The Feeling-State Theory of Behavioral and Substance Addictions
And the
Feeling-State Addiction Protocol

By

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The Feeling-State Theory of Behavioral and Substance Addictions And the Feeling-State Addiction Protocol

The Feeling-State Theory of Behavioral and Substance Addictions postulates that addiction (both behavioral and substance) are created when positive feelings become rigidly linked with specific objects or behavior. This linkage between feeling and behavior is called a feeling-state. When the feeling-state is triggered, the entire psycho-physiological pattern is activated. The activation of the pattern then triggers the out-of-control behavior. A client named Terri illustrates this dynamic.

Terri had a shopping problem. She bought clothes she neither needed nor could afford. She often did not even wear the clothes she had just bought with the money she needed for basic necessities. The feeling that Terri associated with shopping was excitement. When Terri needed to feel excitement, the feeling-state pattern that linked excitement to shopping was activated and she felt compelled to shop. Instead of being able to find other activities that would satisfy her need for excitement (and save her money), this feeling-state pattern appeared to be automatically triggered, and Terri would feel the urge to buy something without regard to her budget.

Feeling-States

Definitions:

Feeling = Sensation + Emotion + Cognition

Feeling-State = Feeling + Behavior

The term “feeling” is defined as sensation + emotion + cognition because when a person says he feels “powerful”, the sensations, emotions, and cognitions related to that feeling are included and do not have to be differentiated into its component parts. In fact, asking for how the emotion felt when feeling powerful, e.g. happiness, will likely create a psychological separation from the FS. This will prevent the FS from being processed.

Feeling -State creation:

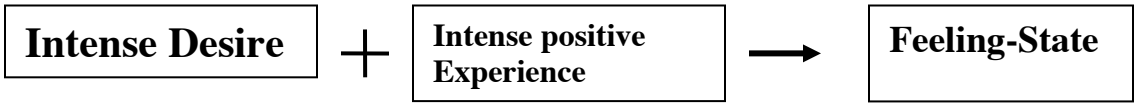
Feeling-states are state-dependent memories created during an intensely experience event. For example, Don’s sexual compulsive behavior illustrates how FS can be created. Don’s behavior involved seducing women and making sure that one of

his male friends knew about his victory. Once his victory was acknowledged, he was no longer interested in having sex with the woman he just had sex with but would seek out another victory.

Don's sexually compulsive behavior began in high school when he had an intense experience of approval from his friends for a sexual victory. The intense experience of approval created a FS that, despite the fact that he was now 35 years old, Don was still acting out of the needs and feelings from his teen years. From the standpoint of the Feeling-State Theory of Addictions, Don's behavior was the result of the feeling-state that had been created so long ago in high school.

The Feeling-State Theory of Addictions in diagram form:

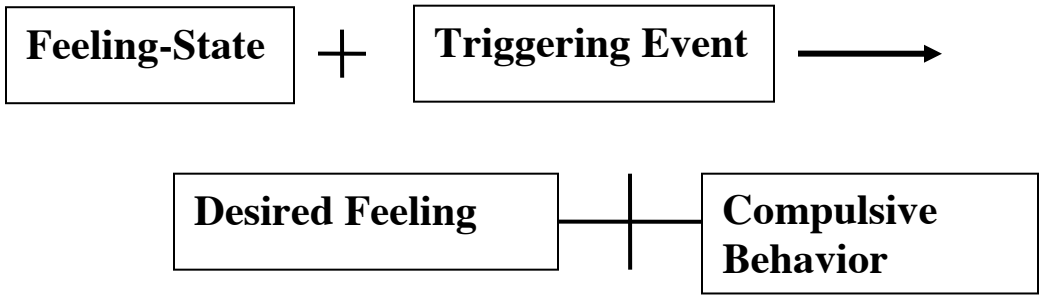
Creation of a Feeling-State



Once a feeling-state is created, the feeling-state can be activated by either internal or external factors. The sight of a poker table or a need to belong, for example, can both trigger the urge to gamble.

In diagram form:

Activation of the Compulsive Behavior



The Origin of Feeling-States

The seeking of pleasurable feelings is an essential part of a healthy life. People seek feelings such as excitement, satisfaction, fun, bonding, power, and adventure. Normally, these feelings do not become fixated in the mind while being linked to a particular behavior. Excitement and power, for example, can be experienced in many different ways. The difference between a positive event that is just pleasurable and a positive event that creates a feeling-state is presumed to lie in a person's emotional history. It is hypothesized that the more deprived of a feeling someone is, the more intensely the person wants to experience that particular feeling. The more intensely the person wants to experience a particular feeling, the stronger the reaction will be when the hunger is finally satisfied. This strong reaction creates the feeling-state that causes the compulsive behavior.

Sarah had an intense urge to have sex with a former boyfriend who had been abusive to her. Though she knew he was bad for her (stating this opinion vigorously during therapy sessions), Sarah would have to fight the urge to have sex with the abusive boyfriend. Sometimes she lost the fight.

Sarah's childhood was one of emotional deprivation. She reported that there was almost no physical loving contact or emotional connection. Psychodynamic processing of these childhood experiences had no effect on her desire to have sex with her boyfriend. Using a different approach, the author asked her to describe the most positive experience she had ever had with her boyfriend. She described a time when she was having sex with him and felt, for the first time in her life, an intense and wonderful feeling of wholeness. Even though the event lasted only a few minutes, the result was that Sarah's need for wholeness had become linked with having sex with her boyfriend. The intensity of Sarah's desire for wholeness is presumed to be similar to a

starving person's reaction to food; the more hungry a person is, the more intense the response. Sarah's emotional deprivation from childhood laid the foundation of her sexual addiction feeling-state.

Any feeling can be Linked with Any Behavior

In the Feeling-State Theory there is no specific relationship necessary between any particular feeling and any specific behavior. *Any* feeling can be linked with *any* behavior. John, Tim, and Dustin are good examples of this dynamic. John had a gambling problem. After losing over a million dollars in ten years, he still could not stop playing poker. John had been a non-compulsive gambler until he won a lot of money in one poker hand. From that point, his gambling was out of control. For John, the feeling-state was composed of the feeling of being a winner combined with the behavior of playing poker.

Tim, however, had a completely different feeling associated with playing poker. What Tim wanted was the feeling of connection with his father. When Tim was growing up, he watched his father playing poker with the 'guys'. He longed to be part of the group so that he could be with his father. The longed-for event finally occurred when he was in college. The result was that, when Tim played poker, he felt bonded with his father. For Tim, the feeling-state was composed of the feeling of connection with his father combined with the behavior of playing poker.

Dustin's sexual compulsion began in high school. He and three other buddies set up a competition to see who could have sex with the most number of women. This game became widely known among many of the other kids at school, and bets were placed on who would be the winner. The outcome was close but Dustin won the competition. He described his feeling upon winning as "the best orgasm I have ever had." For Dustin, the feeling-state was composed of the feeling of winning combined with the behavior of having sex with as many women as he could.

The examples of John and Tim illustrate how the same behavior (playing poker) can be fixated with different feelings. John's gambling was connected with a winning feeling while Tim's gambling was connected with a bonding feeling. On the other hand, the same feeling (winning) can be connected with different behaviors. John experienced winning through playing poker; Dustin experienced winning through having sex with many women. That any feeling can become fixated with any behavior is, therefore, a fundamental premise of the Feeling-State Theory.

The Underlying Feeling is the Real Goal of an Addiction

The Feeling-State Theory of Addictions presumes that the feeling underlying the behavior, not the apparent object or behavior, is the real goal of the impulsive behavior. For example, the real object of Don's sexual behavior was to feel approval from others; sex was not the true object of his behavior. Sarah sought to feel whole, not to have sex

with her boyfriend. Terri wanted excitement, not clothes she did not even wear. Therefore the assumption of this theory is that no matter what the object of the behavior is, what the person really seeks is the feeling that is linked to that behavior. The different types of behaviors that are often part of feeling-states include gambling, shopping, kleptomania, video games playing, sexual, pornography, socializing, and relationship “addictions”.

The Real Need is for the Healthy Desires not Destructive Desires

An important premise of the Feeling-State Theory is that all the destructive behaviors associated with Impulse-Control Disorders have their basis in normal, healthy desires that are part of everyone’s psyche. The desires for success, to belong, to win, for wholeness, etc. are all normal, healthy desires. The distortion into destructive behavior occurs because the desire has become rigidly linked with a particular behavior and is no longer subject to rational control. The good news for treatment is that it appears that once this feeling-state is broken, the person automatically begins to seek more appropriate ways to obtain what he desires. Learning new social skills or other developments may then become the necessary focus of therapy.

Feeling-State Addiction Therapy

Feeling-State Addiction Therapy (FSAT) combines the Feeling-State Theory of Behavioral and Substance Addiction with a modified form of Eye Movement Desensitization and Reprocessing (EMDR). EMDR has been shown to be effective in the treatment of Posttraumatic Stress disorder and other trauma-based disorders (Rothbaum, 1997; Shapiro, 1989; Van der Kolk et al., 2007). Just as EMDR can process traumas, clinical experience suggests that a modified form of EMDR can also be used in the treatment of behavioral and substance addictions. The therapy is often brief, 5 to 6 sessions, and results indicate a profound change in behavior that is noticeable to patients as well as to their relatives and friends.

In the FSAP, the feeling-state is the target for therapy. Composed of the desired feeling and a behavior fixated with that feeling, the feeling-state is processed through the use of eye movements. The most important modification of the EMDR protocol involves the approach used in the processing of the negative beliefs and the installation of positive beliefs. This change and its rationale will be explained later.

Identifying the Real Addictive Behavior

The exact compulsive behavior may not be obvious. When Don first described his sexual compulsion, he focused on the women he had sex with. The aspect of his behavior that involved telling a friend and not wanting sex afterwards was not obvious. It was only when the complete behavior was identified that the real feeling, the desire for

approval, became clear. Therefore, identifying the exact behaviors and feelings that compose the feeling-state is crucial.

Compulsive behavior can also have more than one feeling-state associated with the behavior. For example, a person's gambling behavior may be associated with two different feeling-states linked with the feelings of winning and freedom. These multiple feeling-states are usually not obvious at the beginning of therapy. Sometimes additional feeling-states emerge quickly and can be identified and processed. Other times these additional feeling-states require a month or more to surface. Clinical experience suggests that the behavior associated with the additional feeling-states may focus on a slightly different aspect of the compulsive behavior.

Identifying the Correct Feeling

As described previously, a feeling-state can be composed of any desired feeling and any behavior. Because of the lack of any obvious or necessary connection between any particular feeling and behavior, identifying the exact behavior and feelings is the key element of the FSAP therapeutic process. For example, Terri, who had a shopping compulsion, was easily able to identify the feeling of excitement when she imagined herself shopping. However, Terri's excitement was really an excitement of anticipation--an anticipation about, as she put it, "getting what I want." In other words, the feeling of getting-what-I-want was the real feeling she was seeking.

People often identify "excitement" as the feeling they experience when they imagine themselves about to act out the compulsive behavior. However, as illustrated in Terri's case, this excitement is often the feeling of anticipation. The excitement of anticipation can also be triggered by other sought-after feelings. For example, if Terri sought a feeling of power, then she would feel excitement in anticipation of any event that would make her feel powerful. This excitement of anticipation would still not be the real feeling that is a component of the feeling-state. Discerning when excitement is the real target or when excitement is covering up the real target is important. Targeting a feeling that is not actually *the* feeling-state component of the memory will result in the feeling-state not being processed.

Targeting Urges and Cravings

People usually associate with impulse control problems with the "feelings" of urges and craving. However, the urges and cravings are not the feelings that the person seeks but rather the drive for the feelings associated with the behavior that are linked with them. An urge is a wanting, but not the feeling that is wanted. Don felt the urge to have sex and tell a friend, but he was not aware of his need for approval. Sarah felt the urge to be with her ex-boyfriend, but was not aware of her need to feel whole. Terri felt the urge to buy clothes but was not aware of her need for excitement. The focus on the feelings of urge or craving does not reveal the actual desired feeling.

To Abstinence or NOT

For Behavioral Addictions:

For behavioral addictions, an important difference between the FSAP and other approaches is that abstinence is neither necessary nor desired. Quite the contrary. FSAP requires that the feelings associated with the compulsion be experienced as intensely as possible during the therapy session. For those clients whose behavior is out of control, there is little trouble with this requirement. On the other hand, those people who have been controlling their behavior, have also been controlling their feelings as well. Because of past disasters, they are afraid of letting the feelings surface again. However, as with the processing of trauma with EMDR, if feelings are not present no processing takes place. In addition, when the behavior is out of control at the beginning of therapy, progress in therapy can easily be evaluated. The feelings and behavior that arise between therapy sessions point out areas that still need to be targeted. Further, the result of a successful FSAP treatment is that the out-of-control behavior is no longer out of control. In fact, the compulsive gambler can gamble, the compulsive buyer can buy, and the sex addict can have sex-- without losing control. The goal of FSAP is not abstinence but normal, healthy behavior.

Irrational and Distorted Thinking

An interesting effect of FSAP is that people realize how they have rationalized and distorted their thinking to justify their out-of-control behavior. Once the feeling-state is eliminated, their need for these thought patterns is gone. Since these irrational thought patterns no longer serve a purpose, the rationalizations and distorted thought patterns begin to disappear. For example, “chasing” behavior, in which a gambler thinks that the next bet will be a winner, usually resolves with little further therapy. People often describe this process as “waking up from a nightmare” or “having a demonic spell lifted.” When they are no longer under the ‘spell’ of the compulsion, their common sense asserts itself. The previously resistant-to-change cognitive distortions are easily discarded once they are no longer needed to justify the compulsive behavior.

Clinical experience indicates that after FSAP there is no further need for treatment of the original impulse disorder. However, resolving the impulse disorder will uncover other psychological dynamics that gave rise to the Impulse-Control Disorder in the first place. These psychological dynamics then become the focus of therapy. John had to work through his feelings of being a loser, Tim had to work through his lack of relationship with his father, and Sarah had to work through her emotional-deprivation issues. Without this additional therapy, there is always the possibility of another Impulse-Control Disorder being created.

FSAP and Avoidance Behavior

Compulsive behavior is often used to serve another purpose—to avoid negative feelings. For example, a person who has a bad day at work may gamble to avoid feelings of anxiety. FSAP does not alter a person's avoidance or defensive dynamics. These behaviors will still need to be addressed in treatment. However, because FSAP removes the compulsive urge linked with a particular behavior, it is proposed that the avoidance behavior won't, in turn, trigger the compulsive behavior. As a consequence, the gambling behavior that is used to avoid feelings of anxiety would not trigger the compulsion that would make the gambling behavior continue long after the original bad feelings have ceased.

The Feeling-State Addiction Protocol

1. Obtain history, frequency, and context of addictive behavior.
2. Evaluate the person for having the coping skills to manage feelings if he/she is no longer using substances to cope. If not, do resource development before continuing. Install a future template if necessary.
3. Identify the specific aspect of the addictive behavior that has the most intensity associated with it. If the addiction is to a stimulant drug, then the rush/euphoria sensations are usually the first to be processed. However, if some other feeling is more intense, process that first. The starting memory may be the first time or the most recent – whatever is most potent.
4. Identify the specific positive feeling [sensation + emotion + cognition] linked with the addictive behavior and its PFS level (0 – 10)
5. Locate and identify any physical sensations created by the positive feelings.
6. The client visualizes performing the addictive behavior, feeling the positive feeling, combined with the physical sensations.
7. Eye movement sets are performed until the PFS level drops to 0 or 1.
8. Install future templates of how the person will live without having that feeling.
9. Between sessions, homework is given to evaluate the progress of therapy and to elicit any other feelings related to the addictive behavior.
10. In the next session, the addictive behavior is reevaluated for both the feeling identified in the last session as well as identifying other positive feelings associated with the behavior.
11. Steps 3 - 9 are performed again as necessary.
12. Once the feeling-states associated with the addictive behavior have been processed, the negative beliefs underlying the feeling-states are determined, and the desired positive beliefs are chosen.
13. The negative beliefs are processed and the positive beliefs are installed with the standard EMDR protocol steps.
14. The negative belief that was created as a result of the addictive behavior is determined and a positive belief is chosen.
15. The negative beliefs are processed and the positive beliefs are installed.
16. Install future templates.

Identifying the Positive Feeling

Precisely identifying the positive feeling that the person wants is crucial. The question the author has found that works best is, “how do you feel when you are *just* about to do the behavior but haven’t yet begun?” That point, just before he/she enacts the behavior, is when the positive feeling is uncontaminated by what is actually happening--before some level of reality intrudes. Often the person will talk about their feelings of guilt or shame. These feelings, however, are not the feelings that are part of the feeling-state. Instead, guilt and shame are their reactions to the behaviors *caused* by the feeling-state. The feeling that has to be identified is the one that is the component of the feeling-state. Asking the person to describe what the feeling is immediately before beginning the compulsive behavior usually does the trick.

The following is an example of what happens when the feeling-state is not identified correctly:

Jim a 35 year-old male with a history of problem gambling. The previous week he had lost $800.00 playing poker (Texas Holdum). This reminded him of a time when he would organized poker night with his buddies 3-4 nights per week. Upon reflection, he recognized that when player poker it made him feel like he “fit in”. The most memorable even during a poker game occurred when he came back from having few chips to winning everything, closing it out winning against the odds with a poor beginning hand. After that, he believed then that he could win against the odds. So if “I can win against the odds, then I can do anything.“ The PFS = 7.

The feeling-state segued to feeling of limitlessness, then to feelings of no boundaries. However, the PFS did not change.

So going back to the drawing board:

The other aspect of Jim’s gambling the previous week was that he was on vacation and his girlfriend was out of town so he felt lonely. This time the choice of target was the feeling of “fitting in.” Jim acknowledged that the reason that he organized the poker games was because he felt lonely and wanted companionship. The PFS = 7, for “fitting in” which dropped to 5 after 1 set of EMs. He then realized that the poker people last week were not really his friends. After another set, the PFS then dropped to 1. At that point he realized that he really did not fit in with those people they were just acquaintances. After another set of EMs, he stated “The odds I need to beat are in my life, not on the table.” At that point, Jim felt overwhelmed with the number of challenges. The NC was “I can’t do it” with SUDS = 8 changing to 1. PC chosen was, “I can do it.” VOC = 3 moving to 6. When asked why it was not a 7, he said that it was because “I know that it’s a long road and challenge and many opportunities for the unexpected. I don’t want to be too sure of myself.” When asked how he feels about playing poker now, he replied that “it just feels like a past time”.

Rationale for the Modifications to the Standard Protocol

The modification of the EMDR protocol in FSAP is necessary because trauma and the feeling-states associated with addictions arise from different kinds of events. Traumatic events involve shock and fear, and the events themselves create negative beliefs. No prior negative beliefs are necessary. For example, being trapped in a car during a car accident is enough to create a belief of powerlessness.

On the other hand, the Feeling-State Theory hypothesizes that the feeling-states associated with addictions arise from intensely positive events and create positive, if rigidly applied, beliefs. For example, a gambler may form the belief "I am a winner" from one large win. This belief is what is embedded in the feeling-state. It is speculated that even though the intensity of this event may have been caused by an underling negative belief such as "I am a loser", this negative belief existed prior to the formation of the feeling-state and is not actually part of the feeling-state that created the impulse-control disorder. Further complicating the issue, the negative beliefs that underlie the compulsion are often covered up by the feelings generated by the feeling-state. Like a bright light hiding what is behind it, the feeling-state hides the negative belief, which can make identifying the negative belief difficult. After the feeling-state is resolved, the negative preexisting belief emerges from the shadows and can then be more easily identified.

In addition to the negative beliefs that existed prior to the formation of the feeling-state, other negative beliefs exist as a consequence of the compulsive behavior. For example, a belief that "I can't do anything right" may exist as a result of the many problems caused by the compulsive behavior. So there are two sets of negative beliefs associated with an addiction--those that existed prior to the creation of the compulsion and those that are the result of the addiction. Both sets need to be processed.

Another modification of the EMDR protocol is the use of the Subjective Units of Experience (SUES) scale instead of the SUDS scale. The SUES scale is used because the feelings linked with the behavior are positive feelings, not disturbing feelings. The SUES scale is a 0 to 10 scale with 10 being the most intense positive feeling.

Feeling-State Addiction Therapy: Case Studies

The following case studies illustrate the application of the Feeling-State Theory of Addiction used in conjunction with a modified form of the EMDR protocol.

Behavioral Addictions

Debbie's Story

"My shopping compulsion started probably 25 years ago. I'd shop in the malls pretty much every weekend or more to get away from a very bad marriage. It was

my escape-looking for that “great bargain.”-- that perfect pair of shoes, outfit, etc. – something to make me feel better about myself and my life. It was a case of “instant gratification” that just escalated. I’d see something in a fashion magazine, and I’d be on the “hunt “for that item or something similar to it. I shopped when I was down, when I wanted to celebrate, when I was bored—it was my form of recreation.”

“It extended to catalog shopping as well as online shopping, too. I describe it as “point, click, and buy!” The excitement of having packages arriving like it was Christmas all the time. I think I was addicted to the excitement of buying and perhaps owning something “special”, something that no one else I knew owned. I could easily spend over $1500.00 a month or more. I also realized that the cost of the items I purchased was getting more and more expensive. Although, most of the purchases were returned for credits, I found myself spending a great deal on shipping charges, too. At its worst, I would place 2-3orders in a day, sometimes 2-3 days a week and have 9-12 orders in transit and a like amount being returned for credits.”

“It had become exhausting, expensive, and totally out of control.”

The Feeling-State AddictionTherapy.

The first step of FSAP is to identify the exact behavior that is the compulsive behavior. Possible behaviors include the process of buying or, as Debbie stated it, “the hunt”. Another potential target is how the particular purchases made her feel. Two other possible targets are the actual spending of the money and the receiving of the purchases in the mail. While all of these targets were exciting for her, only one of the targets was actually the core of the desired feeling-state.

The first step in identifying the feeling-state was to ask Debbie to imagine the process and feeling of buying specific items. This allowed her to determine the specific aspect of her behavior that seemed the most emotionally powerful to her. The target Debbie identified was how the purchases would make her feel. Her compulsive behavior focused on buying items that other people would not necessarily own and that would make her look good. The feeling Debbie identified with this “buying” behavior were ones of success and high status. Embedded in these feelings is the apparently positive belief “I am successful” which was linked with the buying behavior. So the feeling-state causing the compulsion was composed of the combination of *buying* the items that made her look good and the *feeling* of being successful.

Before beginning the eye movement processing, Debbie intensely visualized herself purchasing shoes and experienced the feeling of being successful that was linked with it. After 2 sets of eye movements, the SUES had dropped from 9 to 1. The same procedure was followed using a purse and then a blouse as targets. At the end of this process, when asked how she felt, Debbie said that she didn’t feel any different; she just wasn’t as excited about shopping. She wasn’t even sure that anything had really changed which is a common reaction after the first session.

After each session, homework is given with the purpose of triggering the compulsive urge. Activation of the feeling-state is necessary in order to evaluate what needs to be processed. Debbie's homework was to browse her usual shopping sites on the internet and the catalogues she usually read, in order to trigger the compulsive desire to shop. She was to take notes of what triggered her and bring the notes and catalogues into the next session.

At the beginning of the second session, Debbie reported that, while the shopping impulse was much easier to control, some items were still triggering the impulse to buy. The feelings linked with the items were analyzed in order to determine if there was an additional image she had associated with the impulse to shop, other than the success and status image, In this instance, there were no additional feeling-states identified. Using these new items in the imagery, the modified EMDR protocol was again utilized. At the end of the session, Debbie was once more assigned the homework of seeking out triggers of the shopping impulse.

At the third session, Debbie reported that her entire approach to shopping had changed. She no longer felt that she had to shop and it was easy to stay within her budget, which was something that hadn't happened for a long time. During this session, Debbie was able to identify the negative belief underlying the shopping compulsion: "Nothing I do makes any difference." The positive belief to be installed was "I can do things." Once again, her homework was to do whatever she could to trigger her shopping compulsion.

Three weeks later in the fourth and last session, Debbie reported that she was still not interested in shopping; the behavior just didn't hold her attention anymore. She was saving a lot of money and time. The focus of this session was to identify and process the negative beliefs resulting from her compulsive shopping behavior. The negative belief identified was: "I can't help myself." The positive belief chosen to be installed was: "I'm strong."

Contacted by phone six months later, Debbie reported that her shopping was still no longer a problem. The money saved was now going into a retirement account.

John's Story

John was 35-year-old successful broker with a long history of gambling problems. Over the course of 10 years, John had lost over $1,000,000 playing poker. In and out of Gambler's Anonymous and different rehab centers, he had been unable to stop gambling. He was deep in debt, had lost his marriage due to his gambling, and had intense episodes of depression.

When John played poker, he would often play well for a few hours. He would make appropriate bets and not chase a losing hand. Then something would happen and, all of a sudden, he couldn't stop himself from playing losing hands. His betting would go out of control. After losing all his cash, he would go to the ATM for more

money and lose that as well. If he won, John continued to play until he had lost all he had won and more. He would often play poker all night. At the beginning of treatment, John was still gambling.

The Feeling-State Addiction Therapy.

John's treatment was more complex than Debbie's because, as it developed, two different feeling-states were identified. When asked to imagine playing poker, John stated that his first feeling was excitement. When I asked what he was excited about, he said winning. He then remembered when he won $16,000 with three queens. The memory was so powerful that his face became flushed. So the excitement he was experiencing was the excitement of winning. The SUES level was a 10. Because John remembered the exact event that created the feeling-state, that specific memory and the winning feeling was used as the target. After three sets of eye movements, the SUES level dropped to 2. He wasn't sure anything had really changed, but he wasn't as excited as he had been. The homework he was assigned was to continue to play poker and note any changes both in behavior and feelings.

In the second session, one week later, John reported that he was gambling fewer hours but was still had a strong urge to play poker. He felt something had changed because leaving the table was easier. John was again asked to imagine playing poker and to identify how he felt. He rated the excitement of winning with a SUES level of 5. Three sets of eye movements reduced the SUES level to 0. At this point the author began to explore the negative beliefs associated with his winning feeling-state. When John was asked why winning was so important to him, he described how his father had called him a loser whenever his father was mad at him. He stated the negative belief underlying the winning feeling-state as "I'm a loser." The positive belief to be installed was "I can succeed." The negative belief was processed and the positive belief installed. Once again, the assigned homework was to play poker and note his behavior and feelings.

Two weeks later in the third session, John reported that for the first week he did not even go to the card club and only thought occasionally of playing poker. The second week, however, he started really missing going to the club and being with the guys. He would go to the club and stayed about four hours each night. However, this time his focus was more on the people rather than winning at poker. The new feeling he was able to identify was a sense of belonging, the camaraderie of being with other men. The SUES level was rated at 7. Four sets of eye movements later, the SUES level had dropped to 1. As before, the homework was to play poker and note any changes in behavior and feelings.

Two weeks later at the fourth session, John reported that he had played poker twice, winning one night and losing the other time. "Whether I won or lost, I still got up from the table and went home. No more chasing the money for me." The SUES level of

the camaraderie had stayed at one. The negative belief John identified was “No one wants me.” The positive belief that was installed was “I’m likeable.”

The fifth session took place 4 weeks later and John reported playing poker once or twice a week. While he continued to enjoy playing poker, he no longer felt the strong urges he previously had. In this session I asked John about his negative beliefs about himself that had developed as a result of his compulsive gambling. He identified two beliefs: “I’m no good” and “Nothing I do works out.” The positive beliefs installed were “I’m really okay” and “I’m successful.”

Because John was gambling during treatment, the effect of the treatment was easy to perceive. The number of hours he played poker went from forty or more per week to less than eight. John no longer chased losing hands and was able to leave the table after a set number of hours whether he had won or lost. If he lost the money he had started with, he left the game rather than get more money from the ATM. What surprised John the most was that he discovered he really enjoyed playing poker and was a good poker player.

Steve’s story

Steve came into therapy because his sex addiction had destroyed his marriage and was about to destroy his current relationship with his girlfriend. At age 39 he had been visiting strip clubs and massage parlors since his early 20’s. One marriage and $100,000 later, he was becoming desperate to change this behavior. He had tried self-help groups and some therapy and had been able to control his behavior for a while but each time had relapsed. At the beginning of therapy, Steve was going to strip clubs about 3 times a week and visiting massage parlors twice a week.

The Feeling-State Addiction Therapy.

When we began analyzing Steve’s behavior, it turned out that Steve had two sexual addictions, not one. Even though the feelings had not been completely analyzed, it was evident that the strip club behavior and the massage parlor behavior were linked with different feelings. Steve noted that he would go to strip clubs for excitement and to massage parlors for relaxation. Therefore, these two behaviors would be treated as separate feeling-states.

Steve chose the strip club compulsion as the first target of therapy. He quickly identified that he felt powerful when he paid money to get women to perform for him. To process this feeling-state, Steve visualized this image and the feeling of power he experienced. After 3 sets of eye movements, the SUES level dropped from 10 to 1. His homework was to go back to the strip club and to be aware of his feelings. A week later in the second session, he reported that, while the feeling was much less intense, he still wanted to go back. He again identified the feeling he was experiencing as “I’m powerful.” This feeling-state was again processed and the SUES went from 5 to 0.

Afterward the negative belief “I’m weak” was identified and processed. The belief “I have a lot of strengths” was installed. His homework was again to go to the strip club and discover what feelings were still being triggered.

Two weeks later in the third session Steve reported that, after going twice to the strip club, he just stopped going. He said,” I haven’t even been thinking about it.” The compulsion to go to the massage parlor was targeted in the third session as well. The feeling Steve identified was that he felt safe; he did not have to perform, and nothing was expected of him. That feeling of safety evoked an image of him lying in the massage parlor room before any activities began. Using eye movements to process that feeling-state, the SUES level dropped from 8 to 2 by the end of the session. The homework was to become aware of his feelings about the massage parlor.

In the fourth session, Steve reported that his urge was less but still powerful. When asked to identify the feeling, the feeling of safety was still present. Targeting that feeling-state again, the SUES dropped to zero after the first set of eye movements. The author then asked Steve to imagine the entire sequence of events in the massage parlor and notice if he felt emotional intensity about any of them. He reported a SUES level of 7 when he imagined the woman touching him. The feeling he identified was that he felt loved. The feeling-state, composed of the image of the woman touching him and the feeling “safety”, was processed with eye movements, and the SUES dropped from 7 to 1. Once again the homework was to be aware of his feelings about going to massage parlors.

In the fifth session two weeks later, Steve reported that he went to a massage parlor two days after the last session but left before completion. He said that the reality of the woman and the room overcame his fantasies; he felt totally “grossed out” about the situation. The rest of that session and the following session were devoted to processing the negative beliefs “I’m scared” and “no one loves me.” The positive beliefs installed were “I’m safe in the world” and “I’m lovable.” The seventh and eighth sessions were focused on altering the negative beliefs that were created by the sexual compulsion: “There’s something wrong with me” and “I’m no good.” The next session was scheduled for six weeks later to allow time for feeling-states to emerge that had not yet been identified.

Steve reported in the next session that for 4 weeks he had neither gone to nor had the urge to go to either strip clubs or massage parlors. After work one Friday, his co-workers ask him to go with them to a strip club. The co-workers knew he had a lot of experience with strip clubs and wanted him to show them the ropes, so to speak. Reluctantly, he agreed to go with them. This time he experienced a different kind of rush. After that experience, he went 3 times a week for the next 2 weeks to the strip clubs.

When Steve was asked to identify the image that resonated emotionally with him, the women were not the focus this time, as they were before. Instead, he felt admired

and approved of because his fellow co-workers were impressed that he knew how to get the women to perform in certain ways. In his words, he felt like he was the “Big Man On Campus!” The feeling-state was processed with eye movements, and the SUES level dropped from 9 to 1. The negative belief related to that Big-Man-On-Campus feeling-state was “I’m a nobody.” The positive belief that was installed was “I’m a person in my own right.”

Another session was scheduled for 6 weeks later to again allow time for any additional feeling-states to emerge. During this session, Steve reported that, since the last session, he had not had any urges to visit either the strip clubs or the massage parlors. So this session was used to identify the beliefs that were the result of his out-of-control sexual behavior. Steve identified two beliefs--“I’m gross” and “There’s something wrong with me.” The positive beliefs chosen to be installed were “I’m really okay” and “I’m good in my life.” The usual homework was assigned, and the next session was scheduled for eight weeks later. One week before the scheduled session, Steve called to cancel the appointment saying that no episodes of his urges or behaviors had occurred. In a follow-up phone call 6 months later, he was happy to announce that his sexual addictive behavior had not reoccurred.

Discussion of these cases

These three case studies illustrate a variety of ways in which feeling-states may create compulsive behavior. The cases were ordered in this article by increasing level of complexity. Debbie’s shopping compulsion consisted of one behavior and one feeling-state. John’s gambling compulsion was composed of one behavior and two feeling-states. Whereas Steve’s sexual addiction was composed of two behavior and two feeling-states. Steve’s situation was further complicated by the fact that the feeling-state involving approval emerged six weeks after he had stopped going to strip clubs. The additional feeling-state had been triggered by a situation he had not previously identified. Because people have many different needs and these needs can become linked with virtually any kind of behavior, the variety of feeling-states is enormous. These cases show a small sample of that multiplicity and complexity.

Substance Addiction Case Studies

A similarity between behavioral addictions and substance addictions is that clinical experience suggests that there can be more than one FS underlying the addictive behavior. For example, a person with a sex addiction had two FSs, the feelings of “victory” and the feeling being “admired,” associated with his sexual addiction. Three and even four FSs associated with one addiction are not unusual. An example of this related to substance addiction was a person with a cigarette addiction whose three FSs involved the rush connected with his reaction to nicotine, feelings of

companionship, and feeling of defiance. Clinical experience suggests that the more interconnected the behavior is in the person's life, the more likely that there will be multiple FSs involved in that behavior.

An important difference between the formations of behavioral and substance addictions is that behavioral addictions require a pre-existing intense psychological need in order for the event to produce the level of intensity needed to form an FS. For example, the gambler whose FS involved feeling like a winner had grown up with a father who kept calling him a loser. His need to feel like a winner was so intense that, when he won a lot of money playing poker, the experience was so intense that the FS was created. With substance addiction, the person's physiological as well as psychological reaction to the drug creates the FS. The FS connects the intensely pleasurable feeling produced by the drug to the drug itself. Thus a compulsion to take the drug to get that pleasurable feeling is created without necessarily having a pre-existing psychological need.

Jack was a good example of someone having a FS composed of sensation that he experienced on the drug and the behavior of taking the drug. Jack was a 25 year-old Caucasian single male who had previously been addicted to heroin for 6 years. He had tried multiple rehabs and had been clean for 1 year. I had been seeing Jack in therapy for other issues, utilizing EMDR to process traumas. After five months in therapy, Jack started the session with "I'm really having a craving to use heroin again. I haven't felt like this in a long time." When asked what he was craving, Jack stated that he wanted the sensation of the first rush of heroin. When asked to allow himself to experience this feeling, he reported that the PFS rating was 10, experiencing the feeling in his head and neck. After two sets of eye movements, the PFS had dropped to 0. There appeared to be no more cravings or feelings; so we went on with the rest of the session involving other issues. Over two years later, he reports that he has not had a resurgence of cravings for heroin or any other drug that he had used previously.

Sally is another example of a person whose cravings for the drug appears to result of a FS created by the drug. Sally was an occasional cocaine user but had not used cocaine for over a year. At a party over the previous weekend, Sally did some cocaine even though she said she didn't really want to. However five days later, she was having cravings for cocaine again. The feeling she was seeking was the feeling of being super alert, aware, and highly stimulated (PFS = 8). The location of the feeling was her upper body. Three sets of eye movements later, the PFS dropped to 0. Asked 1 year later if she had had any resurgence of cravings for cocaine, Sally denied she was having any problems about this.

The difference between how behavioral and substance addictions are created leads to an important difference in the treatment. Behavioral addictions are seen as requiring a pre-existing intense psychological need in order for the event to produce the level of intensity needed to form a FS. Creating another FS for a behavioral addiction

would require another intensely felt positive event. Because the person is usually not in the same kind of emotional state as when the original behavioral addiction was originally created, another behavioral addiction is much less likely to happen again. Therefore, in the treatment of behavioral addictions, abstinence is neither necessary nor desired either during treatment or afterwards. Once treated with the FSAP, clinical experience indicates that the person is able to return to a normal system of functioning in regard to the behavior because the underlying cause of the behavioral addiction has been eliminated. So for behavioral addictions, unless the behavior itself is detrimental to the health of the person or illegal, the out-of-control behavior is actually useful during the therapeutic process.

In contrast to behavioral addictions, psychoactive drugs are seen as being able to create the intense experience required for the development of a FS. Therefore, with substance addiction, abstinence is desired. Even though the psychologically based FSs have been eliminated, drug intake may still create a new FS. Treatment can still be done while the person is still using a substance, but clinical experience suggests that abstinence will often make the FSs more available for processing.

Avoidance of feelings is often an issue with people who have behavioral and substance addictions. For example, a person whose problems at work are causing anxiety may drink to avoid those feelings. This is a separate issue from the addictive behavior that the FSAP focuses on. Coping skills to not “drown the sorrow” will need to be learned so that feelings are worked through rather than avoided. If the FSs related to the addictive behavior have been resolved, then there is less chance of a return to previous behavior even with a relapse caused by the desire to avoid feelings. Clinical experience, however, suggest that the drugs and alcohol can create a new FS that puts the person at risk for new addictive behavior. So, unlike behavioral addictions, in which the person can engage in the previous compulsive behavior without triggering the out-of-control behavior, substance abusers should avoid any use of the substance. While the forced-drug rats did not become addicted (Heyne et al., 2001), choosing to use to avoid feeling, makes the person a free- will rat who can become addicted.

As noted in the literature review, there is a strong correlation between traumas and impulse-control. Research indicates that the more traumas a person experiences in his life, the higher the risk for pathological gambling disorders (Legerwood & Petry, 20006; Scherrer, 2007). Carnes (1991) and Carnes and Delmonico (1996) studies indicate the same correlation between trauma and sexual addiction. The question then becomes how does the Feeling-State Theory of Addictions account for this association?

Traumas are known to create negative beliefs and feelings (Shapiro, 2005). The Feeling-State Theory proposes that traumas contribute to the formation of Addictions through the creation of negative beliefs and feelings. Negative beliefs such as “I am powerless”, “I’m a loser” and, “nothing I do makes a difference” become the basis for

the creation of a feeling-state for addictions. For example, a person who feels he is a loser, due to a previous trauma, may feel intense feelings of being a winner if a wins a big poker hand. Clearly, multiple traumas will increase the intensity of these negative feelings as well as creating more negative beliefs. This can explain why people who have experienced more traumatic events are more likely to have impulse control problems. More traumatic experiences create more negative feelings. More negative feelings increase the intensity of the desire for the opposite/positive feeling. The increased intensity of desire for the positive feeling makes it more likely that when an event occurs that answers the need for that positive feeling, a feeling-state and therefore an Impulse-Control Disorder, will be created.

In addition to trauma, the other clear association with pathological gambling and sexual compulsion is neglect. The Scherrer et al. (2007) study showed that serious neglect as a child was a significant risk for pathological gambling. Carnes (1991) study of the family dynamics of people with sexual compulsion found that 68% came from families that were rigid and disengaged. There was little warmth or nurturing. The Feeling-State Theory proposes that the emotional deprivation created by the neglect creates an intense desire for the opposite/positive feeling. The result is that when an event occurs that answers that need, a feeling-state is formed and an Impulse-Control Disorder is created. Therefore, the Feeling-State Theory of Impulse Control Disorders explains the research that indicates the association between the experiences of traumas and neglect and Addictions.

The Feeling-State Theory may provide insight into the formation of some of the specific characteristics of the compulsive behavior.

. In the trauma theory, the trauma and the resulting trauma bond create the addiction. Cox and Howard's (2007) perspective is that Pete's sexual addiction was formed by the early childhood sexual trauma. The Feeling-State Theory would view this event differently. Pete's childhood was likely one of emotional deprivation. The childhood sexual event answered his need for physical and emotional connection. Having an adult watch and give approval probably intensified these feelings and later became part of his sexual addiction. The result is that Pete's natural need for love and affection became fixated with the sexual event in early childhood. In other words, the traumatic aspect of this event did not create the sexual addiction; rather, the inappropriately satisfied needs are the core issue.

To reiterate a point made previously, just as abstinence was not necessary for the FSAP treatment, abstinence is also not necessary after treatment. Debbie and Terri were still able to shop, John was able to gamble, and Don and Steve could have sex--without triggering their compulsions. In these case examples, once the feeling-state that created the compulsion no longer existed, the compulsion no longer did either. While this statement may seem like heresy to treatment providers and compulsion sufferers

alike, this small study indicates that the Feeling-State theory of Addictions is a promising theory regarding the genesis of impulse control disorders. The study also indicates strong promise for the use of a modified EMDR protocol for the treatment of these compulsive behaviors.

Cautions and Contraindications

The FSAP can eliminate addictions. To the extent that the addiction has become an integral part of a person's life, removing the addiction can have important consequences to his/her's emotional stability. Jack's heroin cravings and Sally's cocaine craving could be quickly and easily removed because their addiction was not a significant part of their life. However, for other people whose addiction is an important part of their psychological dynamics, eliminating the addiction may result in depression and anxiety. The person is use to getting the feeling they desire through the addictive behavior. For example, the poker player whose FS involved feeling like a winner, was no longer able to get that good feeling of being a winner by playing poker. To the extent that he needed that feeling to maintain his emotional stability, that emotional crutch is gone.

With the above considerations, the caution above eliminating a person's addiction is whether the person will be able to cope with the change in these emotional dynamics.

Discussion

The Feeling-State Theory of Addictions and Feeling-State Addiction Therapy focus directly on the source of the compulsive behavior. The use of medications and cognitive and behavioral techniques to manage the compulsive behavior leave the underlying state-dependent memory unprocessed. The effect of these approaches is that relapse is always possible resulting in the compulsive behavior again becoming out of control. These three case studies illustrate a different approach. One of the strengths of this approach is that because the client is not asked to control his behavior, indeed just the opposite, client retention is good. There are no manuals to work through, no affirmations to write. In fact, this approach work with the clients needs for quick results with minimal effort. So that even people with lesser motivation can receive help.

The three people described in these case studies came to therapy specifically for their compulsive behavior problems. They were not interested in resolving issues concerning trauma or difficulties from their childhood or even current events. Even when these issues arose during the course of treatment, they did not wish to pursue treatment for them. These particular cases were chosen precisely because they illustrated the

effectiveness of FSAP uncontaminated with treatment on any other aspect of their lives or any other treatment modality.

FSAP can be useful in the overall treatment in working with people who come to therapy for other reasons such as depression and anxiety. Often, along with other difficulties, clients have an attachment that is the result of a feeling-state. Sometimes this attachment is a cause of depression. For example, one client would become severely depressed and drink whenever she thought of her ex-husband who had remarried. In this case, her depression appeared to be the result of her inability to carry out the behavior related to the feeling-state. The client had two memories related to the feeling of safety and the behavior of being with him. Once this feeling-state was processed with FSAP, she no longer became depressed with thinking of him.

FSAP and the Adaptive Information Processing model

The Adaptive Information Processing (AIP) model (Shapiro, 2005) postulates that information about events such as images, sensations and feelings are normally processed so that an understanding of the experience can be obtained and the event used as a basis for guiding future behavior. In other words, there exists a natural, psychological healing mechanism just like the physical body has a natural, physical healing mechanism. A trauma is hypothesized to interrupt this process so that a traumatic experience remains a vivid memory long after the event occurred. Often, the traumatized person has intensely vivid memories of the sights, sounds, and sensations of the traumatic event which may continue to be intrusive many years after the fact. These traumatic events can then become foci (nodes) of a memory network that connects many different negative events and feelings. The result is that the blocked memory network becomes isolated so that new, more appropriate connections can not be made.

EMDR is hypothesized to unblock this natural, psychological healing mechanism (Shapiro, 2005). For example, a person who was abused as a child may still believe he is powerless while the memory network remains block from adaptive processing. However, when the person is treated with EMDR, clinical experience suggests that when this memory network becomes linked with other, more adaptive memory network the vividness of the memories fade and the event is understood in the context in which it happened. The adult person understands that he is no longer powerless.

The AIP model is also useful for understanding the Feeling-State Theory of Addictions and Feeling-State Addiction Therapy. Instead, however, of a traumatic event creating a node, the node is created by an intensely positive experience. The hypothesis regarding impulse control disorders is that the intensity of the experience

creates a state-dependent memory that is blocked from interacting with other, more adaptive information. This isolation of the memory network explains why people with impulse-control problems can understand how destructive their behavior and yet continue the behavior.

Clinical experience with FSAP shows that clients with impulse-control problems experience the same kind of transformation as those with traumas. The intensity of the images and feelings of the original, positive memory fades and their irrational thought processes change to more adaptive patterns. These changes will usually occur automatically during the eye movement phase without any confrontation or cognitive restructuring techniques. As with traumatic experiences, once the memory network associated with the addictions is unblocked, an adapted resolution occurs. This similarity of transformation indicates that the AIP model used to explain the changes in memory and affect in traumas caused by the use of EMDR is also a useful model for explaining the changes in memory and affect caused by using FSAP for impulse-control problems.

Avoidance of feelings is often an issue with people who have behavioral and substance addictions. For example, a person whose problems at work are causing anxiety may drink to avoid those feelings. This is a separate issue from the addictive behavior that the FSAP focuses on. Coping skills to not “drown the sorrow” will need to be learned so that feelings are worked through rather than avoided. If the FSs related to the addictive behavior have been resolved, then there is less chance of a return to previous behavior even with a relapse caused by the desire to avoid feelings. Clinical experience, however, suggest that the drugs and alcohol can create a new FS that puts the person at risk for new addictive behavior. So, unlike behavioral addictions, in which the person can engage in the previous compulsive behavior without triggering the out-of-control behavior, substance abusers should avoid any use of the substance. While the forced-drug rats did not become addicted (Heyne et al., 2001), choosing to use to avoid feeling, makes the person a free- will rat who can become addicted.

Cigarette Addiction

FSs:

1. Feeling of Relief
2. Doing something useful
3. Socializing

The client is a 26 year old Caucasian male who has been smoking 15-20 cigarettes/day for 12 years. John has tried to quit previously; the last time was 2 months ago. He was able to quit for 6 days and then relapsed.

First Session:

The FSAP therapy began even though John was still smoking because he was able to identify the feeling he was seeking. The feeling John identified was the feeling of relief (PFS = 8) together with a feeling of pressure in his chest.. After the first 2 sets of EMs, the pressure went away but the feeling of relief was present. After the next 2 sets of EMs, the feeling of relief changed to wanting relief. 2 sets later, the feeling of wanting relief also faded away.

John was then given the homework of noticing his urges and cravings to smoke. In addition, he was to try to identify the feeling he was seeking.

Second Session:

John reported that while the pressure to smoke has diminished, he was still smoking because when he becomes bored during work, he doesn't have anything else to do. John stated that when he becomes bored, he then feels useless, a failure, and then the feels shame. So John does anything not to feel useless. This session focused on getting John is to allow himself to feel the shame of failure, especially as it relates to his performance during high school in which he made poor grades and to use breathing techniques to process the feelings.

As John needed to learn how to relax without smoking, he was also taught a guided imagery exercise to help him relax.

Session three:

John reports that he has only smoked three cigarettes each day since the last session. This is down from one pack per day. He stated that he is now smoking because he enjoys it. However, he reports that he has begun chewing pencils or whatever, because he feels that he has to do something. If he doesn't do something, he feels useless. So smoking is connected with the feeling of doing something useful. Therefore, the FS is the feeling of "doing something useful." No particular behavior was identified as the object of what needed to be done. When John imagined himself smoking and the feeling of "doing something useful", he noticed that his head and chest felt warm and the PFS = 6. In 3 sets of EM, the PFS went to 0. After the third set, John became dizzy and then began yawning. At the end of the session, he no longer felt the need to do something.

Fourth Session:

John reports that he is now down to 2 cigarettes per day and is smoking only ½ cigarette each time. He stated that he no longer enjoys the smell or taste of cigarettes and finds it disgusting. However, he still feels a PFS = 6 level of pressure to smoke. He reports that when he smokes, he has to go around to different smoking places so that he can smoke with someone. When asked to identify the feeling he was seeking, John identified the feeling of connection and the feeling he gets when he socializes with people and the PFS = 6. After three sets of EMS, the PFS went to 0. John identified the feeling underlying the need to socialize as loneliness. John stated that he hated to feel lonely and did what he could to avoid the feeling.

After process the FS, John stated that he has had a problem with loneliness as long as he can remember. He doesn't like to do almost anything by himself. This reminded John of an event in his childhood when he had to sit in a chair all day without anything to do. He stated that he was both bored and lonely. NC = I'm all alone. SUDS = 7. Four sets of EMs the SUDS decreased to 1. PC was then installed.

In addition to the EMDR processing, John was taught to experience the feeling of loneliness rather than avoiding it and to use breathing techniques to release the feeling.. At the end of the session, John felt no pressure and his PFS = 0.

Homework:

John' homework was that if he feels any pressure smoke, he is first to feel the feeling of loneliness and then, if he still needs to, go socialize with people who are not smoking.

John did not come in for further therapy. Connected 2 months later, John said that he had not had any cigarettes since our last session.

Pornography Addiction

The following case is an example of resolving a behavioral addiction without targeting the initial event. It was only after the addiction had been resolved that the client remembered what event the FS was connected with.

FSs

1. Humiliation+ sexual excitement + looking at pornography
2. Bonding with father

Terry's Story

I gradually developed a porn addiction, with a specific fetish for interracial pornography, especially involving fantasies of humiliation. It started in a previous job at which I looked at various types of porn on the internet after hours when nobody was around. I noticed feeling disturbed when I read accounts of Japanese women who were attracted to black men.

I changed jobs, and looked at pornography less there because there was a strict policy against the abuse of the internet, being a government facility. But I did look a couple times, at risk of getting caught, and became interested in interracial pornography.

Later I bought my first home computer, and started to look at porn sites a lot when I was home, including the interracial sites. Later I left my job, but the interracial fetish was really starting to affect me. I remember that when I went out in public, I was always looking for interracial couples, a black man with a white or Asian woman, and wondering about them.

I started to have long sessions with pornography, and gradually it became almost all interracial porn, on news sites and a couples sites that cater to the fantasy. These involve fantasies of a white husband giving his wife to a black man and being humiliated in front of the. I could spend hours on this fantasy, many times a week.

I felt this was bad for me, and tried to limit it several times, but each time I would forget and get drawn back into looking at it on the computer. Sometimes I would look at other types of porn, and then it would draw me right into the interracial porn.

In therapy, the therapist used the FSAP technique to deal with the interracial fetish. After a couple rounds, I had a childhood memory of being humiliated by my mother. I was in a a bedroom with my brother and a female friend who I liked a lot. I was about 5 or 6 years old, and she was a year or two older. We were daring each other to do things, and my brother dared me to going into the closet and close the door. I did that, and as a joke, I dropped my pants and opened the door. My mother just happened to walk into the room right then, and when she saw me, she yelled and scolded me to put my pants on. I was humiliated in front of the girl and my brother.

After we processed this event, I didn't really have as strong an interested in interracial porn. I looked at it a few times, but wasn't drawn into long sessions with it. But I did still feel addicted to porn in general, and felt "out of control", that was a thought or picture of a woman would trigger me to go to the computer and started looking at hundreds of pictures. I also started paying for porn on cable TV.

I decided to try an FSAP session on myself, first bringing up the desire to go over to the computer, and then just started the eye movements. I brought up a memory of my father showing me pornography when I was about 8 years old. He showed me his magazines in the workshop, while he wore his bathrobe and masturbated. What I noticed was the feeling of bonding with my father, something that was otherwise somewhat lacking at this point of my life. I began to concentrate on that feeling in the FSAP and went a few more rounds.

Since then, pornography has not been a compulsion for me. Before, just looking at one picture or video would usually cause me to lose control and indulge in it for hours. But now I can look at one thing, and stop myself right after. I can also prevent myself from starting if I decide to.

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Unable to Let Go of a Relationships

Cindy:

FS = safety and security + her relationship with her ex-husband

Cindy is a 42 year-old Caucasian female with a history of alcoholism that was exacerbated by her fear of depression. Cindy's problems with depression had become much since her divorce seven years previously. Her depression had been so intense after her divorce that she was terrified of it happening again. Whenever even the hint of depression would surface, Cindy would drink.

Cindy's difficulty was that as abusive as her marriage had been, she was still unable to let it go, remembering the good times that she would never have again. When these memories were triggered, she would immediately begin to feel depressed wanting the relationship should could not have.

When Cindy was asked what was the most positive experience she had had with her ex-husband, she remember an event in which he said "I love you". Cindy's childhood had been one of that involved intense feels of lack of safety and security. When her husband told her that he loved her, what she experienced were intense feelings of safety and security. When Cindy needed safety and security after her divorce, she would be compulsively drawn back to that memory and feeling-state. Since she could not connect with him because of the divorce, she would become depressed because she would not be able to have those feeling of safety and security, which she so badly wanted. Cindy identified that FS at a PFS = 9. After three sets of EMs the PFS reduced to 0.

The next session, the FS had stayed at PFS = 0. Cindy reported that she felt that she was ready, for the first time since her divorce, to move on with her life and was looking forward to the future with optimism. Then Cindy identified the NC related to her need for her ex-husband: "I can't take care of myself." This was processed and the therapy continued working through other issues.

Sarah:

Sarah had entered therapy to work on a number of issues that she related to her childhood. Sarah's childhood was one of emotional deprivation and neglect. There was almost no physical loving contact or emotional connection. Her previous marriage and boyfriends also had not been satisfactory in this area. For several months, we processed these issues and some of the traumas connected with them. However, Sarah's compulsion to be with that boyfriend had not changed.

During a session, Sarah began to describe the feeling she longed for. Since this dynamic was part of the FSAP, I asked her to describe the most positive experience she had ever had with her boyfriend. She immediately answered that it was when he was holding her while they were lying on the couch and that she experienced an intense

feeling of wholeness. From that point on, Sarah linked that feeling of wholeness with her boyfriend. Subsequently, Sarah's need for wholeness became linked with her boyfriend. Whenever she felt that need in her life, Sarah wanted her boyfriend. The emotional neglect in Sarah's childhood made that experience of wholeness very intense. For Sarah, the experienced intensity of wholeness became linked with her boyfriend so that she craved her boyfriend in order to get the wholeness that she wanted.

Jeanette:

Jeanette's difficulty was that she was engaged and living with one person while still having an attachment to a previous boyfriend. Even after they had broken up, she had had a sexual relationship with him between other boyfriends. Even while living with her fiancée, she would sometimes still have sex with her old boyfriend. She had broken up with him because he did drugs and lived a very dysfunctional life. Nevertheless, being with him was exciting and thrilling. He was the adventure she wanted instead of being the 'good girl'. This feeling-state of forbidden excitement and sex linked to the ex-boyfriend was fixated at the beginning of their relationship when they did drugs together and had sex. Her other relationships after that one seemed in her word "dull" because her excitement was linked to the ex-boyfriend. Using the FSAP broke this linkage and made a fuller relationship with her fiancée possible.

Impersonating a Police Office and Sex Addiction

FSs:

Impersonating a policeman:

1. Getting Over
2. Winning

Sex Addiction:

1. Getting Over
2. Victory

Jim's Story

I grew up in a household of 5 kids with both parents still married. I am the 4th child. Throughout my childhood I was in and out of trouble in grade school. I first had the "rush" and "accepted" feeling when I first came in contact with the police at age 12. Here the officers supported me, and at times gave me tools such as a toy police badge and T-shirt that aided me in becoming a police addict.

I started to love this feeling when I realized that I had the initial surge of power, assurance, and a strong sense of belonging. Soon at age 14 I continued this path of playing the cop. However the police were concerned about me no longer being a child. And as a result I was arrested for the first time at 14 for impersonating a police officer after I stopped some lady who ran a stop sign.

This "rush" led to a compulsion that continued for well over 10 years. Over this coarse of time I had been arrested over 7 times by various agencies for impersonation. I spent almost a year in a youth correction center, to half a year in county jail for this disease.

Even after being punished, I continued on the path of impersonating. I acted out: by telling random strangers, to actual police officers, to making false police ID cards, purchasing police style shoes, radios, even an old police car. This became a part of my daily routine which was leading me in the direction of disaster. It was obvious that I was powerless over this illness, and that no amount of medication could solve this matter. Furthermore there aren't any "impersonation anonymous" meetings, and the resources were pretty limited.

In addition to impersonating being a policeman, Jim was also had problems with sex addiction. He was always trying to seduce a woman he had never had sex with previously. Once he had sex with her, he moved on to the next one.

The impersonating a police officer compulsion was treated first. Jim identified the FSs “getting over” and “winning”. After 2 sessions of treatment, Jim reported that he no longer felt any urge to lead people to believe that he was a police officer or to ask for professional courtesies from police officers.

The sex addiction FSs were similar to the impersonating FSs. The FSs were “getting over” and “victory”. After 2 sessions of treatment, Jim’s urges to seduce women had vanished. Instead, after several weeks, he came into the session saying that he now no longer new how to relate to a woman when he wasn’t trying to seduce her. After a few sessions of helping him develop new socializing skills, Jim was finally able to interact with a woman as a friend instead of only how he was going to seduce her.

Gambling and Socializing

Tim had two compulsions. One was playing the lotto. Dennis would spend $20-$30/day every day of the month. In addition, he would organize a lotto pool in his workplace and buy the tickets himself.

Tim's Gambling FSs:

1. Winning
2. Belonging
3. Freedom

The Winning FS was the excitement of winning the big one: jumping up and down, bells clanging, feeling of excitement.
The Belonging FS involved him feeling part of a group. In this case, the group was betting on the lotto together.
The Freedom FS was feeling free from the burdens of caring for his adult child.

After processing the FSs, Tim stopped buying lotto tickets on his own, no longer got the lotto pool together, and only bought $2-3 worth of tickets each week with the pool.

When Tim initially came for treatment, he said that people had told him that he an alcohol problem because he was at a bar every night of the week. When questioned about exactly how much he was drinking, he stated that he was only drinking two beers each night, spaced out over 6 – 7 hours. Tim's behavior was goes out to restaurants and bars every night, usually around 5.pm setting up everything. He would go to a particular table at his favorite restaurant and control the TV on sports night., The table is usually reserved for him most of the time. He would stay at the restaurant for a few hours then go to two other places in the course of the evening. On weekends, he would arrive at the restaurant by 2 or 3 pm long before anyone would show up. He was always the first to arrive.

At became apparent that Tim goes to these places to socialize. He would talk with people for hours. Tim's compulsion wasn't to drink but to socialize.

Tim's Socializing FSs:

1. Belonging
2. Importance

The Belonging FS involved being part of a group of people who got together at the restaurant.
The importance FS involved how he felt as the central person who got things together each night.

After processing the FSs, Tim began working out after work and only went to the restaurant after 7pm. On weekends, he would show up in the late afternoon if there was a game on but had stopped being the first person to arrive.

A Complicated Gambling and Sex Addiction

The following case illustrates some of the twists and turns of addictions that reveal themselves as the therapy progresses. The surprise for me was that Jon's addictions involved behavior that created arousal (which was expected) but also behaviors that caused relaxation.

Jon's Story:

I started gambling when I was a small boy, when I was no older than 8 years old. I would make wagers with my older brother for chores around the house. We would place bets on the outcome of sports and video games. I lost most of the time which made me want to bet even more. I soon felt the exhilaration and excitement of the games increase as the size of the bet was increased. I was hooked very young.

I made my first trip to a casino in Laughlin, Nevada when I was 18. I was on my way to Marine Corps boot camp and my mom and I went to have some fun. It was exciting to walk into the casino, the first thing I noticed was the sound of the slot machines, then the smell of cigarettes and stale beer hit me and the music of clicking chips as people nervously shuffled them in their hands. I was in love, I had found a home.

My first bet in a casino was on a nickel slot machine. That was not enough action or risk for my blood and I headed for the blackjack table. I think I lost a grand total of $40 dollars my first trip. The feeling I had in that casino is one that will haunt me for a long time I had the itch and wanted more. It was not an obsession not yet. My life was far from normal. I was a ferocious drinker and in trouble often while in the marines. I was discharged from the Marine Corps honorably for a medical condition after serving 2 years as a presidential guard for Presidents Reagan and Bush. I landed a job making okay money and the calling of Vegas was stronger than ever, I had to get back.

I made my first trip within 2 months of being discharged from the Marine Corps. I was soon married and my wife and I made a trip to Vegas every few months for the first 2 years of our marriage. The trips to Vegas were not enough to quench my appetite for action, I had to have more. Soon I was betting on darts, golf and everything in between, of course I was making small wagers with my friends but the excitement was enough to make even a boring game a matter of life and death. As a salesman on the road, it was not long until I found the card clubs in Los Angeles and I began playing poker. I started out in the small games playing $1-2, 7 card stud. I was not very successful but never wagered more than $20-$60 at a time. It was manageable but it was something I

hid from my wife. Thus began the excitement of a secret life and playing for small amounts held higher stakes than winning or losing. I had to win or risk being found out.

I began to run into to trouble with my drinking and was distracted from playing for a while maybe a year or so. When decided to stop drinking and start playing cards, things went from bad to worse. I would play between 2-4 times a week depending on my schedule and how much time I could get away from the house. My wife and I owned a dance studio with her parents. She would work until 9 or 10 at night. I would get home from work around 5 and she would be at work. It was plenty of time for me to make the 45 minute drive to the casino and wager my usual $40 in a small stud game. The games were crazy for me to play because I had a time limit of a few hours and had to force my hands; if I lost, I risked being found out. I soon began to chase looses and would borrow money from friends and family to cover my bets. It was never much money a few hundred here fifty there. I was good about paying the money back so not many questions were asked.

My life was beginning to become a lie. I was playing more and more then it happened; I won my first jackpot. It was not much, close to a thousand dollars, but no one knew I had won the money. Now I could play undetected and move to bigger games. I lost that thousand in a day. I chased that thousand with 3 thousand and I lost. Now the trouble started because that was my rent money and I had to tell my wife what happened. As I look back at the time in my gambling career, I see how much time I wasted. It was not just the time at the tables, it was the time chasing the lies, all the energy I spent remembering what lie told and to whom. All the energy wasted on trying to figure out how I could get more cash so I could get back into action. I can remember the day magic Johnson announced he had HIV I was sitting at a 4-8 stud game. I was 23 years old. Gambling for me was something I had to do, and I had already spent close to $10,000 doing it. I had to find new friends because the people I grew up with were sick and tired of watching me get crushed at the casinos. The hardest part was the horror of leaving a casino after losing money I did not have. It was to the point were I was considering suicide. Of course all of my troubles were because of a bad marriage no way was I sick or to blame. I had never even heard of Gamblers Anonymous.

My marriage ended badly, it ended because she was married to a compulsive gambler who would tell a lie if the truth suited him better. I moved out to live with a friend. Of course the first trip we took was to Vegas. To finance that trip I sold my car that I did not own. The bank made a mistake and sent me the pink slip. I sold it for $950 dollars. I lost allot of money I did not have that trip and spent along time paying people back. I stopped gambling for a long while and consumed myself with a heavy dose of cocaine, beer, pot and ecstasy. I snapped out of that after 14 months, I was tired of not having money and just dreaming about it. I was fueled by a desire to be a big shot with lots of money and power. I found just the job to do it in. Coming off a long run of drugs I had enough energy to become successful quickly. Not only was I clean, I was back and soon found myself married to an intelligent, wonderful woman. I was promoted several times rapidly and began to make serious money in the 6 figure range. Now I could go to Vegas and be the big shot I always wanted to be. Oddly enough I did

not go that often, maybe 4 times in the first year. The second year I went 8 times, then it happened I crossed the invisible line of compulsion and it became an obsession I had to go to Vegas. I soon was going every chance I had not to mention the high stake poker games I would get into with my friends. It would not be uncommon to win or lose several thousand dollars in a night. I was full steam ahead with my compulsion and so was my career, I was making more money than I ever had and had gotten into to some favorable stock positions.

I had a chance of a lifetime present itself to me. I left my career of 4 years and went to work for an Internet company. I received stock options and soon became a day trader, augmenting that action with my gambling. I was wagering money 12 hours a day. I forced an idea and created an opportunity to move to Las Vegas and open a wireless Internet company. My wife who was pregnant at the time with our child did not want to go. The fights were nasty and I was to blame I wanted Vegas more than her and more than my unborn child I had to be in action. Finally I got my way; she agreed to move to Las Vegas. I had close to 1 million dollars in stocks and cash, when I went out ahead of my wife to scout around for a place to live. One of the first weeks I was in Vegas I was staying at the Hilton and won close to 10 thousand dollars playing blackjack I had started with 300 dollars. I knew I was going to take Vegas apart. I was living my dream, stayed at different hotels on the strip, living in suites working during the day and gambling all night long. I would wager between 5 and 15 thousand a week, playing craps, blackjack and 3 card poker. It was an incredible feeling to walk into a casino and have people know my name. I enjoyed the VIP treatment and could not stop. My wife and I started fighting about my gambling long before she moved to Vegas to join me. She knew I was in trouble with my gambling but had no way of knowing how much money I was actually losing. I would lie to her and she believed me. Before she moved to Vegas, I swore off gambling forever.

It was not long before I was back at it again playing as hard as ever and betting more and more. I checked myself into an out patient program for compulsive gamblers. I went 5 days a week 3 hours a day. That lasted for a month. I was back placing bets within 1 week of leaving that program. I would go to a Gamblers Anonymous meeting then to a casino. I was spending cash at an incredible rate, by this point my daughter was born and I was a poppa. I swore gambling off again and knew I was in trouble. My obsession to play was stronger than any promise I made to my wife, daughter or god. I had to be in action at any cost. I would send my wife back to California so I could play. She had control of the bank accounts, the ones she knew about. I was in action full time and playing in the casinos between 4 and 8 hours a day. It was costing more than money I was losing precious time with my new daughter and wife. I would tell her I was going to the store and stop at the casino and place a few thousand dollars in bets within 30 minutes to an hour. It finally became a problem so immense that I agreed to leave Las Vegas. I had squandered my entire fortune at this point except for maybe a hundred thousand dollars.

I took a job in Los Angeles we sold our house in Vegas and moved in with her father, to save money. I promised to attend GA meetings and never to gamble again. I

did attend meeting for the first 2 months. The obsession to play was so great that it consumed me. I was back at my old company and had the autonomy to be gone all day. I was good at my job and was able to perform well with only a few hours a day of effort that left me 8 hours a day. I started gambling again within 3 months I was back playing poker. This time my level of excitement was raised that I had to play in the big games. I started playing Texas hold em and was playing $20-40 up to $40-80 games. I blew through the rest of my money I was broke within 18 months I had spent close to a million dollars in a casino on or in the stock market all of it was gone. My home life had deteriorated to the point of a constant fight. She did not believe a word I said and was right not to I could not even believe myself at that point. I did not want my daughter to be exposed to the ugly fights and I wanted to gamble when I wanted without her bothering me. I left my wife and daughter, so I could gamble more. I spent the rest of everything I owned, I hawked art my wedding ring my watch, anything I had of value I either sold or hawked to play. I had gone into business with a friend and was borrowing money from my company faster than I could pay it back. I was at my wits end.

The final straw came when I got an eviction notice for my apartment. I knew I was going to die if I kept up at this pace. The amounts of drugs I had to ingest just to look at myself in the morning were alarming. I went to GA and surrendered. I had nothing left my lease was up at my apartment I had no way to pay rent I was going to be homeless. A friend I made in GA took me into his house. There was 1 condition I could stay rent free as long as I did not place a bet. I went to work for my family and was working a program in GA, I made 103 days without placing a bet I thought I had it licked little did I know. I started gambling on what would have been my 104th day of abstinence. I had done things I never thought I would do to play cards. I wrote several thousand dollars in bad checks, I stole money from my family, my company and my friends to play. I went on a 1 week bender that cost me over 10 thousand dollars I did not have. I lost my place to stay and was suicidal. My friends and family had enough. I did not know what I was going to do. I checked myself into a rehab. I started working a program in the 12 steps of recovery. I was crazy. I met Robert Miller while I was in recovery. The result of the FSAT technique is astonishing. I have no desire to gamble what so ever. It has been lifted completely. I attend GA meeting regularly. The distinction for me is the fact that I do not have the compulsive desire to gamble. The thought to gamble has traveled through my mind without being a thought that I have to act on. I am able to let it pass through where before I would have to act on that thought or call someone in the program to help me through that situation. My thoughts of gambling do not have the energy they had prior to utilizing the FSAT technique.

What Jon didn't write about was that in addition to his gambling addiction Jon also had a sex addiction. Both of these addictions had some unexpected complications. During treatment, it turned out that Jon had 2 poker playing addictions and 2 sex addictions. Jon played high stakes poker and low stakes poker. His total loss over 10 years was $1,000,000.00. Jon's sex addictions involved both going to strip clubs as well as massage parlors. These addictions had cost him over $100,000 over 10 years.

The FSs were:

Gambling

High Stakes Poker

1. Excitement
2. Importance
3. Winning

Low Stakes Poker

1. Relaxation
2. Comfort

Sex

Strip Clubs

1. Excitement
2. Importance

Massage Parlors

1. Relaxation
2. Intimacy
3. Connection

Results

1. Strip clubs compulsion—stop going to strip clubs and spending money.

2. High stakes poker & Low stakes poker—no longer felt compelled to gamble.

3. Massage parlors compulsion—stopped going to massage parlors

Name: _____ Date: _____

Fagerstrom Test for Nicotine Dependence

1. How soon after waking do you smoke your first cigarette?
   a) After 60 minutes (0)
   b) 31-60 minutes (1)
   c) 6-30 minutes (2)
   d) 0-5 minutes (3)

2. Do you find it difficult to refrain from smoking in places where it is forbidden(e.g. church, library, at the movies, etc.)
   Yes (1) No (0)

3. Which cigarette would you most hate to give up?
   a) the first one in the morning (1)
   b) any other one (0)

4. How many cigarettes per day do you smoke?
   a). 10 or less (0)
   b). 11-20 (1)
   c). 21-30 (2)
   d). 31 or more (3)

5. Do you smoke more frequently during the first hours after waking than during the rest of the day? Yes (1) No (0)

6. Do you smoke even when you are so ill that you are in bed most of the day?
   Yes (1) No (0)

Questionnaire of Smoking Urges (Cox et al. 2001)

Indicate how much you agree or disagree with each of the following statement by placing a checkmark along each line between STRONGLY DISAGREE to SSTRONGLY AGREE. The closer you place your checkmark to one end or ther other indicates the strength of your disagreement or agreement. Please complete every item. We are interested in how you are thinking or feeling right now as you are filling out the questionnaire.

1. I have a strong urge for a cigarette right now.
   STRONGLY DISAGREE:___:___:___:___:___:___:___:STRONGLY AGREE

2. Nothing would be better than smoking a cigarette right now.
   STRONGLY DISAGREE:___:___:___:___:___:___:___:STRONGLY AGREE

3. If it were possible, I would probably smoke now.
   STRONGLY DISAGREE:___:___:___:___:___:___:___:STRONGLY AGREE

4. I could control things better right now if I could smoke.
   STRONGLY DISAGREE:___:___:___:___:___:___:___:STRONGLY AGREE

5. All I want right now is a cigarette.
   STRONGLY DISAGREE:___:___:___:___:___:___:___:STRONGLY AGREE

6. I have an urge for a cigarette.
   STRONGLY DISAGREE:___:___:___:___:___:___:___:STRONGLY AGREE

7. A cigarette would taste good right now.
   STRONGLY DISAGREE:___:___:___:___:___:___:___:STRONGLY AGREE

8. I would do almost anything for a cigarette right now.
   STRONGLY DISAGREE:___:___:___:___:___:___:___:STRONGLY AGREE

9. Smoking would make me less depressed.
   STRONGLY DISAGREE:___:___:___:___:___:___:___:STRONGLY AGREE

10. I am going to smoke as soon as possible.
    STRONGLY DISAGREE:___:___:___:___:___:___:___:STRONGLY AGREE

Smoking History Questionnaire

1. How old were you when you had your first cigarette? _____
2. How many years have you been smoking every day? _____
3. How long ago was your most recent attempt (greater than 12 hours) to quit smoking?_____

   a) How long were you able to quit for during that most recent attempt?_____
4. In the past year, how many times have you quit smoking for at least 24 hours? _____ times. If never quit, circle “0”.
5. How many times in the past year have you made what you would consider a “serious” attempt to quit smoking? _____times. If never, circle “0”.
6. How many times in your life have you quit smoking for at least 24 hours? _____ times. If never, circle “0”.
7. How many times in your life have you made what you would consider a “serious” attempt to quit smoking?

   _____ times. If never, circle, “0”.

Name: _____ Date: _____

Brecksville Gambling Craving Scale

1. On the line below, please circle the number that best describes how strong on the average your craving or urge to gamble has been during the past week, with "1" representing no cravings at all and '(" representing extremely strong cravings.

No cravings		mild		moderate		strong		Extremely strong
1	2	3	4	5	6	7	8	9

2. One the line below, please circle the number that best describes how strong your worst craving or strongest urge to gamble has been during the past week.

No cravings		mild		moderate		strong		Extremely strong
1	2	3	4	5	6	7	8	9

3. On the average, how frequently (how many times per week) have you experienced an urge or craving to gamble during the past week?

_____0 _____1 _____2 _____3 _____3-5 _____6-10

_____11-14 _____15-20 _____20-25 _____more than 25

4. On the average, how long has the craving or urge to gamble last during the past week?

_____0- 5 min _____6-15 min _____16-20 min _____21-30 min

_____30-45 min _____45-60 min _____1-2 hours _____2-3 hours

_____More than 3 hours

5. Overall, do you feel your cravings or urges to gamble are:

Significantly decreasing		Somewhat decreasing		The Same		Somewhat Increasing		Significantly Increasisng
1	2	3	4	5	6	7	8	9

PG Craving Scale

"0" = Not at All	"100" = Most Ever

0 _____100

"I would like to gamble"

0 _____100

"I intend to gamble in the near future"

0 _____100

"Gambling will make me feel better"

0 _____100

"Gambling would get rid of any discomfort I am feeling"

0 _____100

"I feel I can control my Gambling"

Brecksville Gambling Craving Scale - modified

6. On the line below, please circle the number that best describes <u>how strong</u> on the <u>average</u> your craving or urge to _____ has been <u>during the past week</u>, with "1" representing no cravings at all and '(" representing extremely strong cravings.

No cravings		mild		moderate		strong		Extremely strong
1	2	3	4	5	6	7	8	9

7. One the line below, please circle the number that best describes how strong your worst craving or strongest urge to _____ has been during the past week.

No cravings		mild		moderate		strong		Extremely strong
1	2	3	4	5	6	7	8	9

8. On the average<u>, how frequently (how many times per week)</u> have you experienced an urge or craving to_____ <u>during the past week</u>?

_____0 _____1 _____2 _____3 _____3-5 _____6-10

_____11-14 _____15-20 _____20-25 _____more than 25

9. On the average, <u>how long</u> has the craving or urge to _____ last during the past week?

_____0- 5 min _____6-15 min _____16-20 min _____21-30 min

_____30-45 min _____45-60 min _____1-2 hours _____2-3 hours

_____More than 3 hours

10. Overall, do you feel your cravings or urges to _____ are:

Significantly decreasing		Somewhat decreasing		The Same		Somewhat Increasing		Significantly Increasisng
1	2	3	4	5	6	7	8	9

PG Craving Scale Modified

"0" = Not at All	"100" = Most Ever

0 _____100

"I would like to _____"

0 _____100

"I intend to _____ in the near future"

0 _____100

"_____ will make me feel better"

0 _____100

"_____ would get rid of any discomfort I am feeling"

0 _____100

"I feel I can control my _____"

South Oaks Gambling Screen (SOGS)

Name:_____

1. Indicate which of the following types of gambling you have done in your lifetime. For each type, mark one answer: “not at all,” “less than once a week,” or “once a week or more.”

Not at all	Less than Once a week	Once a week Or more	
			a. Played cards for money
			b. Bet on horses, dogs, or other animals (in off-track betting, at the track or with a bookie)
			c. Bet on sports (parley cards, with a bookie, or jai alai)
			d. Played dice games (including craps, over and under, or other dice games) for money
			e. Went to casino (legal or otherwise)
			f. Played the numbers or bet on lotteries
			g. Played bingo
			h. Played the stock and/or commodities market
			i. Played slot machines, poker machines or other gambling machines
			j. bowled, shot pool, played golf, or played some other game of skill for money.

2. **What is the largest amount of money yhou have ever gambled with any one day?**

____ never have gambled

____more than $100 up to $1000

____$10 or less

____more than $1000 up to $10,000

____more than $10 up to $100

____more than $10,000

3. Do (did) your parents have a gambling problem?

____both my father and mother gamble (or gambled) too much
____my father gambles (or gambled) too much
____neither gambles (or gambled) too much

4. When you gamble, how often do you go back another dy to win back money you lost?

____never

____some of the time (less than half the time) I lost

____most of the time I lost

____every time I lost

5. Have you ever claimed to be winning money gamboing but weren't really? In fact, you lost?

____never (or never gamble)
____yes, less than half the time I lost
____yes, most of the time

6. Do you feel you have ever had a problem with gambling?

____no
____yes, in the past, but not now
____yes

7. Do you ever gamble more than you intended? ____ ____
8. Have people criticized your gambling? ____ ____
9. Have you ever felt guilty about the way you gamble or what happens when you gamble? ____ ____
10. Have you ever felt like you would like to stop gambling but didn't think you could? ____ ____
11. Have you ever hidden betting slips, lottery tickets, gambling money, or other signs of gambling from your spouse, children, or other important people in your life? ____ ____
12. Have you ever argued with people you like over how you handle money? ____ ____
13. (If you answered "yes" to question 12): have money

arguments ever centered on your gambling? ____ ____

14. Have you ever borrowed from someone and not Paid them back as a result of your gambling? ____ ____
15. Have you ever lost time from work (or school) due to gambling? ____ ____
16. If you borrowed money to gamble or to pay gambling debts, where did you borrow from? ____ ____ (Check “yes” or “no” for each)

a. From household money		
b. From your spouse		
c. From other relatives or in-laws		
d. From banks, loan companies or credit unions		
e. From credit cards		
f. From loan sharks (shylocks)		
g. Your cashed in stocks, bonds, or other securities		
h. You sold personal or family property		
i. You borrowed on your check account (passed back checks)		
j. You have (had) a credit line with a bookie		
k. you have (had) a credit line with a casino		

Scoring Rules for SOGS

Scores are determined by adding up the number of questions that show an "at risk" response, indicated as follows: If you answer the questions above with one of the following answers, mark that in the space next to that question.

Questions 1-3 are not counted.

____Question 4: most of the time I lost; or every time I lost
____Question 5: yes, less than half the time I lose, or yes, most of the time
____Question 6: yes, in the past, but not now, or yes
____Question 7: yes
____Question 8: yes
____Question 9: yes
____Question 10: yes
____Question 11: yes
____Question 12: Not Counted
____Question 13: yes
____Question 14: yes
____Question 15: yes
____Question 16a: yes
____Question 16b: yes
____Question 16c: yes
____Question 16d: yes
____Question 16e: yes
____Question 16f: yes
____Question 16g: yes
____Question 16h: yes
____Question 16i: yes
Questions 16j and 16k are not counted.

Total = _____ (20 questions are counted)
**3 or 4 = Potential pathological gambler (Problem gambler)
**5 or more = Probable Pathological gambler

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