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**What are *behavioral addictions*?**

This isn't a great term  
 Significant stigma attached to word *addiction*  
 Not a clinical term  
 Can have a problem without being an "addict"  
 Gives teens an opt-out

**MOST COMMON CURRENTLY**  
*Among David's Mostly Cis-Male Clients*  
 Pornography  
 YouTube  
 Fast Food  
 Gaming

**OTHER EXAMPLES**  
 Social Media  
 Gambling  
 Shopping  
 Sex  
 Exercise  
 Risky Behaviors

**AND THEN THERE'S...**  
 Sites like OnlyFans  
 Combines sex, porn & social media

*Is substance use a BA?*

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### PREVALENCE

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

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

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### DIAGNOSTIC CODES

<b>Gambling Disorders</b> DSM-5-TR ICD-10 & ICD-11	Various specific diagnoses, all identifying persistent and problematic gambling behavior leading to significant distress or impairment
<b>Compulsive Sexual Behavior Disorder</b> ICD-11	A persistent pattern of failure to control intense, repetitive sexual impulses or urges resulting in repetitive sexual behavior
<b>Gaming Disorder</b> ICD-11	Significantly impaired control over gaming, increasing priority given to gaming, and continuation despite negative consequences
<b>Impulse Control Disorders</b> DSM-5-TR ICD-10 & ICD-11	Various specific diagnoses, all identifying difficulty controlling impulses

US insurance companies  
don't pay for ICD-11 codes

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### STAGES OF USE




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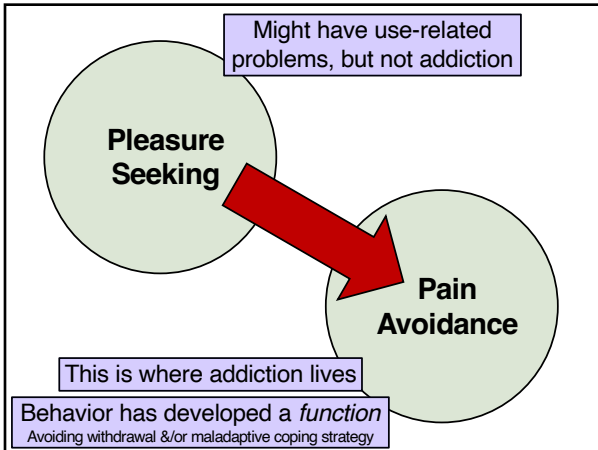
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## Let's Talk About Dopamine

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**DEFINING DOPAMINE**

Neurochemical released when we engage in behaviors that promote survival of the individual &/or survival of the species  
Or replicates these behaviors

Provides "feel good" reward

Also provides motivation to seek additional reward through engaging in more of the *same* behavior

Some neuroscientists now think dopamine is more about motivation than reward

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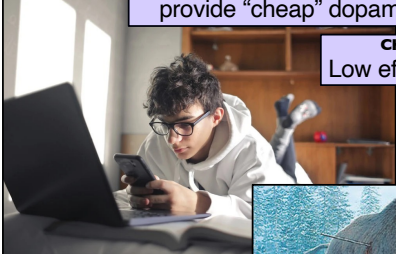
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Potentially addictive behaviors provide "cheap" dopamine

**CHEAP DOPAMINE**  
Low effort + high reward



**EARNED DOPAMINE**  
Requires effort or risk



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

**2: Excessive releases of dopamine result in receptors shutting off**

**3: Receptors shutting off can lead to more dopamine crashes, 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

The Dopamine Double Whammy

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

**OTHER POSSIBLE FACTORS**  
 Inheritable personality traits  
 Epigenetic vulnerabilities

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**REPLICATES SURVIVAL NEEDS**

**EXAMPLES**  
 Sex  
 Porn  
 Food  
 Fast Food  
 Shopping

"A zombie apocalypse probably isn't gonna happen, but I'll be ready if it does. And, I guess that makes me feel safer."  
*Nate, former client*

Perceived survival needs can feel as strong as real ones

Behaviors that replicate survival needs lead to especially big dopamine bursts

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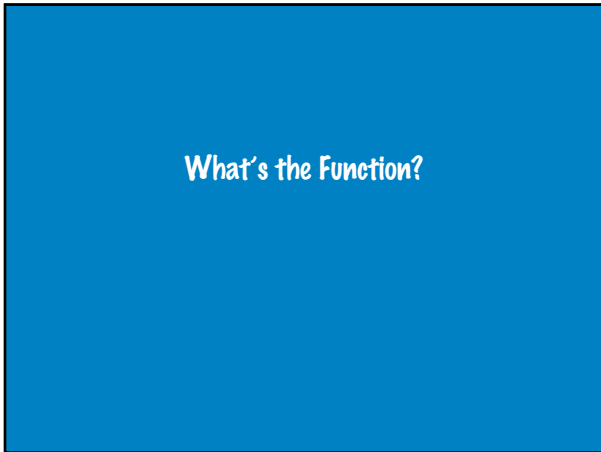
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**UNPACKING FUNCTION**

- Acknowledging the function isn't the same as endorsing it
- A strong function makes a behavior *seem* like a survival need
- People will *always* defend their perceived survival needs
- If we don't address function, lasting change is unlikely

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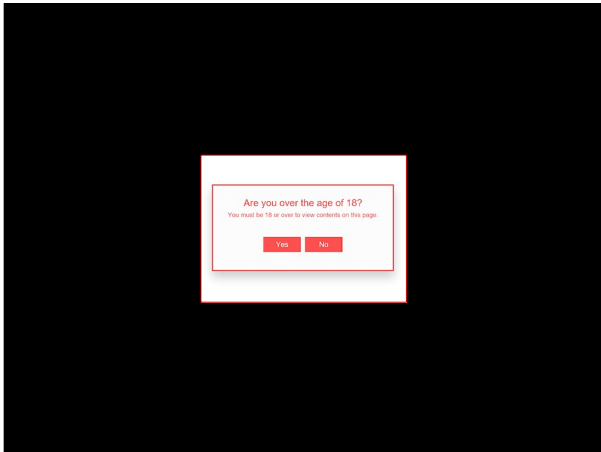
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**BEFORE WE PROCEED**

- Teens view porn
- Some people have strong opinions about this... and that's not the focus of this presentation
- We can't talk about porn without acknowledging sex & masturbation
- We can't have clinically useful conversations if policing language
- It's not our job to judge

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**A FEW STATISTICS**

- About 70% of US teens have been exposed to online porn
- Intentional about 20-40%
- Unintentional about 30-50%
- Male teens more likely to view porn
- Data from one study of online viewing: 66% of male teens, 39% of female teens
- Use increased during COVID

(Jhe, Addison, Lin & Pluhar, 2023)

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Limited scientifically valid data about effects of porn on teens

Most negative outcomes data is based on corollaries or biases  
(Jhe, et all, 2022)

**Example:** Adolescents who view porn become sexually aggressive

**SOME LEGITIMATE CONCERNS**  
Unrealistic perspectives on sex & body image  
The “numbing of sexuality”  
The ethics of porn  
Exacerbates mental health concerns  
Potential for addiction

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**SUD CRITERIA (DSM-5-TR)**

Physical Dependence	Impaired Control	Social Problems	Risky Behaviors
<ul style="list-style-type: none"> <li>Withdrawal</li> <li>Tolerance</li> <li>Cravings</li> </ul>	<ul style="list-style-type: none"> <li>Using larger amount or more often than intended</li> <li>Unable to stop or cut down</li> </ul>	<ul style="list-style-type: none"> <li>Neglecting responsibilities &amp; relationships</li> <li>Giving up activities that used to be important</li> <li>Failure to complete tasks at home, work or school</li> </ul>	<ul style="list-style-type: none"> <li>Using in risky situations</li> <li>Continued use despite known problems</li> </ul>

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**APPLYING SUD CRITERIA**

<p><b>Withdrawal</b> <i>Dopamine crash; Increase in MH symptoms; Irritability</i></p>	<p><b>Impaired Control</b> <i>Viewing longer than intended; Overspending</i></p>
<p><b>Tolerance</b> <i>Less vanilla; Viewing &amp; masturbation becomes uncoupled</i></p>	<p><b>Social Problems</b> <i>SO doesn't like it; Skipping social activities to view</i></p>
<p><b>Cravings</b> <i>Strong urges to view; Decreased ability to resist this urge</i></p>	<p><b>Risky Behaviors</b> <i>Viewing in inappropriate settings</i></p>

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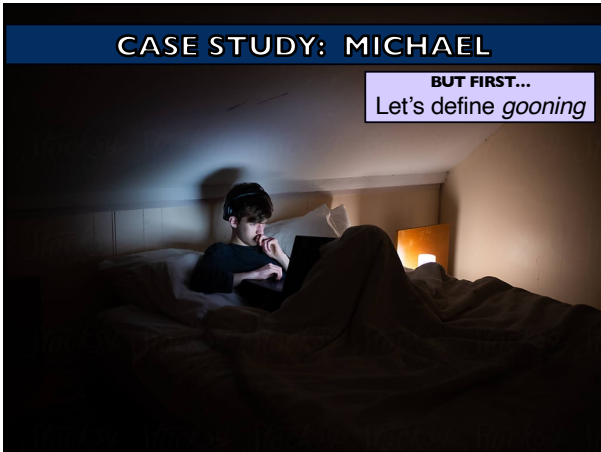
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<p><b>WHAT DOESN'T HELP</b></p> <ul style="list-style-type: none"> <li>Telling teens what their doing is "bad"</li> <li>Forcing compliance</li> <li>Focusing on abstinence</li> <li>Rushing to problem solving</li> </ul>
<p><b>WHAT DOES HELP</b></p> <ul style="list-style-type: none"> <li>Cultivating therapeutic alliance</li> <li>Addressing mental health issues</li> <li>Honest conversations about real concerns</li> <li>Meeting them where they're at</li> </ul>

These are essential components for treating all BAs in teens

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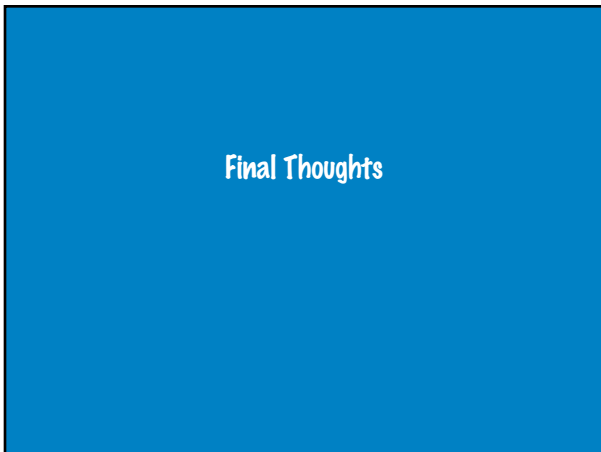
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**DAVID FLACK, MA, LMHC, SUDP**  
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