

CLINICAL BLIND SPOTS: behavioral addictions

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The biggest barriers to recognizing and effectively treating addictions are...

1. *Our own unrecognized and untreated addictions, including codependency (as providers)*
2. *Lack of adequate training on addictions, enabling, and the connection to underlying trauma*
3. *Failure to refer to specialists when we are outside our scope of practice*
4. *Failure to refer to higher level of care when needed*

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Gambling Disorder DSM-5, 2013

- A. Persistent and recurrent problematic gambling behavior leading to clinically significant impairment or distress, as indicated by the individual exhibiting four (or more) of the following in a 12-month period.
1. Needs to gamble with increasing amounts of money in order to achieve the desired excitement.
 2. Is restless or irritable when attempting to cut down or stop gambling.
 3. Has made repeated unsuccessful efforts to control, cut back, or stop gambling.
 4. Is often preoccupied with gambling (i.e. having persistent thoughts of reliving past gambling experiences, handicapping or planning the next venture, thinking of ways to get money with which to gamble).
 5. Often gambles when feeling depressed (e.g. helpless, guilty, anxious, depressed).
 6. After losing money gambling, often returns another day to get even("chasing" one's losses).
 7. Lies to conceal the extent of involvement with gambling.
 8. Has jeopardized or lost a significant relationship, job, or educational or career opportunity because of gambling.
 9. Relies on others to provide money to relieve desperate financial situations caused by gambling.
- B. The gambling behavior is not better explained by a manic episode.

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Compulsive buying/shopping refers to the continued repetition of a behavior despite adverse consequences. The compulsions are fueled by the obsessions (e.g., intrusive thoughts). Compulsive buying/shopping is characterized by an excessive preoccupation or poor impulse control with shopping, and adverse consequences, like marital conflict and financial problems.

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Compulsive Buying/Shopping

- About 6% of the U.S. population can be said to have compulsive buying behavior with 80% of compulsive buyers being women. Many women have been socialized from a very young age to enjoy shopping with their mothers and friends (Workman & Paper, 2010). However, compulsive buying behavior is likely to increase for men with the evolution of digital commerce. It is much faster and easier now to find what you are looking for.
- Compulsive spending frequently co-occurs with other mental illnesses like depression, anxiety, and eating disorders. Unlike other addictions, which take hold in the teens, spending addictions mostly develop in the 30s when people achieve financial independence.

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- Impulse purchases
- Buyers high
- Shopping to dampen unpleasant emotions
- Guilt and remorse
- The pain of paying

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Interventions

- How to manage the urge to spend...
 - The most effective intervention is to identify "the drivers" for shopping and how it initially became a problem.
 - A useful strategy is to keep track of triggers (negative emotions such as family conflict, anxiety, or loneliness).
 - One needs to be reminded that additional material goods and services initially provide pleasure/reward/relief, but it is usually temporary.
 - It is also helpful to emphasize the importance of managing credit cards or getting rid of credit cards. It is a known fact that the use of cash tends to reduce excessive spending.

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EATING DISORDERS

- Eating disorders are linked with both genetics and situational factors. Cultural obsession with thinness as evidenced in media and advertising is thought to play a role. Ten times more females than males are affected by some type of eating disorder. In addition, these disorders often develop early in adolescence or young adults. People who have experienced sexual abuse have a higher risk of developing an eating disorder. The good news is that over 70-percent of people diagnosed with anorexia, 50-percent of those diagnosed with bulimia, and 40-percent or more of those with binge eating disorder will make a full recovery...

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EMOTIONAL EATING

- Eating Out of Boredom
- Social Eating
- Comfort Foods
- Eating to Alleviate Stress
- Eating to Feel Loved

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- **Overeating When Depressed**
- **Undereating When Depressed**
- **Binge Eating**
- **Cravings**

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FOOD

- A food addiction is any disorder characterized by a preoccupation with food. Among the disorders associated with food addiction are anorexia, bulimia, and compulsive eating. Food addicts gain pleasure from the anticipation, availability, and ingestion of food
- Food addicts can also be obsessed with the amount of food they eat, the kind of food they eat, with body weight, and image
- Early detection of a food addiction is vitally important for change and recovery

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FOOD ADDICTION SYMPTOMS

- Obsessed with thoughts about food.
- Eats to relieve worry or stress.
- Eats until they feel sick.
- Feels anxious while eating.
- Worries or feels anxious while eating which results in more eating.
- Overeats because the food is there.
- Eats too fast so they can eat more.
- Eats everything on the plate even when they feel full.
- Feels guilty when they overeat.
- Hides food so they can eat in secret away from other people.
- Goes on a food binge after dieting or after trying to cut back.
- Does not like the feeling of being hungry.
- Sees food as something to be avoided or as harmful.

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- Social media dramatically changed the way we communicate, socialize, and make and maintain relationships/friendships.
- It's no big secret that connecting via texting, Instagram, Snapchat, and Facebook can include harsh judgments and comparisons.
- Connection is key when it comes to relationships in a modern world. The single best thing you can do for self is make time for face-to-face connections and simply be present.
- While a smartphone, tablet, or computer can be a hugely productive tool, compulsive use of these devices can interfere with work, school, and relationships.
- Digital device addiction, sometimes colloquially known as "nomophobia" (fear of being without a mobile phone), is often fueled by an Internet overuse problem.

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- **Virtual relationships**
- **Information overload**
- **Cybersex addiction**
- **Online compulsions**

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Smartphone or Internet Addiction Can Also Negatively Impact Your Life By:

- Fear of Missing Out
- Poor Impulse Control
- Increasing Stress
- Fueling Anxiety
- Increasing Loneliness and Depression
- Exacerbating Attention Deficit Disorders
- Diminishing Your Ability to Concentrate and Think Deeply or Creatively
- Disturbing Sleep Patterns
- Encouraging Self-Absorption

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Strategies for Smartphone/Internet Addictions

- Recognize and manage urges/cues/triggers
- Understand the differences between face-to-face interaction and online actions
- Build coping strategies
- Identify underlying problems or compulsions
- Interaction Disorder understanding

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Are Internet use and video-game-playing addictive behaviors? Biological, clinical and public health implications for youths and adults

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Abstract

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• Internet use and video-game playing are experiencing rapid growth among both youth and adult populations. Research suggests that a minority of users experience symptoms traditionally associated with substance-related addictions. Mental health professionals, policy makers and the general public continue to debate the issue of Internet addiction (IA) and problematic video-game playing (PVG). This review identifies existing studies into the clinical and biological characteristics of these disorders that may help guide decisions as to whether or not IA and PVG should be grouped together with substance use disorders (SUDs).

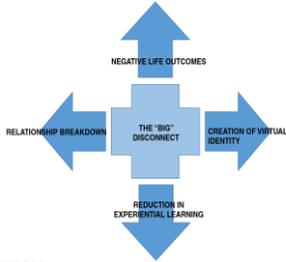
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Internet Gaming Disorder/Proposed Criteria DSM-5, 2013

- A. Persistent and recurrent use of the Internet to engage in games, often with other players, leading to clinically significant impairment or distress as indicated by five (or more) of the following in a 12-month period.
 1. Preoccupation with Internet games.
 2. Withdrawal symptoms when Internet gaming is taken away.
 3. Tolerance—the need to spend increasing amounts of time engaged in Internet games.
 4. Unsuccessful attempts to control the participation in Internet games.
 5. Loss of interests in previous hobbies and entertainment as a result of, and with the exception of, Internet games.
 6. Continued excessive use of Internet games despite knowledge of psychosocial problems.
 7. Has deceived family members, therapists, or others regarding the amount of Internet gaming.
 8. Use of Internet games to escape or relieve a negative mood.
 9. Has jeopardized or lost a significant relationship, job, or educational or career opportunity because of participation in Internet games.
- There are no well-researched subtypes for Internet gaming disorder to date. Internet gaming disorder most often involves specific Internet games, but it could involve non-Internet computerized games.

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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.

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Instilling Hope, Inspiring Connection



- Increasing connection to what matters most to each individual.
- Reconnect to the activities of life. Participate in a community of like-minded individuals for support.
- Improve overall physical, emotional and overall health and well-being.
- Reduce the risk factors leading to problematic use.

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Workaholic

- The term generally implies that the person enjoys their work
- Can also imply that they simply feel compelled to do it
- There is no generally accepted medical definition, although some forms of stress, impulse control disorder, obsessive-compulsive personality disorder and obsessive-compulsive disorder can be work-related
- Workaholism is not the same as working hard
- Although the term workaholic usually has a negative connotation, it is sometimes used by people wishing to express their devotion to one's career in positive terms

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Workaholics Anonymous

The Twenty Questions

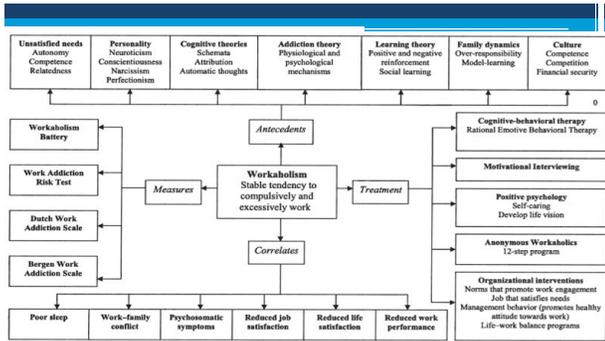
- Are you more drawn to your work or activity than close relationships, rest, etc.?
- Are there times when you are motivated and push through tasks when you don't even want to and other times when you procrastinate and avoid them when you would prefer to get things done?
- Do you take work with you to bed? On weekends? On vacation?
- Are you more comfortable talking about your work than other topics?
- Do you pull all-nighters?
- Do you resent your work or the people at your workplace for imposing so many pressures on you?
- Do you avoid intimacy with others and/or yourself?
- Do you resist rest when tired and use stimulants to stay awake longer?
- Do you take on extra work or volunteer commitments because you are concerned that things won't otherwise get done?
- Do you regularly underestimate how long something will take and then rush to complete it?

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- Do you immerse yourself in activities to change how you feel or avoid grief, anxiety, and shame?
- Do you get impatient with people who have other priorities besides work?
- Are you afraid that if you don't work hard all the time, you will lose your job or be a failure?
- Do you fear success, failure, criticism, burnout, financial insecurity, or not having enough time?
- Do you try to multitask to get more done?
- Do you get irritated when people ask you to stop doing what you're doing in order to do something else?
- Have your long hours caused injury to your health or relationships?
- Do you think about work or other tasks while driving, conversing, falling asleep, or sleeping?
- Do you feel agitated when you are idle and/or hopeless that you'll ever find balance?
- Do you feel like a slave to your email, texts, or other technology?

• If you answered "yes" to three or more of these questions, you may be a workaholic. Relax. You are not alone. Many have found recovery through the W.A. fellowship.

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Sex Addiction Criteria

1. Have you repeatedly failed to resist sexual impulses to engage in specific sexual behavior?
2. Have you frequently engaged in those behaviors to a greater extent or cover a longer period of time?
3. Do you have a long-standing desire, or a history of unsuccessful efforts to stop, reduce, or control those behaviors?
4. Have you spent excessive time in obtaining sex, being sexual, or recovering from sexual experiences?
5. Do you become obsessed with preparing for sexual activities?

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6. Have you frequently engaged in sexual behavior at times when you were expected to be fulfilling occupational, academic, domestic, or social obligations?
7. Have you continued your sexual behavior despite knowing it has caused or exacerbated persistent or recurrent social, financial, psychological, or physical problems for you?
8. Do you need to increase the intensity, frequency, number or risk of sexual behaviors to achieve desired effect, or do you experience diminished effect, when continuing behaviors at the same level of intensity, frequency, number, or risk?
9. Have you given up or limited social, occupational, or recreational activities because of your sexual behavior?
10. Do you become upset, anxious, restless, or irritable if you are unable to engage in sexual behavior?

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Clinical Presentation

- Not candid about behavior
- Conceal severity, escalation factor
- When the client does seek help:
 - evidence of a long-term problematic sexual behavior
 - other addictions may present first
 - may involve abuse of power
- Clinical presentation centers on
 - loss of control
 - adverse life events as consequence

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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
- Boundary Violations / Sexual Harassment
- Multiple Affairs / Anonymous Infidelity
- Abusing Power Relationships for Sex - Predatory

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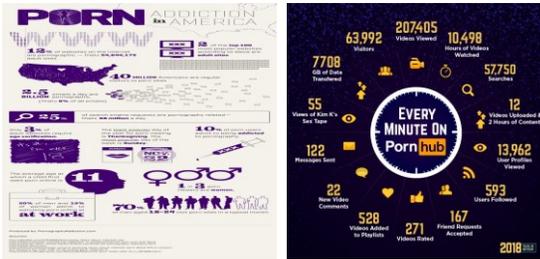
What makes online sex so popular and so exciting?

- ✓ *Accessibility*
- ✓ *Affordability*
- ✓ *Anonymity*

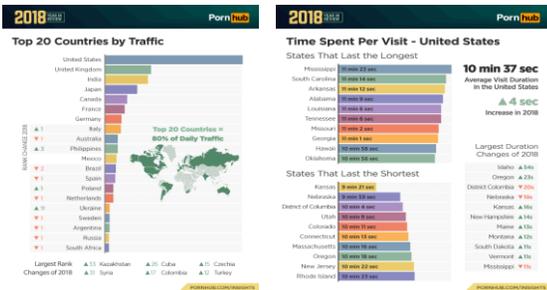
Triple-A Engine, Al Cooper, 1998

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Pornography



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DIMENSIONS OF ADDICTION INTERACTION DISORDER

- **CROSS TOLERANCE**
 - ADDICTIVE BEHAVIOR SIMULTANEOUSLY ESCALATES FOR TWO OR MORE ADDICTIVE BEHAVIORS.
 - INTENSE ADDICTIVE BEHAVIOR SHIFTS TO A NEW ADDICTION WITH MINIMUM OR NO DEVELOPMENTAL SEQUENCE.
- **WITHDRAWAL MEDIATION**
 - ONE ADDICTIVE BEHAVIOR IS USED TO HELP MODERATE, AVOID OR RELIEVE WITHDRAWAL FROM ANOTHER.

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•REPLACEMENT

◦ ONE ADDICTIVE BEHAVIOR TAKES THE PLACE OF ANOTHER.

•ALTERNATING ADDICTION CYCLES

◦ ADDICTIVE BEHAVIOR ALTERNATE OR COME AND GO IN PATTERNS OR SEQUENCES.

•MASKING

◦ THE ADDICT USES ONE ADDICTIVE BEHAVIOR TO HIDE ANOTHER.

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•RITUALIZING

◦ ADDICTIVE ACTS LEAD TO INITIATE ANOTHER ADDICTIVE BEHAVIOR.

•INTENSIFICATION

◦ ADDICTIVE BEHAVIORS ARE USED IN TANDEM TO INCREASE, SUPPLEMENT OR REFINE EACH OTHER.
• FULL FUSION
• PARTIAL FUSION
• BINGE FEATURES

•NUMBING

◦ ADDICTIVE BEHAVIOR IS USED TO EASE THE PAIN OF ANOTHER ADDICTIVE BEHAVIOR OR BINGE.

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•DISINHIBITING

◦ ONE ADDICTIVE BEHAVIOR IS USED TO REDUCE INHIBITIONS SO THEY CAN EXPERIENCE OTHER ADDICTIVE BEHAVIORS.

•COMBINING

◦ ADDICTIVE BEHAVIOR ARE USED IN AN ATTEMPT TO ACHIEVE A CERTAIN "HIGH" OR TO KEEP THE "HIGH" GOING FOR AS LONG AS POSSIBLE.

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THANK YOU
