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THE PROBLEM OF BEHAVIOURAL ADDICTIONS
IN THE WORK OF A SOCIAL WORKER
THE ESSENCE OF ADDICTIONS
AND SELECTED WORKING METHODS

A b s t r a c t. The term “behavioural addictions” has been taken over to define a form of disorders which are not connected with taking psychoactive substances, but with the need to perform and repeat certain activities.

Behavioural addictions – which are included in the category of the so-called aesthetic addictions – have not been included in the classification of mental diseases and disorders so far (DSM, ICD). Nevertheless, based on the currently existing research and scientific contributions regarding this phenomenon it is justified to refer to this category of behaviours as addictions.

This article responds to the increasing need of providing the elementary knowledge with its application value to the staff of social assistance units as well institutions and organisations dealing with social assistance and work who more and more often meet and will be meeting people in their work who show disorders in this area of behaviours.

The document contains the information about stages of work with a behaviourally addicted person and also indicates working methods most frequently recommended in support actions dedicated to that group of customers.

Key words: behavioural addictions; social work.

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INTRODUCTION

Technological and IT development at the turn of the 20th and 21st century makes people live in a constantly rushing world. Liquid modernity has become the source of a number of goods which are consumed by the human being, and at the same time created a world of multi-dimensional risk. This risk results e.g. from consumed substances, preferred behaviours or participation in dangerous situations.

What is characteristic for the last two decades is also emergence of new disorders such as: addictive use of new digital technologies, gambling, workaholism, sexoholism or eating disorders. In the relevant literature, these are referred to as addictions or behavioural addictions.¹ It is indicated that they are closely related to development of other risks and disorders. Research shows that in 3/4 of the cases, pathological gambling is a secondary thing, and coexistence of the risk of pathological gambling is connected with personality disorders, manic episodes, disorders related to the use of psychoactive substances, depression, anxiety disorders and social phobia.² Such a state of affairs leads to a conclusion that in performing their tasks a social worker cannot ignore the issue in question in analysing the problem of their clients and their families. Very often, the source of a crisis in a family are addictions, both to substances and activities. Years of experience and diagnosing drug and alcohol problems make social workers efficient in diagnosing and intervening in the case of traditional addictions. However, in the situation of diagnosing the needs and identifying the problems of an individual or families in the social assistance system, they pay less attention to addiction

¹ Anna DODZIUK, Leszek KAPLER, *Nałogowy człowiek [Addicted human]*, (Warszawa: Wydawnictwo Toret” Sp. z o.o. 1999); *Uzależnienia behawioralne [Behavioural addictions]*, ed. Mariusz Zdzisław Jędrzejko, Bronisław Paweł Rosik, Mirosław Kowalski, (Pułtusk–Warszawa: Wydawnictwo Akademii Humanistycznej w Pułtusku, Oficyna Wydawnicza ASPRA-JR, 2015); Jolanta JARCZYŃSKA, *Teoria, diagnoza, profilaktyka i terapia [Theory, diagnosis, prevention and treatment]*, (Bydgoszcz: Wydawnictwo Uniwersytetu Kazimierza Wielkiego, 2014).

² Joseph POTENZA, David FIELLIN, Garry HENINGER, Bradley ROUNSAVILLE, Carolyn MAZURE, “Gambling. An Addictive Behavior with Health and Primary Care Implementations”, *Journal of General Internal Medicine* 17(2002), 9: 721-732; Namrata RAYLU, Tian Po OEI, “Pathological gambling. A comprehensive review”, *Clinical Psychology Review* 22(2002), 7: 1009-1061; Jon GRANT, Sung WAN KIM, “Effectiveness of pharmacotherapy for pathological gambling: a chart review,” *Annals of Clinical Psychiatry* 14(2002), 3: 155-161; David WALKER, *Challenges that Confront Researchers on Estimating the Social Costs of Gambling*. Report American Gaming Association, 2008, January 3.

to activities. This is important since proper diagnosis allows for selecting adequate ways and methods of help.

This text is for illustration only as an attempt at a brief presentation of assumptions and working methods used by a social worker in the work with behaviourally addicted persons.

Methods of social work with behaviourally addicted people and their families are characterized in this article. The authors present the role of a social worker in the correct diagnosis of the situation of a family including an addicted member. The specificity of the social work with behaviourally addicted people falls between two approaches: social welfare and therapeutic care; this is why the cooperation between the social worker and addiction treatment institutions seems to be so important in this case.

1. THE ESSENCE OF BEHAVIOURAL ADDICTIONS

Behavioural addictions, also known as addictions to activities or new addictions, are defined as “any currently existing non-substance related addictions which involve socially accepted behaviours or activities.”³ These are included among “(most often mentally but also physically) harmful compulsive behaviours based on a compulsion to engage in a given behaviour irrespective of the awareness and severity of the harm caused.”⁴

Among basic criteria which describe behavioural addictions the following are mentioned:

1. Preoccupation, in other words dominance of a given behaviour in a person's life and treating it as the most important activity.
2. Mood modification, which is a consequence of engaging in a particular behaviour and can be seen as a strategy of coping with problems or a negative mood by excitement or feeling of escape.
3. Tolerance, which is related to the increasing need for a given behaviour in order to achieve desired satisfaction. A measure for the increasing need may be extending the time spent on a given activity, increased frequency of behaviour occurrence and increased intensity of activities.

³ Cesare GUERRESCHI, *Nowe uzależnienia [New addictions]*, (Kraków: Wydawnictwo Salwator, 2006), 23-24.

⁴ Mariusz Zdzisław JĘDRZEJKO, Mirosław KOWALSKI, Bronisław Paweł ROSIK, *Wiek uzależnień, czyli cywilizacja wielowymiarowego ryzyka [Era of addictions, that is a civilisation of multidimensional risk]*, in: *Uzależnienia behawioralne [Behavioural addictions]*, 10.

4. Withdrawal symptoms, in other words abstinence symptoms, which mean unpleasant feeling states (e.g. irritability or moodiness) and/or physical symptoms (e.g. shaking) when a particular activity has not occurred or its performance has been hindered.

5. Conflict, identified as interpersonal conflicts (between an addict and their family or friends), intrapersonal (intra-psychic) between the desire not to give in to the tensions caused by addiction to the activity and the psychological need to engage in the activity, and between an addict and their other activities in life, such as work, school or other interests.

Relapse, that is the tendency to revert to earlier patterns of the same behaviour after a period of total or partial abstinence.⁵

Although frequently used by researchers, the term “behavioural addictions” does not exist in the International Classification of Diseases, Injuries and Causes of Death (ICD-10). On the other hand, the Classification of Mental Disorders of the American Psychiatric Association (DSM-V) offers a category of “substance use and addictive disorders” and a subcategory of “other disorders” which can be interpreted as corresponding to behavioural disorders. At the same time it should be pointed out that the only formally included behavioural addiction is gambling disorder. In the social and psychological discourse, the following examples of behavioural addictions appear: technological addictions (TV, Internet, computer games, mobile phone), shopoholism, sexoholism, pathological eating disorders, addiction to taking loans, tanorexia, bigorexia, workaholism or addiction to information.⁶

Relevant literature also points to the analogy between addictions to substances and addictions to activities. It is pointed out that at the biological level the same neurotransmitters are involved in the two types of addictions. In both cases we deal with neurobiopsychosocial diseases, and the same therapeutic strategies are used to treat the addicts.⁷ Scientists are still looking for the so-called “hard” physiological evidence which may justify either inclusion or exclusion of a given phenomenon into the group of addictions. J.E. Grant presents the approximate

⁵ Mark GRIFFITHS, “A «Components» Model of Addiction within a Biopsychosocial Framework”, *Journal of Substance Use* 2005, 10: 191-197.

⁶ Anna DODZIUK, Leszek KAPLER, *Nałogowy człowiek [Addicted human]*, 12.

⁷ Jolanta JARCZYŃSKA, Aleksandra ORZECZOWSKA, “Siecioholizm i fonoholizm zagrożeniem współczesnej młodzieży” [*Netoholism and phonoholism as a threat for contemporary youth*], in: *Uzależnienia behawioralne i zachowania problemowe młodzieży. Teoria, diagnoza, profilaktyka i terapia [Behavioural addictions and problematic behaviours of the youth. Theory, diagnosis, prevention and treatment]*, ed. Jolanta Jarczyńska (Bydgoszcz: Wydawnictwo Uniwersytetu Kazimierza Wielkiego, 2014), 122-123.

probability of occurrence of behavioural addictions together with addictions to psychoactive substances. The greatest probability exists in the case of compulsive sexual disorders (64%), pathological gambling (35%-63%) and kleptomania (23%-50%).⁸ In turn, among differences between addictions to substances and addictions to activities the following are mentioned:

1. Nature of the agent which is the subject of addiction (in the case of a substance addiction it is a substance taken from the outside of an organism; in the case of behavioural addictions it is a behaviour, which is usually socially accepted).

2. Assumptions with regard to the type and course of abstinence (in the case of substance addictions we speak of absolute abstinence and in the case of addictive activities of the changed form of their performance from pathological and distorted to adaptive).

3. Detoxication (in the case of substance addictions the first stage of working with an addict is to detoxicate the organism, and in the case of behavioural addictions there is no such stage. An exception may be the situation when specific substances are taken to perform a specific activity, like e.g. steroids or bigorectic substances).

4. Health effects (in the case of substance addictions permanent disability or death are observed more often than in the case of behavioural addictions).

5. Risk of overdosing (in the case of substance addictions the risk of death or significant impairment of functioning is high, while in the case of behavioural addictions such a risk is defined as almost none).

6. Cognitive disorders, which are observed in both groups of addictions analysed (they are different due to the toxic effect or lack of it of the substance and its type). In behavioural addictions they are connected with e.g. selective memory with regard to certain situations).

7. Social perception of the phenomenon (substance addictions are treated as diseases or disorders which need treatment and behavioural ones as hardly threatening and hardly hazardous).

Approach to the concept of addiction (addiction to a substance is much more often treated as a disease which is treated, and behavioural addictions are described as a continuum of intensity of a given behaviour, which in the end assumes the adaptive form.⁹

⁸ Jon GRANT, Marc POTENZA, Alan WEINSTEIN, Daniel GORELICK, "Introduction to Behavioral Addictions," *The American Journal of Drug and Alcohol Abuse* 36(2010), 5: 241.

⁹ Maria ROWICKA, *Uzależnienia behawioralne. Profilaktyka i terapia [Behavioural addictions. Prevention and therapy]*, (Warszawa: Fundacja Praesterno, 2015), 8-11.

The scale of occurrence of individual behavioural addictions is difficult to define, mostly due to the fact that academics make use of various screening and diagnostic tools for the behaviours in question. Based on the surveys of the Public Opinion Research Centre (CBOS)¹⁰ performed in 2014, the greatest percentage of Poles demonstrate symptoms of addiction to work (19.1% of respondents over 15 are addicted to work, and 36.2% are at risk). In turn, 5.3% of Poles show symptoms of addiction to gambling, out of which 0.7% are at a high risk of addiction to gambling. In addition, the tendency to compulsive shopping is demonstrated by 4.1% of the Polish population. 0.08% of the surveyed population is addicted to the Internet (0.12% for the network users), and the risk of this addiction refers to 1.2% of respondents (1.8% among Internet users). Addiction to mobile phones has also been surveyed among Poles. From surveys performed by B. Pawłowska and E. Potembska¹¹ it turns out that among Poles aged 13-24 2.9% of respondents are addicted, and 35.3% are at risk.

Just like substance addictions, behavioural addictions are inherently connected with social, legal, financial, family and individual problems. People who are addicted to certain activities commit offences or delicts in order to finance the subject of addiction or to overcome its negative consequences. These may include thefts, fraud, failure to pay taxes, alimony or even misappropriation of the assets of an addict's employer.¹² In addition, we need to be aware of the social costs of such addictions which are related to e.g. additional costs of healthcare or social care.¹³

¹⁰ *Oszacowanie rozpowszechnienia wybranych uzależnień behawioralnych oraz analiza korelacji pomiędzy występowaniem uzależnień behawioralnych a używaniem substancji psychoaktywnych* [Estimating prevalence of selected behavioural addictions and analysis of correlation between occurrence of behavioural addictions and using psychoactive substances] (Warszawa: CBOS), 2015), 9-13.

¹¹ Beata PAWŁOWSKA, Emilia POTEŃBSKA, "Objawy zagrożenia i uzależnienia od telefonu komórkowego mierzonego Kwestionariuszem do Badania Uzależnienia od Telefonu Komórkowego, autorstwa Potembskiej i Pawłowskiej u młodzieży polskiej w wieku od 13 do 24 lat" [Symptoms of risk of and addiction to a mobile phone measured with the use of the Mobile Phone Addiction Assessment Questionnaire by Potembska and Pawłowska in the Polish youth between 13 and 24], *Current Problems of Psychiatry* 12(2011), 4: 443-446.

¹² David LEDGERWOOD, Jeremiah WEINSTOCK, Benjami MORASCO, Noemi PETRY, "Clinical features and treatment prognosis of pathological gamblers with and without recent gambling-related illegal behaviour," *The Journal of the American Academy of Psychiatry and the Law* 35(2007), 3: 294-301.

¹³ Zofia MIELECKA-KUBIEŃ, "Szacowanie społecznych kosztów hazardu problemowego i patologicznego" [Estimating social costs of problematic and pathological gambling], *Serwis*

In the work of a social worker, behavioural addictions are observed on a relatively frequent basis and thus, taking account of the duties of social workers, it has been assumed that they may deal with technological addictions most frequently,¹⁴ including addictive use of the Internet. That is why attention was given to description of the behavioural addiction mentioned above.

2. STAGES OF PROCEDURE IN SOCIAL WORK WITH A BEHAVIOURALLY ADDICTED PERSON

The scope of methodological procedure in the work with a behaviourally addicted person consists of five stages. The characteristics of each of them can be found below.

Diagnosis. Early detection of an addiction. Collecting the information about losses caused by the addiction. Professional consultations regarding behavioural addictions.

Motivating the addict to start therapy. Social work focused on an effective intervention making it possible to stop the destruction and initiate the healing process for the addicted person as a part of the social contract. Professional motivating of addicted persons during consultations. Professional motivating of addicted persons.

Addiction therapy. Social work focusing on the support for the actions of the addicted person and his/her family as a part of the social contract. Professional therapy conducted by professional therapists.

Social and professional activation of the addicted person. Social work focusing on the support for the actions of the addicted person and his/her family as a part of the social contract. Professional mobilization of the addicted person conducted by a professional advisor.

Informacyjny Narkomania 2014, 3(67): 33-41.

¹⁴ Mark Griffiths has introduced the term of technological addictions and defines them as behavioural addictions that involve human-machine interaction and at the same time lack any physical intoxication. He makes a distinction between two groups of addictions, namely passive ones the example of which may be addiction to television, and active ones as in the case of addictive use of the Internet (Mark GRIFFITHS, "Technological addictions", *Clinical Psychology Forum* 1995, 76: 14-15).

Customer's transition to independence. Social work focusing on the support for the actions of the addicted person and his/her family as a part of the social contract or an individual program for the recovery from addiction.

Selected working methods supporting the social worker in the work with a social welfare client with a behavioural addiction are presented below.

3. SELECTED METHODS OF WORK OF A SOCIAL WORKER WITH A CLIENT WITH A BEHAVIOURAL ADDICTION

In performing their work, a social worker may more and more often deal with the problem of behavioural addictions apart from traditional ones. When working with such clients, they can use a whole array of methods which they apply to individuals and families dealing with addictions to substances. Among these the following can be mentioned:

1. Social contract.
2. Brief intervention.
3. Solution-focused social work (SFSW).
4. Social mediation.
5. Conference of a family group.
6. Motivational interviewing.

Social contract is an agreement between at least two parties concluded for a specific purpose and accepted by all its members.¹⁵ In the case of an addict, a social worker may conclude such a contract in two ways. On their own initiative, when they see the need to intervene or are obliged to act in this way and on the beneficiary's initiative. It is assumed that such a contract may be concluded with an addict in the course of treatment or therapy, or with an abstainer¹⁶. In the case of people addicted to activities, a social contract may refer to taking up a suitable treatment. This method is recommended when a client is ready to take steps, i.e. to take up treatment or

¹⁵ The Social Assistance Act defines a social contract as a "written agreement concluded with the person seeking help, which defines the rights and duties of the parties to the contract within the steps which are taken together in order to overcome a difficult situation in the life of a person or a family". Art. 6, item 6 of the Social Assistance Act of 12 March 2004 (*Journal of Laws* 2004, 64, item 593, as amended).

¹⁶ Jarosław BOCHENEK, "Kontrakt socjalny jako narzędzie pracy z uzależnionym" [Social contract as a tool in work with addicts], in: *Praca socjalna z osobą uzależnioną i jej rodziną. Wybrane problemy* [Social work with an addict and their family. Selected problems], ed. Katarzyna Maria Wasilewska-Ostrowska (Warszawa: Wydawnictwo Difin SA, 2014), 261-270.

therapy, and when they can and want to resume social roles free from addictions. The contract may be signed with both, the addict and with members of their family.¹⁷

Brief intervention is a method developed with the view to working with an alcohol addict, however it can also be successfully used in the context of behavioural addictions. It is about presenting the reality through specific facts or events from the life of an addict related to their addiction in such a way that an addict is able to accept them. The technique is to motivate a beneficiary to start treatment. It consists of one or several meetings, quick and short sessions held by a specialist in the field, which confront an addict's behaviours with the harm such behaviours cause.¹⁸ The role of the specialist is to exert substantial pressure to change the addict's situation by providing feedback, within the anticipated effects of continued living with the addiction.¹⁹ This method is worth using in the case of behavioural addictions because it teaches an addict responsibility for their behaviour and shows how this addiction affects others, in particular the life of family members. This is an essential aspect of influence since in the case of behavioural addictions an abusive behaviour is tolerated by the family and friends for a long time, and in some cases it is even reinforced.²⁰

Solution-focused social work is a method which is used more and more often by social workers in their work with addicts. According to its assumptions, an addict acts in a habitual way following a specific pattern, and the habit itself is in a way automatic, which occurs as a result of satisfying specific needs. That is why, when using this method a social worker together with the client seeks for other ways of satisfying the needs which so far have

¹⁷ Taking into account specificity of an addict's family we need to remember about the possibility of existence of codependency mechanisms within this family, which may have a negative impact on the arrangements included in the contract.

¹⁸ Bohdan Tadeusz WORONOWICZ, *Uzależnienia. Geneza, terapia, powrót do zdrowia* [Addictions. Origin, therapy, recovery], (Poznań: Wydawnictwo Parpamedia, 2009), 163-164.

¹⁹ Katarzyna Maria WASILEWSKA-OSTROWSKA, *Uzależnienia behawioralne – wybrane metody pracy asystentów rodziny* [Behavioural addictions – selected methods of work of family assistants], in: *Uzależnienia behawioralne* [Behavioural addictions], 286-288.

²⁰ Anna M. KOLA, "Krótka interwencja jako jedna z metod pomocy osobom uzależnionym od alkoholu. Wskazówki dla pracowników socjalnych" [Brief intervention as one of the methods of helping individuals addicted to alcohol. Guidelines for social workers], in: *Praca socjalna z osobą uzależnioną i jej rodziną. Wybrane problemy*, [Social work with an addict and their family. Selected problems], ed. Katarzyna Maria Wasilewska-Ostrowska (Warszawa: Wydawnictwo Difin SA, 2014), 248-260.

been fulfilled with addictive behaviours.²¹ This method employs elements which strengthen an individual's positive sides and achievements, like e.g. compliments, reformulating problems and at the same time bringing to light their positive aspects, using the client's language, assuming the attitude of ignorance, scaling problems, resources and the clients' faith in success.²² In addition, while using this method we can identify these 'exceptional' behaviours of a client which show that there are situations when they are able to cope with their addiction. This, in turn, allows for repeating and consolidating them.

Mediation used in social work is a way of solving conflicts which arise between parties. This is not a dispute resolution, but it leads to an agreement based on which a social worker is able to build further actions. The method has specific rules and structure.²³ Social mediation seems to be an effective method of working with a client and their family, especially when the problem of behavioural addictions has not been diagnosed yet, and conflicts recognised in the family are the result of the effects of an addiction.²⁴

Conference of a family group means "activities undertaken by a family and supported by the conference coordinator which are to lead to a meeting of the greatest possible number of the family members in order to make an

²¹ Izabela KRASIEJKO, "Praca socjalna w ujęciu Podejścia Skoncentrowanego na Rozwiązaniach z osobą nadużywającą alkohol i jej rodziną" [Motivational interviewing in social work with a person abusing alcohol], in: *Praca socjalna z osobą uzależnioną i jej rodziną. Wybrane problemy* [Social work with an addict and their family], ed. Katarzyna Maria Wasilewska-Ostrowska (Warszawa: Wydawnictwo Difin SA, 2014), 196-197.

²² Izabela KRASIEJKO, *Metodyka działania asystenta rodziny. Podejście Skoncentrowane na Rozwiązaniach w pracy socjalnej* [Operational methodology of a family assistant. Solution-Focused Approach in social work] (Katowice: Wydawnictwo Śląsk, 2010), 193-215.

²³ When using social mediation we should not forget about observing the following principles: principle of freedom of choice to start mediation, impartiality and neutrality of the mediator, and the principle of confidentiality of the course of mediation. Each social mediation takes place according to the following stages: a/ establishing contact with the parties, b/ selecting mediation strategy, c/ collecting and analysing information, d/ developing a detailed mediation plan, e/ building trust and cooperation, f/ starting session, g/ defining issues and establishing a plan, h/ revealing concealed interests of the parties, i/ generating options, j/ evaluating possible solutions, k/ final bargaining, l/ reaching a formal agreement [I. PODOBAS, *Mediacje i negocjacje w pracy socjalnej* (Warszawa: Wydawnictwo Centrum Rozwoju Zasobów Ludzkich, 2014), 79, 85-86].

²⁴ Katarzyna Maria WASILEWSKA-OSTROWSKA, "Uzależnienia behawioralne – wybrane metody pracy asystentów rodziny" [Behavioural addictions – selected methods of work of family assistants], in: *Uzależnienia behawioralne*, [Behavioural addictions], 293.

attempt and solve the problem which has emerged.”²⁵ It seeks to gather the greatest possible number of the family members in order to find the best solution for the client’s problem. It is a valuable method even for the fact that it expands the spectrum of help and its sources to the area of family support, which is sometimes omitted in social work. When working with this method, difficult issues in the family are directly addressed and articulated in the presence of all family members. So, all gathered family members find out about the problem at the same time. When using this method, we need to follow its structure. In its traditional form it comprises 4 stages, i.e. registration of a family for a conference, preparation of a family meeting, holding the meeting and implementing the plan developed during the meeting.²⁶

Motivational interviewing is a method of work based on cooperation with the client by arousing and consolidating motivation needed to elicit behaviour change.²⁷ It allows for individual work and engaging the client in the process of change. Its central element is the model of help based on seeking positive and negative sides of change. The method consists of two stages, i.e. building motivation to change and consolidating commitment to change. It can be used as preparation for further stages of addiction treatment. It offers quick and long-lasting effects. It utilises the techniques of reflecting, open-ended questions, appreciation and summary statements.²⁸ A social worker may use this method to build motivation to change, accompany in the client’s commitment to change or finally as a style of communication with the client in problematic situations. Research shows that this method is particularly

²⁵ Jarosław PRZEPERSKI, “Konferencja Grupy Rodzinnej jako przykład pomocy dziecku i rodzinie w przezwyciężeniu trudności” [Conference of a family group as an example of helping a child and the family in overcoming difficulties], in: *Współczesne kierunki zmian w teorii i praktyce resocjalizacyjnej* [Contemporary directions of changes in rehabilitation theory and practice], ed. Marek Konopczyński, Wiesław Ambrozik (Warszawa, 2009), 166.

²⁶ Jarosław PRZEPERSKI, “Konferencja Grupy Rodzinnej jako przykład pomocy dziecku i rodzinie w przezwyciężeniu trudności” [Conference of a family group as an example of helping a child and the family in overcoming difficulties], 166.

²⁷ Stephen ANDREW, “Dialog motywujący w terapii uzależnień behawioralnych” [Motivational interviewing in treating behavioural addictions], in: *Dialog motywujący. Praca z osobami uzależnionymi behawioralnie* [Motivational interviewing. Working with behaviourally addicted individuals], ed. Jadwiga Jaraczewska, Małgorzata Adamczyk-Zientara (Warszawa: Wydawnictwo ENETEIA, 2015), 73-74.

²⁸ Izabela KRASIEJKO, “Dialog motywujący w pracy socjalnej z osobą używającą alkohol ponad normę” [Motivational interviewing in social work with a person abusing alcohol], in: *Praca socjalna z osobą uzależnioną i jej rodziną. Wybrane problemy* [Social work with an addict and their family], 239-241.

promising when working with clients addicted to gambling, with hypersexual disorders and shopoholism.²⁹

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As representatives of a profession which is particularly oriented to multi-dimensional support and help to people, social workers more and more often deal with behavioural addictions in their work. In addition, their scope and effects more and more often refer to social assistance clients and become problems which need to be identified in the first place and solved at a later stage of social activity. Help and support for a family where behavioural addictions occur becomes indispensable, just as work with a family with an alcohol problem. That is why it seems vital to provide social workers with the basic knowledge of the subject matter, which will enable them to provide help in an effective way. It is significant since traditional addictions are defined as diseases which need treatment and addictions to activities, apart from gambling, have not yet been expressly confirmed in classifications such as DSM-V or ISD-10. In addition, the discussion about addictive lifestyles of contemporary people makes a number of symptoms and their harmful effect on people's health trivialised, and this might translate into either including or not including the aspects discussed in the social work.

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²⁹ Jadwiga JARACZEWSKA, Małgorzata ADAMCZYK-ZIENTARA, Jarosław BANASZAK, "Zastosowanie dialogu motywacyjnego w terapii uzależnień behawioralnych" [Netoholism and phonoholism as a threat for contemporary youth], in: *Dialog motywujący. Praca z osobami uzależnionymi behawioralnie* [Behavioural addictions and problematic behaviours of the youth. Theory, diagnosis, prevention and treatment], 126.

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PROBLEM UZALEŻNIEŃ BEHAWIORALNYCH
W PRACY PRACOWNIKA SOCJALNEGO
ISTOTA UZALEŻNIEŃ ORAZ WYBRANE METODY PRACY

S t r e s z c z e n i e

Termin „uzależnienia behawioralne” został zaanektowany dla określenia tej formy zaburzeń, które nie pozostają w związku z przyjmowaniem substancji psychoaktywnych, a łączą się z koniecznością wykonywania, powtarzalności pewnych czynności.

Uzależnienia behawioralne – zaliczane do kategorii tzw. uzależnień estetycznych – nie zostały dotychczas ujęte w klasyfikacjach chorób i zaburzeń psychicznych (DSM, ICD). Niemniej jednak, na podstawie dotychczasowych badań i doniesień naukowych dotyczących tego zjawiska, uzasadnione jest nazywanie tej kategorii zachowań uzależnieniem.

Niniejszy artykuł stanowi odpowiedź na rosnącą potrzebę zapewnienia elementarnej wiedzy, wraz z jej wartością aplikacyjną, pracownikom jednostek pomocy społecznej oraz instytucji i organizacji zajmujących się pomocą i pracą socjalną, którzy coraz częściej spotykają i będą spotykali w swojej praktyce zawodowej osoby wykazujące zaburzenia w tym obszarze zachowań.

Słowa kluczowe: uzależnienia behawioralne; praca socjalna.