Addictions Not Related to the Use and Abuse of Substances and Some Assessment Tools in the Clinical-Forensic Field

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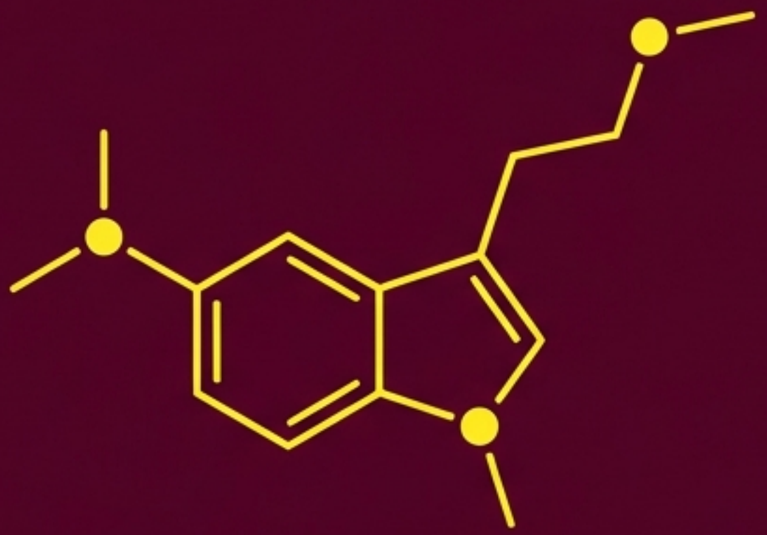
The Paradigm Shift: From SERT to SERD



The Past (SERT)

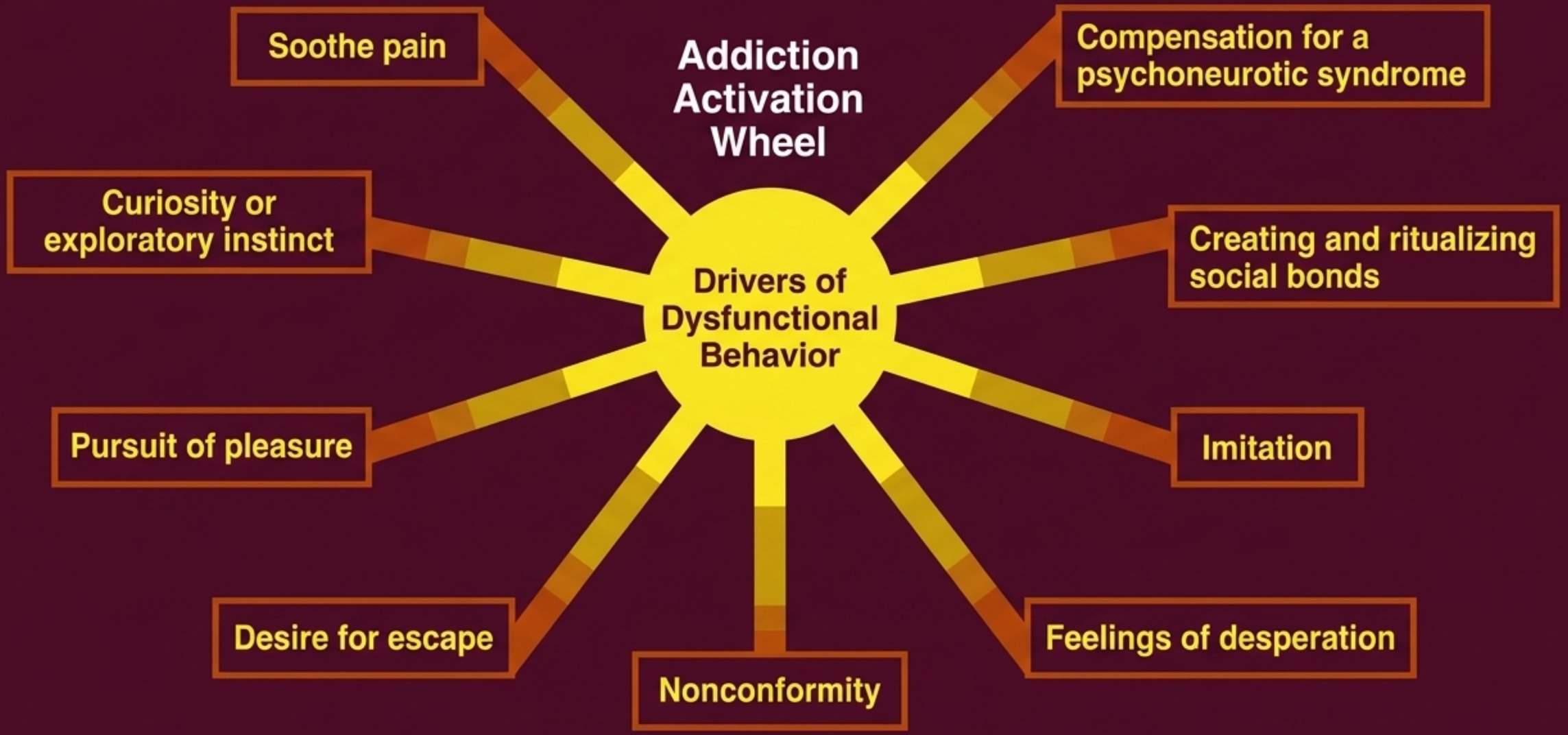
Drug Addiction. Historically defined by physical and chemical dependence on a specific substance.

The Present (SERD)

Dependence Tout Court. A maladaptive psychic condition where dysfunctional behavior alone triggers endorphinic gratification.

The Mechanism: Both pathways hijack the limbic area—the brain's ancient centers of gratification and punishment—creating an absolute need to re-experience inebriating psychophysical effects, even fictitiously, without chemical ingestion.

The Anatomy of a Craving



The Modern Spectrum of Behavioral Addictions

Note: While Gambling, IGD, and Eating Disorders are officially recognized (DSM-5/ICD-11), a vast spectrum remains outside official classifications.

Technological	Lifestyle & Consumption	Interpersonal
- Generalised Internet Addiction (GIA) - Internet Gaming Disorder (IGD) - Cybersex - Role-Playing Games (MUDs/MMORPGs)	- Buying-Shopping Disorder (BSD) - Exercise/Workout Addiction - Workaholism (Obsessive-Compulsive Syndrome)	- Emotional Dependence / Love Addiction (continuous search for sentimental experiences, often rooted in attachment deficits and mirroring substance euphoria/withdrawal)

The Diagnostic Toolkit

Disorder Category	Psychometric Instruments	Diagnostic Focus
Internet / Tech	IAT (Young's 20-item test), UADI, IADQ	Preoccupation, loss of control, emotional regulation via the web.
Cybersex / Pornography	CYPAT, SAST, Compulsive Pornography Consumption (CPC)	Measuring general hypersexuality vs. specific internet pornography compulsion.
Personality & Dependence	SWAP-200, Millon & Davis Subtype Index	Establishing static and dynamic diagnoses linking clinical reality to psychodynamic formulation.

Forensic Reality: The Cascade of Dual Diagnosis

1. Exposure: Subject C.A. (36, Janitor). Initial workplace exposure to drug dealers.

2. Primary Addiction: Development of severe Cocaine Addiction, compromising family economic survival.

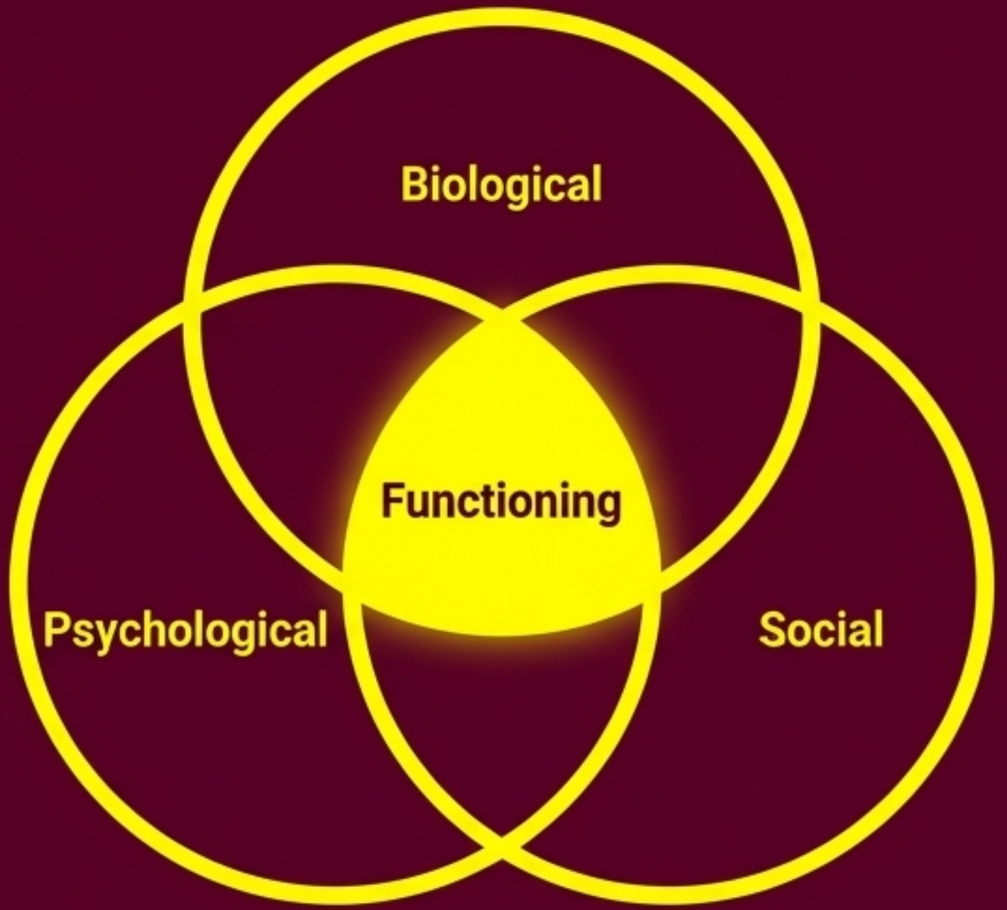
3. Secondary Behavioral Addiction: Drive for income triggers Compulsive Gambling Addiction (bingo halls) and small-time dealing.

4. Psychopathology Emerges: Compounding addictions unveil a pervasive, severe Personality Disorder.

5. Systemic Collapse: Escalation to intra-family violence against wife and mother.

Outcome (The Forensic Finding): Psychiatric assessment determines greatly diminished responsibility (semi-insane). Sentence: 3 years house arrest monitored by SERD operators.

Redefining Disability: The Bio-Psycho-Social Model



Concept: Introducing the WHO's ICF (International Classification of Functioning, Disability and Health).

The Shift: Moving away from etiological causality (what caused the disease) toward equality of components (how the person interacts with their environment).

The Insight: Disability is not just a symptom; it is a limitation of activity restricted by environmental barriers. Positive environmental factors can promote social inclusion despite unfavorable health conditions.

The Multidimensional Rehabilitation Matrix

Intrapersonal

Awareness of daily difficulties, dysfunctional responses, and levels of dependence.
Managing guilt and shame.

Global Functioning

Performance in specific roles (spouse, worker, tenant, student).

Housing & Environmental

Domestic skills, self-management of money, personal care, and time planning.

Work

Grasping instructions, taking initiative, accepting criticism, controlling frustration.

Educational

Navigating campus environments, academic planning, social initiatives.

Social Support

Utilizing instrumental supports (food, housing) and natural supports (peers, family) without retreating into protective/punitive isolation.

The Engine of Psychosocial Treatment

Motivate

Create an environment characterized by a positive relationship. Elicit personally set goals. Foster hope and self-efficacy.

Teach

Transfer cognitive, emotional, and social skills. Inform the patient to recognize early symptoms and normalize physiological ups and downs.

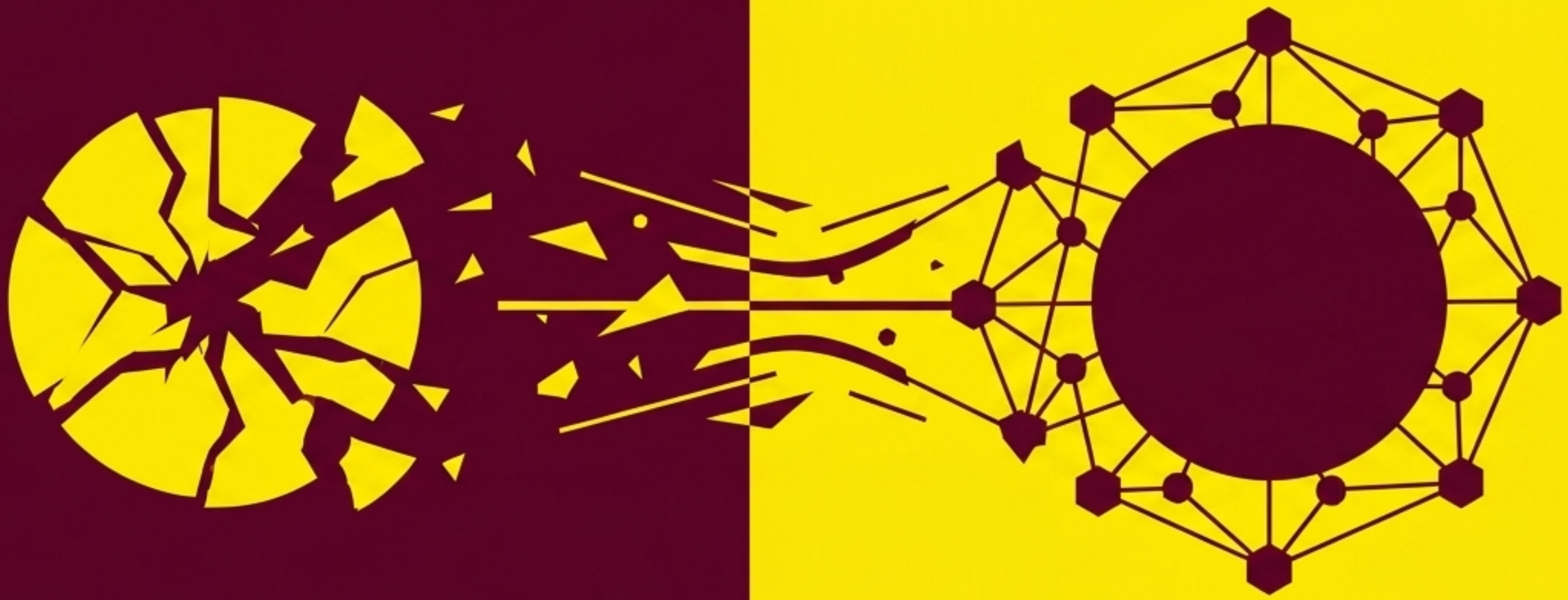
Support

Adapt to situational limits. Provide positive reinforcements and continuous monitoring of progress.

The Output: Patient Emancipation & Self-Efficacy

The goal is not lifelong dependence on Services, but driving the patient to emancipate themselves through monitored learning.

Synthesis: Healing the Whole System



The Core Takeaway

The treatment of addiction alone—mere abstinence and symptom management—is insufficient to prevent social exclusion.

The Paradigm Finalized

Modern psychiatric practice must evolve from isolated clinical treatment to a multidisciplinary rehabilitation oriented towards healing, ensuring full reintegration into the social and environmental fabric.