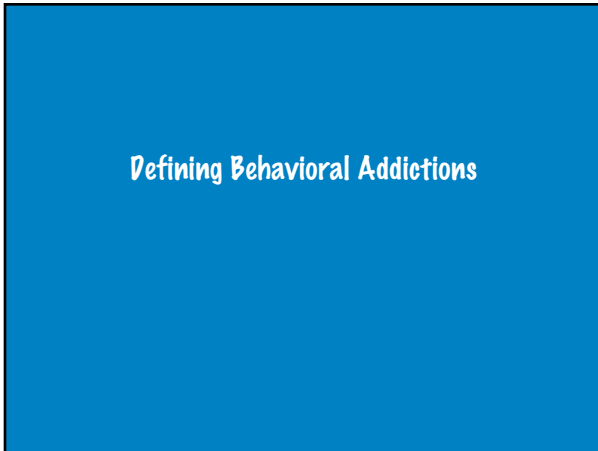
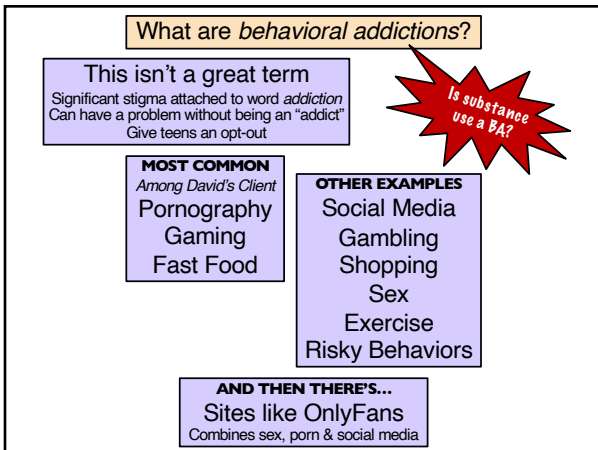




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DIAGNOSING BAs

Gambling Disorder DSM-5-TR / 312.31	A persistent and problematic gambling behavior pattern leading to significant distress or impairment
Compulsive Sexual Behavior Disorder ICD-11 / F52.8	A persistent pattern of failure to control intense, repetitive sexual impulses or urges resulting in repetitive sexual behavior
Gaming Disorder ICD-11 / 6C51	Significantly impaired control over gaming, increasing priority given to gaming, and continuation despite negative consequences
Impulse Control Disorders DSM-5-TR & ICD-11	Various specific diagnoses, all identifying difficulty controlling impulses

Problem or symptom?

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STAGES OF USE

No Use Ever

Experimental Use

Occasional Use

Regular Use

Abuse / Misuse

Addiction

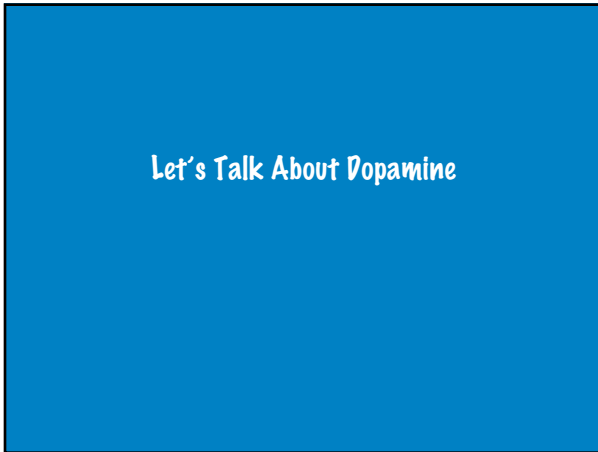
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PREVALENCE

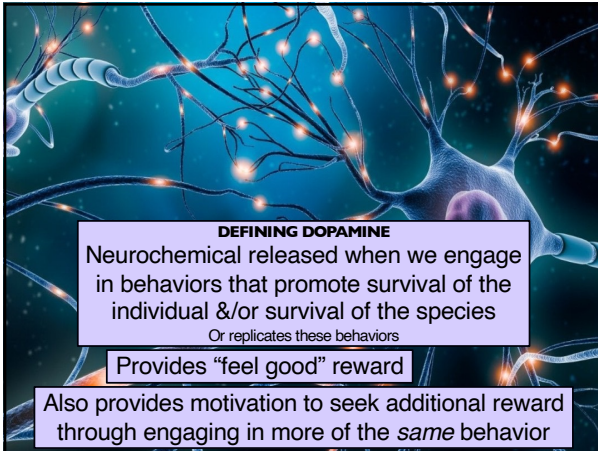
- Lack of diagnostic criteria makes it difficult to accurately identify prevalence
- Wildly varying statistics, some clearly biased or intentionally deceptive
- Tech-based BAs have increased dramatically since COVID
- Tech-based BAs are relatively new & quickly evolving

DAVID'S VERY INFORMAL META-ANALYSIS
10-12% of US teens have BAs

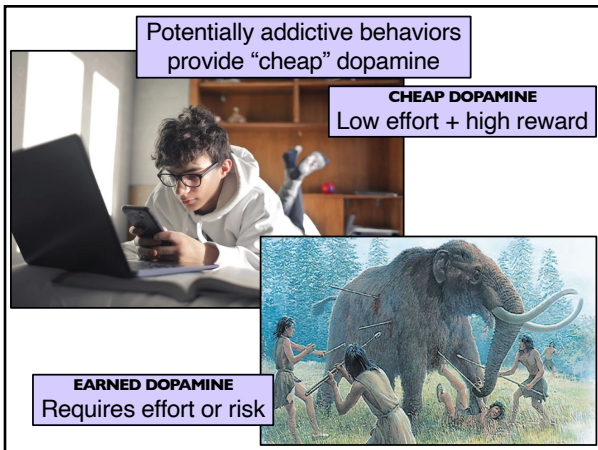
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1: Cheap dopamine doesn't last long, resulting in dopamine crashes & increased dopamine-seeking behaviors

2: Frequent releases of dopamine result in the brain shutting off dopamine receptors
Your brain says, "That's too much of a good thing!"

3: This results in a dopamine crash that often leads to increased risk taking & impulsive behaviors

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But Wait, There's More...

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DESIGNED FOR COMPULSIVITY

Fast food is designed for compulsivity in an entirely different way

EXAMPLES
Videogames
Gambling
Social Media
Pokémon Cards

Variable ratio reinforcement
Trading cards, loot boxes, scratch tickets, slots

A FEW OTHER DESIGN CHOICES
Getting "close" to winning
Multi-sensory, immersive environments
In-game rewards, power ups & likes
Fast paced play

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GENETIC CONSIDERATIONS

There is likely a genetic predisposition for BAs

Individuals who engage in BAs *might* produce less dopamine than most people

OTHER POSSIBLE FACTORS
Inheritable personality traits
Epigenetic vulnerabilities

The Dopamine Double Whammy

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MALADAPTIVE COPING STRATEGY

Functional, but not effective

"When I'm high, I don't think about the past and don't worry about the future. For a little while, my brain shuts up and I can pretend that everything is okay."
Andrew, treatment journal

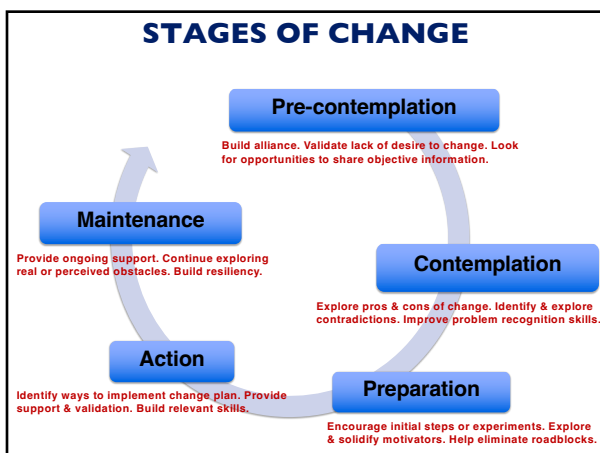
A strong function makes a behavior *seem* like a survival need

Acknowledging the function isn't the same as endorsing it

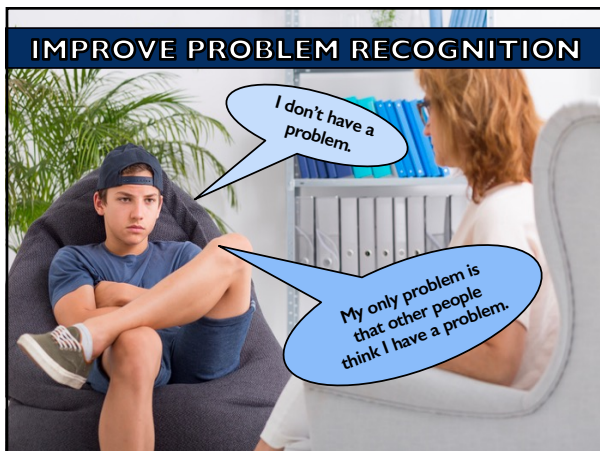
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Strategies for Change

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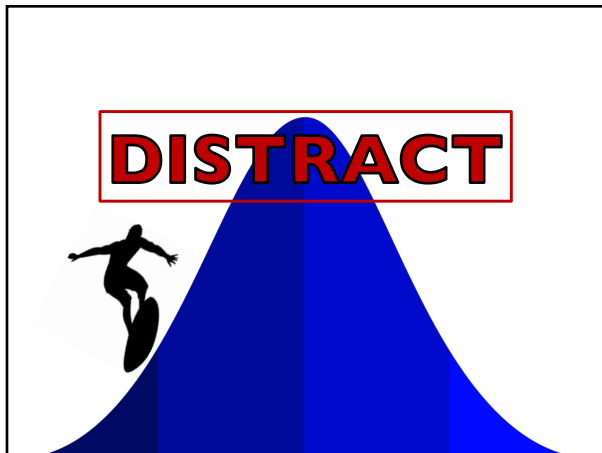
PROBLEM RECOGNITION

- Professional helpers frequently rush to problem solving
- Teens often lack insight into problems caused by BAs
- Unless a teen believes they've got a problem, they're not going to care about solving it
- Reframe the problem from the teen's perspective

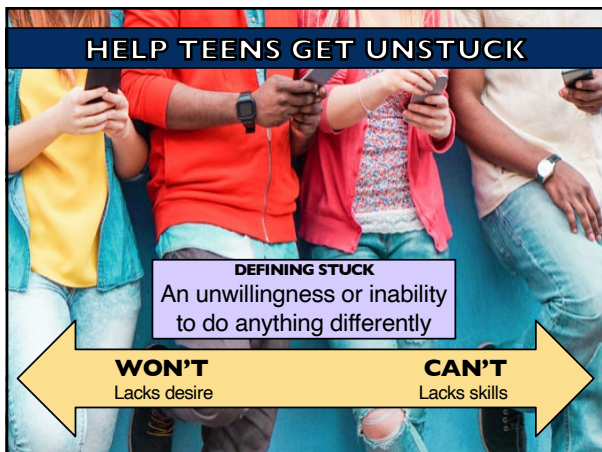
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HOW TO GET UNSTUCK

ADDRESS THE WON'T


Problem recognition
Motivational interviewing
Stages of change

ADDRESS BOTH

Therapeutic alliance
Trauma-informed
Stay clinically curious

ADDRESS THE CAN'T

Urge surfing
Adaptive coping strategies
Self-efficacy & resiliency



Our goal isn't to stop a behavior; it's to help the client no longer need it

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FURTHER RESOURCES

BOOKS

- **Changing for Good**, by J. Prochaska, J. Norcross & C. DiClemente
- **Clinical Guide to Treating Behavioral Addictions**, by A. Giordano
- **The Craving Mind**, by J. Brewer
- **Dopamine Nation**, by A. Lembke
- **Irresistible**, by A. Alter
- **Treating Addiction**, by W. Miller, A. Forcehimes & A. Zweben

PODCASTS

- **Search Engine: What's Actually on Teenagers' Phones?**, by J. Prochaska, J. Norcross & C. DiClemente
- **The Addicted Mind: Understanding Behavioral Addictions**

DOCUMENTARY

- **Social Studies**, by L. Greenfield (available on Hulu)

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Want the slides?



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