

Addressing Behavioral Addictions in Adolescents: Creating a School-wide Culture of **PREVENTION**

It is the phone call that no school administrator wants to make, but unfortunately, it is becoming more and more frequent. These calls combine equal parts concern for the student's welfare and frustration at not knowing the best way to handle a difficult situation:

Mr. Jones, this is Principal Smith.¹ I am calling to schedule a meeting with you regarding Simon and his future at our school. When we met at the beginning of the semester, our

concern was about the frequency with which Simon was engaging in Internet gaming and his two violations of the school's acceptable-use policy by visiting inappropriate Websites. We shared reports from his residence-hall dean and teachers. The dean reported that Simon frequently played games throughout the night. His teachers reported that he often missed his 8:30 a.m. class and if he attended the others, would sleep through them.

At that first meeting in September, with the help of the school counselor, we worked out a behavior plan for Simon that included

removing the game console from his room, limiting his Internet use, and his agreeing to attend his classes on time. At our second meeting in November, we notified you that a game console had been found in Simon's room, he persisted in playing into the early hours of the morning, and continued to miss his classes.

We added weekly meetings with the school counselor to his behavior plan. He has skipped these weekly follow-up meetings, has not been showering or leaving his room,

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and for the third time has violated the school's acceptable-use agreement. We are concerned that his behavior may be indicative of a deeper problem. He is combative and resistant, and unfortunately we do not have adequate professional resources to help him. We think it is time to seek help from a mental-health professional.

The concern on the other end of the line is palpable. The parental response may range from exasperated frustration about not knowing what else to do if their son or daughter can't attend the local Adventist school, a resigned "Thanks for all that you've done; we understand the decision," or even an outright hostile, combative argument about how the school has "failed" the teen in question. Regardless of the response, the administrator is often left feeling as if more could have been done, but frustrated about not knowing what. What, then, is the best course of action for educators when a student is struggling with a behavioral addiction?

While they may not always develop into addictions, behaviors such as overeating, excessive technology use, or repeated viewing of pornography are all growing issues that school administrators must be prepared to address. And while behavioral addiction is a newly emerging concept, understanding what it is and how Adventist schools, despite their limited resources, can create a preventative culture can help prepare our educators to better meet their wholistic goals of balanced mental-physical-spiritual student development.

Behavioral Addiction in Adolescents

Before determining how to address behavioral addictions, it is important to understand what types of actions fall into this category. While addictions have been traditionally understood as dependence on substances such as drugs or alcohol, experts are increasingly finding that, when engaged in compulsively, activities like those listed above, along with other behaviors such as shopping, working, or even exercising, can grow into a "non-chemical" or "behavioral" addiction.² "Behavioral addiction" is defined as "the use of repetitive actions, initiated by an impulse that can't be stopped, causing an individual to escape, numb, soothe, release tension, lessen anxiety or feel euphoric."³ Although behavioral addiction was proposed as a new category in the recent revision of the

Diagnostic and Statistical Manual of Mental Disorders (DSM-5),⁴ there is currently no diagnostic model that includes the criteria necessary to identify behaviors as addictions in a clinical setting. Nonetheless, behavioral addictions are increasingly being recognized as treatable forms of addiction.⁵

Many behaviors to which people can become addicted are essential day-to-day activities such as eating, recreation, and technology use. However, as has occurred with many of God's good creations, Satan has corrupted useful activities, turning them into activities with potentially harmful social, mental, and physical consequences. This is particularly a matter of concern with high school and college students, who are especially vulnerable to addictive behaviors.⁶ Among adolescents, the most common and problematic addictive behaviors include food, gambling, exercise, sex/pornography, spending, the Internet, and video/computer games.⁷

Students struggling with behavioral addictions may also have problems with underlying issues such as depression, loneliness, social impairment, aggression, or distractibility that cause them to resort to addictive behaviors as a way of coping.⁸ In fact, more often than not, individuals identified as having behavioral addictions are also diagnosed with another co-occurring disorder.⁹ Unfortunately, the incidence of adolescent mental-health problems like these is not likely to decrease any time soon, as mounting pressure to be successful in school and a debilitating fear of failure continue to plague students in increasing measures.¹⁰

As many faculty members and administrators can attest, these behavioral addictions are, with frightening rapidity, affecting students in Seventh-day Adventist schools. One group of researchers studying students ages 13-19 attending Adventist day, boarding, and self-supporting schools in the North American Division concluded that more than 25 percent of the students they surveyed reported wrestling with issues such as getting insufficient exercise; poor sleeping habits; being shy; feeling lonely, depressed, or sad; and having poor eating habits, among a variety of other issues that could all potentially lead to poor coping skills and an increased likelihood of developing behavioral addictions.¹¹

Successful Approaches for Adventist Schools

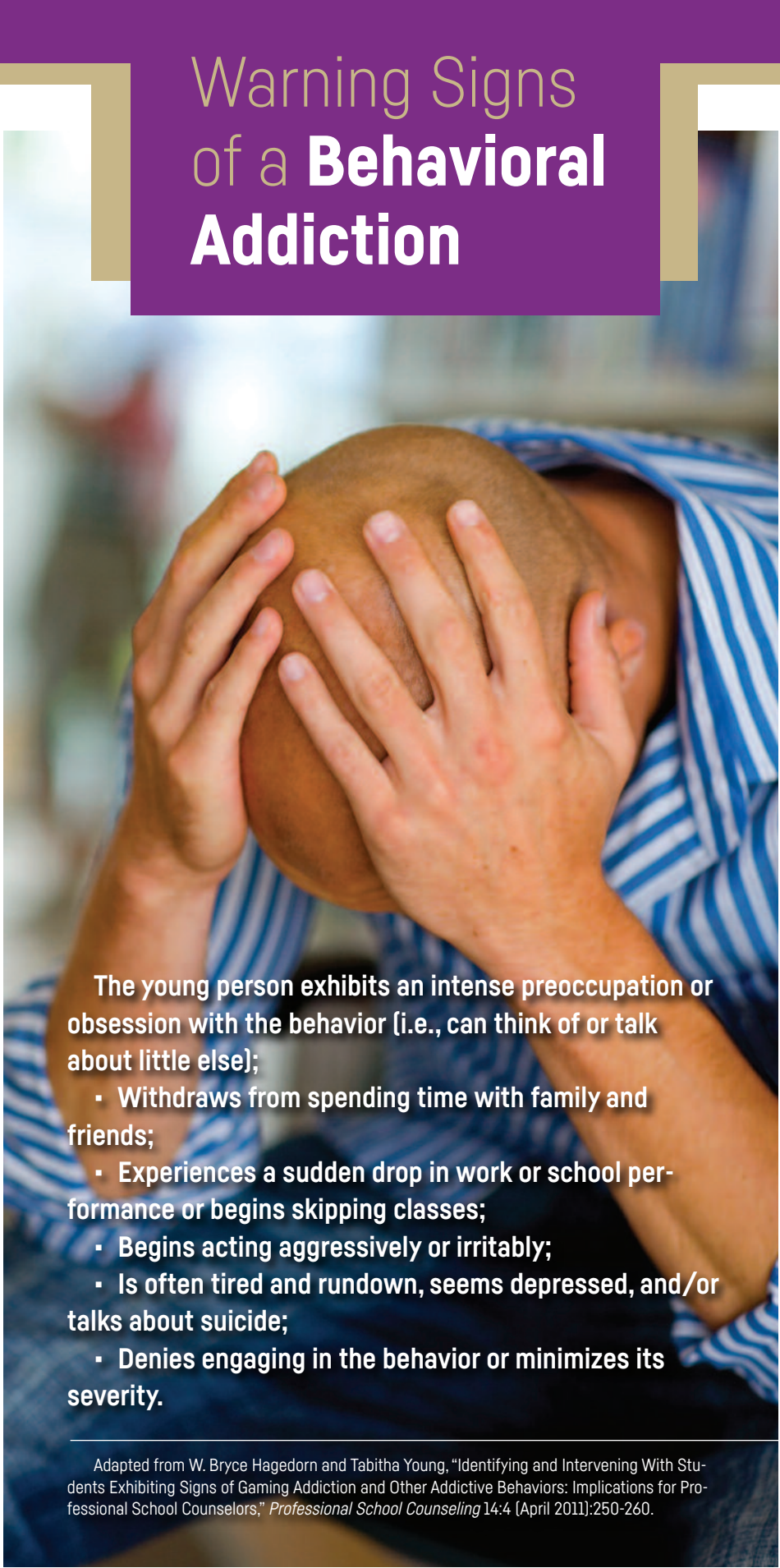
Many schools, including Seventh-day Adventist institutions, are ill prepared to handle the growing problem of behavioral addictions due both to a lack of trained personnel, as well as a lack of understanding about how to respond to addictive behaviors.¹² Because of this lack of resources and training, a typical response in many Adventist schools may likely involve a well-intentioned but under-trained group of staff members meeting to address a behavioral addiction as if it can be fixed by a short suspension from classes and a student's promise to never engage in the behavior again. This disciplinary approach is often reactive and rooted in the traditional, punitive method of handling misbehavior such as drinking or smoking on campus.

While addictive behaviors are certainly harmful, behaviors such as Internet use or excessive exercising are not dealt with effectively through fear-based abstinence messages. In fact, while relatively little research has analyzed punitive approaches to behavioral addictions specifically, research indicates that these approaches have not effectively addressed addictive substance use in schools.¹³ Instead, students need to understand addictive behavior, and be taught with solid, research-based approaches that increase awareness, support, and education in addressing these types of addictions.¹⁴ Additionally, educators must seek to address the underlying causes of the addictions, rather than focusing solely on the behaviors.

Prevent Rather Than Punish

What then should Adventist educators do to help students struggling with behavioral addictions? First, it is critical to remember the essential purposes for which Adventist schools were founded. Adventist educators are charged with training their students "to be thinkers, and not mere reflectors,"¹⁵ while remembering the dangers of students becoming "assimilated to the world rather than to the image of Christ."¹⁶ Balancing these two responsibilities can be challenging and even frustrating at times, but both are essential in helping students develop strong characters. With this fundamental perspective in mind, Adventist educators can develop and implement programs that proactively help and encourage students as they are developing

Warning Signs of a **Behavioral Addiction**



The young person exhibits an intense preoccupation or obsession with the behavior (i.e., can think of or talk about little else);

- Withdraws from spending time with family and friends;
- Experiences a sudden drop in work or school performance or begins skipping classes;
- Begins acting aggressively or irritably;
- Is often tired and rundown, seems depressed, and/or talks about suicide;
- Denies engaging in the behavior or minimizes its severity.

Adapted from W. Bryce Hagedorn and Tabitha Young, "Identifying and Intervening With Students Exhibiting Signs of Gaming Addiction and Other Addictive Behaviors: Implications for Professional School Counselors," *Professional School Counseling* 14:4 (April 2011):250-260.

their characters, rather than expecting students to already possess the maturity and determination to make the right decisions about behaviors that could lead to addiction.

Research results from the 2002 National Longitudinal Study of Adolescent Health¹⁷ indicated that one way to prevent students from engaging in harmful behaviors is to ensure that they feel connected to the school. Being proactive and responding appropriately when students first begin to show signs of a behavioral addiction¹⁸ are key factors in helping them feel connected to the mission of a school.

Educational institutions should implement supportive policies, such as offering more counseling and educational resources, in-school and after-school interventions to reduce anxiety and stress, and positive behavior mentoring.¹⁹ Furthermore, creating a warm and welcoming school climate allows students to sense sincere support from staff members and increases their willingness to talk to adults without fear of punishment.²⁰ For more information on strategies and actions school administrators can take to increase school connectedness, visit http://www.cdc.gov/healthyyouth/protective/pdf/connectedness_administrators.pdf.²¹

Proper Training and Support

A quality program designed for use in a school setting must include proper staff training and support to enable them to identify and interact with students exhibiting potential signs of addictive behaviors.²² Because the majority of Adventist K-12 schools do not have the budget to hire full-time school counselors,²³ the responsibility for caring for the emotional and mental-health needs of students often falls to the faculty and staff. This presents a difficult challenge for teachers with little training in how to effectively deal with students' mental-health needs and who are already overwhelmed with the demands of working at understaffed schools. The author of a previous article in *THE JOURNAL OF ADVENTIST EDUCATION* on making mental health a priority in Adventist schools²⁴ proposed several steps that school administrators can take to improve the mental-health services offered at our schools. Several of these suggestions can be modified to deal with behavioral addictions, especially in schools with limited training and/or resources.

1. Provide workshops by trained profes-

signals to help teachers recognize the warning signs and help students at risk for behavioral addictions. (One helpful resource is found at <http://www.mentalhealthfirstaid.org/>.)

2. Consider employing a school counselor or contracting with a mental-health professional who can provide ongoing education and support for school staff on how to deal with addictive behaviors. [A “roving counselor” could be coordinated at the conference level to help offset the costs for local schools.]

3. Investigate community resources to which students struggling with behavioral addictions can be referred.²⁵ [Note that effective treatment for behavioral addictions often involves similar approaches to those employed for substance abuse such as 12-step programs, motivational enhancement, psychosocial treatments, cognitive behavioral therapy, and medication.]

4. Create a school-wide behavior-support system. [For resources and information, see <http://www.pbis.org/school/swpbis-for-beginners>.]

5. Ensure that behavioral addictions and appropriate measures of addressing them are included in the student handbook. This shows that the school is committed to the wholistic development of each student.

Peer Support Programs

While most educators who work with teenagers and young adults realize that the peer group is a major factor in adolescent behavior, they often perceive its influence negatively. Peer pressure has widely been seen as the starting point of all sorts of adolescent problems such as addiction, sexual experimentation, and even suicide.²⁶ Therefore, school staff typically respond by attempting to exert more control over peer relationships.²⁷ Educators thus fail to recognize the potential of peer supports to empower and encourage young people struggling with many types of problems. Peer-support programs can be an incredibly effective method of positively utilizing peer influence.²⁸

Rather than isolating and ostracizing struggling students, and possibly increasing the likelihood of addictive behaviors, peer-support programs enlist the aid of student leaders to develop ways to connect students to the school culture. When implemented appropriately, peer-support programs have proved ef-

fective in improving school climate and peer relationships, decreasing violent behavioral incidents, lowering suspension rates, and empowering students to act responsibly.²⁹ By adapting the peer-support model to meet students’ specific needs, these programs may actually help prevent addictive behaviors from becoming more serious.³⁰ For a detailed resource guide to implementing a peer-support program, see http://www.partnersagainsthate.org/publications/Peer_Leadership_Guide.pdf.³¹

Family Support

School staff must involve family members early in the resolution process when adolescents are struggling with addictive behaviors. Because students dealing with addictions may not recognize their need for help, referrals for treatment often come from others such as parents or teachers. Occasionally, these students may view the school and parental involvement as an intrusion into their personal lives, so if educators and families do not work together in a positive and productive way, treatments are unlikely to succeed. Family counseling, education about addictive behaviors, as well as strategies for coping with anger and loss of trust represent important aspects of successful treatment.³²

Ongoing, open communication between students and faculty and between faculty and parents is essential to ensure that potential problems are addressed, although everyone must recognize that dealing with addiction is a continual process. When a student is re-

ceiving intensive community-based support, the principal should keep in contact with both the student’s family and, as possible, care providers to see what additional steps school personnel should take to help the student dealing with the behavioral addiction. When the treatment plan is to be implemented at school, parents should form an integral part of the execution. Further, resources should be provided to enable parents to provide support in the most helpful way at home.

Self-identity and Spiritual Support

Finally, an effective approach to behavioral addictions will provide students the opportunity to better develop their self-identity and spiritual values.³³ Students should be taught the importance of prayer and reliance on divine help as they walk the path to recovery, and every effort should be made to direct them to counselors or behavior therapists who are willing to include these components as part of the treatment. Navigating through this tumultuous developmental period is an extremely challenging and complex task for any adolescent, so teaching coping skills will help empower all teens. “Successful treatments must not only address the [addictive] behavior but also help an adolescent navigate the normal developmental tasks of identity formation that are often neglected while [the behavior] is being used as a means of coping with life’s problems. Treatment should focus

- **Peer Leadership in Higher Education: New Directions for Higher Education** by Jennifer Keup, ed. [San Francisco, Calif.: Jossey-Bass, 2012].

- **Mental Health First Aid** is an in-person training that teaches how to help people developing a mental illness or in crisis: <http://www.mentalhealthfirstaid.org/cs/>.

- **School-wide Positive Behavior Support (SWPBIS) for Beginners** is a systems approach to change through teaching behavioral expectations in the same way as a core curriculum subject. This approach is typically adopted by an entire school or school district and includes training sessions for teachers: <http://www.pbis.org/school/swpbis-for-beginners>.

- **Peer Leadership: Helping Youth Become Change Agents in Their Schools** by Lorraine Tiven [Washington, D.C.: Anti-Defamation League, 2002] is a detailed resource guide for implementing a peer-support program. Download the entire document at http://www.partnersagainsthate.org/publications/Peer_Leadership_Guide.pdf.

- **Fostering School Connectedness: Improving Student Health and Academic Achievement** [U.S. Department of Health and Human Services, 2009] provides information on strategies and actions school administrators can take to increase school connectedness: http://www.cdc.gov/healthyyouth/protective/pdf/connectedness_administrators.pdf. Websites accessed January 22, 2016.

on effective problem solving and the social skills necessary to build self-esteem.”³⁴ This, along with the support of a counselor or therapist who is willing to include the belief system as part of the treatment, are significant components of spiritual support.

Seventh-day Adventist institutions should be places where students can find the support and encouragement they need to struggle with problematic behaviors, including addictions. In fact, research indicates that because of their religious philosophy, Seventh-day Adventist schools may have a significant advantage in addressing behavioral addictions, as religious devotion has been shown to be a significant protective factor against adolescent addictions.³⁵ Although innate sinful human nature should not be seen as justifying misbehavior, there can be great comfort in recognizing that “all have sinned, and come short of the glory of God” (Romans 3:23, KJV). As one Adventist researcher has pointed out, there can be a tendency for Adventists to depict people struggling with addiction as “morally weak” and to assert that if they would only pray harder, they wouldn’t have the problem.³⁶ Adventist school staff must be diligent in protecting students from internalizing a sense of worthlessness, and instead should use the real challenges they are experiencing as “teachable moments” to help them better cope with the temptations and struggles of sin as they seek to develop a character that better reflects the Creator.

Conclusion

Ultimately, every Seventh-day Adventist school will face situations involving behavioral addictions. Administrators thus must develop plans and policies that assist students dealing with these types of behaviors in research-based, preventative ways rather than the traditional punitive measures schools have generally implemented. Schools should develop training programs for staff and faculty to help them identify warning signs of addictive behaviors and investigate resources on how to handle these situations when they arise. School faculty, staff, administrators, students, and families should work together to create a school environment that promotes safe discussion of addictive behaviors with which students may be struggling. Finally, and perhaps most importantly, a program should be in place that supports stu-

dents struggling with addictive behaviors in a way that facilitates their personal growth, identity, and spiritual development and prepares them for “the joy of service in this world and for the higher joy of wider service in the life to come.”³⁷ ✍

This article has been peer reviewed.



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NOTES AND REFERENCES

- Names are pseudonyms.
- Reef Karim and Priya Chaudhri, “Behavioral Addictions: An Overview,” *Journal of Psychoactive Drugs* 44:1 (March 2012):5-17. doi: 10.1080/02791072.2012.662859.
- Ibid., p. 5.
- American Psychiatric Association, *Diagnostic and Statistical Manual of Mental Disorders*, 5th ed. (Washington, D.C.: American Psychiatric Association, 2013).
- Jon E. Grant et al., “Introduction to Behavioral Addictions,” *American Journal of Drug and Alcohol Abuse* 36:5 (September 2010):233-241. doi: 10.3109/00952990.2010.491884.
- R. Andrew Chambers, Jane Taylor, and Marc N. Potenza, “Developmental Neurocircuitry of Motivation in Adolescence: A Critical Period of Addiction Vulnerability,” *American Journal of Psychiatry* 160:6 (June 2003):1041-1052; John L. Evenden, “Varieties of Impulsivity,” *Psychopharmacology* 146:4 (October 1999):348-361. doi: 10.1007/PL00005481.
- W. Bryce Hagedorn and Tabitha Young, “Identifying and Intervening With Students Exhibiting Signs of Gaming Addiction and Other Addictive Behaviors: Implications for School Counselors,” *Professional School Counseling* 14:4 (April 2011):250-260.
- Mark Griffiths and Ian Sutherland, “Adolescent Gambling and Drug Use,” *Journal of Community and Applied Social Psychology* 8:6 (November/December 1998):423-427.
- Seyyed Salman Alavi et al., “Behavioral Addiction Versus Substance Addiction: Correspondence of Psychiatric and Psychological Views,” *International Journal of Preventive Medicine* 3:4 (April 2012):290-294.
- Arielle Eiser, “The Crisis on Campus: American Psychological Association Is Working With Congress to Address Serious Mental Health Problems on College Campuses,” *Monitor on Psychology* 42:18 (September 2011): <http://www.apa.org/monitor/2011/09/crisis.campus.aspx>. Accessed February 1, 2016.
- Ellen Crosby, Shirley Freed, and Elvin Gabriel, “Personal Problems of Seventh-day Adventist Academy Students,” *Journal of Research on Christian Education* 15:1 (Spring 2006):77-93. This study surveyed students in 14 Adventist academies in the United States (day, boarding, and self-supporting) in the regular classroom setting, using the Personal Problems Checklist for Adolescents (PPC-A). The study, based on student self-report, analyzed differences between male and female and age groups 13 to 14 and 18 to 19.
- Hagedorn and Young, “Identifying and Intervening With Students Exhibiting Signs of Gaming Addiction and Other Addictive Behaviors,” op. cit.
- National Institutes of Health, “Preventing Violence and Related Health-risking Social Behaviors in Adolescents: An NIH State-of-the-Science Conference.” Conference Overview presented at Natcher Conference Center, Bethesda, Md., October 13-15, 2004: <https://consensus.nih.gov/2004/2004youthviolencepreventionos023html.htm>; Clea A. McNeely, James M. Nonnemaker, and Robert W. Blum, “Promoting School Connectedness: Evidence From the National Longitudinal Study of Adolescent Health,” *Journal of School Health* 72:4 (April 2002):138-146.
- Maressa Hecht Orzack and Deborah S. Orzack, “Treatment of Computer Addicts With Complex Comorbid Psychiatric Disorders,” *Cyberpsychology and Behavior* 2:5 (October 1999):465-473; Kimberly S. Young, “Internet Addiction: Symptoms, Evaluation, and Treatment,” in L. VandeCreek and T. Jackson, eds., *Innovations in Clinical Practice: A Source Book* (Sarasota, Fla.: Professional Resource Press, 1999), vol. 17, pp. 19-31.
- Ellen G. White, *Education* (Mountain View, Calif.: Pacific Press Publ. Assn., 1903), p. 7.
- _____, *Counsels for the Church* (Mountain

View, Calif.: Pacific Press Publ. Assn., 1957), p. 83.

17. McNeely et al., "Promoting School Connectedness," op. cit.

18. Hagedorn and Young, "Identifying and Intervening With Students Exhibiting Signs of Gaming Addiction and Other Addictive Behaviors," op. cit.

19. Marsha Rosenbaum, "A Reality-based Approach to Teens and Drugs," *NASP Communiqué* 33:4 (2004).

20. Gail Taylor Rice, "Warmth: The Missing Ingredient in Adventist Schools," *The Journal of Adventist Education* 55:4 (April/May 1993): <http://circle.adventist.org/files/jae/en/jae199355040406.pdf>.

21. U.S. Department of Health and Human Services, *Fostering School Connectedness: Improving Student Health and Academic Achievement*: http://www.cdc.gov/healthyyouth/protective/pdf/connectedness_administrators.pdf. Accessed February 1, 2016.

22. Chien Chou, Linda Condron, and John C. Beland, "A Review of the Research on Internet Addiction," *Educational Psychology Review* 17:4 (December 2005):363-388. doi: 10.1007/s10648-005-8138-1.

23. Lennard A. Jorgensen, "The Roving Counselor: An Innovative Answer to School Guidance Needs," *The Journal of Adventist Education* 58:1 (October/November 1995):34-37.

24. Grant Leitma, "Making Mental Health a Pri-

ority in Schools," *ibid.* 76:4 (April/May 2014):32-41.

25. Grant et al., "Introduction to Behavioral Addictions," op. cit.

26. Donna Gaines, "America's Dead End Kids," in Stephanie Urso Spina, ed., *Smoke and Mirrors: The Hidden Context of Violence in Schools and Society* (Boulder, Colo.: Rowman and Littlefield, 2000), pp. 107-128.

27. Ricardo D. Stanton-Salazer and Stephanie Urso Spina, "Adolescent Peer Networks as a Context for Social and Emotional Support," *Youth & Society* 36:4 (June 2005):379-417.

28. Sue Alford, *Peer Programs: Looking at the Evidence of Effectiveness, A Literature Review* (August 2011): <http://www.advocatesforyouth.org/publications/publications-az/1856-peer-programs-looking-at-the-evidence-of-effectiveness-a-literature-review>. Accessed February 1, 2016.

29. Karen Sheehan et al., "Adapting the Gang Model: Peer Mentoring for Violence Prevention," *Pediatrics* 104:1 (July 1999):50-54; Veerle Stevens, Paulette Van Oost, and Iise De Bourdeaudhuij, "The Effects of an Anti-bullying Intervention Programme on Peers' Attitudes and Behaviour," *Journal of Adolescence* 23:1 (February 2000):21-34; Reece L. Peterson and Russell Sciba, "Creating School Climates That Prevent School Violence," *Preventing School Failure* 44:3 (Spring 2000):122-129.

30. David R. Black, Nancy S. Tobler, and John P. Sciacca, "Peer Helping/Involvement: An Efficacious

Way to Meet the Challenge of Reducing Alcohol, Tobacco, and Other Drug Use Among Youth?" *Journal of School Health* 68:3 (March 1998):87-93.

31. Lorraine Tiven, *Peer Leadership: Helping Youth Become Change Agents in Their Schools and Communities* (Washington, D.C.: Anti-Defamation League, 2002): http://www.partnersagainsthate.org/publications/Peer_Leadership_Guide.pdf. Accessed February 1, 2016.

32. Young, "Internet Addiction: Symptoms, Evaluation, and Treatment," op. cit.

33. Mary J. Didelot, Lisa Hollingsworth, and Janet A. Buckenmeyer, "Internet Addiction: A Logotherapeutic Approach," *Journal of Addictions & Offender Counseling* 33:1 (April 2012):18-33.

34. Angela Browne-Miller, *The Praeger International Collection on Addictions* (Westport, Conn.: Praeger Publishers, 2009), vol. 1, p. 334.

35. Christian Smith, "Theorizing Religious Effects Among American Adolescents," *Journal for the Scientific Study of Religion* 42:1 (February 2003):17-30.

36. Curtis VanderWaal, "Adventists and Addictions," *AdventSource* (2015): <http://www.adventsource.org/as30/plusLine.article.aspx?id=703&um schk=1&umschk=1&umschk=1>. Accessed February 1, 2016.

37. White, *Education*, op. cit., p. 13.

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The *Diagnostic and Statistical Manual of Mental Disorders* [DSM-5] of the American Psychiatric Association recognizes one behavioral addiction: Gambling Disorder.

All other behavioral addictions are identified either as “Conditions for Further Study” or “Behavioral Addiction Not Otherwise Specified.”

These conditions require more research and clinical observation before being considered for inclusion in the manual as official disorders. These include, but are not limited to:

- Computer and Video Games
- **Exercise***
- **Food and Eating***
- Indoor Tanning
- **Internet Gaming***
- **Internet Use***
- Love
- Plastic Surgery
- **Pornography***
- Risky Behavior
- Sex
- Shopping
- Social Media
- Work

Addictions marked with an asterisk are discussed in the following articles and are considered to be ones primarily addressed in school settings.

REFERENCE

American Psychiatric Association, *Diagnostic and Statistical Manual of Mental Disorders*, 5th ed. (Washington, D.C.: American Psychiatric Association, 2013).