement/
PSB in Specific Populations

• Parents should be concerned when:
  • Occur frequently (they happen a lot, not just every once in a while).
  • Take place between children of widely differing ages (such as a 12-year-old who acts out with a 4-year-old) or between children of different abilities.
  • Are initiated with strong, upset feelings, such as anger or anxiety.
  • Cause harm or potential harm (physical or emotional) to any child.
  • Do not respond to typical parenting strategies (such as discipline).
  • Involve coercion, force, or aggression of any kind.

National Center on the Sexual Behavior of Youth https://www.ncsby.org/content/what-problematic-sexual-behavior

CSDI and Sexual Health

• The World Health Organization defines sexual health as...
  • a state of physical, emotional, mental and social well-being in relation to sexuality;
  • it is not merely the absence of disease, dysfunction or infirmity.
  • Sexual health requires a positive and respectful approach to sexuality and sexual relationships,
  • as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence.

• Sexual functioning in a meaningful way = sexual health.

Tech and Sexual Health

- "With a lack of standardized, evidenced-based sexual health education programs in the US, the future of comprehensive sexual health education is moving toward smartphone apps."
- Many sexual health technologies exist that target adolescents, most of which demonstrate positive effects.
- Use of mobile apps, especially for vulnerable populations, can be more effective because of privacy and widespread dissemination.
- Provide information and support to improve knowledge, attitudes, and behaviors related to sexual and reproductive health.
- Research findings indicate adolescents prioritize confidentiality and accessibility over medical accuracy.
- Health technology tools are acceptable to teens and may be the preferred mode of sexual health education.

Technology and Sexual Health Education: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7123652/

Pornography Stats

- The most popular day of the week for viewing pornography is Sunday.
- 12% of websites on the internet are pornographic—Approximately 25 million websites.
- 2 of the top 100 websites on the internet are porn sites.
- 40 million Americans regularly visit pornographic websites.
- 2.5 billion emails per day are pornographic.
- 25% of search engine requests each day are pornography related—approximately 70 million per day.
- Porn revenue is larger than all combined revenues of all professional football, baseball and basketball franchises.
- US porn revenue exceeds the combined revenues of ABC, CBS, and NBC (6.2 Billion).

Internet Porn By the Numbers: https://theweek.com/articles/493433/internet-porn-epidemic-by-numbers
Early Exposure to Sexual Content

- According to the American Academy of Child and Adolescent Psychiatry, on average, children ages 8-12 in the United States spend 4-6 hours a day watching or using screens, and teens spend up to 9 hours.

- **The average age of first exposure to pornography in the US is 11 years old.**

- Biologically, the nervous system is not ready to process the arousal from sexual content prior to onset of puberty.
  - This experience can be a traumatic experience to the child’s body.

- Adolescents at age 11 may not have a cognitive understanding of sex and healthy sexuality.


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**Early Exposure to Sexual Content**

- **Psychological:** The automatic sexual arousal through viewing pornographic sites, without being aware of the biological aspects of it, can induce fear and guilt in the child.
  - Exposure to online sexual content before a child’s natural transition into adolescence can desensitize them to sex and could potentially induce engagement in dangerous sexual behavior as an adolescent.

- **Physical:** Viewing internet pornography can reduce the amount of gray matter in the brain.
  - For a child whose brain is still under development, exposure and consumption of porn can lead to significant learning problems.

- **Social:** The desensitization to sex could in turn lead to objectification of human bodies – irrespective of genders – which could adversely affect later relationships.

  *The Brain on Porn*  
Child/Adolescent Trends

- One in ten children under the age of ten has been exposed to online pornography, either deliberately, or by a wrong click/mis-spelled search.
  - 79% of accidental exposures to internet porn among kids take place in the home.
- Only 3% of pornographic websites require proof-of-age, and 25% of the sites do not even include any adult-content warnings.

Source:
Journal of Psychiatry Reform

Child/Adolescent Trends

- According to a recent survey by the National Center on Sexual Exploitation, 10% of 12 to 13-year-olds believe that they may be addicted to pornography.
- One out of every ten visitors to porn mega sites (e.g., Pornhub) or 22% of underage visitors are children under the age of ten.
- 67% of children admit to clearing their internet history to hide their online activity.
- **20% of adolescents have been sexually solicited online and 89% of adolescents have been sexually solicited in chat rooms or while gaming online.**

Source:
National Center on Sexual Exploitation
Adolescent Use of Pornography

- Exposure to pornography during adolescence is becoming the norm rather than the exception.
- Approximately 56% of US high school students have viewed pornography in the past 12 months.
- A 2020 study reported 80.3% of youth in late adolescence reported accessing pornography online.
- According to a 2016 adolescent (13 to 17 years old) research study, over 70% of the sample had already consumed sexually explicit internet material at baseline suggesting this material has become a normative part of adolescent development.


Educating Children About Porn

- What is the right age to talk to children about pornography?
  - The right age to begin warning a child about pornography is when they have any access to the internet, including video games, apps, e-readers and anything else connected to the internet.
- A simple approach that can be tailored to any age:
  - A definition, so they’ll recognize what they’re seeing.
  - A warning, so they’ll have reasons to reject it.
  - A plan, so they’ll be ready to respond and not get caught off guard.

Defend Young Minds
https://www.defendyoungminds.com/?utm_source=convertkit&utm_medium=email&utm_campaign=Your+Quick+Start+Guide+is+Here%21%20-%204791467
Educating Children About Porn

**Definition example:**
- For children 7 and younger (or before the sex talks begin): “Bad pictures show the private parts of the body we keep covered with a swimsuit. These parts are meant to be kept private.”
- For children after they have learned about sex: “Pornography is material specifically designed to arouse sexual feelings in people by nudity, sexual behavior, or sexual information in any media.”

**Warning example:**
- Porn influences children to objectify themselves in sexual ways.
- Porn disrupts normal childhood development and brain development.
- Porn teaches attitudes about sex. Instead of love, trust and intimacy, children may learn that sex is degrading, violent and focused on performance.
- Porn use can lead to increased risk of child-on-child harmful sexual behavior.
  - Children are imitative by nature.

**Plan example:**
- This plan should include specific steps to:
  - Deal with the initial exposure to porn
  - Minimize the shocking memories that keep popping back up in a child’s mind

[Defend Young Minds](https://www.defendyoungminds.com/?utm_source=convertkit&utm_medium=email&utm_campaign=Your+Quick+Start+Guide+is+Here%21-%204791467)

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**Adult Use of Pornography**

- Pornography can be a very controversial subject.
- Opponents argue that it can ruin marriages, lead to sexual addiction or other unhealthy behaviors, and encourage sexual aggression.
  - 56% of divorce cases involve one party having an obsessive interest in online porn.
- Proponents claim that erotica can enhance sex lives and provide a safe recreational outlet.
  - 70% of young men ages 18-24 visit pornographic websites on at least a monthly basis.
- According to the American Psychological Association,
  "Whether or not you think it’s moral, the fact is, people like porn. Various international studies have put porn consumption rates at 50 percent to 99 percent among men, and 30 percent to 86 percent among women, according to Gert Martin Hald, PhD, and colleagues in The APA Handbook of Sexuality and Psychology (Vol. 2)."

[Is Pornography Addictive](https://www.apa.org/monitor/2014/04/pornography)
Affordability, Accessibility & Anonymity

- **Affordability** - Pornography can be viewed for free.
- **Accessibility** - Convenience.
  - Laptops, phones, tablets, and TV make porn within reach at any given moment of any given day.
- **Anonymity** - Watching porn is (usually) an anonymous experience.
  - No one sees you.
  - No one knows your name.
  - You can find pornography without creating a log on or giving your name or email address.

Brief Background on Pornography: https://scholarsarchive.byu.edu/cgi/viewcontent.cgi?article=1016&context=intuition

Pornography and Anxiety

- In 2020, researchers at Steubenville University wanted to explore the connection between porn and mental health.
- They conducted an anonymous survey of over 1,000 students and asked questions about their porn use.
  - How long had they been viewing it? How often?
- Over 56% identified as lifetime porn users. Of these lifetime porn users, 20% reported severe or extremely severe levels of anxiety—significantly higher than the rest of the student population.

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Sexual Dysfunction

- A 2015 study on high school seniors found that Internet pornography use frequency correlated with low sexual desire.
  - those who consumed Internet pornography more than once a week
    - 16% reported low sexual desire
    - compared with 0% in non-consumers
  - less than once a week
    - 6% for those who consumed less than once a week

- Another 2015 study of men (average age 41.5) seeking treatment for hypersexuality, who masturbated ("typically with very frequent pornography use") seven or more hours per week
  - 71% had sexual dysfunctions
  - 33% reporting difficulty orgasming

Can Pornography Use Be “Healthy”? 

- Under the right circumstances, it can be a learning experience and can add excitement.
  - Porn can be used positively or negatively.
- The keys to the development of positive, healthy sexuality is understanding your own desires and honestly communicating them to your partner.
- According to public health researcher and porn literacy advocate Emily Rothman, “Pornography can have a positive influence on individual’s sexual wellness, mental health, relationships, body acceptance, self-esteem, sexual knowledge, increase safer sex behavior, and self-acceptance in gay, lesbian, bisexual and other sexual minority individuals.”

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10/09/23
Online Dating

- Online dating platforms have become very popular.
- Most online daters claim that it’s “somewhat easy” to find compatible partners.
- Dating app revenue was $5.61 billion in 2021, even though Tinder — the most popular app — has a free version.
- Tinder is the go-to dating platform nowadays, but it has strong competition in rivals like Bumble and Hinge.
- According to the online statistics gathered by The Business of Apps…

Determining Problematic Behavior

- Diagnostic Interview
- Collateral Information
- Self-report Measurements
- Identifying the presence of “clinical distress or impairment"
Diagnostic Interview – Excessive Tech

<table>
<thead>
<tr>
<th>Item</th>
<th>Standardized Representative Questions</th>
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<tbody>
<tr>
<td>1. Cognitive salience</td>
<td>Even if you are not using tech, do you spend a lot of time thinking about tech or planning what to do next?</td>
</tr>
<tr>
<td>2. Withdrawal</td>
<td>Do you experience restlessness, irritability, depression, anxiety, sadness, etc. when you reduce, stop, or do not tech?</td>
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<tr>
<td>3. Tolerance</td>
<td>Do you want to spend more time, find more interesting things, or use better equipment such as cell phones or computers to make it feel as fun as before?</td>
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<tr>
<td>4. Difficulty in regulating use</td>
<td>Do you feel you should reduce tech use, but cannot reduce the time you spend?</td>
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<td>5. Decrease in other activities</td>
<td>Because of tech use, are you less interested in participating in other leisure activities such as hobbies or meeting friends?</td>
</tr>
<tr>
<td>6. Persistent use despite negative consequences</td>
<td>Despite negative consequences, such as lack of sleep time, being late to school or work, spending too much money, debating with other people, or neglecting important things, do you continue tech use?</td>
</tr>
<tr>
<td>7. Deceiving</td>
<td>Do you lie or hide how much time you spend on tech to your family or friends?</td>
</tr>
<tr>
<td>8. Escape of negative feelings</td>
<td>Do you use tech to avoid/relieve negative feelings? Do you use tech to forget unpleasant moods (e.g., helplessness, depression, guilt, anxiety, etc.)?</td>
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<tr>
<td>9. Interference with role performance</td>
<td>Have you ever had difficulties in important settings (interpersonal, career, and academic) due to tech use?</td>
</tr>
<tr>
<td>10. Craving</td>
<td>Do you have a strong desire to engage in tech related activities? Use tech difficult to tolerate?</td>
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</tbody>
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Excessive Tech Use?

- **Increased use**: You need to spend increasing amounts of time online to achieve satisfaction, or you cannot keep from checking incoming emails or texts constantly.
- **Inability to stop**: You can’t cut back on your Internet use or checking your phone, even after several attempts.
- **Withdrawal symptoms**: You feel restless, moody, depressed or irritable when you attempt to stop or cut down Internet or phone use.
- **Lost sense of time**: You can consider it a problem if it happens to you consistently when you’re using your phone, tablet or computer, and you’re also experiencing some of the other symptoms on this list.
- **Preoccupation**: You think constantly about previous device or online activity or keep looking forward to the next time.
- **Risky behaviors**: You jeopardize a significant relationship, job or educational or career opportunity because of Internet or electronic device use.
- **Lies**: You lie to family members, a therapist or others to conceal the extent of your Internet involvement.
- **Escape**: You use the Internet as a way to avoid thinking about problems or to suppress depression or feelings of helplessness.
Problematic Sexual Behavior?

Questions to assess PSB:
Are you keeping your commitments?
Are you living in line with your values?
Are you experiencing consequences?
Are you in control of the behavior?

Self-Report Measurements

- Excessive Tech Use
  - Internet Gaming Disorder Scale–Short-Form (IGDS9-SF) (Pontes & Griffiths, 2015)
  - Brief Internet Gaming Screen (BIGS) by Cosette Rae, MSW, LICSW, ACSW
  - Internet Addiction Test (IAT) and the Internet Addiction Test for Families (IAT-F) by Dr. Kimberly Young
  - Diagnostic Classification Test for internet Addiction (the DCT-IA)

- Problematic Sexual Behavior
  - Problematic Pornography Consumption Scale (PPCS)
  - Problematic Pornography Use Scale (PPUS)
  - Short Internet Addiction Test Adapted to Online Sexual Activities (s-IAT-sex)
  - Adolescent Clinical Sexual Behavior Inventory – Self Report (ACSBI-S)
Interventions – Tech Monitors

• Bark (For Parents)
  • Monitors texts, email, YouTube, and 30+ apps and social media platforms for signs of issues like cyberbullying, sexual content, online predators, depression, suicidal ideation, threats of violence, and more.
  • Parents receive email and text alerts when Bark detects potential issues

• Covenant Eyes
  • Specific for pornography

• Settings on devices

What Treatment Looks Like

• Both problematic behaviors should be addressed.
  • Be curious and non-judgmental.
• While support through restrictions/accountability is provided, explore the underlying reasons for the behaviors.
  • What fueled the progression of the behavior?
  • What emotions are difficult for the individual to experience?
  • What does the problematic behavior accomplish?
• Encourage healthy behaviors to meet identified needs.
• Focus on Harm Reduction
Harm Reduction Plans

- Most often begins with abstinence.
- Collaborate to create guidelines.
- Identify “Internal warning signs”, “External warning signs” and “Red flags”
- Share the plan.
- How does their support system effectively share concerns?
- Create an action plan to re-evaluate if this plan is not working.
- The most effective plans are collaborative and dynamic.

Resources

- The Center for Internet and Technology Addiction
- reStart Life (Tech Addiction)
- The Society for the Advancement of Sexual Health
- National Center on the Sexual Behavior of Youth
- National Coalition for Sexual Health
The Merge of Tech Addiction and Sex Addiction

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Connect with me!

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