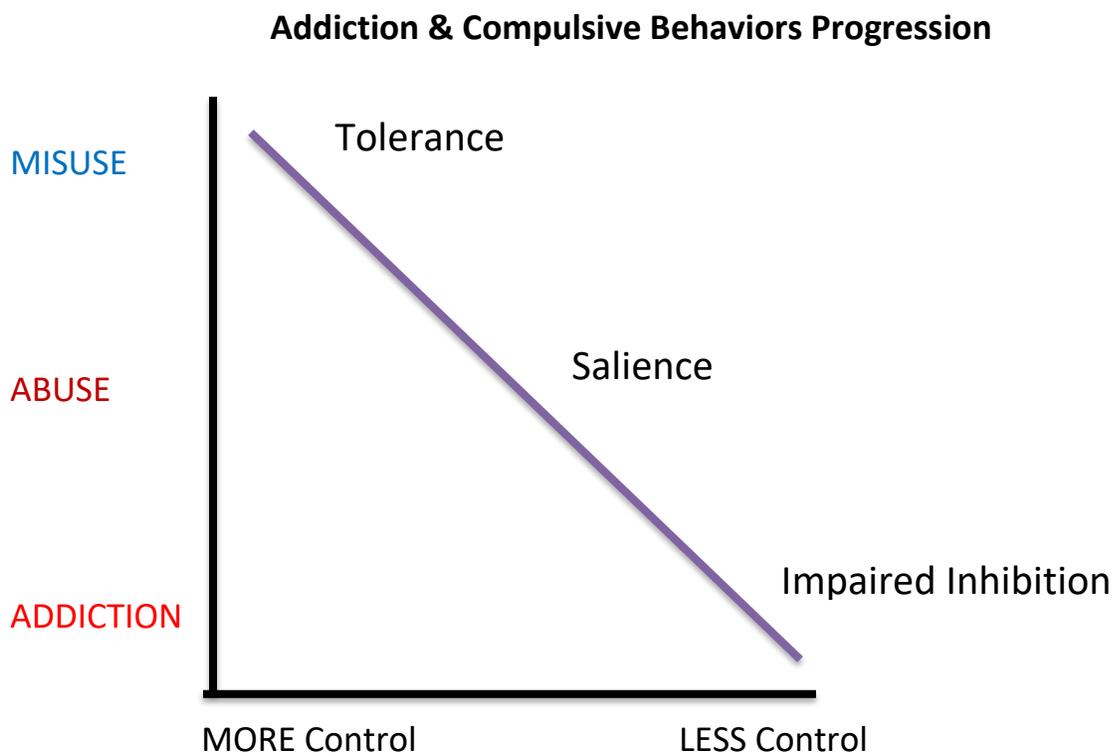


Compulsive Behaviors and 'Process Addictions'

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Process addiction; behavioral compulsivity; impulse control disorders: These are common names or descriptors used for behaviors that when repeated often enough, cause significant dysfunction in a person's life. Included in these compulsive disorders, are sexual compulsivity, pathological gambling and compulsive eating. This article will describe the common features of behavioral compulsivity, how to identify them, and review necessary elements in effective treatment.

Seminal research centering on the neurological-brain processes that are associated with substance addiction (e.g, alcohol, cocaine) have discovered core neurological 'markers,' that identify the nature of the addictive process (see for example Volkow et al, 2003). I have developed the following graph based on this recent research, to illustrate the progression of any addictive process, be it chemical or behavioral.



Addiction progression can be viewed in a three phase progress: tolerance, salience, and Impaired Inhibition.

Tolerance refers to the neuro-adaptive process of requiring more and more of a targeted behavior (e.g., gambling, sex) to produce the desired effect or satiation. An attorney I was working with who suffered from compulsive gambling once said that “gambling was like an itch; the more I scratched it, the itchier it became!” Behavioral tolerance can develop slowly or quickly depending upon the individual. A married attorney who suffered with sexual compulsivity explained it this way: “if having two affairs or sex partners felt good, than having four or five must feel great.” The more often and the longer duration you are involved in a compulsive activity, the more of it you require to feel satisfied.

The cited research defines the development of saliency as “the expected reward” for engaging the behavior or using the specific substance. Saliency develops when the compulsive (or repeated) activity or behavior becomes the primary way to feel better or different. For example, the fun and stress reduction benefit of other more ‘healthy’ activities, e.g., like exercise is replaced by the preoccupation of gambling or going to the casino.

The word salient means ‘important or obvious.’ Over time the sought after activity has become *important* to the person suffering the compulsion. Soon a higher portion of their non-working hours are devoted to the compulsive activity; the sexually compulsive attorney is spending more time on the internet viewing pornography or on ‘hook-up’ sites. At the same time, their behaviors or preoccupation becomes more *obvious* to others around them; the attorney becomes more distant and less involved in other activities that are not associated with their target behaviors.

As tolerance and saliency develops, the effected individual becomes more focused on engaging in the desired activity and is willing to take more *risks* to fulfill their desires/urges. This increasingly risky behavior is termed impaired inhibition. We all have ‘stop signs’ in our heads about behaviors that we simply won’t engage in; but when we begin to ‘run through’ those stop signs then we are experiencing impaired inhibition. An attorney once shared with me that on the day of his daughter’s high school graduation he went to the casino in the morning for what was supposed be an hour or two of ‘stress reduction’ gambling. But several hours later, he realized that he had missed his daughter’s graduation completely.

Below are the clinical criteria from the **DSM 5** (American Psychiatric Association, 2013) for Gambling Disorder arranged by the progressive warning sings or risk factors from the attached graph.

Tolerance:

- Needing to gamble with more money to get the same excitement from gambling as before.
- Feels restless or irritable when trying to reduce or stop gambling.

Saliency:

- Gambles when feeling depressed, guilty or anxious
- Gambling is frequently on the person's mind -- both reliving past gambling experiences and planning future gambling events.

Impaired Inhibition:

- Keeps trying to reduce or stop gambling without success.
- Lies to cover up how much they are gambling.
- Loses not only money, but also relationships, their job, or a significant career opportunity as a result of gambling.

Addiction Interaction Disorder

Often behavioral compulsive disorders can co-exist with active or inactive substance use disorders. I treated an attorney who had been sober from alcohol addiction for several years, who sought help after the attorney's spouse discovered the attorney engaged in several affairs. This is referred to as "Addiction Interaction Disorder" or AID (Carnes, et al 2004). AID is the presence of a compulsive disorder in an individual who also demonstrates an active or once active substance use disorder or chemical addiction.

The attorney expressed great concern even though the drinking had stopped, the progression to masturbating 2 or 3 times a day and viewing pornography late at night or in the early morning hours had worsened (tolerance). The attorney had become more isolated and engaged in less social activity as the sexual compulsive activities increased; sex had become the primary 'leisure' activity and the preferred manner to reduce stress (saliency). Impaired Inhibition is noted in the several affairs the attorney engaged in, despite being married and being a parent.

Treatment Considerations

I have long espoused that there are three elements required to initiate and maintain recovery from chemical or behavioral compulsivity. These elements are *Accountability, Structure and Support*. In fact any successful habit change requires these essential components of treatment.

Consider the often difficult task of losing weight and keeping it off. At some point in your strategy or struggle, you'll need to step on a scale to measure your success- that's the

accountability. Accountability also assumes you will set some goal for the amount of weight you plan to lose; it's the measured outcome of your activities designed to lose weight. The structure is the process of how you plan to lose the weight- exercise, dieting, developing meal plans, etc. And of course, you will need support from your medical professional, your spouse or good friend, who will encourage you and cheer you on.

Although there are not as many treatment options for sexual compulsivity, compulsive eating or a gambling disorder, there are treatment programs that specialize in these disorders. They employ similar strategies that incorporate, accountability, structure and support. These include 12 step and self-help programs available modeled after Alcoholics Anonymous, Gamblers Anonymous, Sexual Addicts Anonymous, and Overeaters Anonymous, to name the most common.

Those suffering with these behavioral compulsivities often experienced great guilt, shame, as well as personal and financial dysfunction. If you know of an attorney, judge or law student suffering from these debilitating disorders, please contact LAP at 312.726.6607 for confidential and expert help.

LAP's mission is to help, protect, and educate our legal community about substance use, mental health and wellness. If you or someone you know needs support with mental health or wellbeing, do not hesitate to contact LAP. Our services are cost-free, and 100% confidential.

gethelp@illinoislap.org, 312-726-6607

Real Problems. Real Help. Real Experts.

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