

saint mary's press

Helping Kids in Crisis

Recognize • Respond • Refer

Jo Hittner, PhD

Helping
Kids in
Crisis

Helping Kids in Crisis

Recognize • Respond • Refer

Jo Hittner, PhD



saint mary's press

The publishing team included Laurie Delgatto, development editor; Lorraine Kilmartin, reviewer; prepress and manufacturing coordinated by the prepublication and production services departments of Saint Mary's Press.

Jayne Stokke, cover illustration

Copyright © 2006 by Saint Mary's Press, Christian Brothers Publications, 702 Terrace Heights, Winona, MN 55987-1320, www.smp.org. All rights reserved. No part of this book may be reproduced by any means without the written permission of the publisher.

Printed in the United States of America

3448

ISBN 978-0-88489-941-9

Library of Congress Cataloging-in-Publication Data

Hittner, Jo Ann.

Helping kids in crisis : recognize, respond, refer / Jo Ann Hittner.
p. cm.

ISBN 978-0-88489-941-9 (pbk.)

1. Problem youth—Pastoral counseling of. I. Title.

BV4464.5.H58 2006

259'.2—dc22

2006012630

DEDICATION

To my husband, Leslie, whose support has given me the courage to accomplish seemingly impossible goals.

AUTHOR ACKNOWLEDGMENTS

I wish to thank Laurie Delgatto for her encouragement and editorial skills, which helped make this project a reality. And thanks to Brian Singer-Towns for asking me to think about writing this book and believing it was possible.

CONTENTS

Introduction 9

SECTION ONE
ADDICTIONS 11

Chapter 1:
 Substance Abuse. 13

Chapter 2:
 Gambling Addictions. 19

Chapter 3:
 Sexual Addictions 25

Chapter 4:
 Computer and Video Game Addictions 30

SECTION TWO
VIOLENCE 35

Chapter 5:
 Child Neglect 37

Chapter 6:
 Sexual Abuse 43

Chapter 7:
 Emotional and Physical Abuse. 50

Chapter 8:
 Dating Violence 56

Chapter 9:
 Gang Involvement 62

SECTION THREE

DISORDERS 69

Chapter 10:

Eating Disorders 71

Chapter 11:

Mental Disorders 81

Chapter 12:

Behavior Disorders 92

Chapter 13:

Anxiety Disorders 100

Chapter 14:

Impulse Control Disorders 117

SECTION FOUR

GRIEF AND LOSS 129

Chapter 15:

Divorce 131

Chapter 16:

Disasters 136

Chapter 17:

Suicide 141

Chapter 18:

Death and Dying 146

Appendix:

A Crisis Intervention Approach 153

Acknowledgments 157

INTRODUCTION

The ministry of pastoral care is an invitation to the ongoing process of caring deeply for young people, confronting them honestly when necessary, meeting them where they are, and showing them the rich possibilities of human wholeness. Pastoral care is an invitation to conversion in a holistic sense.

Pastoral care is also a ministry of compassionate and intrusive presence. We are challenged to surround young people with the best possible support systems; to connect young people with a web of family, youth ministers, teachers, and significant adults; and to be a compassionate presence in their lives. Our presence is intrusive when necessary. We challenge and confront negative or harmful behaviors, values, and attitudes, and we witness to Gospel values and lifestyles.

Though pastoral care is much broader than dealing with crises, responding to young people experiencing distress or engaging in risky behaviors is an important aspect of pastoral care. It is essential to remember, however, the difference between counseling and responding. Counseling requires a specific set of skills, training, and expertise. Most of those who minister with youth are not trained as counselors.

Yet most adults working with young people can still effectively respond in crises by developing the recognition, response, and referral skills needed to provide caring support to young people when necessary. Recognition skills simply refer to one's ability to see the behavioral signs indicating an individual or group is in crisis. Response skills mean actually reaching out to and making contact with an individual or group in crisis, and referral skills include acknowledging that an issue requires a more professional response and identifying potential resources. Adults can indeed be pastoral responders and caregivers.

This means each of us who work with young people (pastors, coordinators of youth ministry, pastoral associates, ministry leaders, catechists, teachers, and other caregivers) must be knowledgeable about the varieties of issues potentially present in the lives of the young

people and families in our care. When a young person's difficulties are beyond the realm of our own credentials and experience, each of us has a responsibility to connect the young person or family with someone who is trained in the skills of intervention, diagnosis, and counseling.

Helping Kids in Crisis identifies more than thirty of the most common pastoral care issues today's young people face. Each chapter provides illustrative cases, a list of signs and symptoms, and suggestions as to when and from whom to seek additional professional help. The chapters deal with such issues as addictions, behavioral and mental disorders, bereavement, suicide, divorce, violence, and abuse. Each chapter also includes practical ideas for adding pastoral care strategies to existing ministry programs as well as recommended resources for further study. As ministry leaders, each of us is likely to encounter serious situations and moments of crisis in the lives of the youth and families with whom we minister. *Helping Kids in Crisis* was written for precisely that reason.

SECTION ONE ADDICTIONS

Addiction is “a compulsive need for and use of a habit-forming substance, characterized by tolerance and by well-defined physiological symptoms upon withdrawal” (*Webster’s Collegiate Dictionary*, p. 14). This definition limits addictions to substances such as alcohol, nicotine, cocaine, and other drugs. It does not include obsessive gambling, video gaming, and sexual activity. However, the definition of *addict* includes “to devote or surrender (oneself) to something habitually or obsessively” (p. 14). These latter examples fit addictive behaviors because the person addicted has physiological symptoms when he attempts to quit and also experiences tolerance effects; that is, at first small amounts of the behavior satisfy, but as time goes on, more experiences are needed to provide satisfaction.

Possible types of addictions include abuse of substances such as alcohol, nicotine, marijuana, depressants such as barbiturates and tranquilizers, stimulants such as inhalants and prescription drugs sold or exchanged without permission, heroin, hallucinogens, methamphetamine, and steroids. Gambling addictions, sexual addictions, and video gaming addictions can be added to the list.

1

SUBSTANCE ABUSE

Substance abuse starts when a young person makes a conscious decision to use drugs or alcohol. Used too often, drugs may cause a young person to crave the substance. That's because physical changes take place in the brain. Neurons, or brain cells, use chemical messengers called neurotransmitters to "talk" to one another. Drugs interfere with this process by making structural changes in brain cells. Mood, memory, thinking, and even motor skills such as walking may be affected. Not everyone becomes addicted. But any drug abuse is dangerous.

Young people's brains and bodies are still developing. Drug abuse and addiction interfere with young people's sense of who they are and how they learn and mature. These problems can harm a young person's future—physically, emotionally, and behaviorally—even leading to depression and anxiety. Drugs can weaken one's ability to concentrate and store information. Being under the influence of drugs can also impair judgment, leading to risky decisions about sex or about getting into a car with someone who is also under the influence.

Using alcohol and tobacco at a young age increases the risk of using other drugs later. Some young people will experiment and stop, or continue to use occasionally, without significant problems. Others

will develop a dependency, moving on to more dangerous drugs and causing significant harm to themselves and possibly others.

Case Study

Patrick is sixteen. He comes to youth activities with an unusual amount of nonchalance. He is not interested in what is going on and doesn't seem to care that he is not involved. When asked about his interests, he says he doesn't have any in particular. He does not seem depressed, just uninterested. He used to be interested, involved, and enthusiastic. He does not make eye contact when others comment that he seems different from his typical self. His usual friends are avoiding him, and he is hanging around with a different group of friends. These new friends have been on the periphery previously, and now Patrick seems to be comfortable there as well. At times he doesn't seem to retain any information, and at other times he seems giddy and not able to think through problems.

Signs and Symptoms

Typically, abuse of a substance is a “maladaptive pattern of substance use leading to clinically significant impairment or distress . . . occurring within a 12-month period” (DSM-IV-TR, *Diagnostic and Statistical Manual of Mental Disorders*, p. 199). This means that a person who uses drugs periodically for a short time may not be making wise decisions and may be abusing a substance, but he will likely not be diagnosed with substance abuse or dependency. However, once a line is crossed where problems begin to occur, such as inability to function, placing oneself in dangerous situations, or getting into legal problems, abuse is probably present. Dependency is a more pervasive use of the substance without concern for consequences, including physical symptoms, financial ruin, or deterioration of relationships.

Symptoms of substance abuse always include recurrent use and may also include these characteristics:

- sudden personality changes, including abrupt changes in work or school attendance, quality of work, work output, grades, discipline
- unusual flare-ups or outbreaks of temper
- not fulfilling obligations at work or school
- operating a motor vehicle while under the influence of any addictive substance
- getting into legal difficulties for any reason, including inappropriate behavior such as disorderly conduct, theft, and sexual improprieties
- general changes in overall attitude
- loss of interest in favorite hobbies and pursuits
- changes in friendships, reluctance to talk about friends or have them visit
- difficulty in concentration, paying attention
- sudden jitteriness, nervousness, or aggression
- deterioration of physical appearance and grooming
- change in appetite, weight loss or gain
- wearing of sunglasses at inappropriate times
- continual wearing of long-sleeved garments, particularly in hot weather, or reluctance to wear short-sleeved attire when appropriate
- association with known substance abusers
- unusual borrowing of money from friends, coworkers, or parents
- theft of small items from employer, home, or school
- secretive behavior regarding actions and possessions; poorly concealed attempts to avoid attention and suspicion, such as frequent trips to storage rooms, restrooms, basements, and so on

Different substances lend themselves to different groups of symptoms. The most glaring symptom in all cases is a change – sometimes radical – in behavior.

Causes of addiction vary from individual to individual. Some people can use chemicals repeatedly and not get addicted until later.

Others, however, can use a chemical once and become addicted. Some of this is due to metabolism, genetic predisposition, and other biological factors. All illegal drugs are potentially addictive. Drugs work to change the brain chemistry and tap into the pleasurable feelings we all desire. However, drugs come with a high price; they damage the body and stunt emotional growth, making it hard to handle daily stresses and solve everyday problems.

Response, Diagnosis, and Treatment

With any addiction, denial is the norm. It is easy for someone to say, "I am not addicted; I can quit anytime." It is easy to say as well, "Everyone else does it, and I am not using as much as they are." Neither of these statements makes any difference when the person is experiencing negative consequences from his use of the drugs. Directly confronting youth with observations about their behavior, their choices, and the consequences of their behavior and choices works well in the beginning stages of use. However, this is rarely effective once the young person is well established in his patterns of use.

If the young person is not willing to look at his use, an intervention of some sort is needed. Parental contact is essential. If you are concerned but the parents are not, very little (if anything) can be done, but sharing your concerns may stimulate their thinking process. Parental permission is needed for the young person to seek help in most instances. Youth can legally get a chemical dependency evaluation on their own, and the information cannot be shared with their parents. However, they would have to pay for it themselves or have access to their parents' health insurance information. This rarely happens.

Thankfully, most of the time parents *are* concerned, and with their leadership, change can occur. Parents need to make contact with a chemical dependency counselor, who will conduct an assessment of the young person's chemical use and make recommendations. The counselor will determine if the use is at an abusive or addictive level and recommend further treatment or reduction of use. If

treatment is recommended, the counselor will help the family find outpatient treatment in which the young person attends sessions but remains at home. If the problem is serious enough, the counselor might recommend inpatient treatment in which the young person is placed in a treatment center without going home until treatment is concluded. This option is more intense than outpatient treatment and is shorter in duration.

Many methods are used to determine substance use; among them is urine or blood testing. Another method is by interviewing parents, teachers, and other caregivers regarding the history of the patient and the patient's current behavioral aspects.

A major difficulty in making a diagnosis is the consideration of dual diagnoses. A dual diagnosis is given to any person who has both a substance abuse problem and an emotional or psychiatric disorder. For the patient to fully recover, he must be treated for both problems.

Drug addiction is treated by having the person withdraw from the drug. Treatment consists of looking at the underlying cause for the use of the drug. If it is a mental health issue, mental health therapy might be recommended in addition to the substance abuse treatment. If a physical problem is present, referral to a physician is recommended. If the issue is connections with other drug users, a recommendation is made for a change in friends. This is done in a supportive way to encourage finding friends who are not using drugs. This is important because the pressure to resume using will be too great to ignore once treatment is complete. Treatment also involves looking at alternatives to drug use to get one's emotional needs met.

Aftercare is usually a part of treatment whereby the person is expected to continue to see a counselor and other group members for a period of time to gain support for remaining abstinent from the drug. A twelve-step program such as Alcoholics Anonymous (AA) or Narcotics Anonymous (NA) or another support network is usually recommended to maintain sobriety or abstinence. Relapse (using again) happens with some frequency, and this is dealt with either by gaining more support or by repeating the treatment program.

Pastoral Care Strategies

In your own ministry to and with young people, keep these strategies in mind:

- Be a good role model.
- Promote healthy choices and avoidance of all illegal drugs.
- Understand that addictions are not changed by willpower but require professional intervention.
- Contact parents when adolescents seem to be having problems with alcohol or other drugs.
- Support professional counseling when drugs are being abused.
- Provide substance abuse education to young people and parents.
- Connect parents and young people with already existing education programs.
- Allow AA or NA to meet in your church facilities.
- Start an AA, NA, or other support group chapter in your parish, with the assistance of a professional.
- Create a binder of current resources (mental health professionals, abuse counselors, treatment facilities, and so on).

Recommended Reading

- *Choices and Consequences: What to Do When a Teenager Uses Alcohol/Drugs*, by Dick Shaefer (Center City, MN: Hazelden Foundation, 1998).
- *Dirty: A Search for Answers Inside America's Teenage Drug Epidemic*, by Meredith Maran (New York: HarperSanFrancisco, 2003).
- *Helping Your Chemically Dependent Teenager Recover: A Guide for Parents and Other Concerned Adults*, by Peter Cohen (Center City, MN: Hazelden Foundation, 1998).
- *Teens Under the Influence: The Truth About Kids, Alcohol, and Other Drugs – How to Recognize the Problem and What to Do About It*, by Katherine Ketcham (New York: Ballantine Books, 2003).

2

GAMBLING ADDICTIONS

Gambling has recently increased in popularity among adolescents as more gambling opportunities have become available to the adult population. Gambling is the act of risking money or something else of value on an activity with an uncertain outcome. Playing cards or video games for money, buying raffle tickets, betting on who's going to win the next game of pool, or wagering a favorite CD on the outcome of a sports event – these are all gambling.

For most people, gambling is an activity that is fun and entertaining – one that can be experienced with little or no harmful effects. For others gambling can be a serious problem that continues even after the fun is gone.

Problem gambling is a progressive behavioral disorder in which an individual has a psychologically uncontrollable urge to gamble. This results in excessive gambling, the outcome of which is the loss of time, money, and self-esteem. The gambling reaches a point where it compromises, disrupts, and ultimately destroys the gambler's personal life and relationships. Just as some people become addicted to drugs or alcohol, it is possible for a person to become obsessed with an uncontrollable urge to gamble. The effects of this addiction are much greater than the obvious financial losses that usually result from repeated gambling. The long-term result is a

steady deterioration of the mental and physical health of both the gambler and his family.

Teens often begin gambling with adults and progress into independent gambling over time. Adolescents are more vulnerable to gambling problems when their parents or other significant people in their life gamble. They also are more vulnerable when they are lonely, have poor self-esteem, or want to escape from the reality around them.

Case Study

Mark is interested in various projects and activities. He is usually excited about a lot of things. He seems to be somewhat of a risk taker, but at sixteen he is comparable to a lot of his peers. He enjoys competition and wants to win at almost any cost. He has been more jittery and anxious lately, and he doesn't seem to be as interested in what his friends are doing or in spending time with them. He used to play a number of sports but has become almost exclusively interested in following the NFL, paying close attention to which teams are in the running for the Super Bowl. In fact, he seems to have an almost obsessive interest in who is winning. It started innocently enough with getting involved with sports pools. After all, Mark thought, what could be the harm in placing bets on teams he knew would win? He had all the information he needed to make a wise choice, and most of the time he has been right. Occasionally he has gotten overconfident and spent more money than he intended. This has caused him to lose more money than he actually has, and so he simply borrows money from his friends, who seem to be willing enough to lend it to him, at least for now. Mark also believes that the longer he gambles the more money he'll make. All he has to do to make up for his losses is to play "one more time," and he is sure he will win big and be able to pay back the money he borrowed plus enough to buy things he wants for himself. Just one more game, one more win, one more chance.

Signs and Symptoms

Research suggests that most young people gamble because of the excitement it generates as well as the escape from problems it provides. Gambling becomes a way of dealing with stress and can be reinforcing. Gambling has the same effect as drug addiction of connecting with the pleasure-seeking part of the brain and creating a high. Anyone who gambles can develop a gambling problem. If gambling is a frequent activity in the home or among friends, young people are at greater risk for developing a problem with gambling. Often young people with gambling problems have troubles in other areas of their life they need to sort out, such as feeling lonely or arguing a lot with their parents. Sometimes referred to as the “hidden addiction,” problem gambling is not as easily detected as alcoholism or substance abuse. But these warning signs may indicate a person is crossing the line into addiction:

- having unexplained amounts of money
- skipping classes
- missing work
- frequently borrowing money from friends and family members
- feeling restless or irritable when not able to gamble
- becoming preoccupied with gambling
- continuing to gamble despite significant losses
- feeling helpless and depressed or having thoughts of suicide

Adolescents are more likely to be addicted to gambling than adults. This is probably owing to their inability to foresee consequences of their behavior, their impulsiveness, and their feelings of invulnerability. Males are more likely than females to have gambling addictions. Risk factors for young people include not feeling like they belong to a group of friends, having role models who gamble, and having low self-esteem and unresolved issues from which they want to escape.

People with one addiction are more at risk to develop another. Some problem gamblers also find they have a problem with alcohol or drugs. Some problem gamblers never experience any other

addiction because no other substance or activity gives them the same feeling as gambling does.

Response, Diagnosis, and Treatment

A gambling addiction is progressive. In most people it begins slowly and grows until the gambler's life becomes increasingly unmanageable. As repeated efforts to gain control over the addiction fail, life for the compulsive gambler begins to fall apart. If the compulsive gambler could stop chasing losses, he would. All compulsive gamblers can stop gambling for a while. But most people need professional help to stop for life.

It is not always easy to recognize a teenager with a gambling problem. However, some of the most obvious warning signs are financial problems. In addition, gambling teens usually let their schoolwork slide, miss classes, and don't stay focused. Gamblers go through a phase where they feel lucky and special, followed by a downward spiral ending in a desperation phase where they can't stop gambling.

Professionals working with a gambling addict must look at the young person's attitudes toward gambling. Therapists must also make collateral contact with family members or friends who are familiar with the young person's choices. Collateral contact means that other people are consulted as a means of confirming (or refuting) the person's comments.

Treatment consists of inpatient or outpatient therapy. A severe addiction may require a more intensive inpatient therapy. A less severe addiction or abuse might merit outpatient treatment.

Recovery is a process of learning how to resist the gambling urge, developing healthy coping skills, and taking responsibility for past behavior by making appropriate financial restitution or personal amends to those who may have suffered as a result. Outpatient therapy often involves a series of therapy sessions. Therapy addresses underlying personal and social issues and encourages the development of healthy coping styles. Instead of avoiding issues, youth are empowered to deal effectively with their problems through

socially acceptable strategies. Individuals with gambling problems are also encouraged to engage in healthier activities. Family members often play an important role in outpatient rehabilitation. Family members typically attend a separate counseling session where they learn what compulsive gambling is and how they can support their family member's recovery.

Refraining from any forms of gambling and changing friends so the temptation to return to gambling is minimized are also part of the treatment. An aftercare program to maintain the gains and prevent relapse are usually included as well.

Whatever the situation, problem gamblers can recover to lead happier, more productive lives than they may have experienced even before their gambling.

Pastoral Care Strategies

It is extremely important when working with youth to be appropriate role models for them. They look to the adults in their life for direction, guidance, and support. Minimizing problems that are budding or progressing more rapidly than expected is not helpful. Young people need to be confronted with their choices, helped to see the consequences of those choices, and given guidance on how to make better choices. Supporting youth while letting them know about the consequences of their behaviors is critical to keeping their trust.

In your own ministry to and with young people, keep these strategies in mind:

- Pay attention to seemingly insignificant changes in the attitudes and behaviors of the young people you serve.
- Support professional counseling when gambling problems are evident.
- Provide gambling addiction education to young people and parents.
- Connect parents and young people to already existing education programs.
- Refer any youth and their parents with concerns to the national gambling hotlines.

- Allow Gamblers Anonymous groups to meet in churches or local schools.
- Begin a Gamblers Anonymous group for young people in the area.
- Research and write an article on teen gambling for the parish bulletin or local newspaper.
- Develop a display highlighting the issues around problem gambling.
- Work with local schools to develop gambling prevention programs.

Recommended Reading

- *Gambling and Gaming Addictions in Adolescence: Parent, Adolescent and Child Training Skills*, by Mark Griffiths (Boston: Blackwell Publishing, 2002).
- *This Must Be Hell: A Look at Pathological Gambling*, by Humphrey Hale (Lincoln, NE: Writers Club Press, 2000).
- *Wanna Bet? Everything You Wanted to Know About Teen Gambling but Never Thought to Ask*, by the North American Training Institute (Duluth, MN: North American Training Institute, 1997).

3

SEXUAL ADDICTIONS

Sexual addiction is defined as any sexually related, compulsive behavior that interferes with normal living. Sexual addiction is also known as sexual dependency and sexual compulsivity. By any name, it is a compulsive behavior that completely dominates the addict's life. Sexual addicts make sex a higher priority than any other aspect of life.

Sexual addiction can be understood by comparing it to other types of addictions. Individuals addicted to alcohol or other drugs, for example, develop a relationship with their "chemical(s) of choice" – a relationship that takes precedence over any and all other aspects of their lives. Addicts find they need drugs simply to feel "normal."

In sexual addiction, a parallel situation exists. Sex—like food or drugs in other addictions—provides the "high," and addicts become dependent on this sexual high to feel normal. They substitute unhealthy relationships for healthy ones. They opt for temporary pleasure rather than the deeper qualities of truly intimate relationships.

The tendency to deny problematic behaviors around sexual activity is high because of the societal taboos and privacy of sexual acts. As with all addictions, the repeated inability to control the be-

havior, heightened tension before the behavior, pleasure during the behavior, and the necessity of increasing the behavior to obtain satisfaction apply with sexual addiction as well.

Case Study

Mavis is an attractive, seemingly well liked fifteen-year-old girl. She has a reputation of being fun, is willing to take risks, and enjoys being around boys. She talks about a variety of activities but focuses most on her relationships with boys. She has struggled with drug abuse and seems to have conquered that problem. But something does not seem right about her preoccupation with hugging, holding hands, and being in physical contact with the male gender. Mavis does not have the same boyfriend for any length of time and has a reputation for being “easy.”

Mavis comes from a two-parent home, and her parents’ marriage is considered happy. Her siblings are well known and well liked by everyone. Her parents are involved in the community; both are working professionals and strong supporters of school athletics. Mavis is not as athletic as her siblings and appears to be somewhat isolated from them. She is a good student, however, and makes up for her lack of athletic ability with strong academic skills. The interesting thing about her is that she is such an ordinary girl from a “good family.” Lately she seems excluded from her family and spends most her time and energy seeking attention from boys. Her parents do not seem to notice or do not seem concerned if they do notice. No one is apparently commenting on her isolation, lack of connection with her family, and her promiscuity—perhaps because she is well liked, perhaps because it seems normal. Mavis feels like her life is out of control, and she is not feeling good about who she is or what she is doing.

Signs and Symptoms

No single behavior pattern defines sexual addiction. Individual behaviors may not indicate a problem, but a cumulative effect may indicate something is awry and that the behaviors or attitudes are outside the norm of adolescent behaviors. Sexual addiction is often progressive. Although a young person with a sexual addiction may be able to control herself for a time, inevitably her addictive behaviors will return and quickly escalate to previous levels and beyond. Some people with this addiction begin adding additional acting-out behaviors.

Young people with a sexual addiction may display these characteristics:

- interest in pornography (magazines, books, Internet sites)
- violation of others' body space
- exhibitionism, voyeurism, and obscene gestures, along with indecent exposure and indecent phone calls
- sexual preoccupation or anxiety that interferes with daily functioning
- indiscriminate sexual contact with more than one partner during the same period of time
- sexually aggressive ideas or obscenities that embarrass others
- sexual graffiti, especially when it is chronic and impacts individuals
- compulsive masturbation
- self- or other-degrading or humiliating comments with a sexual theme
- sexually explicit conversations with significantly younger children

(Based on Focus Adolescent Services, "The Range of Teenage Sexual Behavior")

Sexual addicts experience intense mood shifts, often owing to the despair and shame of having unwanted sex. Sexual addicts are caught in a crushing cycle of shame-driven and shame-creating behavior. Although shame drives the sexual addicts' actions, it also becomes the unwanted consequence of a euphoric escape into sex.

The likelihood of a young person having a sexual addiction increases with personal experience of sexual abuse; rigid, emotionally disengaged family members; sexual exposure at a young age; or living in a family with chemical addiction or other addictive patterns.

Response, Diagnosis, and Treatment

Sexual addiction is not about repeated sexual activity but rather is primarily an addiction expressed in sexual activity. Often people suffering from sexual addictions don't know what is wrong with them. They may suffer from clinical depression or have suicidal tendencies. They may even think they are losing their mind. However, recognizable behavior patterns indicate the presence of sexual addiction.

Many sources of help are available to provide information, support, and assistance for sexual addicts trying to regain control of their life. These include inpatient and outpatient treatment, professional associations, self-help groups, and aftercare support groups. Treatment programs also offer family counseling programs, support groups, and educational workshops for addicts and their families to help them understand how their beliefs and family life relate to the addiction.

Diagnosis should be done by a mental health professional. Diagnosis is based on questions related to ability to terminate the activity voluntarily, legal difficulties involved, interference of daily functioning, information gathered from others who would know the person's attitudes and behaviors, and motivation to change. Treatment is similar to other addictions; that is, the person will need to recognize triggers to the addictive behaviors, stop associating with people who also engage in the behaviors, and refrain from, or at least significantly decrease, the activities.

For example, if the person visits pornographic or sexually explicit Internet sites, she will need to contract to stop using those sites. If masturbation is part of the addiction, the person will have to contract to refrain from that behavior. Twelve-step programs such as Sex Addicts Anonymous are excellent support networks. Monitoring

behaviors and attitudes and dealing with underlying issues such as sexual abuse or early sexual exposure might be part of the treatment program as well.

Recovery is possible, and life has joyful potential. With recovery, life is no longer depleting, but replenishing; not secret, but open; not isolating, but loving. Like other types of addiction, sexual addiction may never be “cured.” However, individuals can achieve a state of recovery. Maintaining that recovery can be a lifelong, day-by-day process. A good approach teaches the addict to take her recovery one day at a time – concentrating on the present, not the future.

Pastoral Care Strategies

In your own ministry to and with young people, keep these strategies in mind:

- Have a respectful attitude regarding your own sexuality.
- Role model healthy sexual behaviors.
- Set appropriate boundaries with the youth, especially in the area of physical contact.
- Provide a supportive environment for discussion of sexual issues.
- Obtain information to share with youth in a nonthreatening manner regarding resources for information on sexual issues.
- Confront issues that are problematic in an empathic, understanding, straightforward manner to reduce shame, guilt, and nondisclosure.
- Provide adequate (church-approved) sexuality programs for young people and their parents.
- Encourage parents to re-evaluate the types and amounts of media they allow in the home.

Recommended Reading

- *Don't Call It Love: Recovery from Sexual Addiction*, by Patrick Carnes (New York: Bantam Books, 2002).
- *Out of the Shadows: Understanding Sexual Addiction*, by Patrick Carnes (Center City, MN: Hazelden Foundation, 2001).

4

COMPUTER AND VIDEO GAME ADDICTIONS

With the advent of computers, video games, and the Internet, the interest in playing games on the computer, television, or handheld devices has increased exponentially. Most children and adolescents are able to pursue their interests in video games without any problems. However, some experience a “rush” that is similar to that of people on amphetamines. For these young people, being unable to play a video game is akin to not having access to a drug. They are willing to forego their responsibilities to play, and they experience withdrawal when they are not playing.

Video game addiction is the use of computers and video games to change an individual’s mood. Use becomes abuse when it interferes with one’s work or school, disrupts personal and family relationships, and becomes increasingly necessary for one to feel good.

Case Study

Steve began playing video games with his dad at about age eight. The two of them would spend hours together trying to get to the next level or trying to outdo the other. Now that Steve is fourteen, he plays on his own. He has frequently stayed up nearly all night

playing. If his friends want to play video games, he is more than happy to join them. If they want to do something else, he declines. His grades have taken a nosedive because he is no longer interested in doing his homework. His parents cannot get him to do any chores at home; he is always playing video games. He has been having some difficulty staying awake in class and has been known to miss class sometimes because he has stayed up all night or does not have his homework done. He used to be involved in outside activities but has pretty much dropped out of everything. When he is not involved in a video game, he is irritable and not enjoyable to be around. The only friends he has now are those who are also avid players of video games. His parents and former friends are concerned, but apart from forbidding him to play video games, they are out of ideas. Steve has such horrible reactions to anyone who suggests he cut back or not play games that no one thinks it is worth the hassle. They hope he gets over this phase and returns to his old self soon.

Signs and Symptoms

Having an addiction to playing video games is not dissimilar to having an addiction to drugs or alcohol. The symptoms fit the criteria for an addiction in the *Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR)*. The difference is that legal difficulties are not usually involved unless the person starts being truant from school on a regular basis. Young people with an addiction to video games may exhibit the following symptoms:

- withdrawing from friends and family to play games
- neglecting schoolwork or other responsibilities in order to play
- lying about how much time is spent playing
- having temper tantrums when time for playing is limited
- repeatedly breaking family rules about when and how much playing time is allowed
- falling asleep in school
- having failing grades