

Envisioning a Continuum of Care for Behavioral Addictions

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Disclosure Information

Envisioning a Continuum of Care for Behavioral Addictions

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- No Disclosures

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- No Disclosures

Daniel Kaufmann, Ph.D., LPC, LMHC

- No Disclosures

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- No Disclosures

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- No Disclosures



Learning Objectives

Identify behavioral addictions as core conditions within addiction medicine and recognize similarities between substance addiction and behavioral addiction.

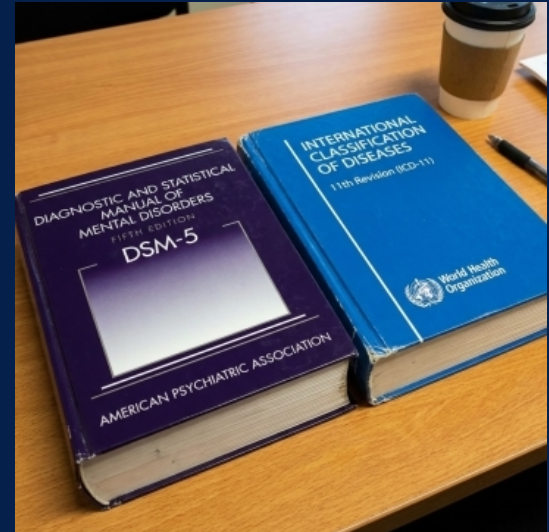
Consider how to incorporate multidimensional assessment and treatment of behavioral addictions into care for substance use disorders.

Describe evidence based interventions for individuals struggling with behavioral addictions.

Audience Poll

Which of the following behavioral addiction diagnosis is included in the ICD-11 and not included in the DSM 5-TR?

- a. Gambling disorder
- b. Pornography use disorder
- c. Gaming disorder
- d. Internet and related use disorder



DSM 5, 312.31; ICD 11, 6C50



Which of the following behavioral addiction diagnoses is included in the ICD-11 and not recognized as an official disorder in the DSM-5-TR?



Behavioral Addictions

DSM 5-TR has included gambling disorder, internet gaming disorder is a condition of interest.

WHO ICD-11 includes gambling, gaming and “other specified disorders due to addictive behaviors”.

WHO ICD-11 includes compulsive sexual behavior disorder under impulse control disorders (not addiction).

BEHAVIORAL ADDICTIONS



Brand et al 2022

Audience Poll

According to a 2025 systematic review by Galeazzi et al, approximately what percentage of individuals with gambling disorder had a co-occurring substance use disorder?

- a. 4%
- b. 15%
- c. 35%
- d. 60%



Image Google Gemini (Google LLC), 2026



According to a 2025 systematic review by Galeazzi et al., approximately what percentage of individuals with gambling disorder had a co-occurring substance use disorder?



Patient AN

A is a 27yo female with history of alcohol use disorder, moderate, in sustained remission, medical cannabis use, binge eating disorder, borderline personality disorder, and childhood ADHD diagnosis who has been seen in co-occurring outpatient clinic for 5 years.

Recently reported increased engagement in online poker and other gaming which promises to allow her to earn money for playing. Has been reprimanded at work for being on her phone and it impacts sleep and finances.



Image Google Gemini (Google LLC), 2026

Patient AN

Expresses desire to stop engaging in gambling. Meets criteria for gambling disorder.

AN uses cannabis approximately 3 times a week via bud. Does not meet criteria for cannabis use disorder. Does not want to stop. Also has nicotine dependence.



Image Google Gemini (Google LLC), 2026

Patient AN

Patient is not in need of higher LOC for her substance use at this time.

What level of care does patient need for her gambling disorder? Is this level of care available?

What if patient had returned to active alcohol use and was in need of co-occurring behavioral and substance use care?



Image Google Gemini (Google LLC), 2026

Why include behavioral addictions in SUD treatment?

Margaret Jarvis, MD DFASAM

Envisioning a Continuum of Care for Behavioral Addictions, ASAM
Annual Conference, Apr. 25. 2026



Audience Poll

Which of the following are barriers to identifying behavioral addictions in the context of SUD treatment?

- A) all behavior is normal
- B) no overlap between SUD's and behavioral addictions
- C) no diagnostic tools
- D) unsettled accepted diagnoses
- E) psychiatric expertise required for diagnosis

DSM 5, pg. 481



Which of the following are recognized barriers to identifying behavioral addictions in the context of Substance Use Disorder (SUD) treatment?





Chemsex

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"It is the just doom of laziness and gluttony to be inactive without ease and drowsy without tranquility." ~ Samuel Johnson 1709-1084

"The challenge for a human now is to be more interesting to another than his or her smartphone." ~ Alain de Botton 1969-present

A Jug of Wine, A Loaf of Bread—and Thou - Khayaam, 1048-1131

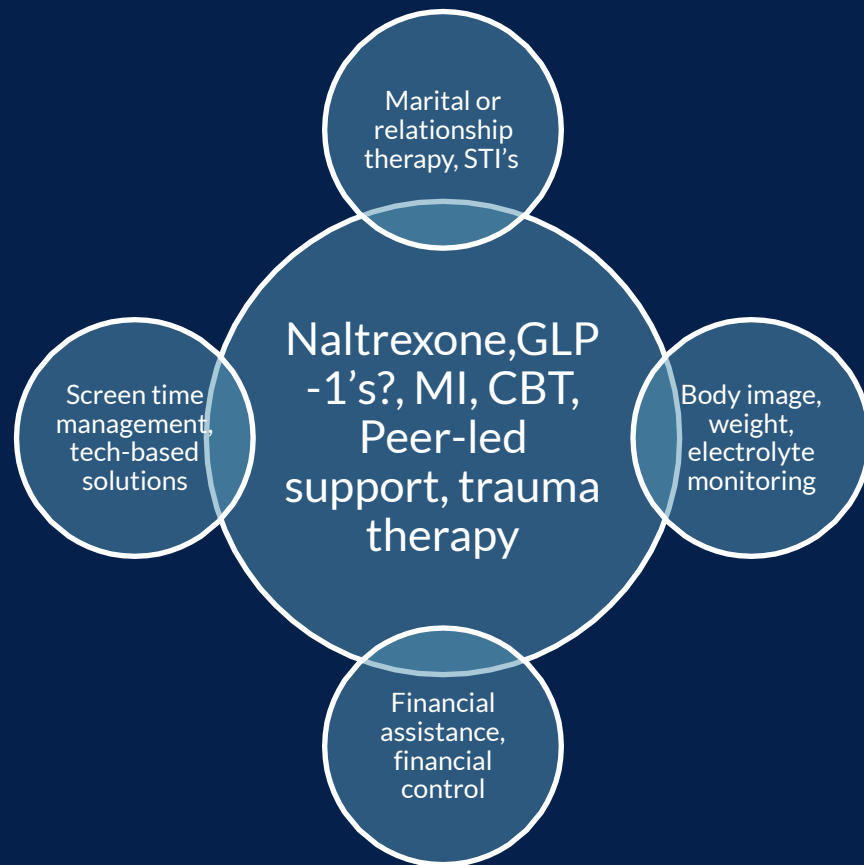
Around the gaming tables faces without lips,
Lips without color and jaws without teeth,
Fingers convulsed with a hellborn fever
Searching empty pockets and fluttering bosoms;
- Baudelaire 1821-1867

"When you have indulged a lust, your wing drops off;
you become lame, abandoned by a fantasy.
...People fancy they are enjoying themselves,
but they are really tearing out their wings for the sake of an
illusion."
~ Rumi (1207-1273)

Considering these conditions

- ◆ Better understood as obsession/compulsion?
- ◆ Part of other psychiatric diagnoses?
- ◆ Limited “official” diagnoses
- ◆ Don’t medicalize what is normal
- ◆ Don’t medicalize what is criminal
- ◆ How does the addition of modern technology change them?

csbd
iat pgybocs
gds gsas
sogs goodman's
csbi nedq bysas
yfas



Understanding Process Addictions



- **Overview of common process addictions.**
Explores the spectrum of behavioral addictions beyond substance use.
- **Establishing diagnostic criteria and screening for common symptom criteria.**
Details the signs and indicators used for identification.
- **Commonalities and differences with substance use disorders.**
Compares and contrasts process addictions with traditional addiction models.
- **Considering comorbidity with mental health conditions.**
Examines the frequent co-occurrence with other psychological issues.

Conceptual Challenges



**What counts as a
behavioral addiction?**



**How do you build
something theoretically
that doesn't currently have a
reimbursement structure
to support it?**

Practical Challenges



ADULT Case Examples

ADULT case examples without substance use disorders



Workforce Implications

Workforce implications (i.e. lack of trained clinicians, not always in comfort zone of alcohol and drug counselors)



Mental Health Integration

Necessary involvement of mental health workforce



Reimbursement?

Are third parties paying for this right now?

Behavioral Addiction Integration and Treatment Challenges

Daniel Kaufmann, Ph.D., LMHC / LPC, BACC

Innovation and Treatment



- **Internet-delivered CBT**

Effectiveness for gambling and gaming disorders.

- **Mindfulness-Based Interventions (MBIs)**

Enhancing outcomes when combined with CBT.

- **Motivational Interviewing (MI)**

Nuanced effectiveness based on delivery and client profile.

- **Integrative and Family-Based Approaches**

Broader improvements and support.

- **Emerging approaches**

Somatic therapies, neuromodulation, digital therapeutics.

Optimizing Treatments for Levels of Care



Personalization and Tailoring

Importance of adapting treatments to individual needs.



Engagement and Treatment Response

Exploring the relationship between engagement and outcomes, highlighting the challenge of attrition.



Modality, Intensity, and Frequency

The role of treatment type, how much, how often, and how intensely treatment is delivered.



Enhancing Retention and Completion

Strategies to improve participant engagement and ensure module completion.



Participant Characteristics and Comorbidities

Understanding how individual traits and co-occurring conditions influence treatment outcomes.

Integration Challenges



Barriers to Access

Stigma, shame, cost, confidentiality concerns.



Training Requirements

Training requirements for mental health professionals.



Resource Allocation

Resource allocation and cost-effectiveness.



Patient Engagement

Patient engagement issues with digital interventions.



Technical Difficulties

Technical difficulties and infrastructure limitations.

Implementation Considerations



Blended digital and face-to-face formats for comorbidities.

Combine online and in-person approaches to manage complex health conditions.



Adapting interventions for different levels of care.

Tailor treatment strategies to suit various healthcare settings and patient needs.



Importance of standardization and outcome measurement.

Ensure consistent practices and track results effectively for quality improvement.



Scalability through national platforms and multi-center approaches.

Expand reach using broad-reaching systems and collaborative research efforts.



Addressing the paradox of using internet-based tools for internet-related disorders.

Develop therapeutic solutions within the digital space for issues arising from internet use.

Overcoming Research Gaps



Deeper evidence base for less-studied addictions

Expand research into addictions such as pornography, shopping, and sex.



Long-term effectiveness studies

Conduct studies to assess the sustained impact of interventions.



Investigating effective intervention combinations

Determine the most successful pairings of therapeutic approaches.



Improving engagement and reducing attrition in digital therapeutics

Develop strategies to keep users involved and decrease drop-off rates in digital interventions.



Standardizing assessment tools and outcome measures

Establish consistent methods for evaluation and measuring results.

Panel Introductions

Moderator: Sara J. Polley, MD, FAPA, FASAM

Michael Eiden, PhD, LCSW, LCADC, CSAT, CCS

Daniel Kaufmann, Ph.D., LPC, LMHC

Margaret Jarvis, MD, DFASAM



What is the most pressing challenge in clinical practice regarding behavioral addictions or topic of interest that you would like our panel to address?



Panel Discussion Topics

Current thinking on creating a continuum of care for behavioral addictions.

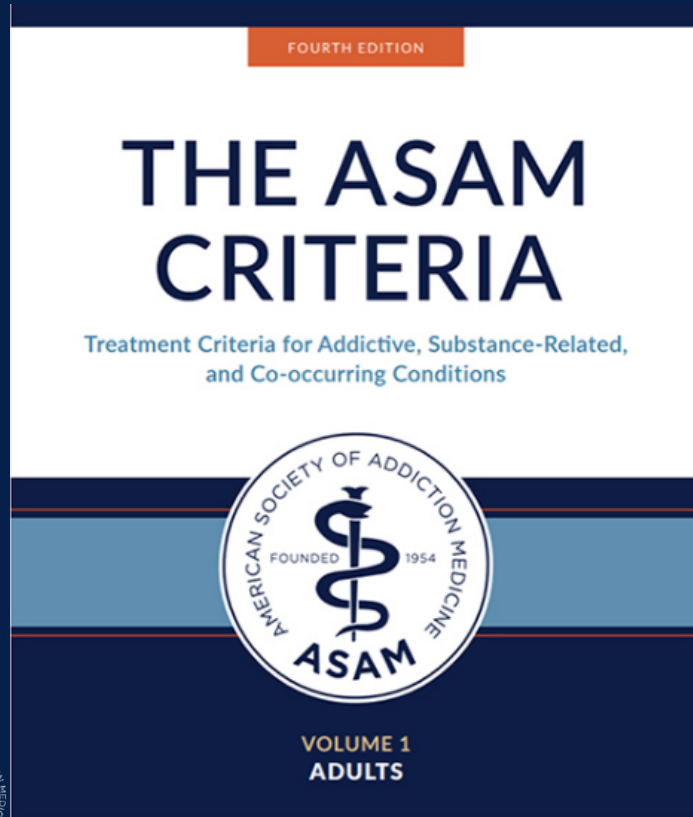
Adapting multidimensional assessment to behavioral addictions.

Managing overlap and comorbidity between behavioral and substance use disorders.

Ensuring clinical applicability across treatment settings.

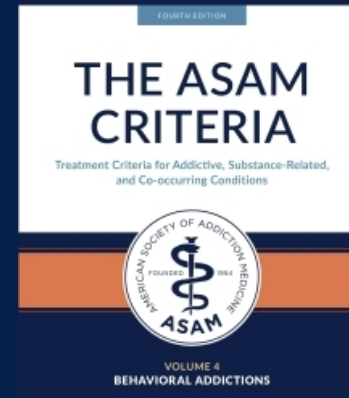
Future directions and anticipated impact on the field.

ASAM Criteria Update



Subsequent 2026-2028 Volumes

- Adolescent and Transition Age Youth (anticipated early 2026)
- Correctional Settings and Reentry (anticipated 2027)
- Behavioral Addictions (i.e., gambling, internet and gaming addiction, sex addiction) (anticipated 2028)



Behavioral Volume Timeline

- Currently in framework development phase where editors determine feasibility, scope, mapping of dimensions and levels of care.
- First public comment period will be Q3 2026 on the proposed framework.
- Development of writing work groups to assist with reviewing drafts created by the ASAM team based on structured literature review (late 2026/early 2027)
- Case sample development and decision rule testing.

Final Takeaways

- Behavioral addictions exist and cause significant morbidity and mortality with and without co-occurring substance use disorders.
- There still exists uncertainty about diagnostic categories and how to conceptualize disorders of behavior which take on addictive-like characteristics (i.e. eating disorders, hoarding)
- Data supports the use of many of the the same interventions we use for substance use disorders in treating behavioral addictions.

Final Takeaways

- Development of a framework for the assessment, level of care determination, and treatment of behavioral addictions has and will be a challenge.
- The goal of creation of this volume is to get us started. The more of YOU that can get involved, the more meaningful and relevant this volume can be!

Thank you!

Would you like
updates on the
behavioral
addictions volume?



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