



# Addictions Come in Many Flavors

Bonnie Knox, M.Ed., L.C.P.C., C.A.D.C.

## SUMMIT CLINICIANS

**Joyce Babb**  
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P.C.G.C.

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M.S.W., L.C.S.W., C.A.D.C.

**Bonnie Knox**  
M.Ed., L.C.P.C., C.A.D.C.

**Anna Mackender**  
M.D.

**Andrew C. Nichols**  
M.S.W., L.C.S.W.

**Danielle Romano-Cihak**  
Psy.D.

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**Deepti Sheno**  
M.D.

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M.D.

**David J. Van Dyke**  
Ph.D., L.M.F.T.

**Daniel Wyma**  
M.D.

ADDICTIONS DON'T ALWAYS involve drugs or alcohol. Certain behaviors can also become addictive, and equally problematic. Known as process addictions, these behaviors are most commonly connected to sex, gambling, shopping, exercise, eating, Internet use, and even work.

Process addictions can cause just as much damage as substances, but the behaviors involve common activities, making them more difficult to recognize. But both substance and process addictions follow similar patterns.

"When people are in pain, they find something to ease it," says Summer Reiner, Associate Professor at the State University of New York at Brockport. That "something" might be alcohol or a substance, but it also could be a behavior such as sex, gambling or shopping, Reiner explains.

As described in "Treatment Strategies for Substance and Process Addictions," process addictions occur when a person experiences a high from a continued activity or behavior. The person's pleasure causes a rush that he or she is unable to get from other everyday activities. The fifth edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-5), has a new section on behavioral addiction, but the only diagnosis included is for gambling. However, Internet gaming, is listed in a separate section of the manual that includes diagnoses that need more research. Many addiction researchers and professionals believe that compulsive sex, exercise, shopping, eating

and work also qualify as process addictions, in spite of their omission from the DSM-5. The DSM-5 has also changed the previous categories of *substance abuse* and *substance dependence* into a single disorder measured on a continuum from mild to severe.



In 2011, after years of research, including an extensive focus on brain structure and chemistry, the American Society of Addiction Medicine officially defined addiction as a brain disease—a "primary, chronic disease of brain reward, motivation, memory and related circuitry." This definition, with its emphasis on physical changes that cause behavioral impairment, lifts some of the stigma attached to addiction and substance use disorders. However, the physical brain does not hold the full story. *Although addiction has a strong genetic component, psychological, environmental and social factors also play essential roles. Addressing these elements is a critical part of addiction and recovery.*

A recent treatment approach is *Motivational Interviewing (MI)*,

a collaborative effort between the client and the counselor to identify the problem and to more clearly understand the triggers, behaviors, and negative consequences associated with the addiction. This approach is nonconfrontational, nonjudgmental, and focused on harm reduction. *MI* helps clients go through six treatment stages, regardless of what kind of change they are seeking: precontemplation, contemplation, planning, action, maintenance and termination. Once a client recognizes that there is a problem, *MI* may be continued in conjunction with family or couples therapy, possible psychiatric treatment, as well as encouragement to regularly attend 12-step meetings.

One of the most complicating factors in addiction treatment is the prevalence of comorbid, or co-occurring, disorders.

According to the 2012 Substance Abuse and Mental Health Services Administration (SAMHSA) survey, out of the more than 20 million Americans with a substance abuse problem and nearly 44 million Americans who have some form of mental illness, an estimated 8.4 million have both. Many addictions professionals believe the incidence of comorbidity is actually much higher. Studies indicate that co-occurring disorders must be treated simultaneously. ■

**Bonnie Knox, M.Ed., L.C.P.C., C.A.D.C.**, is a certified alcohol and drug counselor. She enjoys working with adolescents, adults and families in the treatment of anxiety, depression and co-occurring substance use disorders. She is also trained and experienced in EMDR therapy, dealing with PTSD and grief/loss issues.



630.260.0606  
www.summitclinical.com  
1761 S. Naperville Road  
Suite 200  
Wheaton, IL 60189

# Q&A

## Q What is a Twelve Step program, and how can it help a person recover from an addiction?

**A** Founded over 75 years ago by a small group of alcoholics, the first Twelve Step program, Alcoholics Anonymous, provided spiritual principles, daily tools, and the fellowship and support of other members as a powerful resource for overcoming addictions and achieving a lifelong recovery process. Now in over 180 countries and in almost every U.S. city, Twelve Step programs address nearly every type of compulsive behavior or addiction, including co-dependency. There are also separate Twelve Step meetings to support friends and family members of addicts. Twelve Step programs may be used alone, but are often the foundation of treatment programs or an adjunct to outpatient therapy.

Few places in the world will you find more courage, openness, acceptance, and support than in a Twelve Step meeting. Following principles such as anonymity, rigorous honesty and accountability, connection to a Higher Power or God, and sponsorship and service to others, committed members can achieve not only abstinence, but also profound personal and relational growth characterized by vulnerability, humility, generosity, and serenity. ■

**Joyce Babb, L.C.S.W.**, has had extensive experience in the addictions field, directing outpatient programs in the U.S. and overseas. Special areas of interest include treating alcoholism and substance abuse, workaholicism, and sex and love addiction.

## Helping an Addict

ADDICTION IS CONTROL behavior, aimed at control of a set of *goals, wants, or desired states of being*. Whose goals? **The addict's.** Trying to get an addicted person to change their behavior only touches the issue from the *outside*. So no amount of arguing, threatening, pleading, etc., will have much effect, as long as the person's *internal wants* remain unchanged.

Most people living with addicts, or attempting to help addicts change, have already decided what the addicted person's wants should be, and their order of importance. But that isn't very respectful of the person's ability and right to make decisions. And the issue of *decision* is critical here.

Addictive behavior, of its very nature, is *conflicted, or undecided*: the



To respectfully help an addicted person, you have to know

an addicted person does things to achieve certain desired states (having fun, feeling good, etc.), while preventing other desires (having a good job, good relationships, enough money, etc.). This is known as wanting to *have my cake and eat it too*. We all know about this conflict, because we deal with it every day in our own lives (How can I have the pie, *and stick with my diet?*). The word *addiction* comes from the Latin for "enslave," or "surrender." But being a slave is only a problem if you want to be *free*; surrendering is only a problem if you want to *win*. Solving this involves making a *decision* and living with the choice.

what *they* are trying to accomplish, so you can lend them your support to make it happen. Otherwise, it becomes a tug of war, each pulling in the direction they consider best. Start by learning their *wants* and how they are prioritized, helping them identify the goals they are achieving or maintaining through substance use, *and* the goals/wants that are being frustrated by addictive behavior. Remember, recovery involves a change in the *person's internal wants*. A change in behavior reflects this change of goals. That is why only the addicted person can make the necessary changes, because no one can *directly* change someone else's wants. ■

**Andrew Nichols, M.S.W., L.C.S.W.**, has extensive experience working with adolescents, adults, and families. He specializes with mood disorders, anxiety, substance abuse, and trauma recovery.

## Addiction and the Family

ADDICTION IS OFTEN REFERRED to as a "family disease" because it affects the entire family. Whether a family member is excessively drinking, using drugs, or involved in a process addiction such as gambling, every family member suffers to some extent. Guilt, resentment, anger, isolation, and even jealousy can build, with family members wondering how their loved one can possibly choose addiction over family.

Whether or not the addicted person is ready for recovery, family members can start their own healing by seeking help from therapy and/or support groups (e.g., Al Anon, Families Anonymous). Family members can learn about addiction, realize they are not alone, and gain understanding of their own roles in the family. The hardest lesson for many is to focus on what is in their control (themselves) versus

what is not in their control (others). Learning to take responsibility for their own behaviors and setting boundaries are important steps in healing.

If the addicted person is ready for recovery, family involvement, through therapy or support groups, is recommended. More divorces occur after a spouse has entered treatment, than when he/she is actively using. Why? Because before, the family had gradually fallen into their roles. They may not have been happy, but the roles were familiar. After recovery, roles change. Perhaps the addicted person had "checked out" from family activities, and now is attempting to discipline the children or handle the finances. This could create real friction as old resentments surface.

Another issue that can arise is when overly suspicious family members attempt to control the addicted

person's sobriety by nagging or questioning. The addicted person may think, "If they already think I've relapsed, I may as well." Learning how to support sobriety is a major focus of early family recovery.

Just as the addicted person works a recovery program, so must the family. As healing begins, the family must learn to reconnect. They will need to let go of old dysfunctional patterns and begin to interact in healthy ways. Honest, open communication is key. Trust will need to develop between family members. This recovery process will not happen overnight, and there will be slips. However, over time and with support, families can and do recover. ■

**Lisa Hopkins, N.C.C., L.C.P.C., C.A.D.C., P.C.G.C.**, is a certified gambling and alcohol/drug counselor who has a special interest in working with families of addicted persons.