Cell Phone Dependency

Team Chemistry Workshops

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Part 1 · About this workshop

Clinical Relevance: Cell phone dependency serves as a powerful teaching tool for explaining addiction concepts and building rapport with clients.

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Part 2 · Understanding Cell Phone Dependency & SUD Parallels

Cell phone dependency shares striking parallels with substance use disorders in neurobiological mechanisms, behavioral patterns, and psychological impacts.

Defining Cell Phone Dependency

- Loss of control over usage
- Continued use despite consequences
- Preoccupation with device
- Tolerance development
- Withdrawal symptoms

Neurobiological Parallels

- Dopamine release from notifications
- Reward pathway activation
- Tolerance requiring increased stimulation
- Similar brain regions affected

Behavioral Similarities

- Compulsive checking behaviors
- Cravings and urges
- Loss of time awareness
- Relapse patterns

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Part 3 · Personal Phone Use Self-Assessment

Rate each statement (1-5):

Frequency and Volume

I spend more time on my phone than I intend to

Disagree ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 Agree

I check my phone frequently without notifications

Disagree ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 Agree

I mindlessly scroll through apps

Disagree ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 Agree

I have difficulty putting my phone down

Disagree ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 Agree

My phone distracts me from tasks

Disagree ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 Agree

Obsessive-Compulsive Patterns

I feel anxious when I can't find my phone

Disagree ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 Agree

I check my phone first thing in the morning

Disagree ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 Agree

I feel "lost" without my phone

Disagree ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 Agree

I have strong urges to check my phone

Disagree ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 Agree

I experience discomfort when unable to use my phone

Disagree ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 Agree

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Part 4 · Clinical Parallels with SUDs

Understanding how cell phone dependency mirrors SUDs helps clinicians relate to clients.

- Tolerance — Phone: Need for increased stimulation · SUD: Need for increased amounts
- Withdrawal — Phone: Anxiety when phone unavailable · SUD: Symptoms when substance unavailable
- Loss of Control — Phone: Unable to limit use · SUD: Unable to control frequency
- Negative Consequences — Phone: Relationship/work issues · SUD: Health/legal issues

Key Clinical Insights

- Both involve hijacking reward pathways
- Similar denial patterns
- Comparable impact on executive functioning
- Both can serve as coping mechanisms

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Part 5 · Impact on Life Domains

Physical Health

- Sleep disruption
- Poor posture
- Eye strain
- Reduced physical activity

Mental Health

- Increased anxiety/FOMO
- Depression from comparison
- Attention difficulties
- Reduced coping skills

Relationships

- Reduced interaction quality
- Partner conflicts
- Superficial connections
- Social skills decline

Work Performance

- Decreased productivity
- Procrastination
- Poor time management
- Missed deadlines

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Part 6 · Treatment Approaches & Interventions

Cognitive-Behavioral

- Identifying triggers
- Challenging compulsive thoughts
- Developing alternatives
- Relapse prevention

Mindfulness-Based

- Present-moment awareness
- Urge surfing
- Mindful technology use
- Meditation alternatives

Behavioral Modifications

- Phone-free times
- Charging outside bedroom
- App timers
- Notification management

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Part 7 · Clinical Applications for SUD Treatment

Building Rapport

- Use as relatable addiction example
- Normalize compulsive behaviors
- Reduce stigma
- Demonstrate understanding

Psychoeducation

- Explain reward pathways
- Illustrate tolerance/withdrawal
- Show habit formation
- Explain neuroplasticity

Skill Development

- Practice urge management
- Develop trigger awareness
- Build distress tolerance
- Strengthen impulse control

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Part 8 · Personal & Professional Action Planning

Personal Digital Wellness Plan

What are my problematic phone use patterns?

What changes do I want to make?

What barriers might I face?

Clinical Integration Plan

How can I use this in client sessions?

What interventions can I adapt?

How will I maintain boundaries?

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Part 9 · Assessment Results

Scoring guide

Frequency Score and Obsessive Score are each the average of their five statements, out of 5.

Score: 4.0–5.0 — Severe

Score: 3.0–3.9 — Moderate

Score: 2.0–2.9 — Mild

Score: below 2.0 — Minimal

Recommended Actions

- Reflect on your patterns and their impact
- Implement 2-3 intervention strategies
- Share insights in clinical work
- Monitor progress and adjust

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