

Winter 2013



Understanding Process (Behavioural) Addictions

Dr Ben Teoh, Medical Superintendent

The decision by the DSM-5 committee to include gambling as an addiction alongside substance use disorder will make it easier for affected patients and their families to seek and receive treatment, writes Dr Ben Teoh

The introduction of DSM -5 has raised vigorous debate on the definition and diagnosis of mental disorders. The human mind, behaviour and emotions are complex and attempts to classify them would no doubt become controversial. Some clinicians, especially those psychotherapeutically inclined, have found the categorical definition restrictive.

The debate goes on, which is healthy, as it is part of the process of understanding mental disorders.

The DSM-5 changes in addiction are interesting, particularly in how it conceptualises what we refer to as process or behavioural addiction. These are addictions that do not involve a "chemical" which has a direct effect on the brain.

In the DSM-5, which was published on May 23, behavioural addictions like gambling have been included as addiction disorders, with substance use disorders for the first time.

A news report in the *American Journal of Psychiatry* says the decision to include gambling disorders with substance use disorders reflects research that the disorders share common reward system neuro-circuitry and behavioural patterns.

Dr Charles O'Brien, Chair of the DSM-5 Work Group on substance related and addictive disorders, said that functional brain imaging shows that the same brain areas are activated when gamblers or drug addicts are shown photographic cues associated with their addiction.

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For the first time now, it is accepted that you can become addicted to a behaviour that does not have a direct chemical effect on the brain.

“The idea of a non-substance related addiction may be new to some people, but those of us who are studying the mechanism of addiction find strong evidence from animal and human research that addiction is a disorder of the brain reward system and it doesn’t matter whether the system is repeatedly activated by gambling or alcohol or another substance,” said Dr O’Brien.

The new disorder replaces what was previously called pathological gambling in the “Impulse Control Disorders Not Elsewhere Classified” and will appear in section 2. The DSM-5 which has three sections: Section 1 is an introduction, Section 2 outlines the formal disorders and Section 3 includes conditions that require further research.

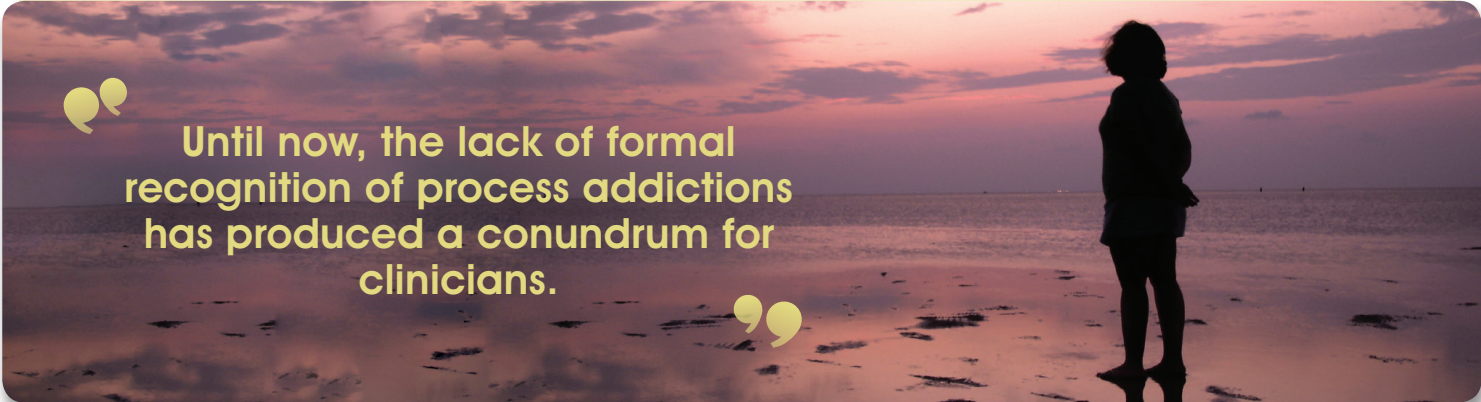
For the first time now, it is accepted that you can become addicted to a behaviour that does not have a direct chemical effect on the brain. The behaviour or process can produce similar emotional, social, family and neurochemical changes as addiction to chemical substances.

Of the commonly seen process or impulse disorders only Online Gaming has been included in section 3, which means it is up for more research before it could be formally considered as a mental disorder. In studies of young Asian males, online gaming has been shown to cause clinically significant impairment or distress in some individuals. In addition to this, pathways in the brain appear to have been changed in the same intense way that the brain of a drug addict is affected by a particular substance.

Treatment

Pathological gambling is common in the community but it is undertreated. Clients do not seek treatment because they do not have the insight and are often “forced” into treatment by family or financial disaster. Many cannot afford treatment and may end up in subsidised treatment, which has limited places.

In clinical practice, we most commonly see process addiction associated with substance use disorders or mood disorders.



Until now, the lack of formal recognition of process addictions has produced a conundrum for clinicians.

Until now, the lack of formal recognition of process addictions has produced a conundrum for clinicians – what do we do with people who don’t ingest chemicals but show very similar behaviour: they have cravings, withdrawal symptoms and neglect to look after themselves at the expense of these activities?

Diagnosis

The inclusion of gambling as an addictive disorder will give the diagnosis higher reliability and greater credibility. All addictive disorders now include craving, while legal problems have been removed as a criteria.

What about other “compulsive” behaviour? Sex addiction was expected to be included in section 3, but was left out. Perhaps it was too controversial?

Gambling addiction most commonly presents with other forms of addiction, including alcohol and cocaine use disorder. Clients need a comprehensive assessment to determine the primary problem. Management should include concurrent treatment for the addiction, psychosocial therapy, exploration of family issues, and treatment of other mental health disorders.

More research and clinical experience with conditions such as Gambling Addiction will help us understand why people develop an addiction. It is not all about a direct chemical effect as it was once thought with addiction to substance and alcohol. The environmental and psychosocial factors are significant. The changes in DSM-5 have raised interesting ideas in how we define addiction.

LAUNCH OF THE SPP CHILDREN'S PROGRAM



Over the years many of you have asked if we ever intended to start a program for children and I am so pleased to announce that yes this year we are!

Children's programs are about protecting and supporting the most vulnerable. Part of our philosophy is to help families impacted by addictions and mental illness, and the best way to help these families is to get help for the children before they have their first drink.

Jerry Moe is a Director at the Betty Ford Centre and is a wonderful man who was personally selected by Betty Ford to grow and develop a program that could help children growing up in an environment where there is substance abuse. He is coming to Australia at the end of the year to train our people on how to develop and present a program for this age group.

Jerry believes that if we can educate children at this age by getting across three main points, we can help them lead healthy lives and help break the cycle of addiction. The three goals that their program impresses on the children are:

1. *It's not your fault*
2. *You are not alone*
3. *It is OK to ask for help.*

The focus is on education not therapy.

Our theme will be "Give your kids the benefit that you didn't have."

We will be welcoming all the help we can get from The Consumers and Carers Committee, Volunteers and the Alumni, or ex clients group. Groups can sponsor a child, and we need volunteers, teachers and nurses to be trained up to run the groups.

We will keep you informed of our progress and if you are at all interested in helping or know anyone who may, please call or email Tara Shaw at SPP and leave your name and details with her.

Tara Shaw
(02) 9905 3667
tshaw@southpacificprivate.com.au

Warm Regards,

Lorraine Wood
Owner and Co-Founder



Out of the Shadows: Understanding Sexual Addiction

By Patrick Carnes, Ph.D.

Sex is at the core of our identities. And when it becomes a compulsion, it can unravel our lives. Sex addiction is arguably the addiction that has the most shame attached to it, and is also not as widely understood, or even accepted, as other addictions. Its impact on families is catastrophic, both for the addict and for the family and the lack of information and treatment options only further compounds this.

Out of the Shadows is the premier work on this disorder, written by a pioneer in its treatment. It is written for professionals, as well as addicts and their families who may be seeking answers and information about this widely misunderstood condition. It's a great basic primer and provides an overview of sexual addiction in a very accessible way. It's a good mix of theory and anecdote, and the tables are so useful in explaining the core beliefs of both addicts and co-addicts, the impact that they have on their view and understanding of the world and themselves – and the behaviour that it drives. It identifies the danger signs, explains the dynamics, and describes the consequences of sexual addiction and dependency.

It is noted in the book that the sex addict very often has other addictions alongside sex (alcoholism, compulsive eating, and workaholism are typical examples) and that these may be identified first, or even seen as driving the sexual acting out. Carnes notes though that it is important to avoid these causal linkages like "my sexual behaviour was the result of my drinking", but rather to note that both addictions were present at the same time. "By blaming one addiction on another, the minimize the addiction's power. By ignoring the presence of the other addictions, you dismiss the totality of the addictive process and of your own pain"

The final sections of the book focus on Recovery and are filled with practical and step-by-step (literally – 12 of them!) tasks to assist addicts and their families on their path to healing. With practical wisdom and spiritual clarity, it points the way out of the shadows of sexual compulsion and back into the light and fullness of life.

Out of the Shadows was written to help the many addicts who have been afraid to admit their pain. One of the strongest bonds of addiction is its secrecy. Perhaps, with the secret broken, addicts can know the peace and self-acceptance that comes with knowing it can be talked about.

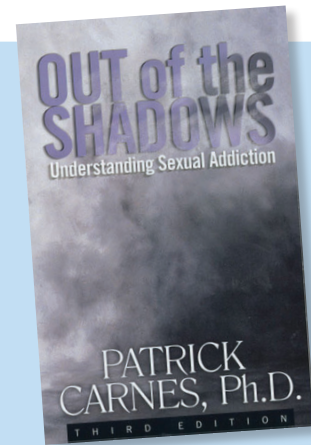
What others had to say about the book:

We recommend Partrick Carne's Out of the Shadows..to every sex addict and codependent we treat.. This (book provides) a tremendously powerful experience, helping both sex addicts and codependents realize that they are not alone and not destined to eternally be at the mercy of the disease.

Dr. Ralph Earle and Dr. Gregory Crow, *Lonely All the Time*

"Out of the Shadows has become a guidebook for sufferers and counselors alike."

Roda Salter, Keene Sentinel



About Patrick Carnes

Dr. Patrick Carnes is currently the Executive Director of the Gentle Path program at Pine Grove Behavioral Center in Hattiesburg, Mississippi. He is the primary architect of Gentle Path treatment programs for the treatment of sexual and addictive disorders. He also pioneered the founding of the Certified Sex Addiction Therapist program. This has evolved into a network of local, regional, and residential programs which specialize in this work.

From 1996 until 2004, Dr. Carnes was Clinical Director for Sexual Disorder Services at The Meadows in Wickenburg, Arizona. While there, he developed a therapeutic technology based on his landmark study of the recoveries of 1,000 sex addicts. This work is summarized in *Don't Call It Love*, which has been described by *The New Age Journal* as "the best book on the market about addiction and its costs and consequences."

Previously, Dr. Carnes designed the sexual dependency unit at Golden Valley Health Center in Golden Valley, Minnesota. This unit was the country's first in-patient facility for sexual addiction. Since that time, he has been instrumental in the development of treatment facilities across the country.

Dr. Patrick Carnes was awarded the distinguished Lifetime Achievement Award of the Society for the Advancement of Sexual Health (SASH). Each year, SASH (formerly known as NCSA/C) bestows a "Carnes Award" to deserving researchers and clinicians who have made outstanding contributions to the field of sexual medicine.



Jerry Moe

Jerry Moe is Vice President, National Director of Children's Programs for the Betty Ford Center. An Advisory Board Member of the National Association for Children of Alcoholics, he is internationally known as an author, lecturer, and

trainer on issues for young children from addicted families. He is featured in the documentary *Lost Childhood: Growing Up in an Alcoholic Family*, and his books include: *Kids' Power: Healing Games*

for Children of Alcoholics; Conducting Support Groups for Elementary Children; *Discovery... Finding the Buried Treasure*; *Kids' Power Too: Words to Grow By*; *The Children's Place... At the Heart of Recovery*; the *Beamer Series for Kids and Understanding Addiction and Recovery through a Child's Eyes*.

SPP is delighted to be hosting Jerry's visit to Sydney at the end of 2013, where he will support and train our staff through the development and launch of our new children's program.



Cara Crossan

Cara Crossan is a qualified and accredited addiction therapist, clinical supervisor and consultant. She has over 13 years experience working with individuals and families affected by addictions. Cara has worked in the Criminal Justice System and health care settings in the UK and Ireland. She has also trained and worked in a residential adolescent addiction treatment centre.

Cara holds a Masters Degree in Addiction Psychology and Counselling and is a qualified Hazelden trained addiction therapist. She has also trained with Dr Patrick Carnes and Dr Kenneth Adams in the United States, and is a certified sex addiction and trauma therapist, specializing in the treatment of trauma and its manifestations in sex addiction and other compulsive behaviors. Cara provides training in all areas of addiction and has helped private and charity sector organizations set up their treatment services.



In the UK, Cara had a private practice in Central London where she primarily worked with sex and love addicts and their families members. She was also a Trustee of the Associations for the Treatment of Sexual Addiction and Compulsivity (ATSAC) and remains an accredited member. ATSAC provides information and support on sex addiction and compulsivity.

Cara joins the SPP clinical team at the end of June, and we welcome the expertise and experience that she brings with her.

Dinner & Discussion Series – Sleep Disturbance & Depression

Professor Nick Glozier, Professor of Psychological Medicine at the Brain and Mind Research Institute at the University of Sydney, gave a fascinating overview of sleep disorders and their relationship to mood disorders at our recent Dinner & Discussion held 27 May.

We spend a third of our lives sleeping, yet sleep disturbance and fatigue are the two most common mental health/daily functioning problems experienced by the general population. Tiredness and sleep problems are more common among women than men. Sleep and tiredness problems are the most common symptoms of depression and occur prior to a depressive episode in nearly half of all cases.

Professor Glozier covered the prevalence of sleep disturbance and its impact on mood disorders; the mechanics of sleep and the circadian rhythms over 24 hours and lifespans; the role of psychoactive substances including caffeine and alcohol and best practice to manage sleep problems.

What is sleep disturbance?

- Sleep deprivation
- Perception of inadequate sleep (insomnia)
- Disturbance of the natural 24 hour circadian rhythm

A recent study of patients receiving treatment for depression found sleep disturbance ranked a close second to tiredness and no energy as the most commonly reported symptoms. A number of studies have also shown that sleep disturbance is a robust predictor of a later depressive episode. Professor Glozier's take-home message was the need to educate patients on the basics of sleep rhythms and to promote awareness of how daytime and night-time behaviours impact upon sleep.



Professional Grand Round

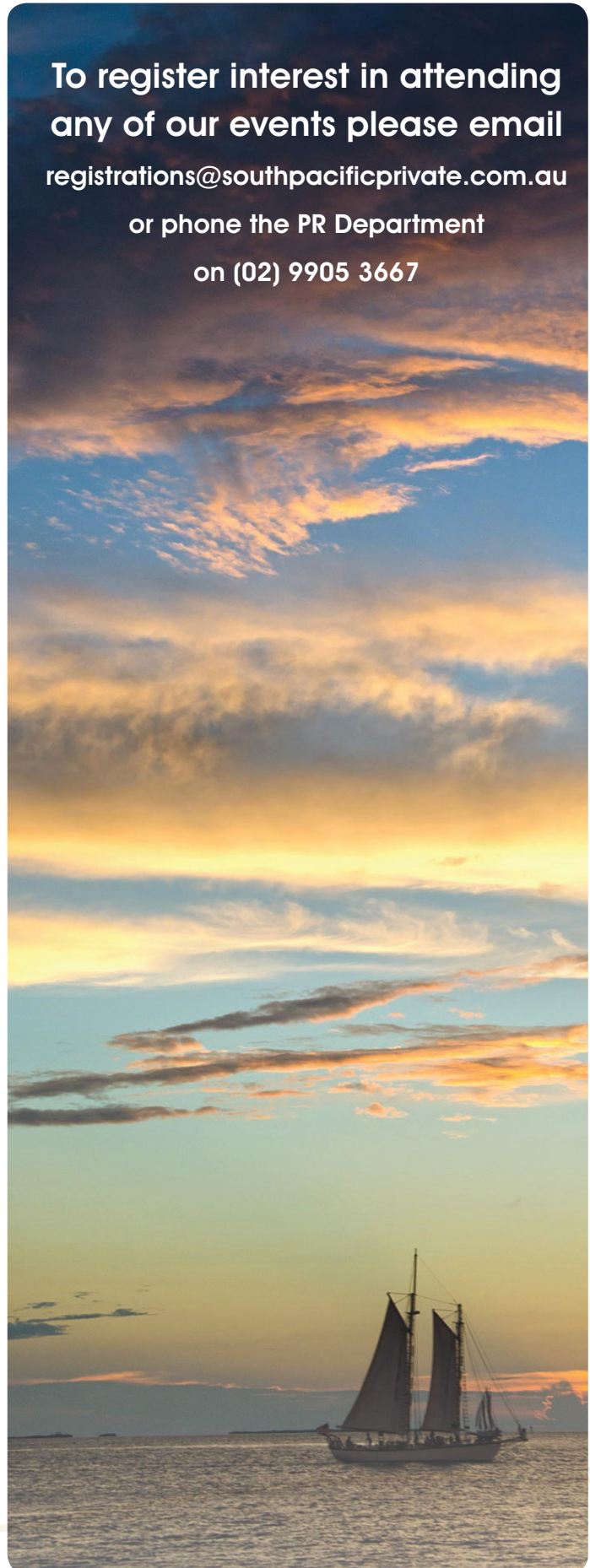
Our most recent PGR held 19 April explored process addictions with an emphasis on pathological gambling. Dr Ben Teoh, SPP's Medical Superintendent, presented an overview to a full-house on process addictions; exploring not only its definition but also its similarities and differences with chemical addictions. Process addictions are defined as behavioural addictions or non-substance related addictions. These addictions can range from gambling, sex, internet/computer games, food, and more.

As Patrick Carnes describes it, process addictions highlight the importance of a pathological relationship with a mood-altering experience. Dr Teoh pointed out that process addictions still result in similar neurobiological changes (dopamine reward) that chemical addictions also create. Studies have also shown that when comparing process and chemical addictions, both often result in similar psychological, social, and occupational consequences.

In the DSM IV, pathological gambling is classified as an impulse control disorder, characterized by persistent and recurrent maladaptive patterns of gambling behaviour. Pathological gambling is often associated with impaired functioning, a reduced quality of life, high rates of bankruptcy, divorce and even incarceration. The DSM IV characterizes the traits of a gambler as an individual who has a preoccupation with gambling, increases the amount of money they spend in order to achieve their desired excitement, is unsuccessful in controlling, cutting back, or stopping, becomes restless or irritable when attempting to cut down or stop and often returns another day to get 'even'.

Two members of the clinical team – Steve Stokes and Chris Mordue, then presented a case study on pathological gambling. Dr Teoh summarized by emphasizing that a multi-disciplinary approach to the treatment of a pathological gambler such as 12 steps programs, relapse prevention and motivation enhancement therapy combined with medication, CBT and psychotherapy can be highly effective in the treatment of this compulsive addictive disorder.

**To register interest in attending
any of our events please email
registrations@southpacificprivate.com.au
or phone the PR Department
on (02) 9905 3667**



Professional Grand Round

Engaging Clients in Therapy

Wednesday 2nd October

Our final Professional Grand Round for the year will be on the topic of *Engaging Clients in Therapy*. Often as health professionals we face challenges when engaging our clients; whether it's new clients or complex cases. In order to keep clients in treatment it is essential as health professionals that we know how to engage effectively with our clients.

Please join us here at SPP on Wednesday 2nd October for a presentation and case study presented by members of the clinical team.

To register your interest in attending please email registrations@southpacificprivate.com.au or phone the PR Department on (02) 9905 3667

Dinner & Discussion Series

SOUTH PACIFIC PRIVATE



Genetics of Alcohol Related Disorders and New Treatment

Wednesday 16th October, 2013

Professor Paul Haber, Medical Director for Drug Health Services in Sydney and physician in addiction medicine and gastroenterology, will present on the **Genetics of Alcohol, Related Disorders and their Treatment** in the final installment of our *Dinner & Discussion* series on Wednesday 16 October in the Holme Sutherland Building at the University of Sydney. It has long been known that alcohol problems run in families, suggesting a genetic basis to these problems, but it is only recently that the genes involved with alcohol problems have started to be understood in any detail.

There is now evidence that genetic factors influence response to naltrexone treatment and also to the risk of developing medical complications such as pancreatitis and liver disease. This presentation will describe the most important of these recent studies but will focus on practical information and how our understanding of drinking problems is improved through better knowledge of these genetic studies.

To register your interest in attending, please email registrations@southpacificprivate.com.au or call the PR department on (02) 9905 3667

Prevalence of pathological internet use among adolescents in Europe: demographic and social factors

The problem

Compulsive use of the internet among young people, to the extent that it interferes with day to day functioning – school, work, family relationships -- is frequently observed but has not been accepted as an “addiction” by the medical and scientific community

Goal

To investigate the prevalence of “pathological” internet use among adolescents

How did they investigate?

The Project, Saving and Empowering Young Lives in Europe (SEYLE), was funded by the European Union and was designed as a randomised controlled trial involving 12,000 young people in 11 European countries. Internet users were classified by gender as either adaptive, maladaptive or pathological based on their score in the Young Diagnostic Questionnaire for Internet Addiction



What did they find out?

More than 13 per cent of young people in the study showed maladaptive use of the internet while just over 4 per cent showed pathological use. Females were more likely to show maladaptive use while males were more likely to show pathological use. Pathological users spent just under four hours per day on the internet (excluding school work) – double the time spent by maladaptive users. Interestingly the study did not find a link between internet accessibility in a country and maladaptive and pathological use. However there were clear social risk factors – maladaptive and pathological use was highest among those who did not live with a biological parent, whose parents were unemployed and who reported low levels of parental involvement and lack of emotional and psychological support.

Implications

The findings suggest that that the situation at home, and the relationship with parent(s), have important implications on the psychological health of the adolescent and their risk of developing addictive behaviours. The study also found that as with abuse of chemical substances there is a clear gender difference in addictive behaviours, with females showing maladaptive behaviour more frequently than males but not stepping into pathological use to the same extent as males.

Tony Durkee1 et al. Prevalence of pathological internet use among adolescents in Europe: demographic and social factors. *Addiction* (December 2012). 107. 2210 -2222

Ben Teoh writes: This is an extremely interesting study involving large numbers of adolescents. It seems a pity that the DSM-5 committee did not find internet addiction worthy of being included in section 3 of the new manual because the findings here suggest very similar patterns in pathological internet use to those seen in substance use addictions. As with addiction to chemicals psycho-social factors seem to play a big role in development of compulsive use and dependence.

National Centre for suicide Research and Prevention of Mental Ill Health, Karolinska Institutet, Sweden1

The D2/3 dopamine receptor in pathological gambling: a positron emission tomography study with [¹¹C]-(+)-propyl-hexahydro-naphtho-oxazin and [¹¹C]raclopride

The problem

Pathological gambling (PG) shares diagnostic features with substance use disorders (SUD) but the neurobiological mechanisms are poorly understood. It is likely that abnormalities in dopamine, a neurotransmitter implicated in reward and reinforcement is involved, as is seen in SUD. The hypothesis is that compulsion seeking of addictive "reinforcers" – behaviour or chemicals – is a compensatory response to low D2 receptors.

Goal

The goal of the Canadian study, led by researchers from the centre for Addiction and Mental Health in Toronto, Canada, was to investigate whether variations in dopamine levels are similar in gamblers and people addicted to alcohol and drugs.

How did they investigate?

Using a case control study design 13 males meeting DSM 1V criteria for PG were compared with 12 healthy controls matched for age, education, verbal comprehension and BMI. Participants filled out a self-report questionnaire, participated in a gambling session and were each given two PET scans.

What did they find out?

In contrast to studies of substance users there was no significant difference in the dopamine levels, measured by D2/3, of pathological gamblers and their healthy counterparts. However pathological gamblers reporting more compulsive and more severe symptoms showed variations in the D3 receptor which were similar to changes seen in people addicted to alcohol or drugs.

Implications

There are different neurobiological mechanisms at play in people with behavioural disorders compared with people with substance use disorders. The heightened levels of D2/3 receptors seen in people with SUD may be the effects of the chemicals themselves. However there seems to be some link between higher D3 receptor levels and severity of symptoms and compulsion in gamblers and people with SUD.

Citation: Isbelle Boilieu, Doris Payer et al. The D2/3 dopamine receptor in pathological gambling: a positron emission tomography study with [¹¹C]-(+)-propyl-hexahydro-naphtho-oxazin and [¹¹C]raclopride. *Addiction* (May 2013). 108. 953 -963

Ben Teoh writes: this is an extremely interesting addition to the addiction literature as the neurobiology of addiction is still an emerging area. As we get to know more about the role of different dopamine receptors in healthy people and people with addiction it is likely that more targeted, effective treatments will be developed.



National Gambling experiences in the United States: will history repeat itself?

The problem

Pathological gambling has been recognised as a psychiatric disorder in the US since 1980, However it is still rarely treated or diagnosed and there is little Federal funding for research into prevalence, treatment and prevention.

Goal

To see whether there would be opportunities for improved research and treatment for gambling in the light of the fact that DSM-5 will for the first time include gambling alongside substance use disorders as the first non substance- related addictive disorder.

How did they investigate?

Literature review

What did they find out?

The lifetime prevalence of pathological gambling in the US is between 0.4 to 2 per cent – potentially affecting up to 6.2 million and the past year prevalence is between 0.2 to 1 per cent – affecting up to 3.1 million. Yet less than 10 per cent of these have received treatment, particularly young people. While a proportion of gambling derived revenue from most states is used to fund gambling treatment, access is limited and treatment may be provided by clinicians with limited experience of gambling disorders. The National Institutes of Health provide little research funding for gambling and as of 2011 there were only five NIH funded studies on gambling treatment and none on prevention.

Implications

The authors suggest that the decision to place gambling alongside substance use disorders as an addictive disorder may increase awareness and lead to more research being published in prestigious journals. Their 10 point plan includes better designed trials to further determine commonalities and differences between pathological gambling and substance use disorders; implementation and evaluation of prevention campaigns; screening and early intervention in high risk populations; development of empirically validated treatments; expansion of treatment and an increased focus on the young.

Citation: Nancy M Petry and Carlos Blanco. National gambling experiences in the United States: will history repeat itself. *Addiction*. June (2013) 108, 1032-1037

Dr Ben Teoh writes: Given the wide range of gambling opportunities in Australia – from lotteries, casinos, sports betting and internet gambling the issues are very similar to the US and a similar focus on improved treatment availability and research would be beneficial.



South Pacific Private to begin Upgrade & Extension

South Pacific Private is expanding in an effort to keep up with the growing demand for treatment for addictions, mental illness, trauma related, and co-existing conditions in Australia.

US data tells us that addiction treatment programs there see only a tiny sliver (1.5%) of the estimated 19.3 million persons aged 12 or older needing, but not receiving treatment for illicit drug or alcohol use. (2011 National Survey on Drug Use and Health, SAMHSA, Sept 2012).

We would suggest that the percentage of people with substance use disorders who are accessing treatment in Australia is somewhat similar.

Figures quoted by Professor Maree Teesson, at an Industry briefing at Sydney University in March 2013, show that people in Australia wait, on average, 18 years from first onset of symptoms to access treatment for an alcohol use disorder!

SPP recently increased from 37 to 41 beds in the first stage of an expansion made possible by the purchase of two adjoining properties in Sydney's Northern Beaches.

Both the increased demand for services, and the need to plan for long term financial viability of the organisation, have prompted plans to be drawn up for the expansion of the existing facility to 53 beds, with an additional Supported Living Facility for 10 people on the site.

On April 18 2013 the Warringah Council approved the plans and granted a DA. These plans include upgrading the present facility to bring it in line with what is expected in a private hospital today, and will include more private and twin rooms, a gymnasium, extended recreational areas, and a roof top dining area with views over Curl Curl Beach.



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