

The Journal of Counselor Preparation and Supervision

Volume 12 | Number 1

Article 7

2019

A Guide to Integrating Behavioral/Process Addictions into Counselor Education Programs

Leigh Falls Holman

University of Memphis, lfalls@memphis.edu

Kristy L. Carlisle

Old Dominion University, kcarlisl@odu.edu

Marisa Rapp

University of Wisconsin-Parkside, rappmari@isu.edu

Regina Moro

Boise State University, reginamoro@boisestate.edu

Christine Baker

Wayfare Counseling, LLC, christine@wayfarecounseling.com

See next page for additional authors

Follow this and additional works at: <https://repository.wcsu.edu/jcps>



Part of the [Curriculum and Instruction Commons](#)

Recommended Citation

Holman, L. F., Carlisle, K. L., Rapp, M., Moro, R., Baker, C., Cartwright, A. D., & Hicks-Becton, L. (2019). A Guide to Integrating Behavioral/Process Addictions into Counselor Education Programs. *The Journal of Counselor Preparation and Supervision*, 12(1). Retrieved from <https://repository.wcsu.edu/jcps/vol12/iss1/7>

A Guide to Integrating Behavioral/Process Addictions into Counselor Education Programs

Abstract

Changes in CACREP standards and *DSM-5* diagnoses reflect the need to train counselors in the screening and treatment of behavioral/process addictions (BPAs). This guide presents foundational issues counselor educators and supervisors may consider when developing an addictions course inclusive of BPAs. It also highlights components of a sample syllabus for a BPA course, including student learning outcomes (SLOs), course topics, materials, and activities/assignments. Developing curricula inclusive of BPAs is a way for counselor educators to begin to advocate for comprehensive addictions curricula within existing counselor education programs, in order to improve the competency of the counselors they train.

Keywords

Behavioral addictions, process addictions, addictions education

Author's Notes

Correspondence concerning this article should be addressed to Kristy L. Carlisle, Department of Counseling and Human Services, Old Dominion University, Norfolk, VA 23509. E-mail: kcarlisl@odu.edu. Phone: (732-616-5257).

Authors

Leigh Falls Holman, Kristy L. Carlisle, Marisa Rapp, Regina Moro, Christine Baker, Angie D. Cartwright, and Latasha Hicks-Becton

The Council for Accreditation of Counseling & Related Educational Programs standards (CACREP, 2009; 2016) include behavioral/process addictions (BPAs) as necessary components to addiction counseling coursework. CACREP standard II.G.3.d. articulates the need for counselor education programs to include “theories and etiology of addictions and addictive behaviors” (CACREP, 2016, p. 10). Additionally, section 5.1.b. specifies that students know the “theories and models of addiction related to substance use as well as behavioral and process addictions” (CACREP, 2016, p. 18).

This is consistent with the *Diagnostic and Statistical Manual (DSM-5)* placing increased recognition on BPA diagnoses (American Psychiatric Association, APA, 2013). The DSM-5 renamed the chapter on substance related disorders to include addictive disorders such as Gambling Use Disorder as a BPA. Additionally, the DSM-5 notes that there are similar underlying neurological mechanisms affected by BPAs as those affected in substance use disorders. The DSM-5 discusses these in the chapter on substance use disorders and addictive behaviors, the chapters including eating disorders, and the diagnostic information on hoarding with compulsive buying, in the chapter on obsessive-compulsive disorders (SUDs; APA, 2013). The neurological impacts discussed include both chemical and functional changes related to BPA’s impact on homeostatic functions of neural reward circuitry.

Based upon a literature review of 83 studies, Sussman, Lisha, and Griffiths (2011) estimated lifetime prevalence rates for gambling addiction (2%), Internet addiction (2%), sex addiction (3%), exercise addiction (2%), and eating addiction (2%). Specifically, 6 to 9 million people have gambling disorder (APA, 2000), 17 to 41 million people have addictions related to the Internet (Kaltiala-Heino, Lintonen, & Rimpelä, 2004; Young, 1999), and 13 to 17 million have sexual addiction (Carnes, 2001; Cooper, Delmonico, & Burg, 2000; Wolfe, 2000). Furthermore,

Wilson and Johnson (2013) highlight rates of co-morbidity between process addictions and substance use, including gambling addiction at 20-30%, Internet addiction at 10%, love and sex addictions at 40%, exercise addiction at 15%, and eating addiction at 25%.

Due to the pervasiveness of addictive behaviors, it is likely that all counselors will work with clients who have addictive behaviors or who are in relationship with someone with addictive behaviors, at some point in their careers. Therefore, it is crucial that we teach comprehensive training related to screening, assessment, diagnosis, and treatment of all addictive behaviors including both SUDs and BPAs in counselor education programs. However, the International Association of Addiction and Offender Counseling (IAAOC) Process Addiction Committee (PAC) research studies demonstrate that counselors acknowledge assessing, diagnosing and treating some BPAs without adequate training, and students continue to report little to no exposure to BPAs in their graduate counseling programs (Wilson & Johnson, 2013; Nelson, Wilson, & Holman, 2015; Wilson, Holman, Nelson, Carlisle, Baker, Moro, Whitmire, & Becton, 2019). Therefore, there is a need for guidance in structuring graduate level counseling coursework to include BPAs, which is the focus of this article.

At present counseling coursework on addictions, exclusively emphasize SUDs (Wilson & Johnson, 2013; Nelson, Wilson, & Holman, 2015; Wilson, Holman, Nelson, Carlisle, Baker, Moro, Whitmire, & Becton, 2019) instead of fully emphasizing the addiction process. When teaching students about BPAs, the focus is on the behavior, not the substance; however, the cycle of addiction we teach as the foundation of our instruction is the same for BPAs and SUDs (Grant, Potenza, Weinstein, & Gorelick, 2010; Marlatt, 1988). In the same way as substances affect the dopaminergic system in the brain, the pleasure of the behavior pinpoints the brain's reward system (Grant et al, 2010; Mordey & Brown, 2014; Smith, 2012), leading to the cycle of compulsions and

cravings, engagement in the behavior, and disruption of functioning (APA, 2013; Grant et al, 2010). The components model of addiction (Griffiths, 2005) is a biopsychosocial model that recognizes the common elements of the cycle of addiction shared among substances and behaviors. People who use addictive substances and people who engage in addictive behaviors experience salience, mood modification, tolerance, withdrawal, conflict, and relapse (Griffiths, 2005) and may be exhibiting common addictive processes related to impulsivity and compulsivity (Grant et al, 2010). Using a more comprehensive addiction model in our curricula and including BPAs in addictions counseling curricula can be a logical continuation of instruction on substance addiction, while adding breadth and depth to how we teach about the addiction process and about the populations of clients that students will likely be treating, clients with SUDs and BPAs alike.

Coursework specifically related to BPAs identifies the common addiction process between substance and behavioral addictions, while also addressing the unique context required when explaining the symptoms, behaviors, and treatment of BPAs. For example, clients who are experiencing addiction to Internet gaming may be exhibiting symptoms of salience and disruption of functioning, but for unique reasons based on the context of gaming (Essig, 2012). This author explains that clients addicted to gaming may believe their life is happening in the game because of the level of simulation most games can generate, creating a virtual world that mimics the real world. Thus, diagnosis of symptoms of BPAs can be a unique kind of process, and students need to learn about the different contexts they consider when assessing for addictions to behaviors. Additionally, treatment modalities for BPAs can have unique approaches and different goals than treatment for SUDs (Mordey & Brown, 2014). Whereas abstinence may be the goal of substance addiction treatment, harm reduction may be the focus of treatment of BPAs from which abstinence may be impossible, e.g., sex addiction, Internet addiction, work addiction, food addiction (Mordey

& Brown, 2014). The topic of BPA assessment, diagnosis, and treatment is a rich area of research and practice meriting consideration of integration into existing curricula on substance addiction as well as consideration for stand-alone coursework.

Foundational Issues

Developing a BPA course for the first time can be challenging. Our suggestions in this article provides a framework for structuring the course. As with any new course, it is crucial to continually assess, solicit feedback from students, and make necessary changes as the course develops (McAuliffe, Garret, & Eriksen, 2011). In addition to providing guidance for those counselor educators seeking to develop a sand-alone BPA course, we hope the article will provide helpful suggestions to those who are attempting to integrate BPAs into existing SUD focused addiction classes.

Faculty Considerations

It is important for faculty developing the course to advocate for a basic understanding of BPAs among other program faculty regarding the legitimacy of BPAs as mental health disorders. Specifically, an instructor may take the opportunity to send links to BPA literature to the entire faculty that support the need for such a course. Articles on specific BPAs, especially those involving neurobiological evidence for BPAs as addictive behaviors, are particularly helpful. In our experience, generating support from students first provides additional motivation for reluctant faculty to consider adding this course. Collecting data from students, notably the number of students interested in the course, can be helpful to bring to faculty meetings or meetings with administrators. Student interest can ‘trickle up’ to faculty who are not initially supportive of integrating BPAs into existing coursework. Additionally, instructors can advocate integrating

some of the recommended assignments, described below, into standard coursework in the program as an initial way to increase student awareness and interest.

The department and college faculty may be supportive of a BPA course if it marketed to working clinicians in the area who have not had previous exposure to BPAs. We have found in our research that existing counselors express a strong desire for continuing education on specific BPAs (Wilson & Johnson, 2013; Nelson, Wilson, & Holman, 2015; Wilson, Holman, Nelson, Carlisle, Baker, Moro, Whitmire, & Becton, 2019). Therefore, there may be a potential opportunity to bring additional money into the department as well as raise the stature of the department through soliciting working counselors to join these classes.

Finally, faculty who teach this course should have a background in teaching addiction classes. Additionally, it is important that instructors read current BPA literature. Ideally, faculty with a clinical background in working with one or more BPA could teach the course. However, it is unlikely any single instructor will have clinical expertise in all BPAs. For those areas, which the faculty member is not an expert, s/he may be able to collaborate with community counselors who work with these populations to speak with the class.

University Considerations

In addition to faculty support, there may be unique university considerations that instructors may need to explore before developing a BPA course. Instructors should express interest in developing the course with the program director and/or department chair. Even from the initial meeting, it is important that the instructor be prepared to justify why the program needs this course, some indication of student interest, and a rough outline of what the course would entail. The faculty member needs to inquire about the most appropriate way to have a new course approved within the current college and university structure. This varies from one department to

the next and one university to the next. Often, a new course begins as a ‘special topics’ type course that has a generic course number already in the catalog. Courses begin as special topics, often as an experiment to determine whether there is sufficient student interest. After teaching it a few times, the instructor may pursue having the course added to the catalog as a new course with a unique number. Each university has an established procedure for making catalog changes with deadlines for paperwork to be completed. We would recommend finding out this information as soon as you have decided to pursue a special topics class.

Instructional Format Considerations

We recommend that instructors consider instructional format when developing a BPA course. Many universities now offer these courses in multiple formats so that instructors need to consider the ability to provide continuity of curriculum when taught face-to-face as when taught in an online platform. We offer suggestions below regarding how class activities and assignments may demonstrate continuity across course formats with minimal changes. If our experiences have indicated a certain assignment or activity benefits more from certain presentation formats, then we make these recommendations. However, it is crucial that instructors think about these ‘big picture’ issues when first developing a new course. In fact, you can simultaneously develop the course in both face-to-face and online formats in order to force yourself to be cognizant of continuity between formats when determining what class activities and assignments would work best to teach the material to a diverse student population.

BPA Inclusive Syllabus

Below we will review different parts of a syllabus that instructors must consider during course development. This section focuses on describing the development of a stand-alone BPA course. However, we understand that some counselor education programs may wish to have only

one addictions course; therefore, we recommend instructors teaching existing SUDs classes utilize the ideas presented below that would be helpful to their integration of BPAs into a single addictions course that covers both SUDs and BPAs. First, we will review five student learning outcomes, then discuss course topics, materials, and activities by student learning outcome.

Student Learning Outcomes

Faculty members in institutions of higher education are likely quite familiar with the notion of student learning outcomes (SLO), given the large-scale SLO assessment movement over the past few decades (Barrio Minton, Gibson, & Wachter Morris, 2016). These learning outcomes, when well written, are able to provide a framework for instructors to consider during course preparation (e.g., which topics to cover, what materials to utilize, and what assignments to require).

We propose the below five SLOs:

Students will:

1. Identify the historical and cultural influences on the identification, diagnosis, and treatment of behavioral/process addictions.
2. Describe the impact of behavioral/process addictions on client's functioning, as well as describe the nature with co-occurring behavioral/process addictions and substance addictions.
3. Demonstrate the ability to plan treatment interventions for behavioral/process addictions, as well as co-occurring addictions (i.e., individuals addicted to both substance(s) and behavior/process).
4. Understand and demonstrate the role of counselors in assisting clients with locating the complexity of services available for behavioral/process addictions (e.g., self-help groups, outpatient counseling, inpatient counseling, and therapeutic communities).

5. Articulate an understanding of contextual variables such as culture, race, class, and gender on patterns of behavioral/process addictions.

We tie our discussion of class activities in a later section to each of the five SLOs.

Course Topics

Essential concepts can provide a foundation for in-depth study of individual BPAs. Such topics include the socio-cultural issues and identifying biases, addictive process, SUDS vs. BPAs, cross-addictions and symptom substitution, treatment planning and treatment settings, and relapse prevention planning. We recommend planning weekly units on specific BPAs beginning with those included in the diagnostic chapters of the DSM-5 including gambling use disorder, eating disorders (food addiction), and hoarding with compulsive spending. Then the course can focus on those BPAs in section five of the DSM-5, which the DSM identifies as needing further research but which have established diagnostic criteria. These include Internet gaming disorder and non-suicidal self-injury. Next, BPA's like Hypersexual Disorder and those DSM-5 paraphilias, which are relevant to sexual addiction are prevalent and have a solid research base, but not accepted as a DSM diagnosis can be discussed (Kafka, 2010). Finally, you can discuss those BPAs such as work addiction and technology addiction, which have inconsistent research findings. Throughout the topics, we recommend including information on screening and assessment instruments, diagnostic criteria, and treatment methods that are specific to each BPA.

Materials

Course materials include textbooks, articles, and other media. The texts we review focus on BPAs specifically, which would be ideal for a stand-alone BPA course; however, for those instructors attempting to integrate BPAs into an existing addiction class, these could be considered as secondary texts. One of the first books about BPAs frequently used for this purpose was Sun,

Ashley, and Dickson's (2012) *Behavioral Addiction: Screening, Assessment, and Treatment*, which offers a generalized approach, including an appendix that offers multiple screening assessments for students to use with their future clients. This text also begins with a basic introduction and history of behavioral addictions. It provides an overview of how the brain responds to behavioral compulsivity, and how specific BPAs affect the client. Finally, the text distinguishes between BPAs by separating them into five main categories: gambling addiction, sexual addiction, eating disorders, impulse control disorders, and Internet addiction.

Rosenberg and Feder's (2014) *Behavioral Addictions: Criteria, Evidence, and Treatment* offers a more specific introduction into process addictions. It begins with introductory material that describes the history of process addiction awareness and diagnosis, the evidence for process addictions (including a comparison to substance use disorders), and a description of the contrast between impulsivity and compulsivity. Then, the text moves into diagnosis and treatment of specific BPAs such as gambling addiction, problematic online gaming, internet addiction, social networking addiction, food addiction, sex addiction, love addiction, compulsive buying disorder, and exercise addiction. The book concludes with a review of integrating spirituality as a part of BPA treatment and information related to how people perceive BPAs in a courtroom setting.

Our initial review of addiction textbooks in 2012 indicated no inclusion of BPAs in the major texts published for use in counselor education programs. However, as editors revise textbooks to address updated diagnostic criteria and CACREP standards, they have begun to include a single chapter on BPAs. We would hold that although this is an improvement, each BPA is unique in assessment, diagnosis, and treatment methods. Therefore, attempting to cover all BPAs in one chapter minimizes the pervasiveness of BPAs and their unique qualities.

Most recently, Smith (2015) wrote the text *Treatment Strategies for Substance Abuse and Process Addictions*. We suggest that it may be more appropriate for those instructors seeking to integrate BPAs into an existing addiction class. The text offers an overview of a variety of SUDs including alcohol, tobacco, marijuana, methamphetamines, and prescription drugs. However, it also has chapters on individual BPAs including pathological gambling, sexual addiction, disordered eating, work addiction, exercise addiction, compulsive buying/shopping addiction, and internet addictions. It does not go into the level of detail that the Rosenberg and Feder (2014) text has. However, it is a more thorough overview of BPAs than most general addiction textbooks, by placing equal importance of BPAs and SUDs. It offers both an overview of the individual addiction and case-based learning that facilitates class discussion.

Increasingly, one can find peer-reviewed articles addressing BPAs as a conceptual group as well as individual BPAs. An exhaustive list is not feasible here. However, an instructor can easily integrate the articles below into coursework to provide an overview of BPAs:

Alavi, S. S., Ferdosi, M., Jannatifard, F., Eslami, M., Alaghemandan, H., & Setare, M. (2012). Behavioral addiction versus substance addiction: Correspondence of psychiatric and psychological views. *International Journal of Preventative Medicine*, 3(4), 290-294.

Grant, J. E., Potenza, M. N., Weinstein, A., & Gorelick, D. A. (2011). Introduction to behavioral addictions. *American Journal of Drug and Alcohol Abuse*, 36(5), 233-241.

Najavits, L., Lung, J., Froias, A., Paull, N., & Bailey, G. (2014). A study of multiple behavioral addictions in a substance abuse sample. *Substance Use & Misuse*, 49(4), 479-484.

Potenza, M. N. (2014). Non-substance addictive behaviors in the context of the DSM-5. *Addictive Behaviors, 39*(1), 1-2.

Instructors may use articles in lieu of a secondary text in a single addiction course or as additional recommended reading in a stand-alone BPA course.

Finally, instructors can integrate other media into a BPA course or a general addictions course that can help students get a true sense of the lived experience of individuals challenged with BPAs. Some media that authors of a process addictions course may consider are movies, documentaries, *Ted Talks*, or recorded or live interviews. A few films that offer a helpful glance into the world of BPAs are as follows: for gambling addiction, *Owning Mahowny* (Hamori, McLean, & Kwientniowski, 2003); for internet addiction, *Her* (Ellison, Landay, & Jonze, 2013); for sexual addiction, *Thanks for Sharing* (Migliore et al., 2013); and for eating disorders, *Thin* (Cutler, Micheli, Skillman, & Greenfield, 2006).

A multitude of *Ted Talks*, which are twenty minutes or less provide engaging speeches by experts on different topics, including a variety of BPAs. Instructors can search for these on the web by typing Ted Talks and the particular BPA focus. We recommend reviewing the full talk prior to determining if it is appropriate to use in class. Another resource that could be helpful in a BPA course is a recorded or live interview conducted by the professor with either people in recovery from a BPA or clinicians who work with these disorders. Interviewing area clinicians that work with these issues also provides students with an opportunity to create a list of referral or consultation resources for future use.

Class Activities and Assignments

Many of these activities are consistent with standard addiction counseling class activities existing in most addictions classes; however, these focus on BPAs, rather than substance

addictions. If an instructor integrates the activities into a standard addictions class (substance), then the result may be to broaden the options students have (e.g. going to 12-step meetings for SUDs or a BPA). Additionally, the in-class activities may include BPA activities, for example, case studies, which have both SUDs and BPAs or practice of quick screen instruments like CAGE, can include BPA quick screen instruments like PATHOS or WASTE Time. As you review each of the suggested activities below, you may think about how you would begin integrating these into your existing coursework for your program's standard addictions class.

There are several ways that an instructor can integrate BPA activities and assignments into the course. Above we identified five possible learning outcomes instructors may wish to use as a framework for their course. We will present example activities and assignments that we have used previously in relation to the proposed SLOs.

Student learning outcome #1. The first SLO is that students will be able to identify the historical and cultural influences on the identification, diagnosis, and treatment of behavioral/process addictions. Much of the assigned readings, whether textbooks or journal articles, will be able to provide a historical overview for the students. In regards to the identification, diagnosis and treatment of behavioral/process addictions, we recognize that, similar to substance addictions, there is a large stigma related to these addictive disorders, particularly the existence of these. We therefore have designed an activity to explore students' own biases, or those that they believe may exist in society.

Identifying biases through popular culture. To believe or not to believe, that is the question. Some students continue to question whether behaviors such as eating, sex, and internet gaming can be addictive. This activity serves to identify and dispute biases students may have against believing these behaviors may be addictive. We recommend beginning with pictures of

popular cases of sex addicts (e.g. Tiger Woods), or discussion of a professional gambler (e.g. Jason Mercier). Then, discuss whether students consider their behaviors as bad habits or addictions. Then, identify reasons why people believe behaviors such as overeating, sex, gambling, gaming, etc. are just bad decisions not addictive behaviors. It is crucial, as when exploring any biases, that you take care not to judge or 'shame' the students who assert beliefs that these behaviors are not addictive. Then you can build on this foundation by discussing the evolutionary neurobiology of the reward system as a mechanism to create (procreation/sex) and sustain (eating) life. This neurobiological foundational information makes it is easier to understand how behaviors such as sex and eating can be addictive. Once the students have had the opportunity to challenge their biases, they increase awareness of their own biases and can begin to understand how biases may impact the way they perceive educational material presented in class (McCauliff, 2011). This also allows the instructor to revisit this topic later in the semester, if necessary. Although it is our preference to do this assignment in person, it can easily be adapted to a discussion board online format.

Student learning outcome #2. The second proposed SLO is that students will be able to describe the impact of behavioral/process addictions on client's functioning, as well as describe the nature with co-occurring behavioral/process addictions and substance addictions. One way to help students understand the impact of addiction is by increasing their empathy for individuals struggling with these disorders. The below assignment is titled the Abstinence Project, and is aimed at increasing the students' personal empathy of the impact that addiction can have on a client's life.

Abstinence project. Once the class addresses biases, instructors can introduce the Abstinence Project. In this project, students are required to identify a habit they have that they

wish to change or would be willing to work on changing. Students are required to journal weekly about their struggles related to changing the behaviors. If the class is online or hybrid, most electronic platforms have a journal function that will facilitate this with ease. Periodically, we may discuss their efforts at changing the behavior in relationship to the weekly topic discussed in class. This helps students connect the project with practical application as a counselor. At the end of the course, students can summarize their experiences in a reflection paper and discuss how this experience may inform their future practice. Students may earn points simply for journaling every week without the instructor reading all journals. They can use the journals to inform their abstinence project reflection paper, which is read and graded as a single assignment.

As part of this project, we usually have students attend a support or twelve-step meeting. We have found many students choose behaviors such as eating healthier or refraining from using certain food items (e.g., sugar or sodas). Therefore, they can actually go to a Taking Off Pounds Sensibly (TOPS) meeting for instance, as part of the project. If the student's habit is unrelated to a specific process addiction, then they are encouraged to pick a support group or twelve-step meeting to attend and to reflect on how the steps, support process, confidential sharing, and the presence and involvement of a sponsor for their habit could be helpful to their change efforts. This part of the project needs to have its' own heading in the reflection paper, for ease in grading.

Student learning outcome #3. A third suggested learning outcome is that students will be able to demonstrate the ability to plan treatment interventions for behavioral/process addictions, as well as co-occurring addictions (i.e., individuals addicted to both substance(s) and behavior/process). We propose three course activities, which an instructor could easily modify into assignments that cover the range of activities counselors engage in to plan a client's treatment (i.e., assessment, differential diagnosis, and treatment planning).

Assessment case studies and instrument overview. Although instructors often discuss screening and assessment for SUDs, they do not generally discuss screening and assessment of BPAs. We recommend exposing students to intake forms for case studies that do not include BPA screening questions (e.g., opportunities to endorse sex with strangers, excessive internet use, family bugging me about time spent online, financial problems, etc.). Then we recommend exposing students to the same cases with the inclusion of screening questions that may indicate an issue with a BPA. Students can discuss how the additional information might change the perception of the client's clinical concerns based on the addition of the BPA screening endorsements. Instructors can upload the case studies and associated documents into a class platform online to facilitate class discussion.

There are also several quick screening instruments discussed in the literature that can be taught including PATHOS (Carnes et al., 2011), which is valid for sexual addiction and WASTE Time (Hagedorn & Juhnke, 2005), which was originally used to screen for sexual addiction but can be adopted for other process addiction screening. We recommend the instructor videotape examples of each and then lecture about their psychometric properties. After they have seen examples, students can collaborate to practice and report about their experiences conducting these assessments. In an online format, students can also upload a short video (10-15 minutes) of their practice with a friend who is willing to play someone with a process addiction. If the instructor conducts this exercise in an online setting, the expectation is that students reflect on the challenges and the strengths they demonstrated and comment on others' videos to demonstrate engagement and understanding of the exercise.

Finally, there are specific screening instruments used for further assessment specific BPAs that can be presented. Examples include the South Oaks Gambling Screen (SOGS; Lesieur &

Blume, 1987), which also has an adolescent version; the problematic Online Gaming Questionnaire (Demetrovics, et al., 2012); a variety of eating disorders assessments; and the Sexual Addiction Screening Test (SAST; Carnes, Green, & Carnes, 2010). We like to use completed assessments in the context of a case study that students can evaluate and use as their foundation to write an assessment report, diagnosis, and treatment recommendations according to the American Society of Addiction Medicine (ASAM) criteria (Mee-Lee, 2013). This can serve as a major assignment. Alternatively, if the instructor wishes to use it as a more focused class activity on assessment, the case studies and corresponding assessments can be used for an individual or group analysis and class discussion in either face-to-face or online forums.

Differential diagnosis discussion. When discussing BPAs, diagnosis can be a challenging topic. Instructors should begin by teaching students about the process that occurs to establish a new diagnosis in the DSM (APA, 2013) and a discussion of previous challenges to getting addictions other than chemical dependencies in the DSM. Specifically, the diagnosis for pathological gambling and then Gambling Use Disorder (GUD) is illustrative of the process (APA, 2013). Controversies surrounding the change from the DSM-IV-TR chapter focused on substance related disorders to the DSM 5 chapter that now includes addictive behaviors, including GUD can be lively discussion topics. Teaching students to diagnose BPAs can begin simply with focusing on those disorders that are currently in the DSM 5: GUD; eating disorders such as Anorexia Nervosa, Bulimia, and Binge Eating Disorder; paraphilias, which are categorized as more severe sexually addictive behaviors under Carnes' typology (1989); and Hoarding with Compulsive Shopping in the chapter on Obsessive Compulsive Disorders.

Instructors can then review the diagnoses for BPAs in chapter five of the DSM 5, which provide diagnostic criteria for use for further research, including Internet Gaming Disorder (IGD)

and Non-Suicidal Self Injury (NSSI) and the diagnostic criteria for hypersexual disorder/sexual addiction (SA) widely discussed in the literature that were first published by Kafka (2010). When presenting these diagnoses, it is helpful to remind students how Binge Eating Disorder (BED) came to be a diagnosis in the DSM-5 through people conducting research on the high numbers of Eating Disorder NOS diagnoses under the DSM-IV-TR, resulting in evidence to support BED as a separate diagnosis. This provides a foundation for encouraging students to diagnose the disorders that meet the established criteria, even if not yet published in the DSM-5 as addictive behaviors. The class can be divided into groups to examine one of each of these in relationship to Other Specified Obsessive Compulsive Disorder, (name the disorder), which will provide a diagnostic code that is reflective of the actual clinical issues focused on in treatment.

A spirited discussion of these topics often leads to a more memorable learning experience for students. However, in asynchronous online learning environments instructors present the material as a video lecture and assignment of case studies for diagnosing as part of a discussion board. Instructors can also present case studies through video format to add more energy and improve engagement with the material. For each of these disorders, case studies can facilitate students learning how to recognize and diagnose the disorders, whether in person or online.

Treatment planning. Some considerations instructors need to address with BPA treatment planning in class activities or assignments. Resources for people with BPAs may not be well known, and those on the web may or may not be reputable. It is, therefore, helpful for students to develop a resource file for easy reference they can use once they are practicing. One assignment is to have students, individually or in groups, develop a resource file on a specific BPA shared with the rest of the students in class. Included in the assignment would be reputable websites to go for information (for the counselor and for clients); places for counselors to get continuing

education training in the specialty area; a contact list of local providers specializing in the BPA or who may provide case consultation or supervision; self-help or support groups for clients and for family members of clients struggling with the BPA; a list of professional organizations, journals, and citations for specific articles (or downloaded articles) on the subject; and assessment information for the specific BPA. This assignment is often better to complete individually if the students are taking the course at an online university, as they are more likely to spread across a wide geographic range making local resources specific to the individual location more challenging.

Student learning outcome #4. The fourth suggested student-learning outcome is that students will understand and demonstrate the role of counselors in assisting client with locating the complexity of services available for behavioral/process addictions (e.g., self-help groups, outpatient counseling, inpatient counseling, and therapeutic communities). The below activities and assignments will help students understand their future role on treatment teams, during treatment interventions, and in relation to legal and ethical situations that may arise.

Treatment team documentary. A reality of working with BPAs is that counselors often will work on interdisciplinary treatment teams. One documentary that nicely illustrates what an interdisciplinary treatment team is and how a therapeutic community functions is *Thin*, which is an HBO documentary now available on YouTube. We have found that it generates rich class discussions about a number of treatment challenges addressed when working with eating disorders. Since the video is available online, students can actually watch it on their own and then discuss it on a discussion board, if the class is an online format. Otherwise, we prefer to view it live and stop at different points to discuss challenges illustrated during the video.

Treatment interventions presentations. One unique aspect of working with BPAs is that in addition to basic counseling skills, one often needs additional, more specialized skills related to

the BPA. Working clinicians generally obtain specialized certifications and/or supervised practice to work with specific BPAs. Common examples are the International Gambling Counselor Certification through the National Council on Problem Gambling; Certified Sex Addiction Therapist, through the International Institute for Trauma & Addiction Professionals; and Certified Eating Disorders Specialist credentials through the International Association of Eating Disorders Professionals. Additionally, literature identifies a need for specialized training for counseling Internet addictions and Internet Gaming Addiction (Torres-Rodrigues, Griffiths, & Corbonell, 2017; Zajac, Ginley, Rocio, & Petry, 2017).

It is unlikely that a single overview course would have time to cover specific treatment modalities for each BPA; however, there are ways to integrate this into your class. Instructors can assign students to review a certain number of articles on a specific BPA and then present their findings to the class. We recommend having different BPAs researched by individual students in order to have diverse material presented to the class as a whole. Another potential iteration of this assignment would be for students to develop annotated bibliographies on a specific BPA and share them with fellow students at the end of the term.

Guest speakers. It is also unlikely that the instructor will be well versed in all BPAs, so we encourage instructors to utilize outside resources for classes including integrating guest speakers. For universities in mid-to-moderate-sized cities, it is relatively easy to find treatment providers who specialize in eating disorders, gambling, and sex addiction. However, for online universities or those in smaller communities this may be more challenging. We recommend that through networking instructors become familiar with presenters at professional conferences or speakers bureaus through national organizations who may be willing to be a guest speaker via web conferencing or Skype. If a real-time guest speaker is not available, instructors may ask the

presenters if they would be willing to provide a tape of them talking about the specific BPA, the treatment methods used, and special issues to consider when working with that BPA. The class could generate questions ahead of time that send to the speaker to address.

Finally, many videos on YouTube illustrate individual experiences with different BPAs and treatment methods used with different BPAs. It is important to give students a warning that any videos watched at home may contain information that is unsuitable for children to see or that may trigger students who have existing unresolved trauma or who have their own addiction issues. The most benign form of video we would suggest are TEDtalks about sex addiction, gaming, eating disorders, and gambling, which are short but thought provoking ways to generate class discussion.

If you want to provide specific information with experts or client stories, then there are additional free resources. There is an interview with Dr. Patrick Carnes on Sex Addiction available on YouTube. We find it is best to give students specific URLs to the video(s) you want them to watch, particularly with sex addiction to avoid other sex material on their computers that may be problematic for the student. There is a documentary on compulsive gambling called Bill Kearney AKA: "The comeback Kid." The California Office of Problem Gambling provides a four-part profile of pathological gambling. There are multiple stories of people struggling with pathological gambling, eating disorders, online gaming, etc., which can be accessed on YouTube. One of the best eating disorders videos we mentioned earlier, a documentary called THIN, is also available. There is an interesting video by Ari Levin on IGD examining whether IGD is really a disorder and multiple documentaries and news program videos available on discussing different aspects of IGD. We caution instructors to watch all videos before using them as class resources and consider how they will use the video to illustrate specific points in the curriculum or how they will generate class discussion. This will minimize student confusion about why they are viewing the video resource.

Ethical and legal case studies. Finally, it is important to recognize that there are unique ethical and legal challenges that may present when working with BPAs. One of the most important issues is practicing within one's scope of training and competency to practice, both of which our research has found is problematic among practicing counselors currently. Case studies can be devised to present ethical challenges such as having a person with a sexual addiction present in a rural practice in Texas with no Certified Sexual Addiction Therapist close enough to refer to; being offered a great job at an eating disorders clinic that is short staffed, even though the counselor only has one overview course in BPAs; or working in a SUD clinic that is not screening for BPAs, although we know there is a high rate of comorbidity. Instructors can present cases in a large group discussion, small group discussion, or discussion board format, challenging students to identify relevant codes of ethics and complete an ethical decision making model to obtain the best response to the situation.

Similarly, case study discussions are often helpful to illustrate some of the unique legal aspects involved in some BPAs. Sex addicts for instance may cross over the legal line to download pornography of children. What if law enforcement has not identified them as having broken this law? What if they come to your outpatient setting after they have lost their job and had their computers confiscated by the local police, and charges may be pending? What if a client discloses s/he has embezzled 50,000 from his/her workplace to pay gambling debts? What legal issues might be a concern if a school bus driver is unable to stop texting and driving and has almost had two accidents in the previous month? There are potential legal issues involved in each of these scenarios. Similar to the ethical case studies, instructors can challenge students to research the legal implications and the legal responsibilities they have in each scenario. Furthermore, instructors can facilitate a discussion about how legal obligations may collide with professional

ethics or how lack of legal obligation to report some crimes may affect the counselor's stress, due to a moral conflict.

Student learning outcome #5. The last proposed SLO is that students will be able to articulate an understanding of contextual variables such as culture, race, class, and gender on patterns of behavioral/process addictions. While we do not have a stand-alone class activity or assignment for this outcome, we encourage all instructors to integrate cultural issues into all class activities and assignments. It behooves all counselors, regardless of specialty, to consider the cultural complexities of our clients in all aspects of our work.

Some educators who teach a Substance Use Disorder (SUDs) class may see similarity between activities or assignments we proposed and used in SUDs-specific courses. We want to emphasize that although duplication may occur, given the new lens of BPAs, there is learning for students. Also, there are unique ways in which assignments could be modified if a course is not stand alone, such as requiring students to attend a support group for substances, and one for a behavior/process and ask them to compare or contrast their experiences. We believe the more exposure to topics of all addictions only benefits students' professional journeys.

Conclusion

As we previously identified, both diagnostic and CACREP educational standards have evolved over the past five years to reflect the importance of BPAs found to be prevalent in the population (APA, 2013; CACREP 2016). Individual practitioners report having more clients presenting with BPAs and needing more training in this area (Wilson & Johnson, 2013; Nelson, Wilson, & Holman, 2015; Wilson, Holman, Nelson, Carlisle, Baker, Moro, Whitmire, & Becton, 2019); however, these counselors also acknowledge providing services to clients with BPAs without adequate training. This presents ethical concerns related to client welfare and practicing

within one's scope of practice. Therefore, it is crucial that counselor education programs immediately integrate BPAs into their addiction coursework, and if feasible, develop stand-alone BPA courses to provide detailed instruction in screening, assessment, diagnosis, and treatment of BPAs.

This article provides a summary of issues related to integrating BPAs into counselor education programs and resources for doing so, based on our experiences integrating BPAs into existing addiction coursework and developing stand-alone courses. From this foundation of knowledge and experiences, we provide guidance to those counselor educators working to integrate BPA instruction into counselor education programs in order to increase the competence of professional counselors in meeting the unique needs of these populations. Our hope is that the descriptions of issues related to BPA course integration, course development, and course resources can provide a more detailed explanation to enhance counselor educators' use of the sample syllabus we previously published on the Association of Counselor Educators and Supervisors (ACES)/ACA Clearinghouse. This can serve as a means for counselor educators to begin to advocate for comprehensive addictions curricula within existing counselor education programs, which ultimately will benefit the clients counselors serve through improving their competency.

References

- Alavi, S. S., Ferdosi, M., Jannatifard, F., Eslami, M., Alaghemandan, H., & Setare, M. (2012). Behavioral addiction versus substance addiction: Correspondence of psychiatric and psychological views. *International Journal of Preventative Medicine*, 3(4), 290-294.
- American Counseling Association. (2015). *Licensure policies*. Alexandria, VA: Author. Retrieved from <http://www.counseling.org/knowledge-center/licensure-policies>
- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Washtinton, DC: Author.
- Barrio Minto, C. A., Gibson, D. G., & Wachter Morris, C. A. (2016). *Evaluating student learning outcomes in counselor education*. Alexandria, VA: American Counseling Association.
- Carnes, P., (1989). *Contrary to love: Helping the sexual addict*. Minneapolis, MN: CompCare Publishers.
- Carnes, P. J. (2001). *Out of the shadows: Understanding sexual addiction* (3rd ed.). Center City, MN: Hazelden.
- Carnes, P., Green, B., & Carnes, S. (2010). The same yet different: Refocusing the Sexual Addiction Screening Test (SAST) to reflect orientation and gender. *Sexual Addiction Compulsivity*, 17(1), 7-30. doi:10.1080/10720161003604087
- Carnes, P. J., Green, B. A., Merlo, L. J., Polles, A., Carnes, S., & Gold, M. S. (2011). PATHOS: A brief screening application for assessing sexual addiction. *Journal of Addiction Meidicine*, 6(1), 29-34. doi:10.1097/ADM.0b013e3182251a28
- Cooper, A., Delmonico, D. L., & Burg, R. (2000). Cybersex users, abusers, and compulsives: New findings and implications. *Sexual Addiction & Compulsivity*, 7(1-2), 5-29. Doi:10.1080/10720160008400205
- Council for Accreditation of Counseling and Related Educational Programs. (2015, October 22) CACREP degree to be required for counselor licensure in North Carolina. *News*. Retrieved from <http://www.cacrep.org/news/cacrep-degree-to-be-required-for-counselor-licensure-in-north-carolina/>
- Counsel for Accreditation of Counseling and Related Educational Programs [CACREP] (2016). *2016 standards for accreditation*. Alexandria, VA: Author.
- Council on Rehabilitation Education [CORE] (2015). *Press release from CORE and CACREP, July 20, 2015*. Retrieved from <http://www.corerehab.org/Files/Doc/PDF/WhatsNewPDFs/Press%20Release-7.20.15.pdf>
- Cutler, R., Micheli, A., & Skillman, T. (Producer), & Greenfield, L. (Director). (2006). *Thin* [Motion picture]. United States: HBO.
- Demetrovics, Z., Urban, R., Nagygyorgy, K., Farkas, J., Griffiths, M. D., Papay, O., Kokonyei, G., Felvinczi, K., & Olah, A. (2012). The development of the problematic online gaming questionnaire. *PLOS One*, 7(5), E36417. doi:10.1371/journal.pone.0036417
- Ellison, M., & Landay, V. (Producers), & Jonze, S. (Director). (2013). *Her* [Motion picture]. United States: Warner Bros. Pictures.
- Grant, J. E., Potenza, M. N., Weinstein, A., & Gorelick, D. A. (2011). Introduction to behavioral addictions. *American Journal of Drug and Alcohol Abuse*, 36(5), 233-241. doi:10.3109/00952990.2010.491884
- Griffiths, M. D. (2005). A components model of addiction within a biopsychosocial framework. *Journal of Substance Use*, 10, 191-197. doi:10.1080/14659890500114359

- Hagedorn, W. B., & Juhnke, G. A. (2005). Treating the sexually addicted client: Establishing a need for increased counselor awareness. *Journal of Addictions & Offender Counseling*, *25*, 66-86.
- Hamori, A., & McLean, S. (Producers), & Kwietniowski, R. (Director). (2003). *Owning Majowny* [Motion picture]. United States: Sony Pictures Classics.
- International Association of Eating Disorders Professionals Foundation. Certified Eating Disorders Specialist credentials. Retrieved March 23, 2018 from <http://www.iaedp.com/certification-overview/>.
- International Institute for Trauma & Addiction Professionals. Certified Sex Addiction Therapist Certification and Training. Retrieved March 23, 2018 from <https://www.iitap.com/certification/>.
- Kafka, M. P. (2010). Hypersexual disorder: A proposed diagnosis for DSM-V. *Archives of Sexual Behavior*, *39*(2), 377-400. doi:10.1007/s10508-009-9574-7
- Kaltiala-Heino, R., Lintonen, T., & Rimpela, A. (2004). Internet addiction? Potentially problematic use of the Internet in a population of 12-18 year-old adolescents. *Addiction Research & Theory*, *12*(1), 89-96. doi:10.1080/1606635031000098796
- Lee, T. K., Craig, S. E., Fetherson, B. T. L. & Simpson, C. D. (2013). Addiction competencies in the 2009 CACREP clinical mental health counseling program standards. *Journal of Addictions & Offender Counseling*, *34*, 2–15. doi:10.1002/j.2161-1874.2013.00010.x
- Lesieur, H. R., & Blume, S. B. (1987). The South Oaks Gambling Screen (SOGS): A new instrument for the identification of pathological gamblers. *American Journal of Psychiatry*, *144*(9), 1184-1188. doi:10.1176/ajp.144.9.1184
- Marlatt, G.A. (1988). Matching clients to treatment: treatment models and stages of change. In Donovan, D.M. & Marlatt, G.A. (Eds.) *Assessment of addictive behaviors* (pp. 474-484). New York: Guilford Press.
- McAuliffe, G., & Eriksen, K. (2011). *Handbook of Counselor Preparation: Constructivist, Developmental, and Experiential Approaches* (Ed). Washington, D.C.: SAGE
- Mee-Lee, D. (2013). *The ASAM Criteria: Treatment criteria for addictive, substance-related, and co-occurring conditions*. American Society of Addiction Medicine.
- Migliore, W., Koplan, D., Urdang, L., Vanech, D., & de Pencier, M. (Producer), & Blumberg, S. (Director). (2013). *Thanks for sharing* [Motion picture]. United States: Lionsgate.
- Mordey, A., & Brown, C. (2014). Combining elements of CBT into a 3 circle recovery planning model for the treatment of process addictions. *Alcohol and Alcoholism*, *49*, i45. doi:10.1093/alcalc/agu053.36
- Najavits, L., Lung, J., Froias, A., Paull, N., & Bailey, G. (2014). A study of multiple behavioral addictions in a substance abuse sample. *Substance Use & Misuse*, *49*(4), 479-484. doi:10.3109/10826084.2012.858168
- National Board of Certified Counselors [NBCC] (2014). *Important announcement upcoming change to NBCC educational requirements*. Retrieved from: http://www.nbcc.org/assets/Change-announcement-flyer_2014.pdf
- National Council on Problem Gambling. International Gambling Counselor Certification. Retrieved March 23, 2018 from http://www.ncpgambling.org/files/public/Certification_Packet_8_2008.pdf.
- Nelson, J., Wilson, A., & Holman, L. (2015). Training students in counselor education programs in process addictions: A pilot study. In S. Southern & K. Hilton (Eds), *Annual Review of Addictions and Offender Counselors II* (pp. 65- 81). Eugene, OR: Recourse Publishing.

- Potenza, M. N. (2014). Non-substance addictive behaviors in the context of the DSM-5. *Addictive Behaviors, 39*(1), 1-2. doi:10.1016/j.addbeh.2013.09.004
- Raylu, N., & Oei, T.P.S. (2016). Treatment planning for problem gamblers. *Australian Clinical Psychologist, 2*(1), 1-14.
- Rosenberg, K. P., & Feder, L. C. (Eds.). (2014). *Behavioral addictions: Criteria, evidence, and treatment*. London, UK: Academic Press.
- Smith, D. E. (2012). The process addictions and the new ASAM definition of addiction. *Journal of Psychoactive Drugs, 44*(1), 1-4.
- Sun, A., Ashley, L., & Dickson, L. (2012). *Behavioral addiction: Screening, assessment, and treatment*. Las Vegas, NV: Central Recovery Press.
- Sussman, S., Lisha, N., & Griffiths, M. (2011). Prevalence of the addictions: A problem of the majority or the minority. *Evaluations and the Health Professions, 34*(1), 3-56. doi: 10.1177/0163278710380124
- Torres-Rodriguez, A., Griffiths, M. D., & Corbonell, X. (2017). The treatment of Internet gaming disorder: A brief overview of the PIPATIC program. *International Journal of Mental Health and Addiction*. Retrieved March 23, 2018 from <https://link.springer.com/content/pdf/10.1007%2Fs11469-017-9825-0.pdf>.
- Urofsky, R. I., Bobby, C. L., & Ritchie, M. (2013). CACREP: 30 years of quality assurance in counselor education: Introduction to the special section. *Journal of Counseling and Development, 91*, 3-5. doi:10.1002/j.1556- 6676.2013.00064
- Wilson, A., & Johnson, P. (2013). Counselors and process addiction: The blind spot in our field. *The Professional Counselor, 2*(1), 16-22.
- Wilson, A., Holman, L., Nelson, J., Carlisle, K., Baker, C., Moro, R., Whitmire, S., Becton, L. (2019). Professional counselors' and students' current knowledge, training, and experience with process addictions. *Journal of Addiction and Offender Counselors: Annual Review. Mixed-Methods*.
- Wolfe, J. L. (2000). Assessment and treatment of compulsive sex/love behavior. *Journal of Rational-Emotive and Cognitive-Behavior Therapy, 18*(4), 235-246.
- Young, K. S. (1999) *The Evaluation and treatment of Internet addiction*. In L. VandeCreek & T.Jackson (Eds.). *Innovations in Clinical Practice: A Source Book 17*, 19-31. Sarasota, FL: Professional Resource Press.
- Zajac, K., Ginley, M. K., Chang, R. & Petry, N. M. (2017). Treatments for Internet gaming disorder and Internet addiction: A systematic review. *Psychology of Addictive Behaviors, 31*(8), 979-994. doi10.1037/adb0000315