Welcome & Meeting Information

• WebEx participants are muted
  ▪ Please use Q&A feature for questions
  ▪ Please use chat feature for technical issues

• Focus of today’s presentation is practice-based – please Contact SUD@dmas.virginia.gov with technical or billing questions

• We are unable to offer CEUs for this webinar series
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Naloxone Resources

- Get trained now on naloxone distribution
  - REVIVE! Online training provided by DBHDS every Wednesday
  - [https://getnaloxonenow.org/](https://getnaloxonenow.org/)
    - Register and enter your zip code to access free online training
- Medicaid provides naloxone to members at no cost and without prior authorization!
- Call your pharmacy before you go to pick it up!
- Getting naloxone via mail
  - Contact the Chris Atwood Foundation
  - [https://thecaf.acemlnb.com/lt.php?s=e522cf8b34e867e626ba19d229bbb1b0&i=96A94A1A422](https://thecaf.acemlnb.com/lt.php?s=e522cf8b34e867e626ba19d229bbb1b0&i=96A94A1A422)
  - Available only to Virginia residents, intramuscular administration
SUPPORT ACT GRANT WEBSITE -
HTTPS://WWW.DMAS.VIRGINIA.GOV/#/ARTSSUPPORT
The grant team has been working closely with Montserrat Serra, DMAS Civil Rights Coordinator, to provide closed captioning for our webinars and stakeholder meetings.

We were now able to provide closed captioning through Hamilton Relay for all upcoming webinars.

The link for transcription can be found on the Winter Webinar schedule and will be sent in the chat.
Fall 2021 Webinars

- Behavioral Addictions: Gambling, Gaming & More: 11 – 23, 10 – 11 AM & 11 – 30, 1 – 2 PM
- Stigma in SUD & SUD Treatment: 12 – 7, 10 – 11 AM
- Contingency Management: 12 – 14, 10 – 11 AM & 12 – 16, 1 – 2 PM

Brasier, DMAS
Paul Brasler is the Behavioral Health Addictions Specialist with the SUPPORT Grant Team at DMAS. Prior to working for DMAS, Paul was the Head of Behavioral Health at Daily Planet Health Services, a Federally-Qualified Health Center in Richmond, Virginia. Paul also works in Emergency Departments conducting Psychiatric and Substance Use Disorder assessments, and in a small medical practice. He has worked in community mental health and in residential treatment settings. He is a national presenter for PESI, specializing in training for clinicians working with high risk clients. His first book, *High Risk Clients: Evidence-based Assessment & Clinical Tools to Recognize and Effectively Respond to Mental Health Crises* was published in 2019.
Language

- We want to use “Person-Centered language”
  - Not “Addict,” but **Person who uses drugs** or **Person with a substance use/behavioral disorder**
  - Not “Addiction,” but **Substance Use Disorder (SUD)**
  - Not “Abuse,” but **Use**
  - Not “Clean,” but **In Recovery** or **Testing Negative**
  - Not “Dirty,” but **Testing Positive**
  - Not “Relapse,” but **Return to Use**

- At the same time, out of habit, I may inadvertently use some of these older words/terminology—and some of the sources I quote use older terms

- Be cognizant that some people may describe themselves as “alcoholics,” “junkies,” etc., or may refer to “clean time” as how long they have been in recovery (and we need to respect this)
Addiction Defined: ASAM

Addiction is a treatable, chronic medical disease involving complex interactions among brain circuits, genetics, the environment, and an individual’s life experiences. People with addiction use substances or engage in behaviors that become compulsive and often continue despite harmful consequences.

Prevention efforts and treatment approaches for addiction are generally as successful as those for other chronic diseases.

Adopted by the ASAM Board of Directors September 15, 2019
Addiction/SUD Defined: The 3 P’s (Filbey, 2019, P. 1)

**Pervasive:** SUD affects all aspects of a person’s life

**Persistent:** SUD effects persevere despite efforts by the individual

**Pathological:** SUD effects are uncontrollable
Alternative Definition of Addiction

“Addiction is a multi-determined phenomenon with layers within layers of mutual influences, internal and external, all interacting concurrently, leading to a pathological outcome. It is no more true [sic] to say that addiction is simply a brain disease, or a flawed personal choice, or an experience of learning than it is to say that falling in love is nothing but biochemistry.” (Italics in original) (Morgan, 2019, p. 4)
“…A lived experience of improved life quality and a sense of empowerment; that the principles of recovery focus on the central ideas of hope, choice, freedom and aspiration that are experienced rather than diagnosed and occur in real life settings rather than in the rarefied atmosphere of clinical settings. Recovery is a process rather than an end state, with the goal of being in an ongoing quest for a better life.”

(Best & Laudet, 2010 as cited in Morgan, 2019, p. 191)
There remains debate about including behavioral addictions alongside SUD or whether they are instead comparable with compulsive disorders.

The DSM – 5 includes Gambling Disorder as a primary diagnosis alongside addictive chemicals.

The DSM – 5 includes Internet Gaming Disorder in the Conditions for Further Study section after determining there was insufficient evidence to include it as a primary diagnosis.
Behavioral Addictions

Introduction

Alter (2017) describes behavioral addictions as comprised of six ingredients:

1. Compelling goals that are just beyond reach
2. Irresistible and unpredictable positive feedback
3. A sense of incremental progress and improvement
4. Tasks that become slowly more difficult over time
5. Unresolved tensions that demand resolution
6. Strong social connections
Components Model of Addiction
(Rose, 2018, p. 9)

Addiction as any behavior with the following:

1. **Salience**: The behavior dominates activity, focus, thinking (preoccupation, cognitive distortion), feelings (craving), and behavior.

2. **Mood modification**: Euphoria or relief from negative emotions reinforces the behavior.

3. **Tolerance**

4. **Withdrawal symptoms**

5. **Conflict**: Interpersonal friction occurs when the behavior supersedes obligations and responsibilities to others. Conflict can be intrapsychic, from guilt or loss of control.

6. **Relapse**: Repeated failed attempts to quit, cut back, or control the behavior, with previous addictive behavior patterns quickly restored.
Behavioral Addictions

Gambling Disorder

Compulsive Sexual Behaviors

Internet Gaming Disorder
Gambling Disorder
Gambling Disorder: Diagnostic Criteria

A. Persistent and recurrent problematic gambling behavior leading to clinically significant impairment or distress, as indicated by four (or more) of the following in a 12-month period

1. Needs to gamble with increasing amounts of money in order to achieve the desired excitement
2. Is restless or irritable when attempting to cut down or stop gambling
3. Has made repeated unsuccessful efforts to control, cut back, or stop gambling
4. Is often preoccupied with gambling (e.g., having persistent thoughts of reliving past gambling experiences, handicapping or planning the next venture, thinking of ways to get money with which to gamble)
Gambling Disorder:Diagnostic Criteria

5. Often gambles when feeling distressed (e.g., helpless, guilty, anxious, depressed)

6. After losing money gambling, often returns another day to get even (“chasing” one’s losses)

7. Lies to conceal the extent of involvement with gambling

8. Has jeopardized or lost a significant relationship, job, or educational or career opportunity because of gambling

9. Relies on others to provide money to relieve desperate financial situations caused by gambling

(Mee-Lee, et al, 2013, p. 359)
Gambling Disorder: Diagnostic Criteria

B. The gambling behavior is not better accounted for by a manic episode

Course Specifiers
- Episodic
- Persistent
- In early remission
- In sustained recovery

Current Severity
- Mild: 4 – 5 criteria met
- Moderate: 6 – 7 criteria met
- Severe: 8 – 9 criteria met
“The term problem gambling has been used to describe forms of disordered gambling, sometimes inclusive and at other times exclusive of gambling disorder. Problem gambling, like problem drinking, is not an officially recognized disorder by the American Psychiatric Association”

“The lifetime estimate of Gambling Disorder was 1.6% and the estimate of problem gambling was 3.9%”

“Subpopulations, including military veterans, young adults, and adolescents, have also demonstrated remarkable rates of problem gambling or gambling disorder”

(Herron & Brennan, 2020, p. 255)
Ways People Gamble

- Casino-type gambling (e.g., slot machines, cards, etc.)
- Lottery
- Sports betting
- Stock purchases
- Games of chance (e.g., bingo, internet gambling)
Sex Differences in Gambling

- “Men with Gambling Disorders have higher rates of ‘strategic’ forms of gambling, including sports betting, video poker, and blackjack”
- “Women have higher rates of ‘nonstrategic’ gambling, such as slot machines or bingo”
- “Men tend to report gambling for reasons unrelated to their emotional state”
- “Women report gambling to escape from stress or owing to depressive states”
- “Both men and women report that advertisements trigger their urges to gamble”

(Herron & Brennan, 2020, p. 256)
Gambling Disorder Features

- GD often begins in adolescence or early adulthood and diminishes with age
- GD can co-occur with a substance use disorder or could “replace” another addiction (e.g., a person with alcohol use disorder becomes sober and then develops a gambling problem)
- An ongoing challenge of treating GD is the client’s lack of awareness that this is a problem
- The **Gambler’s Fallacy** often comes into play:
  - Losses precede wins (“I’ve lost four in a row, so I’m due for a win”)
  - Seeing small wins instead of big losses (e.g., winning a $50 lottery ticket after spending $75 on tickets)
Similarities & Differences Between Substance Use Disorder & Gambling Disorder (Mee-Lee, et al., 2013, pgs. 360 – 361)

**Similarities**
- A state of euphoria resulting from engagement in the behavior. Thus, the behavior—at least early in the course of the chronic condition—is pleasurable (engagement in the behavior for the purposes of reward)
- Preoccupation when engaging in the activity
- Loss of control at times when engaging in the behavior
- Progression of problems and symptoms over time

**Differences**
- No objective tests to determine problem gambling in contrast to laboratory tests which can detect for the presence of alcohol or other drugs (though not in the presence of addiction)
- Problem gambling can be easier to hide from others
- Overuse of alcohol or other drugs is self-limiting, e.g., if there is physical or mental “shut down” as when an individual passes out. Gambling is not self-limiting in the sense that a physical or mental state “shuts down” the gambling behavior
Similarities & Differences Between Substance Use Disorder & Gambling Disorder (Mee-Lee, et al., 2013, pgs. 360 – 361)

**Similarities**
- Stage of change, readiness to change, and interest in changing issues, usually manifesting as diminished recognition of problems associated with addictive behavior
- The behavior is continued in spite of adverse consequences
- Tolerance develops with repeated engagement in the behavior
- Urges and cravings develop regarding further engagement in the behavior

**Differences**
- Suicide rates are higher among problem gamblers (20% attempt)
- Problem gamblers’ financial situation is often more critical and most be addressed
- Less public awareness and acceptance of gambling disorder
- Fewer treatment resources (treatment programs, certified gambling counselors, support groups)
Similarities & Differences Between Substance Use Disorder & Gambling Disorder (Mee-Lee, et al., 2013, pgs. 360 – 361)

**Similarities**

- There is enhanced cue responsiveness, which can trigger relapse to the behavior
- Withdrawal symptoms occur when the activity is unavailable
- Psychological drives of escape, self-medication, and avoidance exist (engagement in the behavior for purposes of relief)
- Committing illegal acts to fund ongoing engagement with the behavior (substance use or gambling) can be episodic, chronic, or in remission

**Differences**

- More restricted third-party reimbursement for treatment of gambling disorders
Screening & Assessment for Gambling Disorder

- “Lie/Bet Screen:"
  - “Have you ever had to lie to people to important to you about how much you gambled?"
  - “Have you ever felt the need to bet more and more money?"

- South Oaks Gambling Screen (SOGS):
  - 16-item scorable questionnaire
  - Available on the public domain

- Once a provisional diagnosis of gambling disorder is established, use the ASAM Criteria Assessment Dimensions to determine severity and level of treatment
Gambling Disorder Treatment

- Treat co-occurring substance use disorders along with Gambling Disorder
- Utilize Motivational Interviewing to engage the client
- Cognitive Behavioral Therapy can help clients recognize triggers to gamble, learn and practice gambling refusal skills, develop alternative coping strategies, expose biases and distortions related to gambling, and increase positive behaviors
- Medication:
  - SSRIs have been used to treat GA, but the results are mixed
  - Naltrexone has also been used, but the results are inconclusive
- Gamblers Anonymous 12-Step Groups
Compulsive Sexual Behaviors
Various terms are used to describe this: Sex Addiction, Addictive Sexual Behavior, Hypersexual Disorder, and Sexual Impulsivity.

Key themes include frequent, hypersexual urges that the client has a difficult time controlling and which create problems across various life domains.

The advent of widespread, inexpensive internet access to pornography appears to have increased the prevalence of compulsive sexual behaviors.
Compulsive Sexual Behaviors

Introduction

“Consistently linked to high-risk sexual behaviors, including multiple partners, unprotected sex, and sex under the influence of drugs and alcohol. The adverse consequences of risk of addictive sexual behaviors include HIV/STI infection, unwanted pregnancies, infertility, loss of relationships, social isolation, loss of self-esteem, job loss, legal issues, financial problems, significant personal distress and impairment in daily functioning” (Rose, 2018, p. 24)

More common in men, with onset usually in late adolescence.
Compulsive Sexual Behaviors

Introduction

- “Proposals to interpret [compulsive sexual behaviors] as strongly analogous to substance addiction have not been well supported by research”

- “Labeling patients with ‘sexual addiction’ or ‘hypersexual disorder’ risks medicalizing problems in their primary relationships or exacerbating negative cultural or individual attitudes toward sexuality—negative attitudes that have been found to better predict a self-diagnosis of sexual addiction than the actual sexual behavior”

- “Labeling may also distract from identifying and treating primary mood, personality, substance use, or obsessive-compulsive disorders presenting as concerns about sexual behaviors”

(Herron & Brennan, 2020, p. 260)
Paraphilias

- Any intense and persistent sexual interest other than sexual interest in genital stimulation or preparatory fondling with phenotypically normal, physically mature and consenting human partners

- Examples:
  - Voyeuristic Disorder
  - Exhibitionist Disorder
  - Frotteuristic Disorder
  - Sexual Masochism Disorder
  - Sexual Sadism Disorder
  - Pedophilic Disorder
  - Fetishistic Disorder
  - Transvestic Disorder
Let me be clear...

Rape, incest, pedophilia, and sexual abuse are crimes, NOT mental health disorders!
Nonparaphilic Behaviors

- Typically viewed as more socially acceptable—and legal
- More compulsive behaviors which could include a preoccupation with sex or a fixation on an unobtainable partner
- This could also include compulsive masturbation and/or compulsive use of pornography
- Can also describe preoccupation with specific sexual acts within a relationship
- For our purposes, the intensity of the preoccupations (or obsessions), creates problems for the client
Compulsive Sexual Behaviors: Treatment

- First rule-out the possibility that hypersexuality is due to another medical or mental health disorder
- Psychological interventions used with other addictive disorders can be helpful, including:
  - Motivational Interviewing
  - Cognitive-Behavioral Therapy
  - Psychodynamic Approaches
  - Group Psychotherapy
  - Couples Therapy
- Twelve-Step programs: Sexaholics Anonymous (SA), Sex Addicts Anonymous (SAA), and Sex and Love Addicts Anonymous (SLAA)
Internet/Microprocessor Addiction
There are different types of games involved with IGD:

- Massive, Multiplayer Online Role-playing Games (MMORPGs)
- These games have the highest severity of IGD
- Social anxiety and avoidance appear to be more common among people who play MMORPGs
- First-Person Shooter Games
- Real-Time Strategy
Proposed IGD Diagnosis (APA, 2013)

Five or more of the following criteria must be met:

- Preoccupation with internet games
- Withdrawal symptoms when internet gaming is taken away (e.g., irritability, anxiety, sadness)
- Tolerance (i.e., the need to spend an increasing amount of time engaged in internet games)
- Unsuccessful attempts to control participation in internet games
- Loss of interest in previous hobbies and entertainment
- Continued excessive use of internet games despite knowledge of psychosocial problems
- Deception of family members, therapists, or others regarding the amount of internet gaming
- Use of internet games to escape or relieve a negative mood
- Has jeopardized or lost a significant relationship, job, or educational or career opportunity because of participation in internet games
Associated Risks with IGD (Rose, 2018, p. 37)

- Increased neuroticism
- Aggression/Hostility
- Avoidant and Schizoid interpersonal tendencies
- Loneliness
- Social inhibition
- Sensation-seeking
- Low agreeableness
- Diminished self-control
- Narcissistic personality traits
- Low self-esteem
- Anxiety
- Low emotional intelligence
- Boredom inclination
IGD Treatment

Many of the same approaches used to treat other behavioral addictive disorders can be utilized to treat Internet Gaming Disorder, including:

- Medication interventions are still being investigated:
  - Bupropion, Escitalopram, and prescription stimulants may be effective

- CBT & MET/CBT

- Craving Behavioral Intervention: Weekly group meetings that cover topics like:
  - Perceiving cravings, recognizing irrational beliefs about cravings
  - Detecting craving and negative emotions
  - Coping skills
  - Mindfulness training
Contemplation Stage: Rapport building; includes a detailed interview and case formulation

Preparation Stage: The therapist creates an empathetic environment to deliver psychoeducation, including instruction on managing physiologic and emotional arousal through relaxation techniques and a cost-benefit analysis of gaming addiction

Contract Stage: With the patient and parents (if appropriate), the therapist addresses behavior modification of gaming, reducing time spent online and promoting healthy activities
A Note on Social Media

While DSM-5 focused on Internet Gaming Disorder as a focus area, the overuse of social media and hand-held electronic devices bears watching as well:

- Could you live without your phone? If so, for how long?
- How often do you access Facebook, Instagram or Twitter?
- How often do you check your email?
References

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