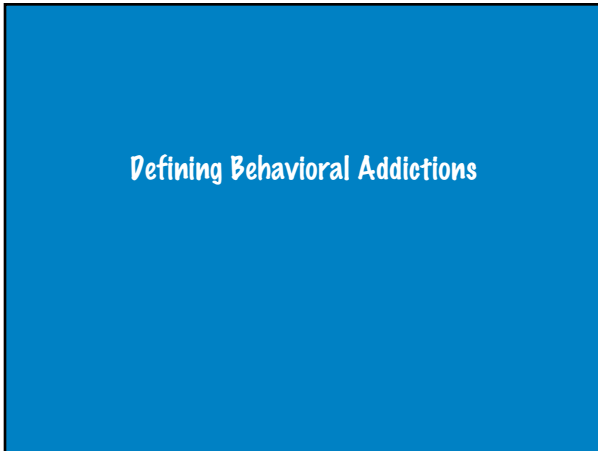
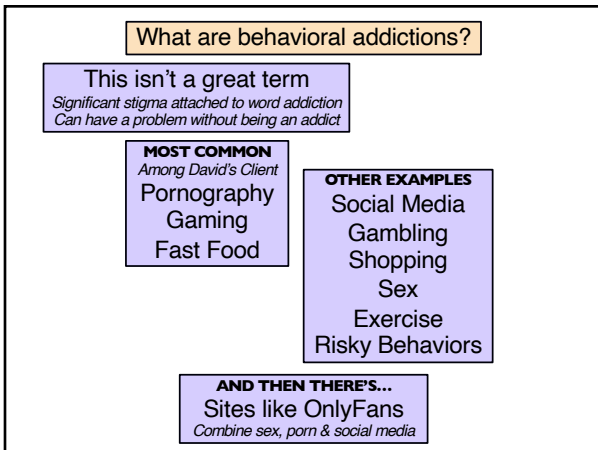




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DIAGNOSING BAs

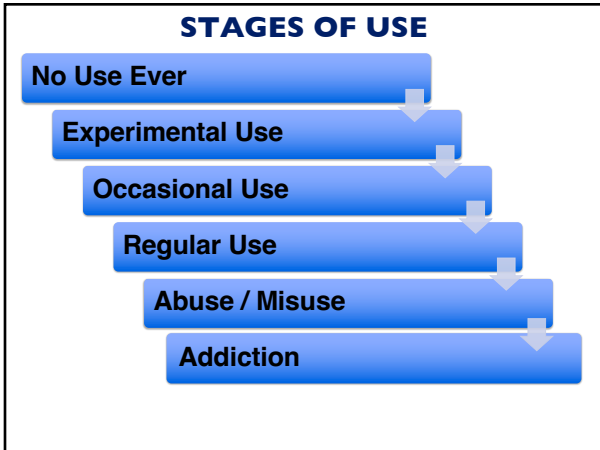
Gambling Disorder (DSM-5-TR)	A persistent and problematic gambling behavior pattern leading to significant distress or impairment
Compulsive Sexual Behavior Disorder (ICD-11)	A persistent pattern of failure to control intense, repetitive sexual impulses or urges resulting in repetitive sexual behavior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

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SUD CRITERIA (DSM-5-TR)

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

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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 increased dramatically during COVID
- Tech-based BAs are relatively new & quickly evolving

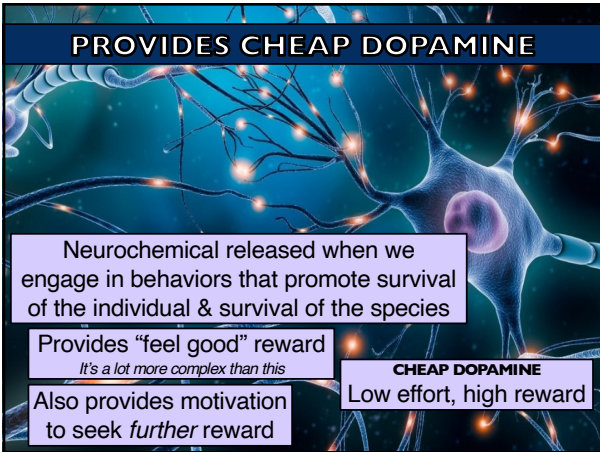
DAVID'S VERY INFORMAL META-ANALYSIS
10-12% of US teens have BAs

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What Makes Some Behaviors Addictive?

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PROVIDES CHEAP DOPAMINE



Neurochemical released when we engage in behaviors that promote survival of the individual & survival of the species

Provides "feel good" reward
It's a lot more complex than this

Also provides motivation to seek *further* reward

CHEAP DOPAMINE
Low effort, high reward

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Potentially addictive behaviors
lead to outsized dopamine bursts

BUT...
This "cheap" dopamine doesn't last long

SO...
The person increases the dopamine-seeking behavior

HOWEVER...
Ongoing high dopamine release results in
the brain shutting off dopamine receptors

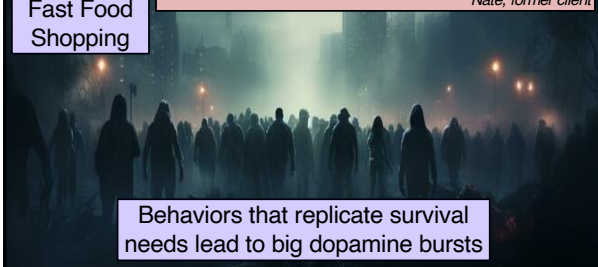
AND THEN...
Decreased dopamine leads to
risk taking & impulsive behaviors

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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



Behaviors that replicate survival needs lead to big dopamine bursts

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DESIGNED FOR COMPULSIVITY

EXAMPLES
Videogames
Gambling
Social Media

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



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Thinking About Function

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Is the behavior the
PROBLEM?

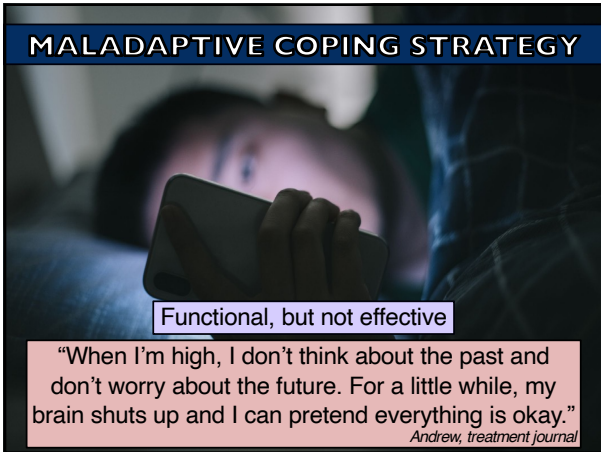
Is the behavior a
SYMPTOM?

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- BEYOND SYMPTOMS**
- Acknowledging the function isn't the same as endorsing it
 - Our goal isn't to stop a behavior; our goal is to help client no longer need it
 - Relapse prevention is part of this process, but *not* the whole answer
 - In 21st century North America, we can't abstain from technology

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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 everything is okay.”
Andrew, treatment journal

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Problematic Pornography Use

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BEFORE WE PROCEED

- Teens view porn
- Some people have strong opinions about this
- We can’t talk about porn without acknowledging sex & masturbation
- We can’t have clinically useful conversations with teens if we’re busy policing their language

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What are your thoughts about teens viewing pornography?

There is limited scientifically valid data about the effects of porn on teens

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

Example: Adolescent males who view porn become sexually aggressive

In my experience, teen trauma survivors are more likely to have PPU
Especially sexual trauma survivors

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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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APPLYING SUD CRITERIA

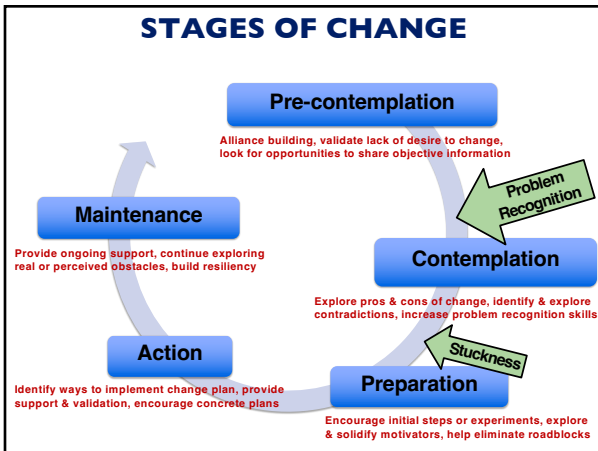
Withdrawal <i>Dopamine crash; Increase in MH symptoms</i>	Impaired Control <i>Viewing longer than intended; Overspending</i>
Tolerance <i>Less vanilla; Viewing & masturbation becomes uncoupled</i>	Social Problems <i>SO doesn't like it; Skipping social activities to view</i>
Cravings <i>Strong urges to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

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WHAT DOESN'T HELP
Telling teens that porn is bad
Forcing compliance
Focusing on "abstinence"
Rushing into problem solving

WHAT DOES HELP
Cultivating therapeutic alliance
Addressing mental health concerns
Trauma-informed mindfulness
Honest conversations about real concerns
Meeting them where they're at

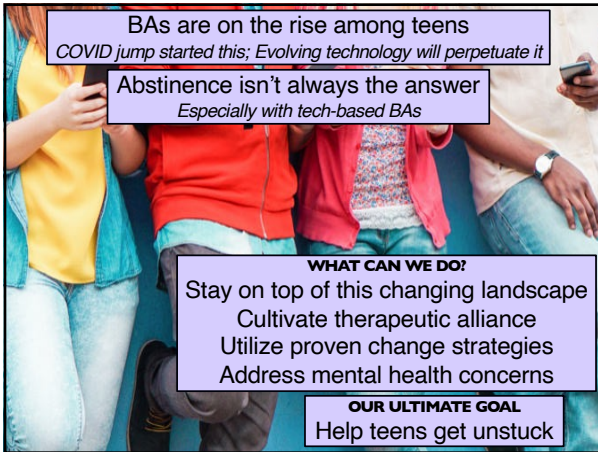
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Final Thoughts

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BAs are on the rise among teens
COVID jump started this; Evolving technology will perpetuate it

Abstinence isn't always the answer
Especially with tech-based BAs

WHAT CAN WE DO?
Stay on top of this changing landscape
Cultivate therapeutic alliance
Utilize proven change strategies
Address mental health concerns

OUR ULTIMATE GOAL
Help teens get unstuck

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FURTHER READING

- **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
- **Ethical Porn for Dicks**, by D. Ley
- **Treating Addiction**, by W. Miller, A. Forchimes & A. Zweben

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