

Compulsive Behaviors:

Crossing The Line To Addiction

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Substance Abuse

- ▶ A leading cause of morbidity, mortality, and health spending in US.
- ▶ Abuse commonly begins as an adolescent
- ▶ Earlier onset leads to greater severity
- ▶ Principal characteristics of addictions:
 - ▶ Generate craving
 - ▶ Produce discomfort with withdrawal.
- ▶ Addicts have preferences for one substance over another
- ▶ Impaired self-regulation and impulse control,
- ▶ Substitute for coping strategies in dealing with both stress
- ▶ Addicts tend to have higher-than-normal capacity for such drugs.

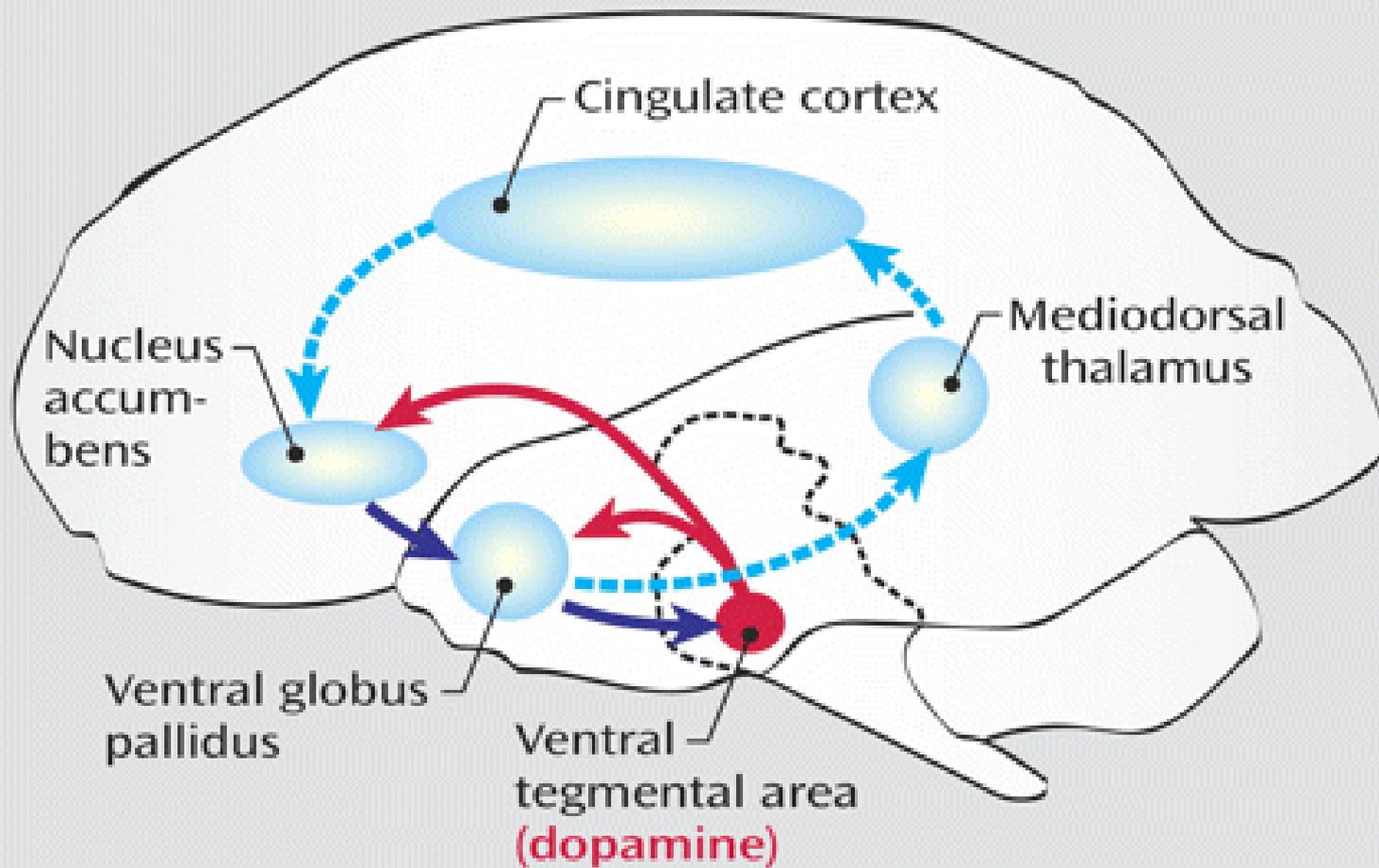
Compulsion

- ▶ **Compulsion is similar to addiction.**
 - ▶ Based on dependency, needs, desires.
 - ▶ May include physiological symptoms and feelings (withdrawal, satiation).
 - ▶ Does not alter neurological pathways.
- ▶ **Recreational and social use of drugs and alcohol and may sometimes be stopped with no lasting or harmful consequences.**
 - ▶ Marijuana, cocaine, alcohol

Addiction

- ▶ **Addiction is a medical term**
 - ▶ Includes compulsions, obsessions, loss of control
 - ▶ Continuance of behavior despite consequences
 - ▶ Altered neurological pathways and brain chemistry
- ▶ **Withdrawal symptoms often significant**
 - ▶ Seizures, GI problems, heart palpitations, blood pressure changes, disturbed memory and concentration
- ▶ **Physical vs. Mental addiction**

- ← Dopamine pathway
- ← Frontal-basal ganglia loop
- ← Brain reward circuit (← + ←)



Brain Chemistry And Addiction

- ▶ Prefrontal cortex function is associated with impulse control.
- ▶ Dopamine is a main key to motivation and impulse.
- ▶ Different motivational stimuli increase dopamine in the brain.
 - ▶ Addictive drugs: nicotine, alcohol, cocaine, amphetamine, opiates, cannabis
 - ▶ natural rewards: food, sex, resources
 - ▶ reward-related situations: video-games
 - ▶ stressful stimuli
- ▶ Repeated drug induced dopamine release changes brain pathways, expression of genes, and cellular structure.

Dopamine And Change

- ▶ Drug induced dopamine release
 - ▶ May cause a stronger drive towards a reward the more a reward is experienced
 - ▶ Over time may selectively narrow an individual's motivation and drive
- ▶ Develop hypersensitive dopamine receptors that overreact to a variety of drugs of abuse

Chicken Or Egg?

- ▶ The vast majority of adults with addiction problems have unaddressed and undisclosed traumatic episodes.
- ▶ The addiction is often secondary to the mental health issues.
- ▶ **If we do not help them feel they can survive sobriety, they will continue to use.**



Compulsion And Mental Health

- ▶ Addictive behaviors and substance abuse are more common in adults with
 - ▶ schizophrenia, major affective disorders, antisocial and borderline personality disorders, anxiety depression.
- ▶ Disturbances in reward motivation and substance use disorder comorbidity are associated with impulsivity
- ▶ All addictions may induce feelings of shame, guilt, hopelessness, and feelings of failure.

Risk Factors

- ▶ Addictive disorders are determined by
 - ▶ Amount of substance intake
 - ▶ Propensity to addiction
- ▶ Genetic and neurobiological factors may determine individual sensitivity to addictive substances.
 - ▶ May determine the difference between use and abuse

Risk Factors

- ▶ Impulsive behaviors: increased novelty seeking or poor decision making.
- ▶ Cultural, peer, and family influences contribute to drug availability and substance experimentation
 - ▶ Poor family bonding
 - ▶ Peer drug use
 - ▶ Being bullied
- ▶ Low self esteem
- ▶ Depression

I'm **NOT** an **Alcoholic**

I have a low tolerance to being



SOBER

(like a full on allergy, man!)

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Alcoholism

- ▶ Almost half adult alcoholics experience symptoms by age 19. $\frac{3}{4}$ of all alcoholics begin before age 30
- ▶ Characterized by
 - ▶ loss of control over consumption
 - ▶ obsessional thoughts about the next drink
 - ▶ continuation of use despite knowledge of negative health and social consequences

Reward vs. Relief

- ▶ Addictive pathways not as clear as other drug
 - ▶ Widespread effects in brain
 - ▶ Acts at a variety of locations
- ▶ Reward
 - ▶ alcohol activates brain reward pathways
 - ▶ Positively reinforces alcohol seeking and use
- ▶ Relief
 - ▶ Alcohol can suppress negative emotions
 - ▶ Stress, withdrawal symptoms, anxiety, dysphoria
 - ▶ Negatively reinforces alcohol use

let's put the fun back
into my functional
alcoholism



your  cards
someecards.com

Functional Alcoholism

- ▶ Manifests and/or progresses differently
- ▶ Less likely to feel that they need treatment or help for their alcoholism and often go undiagnosed.
 - ▶ Denial
- ▶ Drinking Habits
 - ▶ One drink causes craving
 - ▶ Obsess about next drink
 - ▶ Personality changes/compromised morals while drinking
 - ▶ Repeated negative behavior
- ▶ Experience few losses or consequences from their drinking.

Gambling

- ▶ Different levels of gambling
 - ▶ How much does it affect one's life? (gambling, problem gambling, pathological gambling)
- ▶ Rewards
 - ▶ Financial (winning money),
 - ▶ Physiological (adrenaline rush)
 - ▶ Psychological (increased self esteem)
 - ▶ Social (peer praise)
- ▶ Gambling disorders are often comorbid with other mental health and substance use disorders

Gambling

- ▶ Some pathological gamblers have lower levels of norepinephrine than normal gamblers.
- ▶ Problem gamblers tend to risk money on fast-paced games (poker, slot machines).
- ▶ Many forms of virtual money used (chips, tokens, e-cash, or smart cards)
 - ▶ Disguise the true value
 - ▶ Virtual winnings often quickly re-gambled



ADDICTION

When one cookie is never enough



**i don't always eat
cookies**

**but when i do, i eat
them in a horrifying
violent manner**

MEMEADGEEKS.COM



Eating

- ▶ Hunger and craving often as confusing as want vs. need
- ▶ Studies suggest the mere sight and scent of certain foods trigger the release of dopamine.
- ▶ Foods high in fat and sugar cause the release of opioids
 - ▶ Dull pain
 - ▶ Euphoria

This Is Your Brain On A Diet

- ▶ **Yoyo dieting: extreme restriction followed by high sugar and fat filled consumption**
 - ▶ May change brain chemistry
 - ▶ Encourages bingeing behavior at the neurological level
 - ▶ Creates dopamine and opioid sensitization
 - ▶ Similar to other addictions

Sexual

- ▶ Sexual addiction: compulsive sexual behaviors: hypersexuality: excessive sexual desire disorder. Terms are not found in DSM-IV.
- ▶ The inability to control sexual impulses
 - ▶ Continued engagement in behaviors despite negative consequences
- ▶ No standard diagnostics yet
- ▶ Psychological rewards
 - ▶ Escape emotional or physical pain
 - ▶ Coping with life stressors
- ▶ An association with histories of sexual abuse

Sexual Subtypes

- ▶ Paraphilic behaviors are considered to be outside of the typical range of sexual behaviors.
 - ▶ Exhibitionism, voyeurism, pedophilia, sexual masochism, sexual sadism, transvestic fetishism, fetishism, and frotterurism.
- ▶ Non-paraphilic behaviors are commonly available sexual practices,
 - ▶ Strip clubs, compulsive masturbation, paying for sex through prostitution, excessive use of pornography, and repeated engagement in extramarital affairs.

Treatment

- ▶ Withdrawal from the problem substance/activity
- ▶ counseling and cognitive behavioral therapy are important elements of treatment.
 - ▶ used to help patients identify, avoid, and cope with situations in which they are most likely to abuse drugs or activities.
- ▶ Responsibility for change must be placed on the individual
- ▶ With some cases such as sexual compulsions, Unless patients present specifically for treatment of this disorder, they are not likely to discuss it

12 Step Programs

- ▶ A social network is very important in changing behavior
- ▶ AA
- ▶ Sexual Addicts Anonymous, Sex and Love Addicts Anonymous, and Sexaholics Anonymous.
- ▶ Gamblers Anonymous

Limits Of Typical Treatment

- ▶ Traditional drug treatment programs are not recommended for those with mental illness:
 - ▶ Fragmented and uncoordinated services
 - ▶ Heavy confrontation
 - ▶ Emotional jolting
 - ▶ Discouragement of medication use
- ▶ **May produce stress levels which exacerbate symptoms or cause relapse.**

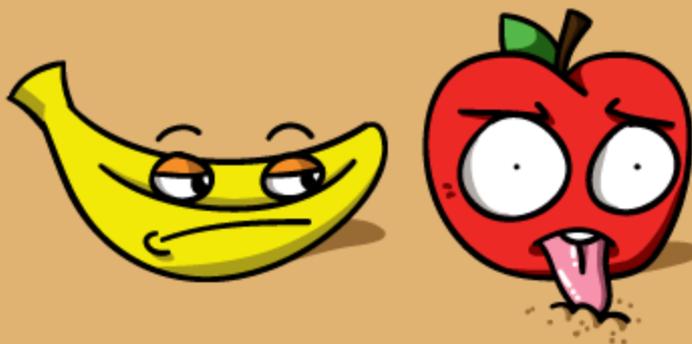
Barriers To Integrated Treatment

- ▶ Separate treatment systems for drug use and mental illness
 - ▶ Neither with adequate services to address both
- ▶ Bias against using medication for drug-users
- ▶ **Lack of services in criminal justice system**
 - ▶ 45% of inmates are estimated to have a mental health problem co morbid with drug abuse/addiction.

Ugh, I hate it when I'm at the beach and I get grit in my teeth.



Maybe you should just stop eating sand.



Oh, right, like it's **THAT** easy.



Why Get Sober?

- ▶ To let go of addiction is unthinkable, as it helps to manage underlying fear and terror.
- ▶ Letting go of their addiction increases their fear and anxiety.
- ▶ There is no upside for them.



Facilitating Change

- ▶ People change when they want it badly enough and when they feel strong enough to face the challenge, not when they're humiliated or coerced.

Offer An Upside

- ▶ It is the relationships that we help support, encourage, offer, and facilitate that make the difference.
- ▶ None of this work can be done with a remote hope of success that is not done in the context of a relationship.



Is There A Relapse Plan?

- ▶ Relapse is a predictable part of the process.
- ▶ It needs to be discussed.
- ▶ Little successes add up
- ▶ Abstinence-only thinking has given way to more flexibility.
- ▶ addictions change the brain in ways that can take a long time to undo.
- ▶ Coping plan for triggers needed.



Discussion point

- ▶ **Once an addict, always an addict?**

Resources

- ▶ Am J Psychiatry. Author manuscript; available in PMC 2010 August 10. Published in final edited form as: [Am J Psychiatry. 2003 June; 160\(6\): 1041–1052](#). PMID: PMC2919168. NIHMSID: NIHMS222474. **Developmental Neurocircuitry of Motivation in Adolescence: A Critical Period of Addiction Vulnerability.** [R. Andrew Chambers](#), M.D., [Jane R. Taylor](#), Ph.D., and [Marc N. Potenza](#), M.D., Ph.D.
- ▶ Psychology Today: **The Surprising Truth About Addiction.** By [Stanton Peele](#), published on May 01, 2004 - last reviewed on May 16, 2012
- ▶ Psychiatry (Edgmont). 2006 November; 3(11): 51–58. PMID: PMC2945841 **Understanding and Managing Compulsive Sexual Behaviors** [Timothy W. Fong](#), MD
- ▶ Pharmacol Biochem Behav. Author manuscript; available in PMC 2009 July 1.
- ▶ Published in final edited form as: [Pharmacol Biochem Behav. 2008 July; 90\(1\): 95–104](#). Published online 2008 March 15. doi: [10.1016/j.pbb.2008.03.007](#) PMID: PMC2577853 NIHMSID: NIHMS55419 **The Role of GABA_A Receptors in the Development of Alcoholism** [Mary-Anne Enoch](#), M.D.
- ▶ Neurosci Biobehav Rev. Author manuscript; available in PMC 2011 November 1.
- ▶ Published in final edited form as: [Neurosci Biobehav Rev. 2010 November; 35\(2\): 334–344](#). Published online 2009 November 24. doi: [10.1016/j.neubiorev.2009.11.018](#) **Translating the neuroscience of alcoholism into clinical treatments: From blocking the buzz to curing the blues** [Markus Heilig](#), MD, PhD,^{1,3} [Annika Thorsell](#),¹ [Wolfgang H. Sommer](#),^{1,2} [Anita C. Hansson](#),^{1,2} [Vijay A. Ramchandani](#),¹ [David T. George](#),¹ [Daniel Hommer](#),¹ and [Christina S. Barr](#)¹