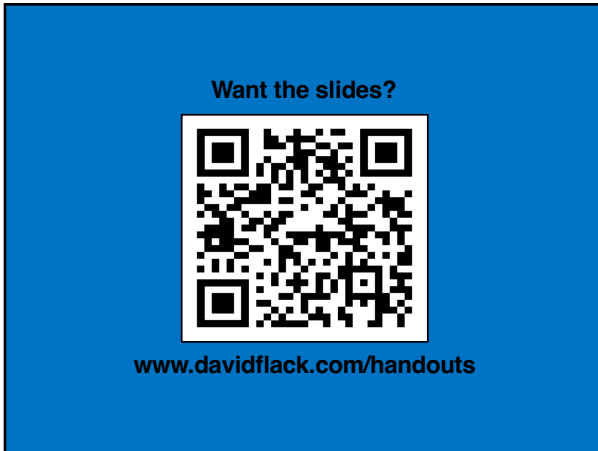
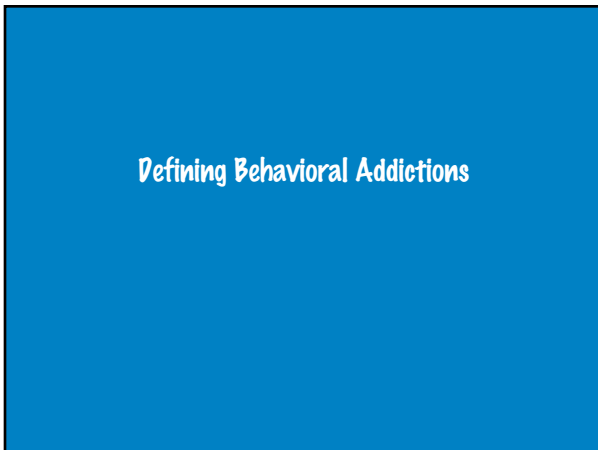




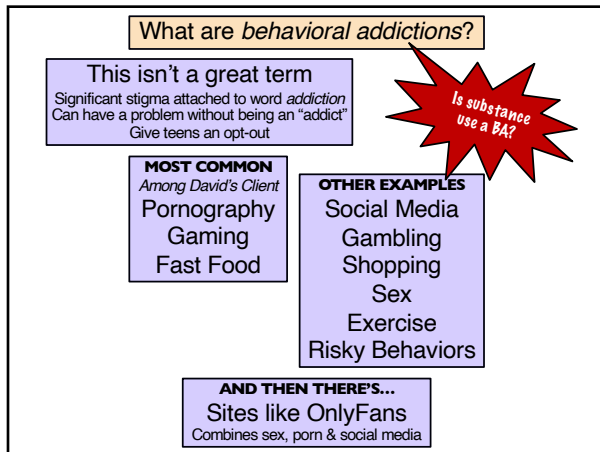
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PREVALENCE

- 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

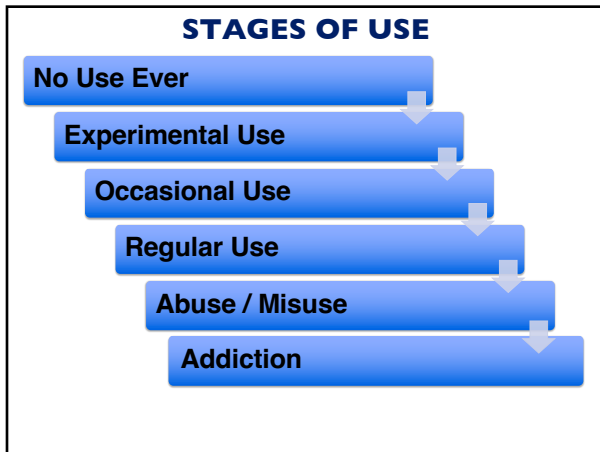
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DIAGNOSING BAs

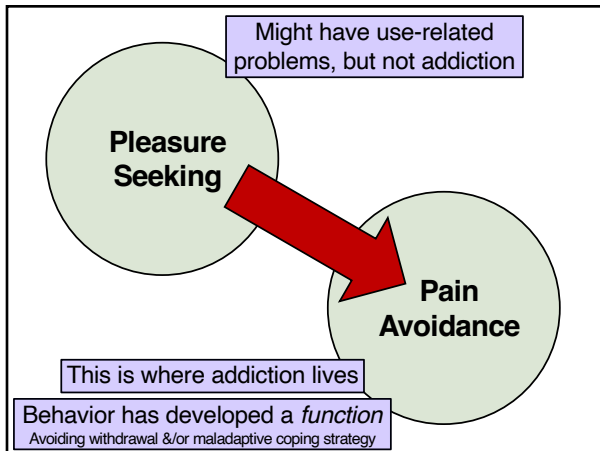
Gambling Disorder DSM-5-TR / 312.31	A persistent and problematic gambling behavior pattern leading to significant distress or impairment
Compulsive Sexual Behavior Disorder ICD-11 / F52.8	A persistent pattern of failure to control intense, repetitive sexual impulses or urges resulting in repetitive sexual 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

US insurance companies don't cover ICD-11 codes

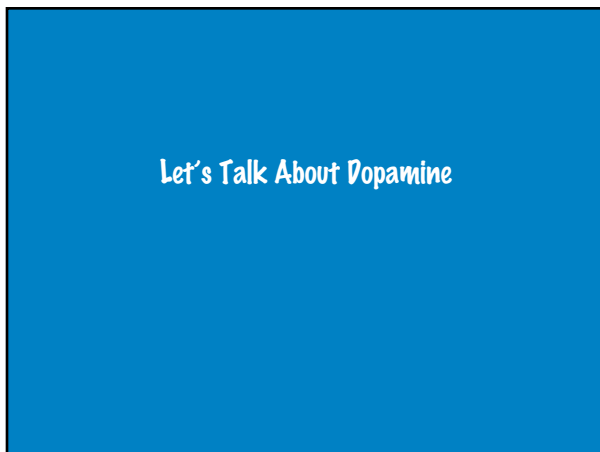
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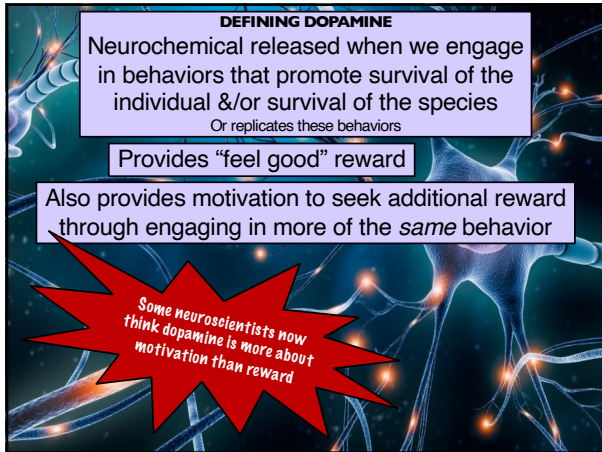
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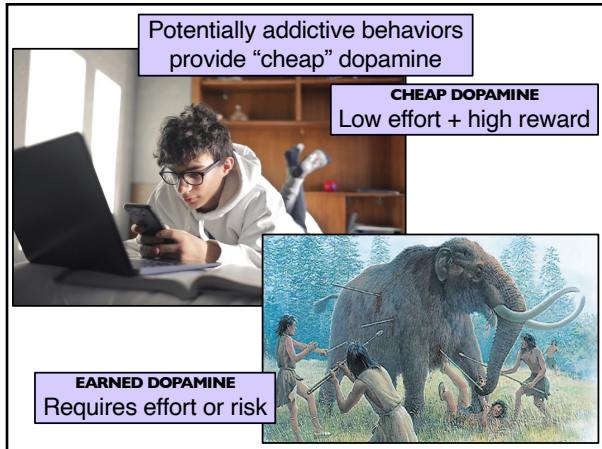
DEFINING DOPAMINE
Neurochemical released when we engage in behaviors that promote survival of the individual &/or survival of the species
Or replicates these behaviors

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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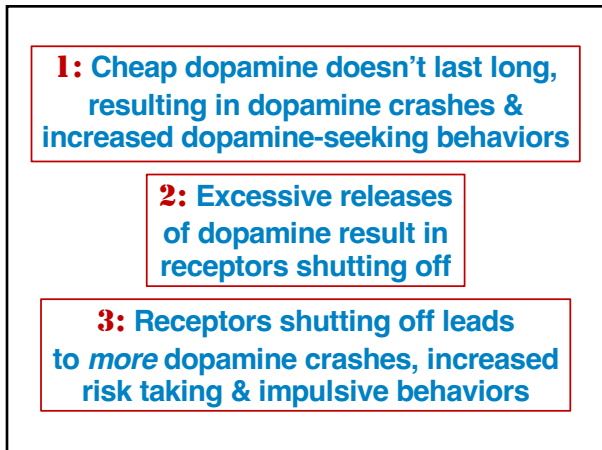


Potentially addictive behaviors provide "cheap" dopamine

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 leads to *more* dopamine crashes, increased risk taking & impulsive behaviors

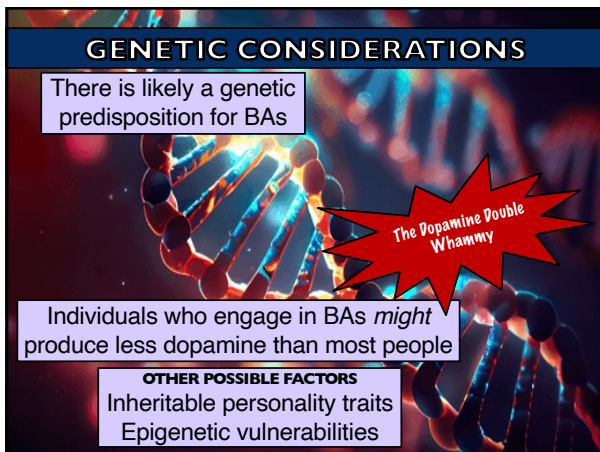
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REPLICATES SURVIVAL NEEDS

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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What's the Function?

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Maladaptive coping strategy

Functional, but not effective
Seems to help in the moment
Makes things worse in the long term

Acknowledging the function isn't the same as endorsing it

"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

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UNPACKING FUNCTION

- 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
- There isn't *always* a function to BAs

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Problematic Pornography Use

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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 al, 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
• Withdrawal • Tolerance • Cravings	• Using larger amount or more often than intended • Unable to stop or cut down	• Neglecting responsibilities & relationships • Giving up activities that used to be important • Failure to complete tasks at home, work or school	• Using in risky situations • Continued use despite known problems

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APPLYING SUD CRITERIA

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

BUT FIRST...
 Let's define *gooning*

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Three Keys to Change

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KEY #1: ADDRESS FUNCTION

There isn't always a strong function—
but when there is, it *must* be addressed

Clients are unlikely to stop maladaptive
strategies until they have more adaptive ones
Targets the behavior

**“Turn down the volume”
on the reason**
Targets what's under the behavior

*You already know
how to do this*

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KEY #2: RESOLVE AMBIVALENCE

Simultaneously believing multiple
seemingly contradictory ideas

RESOLVING AMBIVALENCE
Normalize, normalize, normalize
Identify costs & benefits of change
Disrupt rigid thinking
Problem recognition, not solving
Amplify change-talk

*Indicates
Contemplation*

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KEY #3: BUILD SOBER SKILLS

Skills specifically intended to
help someone get & stay sober

MINDFULNESS IS...
“Bringing one’s complete attention to the present
experience on a moment-to-moment basis.”
Marlatt & Kristeller, 1999

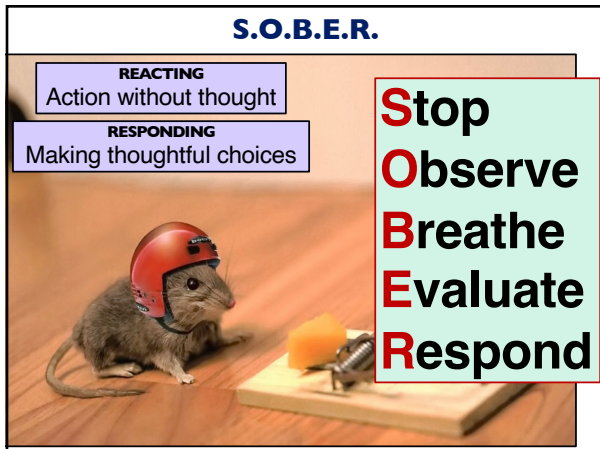
*Trauma Informed
Mindfulness*

We react to urges because we
believe they'll never go away

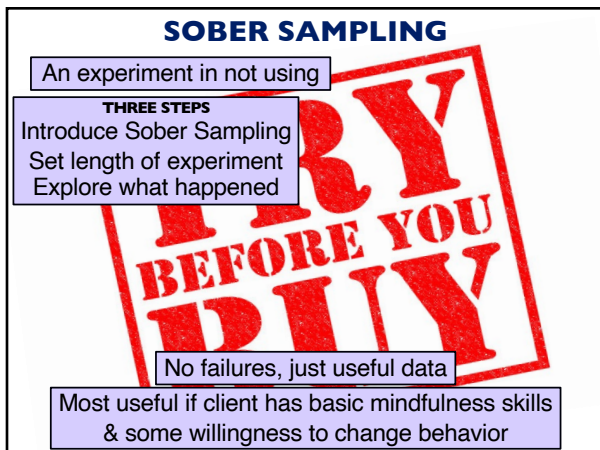
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