

A Process Addictions Course for Counselor Training Programs

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- We proposed the implementation of a course dedicated to the etiology and treatment of process addictions in counselor training programs. We described the nature of the course and results of paired-sample t-tests examining differences in 23 students' preferences, competence, importance, and understanding at the beginning and end of the semester. Specifically, student preferences for working with process addictions, competence, and understanding of process addictions significantly increased with large effect sizes at the completion of the course. We concluded with a description of implications for counselor educators and counselor training programs.

Keywords: Counselor training programs, behavioral addictions, counselor preparation

The general definition and understanding of addiction continues to evolve over time. What society once thought was a condition involving only drug and alcohol use is now recognized as a condition that may include naturally rewarding behaviors. The American Society of Addiction Medicine (ASAM; 2011) updated its official definition of addiction to include both substances and behaviors. Furthermore, researchers have determined that naturally rewarding behaviors (e.g., eating and sex) can affect brain regions similar to those stimulated with drugs of abuse (Karim & Chaudhri, 2012; Love, Laier, Brand, Hatch, & Hajela, 2015; Olsen, 2011; Rosenberg & Feder, 2014). In addition, the *Diagnostic and Statistical*

Manual of Mental Health Disorders (DSM-5; American Psychiatric Association [APA], 2013) now has a section entitled "Substance-Related and Addictive Disorders," which includes gambling disorder, a drugless addiction (APA, 2013). Moreover, within "Conditions of Further Study" in Section III of the DSM-5, the authors included internet gaming disorder and non-suicidal self-injury (NSSI), which represent additional process addictions (note that although debate still exists, researchers have proposed conceptualizing NSSI as a process addiction; see Buser & Buser, 2013).

Despite the lack of accepted diagnostic criteria for behavioral addictions beyond gambling, prevalence rates indicate that many

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individuals struggle with process addictions. For example, Feng, Ramo, Chan, and Bougeois (2017) reviewed 27 studies of natural populations and found that prevalence rates of internet gaming disorder range from .7% to 15.6%. Furthermore, in a study of 1,796 young adults, researchers found that 12% scored in the problematic range for social media use (Shensa et al., 2017). Among college students, Giordano and Cashwell (2017) found that 10.3% of the sample scored in the clinical range for cybersex addiction. In addition, Carnes (2005) suggested that up to 6% of the general adult population has a sexual addiction. Finally, Lorains, Cowliishaw, and Thomas (2011) conducted a review of 11 studies using a random sampling procedure of adults and found lifetime pathological gambling prevalence rates ranging from .4% to 4.2%. Thus, prevalence rates of process addictions suggest that most counselors will work with clients who struggle with one or more addictive behaviors.

Considering the prevalence of process addictions and evolving definition of addiction to include behaviors, it is not surprising that accrediting bodies, such as the Council for Accreditation of Counseling and Related Educational Programs (CACREP; 2016), have included behavioral addictions in their standards. Specifically, in Section II of the latest CACREP standards (2016), the authors stated that all entry-level students must learn theories and etiology of addictions and addictive behaviors (standard F.3.d). The CACREP standard to address behavioral addictions was included in the 2009 standards accompanied by a definition of process addictions in the glossary referencing shopping, sex, food, and gambling (CACREP, 2009).

Although not all counseling programs adhere to CACREP standards, evidence suggests that counselor training programs may not adequately prepare counseling students to address process addictions in their clinical work. In a study of 77 members of the American College Counseling Association (ACCA), Giordano and Cashwell (2018) found that 32.5% of the sample received no training regarding

sex addiction. Among those who received sex addiction training, only 16.9% were trained in a graduate addictions course, 16.9% in a graduate course other than addictions, and 5.2% in graduate-level internships (Giordano & Cashwell, 2018). Furthermore, Wilson and Johnson (2013) surveyed 37 counselors and found that only 67% felt comfortable or very comfortable treating process addictions. Moreover, 94% of the sample reported an interest in learning more about process addictions through a seminar or course (Wilson & Johnson, 2013). Finally, among 131 members of the International Association of Addiction and Offender Counseling (IAAOC) or Master Addiction Counselors (MACs), the most commonly used assessment for process addiction counseling was the Beck Depression Inventory (BDI; Laux, DuFresne, Dari, & Juhnke, 2017), which measures depression rather than addictive behaviors. The authors reported that they did not find empirically validated process addiction assessments to include in their study; therefore, they asked participants to identify which substance abuse or mental health measures they used in process addictions counseling. Currently, there are several widely used process addiction measures, examples of which are provided in the course description below, that may serve to advance research on clinical work with behavioral addictions. Thus, it appears that counselors in training, researchers, and practitioners may benefit from more training related to the assessment and treatment of process addictions. One way to meet CACREP standards and prepare future counselors to adequately address behavioral addictions is to offer a process addictions course in counselor education programs.

Purpose of the Study

Given the inclusion of behaviors in the ASAM (2011) definition of addiction and training standards necessitating learning outcomes related to process addictions (CACREP, 2016), it is important to evaluate potential methods of infusing content related to behavioral addictions into counseling programs. One potential way to train counselors to work effectively

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with process addictions is to create a graduate-level course dedicated solely to the neurobiology, assessment, and treatment of addictive behaviors. In this study, we aimed to evaluate the effects of a process addiction course on counseling students' preference, competence, importance, and understanding of behavioral addictions. Specifically, our research questions included the following: a) Do statistically significant differences in preference, competence, importance, and understanding exist between pre-tests and post-tests among counseling students who complete a nine-week process addictions course? and b) Do students' weekly journal entries provide evidence to corroborate changes in preference, competence, importance, and understanding of process addictions?

Method

Participants

The first author developed the process addictions elective for a CACREP-accredited counseling program, which included an accredited clinical mental health and school counseling master's program and a counseling doctoral program, at a large southwestern university. All enrolled students ($n = 24$) were invited to participate in the research study. Of those invited, 23 students (95.8% response rate) completed both the pre-test and post-test and agreed to allow the instructor and teaching assistants to read and utilize direct quotes from their weekly journal assignments. Participants ranged in age from 22 to 56 years old, with a mean of 28 ($SD = 7.72$). Of the participants, 15 identified as female (65.2%), six as male (26.1%), and two as other (8.7%). Regarding race and ethnicity, 16 students identified as White (69.6%), two as Asian (8.7%), two as Biracial (8.7%), two as Hispanic/Latino(a) (8.7%), and one as Black (4.3%). Of the students, 15 identified as heterosexual (65.2%), four as bisexual (17.4%), two as gay (8.7%), one as lesbian (4.3%), and one as other (4.3%). Participants' religious/spiritual identities varied, with seven Protestant Christians (30.4%), four Agnostic (17.4%), three Atheist (13.0%), three spiritual but not religious (13.0%), two Catholic (8.7%), and

one (4.3%) of each of the following: Buddhist, Pagan, Unitarian, and other.

Almost all participants were master's students ($n = 22$, 95.7%), except one doctoral student ($n = 1$, 4.3%), in either part- or full-time programs of study. Three of the students (13.0%) reported that they were in recovery from a chemical or process addiction, and six (26.1%) had attended a 12-step group meeting for a behavioral addiction prior to taking the course.

Instruments

To assess course effectiveness, we developed four questions measured on a seven-point Likert-type scale that participants completed in a pre-test (i.e., during the first class meeting) and post-test (i.e., during the last class meeting): (1) "As of this moment, how much would you like to work with clients with behavioral addictions" (preference); (2) "As of this moment, how competent do you feel working with clients with behavioral addictions" (competence); (3) "As of this moment, how important do you think it is for counselors to be trained to work with behavioral addictions" (importance); and (4) "As of this moment, how well do you understand those with behavioral addictions" (understanding). Given the absence of an existing measure to assess student factors related to process addictions, we developed these four items to provide preliminary data to support this line of inquiry. To corroborate our quantitative assessment, we also reviewed students' weekly journal entries in response to specific prompts (Table 1) to assess changes in preference, competence, importance, and understanding of behavioral addictions.

Procedure

After obtaining institutional review board approval, we invited all students enrolled in the nine-week summer-session process addictions course to participate in the study. Inclusion criteria consisted of being a graduate-level counseling student enrolled in the course. The study consisted of a pre-test administered during the first class meeting and a post-test administered during the last class meeting. Students

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Table 1

Discussion Prompts for Weekly Journal Entries

Topic	Discussion Prompts for Journal
Week 1: Internet Addiction Social Media Addiction	What are your reactions to the Karim article describing behavioral addictions? What are your reactions to the American Society of Addiction Medicine's definition of addiction? What are your preliminary thoughts about process addictions?
Week 2: Internet Gaming Addiction	What are your reactions to the class on internet addiction? What are your thoughts about internet gaming addiction? Describe your own relationship with gaming, social media, and the Internet.
Week 3: Gambling Addiction	Students must attend first 12-step group meeting. What support group did you attend? What was significant/noteworthy about the experience? What did you learn?
Week 4: Food Addiction Eating Disorders	What are your reactions to the readings on food addiction and eating disorders? Describe your own relationship with food and messages you have internalized in your family of origin and through socialization about food, eating, and body image.
Week 5: Sex Addiction	What are your reactions to the three articles and the book chapter on sex addiction? Describe your beliefs about sex and messages you have internalized via your family of origin and through socialization about sex and sexuality. What comes up for you when you consider counseling those with sex addiction?
Week 6: Sex Addiction (continued) Love Addiction	What are your reactions to the last class on sex addiction? How did the readings for this week add to your understanding? What are your reactions to love addiction and treating partners/families of those with sex addiction?
Week 7: Non-Suicidal Self-Injury	What are your thoughts about non-suicidal self-injury (NSSI)? What are your reactions to the required readings related to NSSI? What comes up for you when you consider counseling those with NSSI?
Week 8: Shopping, Work, and Exercise Addiction	Students must attend second 12-step group meeting. What support group did you attend? What was significant/noteworthy about the experience? What did you learn?
Week 9: Shopping, Work, and Exercise Addiction (continued)	How would you evaluate your progress over the semester as it relates to process addictions? Where have you seen growth in your empathy, attitudes, and knowledge? What future goals do you have for yourself?

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developed unique identification codes that allowed us to pair pre-tests with post-tests while maintaining student anonymity. In addition to the quantitative surveys, students also maintained electronic journals in which they responded to weekly discussion prompts (Table 1). At the conclusion of the course, we created a separate document comprised of students' journal entries with names redacted to protect anonymity. We reviewed these weekly entries for evidence corroborating the quantitative results.

Course Structure

The first author designed the course based on current literature pertaining to process addictions and relevant CACREP standards. The course was a nine-week condensed summer session that met one day per week for four hours. Each week, students were introduced to one or more potential behavioral addictions, including internet addiction, social media addiction, internet gaming addiction, gambling addiction, food addiction, sex addiction, love addiction, NSSI, exercise addiction, shopping addiction, and work addiction. The structure of each class meeting included (a) interactive lectures and group discussions pertaining to current research with a particular emphasis on neurobiology, (b) a review of assessment instruments related to the process addiction, (c) a review of counseling considerations and treatment goals related to the process addiction, and (d) guest speakers either in recovery from the process addiction or clinicians with experience working with the process addiction in their practices.

CACREP (2016) standard 2.F.3.d requires educators to foster student learning related to the etiology of behavioral addictions; thus, we felt a review of neurobiology in our process addictions course was essential. Specifically, we utilized documentaries, media clips, and current research findings to help students learn how the brain responds to naturally rewarding behaviors. We found the following introductory resources helpful for course planning and assigned readings for students: ASAM long definition of addiction (ASAM, 2011), Karim and Chaudhri's

(2012) overview of behavioral addictions, and Olsen's (2011) description of naturally rewarding behaviors. Furthermore, books related to neuroplasticity (e.g., Doidge, 2007) and neurocounseling (e.g., Field, Jones, & Russell-Chapin, 2017) were good resources for course development. It is important to note that much of the research related to proposed behavioral addictions is in its infancy. Thus, to foster critical thinking, we presented the current state of literature related to each behavioral addiction in a neutral manner and allowed students to come to their own conclusions about whether the behaviors met addiction criteria. Specifically, we utilized three characteristics to assess each potential process addiction: loss of control, continued engagement despite negative consequences, and craving/mental preoccupation (ASAM, 2011; Goodman 1993, 2001; Weiss, 2015). Each class meeting consisted of a group discussion regarding whether the proposed behavior appeared to meet criteria for an addiction or if it was best conceptualized in another way.

Along with interactive lectures and group discussions, each class meeting consisted of taking and discussing relevant assessment instruments. According to the American Counseling Association's (2014) *Code of Ethics*, assessment is an important part of counselor training, and counselors must be knowledgeable about instruments they may administer to clients. Therefore, each week, students completed an assessment measure related to the process addiction under study to become familiar with the items and scoring procedure. Examples of assessment instruments include the Sexual Addiction Screening Inventory-Revised (SAST-R; Carnes, Green, & Carnes, 2010), Internet Gaming Disorder Scale (IGD; Pontes & Griffiths, 2015), Internet Addiction Test (IAT; Young, 1998), Brief Biosocial Gambling Screen (BBGS; Gebauer, LaBrie, & Shaffer, 2010), Love Addiction Scale (Feeney & Noller, 1990), Exercise Addiction Inventory (Terry, Szabo, & Griffiths, 2004), Bergen Social Media Addiction Scale (Andreassen et al., 2016), and Methods Used to Self-Injure Inventory (Wester & Trepal, 2017). During class, students completed and scored the assessments and subsequently

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discussed their experiences in small groups.

Finally, after addressing current research and assessment instruments, we provided information related to specific counseling considerations relevant to each process addiction. This component of the class included a summary of current evidence supporting clinical interventions and treatment modalities, relevant treatment goals, and specific resources available for adjunct services (e.g., support groups, financial planners, and nutritionists). Examples of counseling considerations included cognitive behavioral therapy for internet addiction (CBT-IA; Young, 2011), treatment for self-injurious behavior (T-SIB; Andover, Schatten, Morris, & Miller, 2015), and addressing fear of missing out (FoMO) among those with social media addiction (Beyens, Firson, & Eggermont, 2016; Pontes, Taylor, & Stavropoulous, 2018; Przybylski, Murayama, Dettaan, & Gladwell, 2013).

The final component of each class meeting was a presentation by one or more guest speakers who were in recovery from a process addiction or who had clinical expertise working with process addictions in their practice. Prior to the start of the summer semester, the first author researched and contacted counseling centers, 12-step support groups, and private practitioners to schedule guest speakers. All potential guest speakers contacted by the first author enthusiastically agreed to visit the class to discuss the experience of the process addiction either from the lens of clinical work or personal experience. The guest speakers were a highlight of the course for the students because they offered real-life examples, provided rich context, and answered students' questions about the addictive behavior.

Course Assignments

The class had several required assignments designed to facilitate reflective processing and a demonstration of knowledge. Specifically, students wrote weekly journal entries in response to assigned prompts (Table 1) related to readings from the textbook (Rosenberg & Feder, 2014), supplemental articles, and class experiences. The purpose of the journal assign-

ment was to encourage critical thinking between class meetings and give students an opportunity to reflect on the readings related to each behavioral addiction. The online journal format allowed a heightened level of safety as students explored their own beliefs related to each process addiction and personal reactions to course content. In addition, as students wrote and reflected between class periods, they were prepared to engage in rich discussions during class meetings.

In addition to journaling, students also attended two open 12-step support group meetings for process addictions, such as Overeaters Anonymous, Food Addicts in Recovery Anonymous, Gamblers Anonymous, Sex Addicts Anonymous (SAA), Sex and Love Addicts Anonymous, Sexaholics Anonymous, On-line Gamers Anonymous, and S-Anon. Students could attend one meeting online if they chose, but they were required to attend one meeting in person. Students described their meeting experiences in their journals as well as during class in small process groups. The instructor spent a considerable amount of time during the first week of class describing how to find an open 12-step meeting, what to expect during the meeting, and proper etiquette for meeting attendance to help students have meaningful experiences. The 12-step meeting component of the course was designed to foster empathy for future clients referred to 12-step support groups and provide an opportunity for students to engage with people in recovery from process addictions. Because many sex addiction 12-step support groups are closed meetings, the instructor ensured that members of the SAA group could come to class as guest speakers so students could learn about the program.

Finally, the capstone project for the course entailed students working in small groups to develop a website, series of blog posts, YouTube video, or digital pamphlet/newsletter that effectively disseminated information about a process addiction of their choosing. Students put themselves into groups based on shared interest in a particular process addiction and worked outside class to develop their informative products. During the last class meeting, students shared their

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products with the class. The purpose of the project was to give students an opportunity to become confident in their ability to discuss behavioral addictions and communicate information accurately and effectively. For more details about the course, interested readers may request a copy of the syllabus from the first author.

Data Analysis

To quantitatively examine the impact of the process addictions course, we developed four Likert-type scaled items assessing preference, competence, importance, and understanding of process addictions. We utilized paired-sample t-test analyses in a pre-experimental design to compare pre-test scores to post-test scores for all participants. We used a Bonferroni correction method to control for type-1 errors. In addition, we reviewed weekly journal entries for corroborating evidence related to changes in student preferences, competence, understanding, and importance of process addictions.

Results

Using the G*Power software program (Faul, Erdfelder, Buchner, & Lang, 2009), we computed a necessary sample size of 15 for a one-tailed matched-pair t-test with an alpha of .05, a power of .80, and an effect size d_z of .80. Prior to conducting the analysis, we examined the means and standard deviations of the four primary variables: preference, competence, importance, and understanding (Table 2). After

investigating variable statistics at pre-test and post-test, we found the importance variable demonstrated substantial skewness and kurtosis at both points. Visual inspection of the data points revealed that most students perceived becoming trained in process addictions as important. Given that this course was an elective, it makes sense that the students who opted to enroll would have high importance ratings at pre-test. Given the considerable skewness and kurtosis of the importance variable distribution, it was subsequently removed from the analysis. No other variable demonstrated notable skewness or kurtosis. We then investigated the correlations among variables at pre-test and post-test. The correlation matrix revealed that no significant correlations existed among the pre-test or post-test variables.

To address the primary research question, we utilized three paired-sample t-tests to assess differences among participants' preference, competence, and understanding ratings at pre-test and post-test. To correct for an increased chance of type-1 errors, we used the Bonferroni correction method (p-value divided by number of tests) and utilized a p-value of .017. The results of the paired-sample t-tests revealed that all three variables were statistically significantly different from pre-test to post-test: preference $t(22) = -3.102, p = .005$; competence $t(22) = -9.660, p = .000$; and understanding $t(22) = -8.468, p = .000$. All differences represented large effect sizes ($r = .55, .90, \text{ and } .87$ respectively; Cohen, 1992).

In addition to quantitative results, we assessed journal entries for evidence of changes in preference,

Table 2. Means and Standard Deviations of Study Variables

Variable	Pre-test Mean (SD)	Post-test Mean (SD)	t	p
Preference	5.57 (.95)	6.17 (.78)	-3.102	.005
Competence	2.87 (1.06)	5.00 (.74)	-9.660	.000
Understanding	3.74 (1.10)	5.65 (.49)	-8.468	.000

Note. SD = standard deviation.

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competence, and understanding of process addictions among participants. Journal entries corroborated the quantitative results, as evidenced by quotes such as the following:

I firmly believe that in order to increase empathy for a group of people one must spend time learning from and becoming familiar with that group of people. This is the biggest take-away I have gotten from this semester—the fact that we were able to hear from so many excellent guest speakers about their struggles with different behavioral addictions, as well as professionals who work/have worked with these individuals. (understanding) I've realized how essential it is to not minimize the pain of these addictions. Just because it's not physically killing them doesn't mean it's not causing them an immense amount of pain and suffering. (understanding) I really enjoyed this class. I learned so much about different types of addictions. I feel that with the exposure of this class I kind of feel more equipped to have clients with these addictions. (competence and preference). It seemed like it could be easier to stop a process addiction from progressing than a chemical addiction. After reading and learning about the different neurological and emotional processes that led to the development of these types of addictions though, I developed a greater understanding of how these addictions can entrap those who are vulnerable. I especially enjoyed listening to the stories of those who spoke about their own experiences with these addictions as class panelists, as it led me to a deeper empathic understanding of the experience. (understanding and competence) I was honestly shocked to see self-harm called non-suicidal on the syllabus. One of my clients had a history of self-injury and I was surprised when she reported that she hadn't thought of killing herself. Had I not taken this course, I would have un-

derstood self-injury in a completely incorrect way and probably wouldn't have been very helpful to my clients. (competence) Overall, I now have a huge amount of empathy for anyone with the addictive behaviors we've discussed in class. I've found myself defending addicts more often in the past few months and I'm surprised at how often discussions about addiction have come up in my life. (understanding and preference) One of my future goals for myself is to be CSAT [Certified Sex Addiction Therapist] trained. I think that being a woman and dealing with individuals with sex addiction can come with a lot of its challenges, but I believe that in doing so I am helping to advocate and battle the stigma. (preference) Throughout the course, I began to realize that my degree of belief in an addiction is not as important as my belief in my client's ability to overcome whatever addiction they have and my dedication to empathize with them and help them on their way to recovery. I really benefited from just knowing these addictions are real to the people who have them and it's my job to support them in any way I can. (understanding, competence, and preference)

Overall, the journal entries seemed to support the quantitative results by demonstrating the development of student empathy and understanding toward those with process addictions.

Discussion

Competence to counsel clients with addiction is not relegated to clinicians in a particular specialization but is a requirement for all counselors. Miller, Forcehimes, and Zweben (2011) wrote:

Some practitioners believe treating addictions requires a mysterious and highly specialized expertise that is entirely separate from their own. In fact...the psychosocial treatment methods with strongest evidence of effica-

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cy are often familiar to the behavioral health professionals who treat other disorders. (p. 5) The prevalence of addiction in the population and the standards set by CACREP necessitate that counseling students learn how to provide effective services to those with both chemical and process addictions. The formation of a course dedicated solely to the understanding and treatment of behavioral addictions may be an important addition to counselor training programs. The results from the current exploratory study suggest that a course comprised of neurobiological information, assessment instruments, treatment considerations, and guest speakers could be an effective means of augmenting student preference, competence, and understanding related to working with clients who present with addictive behaviors. The results of the paired-sample *t*-test indicated that three variable scores (i.e., preference, competence, and understanding) significantly increased at post-test with large effect sizes. Although these results are promising, they are preliminary in nature since the study examined only 23 students in one process addictions class. Research on additional process addiction courses will add rigor to this line of inquiry.

The students' journal entries appeared to corroborate the quantitative findings since students noted their appreciation for various aspects of the course, especially guest speakers, a focus on neurobiology, and 12-step group meeting attendance. One critique that emerged from several journals, however, was the difficulty of learning about process addictions during a condensed summer course. Several students suggested that the course be offered over a long semester. The instructor agreed with this challenge and suggests that if possible, educators should create a 15-week course dedicated to process addictions.

Given all the desired student learning outcomes in a counselor training program, it can be challenging to add additional courses. If creating a new course is not feasible, educators should consider how to integrate information related to process addictions into multiple courses throughout the program of study. For example, students can gain knowledge and

competence regarding gambling disorder, NSSI, and internet gaming disorder in a course related to diagnoses and the DSM (APA, 2013). In addition, counselor educators who teach couple, family, and adolescent courses can integrate the effects of process addictions on the family systems (such as sex addiction and work addiction) and the effects of addictions particularly salient among adolescents (such as Internet gaming addiction, social media addiction, and NSSI). Furthermore, given the number of assessment instruments specific to process addictions, educators who teach courses related to clinical assessment can include these measures in their course content. For counselors with time limitations within their courses, it may be helpful to assign readings specific to behavioral addictions or out-of-class experiences, such as attending 12-step group meetings for behavioral addictions, to foster student learning.

Another option for educators is to integrate process addiction content into substance abuse or chemical addiction courses. In a study of 111 liaisons at CACREP-accredited counselor education programs, 58.2% of the respondents confirmed their program had a substance abuse course, 32.7% reported having a separate course and integration of the topic into other courses, and 6.4% only integrated the material into other courses without a separate course (Salyers, Ritchie, Luellen, & Roseman, 2005). Rather than only focusing on substance abuse, instructors of these courses can infuse information related to process addictions throughout the class to help prepare future clinicians to work with behavioral addictions. Given that growing research supports the fact that addictive behaviors affect the same brain regions as drugs of abuse (Karim & Chaudhri, 2012; Love et al., 2015; Olsen, 2011; Rosenberg & Feder, 2014), it seems prudent to discuss addictive behaviors and chemicals simultaneously. Furthermore, researchers have posited that addiction may best be conceptualized as one process with a myriad of manifestations (Griffiths, 2005) rather than separate conditions. Specifically, Shaffer and Shaffer (2014) wrote, "Addiction can be thought of as a singular disorder with various expressions

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(e.g., drug-related disorders, intemperate gambling, shopping, sex)” (p. 372). Therefore, modifying course names from “Substance Abuse Counseling” to “Addictions Counseling” may best reflect current trends and research in the field.

Limitations

The chief limitation of the current study is the use of only four Likert-type self-reported items for the primary analysis. Given the lack of alternative measures to assess student factors related to process addictions, these items served as a preliminary means to acquire empirical support for a process addictions course. We attempted to address this limitation by examining weekly journal entries to corroborate the simple Likert-type items. A second limitation is the small sample size. The results should be interpreted as exploratory since the sample consisted of only 23 students. In addition, this course was elective rather than required; thus, it is likely that the students who elected to enroll in the course were seeking to advance their knowledge and understanding of process addictions. The study’s findings may have been different if students in a required course were evaluated; however, the pre-test–post-test design accounts for student expectation and bias. Finally, without a control group, we cannot know with certainty that changes in the pre- and post-test scores were the result of the course itself. Future researchers should consider a study design with a control and experimental group as well as assessments at multiple time points.

Suggestions for Future Research

Given the prevalence of behavioral addictions in the public and mandates from CACREP (2009, 2016), it is important to study the manner in which counselor training programs address behavioral or process addictions. Future researchers are encouraged to investigate the modality and effectiveness of strategies to address CACREP (2016) standard F.3.d in Section II. A content analysis of course syllabi and an examination of student learning outcomes can provide critical information regarding effective strategies and

areas to be strengthened. In addition, given that many counselor educators may not have received training in their own programs related to process addictions, it would be helpful to assess the manner in which educators are preparing themselves to educate future counselors about behavioral addictions.

Conclusion

Counselor training programs must equip students to address process addictions such as Internet gaming, gambling, sex, food, love, and NSSI. The inclusion of a separate process addictions course may be a helpful addition to program curricula to provide an opportunity for students to learn about the etiology, assessment, and treatment of process addictions. If the formation of a new course is not feasible, educators are encouraged to consider how to infuse information related to behavioral addictions into their courses.

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