

STAFF FEATURE

Christopher Locky, Medical Director of Sibcy House

Dr. Locky is a staff psychiatrist at the Lindner Center of HOPE working primarily with patients at Sibcy House, and as the program's medical director. Sibcy House is the center's specialized unit, offering a comprehensive diagnostic assessment and short-term intensive treatment program for patients, age 18 and older, suffering with complex, co-morbid mental health issues.

He completed his medical degree at the University of Cincinnati College of Medicine, a residency in adult psychiatry at the Oregon Health & Science University (OHSU), and a forensic fellowship at Case Western Reserve University. He is board certified by the American Board of Psychiatry and Neurology in both Adult and Forensic Psychiatry.

Prior to joining the Lindner Center of HOPE, he was the Chief Psychiatrist at OHSU and worked as an inpatient psychiatrist serving patients with severe mental illness at the Oregon State Hospital. He was also the Director of the Forensic Evaluation Service for the state of Oregon, and the Associate Training Director

of Forensic Psychiatry and an Assistant Professor of Psychiatry at OHSU where he helped to train medical students, resident physicians, and fellows.

Dr. Locky has published scientific papers on psychiatry and the law, and has served on the Executive Council of the Oregon Psychiatric Physicians Association. He has also served as President and Legislative Chair of the Oregon Psychiatric Physicians Association and was recently inducted as a Fellow in the American Psychiatric Association.

More recently he has been working toward a master's degree in Business Administration at the Wharton School of the University of Pennsylvania. He is interested in helping patients through exploring innovative treatments, systems, and business and financial models in mental health care.

**Sibcy House Testimonial****When Mental Illness Grasps Your Child: Parents' Perspective**

When recapping the experience of when mental illness enters a family, where do you start?

The adoption process? The sweet baby child 6 months old from a foreign country? The always smiling and laughing little boy? The losses he experienced in high school of his uncle, grandpa and friends (several friends died from drug overdoses) that contributed to a downward spiral? Or the problem child at puberty who grew silent and sullen, easy to anger, non-communicative and slipping into alcohol and drug use?

The story of Adam is one of extreme contrasts, and how his life went from joy to depression... and all the associated behaviors that this brings.

www.lindnercenterofhope.org

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PSYCHIATRY AND PSYCHOLOGY NEWS FOR MENTAL HEALTH PROFESSIONALS

SEPTEMBER 2016



Events

October is Global ADHD Awareness Month**October 4**

Grand Rounds: ABC's of School Avoidance presented by Tracy Cummings, MD, Lindner Center of HOPE Psychiatrist, Noon, Lindner Center of HOPE, Gymnasium/Conference Center

October 4-10

Mental Illness Awareness Week

October 6

National Depression Screening Day

October 9-15

International OCD Awareness Week

October 10

World Mental Health Day

Patient Satisfaction

Patient Satisfaction results for August 2016 averaged a rating of **4.51 out of 5**, with 5 signifying the best possible care.



Mental illness, Addiction and Digital Infidelity

By Chris Tuell Ed.D., LPCC-S, LICDC-CS, Clinical Director of Addiction Services, Lindner Center of HOPE Assistant Professor, Department of Psychiatry & Behavioral Neuroscience, University of Cincinnati College of Medicine

Fifty years ago, I was six years old. My family, like many families of the day, subscribed to Life magazine. On the cover of the magazine for the week of September 16, 1966 was a picture of Sophia Loren. The Hollywood starlet was portrayed wearing a black see-through lacy dress that covered all the necessary parts, and covered all the necessary standards for 1966. But the picture left an image upon my brain that I can easily recall to this day.

Fifty years later, digital pornographic images are now easily accessible. The Internet has made it possible for thousands of images and videos to be accessed within seconds. The Internet has made it available for instant digital infidelity to occur. Such images and encounters can easily be accessed on any smartphone, tablet, and computer.

So how concerned should we be as a society? Do we accept this dark digital domain as a part of our technological culture? How harmful can pornography and digital infidelity be? Is it possible that sexual images and/or compulsive sexual behaviors reside within the same realm as problematic alcohol and drug use? The answer is plain and simple. It does. Pornography and cybersex can become addictive. In the long run, this behavior rewires the brain, and can lead to abusive and destroyed relationships for men and women.

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Sixty-eight percent of young men and 18% of young women view pornography at least once a week, and those numbers are growing. A sexual addictive epidemic is on the rise, not only because of easier access, but also the lack of information people have had on the negative and harmful effects associated with this addictive behavior.

Many researchers and clinicians in the field of mental health no longer discriminate between behavioral addictions (i.e., pornography, sex, gambling) and chemical addictions (i.e., alcohol, drugs). Simply stated: The brain doesn't care. The brain doesn't care whether you pour it down your throat, place it in your nose, see it with your eyes, or do it with your hands. Pornography and sex, along with other addictions, flood the brain with dopamine and make the recipient feel good. They help you to escape, as you seek the behavior over and over again. Over time, as more dopamine is released, the individual will begin to feel the effects of this neurochemical less and less. This leads one to search for more graphic images, increase high-risk sexual behaviors, escalating the addictive behavior in order to obtain the desired effect.

Researchers indicate that nearly 80% of individuals who have an alcohol or drug issue will also have a mental illness issue as well. This is the rule rather than the exception. So what is the relationship that pornography, cybersex, and other addictive behaviors have with mental illnesses like depression and anxiety? This could be better understood by the CUBIS model, an acronym that represents five areas that I believe demonstrates this relationship between addiction and mental illness.

Chemical Imbalance

Within the field of psychiatry a basic premise is that some individuals may have issues of mental illness as a result of a chemical imbalance. When an individual experiences challenges of depression and/or anxiety, for example, particular neurochemicals within the brain may not be producing at desired levels, resulting in symptoms of mental illness (e.g., depression, fear, anxiety, paranoia). This is where medications can be helpful. However, addictive behaviors like sex and pornography, as well as alcohol, drugs and gambling, can also serve to temporarily regulate this imbalance, resulting in the individual feeling better and distracting his or herself with undesirable and destructive behaviors.

Unresolved Issues

For many, issues of trauma, abuse, grief, loss and/or abandonment, can lead some individuals to seek out ways to escape and numb one's self from the aforementioned mental health challenges. Whenever these problems bubble up to the top, the individual doesn't want to think about or feel the emotions associated with

these particular issues. Cybersex and pornography, like other addictive behaviors, serve a purpose in suppressing these thoughts or feelings and help the individual to escape, distract, or forget about mental health concerns.

Beliefs (that are distorted)

We all grow up with a belief system. This system consists of the messages we receive from our parents, relatives, neighbors, and society in general. It's how we see the world, and how we see ourselves. But what if some of these beliefs are untrue, irrational, or distorted? What if one had the belief that the only way to be social is to have a drink, or the only way to relax is to smoke a joint? These beliefs, of course, are untrue. Anyone is able to relax and become social without substances. But how do these distorted beliefs materialize with sexual acting-out behaviors? Typically within healthy relationships, the initial element is one of friendship. This is usually followed by trust, increased commitment, and closeness through intimacy (love), and then sex. But for some, the way one develops friendship, establishes trust, makes commitment, is by being sexual. Sex provides a way to meet his or her unmet needs. One's distorted and irrational beliefs may perpetuate this unhealthy cycle of addiction.

Inability to Cope

Think for a moment of someone who has been a best friend. A best friend is someone that you can always count on, and is always reliable, 24/7. This is the same relationship that the addict has with pornography, sex, and other addictive behaviors. Our digital world has made cybersex and pornography readily available 24/7. It is accessible during good times and bad. It always delivers what it promises to do when reality can be so unpredictable. In addition, the area of the brain affected by addiction is the same area where meaningful relationships are developed. One's addiction becomes on par with his or her spouse, children, parents, and friends. Sometimes, unfortunately, it becomes number one. For the addict with mental illness issues, in order to get well, I have to give up my best friend.

Stimulus-Response Relationship

When it comes to the brain and addiction, there are two main areas of the brain which play an important role with the other: the prefrontal cortex (PFC) and the midbrain. The prefrontal cortex is the executive functioning part of the brain. The PFC is where decision-making, morality, and personality exist. Everything about who one is as a person resides in the PFC. The main role of the midbrain is to reinforce behaviors which are necessary for the organism to survive. The midbrain does this by the release of certain neurochemicals, especially dopamine. Dopamine provides pleasure. Behaviors that are necessary for survival are reinforced

with dopamine. If food and sex were not pleasurable, humankind would have expired thousands of years ago.

The midbrain reinforces behaviors necessary for our survival by the release of the pleasure chemical, dopamine. But addictive behaviors also trigger dopamine. Behaviors such as sex and pornography, as well as other addictions (drugs, alcohol, gambling) do this too. When dopamine is released from the midbrain and begins to flood the PFC, there is a shutting down of the rational, logical, decision-making part of the brain. The midbrain overrides the PFC which now no longer functions correctly. A hijacking of the brain's reward system occurs. When this happens, the memory neurochemical Glutamate is released and informs the midbrain: "Don't forget this! Go out and get it!"

The brain now believes and remembers that addictive behaviors are essential for survival. Logically, one knows that one does not need alcohol, drugs and other addictive behaviors to survive, but the brain does not realize this. As a society, we have unfortunately responded and treated addiction as an issue of morality, a weakness, a lack of will power, a character flaw, an addictive personality, sociopathy, etc. Our society has unfortunately responded to addiction with shame, guilt, blame, coercion, and incarceration for many years. This old approach has and continues to be a failure. Addiction starts earlier and deeper within the brain and hijacks its reward system by believing the addictive behavior is necessary for survival.

Treatment

What should the treatment be for these issues? When it comes to pornography, gambling, alcohol, heroin, or in fact any addictive behavior, a strong correlation exists with mental illness. Treatment approaches must include integration of the co-occurring disorders. For years substance use disorders and mental illness have been treated separately from one another. Unfortunately, this view continues in many treatment communities. Research indicates that an effective treatment model of addiction must integrate with the individual's mental illness issues. If only the addiction is addressed and not the mental illness, both will get worse. Likewise, if only mental illness is treated and not the addiction, both will get worse.

The CUBIS model provides a template for treatment:

- **Medication management:** For individuals who experience a chemical imbalance, medication management can be beneficial in assisting the individual in regulating issues of anxiety, mood, and depression. The development of medication-assisted treatment for those in recovery has also proven to be therapeutically beneficial for individuals suffering from addiction.

- **Psychotherapy:** Therapy serves as a means to relieve symptoms, resolve problems in living and/or seek personal growth. The utilization of psychotherapy can be helpful in assisting individuals with unresolved issues of trauma, abuse, grief, loss, abandonment, etc.

- **Cognitive-behavioral therapy:** Individuals experiencing issues of irrational, maladaptive, or distorted beliefs may benefit from cognitive-behavioral therapy. This therapy approach focuses on issues of thoughts, perceptions, attitudes and actions in choosing healthier behaviors.

- **Skill development:** For individuals who need to find better ways of coping, developing skills to assist in the regulation of mood and anxiety can be helpful. These skills may consist of various ways of coping including mindfulness, meditation, community support groups, exercise, dialectical behavior therapy, spirituality, etc.

- **Education:** Knowledge serves as a means of increasing understanding and awareness for individuals and family members in how addiction impacts the brain. This level of education and awareness can hopefully reduce elements of shame, guilt and blame of the individual who suffers from addiction and mental illness. Individuals suffering from addiction may lie, cheat and steal, but bad acts do not necessarily mean bad actors.

Final Thoughts

For this clinician, a simple cover from a 1963 Life magazine has left an imprint. It remains unclear what the long-term effect of exposure to pornography and digital images have upon the brain and especially on the developing brains of young people. The Internet and the digital world have made many aspects of our lives more productive, informative, connected and creative. However, in today's world of social media, chat rooms, digital pornography, interactive webcams, instant messaging, "adult friend finder" apps and sexting, our digital world also provides more destructive means to escape from life stressors, depression, anxiety and all other forms of mental illness. Individuals suffering from mental illness may be easily drawn into other means of regulating mood, thoughts, and behaviors by high-tech addictive behaviors. No longer can humanity afford to turn a blind eye as men, women, and children are pulled into the seductive charms of the dark side of the digital world. There is nothing romantic about pornography. Instead, it promotes an unrealistic and unhealthy view of relationships and true intimacy.