Defining, Identifying and Treating Process Addictions

Presented by

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Definitions

- **Process addictions** – a group of disorders that are characterized by an inability to resist the urge to engage in a particular activity.

- **Behavioral addiction** is a form of addiction that involves a compulsion to repeatedly perform a rewarding **non-drug-related behavior** – sometimes called a **natural reward** – despite any negative consequences to the person's physical, mental, social, and/or financial well-being. Behavior persisting in spite of these consequences can be taken as a sign of addiction.

As of 2011 ASAM recognizes process addictions in its formal addiction definition:

Addiction is a primary, chronic disease of pain reward, motivation, memory, and related circuitry. Dysfunction in these circuits leads to characteristic biological, psychological, social, and spiritual manifestations. This is reflected in an individual pathologically pursuing reward and/or relief by substance use and other behaviors.
An addictive personality may be defined as a psychological setback that makes a person more susceptible to addictions. This can include anything from drug and alcohol abuse to pornography addiction, gambling addiction, Internet addiction, addiction to video games, overeating, exercise addiction, workaholism and even relationships with others (Mason, 2009).

Experts describe the spectrum of behaviors designated as addictive in terms of five interrelated concepts which include:

- patterns
- habits
- compulsions
- impulse control disorders
- physiological addiction

Such a person may switch from one addiction to another, or even sustain multiple overlapping addictions at different times (Holtzman, 2012).
Psychological Factors

Alan R. Lang has done much research on personality traits that play into addiction. While his research found that there is no single set of traits that is definitive of an “addictive personality”, he did find several “significant personality factors”. These main factors are:

- impulsivity
- value on nonconformity combined with weak commitment to socially valued goals for achievement
- sense of social alienation and tolerance for deviance
- heightened stress and lack of coping skills
Addiction Commonalities

- Process addictions share SOME significant commonalities with substance use disorders, including the experience of excitement or anxiety preceding the activity, pleasure doing the activity, and time spent recovering from the activity.
DSM-5 Criteria – Substance Use Disorder

A maladaptive pattern of substance use leading to clinically significant impairment or distress, as manifested by 2 (or more) of the following, occurring within a 12-month period:

- Recurrent substance use resulting in a failure to fulfill major role obligations at work, school, or home
- Recurrent substance use in situations in which it is physically hazardous
- Continued substance use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of the substance
- Tolerance, as defined by either of the following: a). a need for markedly increased amounts of the substance to achieve intoxication or desired effect b). markedly diminished effect with continued use of the same amount of the substance
- Withdrawal, as manifested by either of the following: a). the characteristic withdrawal syndrome for the substance. b). the same (or a closely related) substance is taken to relieve or avoid withdrawal symptoms
- The substance is often taken in larger amounts or over a longer period than was intended
- There is a persistent desire or unsuccessful efforts to cut down or control substance use
- A great deal of time is spent in activities necessary to obtain the substance, use the substance, or recover from its effects
- Important social, occupational, or recreational activities are given up or reduced because of substance use
- The substance use is continued despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by the substance
- Craving or a strong desire or urge to use a specific substance

*Diagnostic and Statistical Manual of Mental Disorders, 5th Edition*
DSM-5 Criteria – Gambling Disorder

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:

- Needs to gamble with increasing amounts of money in order to achieve the desired excitement.
- Is restless or irritable when attempting to cut down or stop gambling.
- Has made repeated unsuccessful efforts to control, cut back, or stop gambling.
- Is often preoccupied with gambling (e.g., having persistent thoughts of reliving past gambling experiences, handicapping or planning the next venture, thinking of ways to get money with which to gamble).
- Often gambles when feeling distressed (e.g., helpless, guilty, anxious, depressed).
- After losing money gambling, often returns another day to get even (“chasing” one’s losses).
- Lies to conceal the extent of involvement with gambling.
- Has jeopardized or lost a significant relationship, job, or educational or career opportunity because of gambling.
- Relies on others to provide money to relieve desperate financial situations caused by gambling.

The gambling behavior is not better explained by a manic episode.

Diagnostic and Statistical Manual of Mental Disorders, 5th Edition
Dr. Aviel Goodman, director of the Minnesota Institute of Psychiatry in St. Paul, USA, proposed a maladaptive pattern of behavior, leading to clinically significant impairment or distress, as manifested by at least three of the following, occurring at any time in the same 12-month period:

- Tolerance, as defined by either of the following:
  - a need for markedly increased amount or intensity of the behavior to achieve the desired effect
  - markedly diminished effect with continued involvement in the behavior at the same level or intensity
- Withdrawal, as manifested by either of the following:
  - characteristic psychophysiological withdrawal syndrome of physiologically described changes and/or psychologically described changes upon discontinuation of the behavior
  - the same (or a closely related) behavior is engaged in to relieve or avoid withdrawal symptoms
- The behavior is often engaged in over a longer period, in greater quantity, or at a higher intensity than was intended
- There is a persistent desire or unsuccessful efforts to cut down or control the behavior
- A great deal of time spent in activities necessary to prepare for the behavior, to engage in the behavior, or to recover from its effects
- Important social, occupational, or recreational activities are given up or reduced because of the behavior
- The behavior continues despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by the behavior
Shared Characteristics

Of Process Addictions and Substance Addictions:

- Continued participation in the behavior despite adverse consequences
- Diminished control
- Cravings
- A hedonic quality during the performance of the behavior
- Adolescent or young-adult onset
- Chronic relapsing patterns
- A significant spontaneous remission rate
- Increased tolerance
- A dysphoric state when abstaining
- Evidence of physiologic withdrawal symptoms
Abstinence vs. Adaptiveness

In process addiction treatment the goal is to **identify** and **implement** healthy, adaptive behaviors to replace unhealthy obsessive thoughts and compulsive behaviors.
What is known and not yet known about process addictions?

- There is currently a lot more known about substance use disorders than process addictions.
- Gambling disorder is so far the best understood and most researched process addiction.
- There is strong evidence that a variety of neurotransmitters are involved.
- Like substance use disorders, process addictions make use of mesolimbic and mesocortical neural pathways.
- Even though different process addictions are categorized in different parts of the DSM-5 (or not at all) there is growing evidence pointing to sufficient similarities on both chemical and neurological grounds that suggest a common etiology.
- Parkinson’s disease provides and interesting lens through which to study at least some of process addictions.
- There are a variety of treatment modalities for process addictions.
- The understanding of process addictions is still in its infancy.
The role of dopamine appears central to process disorders at this time. In substance use dopamine is released in response to the exposure to addictive chemicals in certain parts of the brain to produce euphoria or a reward. In dopamine studies on gambling, however, dopamine is actually released in expectation of the reward but not necessarily with the task of gambling itself.

Both dopamine agonists and antagonists have been linked to compulsive gambling behaviors.
• In Parkinson’s disease (and restless leg syndrome) research it has been shown that some patients treated with dopamine agonist medications – especially those that stimulate the D2 and D3 receptor subtypes – develop a variety of process addictions even if they never exhibited similar behaviors in the past.

• The D2 receptor responds to dopamine, a neurotransmitter that is released in the brain by pleasurable experiences like food or sex, or drugs like cocaine.

• Gambling, hypersexuality, binge eating, compulsive shopping/spending, skin picking, and addictive Internet use have been reported in these Parkinson’s patients.
Other likely neurotransmitters include:

• Glutamate (compulsiveness and cognitive inflexibility)
• Endogenous opioids (pleasure and urges)
• Serotonin (impulse control)
• Norepinephrine (arousal and excitement)
• Cortisol (stress)
The **mesolimbic** and **mesocorticol** circuits – pathways that mediate processes involved in substance use disorders – also are central to the process of repetitive behaviors in process addictions:

- Ventral tegmental area and nucleus accumbens (mediation of reward)
- Amygdala and hippocampus (memory)
- Substantia nigra and dorsal striatum (coordination of behavior and movement)
- Prefrontal cortex (executive function)

These pathways get “**hijacked**” by both addictive substances and behaviors over time.
One of the most important recent discoveries in addictions research has been the drug based reinforcement and, even more important, reward based learning processes.

Several structures of the brain are important in the conditioning process of behavioral addictions. One of the major areas of study includes the region called the amygdala, which involves emotional significance and associated learning.

Research shows that dopaminergic projections from the ventral tegmental area facilitate a motivational or learned association to a specific behavior.

The cycle that is created is considered the dopamine reward system.
Identifying Process Addictions

GAMBLING
SEX AND CYBERSEX * LOVE * PORNOGRAPHY
INTERNET USE * GAMING * SMART TECHNOLOGY
TANNING * EXERCISE * BODY BUILDING
DERMATILLOMANIA * TRICHOTILLOMANIA * KLEPTOMANIA
SHOPPING/SPENDING * BROWSING
COLLECTING/HOARDING * EATING AND FOOD
WORK * TRAVEL
TELEVISION * SOCIAL MEDIA
When an addict behaves mindlessly and irresponsibly while gambling, it can grow to be a bigger problem. A gambling addict goes through three stages:

The first is the "winning phase" in which the person can still control his or her own behavior.

Second comes the "losing phase" where the individual starts to gamble alone, borrowing cash and gambling large sums of money, compiling debt which he or she may not be able to pay off.

Finally, the "desperation phase" of the addictive gambler is when the person takes further risks, may engage in illegal loans and activities and may experience significant depression, anxiety, or attempt suicide.
Sexual addiction, also known as sex addiction, compulsive sexuality, or hypersexuality, is compulsive participation or engagement in sexual activity, despite negative consequences.

Cybersex (also called Internet sex) addiction manifests various behaviors: reading erotic stories, viewing, downloading or trading online pornography, online activity in adult fantasy chat rooms, adult gaming, cybersex relationships, masturbation while engaged in online activity that contributes to one's sexual arousal, virtual sex, and the online search for offline sexual partners or information about sexual activity.
Love is a feeling, which is strengthened by companionship and friendship. Obsession, on the other hand, is all about controlling and possessing your partner.

An uncontrolled urge to become obsessed with one's partner is termed love addiction.

Love addiction is also an addiction to romance. Novels, movies, chat rooms, and online relationships all have romance without physical intimacy in common.

Love Addiction
Characterized by compulsive, repeated use of pornographic material until it causes serious negative consequences to one's physical, mental, social, and/or financial well-being.

Addiction to Internet pornography is also a form of cybersex addiction. **Problematic Internet Pornography (PIP)** viewing is viewing of Internet pornography that is problematic for an individual due to personal or social reasons, including excessive time spent viewing pornography instead of interacting with others.

Depression, social isolation, career loss, decreased productivity, loss of interest in sex, and/or financial consequences are typical consequences of excessive pornography use.
Internet addiction (also known as Pathological Internet Use) has become more prevalent as computer technologies advance.

When people suffer from Internet addiction they are unable to control their use of the Internet. This can lead to psychological, social, school and work difficulties.

Those addicted to the Internet may be drawn to social networking sites, online games or excessive surfing.

Symptoms of this addiction include the following: mood changes, excessive time spent online, perceived social control while online, and withdrawal symptoms when away from the computer.

Internet Addiction
Video game addiction is the excessive or compulsive use of computer games or video games, which interferes with a person's everyday life.

Video game addiction may present as compulsive game-playing, social isolation, mood swings, diminished imagination in other areas of life, and hyper-focus on in-game achievements, to the exclusion of other events in life.

The American Psychiatric Association (APA) decided that enough evidence exists to propose the potential disorder of video game addiction as a "condition requiring further study" in the *Diagnostic and Statistical Manual of Mental Disorders* and are calling it *Internet Gaming Disorder.*
A recent study indicates that people who are addicted to their cell phones share common traits with those who suffer from other process and substance addictions.

Characteristics such as self-monitoring, low self-esteem, and peer approval motivation are commonly found in those who are addicted to their cell phones as well as those who suffer from any other addictions such as alcoholism.

Cell phones themselves can partly be blamed for causing addiction. Improvements in cell phones such as GPS, music players, cameras, web browsing, and e-mail can make them seem like an indispensable instrument to an individual.

Technological advancements reinforce the over-attachment people have to their cell phones, thus contributing to addictive use.
Obsessive and excessive sun tanning is another process addiction.

In a recent study, researchers have proved that many frequent tanners demonstrate signs and symptoms adapted from substance abuse or dependence criteria.

Many people who admit to being frequent tanners say they tan to look good, feel good, and to relax.

People who partake in excessive tanning are usually completely aware of the health risks associated with it, just like addicted smokers are completely aware of the health risks of smoking.

Due to the fact that the health risks do not deter tanners from their habit, they are exhibiting self-destructive behavior that resembles the characteristics of those who suffer from substance abuse.
Five indicators of exercise addiction:

- An increase in exercise that may be labeled as detrimental, or becomes harmful.

- A dependence on exercise in daily life to achieve a sense of euphoria; exercise may be increased as tolerance of the euphoric state increases.

- Not participating in physical activity will cause dysfunction in one's daily life.

- Withdrawal symptoms following exercise deprivation including anxiety, restlessness, depression, guilt, tension, discomfort, loss of appetite, sleeplessness, and headaches.

- High dependence on exercise causing individuals to exercise through trauma and medical conditions.

Key differences between healthy and addictive levels of exercise include the presence of withdrawal symptoms when exercise is stopped as well as the addictive properties exercise may have leading to a dependence on exercise.
RICH PIANA

"Been dieting for 8 weeks and doing 30 min. cardio gunning for USA in 3 months.
I’ve lost about 19 pounds from starting weight of 300.
I’ve decided to back out of show but going to continue to lean out.
I love bodybuilding more than anything else and that is the problem.
I am willing to do whatever it takes to win and I lose all perspective on everything else - family, wife, dogs, work, health, etc.
It’s an addiction I’ve had since the first time I stepped on stage at 16, that I’ve been fighting for the last 7 years.”
Excoriation disorder (also known as dermatillomania, skin-picking disorder, neurotic excoriation, acne excoriée, pathologic skin picking (PSP), compulsive skin picking (CSP), or psychogenic excoriation) is an impulse control disorder characterized by the repeated urge to pick at one's own skin, often to the extent that damage is caused.

Research has suggested that the urge to pick is similar to an obsessive compulsive disorder but others have argued that for some the condition is more akin to substance abuse disorder.
An impulse disorder characterized by the compulsive urge to pull out one's hair, leading to noticeable hair loss and balding, distress, and social or functional impairment.

Peak age of onset is 9 to 13. It may be triggered by depression or stress.

Common areas for hair to be pulled out are the scalp, eyelashes, eyebrows, legs, arms, hands, nose and the pubic areas.
The inability to refrain from the urge to steal items and is done for reasons other than personal use or financial gain.

First described in 1816, kleptomania is classified in psychiatry as an impulse control disorder.

Some of the main characteristics of the disorder, include:

- Recurring intrusion feelings
- An inability to resist the urge to steal
- A release of anxiety following the theft

The disorder is regularly associated with other psychiatric disorders, particularly anxiety and eating disorders, and alcohol and substance abuse.

Kleptomania
According to Shopaholics Anonymous, there are several different types of shopaholics:

- Compulsive shopaholics who shop when they are feeling emotional distress
- Trophy shopaholics who are always shopping for the perfect item
- Shopaholics who want the image of being a big spender and love flashy items
- Bargain seekers who purchase items they don’t need because they are on sale
- Bulimic shoppers who get caught in a vicious cycle of buying and returning
- Collectors who don’t feel complete unless they have one item in each color or every piece of a set

When I shop, the world gets better, and the world is better, but then it's not, and I need to do it again.
If this isn’t already a recognized process addiction it should be!!!!

**Window shopping** is a term referring to the browsing of goods by a consumer with no intent to purchase, either as a recreational activity or to plan a later purchase.

**Showrooming**, the practice of examining merchandise in a traditional brick and mortar retail store without purchasing it, but then shopping online to find a lower price for the same item, has become an increasingly prevalent problem for traditional retailers as a result of online competitors.

**Browsing** meets the criteria where a trance-like state occurs and more time is spent on the activity than originally intended (at least for me).
**Hoard**ing is a general term for a behavior that leads people or animals to accumulate food or other items during periods of scarcity.

A hoarding addiction is a pattern of behavior that is characterized by the excessive acquisition of and inability or unwillingness to discard large quantities of objects that cover the living areas of the home and cause significant distress or impairment.

Collecting can become an addiction when excessive time, money and space is devoted to the acquiring and maintenance of the collection.
Addictive behaviors include eating disorders such as anorexia, bulimia, compulsive overeating, and different types of food restricting.

There are many external factors that also contribute to disordered eating behavior, but there are several criteria shared with other substance and process addictions.

During any month in America between 6 and 15 million people binge eat out of control (NIMH) and 1 in 3 adults – 40 million people - is considered clinically obese, along with 1 in 6 children (NIDDK, 2014).
Characterized by spending time devoted to work that creates a neglect of family and other social relations and obligations.

People considered to be workaholics tend to lose track of time - voluntarily or involuntarily. For example, subjects might proclaim that they will spend a certain amount of time (e.g. 30 minutes) on their work, while those "30 minutes" ultimately become hours.

Researchers have found that in many cases, incessant work-related activity continues even after impacting the subject's relationships and physical health.

Causes of workaholism are thought to be anxiety, low self-esteem and intimacy problems.

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.

Workaholism
Also known as **Hypermobility**.

Hypermobile travelers are highly mobile individuals who take frequent trips, often over great distances. They account for a large share of the overall miles travelled, especially by air. These people contribute significantly to the overall amount of air miles flown within a given society.

The shift from feet and bicycles to cars and planes has increased the speed of travel fivefold since 1950.

Some of the social threats of hypermobility include:

- More polarization between social classes
- Reduced health and fitness
- Cross Addiction

Widespread Internet use is seen as a contributory factor towards hypermobility due to the increased ease which it enables travel to be desired and organized.

**Compulsive / Binge Travel**
According to research:

- Children and teens 8 to 18 years spend nearly 4 hours a day in front of a television screen and almost 2 additional hours on the computer (outside of schoolwork) and playing video games.
- Children under age 6 watch an average of about 2 hours of screen media a day, primarily television and videos or DVDs.
- Two-thirds of infants and toddlers watch a screen an average of 2 hours a day.
- Kids who consistently spend more than 4 hours per day watching television are more likely to be overweight.

According to the AAP, children in the United States see 40,000 commercials each year.
“The accessibility of cameras and photos has led to social media becoming the monster that it is now. People are constantly uploading photos to their Facebook pages, Instagram, Tumblr, and Pinterest.

People, including myself, feel the need to show people what they have, and when you display what you have, subconsciously, you feel like you need something to prove.

Social media has made us addicts and it is time that we all go through some kind of addiction counseling. I keep telling myself that I won’t constantly look for new blog posts to read or that I won’t update a status on Facebook or post a photo on Instagram.

It’s so hard to stop it. I know that when I get bored, I check Facebook, just to see if I’ve missed any crazy status updates. I know that I have to get this in check.”

Anonymous on Schmommy.com 4/15/2015
Who’s at Risk?

Many risk factors are involved.

- A pre-existing substance abuse problem is by far the number one correlate with people suffering from process addictions.
- Abstinence from a substance can lead to a cross-addiction pattern of behaviors wherein the individual seeks out another way to arouse, escape, numb, fantasize or deprive.
- Other factors associated with process addictions include trauma, preexisting psychiatric issues, poverty, age, gender, culture, and poor impulse control.
- Neglect and abuse issues in childhood are linked to negative life experiences as adults that in turn may include addictive issues.
Treating Process Addictions

**DO A THOROUGH INTAKE**

* CONDUCT PROPER AND EVIDENCE-BASED ASSESSMENTS TO BREAK THROUGH DENIAL AND CYA

* FOLLOW STANDARDIZED TREATMENT PROTOCOLS

* BOTH INDIVIDUAL AND GROUP THERAPY ARE RECOMMENDED

* INCORPORATE 12-STEP INVOLVEMENT (SLAA, E/DO, GA, DA, ETC.)

* INSIST ON CLIENT GETTING A SPONSOR

* SPECIALIZED TRAINING IS CRUCIAL

* LITIGIOUS SUITS/INVOLVEMENT IS COMMON
Alternating Cycles

Addictions cycle back and forth in a patterned, systematic way.

- Example: Single woman is anorexic and promiscuous. She gets married and is sexually anorexic and eats compulsively. Gains weight, gets divorced and becomes anorexic and promiscuous again. Over and over…
Gambling Disorder Treatment

- **Cognitive-behavioral therapy** for problem gambling focuses on changing unhealthy gambling behaviors and thoughts, such as rationalizations and false beliefs. It also teaches problem gamblers how to fight gambling urges, deal with uncomfortable emotions rather than escape through gambling, and solve financial, work, and relationship problems caused by the addiction.

- The goal of treatment is to “rewire” the addicted brain by thinking about gambling in a new way. A variation of cognitive behavioral therapy, called the **Four Steps Program**, has been used in treatment of compulsive gambling. The goal is to change your thoughts and beliefs about gambling in four steps; *re-label, reattribute, refocus, and revalue.*
Gambling Disorder Treatment

First, conduct a thorough intake - including assessments for gambling, mood, and personality disorders.

Then throughout therapy goals include:

- Identify money/gambling triggers
- Complete various behavioral worksheets
- Create and implement contracts
- Work on past trauma
- Work on monetized rage – examples
- Learn about money management
- Create, implement and maintain budgets

As a part of therapy the client:

- Installs spending and saving apps
- Installs Internet Blocks when applicable
- Attends Gamblers Anonymous (GA) or Debtors Anonymous (DA) meetings
- Attends group therapy
Gambling Disorder Treatment

CBT – the therapy specifically targets the cognitive distortions associated with the disorder. Patients are taught to restructure distortions:

- The Near-Miss Fallacy
- Gamblers Fallacy
- Chasing Losses
- Illusion of control over random events
- The myth of talismans (lucky numbers, colors, articles of clothing, ritual behaviors or objects, etc.)

Mindfulness has been gaining increasing importance in the treatment of gambling disorder.
**Telescoping**: a term describing a clinical phenomenon that refers to an accelerated progression of an addictive disorder when the onset occurs later in life. This has been observed in women with Gambling Disorder when comparing the progression (speed and severity) of the disease to men.
HOW IS PORN ADDICTIVE?

You hear about “pornography addiction” all the time, but people never tell you what makes it so addictive, or why it even matters. You rarely hear the fact that viewing pornography messes with your brain in the same way drugs do.

WHETHER YOU’RE TAKING DRUGS OR VIEWING PORNOGRAPHY, THE ADDICTION PROCESS IS THE SAME:

1. **Rewiring**
   - Your brain rewires itself to accommodate the extra chemicals.

2. **Chemicals**
   - You over-expose the brain with pleasure chemicals like dopamine, serotonin, oxytocin, and epinephrine.

3. **Dependency**
   - You build up a tolerance and a dependency to the chemicals. You go from “wanting” the pleasure chemicals in order to feel good, to “needing” them.

4. **Frontal Lobes**
   - The area of your brain responsible for making decisions and logically thinking through situations and scenarios is the part of your brain most affected by addiction.
UCLA recognizes sexual addiction as a mental condition.

- A team of researchers from UCLA, after carrying out an extensive study, concluded that sexual addiction really does exist and can destroy families, relationships and lives. They published their findings in the *Journal of Sexual Medicine*, October 20th, 2012, issue.

- Team leader, Dr. Rory Reid, a research psychologist and assistant professor of psychiatry at the Semel Institute of Neuroscience and Human Behavior, UCLA, said:

  "In order for hypersexual disorder to be deemed an actual mental health disorder, an individual must experience repeated sexual fantasies, behaviors, and urges that last upwards of 6 months, and are not due to factors such as medication, another medical condition, substance abuse, or manic episodes linked to Bipolar Disorder."
Stages of Sex Addiction Recovery

First Year
- Developing
- Crisis/Decision
- Shock
- Grief
- Repair
- Growth

Third Year
- Developing
- Crisis/Decision
- Shock
- Grief
- Repair
- Growth

Fifth Year
- Developing
- Crisis/Decision
- Shock
- Grief
- Repair
- Growth
Sexual Addiction Screening Test - Revised • SAST-R

45 item forced choice (Yes/No) instrument

- Total SAST Score (Items 1-20)
  Scores of 6 or higher are considered at risk for a sexual addiction
- Subscales of the SAST Score
  - Preoccupation
  - Loss of Control
  - Relationship Disturbance
  - Affect Disturbance
- Other SAST-R Subscales
  - Internet
  - Men’s Items
  - Women’s Items
  - Homosexual Men’s Items

Carnes, Green, & Carnes, 2010
Tools for both assessment and leverage/intervention. These assessments take the guess work out of diagnosis and provide an objective measure across many factors. The assessments:

- Help conceptualize the case
- Diagnose etiology – including substance addictions
- Assess range, scope and severity of problematic behaviors
- Determine absence/presence of addiction
- Help in understanding the arousal template
- Allow examination of eroticized rage
- Break through denial
- Guide subsequent individual, partners and couples therapy
The 30 Tasks of Treatment

1. Break through denial
2. Understand the nature of addictive illness/sex addiction
3. Surrender to process
4. Limit damage from behavior/s
5. Establish sobriety
6. Ensure physical integrity
7. Participate in culture of support
8. Understand multiple addictions and sobriety
9. Acknowledge cycles of abuse
10. Reduce shame
11. Restructure relationship with self
12. Grieve losses
13. Bring closure and resolution/Take responsibility for self
14. Restore financial viability
15. Restore meaningful work
16. Create life balance
17. Build supportive personal relationships
18. Establish health exercise and nutrition patterns
19. Develop a spiritual life
20. Commit to recovery for each family member
21. Resolve original conflicts/wounds
22. Alter dysfunctional family relationships
23. Resolve issues with children
24. Resolve issues with extended family
25. Work through differentiation
26. Succeed in intimacy
27. Commit/recommit to primary relationship
28. Explore coupleship recovery
29. Restore healthy sexuality
30. Involve family members in therapy

Each task has a list of Performables and Life Competency and Therapist Competency skills.
Arousal Template

Each of us has an arousal template that dictates what we will find arousing to us – what turns us on. Moreover, it appears that for most of us, the sexualized behaviors that we engage in can be clustered into categories that become more solidified over time. Types include:

- Voyeuristic Sex- arousal is derived from using visual stimulation to escape into fantasy
- Fantasy Sex- arousal is derived from obsessing over mental images of what is sexually possible
- Seductive Role Sex- arousal is derived from achieving “conquest” within a relationship
- Exhibitionistic Sex- arousal is derived from the reaction received from those viewing you exposing yourself
- Paying for Sex- arousal is derived from the connection formed between money and sex
- Trading Sex- arousal is derived from using sex as leverage to gain control
- Intrusive Sex- arousal is derived from violating the boundaries of others
- Anonymous Sex- arousal is derived from immediate sexual satisfaction without emotional obligation with another
- Pain Exchange Sex- arousal is derived from being hurt and/or humiliated while also being sexual
- Exploitive Sex- arousal is derived from sexually exploiting those you believe are more vulnerable than you

Our Arousal Template is formed in childhood and/or early adolescence.

The Importance of Identifying the Arousal Template

Identifying what type(s) fit a sex addict helps the therapist develop a personalized treatment plan in two ways.

- First, it helps the addict see what his/her arousal template looks like. As a result, the sex addict can better target what would likely cause a trigger to engage in the sexual behavior s/he is attempting to abstain from.
- The second benefit to the sex addict lies in helping them understand how they developed the arousal template they have. The type or types an addict identifies will help them learn about how sexually arousing content was first introduced to them and subsequently how the “relationship” to the mood altering thinking/behavior began.

This information will play a significant role in helping a recovering sex addict modify the arousal template so that s/he can experience sexual arousal in a healthier non-addictive fashion.
Abstinence List – (inner circle)

- Behaviors that are part of the addiction (also called inner circle behaviors or bottom line behaviors)
- Concretely defining behaviors that need to be abstained from as part of recovery
- To use one of these behaviors again is to slip; to continue over a period of time is a relapse

Boundaries List – (middle circle)

- People, places and things to refrain from because they are hazardous to recovery and can lead to bottom line behaviors
- Boundaries are self-imposed limits that promote health and safety
- They may involve situations, people, circumstances, and/or behaviors to avoid because they are dangerous, jeopardize abstinence, or do not add to recovery/spirituality

Sex and Relation Plan – (outer circle)

- Exploring sexuality in healthy ways and finding healthy recovery behaviors
- Dimensions of Healthy Sexuality: Nurturing, sensuality, self-image, self-definition, comfort, knowledge, relationship, partnership, nongenital sex, genital sex, spirituality, passion
3 Circle Worksheet Example

**Inner Circle – Stop!**
Bottom line or relapse behaviors

**Middle Circle – Caution!**
Behaviors that can lead to the red zone

**Outer Circle – Go!**
Healthy behaviors
The Personal Craziness Inventory (PCI) is based on two assumptions. First, craziness first appears in routine, simple behaviors which normally support lifestyle balance. Second, behavioral signs will occur in patterns involving different parts of our lives.

Addicts and partners are particularly vulnerable to the “insanity” of loss of reality due to neglecting the basics when their lives have lost balance and focus on sobriety.
The PCI is a reminder each day of what needs to be paid attention to in order to establish and maintain good recovery behaviors across areas of functioning.

The PCI helps clients identify “critical incidents” which alert them to warnings that they are “losing it”, “getting out of hand” or “burnt out.”

Twelve areas of personal behavior to identify critical incidents are:

- Physical Health
- Transportation
- Environment
- Work
- Interests
- Twelve-Step Practice
- Social Life
- Family/Significant others
- Finances
- Spiritual Life/Personal Reflection
- Other Addictions/Symptom Behaviors
- Sexuality
Three-Legged Treatment Protocol

Individual Therapy

Partner’s Therapy

Couples Therapy
Disclosure

Restores the foundation of honesty on which to rebuild the relationship

The facilitated disclosure process is:

- Structured
- Planned
- Involves support
- Involves a team approach/co-therapy

The goal of disclosure is to provide information, clarity and understanding.
Benefits of Disclosure

For the Addict:

- By letting go of secrets, we take away the distance between the secret life of the addict and their public persona – disables the secret double life
- The addict begins living an honest life
- All of the energy the addict spent holding secrets can now be mobilized for recovery efforts
- Reinforces accountability
- Reinforces honesty
- Facilitates the letting go of shame

For the Partner:

- Empowers the partner with truth
- Gives the partner the ability to make healthy choices based on the truth

For the Couple:

- Without it there’s the continued risk of enabling infidelity or acting out
- Working for complete healing as opposed to avoiding suffering
- Intimacy built on trust
- Truthful experience leading to restitution and forgiveness work
- Paradoxically can spark hope
Staggered Disclosure

Unfortunately it is tempting for the unfaithful partner to attempt damage control by releasing information over a period of time. This builds and exacerbates partner distrust and trauma.

The majority of sex addicts (58.7%) and partners (69.7%) reported there had been more than 1 major disclosure (Corley and Schneider, 2002).
Disclosure with Children

What is in the child’s best interest?

Types of disclosures to children are:

- Forced
- Delayed
- Softened
- Unbalanced
- Discovery

Considerations:

- Age/Developmental Maturity
- At risk children
- Family Dynamics
- Sibling Constellation
- Reason for disclosure
In addition to the obvious benefits of all group therapy, there are three key reasons that it is beneficial to recovery for process addicts to engage in group therapy:

1). Oftentimes the addiction is veiled in secrets. Research shows that the rate of success in treatment is proportionate to how many people know about the secret and are involved in the addict’s recovery efforts.

2). The group serves to help hold the addict accountable for behaviors and there is an strong emphasis on the congruency of words and behaviors (“talk the talk and walk the walk”).

3). Addicts tend to feel alone and isolated during active addiction. The group gives the addict a feeling of belonging - “Other people share my problems, too.”
Importance of 12-Step Fellowship

- Sex Addicts Anonymous (SAA)  www.saa-recovery.org
- Sexaholics Anonymous (SA)  www.sa.org
- Sex and Love Addicts Anonymous (SLAA)  www.slaafws.org
- Sexual Compulsives Anonymous (SCA)  www.sca-recovery.org
- Sexual Recovery Anonymous (SRA)  www.sexualrecovery.org
- Online Sex and Love Addiction Groups  www.eslaa.org
- Co-Dependents of Sex Addicts (COSA)  www.cosa-recovery.org
- S-Anon  www.sanon.org
- Recovering Couples Anonymous (RCA)  www.recovering-couples.org
- Gamblers Anonymous (GA)  www.gamblersanonymous.org
- Debtors Anonymous (DA)  www.debtorsanonymous.org
- Gam-Anon  www.gam-anon.org
- Clutterers Anonymous  www.clutterersanonymous.org
- Codependents Anonymous (CoDA)  www.coda.org
- Online Gamers Anonymous  www.olganon.org
- Computer Gaming Addicts Anonymous  www.cgaa.org
- Overeaters Anonymous (OA)  www.oa.org
- Nicotine Anonymous  www.nicotine-anonymous.org
- Workaholics Anonymous  www.workaholics-anonymous.org
- Exercise Addicts Anonymous  www.exerciseaddictsanonymous.org
- Self Management and Recovery Training (Smart) Recovery  www.smartrecovery.org
Why Get Advanced Training?

1. To master your specialty
2. To practice within the scope of your competency
3. Not to feel fraudulent in your work with clients
4. To be on the cutting edge of new treatment and research
5. To offer the most efficacious treatment methods to your clients
6. To obtain certifications that prove you’ve done the work
7. To get exposure and referrals through websites
8. To stand out in the crowd of mental health professionals
9. To make added income
10. To protect yourself from litigation
Advanced Training

Sex and Love Addiction
- IITAP – International Institute for Trauma and Addiction Professionals
  Phoenix, AZ
  www.sexhelp.com

Eating Disorders Training
- International Association of Eating Disorders
  www iaedp.com
- The Renfrew Center
  www.renfrewcenter.org

Gambling Addiction
- NATI – North American Training Institute
  www.nati.org
- National Certified Gambling Counselor (NCGC)
  www.ncpgambling.org
- Florida Council on Compulsive Gambling (FCCG)
  www.gamblinghelp.org

Sexual Offender Training
- www.forensictraininginstitute.org
Medication Management

At present there are no medications approved by the FDA for the treatment of any process addictions, but there are a variety of “off label” applications that are showing promise:

- Naltrexone and Nalmefene (opioid antagonists) are being used for treatment of Gambling Disorder, now considered first line therapy, especially for those with a family history of Alcoholism, Co-occurring Substance Use Disorder, and/or particularly intense gambling urges.

- Fluvoxamine (a selective serotonin reuptake inhibitor) when depression/anxiety are present

- Carbamazepine (mood stabilizer)

- Lithium (for combined Bi-Polar Disorder and a process addiction) when mania/hypomania are present

- Amantadine (Parkinson’s medication)

- N-Acetyl Cysteine (a glutamate modulator) a good non-narcotic addition that shows increased compliance
Currently under study and in small trials there is growing evidence for the efficacy of using the following medications showing potential for success:

- Trichotillomania – Naltrexone
- Hypersexuality – Naltrexone
- Kleptomania – Naltrexone
- Compulsive shopping/spending – Citalopram
- Hoarding – Paroxetine
- Binge Eating – Topiramate, Orlistat, Zonisamide, Atomoxetine
- Internet Gambling - Escitalopram
4 Emotions Elicited by Addictive Behaviors

- Arousal
- Numbing/Escape
- Fantasy
- Deprivation
## Addictive Substances

<table>
<thead>
<tr>
<th>Arousal</th>
<th>Numbing / Escape</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cocaine, Crack</td>
<td>Alcohol</td>
</tr>
<tr>
<td>Methamphetamines</td>
<td>Opioids</td>
</tr>
<tr>
<td>Amphetamines</td>
<td>Benzodiazepines</td>
</tr>
<tr>
<td>PCP</td>
<td>Cannabis (sometimes)</td>
</tr>
<tr>
<td>Cannabis (sometimes)</td>
<td>Barbituates</td>
</tr>
<tr>
<td>Inhalants</td>
<td>MDMA</td>
</tr>
<tr>
<td>Adderall (non Rx)</td>
<td>Krokadil, Kratum, Cava, Spice</td>
</tr>
<tr>
<td>Steroids</td>
<td>Robitussin</td>
</tr>
<tr>
<td>Bath Salts</td>
<td></td>
</tr>
<tr>
<td>Nicotine</td>
<td></td>
</tr>
<tr>
<td>Caffeine</td>
<td></td>
</tr>
</tbody>
</table>
# Addictive Substances

<table>
<thead>
<tr>
<th>Fantasy</th>
<th>Deprivation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hallucinogens</td>
<td>Amphetamines (ADHD)</td>
</tr>
<tr>
<td>MDMA/Ecstasy</td>
<td>Opiates</td>
</tr>
<tr>
<td>LSD</td>
<td></td>
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<tr>
<td>Quaaludes</td>
<td></td>
</tr>
<tr>
<td>Cannabis/Salvia</td>
<td></td>
</tr>
<tr>
<td>Mushrooms</td>
<td></td>
</tr>
<tr>
<td>PCP, DMT</td>
<td></td>
</tr>
<tr>
<td>Acid</td>
<td></td>
</tr>
<tr>
<td>Crack</td>
<td></td>
</tr>
<tr>
<td>Flaca</td>
<td></td>
</tr>
<tr>
<td>Robitussin</td>
<td></td>
</tr>
<tr>
<td>ALL DRUGS!!!!</td>
<td>All Chemicals!</td>
</tr>
<tr>
<td>Arousal</td>
<td>Numbing / Escape</td>
</tr>
<tr>
<td>--------------------------------</td>
<td>----------------------------------------</td>
</tr>
<tr>
<td>High Risk Gambling</td>
<td>Repetitive Gambling</td>
</tr>
<tr>
<td>Day Trading</td>
<td>Window Shopping</td>
</tr>
<tr>
<td>Shopping / Shoplifting</td>
<td>Binge Eating / Purging</td>
</tr>
<tr>
<td>Exercise</td>
<td>Self Mutilation</td>
</tr>
<tr>
<td>Body Building</td>
<td>Some Gaming</td>
</tr>
<tr>
<td>Some Gaming</td>
<td>TV</td>
</tr>
<tr>
<td>Some Sexual Acting Out</td>
<td>Masturbation</td>
</tr>
<tr>
<td>Pornography</td>
<td>S &amp; M</td>
</tr>
<tr>
<td>S &amp; M, prostitutes</td>
<td>Binge/Purge</td>
</tr>
<tr>
<td>Extreme Sports</td>
<td>Overeating</td>
</tr>
<tr>
<td>Binge/Purge</td>
<td>Online chats</td>
</tr>
<tr>
<td>Toxic Relationships</td>
<td>Browsing/Window Shopping</td>
</tr>
</tbody>
</table>
## Addictive Behaviors

<table>
<thead>
<tr>
<th>Fantasy</th>
<th>Deprivation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Romance novels, movies</td>
<td>Compulsive Saving</td>
</tr>
<tr>
<td>Online chats and dating</td>
<td>Anorexia</td>
</tr>
<tr>
<td>Role-play</td>
<td>Food Restricting</td>
</tr>
<tr>
<td>Gaming</td>
<td>Hoarding</td>
</tr>
<tr>
<td>S &amp; M</td>
<td>Workaholism</td>
</tr>
<tr>
<td></td>
<td>Sexual Anorexia</td>
</tr>
<tr>
<td></td>
<td>Auto-erotic Asphyxiation</td>
</tr>
<tr>
<td></td>
<td>Compulsive spending</td>
</tr>
<tr>
<td></td>
<td>Social Media</td>
</tr>
<tr>
<td></td>
<td>All addictions!</td>
</tr>
</tbody>
</table>
## Adaptive Recovery Behaviors

<table>
<thead>
<tr>
<th>Arousal</th>
<th>Numbing / Escape</th>
</tr>
</thead>
<tbody>
<tr>
<td>Roller coasters/Amusements</td>
<td>Reading/TV/Movies</td>
</tr>
<tr>
<td>Exercise</td>
<td>Music</td>
</tr>
<tr>
<td>Sports</td>
<td>Meditation/Breathing Exercises</td>
</tr>
<tr>
<td>Boxing</td>
<td>Beach/Outdoors</td>
</tr>
<tr>
<td>Healthy Sex</td>
<td>Video Games</td>
</tr>
<tr>
<td>Healthy Eating</td>
<td>Journaling</td>
</tr>
<tr>
<td>Working a job you like</td>
<td>Naps</td>
</tr>
<tr>
<td>Healthy Relationships</td>
<td>Masturbation</td>
</tr>
<tr>
<td>Paintball, Batting Cage, Go-carts</td>
<td>Yoga</td>
</tr>
<tr>
<td>Study/Research</td>
<td>12-Step Meetings</td>
</tr>
<tr>
<td>Hobbies/Interests</td>
<td>Taking a bath</td>
</tr>
<tr>
<td>Hunting/Fishing</td>
<td>Smoking/Vaping</td>
</tr>
<tr>
<td>Debate/Conversations</td>
<td></td>
</tr>
<tr>
<td>12-Step meetings</td>
<td></td>
</tr>
<tr>
<td>Fantasy</td>
<td>Deprivation</td>
</tr>
<tr>
<td>------------------------------</td>
<td>-----------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Fantasy Gaming</td>
<td>No AOD</td>
</tr>
<tr>
<td>Novels</td>
<td>No hook-ups</td>
</tr>
<tr>
<td>Role-play</td>
<td>No gambling</td>
</tr>
<tr>
<td>Paintball</td>
<td>Budgeting</td>
</tr>
<tr>
<td>Dress-up</td>
<td>Decrease spending</td>
</tr>
<tr>
<td>Creative Healthy Sex</td>
<td>Decrease Everything!</td>
</tr>
<tr>
<td>Reading/TV</td>
<td>Stop smoking</td>
</tr>
<tr>
<td>Envision attaining future goals</td>
<td>Stop caffeine</td>
</tr>
<tr>
<td></td>
<td>Ending/staying away from toxic relationships</td>
</tr>
<tr>
<td></td>
<td>Learn healthy eating</td>
</tr>
<tr>
<td></td>
<td>Impulse control – delay decision-making</td>
</tr>
</tbody>
</table>
A New Way to Conceptualize Addiction and Treatment

- All addiction behaviors create an emotional response
- There are 4 broad categories of emotional responses connected to addictive behaviors
- Each addiction should be viewed in the context of which types of emotions it elicits
- Understanding which emotion/s are sought/elicted helps to focus in on specific treatment planning
- Helping our clients to understand addiction in another context increases their awareness and insight into their addictive behaviors.
Helpful Tools

SEX ADDICTION PATHOS QUESTIONNAIRE
* CYBERSEX ADDICTION SCREENING TEST
* LOVE ADDICTION SIGNS AND SYMPTOMS
* SOUTH OAKS GAMBLING SCREEN (SOGS)
* SHOPPING ADDICTION ASSESSMENT
* INTERNET GAMING DISORDER ASSESSMENT
* HOARDING DISORDER CRITERIA
* 7 SIGNS OF EXERCISE ADDICTION
* TREATMENT REFERRALS
The diagnostic process to pinpoint and gauge the severity of a sex addiction is comprehensive and objective. PATHOS is a brief self-assessment to use to begin the process of identifying out-of-control sexual compulsivity.

**PATHOS**

1. Do you often find yourself preoccupied with sexual thoughts?
   [Preoccupied]

2. Do you hide some of your sexual behavior from others?
   [Ashamed]

3. Have you ever sought help for sexual behavior you did not like?
   [Treatment]

4. Has anyone been hurt emotionally because of your sexual behavior?
   [Hurt others]

5. Do you ever feel controlled by your sexual desire?
   [Out of control]

6. When you have sex, do you often feel depressed afterwards?
   [Sad]

A positive response to just one would indicate a need for additional assessment. Two or more indicates the likelihood some type of sexual addiction. Honest answers will help you in decision-making moving forward.

This is not a comprehensive assessment, but rather a tool to help determine if more exploration and assessment is called for. Please contact a CSAT - Certified Sex Addiction Therapist - for further assessment and diagnosis.
Cybersex Addiction Screening Test (CAST-R)

The CAST-R is designed to assist in the assessment of tech-driven compulsive and/or addictive sexual behavior. The test provides a profile of responses that can help to identify men and women with tech-driven sexual addiction disorders.

- Do you find yourself spending increasing amounts of time online (including mobile devices) looking at porn and/or engaging in sexual or romantic fantasy, even when you have other things to accomplish that you are putting aside to be sexual?
- Do you found yourself involved in hidden romantic or sexual affairs, either online or in-person?
- Do you extensively collect pornography or sexual contacts, storing images and videos, romantic emails, and texts related to past and present acting out partners and activities in your computer or elsewhere?
- Do you find yourself habitually going online to see who might be available for sex and/or romance even when you don't have time or it was not your clear intention to do so?
- Have you had negative consequences at work, in school, in relationships, or in other important areas of your life related to your online porn use or other digitally driven sexual activity?
- Has your focus on porn use and/or a digital sexual life lead to a decreased focus on friends, family, faith-based, and/or recreational activities?
- Has your digital sexual behavior caused you to lose anything or anyone important to you (career, school, relationships, finances, self-esteem, health, etc.)?
- Do you lie or keep secrets from those close to you about your involvement with online porn, the type of porn you view, or other digital sexual activities?
- Have you found yourself covering up or hiding your porn use or other digitally driven sexual activity so that a spouse, coworker, family member, etc. won't discover it?
- If in a committed relationship, would your partner/spouse say that your porn use and/or other digitally driven sexual activity violates the underlying agreements surrounding your relationship (if he or she knew everything)?
- Do you feel that your involvement with online porn and digitally driven sexual activity is interfering with other personal goals like developing relationships, healthy intimacy, and/or a family/community life?
- Have you found yourself viewing sexual material or engaging in sexual activity that is illegal?
- Have you heard complaints and concern from family or friends about the amount of time you spend online looking at porn or the type of porn you view?
- Do you become defensive, angry, or extremely ashamed when asked to look at, give up, or reduce your porn use or your other online sexual involvements?

http://www.sexualrecovery.com/resources/self-tests/csat/
Love Addiction Signs and Symptoms

Knowing the signs of this disorder is very important so that steps can be taken to get over this relationship issue. Here are the most commonly observed signs:

- A string of unsuccessful relationships
- Inability to survive without a relationship, leading to one relationship after another
- Lack of care, love, and attention during childhood, leading to obsession
- A lot of anger inside due to abnormal childhood
- Hiding sensitivity, emotionality, and pain from others
- A feeling of loneliness and detachment from everybody
- Inability to trust anyone
- Perceiving sex and love as being equal to basic needs such as food
- Living a double life
- Trying to control and manipulate others
- Avoiding all kinds of problems
- Using love, relationships, and sex to compensate for failures in life or to get over pain
- Readiness to do, give up, or sacrifice anything to hold on to a relationship
- Maintaining a calm exterior to hide the inner turmoil, anxiety, and depression
- Displaying a high risk sexual behavior
- Possessing a frantic personality
- Willing to indulge in sex in return for (perceived) love
The South Oaks Gambling Screen (SOGS)

**SOGS** was developed as a screen for compulsive gambling.

1. Please indicate which of the following types of gambling you have done in your lifetime. After each type of gambling, answer: "not at all", "less than once a week" or "once a week or more."
   - a. play cards for money
   - b. bet on horses, dogs or other animals (at OTB, the track or with a bookie)
   - c. bet on sports (parlay cards, with a bookie or at Jai Alai)
   - d. play dice games (including craps, over and under or other dice games) for money
   - e. gamble in a casino (legal or otherwise)
   - f. play the numbers or bet on lotteries
   - g. play bingo for money
   - h. play the stock, options and/or commodities market
   - i. play slot machines, poker machines or other gambling machines
   - j. bowl, shoot pool, play golf or play any other game of skill for money
   - k. pull tabs or "paper" games other than lotteries
   - l. engage in some form of gambling not listed above (please specify)

2. What is the largest amount of money you have ever gambled with on any one day?
   - a. I've never gambled
   - b. $1 or less
   - c. more than $1 but less than $10
   - d. more than $10 but less than $100
   - e. more than $100 but less than $1,000
   - f. more than $1,000 but less than $10,000
   - g. more than $10,000

3. Which of the following people has (or had) a gambling problem?
   - a. father
   - b. mother
   - c. brother or sister
   - d. spouse or partner
   - e. child or children
   - f. grandparent
   - g. another relative
   - h. no one in my family has (or had) a gambling problem

4. When you gamble, how often do you return to win back the money you lost?
   - a. never
   - b. some of the time (less than half of the times I lost)
   - c. most of the times I lost
   - d. every time I lost

5. Have you ever claimed to be winning money while gambling, even though you were actually losing money?
   - a. never
   - b. yes, less than half of the times I lost
   - c. yes, most of the time

6. Do you feel like you have ever had a problem with betting money or gambling?
   - a. no
   - b. yes, in the past, but not now
   - c. yes

7. Did you ever gamble more than you intended to?

8. Have people criticized your betting or told you that you had a gambling problem, regardless of whether or not you thought it was true?

9. Have you ever felt guilty about the way you gamble or what happens when you gamble?
10. Have you ever felt like you would like to stop betting money or gambling but you didn't think you could?

11. Have you ever hidden betting slips, lottery tickets, gambling money, I.O.U.s or other signs of betting or gambling from your spouse, children or other important people in your life?

12. Have you ever argued with people you live with over how you handle money?

13. (If you answered yes to question 12) Have money arguments ever centered on your gambling?

14. Have you ever borrowed from someone and not paid them back as a result of your gambling?

15. Have you ever lost time from work (or school) due to betting or gambling?

16. If you borrowed money to gamble or to pay gambling debts, who/where did you borrow from? (answer "yes" or "no" to each question)
   - a. from household money?
   - b. from your spouse?
   - c. from other relatives or in-laws?
   - d. from banks, loan companies or credit unions?
   - e. from credit cards?
   - f. from loan sharks?
   - g. you cashed in stocks, bonds or other securities?
   - h. you sold personal or family property?
   - i. you borrowed on your checking account?
   - j. you have (had) a credit line with a bookie?
   - k. you have (had) a credit line with a casino?

**Score**

If you have answered (a) or no to all of the questions above, you do not have a gambling problem.

If you have answered (b) or (c) to questions 4 through 6 or yes to questions 7 through 16, one to four times, then you have some problem with gambling.

If you have answered (b) or (c) to questions 4 through 6 or yes to questions 7 through 16, five or more times, you show signs of being a probable pathological gambler.
If you are still trying to figure out whether or not you are a shopaholic, Shopaholics Anonymous suggests that you ask yourself the following questions. If you answer “yes” to many of these questions, you may have an addiction. The questions are:

- Do you shop when you feel angry or disappointed?
- Has overspending created problems in your life?
- Do you have conflicts with loved ones about your need to shop?
- While shopping, do you feel euphoric rushes or anxiety?
- After shopping, do you feel like you have just finished doing something wild or dangerous?
- After shopping, do you ever feel guilty or embarrassed about what you have done?
- Do you frequently buy things that you never end up using or wearing?
- Do you think about money almost all the time?
The APA has developed 9 criteria for characterizing the proposed Internet Gaming Disorder:

- **Pre-occupation.** Do you spend a lot of time thinking about games even when you are not playing, or planning when you can play next?
- **Withdrawal.** Do you feel restless, irritable, moody, angry, anxious or sad when attempting to cut down or stop gaming, or when you are unable to play?
- **Tolerance.** Do you feel the need to play for increasing amounts of time, play more exciting games, or use more powerful equipment to get the same amount of excitement you used to get?
- **Reduce/stop.** Do you feel that you should play less, but are unable to cut back on the amount of time you spend playing games?
- **Give up other activities.** Do you lose interest in or reduce participation in other recreational activities (hobbies, meetings with friends) due to gaming?
- **Continue despite problems.** Do you continue to play games even though you are aware of negative consequences, such as not getting enough sleep, being late to school/work, spending too much money, having arguments with others, or neglecting important duties?
- **Deceive/cover up.** Do you lie to family, friends or others about how much you game, or try to keep your family or friends from knowing how much you game?
- **Escape adverse moods.** Do you game to escape from or forget about personal problems, or to relieve uncomfortable feelings such as guilt, anxiety, helplessness or depression?
- **Risk/lose relationships/opportunities.** Do you risk or lose significant relationships, or job, educational or career opportunities because of gaming?
Hoarding Disorder Criteria

According to the *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition*, the symptoms for Hoarding Disorder include:

- A. Persistent difficulty discarding or parting with possessions, regardless of their actual value.
- B. This difficulty is due to a perceived need to save the items and to distress associated with discarding them.
- C. The difficulty discarding possessions results in the accumulation of possessions that congest and clutter active living areas and substantially compromises their intended use. If living areas are uncluttered, it is only because of the interventions of third parties (e.g., family members, cleaners, authorities).
- D. The hoarding causes clinically significant distress or impairment in social, occupational, or other important areas of functioning (including maintaining a safe environment for self and others).
- E. The hoarding is not attributable to another medical condition (e.g., brain injury, cerebrovascular disease, Prader-Will syndrome).
- F. The hoarding is not better explained by the symptoms of another mental disorders (e.g., obsessions in obsessive-compulsive disorder, decreased energy in major depressive disorder, delusions in schizophrenia or another psychotic disorder, cognitive deficits in major neurocognitive disorder, restricted interests in autism spectrum disorder).

- **Specify If:**
- **With excessive acquisition:** if difficulty discarding possessions is accompanied by excessive acquisition of items that are not needed or for which there is no available space.
- **Specify if:**
- **With good or fair insight:** The individual recognizes that hoarding-related beliefs and behaviors (pertaining to difficulty discarding items, clutter, or excessive acquisition) are not problematic despite evidence to the contrary.
- **With absent insight/delusional beliefs:** The individual is completely convinced that hoarding-related beliefs and behaviors (pertaining to difficulty discarding items, clutter, or excessive acquisition) are not problematic despite evidence to the contrary.
7 Signs of Exercise Addiction

1. **Tolerance:** Needing more and more of the same activity to achieve the initial anxiety-reducing effects or to feel as if you’ve done ‘enough.’ *Yoga wasn’t enough. An hour on the elliptical will be just enough.*

2. **Continuance:** Continuing to exercise despite injury, illness and exhaustion. *Shin splits won’t stop my marathon training.*

3. **Withdrawal:** Anxiety at the mere thought of taking an off day (irritability and extreme discomfort in one’s skin when unable to get to the gym as planned).

4. **Time:** Spending a noticeably exorbitant amount of time working out (i.e. it consumes a lot of a person’s day—not just in terms of getting to the gym, but in terms of planning, thinking about it, obsessing or worrying over it), repeatedly.

5. **Intention Effect:** Repeatedly exceeding the amount of time you planned on spending at the gym—always going over. *Happy hour can wait. I need 10 more squats.*

6. **Lack of Control:** The sense that your workouts are ruling your life and you can’t stop working out.

7. **Reduction in Other Activities:** Engaging in few, if any, activities that aren’t related to exercise. *Happy hour can wait indefinitely.*

# Treatment Referrals

## Gambling Addiction
- The Ranch, Nunnelly, TN (866) 756-8827
- Center or Recovery (C.O.R.E.), Shreveport, LA (318) 424-4357
- Algamus Gambling Treatment Services, TX (888) 336-9592
- Recovery Road/Sunspire Health, Palm Beach Gardens, FL (888)336-9592
- Gamblers Anonymous (626)960-3500
- 24-hr. Hotline: 888-ADMIT IT

## Sex and Love Addiction
- Pine Grove Recovery Center, Hattiesburg MS (888) 574-4673
- Sexual Recovery Institute, Los Angeles, CA (866)-585-9174
- Capstone Treatment Center, Judsonia, AR (866) 729-4479
- The Ranch, Nunnelly, TN (866) 756-8827
- The Refuge, Ochlawaha, FL (866) 473-3843
- PCS, Scottsdale, AZ (480) 947-5739
- Prescott House, Prescott, AZ (866) 425-4673
- Onsite , Cumberland Furnace, TN (800) 341-7432
- Gentle Path at The Meadows, Wickenburg, AZ (800) 244-4949
- Society of the Advancement of Sexual Health (SASH) www.sash.net
Treatment Referrals

Eating Disorders

- Renfrew Center, Pompano Beach, FL (800)736-3739
- Oliver-Pyatt Center, Miami, FL (305) 663-1738
- Remuda Ranch at The Meadows, Wickenburg, AZ (866) 390-5100
- Eating Recovery Centers – TX, WA, OH, CA (877) 711-1796

Internet Addictions

- reSTART Center of Digital Technology Sustainability, WA (800) 682-6934
- Adolescent Gaming - Rite of Passage, WA (800)788-0637
- The Ranch, Tunnellly TN, (844) 267-0022
- Center for Internet and Technology Addiction, CT (860) 561-8727
References

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