

You're Addicted to What?

Examining the Intersection of Process Addictions and Mental Health

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Introductions

- Who am I?
- Why this topic?

Disclaimer

The information in this presentation is for educational purposes only and is **the sole opinion of the presenter.**



MINNESOTA
BOARD OF MARRIAGE
AND FAMILY THERAPY



MINNESOTA
ASSOCIATION FOR
children's
mental
health

Learning Objectives

1. Identify the pathology and presumed etiology of process addictions
2. Examine the co-occurring nature of process addictions, chemical addictions, and mental health
3. Explore treatment modalities to intervene on process addictions

Goal: *Information to enhance your clinical knowledge and practice*

Your beliefs on process addiction.

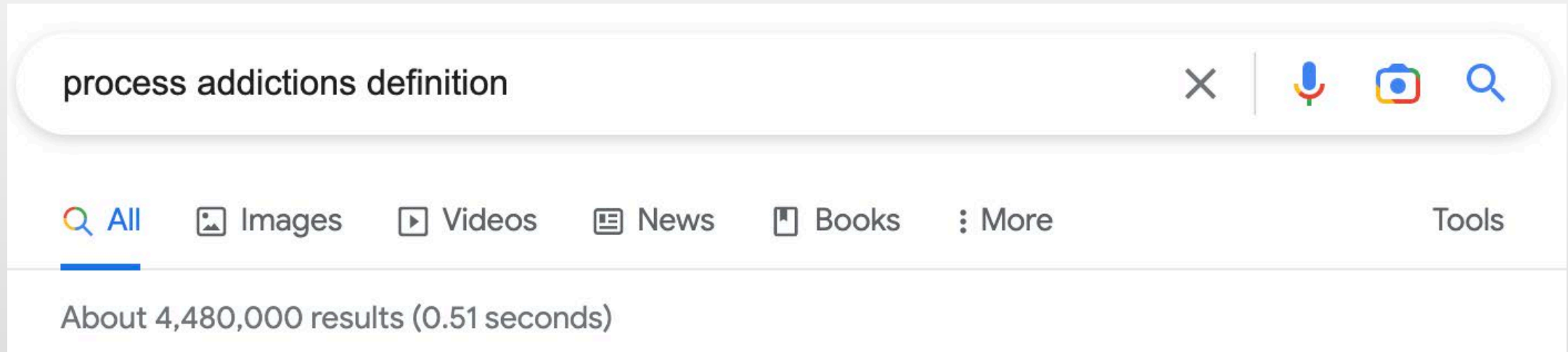


PROCESS ADDICTIONS



Your
experience
with process
addictions?

Process Addictions Defined



While considerable efforts have been made to understand the neurobiological basis of substance addiction, the potentially ‘addictive’ qualities of repetitive behaviors, and whether such behaviors constitute ‘behavioral addictions’, is relatively neglected. - (Grant, 2017)

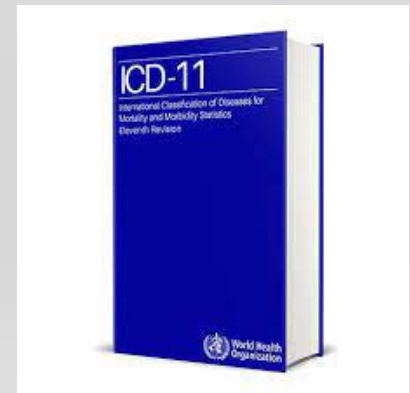
American Society of Addiction Medicine

- “Addiction is a treatable, chronic medical disease involving complex interactions among brain circuits, genetics, the environment, and an individual’s life experiences. People with addiction use substances or **engage in behaviors that become compulsive** and often continue despite harmful consequences.”



ICD-11: Disorders Due to Addictive Behaviors

- Disorders due to addictive behaviors are recognizable and clinically significant syndromes associated with distress or interference with personal functions that develop as a result of repetitive rewarding behaviors other than the use of dependence-producing substances.
- Disorders due to addictive behaviors include **gambling disorder** and **gaming disorder**.



Mental Health Disorders- DSM 5

A mental health disorder suggests the defining features are:

- a behavioral or psychological syndrome or pattern that occurs in an individual;
- the consequences of which are clinically significant distress;
- not merely an expectable response to common stressors and losses;
- reflects an underlying psychobiological dysfunction;
- is not solely a result of social deviance or conflicts with society;
- has diagnostic validity using one or more sets of diagnostic validators;
- Important to note that **gambling disorder** was included in the DSM-V when the chapter on addictions was changed from “Substance-Related Disorders” to “Substance-Related and Addictive Disorders.”

Mark Griffiths (1996)

- Behavior Addiction:

“the whole is easier to recognize. than the parts”

- Six components to determine if a behavior is an addiction.

Griffiths (1996)

1. **Saliency:**
When the particular activity becomes the most important activity in people's lives and dominates their thinking (preoccupations and cognitive distortions), feelings (cravings) and behavior (deterioration of socialized behavior).
2. **Mood modification:**
A consequence (such as an arousing “buzz” or “high” or a feeling of escape) of engaging in the particular activity; can be seen as a coping strategy.
3. **Tolerance:**
Increasing amounts of the particular activity are required to achieve satisfaction.
4. **Withdrawal symptoms:**
Unpleasant feeling states (such as moodiness or irritability) and/or physical effects (such as “the shakes”).
5. **Conflict:**
Interpersonal conflicts between addicts and those around them or intrapsychic conflict within the addicted individual (between the psychological need to engage in the activity and the desire not to give in to the tensions caused by addiction to the activity).
6. **Relapse:**
The tendency to revert to earlier patterns of the particular activity after a period of abstinence or control over the addictive behavior.

Common Process Addictions

- Gambling *
- Sex
- Internet (Social Media)
- Shopping
- Video Game*
- Plastic Surgery
- Food (Binge Eating Disorder)*
- Risky Behavior

**indicates current DSM/ICD diagnosis*



Where do they come from?

- “Providing treatment before fully understanding the etiology of a pathology is like driving a car on the interstate wearing blindfold.”
(Shunkwiler, 2019)



Where do they come from?

- **Impulse Control Hypothesis**

- The core feature of these behaviors as well as substance use disorders appears to be impulsivity. Impulse control disorders primarily involve a pleasant sensation quality—sex, gambling and stealing are all associated with a rush or a high (Grant, Brewer & Potenza 2006).
- Critics argue that behavioral conditions are simply secondary manifestations of underlying psychiatric illnesses including mood disorders, anxiety disorders, ADHD, personality disorders and other disorders. The repetitive behavior is simply an adaptation or compulsion to avoid discomfort. (Karim, 2012)

Where do they come from?

- **Biopsychosocial Hypothesis**

- The biopsychosocial model of addiction states that genetic/ biological, psychological, and sociocultural factors contribute to addiction and should be taken into account for its prevention and treatment. (Skewes & González, 2013)
- Criticism against the model include: the dominance or under-representation of each of the three domains (bio-, psycho- or social) when applied to research and clinical practice, and the insensitivity of the model to individuals' 'personal meaning', particularly within cross-cultural settings. (Decon, 2013)

Co-Occurrence of Process Addictions and other Psychological Disorders

- What has been your clinical experience with the intersection of process addiction, substance use, and mental health disorders?

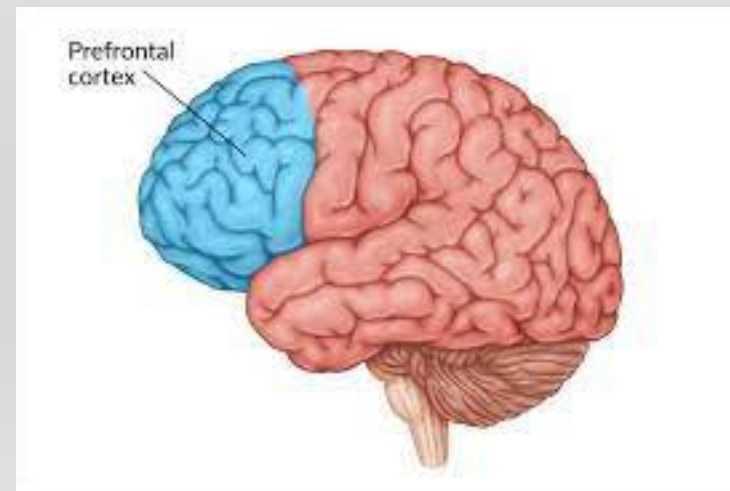


Co-Occurrence of Process Addictions and other Psychological Disorders

- The essential feature of behavioral addictions is the failure to resist an impulse, drive, or temptation to perform an act that is harmful to the person or to others. In this respect, the behavioral addictions resemble substance use disorders. – (Grant, 2010)
- Many people with pathological gambling, compulsive sexual behavior, and compulsive buying report a decrease in positive mood effects with repeated behaviors and a need to increase the intensity of behavior to achieve the same mood effect, similar to tolerance of a substance. – (Grant, 2010)

Co-Occurrence of Process Addictions and other Psychological Disorders

- Some evidence from neuroimaging studies supports a shared neurocircuitry of gambling disorder and substance use disorders. (Brewer, 2008)
- Abnormal functioning of the prefrontal cortex has been associated with gambling and substance addictions, and diminished cortex activation has also been implicated in the cravings associated with gambling and substance addictions. (Grant, 2017)



Co-Occurrence of Process Addictions and other Psychological Disorders

- The St. Louis Epidemiologic Catchment Area (ECA) study found high rates of co-occurrence for substance use disorders and pathological gambling, with the highest ratios generally observed between gambling, alcohol use disorders. (Cunningam, 1998)
- A Canadian epidemiological survey estimated that the relative risk for an alcohol use disorder increased 3.8-fold when disordered gambling was present. (Bland, 1993)
- Internet addiction was associated with harmful alcohol use (nearly 2x) in a study of 2,453 college students, after controlling for gender, age and depression. (Yen, 2009)

Co-Occurrence of Process Addictions and other Psychological Disorders

| Behavioral Addictions | Lifetime Estimates of Substance Use Disorder |
|------------------------------|---|
| Pathological Gambling | 35% – 63% |
| Kleptomania | 23% – 50% |
| Pathologic Skin Picking | 38% |
| Compulsive Sexual Behavior | 64% |
| Internet Addiction | 38% |
| Compulsive Buying | 21% – 46% |

(Grant, 2010)

Co-Occurrence of Process Addictions and other Psychological Disorders

- Other psychiatric disorders, such as major depressive disorder, bipolar disorder, obsessive compulsive disorder, and attention deficit hyperactivity disorder, are also commonly reported in association with behavioral addictions. (Di Nicola, 2010)



Treatment (Non-Pharmacological)

Psychodynamic

- Clinicians seek to understand the basis of all human behaviors by considering the motivational forces that derive from unconscious mental processes. (Wong, 1989)
- This perspective suggests that the process addiction is a symptom or expression of an underlying psychological condition.
- Limited empirical research on its overall effectiveness.

Cognitive Behavioral Therapy

- Cognitive treatment aims to counteract underlying irrational beliefs and attitudes about gambling that are believed to initiate and maintain the undesirable behavior. (Gaboury and Ladouceur, 1989)
- Cognitive-behavioral approaches have been successful for both adolescent problem gamblers (Ladouceur et al., 1994) and adult pathological gamblers (Sylvain et al., 1997).
- Often viewed as an easier approach to teach due to its operational orientation.

Treatment (Psychotropic)

- Naltrexone (Vivitrol) has been reported to reduce craving in pathological gamblers (Grant et al. 2006).
- Naltrexone (Vivitrol) has also shown promise in the treatment of compulsive sexual behavior (Grant & Kim 2001).
- Topirimate (Topamax) is an anticonvulsant and has shows some success in reducing binge episodes (McElroy et al. 2007).



Treatment Challenges

- Difficulty in getting third party payment for process addiction as primary condition.
- Stigma associated with process addictions.
- Lack of understanding among healthcare professionals.

Legalized Sports Betting- What does that mean?

Americans Are Wagering on Sports

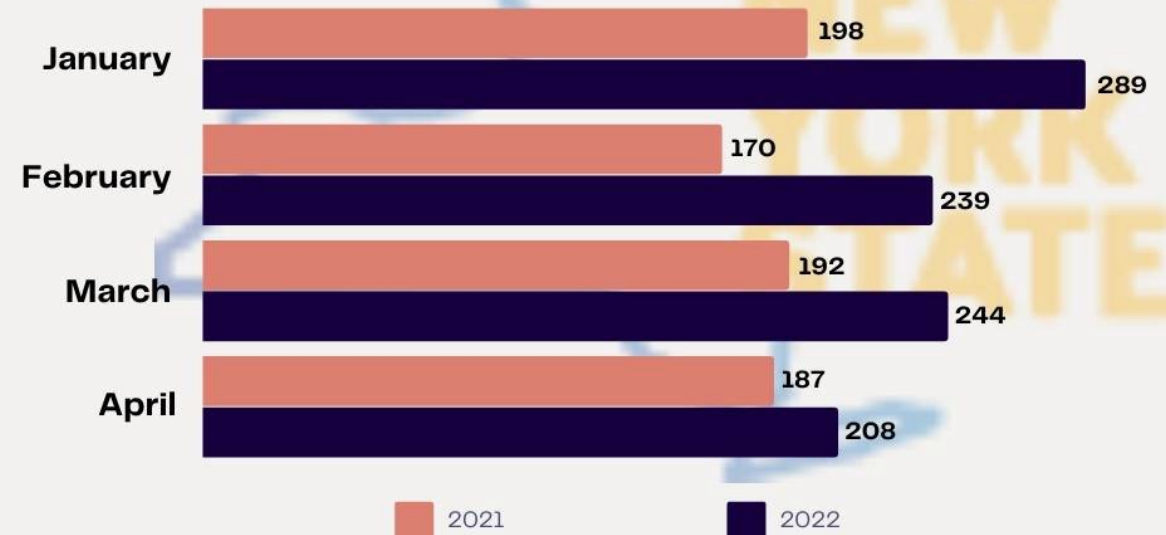
— U.S. legal sports betting in billions of dollars per month



Source: SportsHandle • By The New York Times

PROBLEM GAMBLING CALLS TO NEW YORK STATE HOPELINE

Since legal New York online sports betting launched in January, the state's Office of Addiction Services and Supports (OASAS) has understandably seen a spike in problem gambling calls to the HOPEline.



Information courtesy of the New York State Office of Addiction Services and Supports



Case Study:



Center for Rural Behavioral Health

Mission:

The Center for Rural Behavioral Health at Minnesota State University, Mankato is dedicated to improving access to behavioral healthcare for residents in outstate Minnesota to include recognized Reservations/Settlements through research, workforce development, and continuing education.

Questions?

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