

BEHAVIORAL ADDICTIONS IN TEENS

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MICHAEL THE PATHETIC GOONER: A CASE STUDY

Michael is a 17-year-old Caucasian male who identifies as straight.

At age five, Michael and his younger brother entered foster care due to sexual abuse, neglect, and drug use in the home. By the time he was age 9, Michael had been in six different foster placements. Two of those moves happened after he was caught engaging in inappropriate sexual behavior with another child in the home. With each move, his behavior became more problematic—including angry outbursts, lying, hoarding food, and increasingly oppositional behavior. At age 10, he and his younger brother were adopted by a gay male couple, which is where they both live today.

Michael reported being first exposed to pornography at age 11, during the COVID quarantine. “I was bored during online school when a friend sent me a link saying I should open it... At first, I thought it was kind of gross, because it reminded me of all the trauma stuff from when I was little, but I kept going back to the link, and then finding other porn online, too.”

Michael’s viewing slowly increased over the next few months. He said, “Sometimes I’d have two windows open, so I could do the online school and watch porn... A couple times, I masturbated during online school. Nobody could see, but that sounds pretty creepy now.”

By the time in-person school resumed, Michael was viewing porn daily. He reported that at least twice he viewed during class. “I didn’t masturbate—obviously—but I felt like I needed to get a ‘fix’ or something, you know? So, I watched it on my phone under the desk. I knew it was wrong and that I could get caught, but that just made it more intense, I guess.”

Michael started visiting online goon sites at age 16. “It felt a little strange at first. I mean, I was 16 and shouldn’t even be there, and here were all these guys were on cameras masturbating... I’m not into guys, but by the third or fourth time, I was doing it, too... And when I was doing it, I didn’t feel any anxiety for like the first time in years. I didn’t feel anything at all, really, ‘cuz you can’t goon and think at the same time.”

Eventually, Michael’s dads discovered him on a goon site. At that time, he’d been in counseling with another therapist for a couple years. That therapist eventually referred Michael to me. She said during a phone consult, “Michael says he’s going to stop, but then nothing changes. He just keeps watching porn. And now there’s this whole Gooning Thing. I don’t know what to do with that.”

When we met for the first time, Michael had a long list of pre-existing mental health diagnoses. These included PTSD, ADHD, Conduct Disorder, Generalized Anxiety Disorder, and Major Depressive Disorder. Additionally, during the intake process, he acknowledged use of marijuana three or four times a week, often when visiting goon sites. I diagnosed Michael with PTSD, Generalized Anxiety Disorder, and Cannabis Use Disorder-Mild. Eventually, I added a diagnosis of ADHD-Predominately Hyperactive/Impulsive.

At our first meeting, Michael acknowledged continuing use since getting caught by his dads. He also identified a desire to reduce his porn viewing, but didn’t think it was necessary to stop entirely. He said, “The whole gooning thing is pretty fucked up. I know that and really need to stop, but I don’t think a little porn is that big of a deal... It’s my life and my dads can’t really stop me, even if they think they can.”

**Read the case study above.
Then in your group, discuss the questions on the next page.**

MICHAEL THE PATHETIC GOONER QUESTIONS

Earlier, we discussed six Stages of Use: No Use Ever, Experimental Use, Occasional Use, Regular Use, Abuse / Misuse, and Addiction. Where would you place Michael? Why?

In what ways might Michael's pornography viewing be functional?

If my diagnosis of ADHD-Hyperactive/Impulsive is correct, what role might this play in Micheal's problematic pornography use?

What are your thoughts about Michael's use of marijuana while viewing porn?

If Michael was your client, what would be your first steps in counseling?

TRUST MARBLES

In our discussion, we identified five marbles: Authentic, Consistent, Non-judgmental, Useful, and Transparent. Which marbles are typically present in your interactions with clients? How?

For you, what are some potential obstacles to using these marbles?

What are some ways you could be more intentional in using these marbles?

REVISITING MICHAEL: APPLYING THE STAGES OF CHANGE

Developed by Prochaska, Norcross, & DiClemente, the Stages of Change is an evidence-based transtheoretical model that identifies five steps in the process of change. Below are brief descriptions of the stages and a few stage-specific interventions for each:

- **Pre-contemplation.** The person doesn't believe they have a problem, so sees no reason to make changes. To help clients in this stage, we can focus on relationship building with the client, validate their lack of desire to change, provide objective information, and explore problem recognition.
- **Contemplation.** The person is considering the possibility a problem might exist, but hasn't decided if change is necessary. To help clients in this stage, explore the pros and cons of continued use, identify contradictions, provide opportunities to imagine alternatives, and explore ambivalence.
- **Preparation.** The person has identified a problem related to the target behavior and is deciding what to do next. To help clients in this stage, encourage small initial steps or experiments, continue to explore and solidify motivation for change, build skills for changing, and help eliminate obstacles to change.
- **Action.** The person has decided to change the target behavior, has developed a plan, and is now putting that plan into action. To help clients in this stage, explore ways to implement change, provide support, foster self-efficacy, and remain solution focused.
- **Maintenance.** When the new behavior has become habit, the person has entered this stage. I propose that six months of sobriety is a good milestone for this. To help participants in this stage, we can provide ongoing support, continue exploring real or perceived obstacles, and build resiliency.

**Answer the questions below based on Michael from our earlier case study.
Then, in your small group discuss your answers.**

What do you identify as Michael's target behavior(s)? Based on the case study, do you think he'd agree?

Where in the Stages of Change would you place Michael? Why?

Which interventions do you think would be effective with Michael? Why?

What obstacles might exist for you in meeting Michael where he's at?

FURTHER RESOURCES

Books

- **The Anxious Generation**, by J. Haidt
- **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. Forchimes & A. Zweben

Articles

- **The Goon Squad**, by D. Kolitz (Harper's Magazine, 11/25)
- **On Tilt**, by J. Craven (Harper's Magazine, 2/26)
- **Perverse Exhilaration**, by D. Kolitz & M. Sherrill (Harper's Magazine, 11/25)

Podcasts

- **The Addicted Mind: Understanding Behavioral Addictions**
- **The New Yorker Radio Hour: Social Media Goes to Court**
- **On the Media: The Social Media Addiction Trials Begin**
- **Search Engine: What's Actually on Teenagers' Phones?**
- **Search Engine: An Anthropology of Gooning**

Documentary

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

If you'd like to further explore building therapeutic alliance with teens, I invite you to read my article, *Engaging Avoidant Teens*, from the May 2020 issue of **Counseling Today**. Find it at <https://ct.counseling.org/2020/05/engaging-avoidant-teens>

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