

# Clinical Update

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### **SPEED: FACING OUR ADDICTION TO FAST AND FASTER AND OVERCOMING OUR FEAR OF SLOWING DOWN**

**By: Stephanie Brown, PhD**

A patient recently arrived late, out of breath, finishing up a phone call outside my office as I held the door open. "I just can't do it all. I've got 12 more calls waiting when I leave here. How can I settle down and talk with you? I push limits, I push time. I constantly run behind and I never catch up. It's so hard to concentrate on anything anymore, never mind thinking about myself." Just like any other addiction, people are out of control in their behaviors, feelings and crazy thinking; yet they believe this is good.

This is SPEED. Our society has lost control. Many in the culture are living in a chaotic, frenzied downward spiral of a new addiction, chasing money, power, success and a wilder, faster pace of life. This is progress in America. You always move forward and there are no limits to how far or how fast you can get there. Don't slow down. Don't think about things. Don't wait. Action is now. Impulse should be your first response. You'll lose ground and fail if you stop moving.

This is success in America. Primed from the Pilgrims' arrival by a creed that became known as Manifest Destiny – the settlers' God-given power was obvious and certain – these new explorers believed they were exceptional and entitled to have and to take what they wanted, which at that time meant geographical expansion.

These deep beliefs linked progress, expansion and success as basic rights, an attitude of exceptionalism that kept America moving westward for two centuries. But with geography all taken and colonialism no longer acceptable,

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## Understanding Process (Behavioral) Addictions

By Robert Weiss LCSW, CSAT-S

### Substances vs. Behaviors

Substance addictions (called Substance Use Disorders in the DSM-5) involve abuse of and dependency on pleasure-inducing chemicals such as alcohol, nicotine, prescription drugs, and illegal drugs like meth, cocaine, and heroin. Process addictions (also known as behavioral addictions) involve abuse of and dependency on problematic patterns of pleasurable behavior such as spending, gambling, eating, video gaming, sex, porn, and romantic intensity. For the most part, substance addictions are relatively well understood by both clinicians and the general public. Process addictions, however, are another story entirely.

One common misconception about process addictions is that they are moral and/or character shortcomings rather than addictions. Another misconception is that that process addictions are less serious and less damaging than substance abuse problems. Neither of these ideas is even remotely true. In fact, after more than twenty years treating both process and substance addictions, I can assure you that out-of-control behavioral disorders are every bit as obsessive and all-consuming as substance abuse, and they wreak every bit as much havoc on families, jobs, self-care, relationships, communities, and health.

### High without Drugs

In all likelihood, much of the confusion about process addictions stems from the fact that most people don't understand how a behavior can get you high, even though the neurochemical process is relatively straightforward. In simplified terms, in a normal, healthy brain the nucleus accumbens (sometimes called the brain's "pleasure center" or "rewards center") registers pleasurable feelings in response to naturally occurring, life-affirming stimuli (eating, playing, being sexual, and the like). These activities are rewarded with feelings of enjoyment because they ensure survival of both the individual and the species. (If we don't eat, we die; if we don't have sex, we don't reproduce; etc.) This, of course, is intelligent design at its finest.

These life-affirming sensations of pleasure are caused primarily by the release of various neurotransmitters (neurochemicals that carry messages) into the pleasure center. Among these neurotransmitters are dopamine, serotonin, and oxytocin, though when it comes to addiction we are mostly looking at dopamine. Thus activated, the pleasure center communicates with other areas of the brain, most notably the centers controlling mood, decision-making, and memory, telling these parts of the brain how much it enjoyed eating, playing, being sexual, etc. Through this inter-brain communications process we "learn" that certain activities are pleasurable, and we make future decisions based upon this knowledge.

**...both addictive drugs and potentially addictive behaviors trigger the exact same neurochemical pleasure response in the brain, thereby creating the same exact dissociative sensation.**

Unfortunately, our pleasure center can be fooled. For instance, addictive substances, even though they have no life-affirming, survival-related purpose, are able to artificially stimulate the neurochemical pleasure response, thereby causing us to "feel good" for no meaningful reason. Unsurprisingly, tricking and misusing the biochemical pleasure process is a key element in the formation and maintenance of addictions—both substance and process. Simply put, individuals who struggle with underlying emotional and/or psychological issues such as depression, anxiety, low self-esteem, social deficits, unresolved trauma, and the like learn to abuse the brain's naturally occurring pleasure response by artificially triggering it *as a way to escape their psychological discomfort*. When the pleasure response is thus stimulated, the life stress and emotional pain these people were feeling are temporarily masked. (Addicts often don't want to *feel better*; they want to *feel less*.)

It is important to note here that both addictive drugs and potentially addictive behaviors trigger *the exact same neurochemical pleasure response* in the brain, thereby creating *the same exact dissociative sensation*. Knowing this, it is much easier to understand how a behavioral addict gets the same basic high as a substance addict. Consider, for instance, a porn addict.

He or she sits at his or her computer looking at video after video after video. Each new set of imagery brings a new face, a new body, a new sex act, and a fresh jolt of pleasure inducing neurochemicals. The more videos a porn addict looks at, the more powerful his or her escapist high becomes. Just as meth addicts need a steady stream of “bumps” to stay high, porn addicts need a steady stream of fresh imagery. Gambling addicts are the same. Each new bet brings with it another neurochemical rush. Shopping, video gaming, and other potentially addictive activities also rely on a steady influx of similarly escapist neurochemical pleasure jolts.

The brain, of course, is highly malleable—built to adapt to whatever input it receives. As such, when its pleasure processes are repeatedly abused, it adjusts to the excessive dopamine levels it’s experiencing by producing less dopamine and/or eliminating dopamine receptors. Thus, over time, the same activities result in less and less pleasure, leading to what is commonly called “escalation.” This means addicts must continually use more of the drug/behavior or a stronger (more powerfully stimulating) drug/behavior to achieve the escapist high they are looking for. And that is exactly what they choose to do, primarily because the brain remembers the escapist pleasure it once got from this substance/activity, and it continues to encourage use. In this way *liking* an addictive substance/behavior turns into *needing* an addictive substance/behavior. Even though the substance/behavior no longer provides the pleasure it once did, the individual is compelled to keep using.

### Diagnosis and Treatment

For the most part, diagnosing and treating process addictions is very similar to diagnosing and treating substance addictions. For starters, the core elements of addiction are the same either way:

- Preoccupation with use to the point of

obsession

- Loss of control over use, including failed attempts to quit or cut back
- Continuation despite negative consequences (trouble at work or in school, relationship issues, financial woes, legal problems, declining physical and emotional health, loss of interest in previously enjoyable hobbies and life-affirming activities, etc.)
- Tolerance, escalation, cravings, and withdrawal

One significant area of difference in treatment can be the definition of sobriety. Whereas total and ongoing abstinence is the goal with all substance addictions and some behavioral addictions (such as gambling), behavior modification and harm reduction is the goal with life-affirming behaviors that have spiraled out of control (such as eating, working, or sex). As such, those who seek help for behavioral disorders that involve activities like eating, working, or sex need to carefully define the behaviors that are and are not ruining their

lives, agreeing in a written contract to not engage in the problematic behaviors, and to engage in non-problematic behaviors only moderately and appropriately. So for these people sobriety involves ongoing commitment to behavior change but not long-term abstinence (like quitting drinking).

In other respects, treatment of behavioral addictions is quite similar to treatment for substance abuse, typically utilizing a combination of cognitive behavioral therapy, accountability-based group therapy, shame reduction, social learning, and 12-step

support groups. As is the case with addiction, I believe the substance use and/or behavioral acting out must stop *before* the more relational clinical work of psychodynamic therapies, narrative therapies, and trauma work can be effective. If not familiar with addiction treatment, it is always recommended that a clinician seek consultation from a professional who is certified and trained in the treatment of such disorders.

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