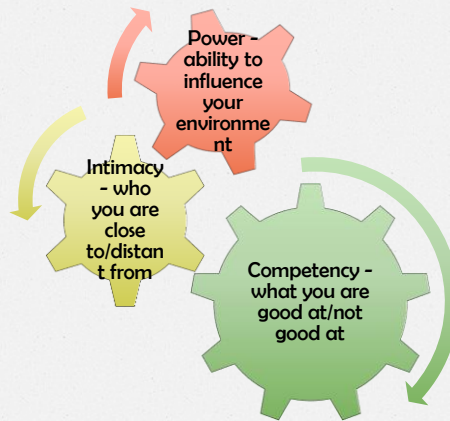


# MI in Process Addictions

Margo Bristow



## What we all want



## What is a Process Addiction

- We must compare it to Chemical addiction to understand the essential underpinnings of the acquired behaviors. Most of the research has been conducted on Internet, Gambling, and Gaming related behavior. We extend these researched ideas anecdotally to the other “process addictions.”



## Seven Dimensions of Addiction

- o Use
- o Problems
- o Physical adaptation
- o Behavioral dependence
- o Cognitive impairment
- o Medical harm
- o Motivation for change

Miller, Forcehimes, & Zweben

## Definition of Alcoholism (Chemical)

- o Alcoholism (dependence) is a “*primary, chronic disease with genetic, psychological and environmental factors... often progressive and fatal. ...characterized by impaired control over drinking, preoccupation..., alcohol use despite adverse consequences...*”

American Society of Addiction Medicine (ASAM)  
1993

**The Chemical creates the high.**

## Definition of a Process Addiction

- ...a *primary chronic maladaptive* coping mechanism with environmental and psychological factors, often *progressive and debilitating*, characterized by *impaired control* over the behavior, *preoccupation*, *chasing the feelings*, and *continued involvement* despite adverse consequences.

**The act itself is the high.**

- Adapted from the ASAM descriptive statement for alcoholism.

## Dependence Syndrome (Chemical)

- a) a strong desire or sense of compulsion to take the substance
- b) difficulties in controlling substance-taking behavior in terms of its onset, termination, or levels of use
- c) a physiological withdrawal state when the substance has been ceased or reduced or use of a related substance to reduce withdrawal symptoms
- d) tolerance
- e) progressive neglect of pleasurable endeavors
- f) increased usage to feel normal;
- g) continued usage despite clear evidence of harm to self.

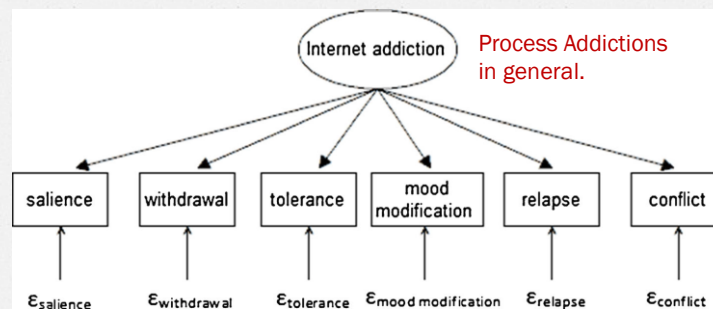
\*...subjective awareness of compulsion to use drugs is most commonly seen during attempts to stop or control substance use.  
ICD10 1992

## Habit and Impulse Disorders (Process)

- o Pathological gambling (Compulsive gambling)
  - a) Put jobs at risk
  - b) Acquiring large debts
  - c) Lie (or break the law) to obtain money or evade payment of debts
  - d) Intense urge to gamble
  - e) Preoccupation
  - f) Essential feature is persistently repeated gambling  
...increases despite adverse social consequences...impoverishment, impaired family relationships, and disruption of personal life

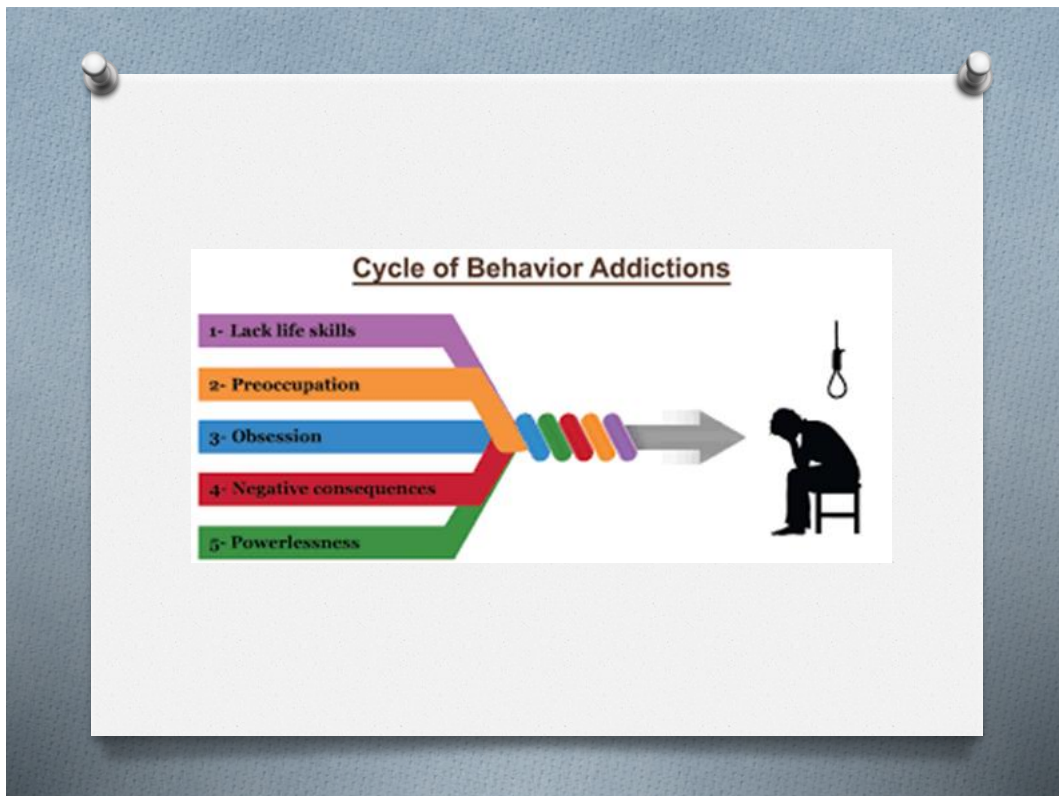
ICD 10 1992

## Conceptualization across behaviors



Assessing Internet Addiction Using  
the Parsimonious Internet Addiction  
Components Model—A Preliminary Study  
Daria J. Kuss, Gillian W. Shorter,  
Antonius J. van Rooij, Mark D. Griffiths  
& Tim M. Schoenmakers

International Journal of Mental Health and Addiction  
ISSN 1557-1874  
Volume 12 Number 3  
Int J Ment Health Addiction (2014)  
12:351-366  
DOI 10.1007/s11469-013-9459-9



## Consider

- o Other habit and impulse disorders
  - o Persistently repeated maladaptive behavior that are not secondary to a recognize psychiatric syndrome
  - o Repeated failure to resist impulses to carry out the behavior
  - o Prodromal period of tension and a feeling of release



- **Kleptomania is not a Process Addiction** but some areas to consider are
  - Shoplifting as a reason for observation for suspected mental disorder
  - Depressive disorder with stealing
  - Online shopping and observation



What we are finding is an increased co-morbidity with Mood Disorders.

Which came first? How do we differentiate? Is it nature or nurture?

## Addictions (DSM 5)

- |   |   |
|---|---|
| <ul style="list-style-type: none"> <li>◦ <b>Chemical</b> (all are typed as related disorders)           <ul style="list-style-type: none"> <li>◦ Alcohol</li> <li>◦ Caffeine</li> <li>◦ Cannabis</li> <li>◦ Hallucinogen               <ul style="list-style-type: none"> <li>◦ Phencyclidine</li> </ul> </li> <li>◦ Inhalants</li> <li>◦ Opioids</li> <li>◦ Sedative/hypnotic</li> <li>◦ Stimulants</li> <li>◦ Tobacco</li> <li>◦ Other</li> </ul> </li> </ul> | <ul style="list-style-type: none"> <li>◦ <b>Process</b> <ul style="list-style-type: none"> <li>◦ Disordered Gambling (DSM 5)</li> <li>◦ Condition warranting more clinical research:               <ul style="list-style-type: none"> <li>◦ Internet Gaming disorder                   <ul style="list-style-type: none"> <li>◦ With the caveat that there is a difference in addiction to the internet and addiction on the internet<br/><small>(Griffiths, J Addict Res Ther 2014, 5:4)</small></li> </ul> </li> <li>◦ Social Networking Sites (SNS)</li> </ul> </li> </ul> </li> </ul> |
|---|---|

## Social Network Sites

SNSs provide a means of secure and predictable communal space, which is in many aspects similar to the communal spaces of traditional communities (such as modern pubs or bars), where one can meet familiar faces with whom there is a possibility to share experiences as well as to live the experience of being a part of the community.

Social Networking Addiction: An  
Overview of Preliminary Findings (2014)

Mark D. Griffiths, Daria J. Kuss, Zsolt Demetrovics

## Psychosocial and Behavioral Correlates

Problematic video gaming and other forms of internet addiction are associated with reduced academic success and sleep disorders. Correlations have been identified between internet addiction and depression symptoms, anxiety, and obsessive symptoms, and reduced social involvement and psychological well-being.

Littman-Sharp, Kim and Clarkson



## Some common characteristics

- “Participants displaying high levels addiction were more likely to (i) own a portable device with Internet access, (ii) use the Internet for longer weekly hours, (iii) be lonely and socially lonely, (iv) perceive themselves as bullying and cyberbullying victims, and (v) report more ‘disturbing’ behavior. “

Internet Addiction and Loneliness Among Children and Adolescents in the Education Setting: An Empirical Pilot Study  
Halley M. Pontes<sup>1</sup>, Mark D. Griffiths<sup>1</sup>, & Ivone M. Patrão<sup>2</sup>

## Other behaviors considered Process Addictions

### Impulse Control disorders

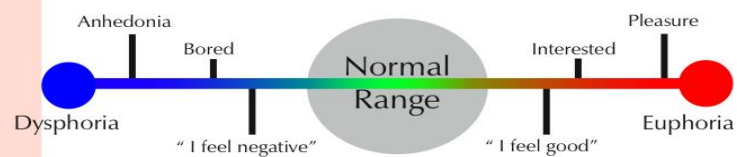
- Sexual Compulsion
- Theft and Shoplifting (lesser form of Kleptomania)
- Compulsive Shopping/Spending
- Compulsive Embezzlement
- Video Gaming Addiction
- Texting and Social Media



## How do they compare?

- Characterization as a disease (medical model)
  - Chronic
  - Primary
  - Progressive
  - Physical signs/symptoms
  - You can smell it, see it, taste it
  - Judged
- How does this fit with non chemically based addictions?
  - Chronic
  - Primary
  - Progressive
  - Hidden and secretive
  - Acceptable behavior
  - Condoned

## Pleasure Scale



## How does Motivational Interviewing address Process Addictions?

- o Clients tend to be isolative or minimally engaged
- o Clients feel judged and experience increased shame and guilt – hidden addictions
- o Clients are hesitant to give up their behavior; it is oftentimes used in daily interactions with others
- o Cannot stay out of stores, off the internet, off their smart phones or away from technology – a normal part of communication

Motivational Interviewing engages in a manner which is non- threatening and assists the client in setting goals that are obtainable and originate with him or her.

## Treatment options

- o “(Process) addiction clients receive more benefit from individual than from group counselling. Social anxiety, social isolation, and lack of social competence may need to be addressed before clients can fully benefit from treatment groups.”  
Littman-Sharp, Kim and Clarkson  
(Process)...
- o Shoplifters do benefit from group process. It decreases their self judgement and the shame and guilt associated with an illness not accepted by the public in general. It is associated with a “sin” Family members discuss the behavior not the urge or the emotional regulation needed to work through their addictive process.

## Moving them along the scale

- o Engagement
- o Seeking purpose and creating discrepancy
- o Softening sustain talk
- o Cultivating change talk
- o Creating incremental, obtainable goal setting and agenda mapping to create a safer environment
- o Group as a normalizing feature.

## Roadblocks to obtaining treatment

- o Therapists' unwillingness to "deal" with clients that are committing "abnormal" addictive processes
- o Feel that they have not been trained to work with the specific issues and will refer out to another therapist
- o Associate illegal behavior with criminal acts instead of maladaptive and a means of coping for the client
- o Most of our clients cannot "live" without connectivity to the internet, social media, gaming, shopping, going into stores, or being without a computer or phone

## Contact information

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