# Pacific Views

Newsletter for Healthcare Professionals

Spring 2014

SOUTH PACIFIC PRIVATE
Australia's Leading Treatment Centre
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## Bipolar Disorder and Addictions


Professor John B. Saunders, Universities of Queensland & Sydney & South Pacific Private Hospital


**Bipolar Disorder is characterised by significant fluctuations in a person's mood, which may occur for no apparent reason.** It tends to persist, and people affected by it have phases when they are very happy and active, and phases when they are feeling very sad and hopeless, with often normal moods in between. Some people with bipolar disorder like the "high" phase so much that they may take no action until their mood is so elevated that they are hypomanic or even manic. In the "down" phase the person feels pervasively sad and may slump into a severe depression and feel life is closing in around them. Bipolar disorder typically starts in a person's late teen or early adult years.

Bipolar disorder consists of two major types. Bipolar disorder, type I is the classical and well-known disorder, which used to be called manic-depressive illness. Episodes of hypomania and depression tend to alternate, with each phase lasting for days or weeks. Bipolar disorder, type II, is characterised by shorter-lived episodes of abnormal mood (it is sometimes termed "rapid cycling") and there is a predominance of depressive phases. Bipolar disorder, type I occurs in approximately 1% of the adult population. Bipolar disorder, type II is more common and estimates vary from 2-3% to up to 6% of the general population. Some people use the term bipolar disorder, type III to indicate a disorder where hypomanic episodes are precipitated by antidepressant medications. A form of bipolar disorder can also be induced by substance use. Sometimes it can be difficult to distinguish between bipolar disorder and certain forms of post-traumatic stress disorder and some authorities argue that there can be an overlap between these disorders.

### Responding to Bipolar Disorder

**Bipolar disorder is a significant illness and it is vital that it is identified early and treated effectively.** Self-management is a key aspect of mastering the disorder and people with the disorder can manage and modify its phases much more effectively if they are actively involved in monitoring their mood (preferably with the help of family or close friends) and taking steps to contact their psychiatrist, general practitioner or health professional if they (or their family/friends) sense a deviation in how they are feeling or acting from their usual self.

Many famous and well-known people have experienced bipolar disorder, and although it is a challenge to manage it over several years, there is effective treatment, which typically combines medication and psychological therapy.


*continued...*


## IN THIS ISSUE

Well known historical figures, such as Winston Churchill, are thought to have had bipolar disorder and there are many contemporary Australians and others who have made major contributions, in particular to the creative arts, while managing their bipolar disorder.

## Bipolar's Links with Alcohol and Drug Use

Bipolar disorder is also strongly associated with alcohol and drug and other addictive disorders, such as gambling. Substance disorders can induce bipolar-type disorders, with phases of hypomania and depression resembling the classical condition. Some substances, because of their pharmacological effects, will induce mood changes with alternating elevations and declines in mood. The use of psychostimulants such as methamphetamine and cocaine characteristically produce successive episodes of alternating moods.

**More commonly, the phases of bipolar disorder can lead to episodes of substantial substance use which may persist until the mood normalises, or may lead to such a repetitive pattern of use that dependence (addiction) is induced.** The most frequent time for substance use to "take off" is when the person has a hypomanic (or manic) episode. As part of the overactivity and bright over-euphoric mood, the person may indulge in alcohol and drug use to a far greater extent than they would normally do. The person can also lose judgement and do things they later regret. A person in the hypomanic phase can overspend, which may involve illicit substances or gambling excessively. Substance use tends to continue unchecked until the hypomanic phase is treated. Serious disturbance to the person's health and wellbeing, finances and personal relationships can ensue. Sometimes these phases are accompanied by excessive gambling and sexual activity, or sometimes bursts of gambling can occur without substance use or the other features.

Somewhat less commonly, substance use may become problematic in the depressed phase of the bipolar illness. Here the motive tends to be "medicinal": people try to boost their mood or numb their emotions. Various substances may be used in this phase. Depression may be temporarily relieved by a psychostimulant – although the "down" phase when stimulant use is terminated is usually more severe in the presence of a bipolar disorder. Sometimes people drink alcohol excessively, take sedative drugs such as benzodiazepines or smoke cannabis (marijuana) in an effort to numb themselves and to avoid the worst of the depressive experience. Such so-called benefits are only temporary and the bipolar illness tends to be worsened when such substances are used in this way.

## Treatment for Bipolar Disorder

Early diagnosis and effective treatment is key to the management of bipolar disorder. A history of trauma should be elicited to see if this is a contributory factor or indeed whether the illness conforms more to a complex form of post-traumatic stress disorder. Mood stabilisers, such as lithium, valproate and some anti-psychotic drugs are central to treatment. Caution needs to be taken as regards antidepressants because they can precipitate hypomania or mania.

The treatment for accompanying substance use depends on its relationship with the bipolar illness and also, importantly, on whether it has been so repetitive and persistent that dependence (addiction) has developed. In the earlier phases of bipolar disorder with superadded substance use, the focus should be on effective management of the bipolar disorder, and substance use will generally respond to this as the hypomanic and depressive phases come under better control.

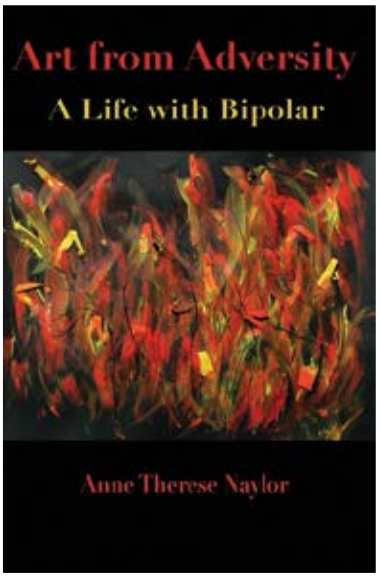
When dependence has developed, the substance disorder has to be treated in its own right so that parallel and integrated treatment of the two disorders is undertaken. Mostly, appropriate treatment for the substance dependence can be provided using the same combination of medications, therapies, and involvement with self-help fellowships that apply when substance disorders occur without any psychiatric comorbidities. Certain drugs such as naltrexone (commonly prescribed for alcohol dependence), will need to be avoided when the bipolar disorder is in a depressed phase or is unstable, because naltrexone can, uncommonly, lead to deterioration in mood.

When bipolar disorder has been stabilised, naltrexone can be introduced for concomitant alcohol dependence. Sometimes a single agent can be prescribed for both bipolar disorder and the substance disorder. For example, lithium is an effective agent for bipolar disorder, particularly suppressing hypomanic phases. It has also been shown in a controlled trial to increase the likelihood of alcohol dependant people maintaining abstinence and recovery. Because of its inherent toxicity, lithium is rarely used as a treatment for alcohol dependence by itself but when bipolar disorder exists with alcohol dependence, consideration can be given to prescribing it, with close monitoring and involvement with a mental health care team and family members.

## The Value of a Treatment Program

**The combination of bipolar disorder and a substance disorder is a challenging one, for the person affected, for family and friends, and for health professionals.** One of the advantages of a period of inpatient treatment is that the relationship between the bipolar disorder and the substance disorder can be thoroughly examined, and a conclusion drawn as to whether the substance disorder is symptomatic of the bipolar condition or has developed into a disorder in its own right. Furthermore, integrated treatment and therapy can be more effectively marshalled when the patient has a period of in-hospital treatment. One of the great rewards for mental health and substance use professionals is to see a patient who was disabled by this combination address their dual disorders, gain increased confidence in monitoring themselves and their treatment, and re-establishing themselves in productive employment and life beyond that.

# Art from Adversity by Anne Therese Naylor




*Art from Adversity* is a very personal story, told honestly and passionately. It feels very natural. It is filled with metaphor and also with gorgeous examples of the author's art – a literal and visual treat.

**This "bug's eye" view of life with bipolar is fascinating, frightening and also heartening.** Anne presents it all – the good, the bad and the ugly. Her account of the inspiration and drive that she found during her periods of mania, and how this led her to creating visual art is told with the bittersweet tinge of experience that knows of the fall that inevitably follows.

We were also struck by the real-life moments of discrimination that the author faced. How could you not cringe when reading of a teacher's response to the request to accommodate an acknowledged disability? It's a stark reminder of the stigma that persists around mental illness – and to a general ignorance in our society around what it means to have a mental illness, and how to treat people who do.

At SPP we know that about one third of Australians will experience a mental health difficulty at some stage, with the figure rising close to half when disorders related to drugs or alcohol are included. However, fewer than half of these seek help from a health service. **This highlights the issue of stigma and it being one of the biggest barriers to treatment.**

Anne makes a clear point about treatment in her book. She emphasises the importance of seeking treatment, seeking it early – and then maintaining treatment even (and especially in the case of bipolar) when you are feeling good. We wholeheartedly agree.

The book concludes with a section of very useful resources and ways to access help.

**In support of Mental Health Awareness Month - South Pacific Private invites you to join us:**

## Professional Grand Round

### My Life as a Ferrari – Understanding Bipolar Disorder

Featuring Guest Speaker Anne Naylor – Artist, Author and Advocate

*Presented by Dr. Ben Teoh, Medical Superintendent and Anne Naylor this presentation will include a clinical introduction to Bipolar Disorder as well as insights from Anne's own journey and excerpts from her book, 'Art from Adversity: A life with bipolar'.*

Anne has described herself as a Ferrari, but of course she is not. Anne is a NAATI qualified Auslan (Australian Sign Language) interpreter and works part time as an Itinerant Teacher of the Deaf. In 2005, an unexpected, intense desire to paint came to Anne at the same time as a diagnosis of bipolar disorder.

A mental health and disability advocate, Anne is a Carer Representative for Carers NSW and the 2013 NSW Carer of the Year. She is dedicated to raising awareness, challenging stereotypes and fighting the stigma of mental illness and disability. In April 2013, Anne's memoir / information guide to mental illness, 'Art from Adversity: A life with bipolar', was published.


Anne Naylor

Join us for an interactive presentation and open discussion. Refreshments provided.

**When:** Wednesday October 22nd 2014
**Where:** South Curl Curl SLSC, Carrington Parade, Curl Curl
**Time:** 8.30am - 10.30am
**RSVP:** shiggins@southpacificprivate.com.au

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# Bipolar Disorder Q & A with Anne Naylor - Author Art from Adversity

South Pacific Private recently spoke with Anne about her personal experience with bipolar disorder as well as her art, writing, advice and her thoughts regarding stigma about the disorder.

## What stay-well strategies can you advise readers on specifically as regards bipolar disorder?

I am very proactive about finding ways to stay well. Medication is fundamental to my well being, as is good psychiatric care. Psychological therapies are important too. Diet and exercise play a part and I have found vitamins and antioxidants to be extremely helpful as an adjunct to medication.

Having access to information is very important to me and I like reading about the latest research into bipolar disorder. I have also found that creative outlets provide a positive counterweight to fluctuations in my mood.

Last year I published a book called *Art From Adversity: A Life With Bipolar* and in it I wrote about my stay well strategies:

***"I do everything I can to prevent relapse. I anticipate my triggers and intervene early. I force myself to go to bed at a reasonable time as I know that sleep is crucial.***
***I exercise and eat a diet of vegetables, fruit, meat, fish and whole grains. I don't eat all the nice things in life such as chocolate, biscuits, junk food, meat pies, processed meats, pizza, chips, hamburgers, white bread, sugar or soft drink.***
***I take fish oil and vitamin supplements.***
***I don't smoke or drink and manage stress to the best of my ability.***

*Out of Your Mind, Acrylic on Canvas, 300 x 400mm*

***I do all of these things religiously. Except, of course, when I don't."***
*(Art From Adversity: A Life With Bipolar, pp.98, 99)*

## Can you tell us a little of your journey since being diagnosed as having bipolar and where has it taken you?

My journey with bipolar has taken me to places I didn't know existed. It has introduced me to people I would not otherwise have met. It has led me to an appreciation of the mundane and the magnificent. It has allowed me to experience things that others will never know. It has given me the best days of my life, and the worst. It is impossible to describe my journey in just a few words and that is why I wrote a book about it.

***"[Mental illness] can't be explained easily. It's a bit like childbirth. You read everything you can get your hands on, talk to everyone you meet, go to classes, prepare as much as you can and think you have a handle on it. But when it happens, it blows you out of the water, and you realise that you had understood very little of what it would be like to give birth, or to have a baby.***

*You're Not Alone, Acrylic on Canvas, 700 x 1000mm*

***Your whole world is irrevocably transformed, for better and for worse. The conundrum, of course, is that it's almost impossible to explain what is like to anyone who hasn't been through it themselves. Mental illness is a bit like that, except you don't get a baby at the end. Well … not unless you've been manic, and slept with someone without taking precautions …***

***There are multiple facets to mental illness. Just like childbirth and parenthood, there are many perspectives and points of view. It's not all good and it's not all bad. There are endings and beginnings, and beginnings and endings. One thing is certain, after you experience it, your life will never be the same again."*** *(Art From Adversity: A Life With Bipolar, pp.119, 120)*

## What does living successfully with bipolar mean to you?

To me, living successfully with bipolar is being able to have a relatively 'normal' life, that is, to function well in all areas: with family, at home, at work, with friends and so on. It also means having a balanced and positive sense of self. None of it is easy, but then, juggling all of these things can be hard at times for most people.

I know that I am living successfully with bipolar when I am not thinking about it too much and just getting on with life.

Living successfully with bipolar also means not being embarrassed or ashamed.

This is what I say to myself, *"It can happen to anyone and it has happened to you. Don't be ashamed of who you are, celebrate your unique sense of style. You only have one life so don't squander your talents, use them to help others where you can. Embrace your uniqueness, your essence and your individuality. Be authentic. Stop wanting everything to be perfect and celebrate your strengths."*

That's what living successfully with bipolar means to me.

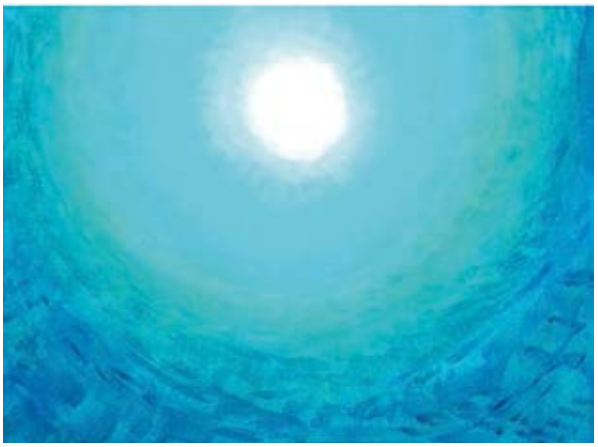
*Landscape of the Mind, Acrylic on Canvas, 700 x 1000 mm*

## You are both an advocate and an artist who works hard to raise awareness – what challenges do you see daily as regards to awareness and what do you believe the solutions are?

The biggest problem for people with mental illness is stigma. For no matter how many advances have been made in the area of mental health, and there have been many, the fact remains that mental illness is still stigmatised and stigmatising.

What is stigma? It is the sense of shame, disgrace and dishonor than emanates from those around us, but also from within. To some extent we all internalise the stereotypes we grew up with and those prevalent in society today. People with bipolar disorder are seen to be sick, abnormal, different, odd, dangerous, unstable, unreliable, unpredictable and violent.

So why would I want to talk about it? Why would I want to publish a book 'outing' myself as a person who has a mental illness? **Why should others do the same?**



*The Light - Acrylic on Canvas, 300 x 400mm*

This is why: To help people. To stand tall and proud and say this is who I am and this is what has happened to me. To say I have done nothing wrong and I will not be shamed. To raise awareness, to inform and to educate. To improve attitudes towards those of us who live with, and struggle with, and triumph over, bipolar disorder, depression or any type of mental illness. To challenge stereotypes and to fight stigma. To show that recovery is possible and to convey hope. To speak for those who do not have a voice.

It's easier said than done. Community perceptions and attitudes are changing for the better and that's great, but we still have a long, long way to go. Unfortunately, ignorance, stigma, stereotyping, discrimination and prejudice abound.

**It's scary to have a mental illness and even more scary to tell people about it, but if no one speaks out, and no one comes out, how do things ever change?**

## How can we work to break down barriers to understanding and acceptance?

I believe that education is the key to breaking down barriers to acceptance. It is important to understand that bipolar is an equal opportunity disorder. It is not the result of flawed character or personality. It occurs in all societies at the same rate regardless of class, colour, religion or culture. Mental disorders affect both men and women from different age groups. One in five Australians will experience a mental illness within a 12-month period and almost half (45%) of all Australians will experience a mental disorder at some point in their lifetime. One way to break down barriers is by educating people about these things, and this is happening, albeit very slowly.

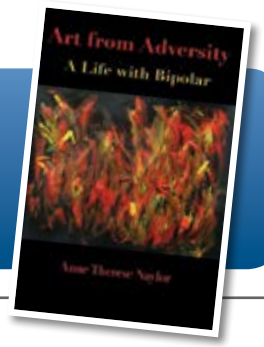
Looking into the future, I believe that research will transform the way bipolar disorder is diagnosed and treated. When a blood test is available that can give an unequivocal diagnosis of bipolar, and when treatment is better, attitudes will change.

*Oranges and Lemons, Oil on Canvas, 700 x 1000mm*

***"What is the future for people with bipolar disorder? In many ways, life for people living with mental illness now is much better than it has ever been in the past, but in other ways we are still in the dark ages. The scientific literature tells us that much progress is being made, and it is and I believe that most strongly. There are continual and exciting advances in treatments, drugs and other therapies. Regarding stigma and discrimination I am not so sure that progress is happening at the same rate. As for the future, who knows? I have high hopes."***
*(Art From Adversity: A Life With Bipolar, p.98)*

**'Art From Adversity: A Life With Bipolar'** is available from

Anne's Website: www.atnaylor.com
Blog: www.becauseofbipolar.com.au



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**We are also on Youtube. To view our latest videos go to:**

https://www.youtube.com/user/sppwebmaster

# Australian First - Survey Compares Life in Active Addiction with life in Recovery from Addiction

**The National Australian Life in Recovery survey sheds light on the impact of Recovery in the lives of people who have travelled the road from drug and alcohol dependence.**

In an Australian first, researchers and drug and alcohol treatment providers have collaborated in a ground breaking national survey. Turning Point and South Pacific Private have completed their work together to survey Australians with a history of addiction to alcohol or other drugs and who are currently living in recovery from that addiction. ***

The survey collected confidential information from a wide cross-section of Australians on their socio-demographics, physical and mental health, substance use and recovery history, and functioning across a number of domains including work, finances, legal, family and social, both while they were in "active addiction" and with their current status of "in recovery" or "recovered" from the addiction.

Dr. Ben Teoh, Medical Superintendent of South Pacific Private, recently stated that experience of recovery was an aspect of drug and alcohol dependence that is not much talked about in Australia.

*"Australia has among the highest rates of alcohol abuse in the world and, along with New Zealand; our population is one of the heaviest users of cannabis. Yet at the same time we have a significant proportion of people who have been living in recovery for many years.*

*"This survey has the potential to uncover, not only what really happens in a person's life in recovery, but also to document the improvements in their lives once they are in recovery.*

*We believe the impacts and benefits of recovery extend way beyond the individual and we are delighted that this nationwide survey is bringing recovery to the forefront of national discussion."*

The project is being led by Associate Professor David Best, Head of Research and Workforce Development at Turning Point and Professor of Criminology and Law at Sheffield Hallam University in the UK. Prof. Best was the first Chair of the Scottish Drugs Recovery Consortium established as part of the Scottish national drug strategy. Currently, he is also vice-chair of the UK Recovery Academy and chair of Recovery Academy Australia whose aims are to promote academic research into who recovers and when.

*"This is a major step forward in mapping the recovery community in Australia, both in terms of assessing who achieves and sustains recovery from alcohol and drug addiction and mapping how they get there,"* said Prof. Best.

Preliminary results show that recovery is associated with massive changes in wellbeing and functioning and massive savings to the public purse from both reduced use of acute health and criminal justice services and active contributions to society.

**The survey summary as well as the full final report will be available in summer 2014.** If you are interested in receiving the summary report please email jgrant@southpacificprivate.com.au to be placed on the mailing list.

***Recovery from alcohol and drug problems is a process of change through which an individual achieves improved health and life quality as well as community and workplace integration. Recovery from substance dependence is also characterised by sobriety & personal health.

## Research Project Partners:

Turning Point
Alcohol & Drug Centre

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# The Role of 12 Step Programs in Improved Treatment Outcomes

## The Research Speaks

By Claire Barber, General Manager, South Pacific Private

At South Pacific Private, we support the 12 Step philosophy that addiction is a disease with emotional, physical and psychosocial components, and that this disease can be arrested, but not cured, through abstinence. Wherever it is appropriate for clients, we actively encourage them to engage in 12 Step programs and we do as much as we can to facilitate their entry into this world.

### But why do we do this?

Well, at SPP we have known for a long time that this holds the key to successful recovery – and offers our client's the best chance of a healthy future. We've known this through the personal experience of the founders and owners (Bill and Lorraine Wood) and other staff, as well as though seeing the results for our clients with our own eyes. More than that though, ongoing research into the efficacy of 12 step programs provides a growing body of evidence that supports this belief.

We recently undertook to review some of the most relevant research into this area in order to confirm our commitment to these programs, and we'd like to share this with you here.

We should point out that this is not to examine the value of abstinence as a treatment goal, but rather to look at pathways to achieving this if it is the goal.

### Do 12 step programs work?

Firstly, it is worth a brief look at what the journey to recovery looks like. Research suggest that it takes an average of 8 years from the point of seeking treatment for addiction, to the being able to maintain a year of continuous abstinence. This 8 year timeframe is beset with periods of relapse, and ongoing support is required.

By their very nature, 12 step organisations are the most widely, and freely available means of support imaginable. The barriers to entry are very low, making them extremely accessible, and they welcome back people who are locked in the ongoing struggle with relapse.

The Cochrane study (2006) showed that engagement with 12 step programs is as effective as other treatments (CBT and Motivational Enhancement). The Match study also showed no difference in outcomes between 12 step / CBT / Motivational Enhancement at 1 or 3 year mark (so 12 step programs were at least as effective) – and showed that 12 step programs showed much better outcomes for continuous abstinence. Mertons (2012) supports this by showing that attending fewer 12 step meetings was associated with higher odds of relapse

The longest known cohort study followed adolescents /emerging adults for 60 years and found that for individuals with alcohol use disorder, one of the strongest predictors of abstinence was AA attendance (Vallant 2003).

The Cochrane study further suggested that individuals seeking treatment for addiction who are in 12 step programs incur on average $8,000 (US) less per year in healthcare costs than those who are not. Fascinatingly, further analysis shows that they actually incur on average $145 (US) less per year, per meeting attended! This means that, not only do 12 step programs provide the best chance of achieving long term abstinence, but that they make for much healthier individuals too.

If we accept the idea that addiction is a chronic disease, then we must manage it as such and accept that the treatment pathways are long term. 12 step programs, by nature, are best positioned to afford this ongoing, long term support.

### Why do 12 step programs work?

There are now hundreds of studies that support the common notion that participating in recovery-supportive social organisations, like AA and other mutual-help organizations, predict current and long-term remission and recovery. But these effects have now been explained.

12 step fellowships provide a supportive community. Consistently, it has been found that engagement within a peer support community is associated with a lower risk of relapse (Boisvert, Martin, Grosek, & Clarie, 2008).

Participation tends to help people find new social contacts and friends that can facilitate new sober activities which lower exposure to high risk cues and triggers and boosts individual's confidence in their ability to cope with high risk relapse contexts (Emrick, Tonigan, Montgomery, & Little, 1993; Ferri, Amato, & Davoli, 2006; Litt, Kadden, Kabela-Cormier, & Petry, 2009; Longabaugh, Wirtz, Zweben, & Stout, 1998; Walitzer, Dermen, & Barrick, 2009).

Simply put, 12 step fellowships provide people with a number of sober friends, a level of social support, and a level of spiritual support. Participation builds (or changes) social networks, builds confidence and hope, facilitates stress management, instils hope (by hearing from others) and a sense of belonging…all top reasons that people give for successful recovery

This also explains why participation in organizations such as AA and NA also help reduce depression symptoms and increase psychological and emotional well-being which boost the chances for continued recovery.

If research into this, or other areas of Recovery interests you, we recommend the Harvard Medical School – Recovery Research Institute website - Recoveryanswers.org

# **Review:** Unique International Trauma Conference, Melbourne August 2014, Australian Childhood Foundation

Steve Stokes, Program Director, South Pacific Private

## We live in an exciting time when it comes to Trauma Treatment.

This was certainly how I was feeling heading towards Melbourne in August for the Unique International Trauma Conference, and I was not the only one. The online chatter between peers reflected this excitement. The title of the conference says it all, Unique and International, and that it was.

The array of speakers gathered was inspirational. Dan Siegel, (mindsight pioneer and interpersonal neurobiologist), Dr. Allan Schore (affect regulation guru), Dr. Stephen W Porges (polyvagal theory purveyor), Pat Ogden (somatic therapy master) and Ed Tronick (neurobehavioral attachment research pioneer) whose 'Still Face' experiments in the 70's have come back with a vengeance as Neuroscience findings draw more from those exciting processes. Dan Hughes presented his trauma-focused family systems theory, and the wonderful videos show the tenderness and openness in his approach and technique, and taught us so much.

Canadian-born Cindy Gitxsan, activist for child welfare, presented information about her experience in the indigenous fields in Canada, which resounded very close to home for Australia and our treatment of this land and our Indigenous brothers and sisters. In a conference where the focus was on the right brain to right brain communication, Cindy was a wonderful example of the beauty of presence and integration.

Add in fantastic content from Kim Golding and her work with adoption and developmental trauma and the wonderful Marilyn Davillier and Judith Schore, and the international expertise is complete.

There were also many powerful local presentations. A stand-out was Brazilian-born and Mosman-based Salene Souza, who presented the MATES Program on behalf of herself and Rob Abeles. This is a system that teaches 'affect regulation' to parents and children. With Dan Siegel himself giving this the thumbs up, I am sure we will hear big things from these two exceptional therapists.

## The way that we have dealt with trauma over the last 25 years has changed dramatically.

The once passive neutral role of the therapist went through a dramatic shift when we started working actively with clients to confront past traumas with catharsis, albeit it exciting and empowering in its release, it ran the risk of overly re-traumatizing our clients, has lead us to the wonderful neuroscience driven realization that we need to "go to the body" as Peter A. Levine and Bessel Van Der Kolk have been expressing with passion, and leading the way with treatment practice.

Over the years at South Pacific Private I have been proud of the safe emotional environment we create to assist our clients in exploring the developmental trauma and abuse that they have experienced. We have given them the tools to process the pain, release it, and then move on in a way that changes not only their lives, but also their family legacy.

This wonderful conference bought together some of the cream of the international practitioners with the exceptionally dedicated and enthusiastic community of therapists. It was electric, and evidence that there is an excitement in where treatment is heading and it is wonderful to be part of that momentum.

# Industry Insight - Sex and Porn Addiction

## John Larkin, Sex Addiction Therapist, The Oak Centre

*South Pacific Private recently interviewed John Larkin, a respected sex addiction specialist concerning his views and experience as a therapist in this field and specifically, his involvement in a recent documentary, 'The Porn Ultimatum'. This documentary was to explore the effect of porn viewing, especially compulsive and addiction-driven porn viewing, on relationships.*

In particular, the producer was keen to meet with a qualified sex addiction therapist and also a middle-aged couple who have been and still are working through the issues that have arisen for both of them as a result of porn addiction. Ken and Gillian have both been clients of The Oak Centre for over 18 months and were happy to share their story with the public. The documentary explored and followed Ken and Gillian over an 8 month period.

### What is your perspective as regards the 'Porn Ultimatum's' perspective that there is an epidemic of porn addiction in Australia?

The term I used in the documentary was a "tsunami" – and a tsunami that has yet to actually break!

Since the advent of the Internet there has been an explosion in both the production and the viewing of porn. For example, an analysis of 400 million web searches from July 2009 to July 2010 by Symantec found that over 13% of all searches were for erotic content *(The 2012 XBIZ Research Report: Attitudes, Views and Trends Impacting the Adult Entertainment Industry).*

The largest study of porn use amongst tertiary students, conducted in 2009 with over 29,000 students, found that 51% of male students and 32% of female students first viewed pornography by the time they were 12 years old. In addition, it was found that 64% of male students and 18% of female students spend time online for internet sex every week *(Michael Leahy,2009, Porn University: What College Students Are Really Saying About Sex on Campus).*

**In my own practice I am seeing an exponential increase in clients who present with porn addiction symptoms** – and a wide range of negative consequences such as loss of employment, legal action, suicidal thoughts, damaged relationships and families, traumatised parents/partners and children and depression – just to name a few.

### What do you believe is the impact of porn addiction on relationships today?

Relationships can be damaged by porn viewing in a number of ways. Firstly, excessive use of porn can alter a person's arousal template – meaning that a 'normal' sexual relationship with one's partner does not have the same appeal or stimulation as it once may have had. Some have stated that porn is 'sex on steroids' - and that no partner can compete with that.

Secondly, (and related to the above point), the porn addict may lose interest in non-sexual intimacy such as touching, caressing and sharing thoughts and feelings. As my mentor Dr. Patrick Carnes expressed it, sex addicts (which includes porn addicts) have learnt to express their feelings through their genitalia.

Thirdly, the partner of a porn addict can be highly traumatised in that important "building blocks" of their relationship are damaged – or even destroyed. These "building blocks" include trust, loyalty and safety.

### How prevalent is porn addiction in Australia in your experience?

I am not aware of any Australia-specific studies on the prevalence of porn addiction (or sex addiction) but overseas research indicates the problem is significant – and is growing at an alarming rate. I am personally aware that porn viewing is a recognised problem in the United States (refer US Congressional Hearing, 2004), China, New Zealand, Indonesia and the Middle East. I am confident that wherever the internet is available, porn viewing and its associated problems will be found. At The Oak Centre we find that over 80% of our patients have porn addiction as one aspect of their problematic behaviour.

### What is your advice for therapists working through porn addiction with clients?

The treatment of sex addiction has some common elements with the treatment of other addictions – either chemical or other process addictions such as gambling and video games. This includes the setting of boundaries, processing childhood and adulthood trauma, learning emotional management skills and re-structuring dysfunctions beliefs.

However, there are also some unique aspects to the treatment of sex addiction such as the writing of a "disclosure letter" by the addict to his/her partner and the writing of an "impact statement" by the partner to his/her sex addict partner. The writing and sharing of both letters should only occur under the guidance of a qualified sex addiction therapist.

Therapists should also ensure that the partner of a porn addict receives his/her own recovery program. Often the recovery program for the partner of a porn addict can take longer and be more difficult than that of the porn addict.

Porn addicts (and sex addicts generally) usually need to learn (or re-learn) a range intimacy skills to assist in re-building the relationship. Porn addicts often display an 'intimacy disorder' – meaning they find it difficult to be vulnerable and struggle to identify and express their thoughts and/or feelings.

Some addicts may need residential treatment as part of their recovery program and I would advise therapists to refer their patients to South Pacific Private Hospital as it is the only residential program in Australia that I know of that effectively addresses a patient's underlying trauma and other developmental issues which typically underpin addiction.

### What is your advice for individuals who believe they or their partner may have a problem with porn?

Partners need to seek help for themselves as soon as possible. Partners often experience difficult emotional states such as betrayal, anger, fear, confusion, helplessness, anxiety, emotional withdrawal and depression. Partners need to learn to nurture themselves, set clear boundaries to protect themselves and avoid trying to "fix' their partner. This requires appropriate support and ongoing therapy.

### Working as a sex addiction specialist – what changes have you observed in your profession?

Our profession continues to expand and is becoming more recognised for its specialist diagnosis and treatment of sex addiction. For example, I regularly receive referrals from other mental health professionals, such as psychologists, who recognise they do not have the specific knowledge and skills required to treat sex addiction. Our profession is well supported by a growing body of research and a growing number of clinicians who specialise in the diagnosis and treatment of sex addiction.

### What are the common signs or behavioural aspects that are indicative of a sex addiction or addiction to porn?

I like Dr. Carnes' definition of addiction – *"A pathological relationship with a mood-altering experience that the person continues to engage in despite adverse consequences"*

Key indicators of the possible presence of sex addiction include the following:

- **Repeated unsuccessful attempts to reduce or stop the behaviour**
- **Continuing the behaviour inspite of adverse consequences**
- **Using sexually stimulating behaviour to medicate uncomfortable emotional states**

However, the actual diagnosis of sex addiction requires a thorough assessment and this forms part of the work that a qualified sex addiction therapist will perform.

### A recent article on porn addiction in the Sydney Morning Herald contested whether porn can become addictive – what is your experience?

Those with this view point usually do not have access to the research data that has been supporting the sex addiction model over the last 5 years. Recently, Dr Valarie Voon at Cambridge University has made a significant contribution to our understanding of sex addiction. She has published two landmark studies – one in 2013 and one in 2014 – both of which indicate that pornography addiction leads to same brain activity as alcoholism or drug abuse.

### In the recent article Sydney therapist Ash Rehn (forwardtherapy.com) stated that the addiction concept is not helpful saying, "One of my concerns is not to use a disease model when I speak to people. When people are labelled as disordered or sick it makes it very hard for them to move forward or develop a sense of control."

### What is your belief around the use of labels or diagnoses and the impact on the individual for getting well?

In working with my clients I stress that addiction is a physiological problem - specifically a brain-related condition. Studies have shown that the brain of an addict (chemical or process addiction) is structurally different to the brain of a non-addict.

I do not label my patients as "diseased" but I do inform them that their behaviour may have the effect of altering aspects of their brain structure – especially in the area of dopamine receptors. Once patients understand the cognitive, emotional and behavioural drivers of their addiction, they typically feel a sense of relief knowing that their sexually addictive behaviour is not due to them being a "flawed' or "bad" person.

### Critics often purport that porn can't be compared to 'true' addictions such as to drugs – how do you respond to this statement?

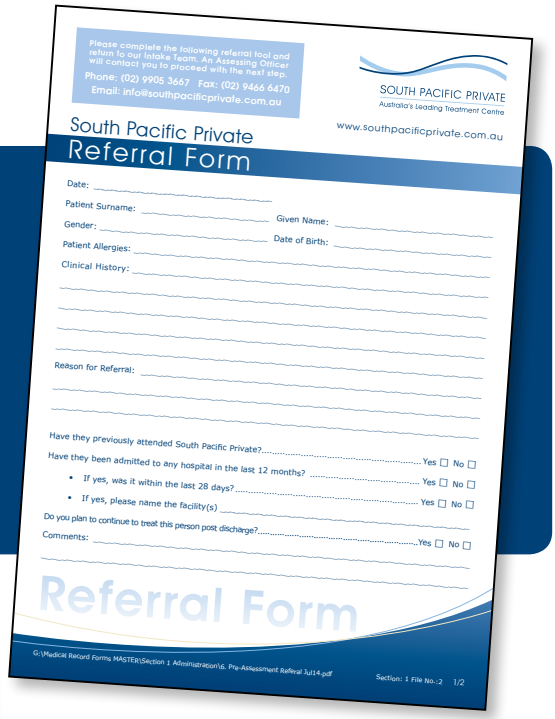
I imagine that such critics would likely accept that gambling can become an addictive behaviour as can other process based addictions. In fact, most governments now accept the concept of gambling addiction and have even funded addiction counselling services for those most at risk.

Again I would point such critics to research that supports porn (and sex generally) being viewed as a potentially addictive behaviour.

# New Improved Referral Access to South Pacific Private

South Pacific Private is delighted to announce our new rapid access referral form. This form was released a month ago and has been met with great feedback. This form is available for download directly from the homepage of our website but also from our referral section for healthcare professionals:
**www.southpacificprivate.com.au/forhealthcareprofessionals**

South Pacific Private's referrals & admissions team are contactable 7 days a week and our fast-track admissions process guarantees a comprehensive assessment by our intake team.
**If you'd like a referral form please email info@southpacificprivate.com.au.**


Please complete the following referral tool and return to our Intake Team. An Assessing Officer will contact you to proceed with the next step.
Phone: (02) 9905 3667 Fax: (02) 9466 6470
Email: info@southpacificprivate.com.au

SOUTH PACIFIC PRIVATE
Australia's Leading Treatment Centre
www.southpacificprivate.com.au

South Pacific Private
Referral Form

Date:
Patient Surname: Given Name:
Gender: Date of Birth:
Patient Allergies:
Clinical History:
Reason for Referral:
Have they previously attended South Pacific Private? Yes ☐ No ☐
Have they been admitted to any hospital in the last 12 months? Yes ☐ No ☐
- If yes, was it within the last 28 days? Yes ☐ No ☐
- If yes, please name the facility(s)

Do you plan to continue to treat this person post discharge? Yes ☐ No ☐
Comments:

Referral Form

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| Treatment Pathways | Program Names & Components |
|---|---|
| **Primary Inpatient Program**<br>Acute inpatient treatment for people with conditions resulting from:<br>• Mental illness such as Major Depression, Bipolar, Anxiety Disorders and Post Traumatic Stress Disorder<br>• Substance and/or behavioural addictions<br>• Co-occurring addictions and mental illness<br><br>Each patient's treatment plan is designed according to their individualised needs, and may include all, or parts, of the inpatient program components. | Psychiatric and Medical Intervention<br>Primary Inpatient Program<br>Intensive Group Psychotherapy<br>Drug and Alcohol Detoxification<br>**Changes 1:** a fast track psychotherapeutic program specifically addressing the underlying issues that have fuelled the development of the presenting problem.<br>**Family Program:** Structured 4-day program for patients and family members with a specialist Family Therapist. |
| **Day and Evening Programs**<br>Day and Evening Programs are specialised according to diagnosis and treatment priorities. Patients are assigned to these programs according to their individualised needs.<br><br>These programs provide acute day patient treatment for people suffering from:<br>• Mental illness such as Major Depression, Bipolar, Anxiety Disorders and Post Traumatic Stress Disorder<br>• Substance and/or behavioural addictions<br>• Co-occurring addictions and mental illness<br><br>The Day and Evening Programs are an alternative to inpatient treatment for patients who have the resources and circumstances that allow them to stay in their home and community while addressing acute issues. | **Transition Day or Evening Program:** follows on from Primary Inpatient Program when patients are well enough to return to their home environments but still need ongoing psychiatric and psychotherapeutic care.<br>**Addiction Relapse Management & Prevention Program (Relapse Prevention):** designed to address early recovery issues and support patients through the first 3 months of recovery from addictions.<br>**Mood Disorders Program (Mastering Moods):** a therapeutic group program that explores and treats the causes and triggers of depression and anxiety, and supports development of coping skills to enable patients to master their moods.<br>**Integrated DBT Program (Life Skills):** focuses on supporting people develop life skills that they may not have had the opportunity to learn in their family environment when growing up.<br>**Post Traumatic Stress Disorder Program:** PTSD treatment program designed to provide comprehensive clinical care, psychiatric review, psychological assessments and a psychotherapeutic program utilizing evidence-based clinical practice and internationally recognised treatments to address the problematic symptoms of PTSD.<br>**Changes 2:** a treatment booster psychotherapeutic program specifically addressing and treating causes of relapse and crises in recovery.<br>**Primary Day or Evening Program:** day/evening version of our Primary Inpatient Program. |
| **Self-funded Programs**<br>These psycho-educational programs are designed to:<br>• Provide information and support for families impacted by addictions and mental illness<br>• Provide ongoing resources for patients after treatment. | **Family Education & Support Program** (FE&S): an informal 4-week program designed to support family and friends of people struggling with addictions or mental illness.<br>**Alumni Workshops:** SPP regularly presents affordable workshops for past patients on topics designed to support and encourage recovery from addictions and mental illness. |

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SOUTH PACIFIC PRIVATE
Australia's Leading Treatment Centre

# South Pacific Private Program Pathways

**South Pacific Private offers a range of treatment programs and pathways tailored to meet the individual needs of clients. People come to us with a range of issues including mood disorders such as depression and anxiety, and addiction issues such as substance abuse or gambling.**

Our specialised programs are designed to address these issues in a holistic and comprehensive way by providing assessment, collaborative treatment planning and a structured treatment journey, including multidisciplinary review and aftercare support.

This image includes all of our treatment pathways to support your patient in their treatment and care.