Introduction to Sex Addiction & Sexual Offending

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Overview

Arousal

- An arousal template creates a series of patterns, sensory components, emotions, behaviors, and images that construct a person's experience of sexual interest, pleasure, and arousal

Arousal Template

- An arousal template is an internal process developed through:
  - Genetic coding
  - Classical and operant conditioning in early childhood experiences
  - Cultural influences (media, literature, films, TV shows)
  - Family messaging and rules
  - Religion
  - Abuse and neglect
    - Association of terror, rage, shame with sexual arousal
  - Some factors are inputted intentionally and others can be completely accidental

Arousal Template Examples

- Pay attention to how early childhood experiences fuse with sexual arousal
- Notice overlays between direct experiences, cultural themes, and emotional sensations in forming template

Case # 1

- Mary grew up in a home where she witnessed many instances of domestic violence between her father and mother. Mary's family held strict religious beliefs against masturbation and sexual fantasy outside of marriage. During Mary's adolescence, she was caught by her father while trying to masturbate. Mary received spanking as a result of the behavior and was shamed by her parents. As an adult, Mary found it difficult to experience sexual arousal without the inclusion of pain, humiliation, or degradation.

Case # 2

- Steve found magazines with pictures of women in lingerie when he was a young child. During adolescence Steve would rip out pages of the magazines and hide them in his room to use for masturbation. Steve always felt more aligned with his mother due to his father being absent and “abandoning” the family. Steve later developed an obsession with masturbating while wearing women’s lingerie and this caused problems in his marriage.

Case # 3

- Stan's mother walked around the home nude when he was a child and into adolescence. Stan developed a problem with voyeurism as an adult. Stan eventually had long term relationships with 2 strippers who took care of him and then left him for someone else.

Sexual Addiction Diagnosis

- Diagnostic criteria runs parallel with substance use disorders and pathological gambling in DSM-V
- Endorsing 3 out of 10 criteria suggests sexual addiction
- PATHOS
- Sexual Addiction Screening Test-Revised (SAST-R)
- Sexual Dependency Inventory (SDI)

Contemporary Sex Addict

- Rapid onset due to explosive growth of internet technology
- Chronic exposure to graphic online content
- Content-unique, intense, graphic, limitless novelty
- Culture driven towards virtual and non-relational sex
- Early exposure to graphic material
- Less trauma hx/attachment problems
- May not be having interpersonal sex (or have ever had sex)
- May not be able to perform sexually

Factors influencing compulsive porn use

- Affect regulation through screen stimulation (phones, tablets, TV, etc)
- Early exposure to sexualized content and pornography
- Limitless novelty of internet pornography
- Access, Affordability, Anonymity
- Secondary attachment wound
- Normalization of non-relational sex

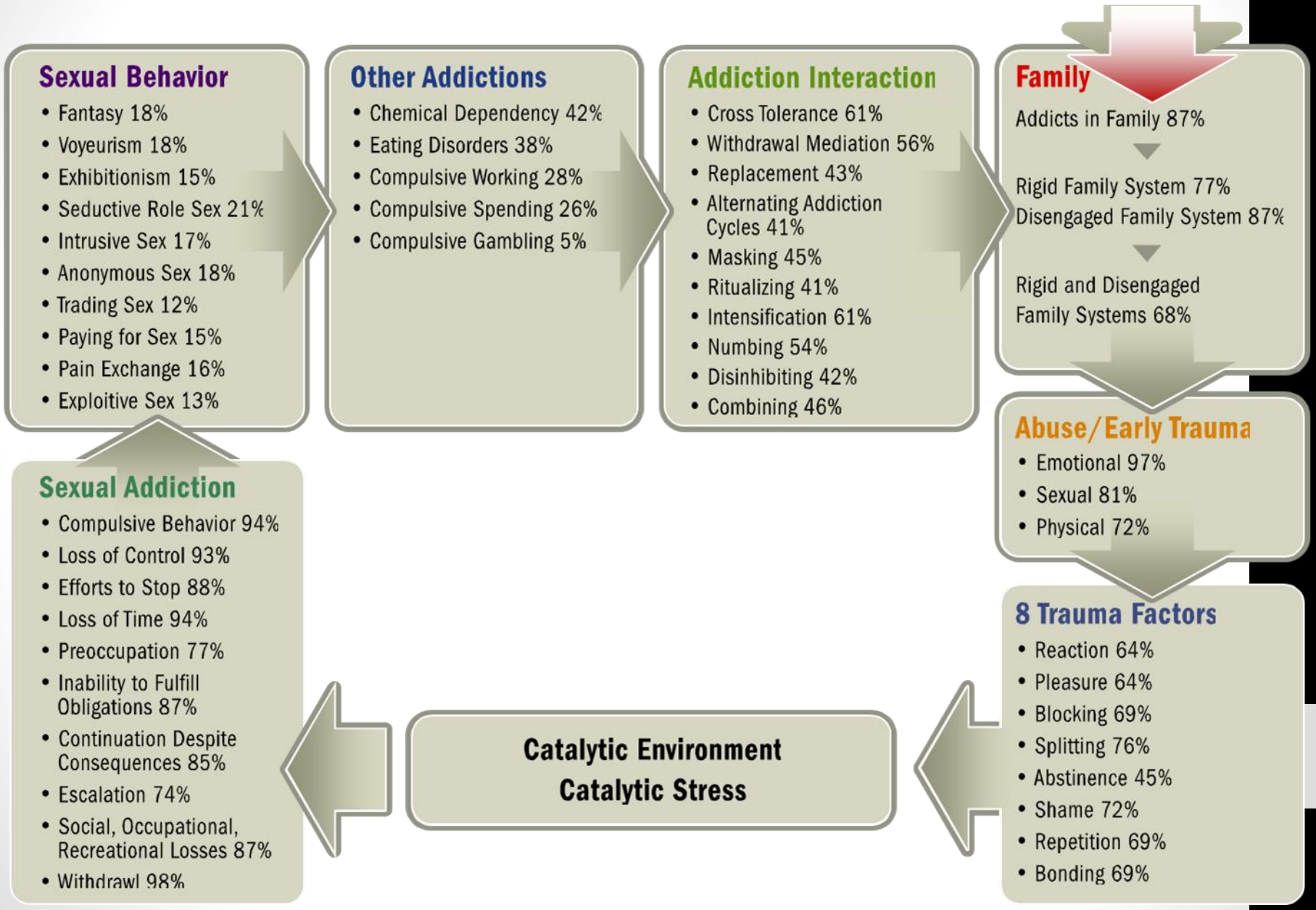
Addiction and Arousal Patterns

- Fixed, rigid and obsessional
- Unhealthy, maladaptive, inappropriate
- Violate your values
- Violate others boundaries
- Deviant or paraphilic

Changing Arousal Templates

- Remain abstinent from the problematic sexual behavior for a period of time
- Examine the patterns in client's fantasies and how client's arousal template may have been formed
- Address any underlying trauma or attachment disorders that reinforce problematic sexual behavior
- During sexual reintegration, begin to broaden client's sexual stimuli and introduce new healthier, more functional options based in intimacy

The Making of a Sex Addict



Comorbidity

- Co-occurring addictions is prevalent in this population
  - Chemical dependency 42%
  - Eating Disorders 38%
  - Compulsive Working 28%
  - Compulsive Spending 26%
  - Compulsive Gambling 5%

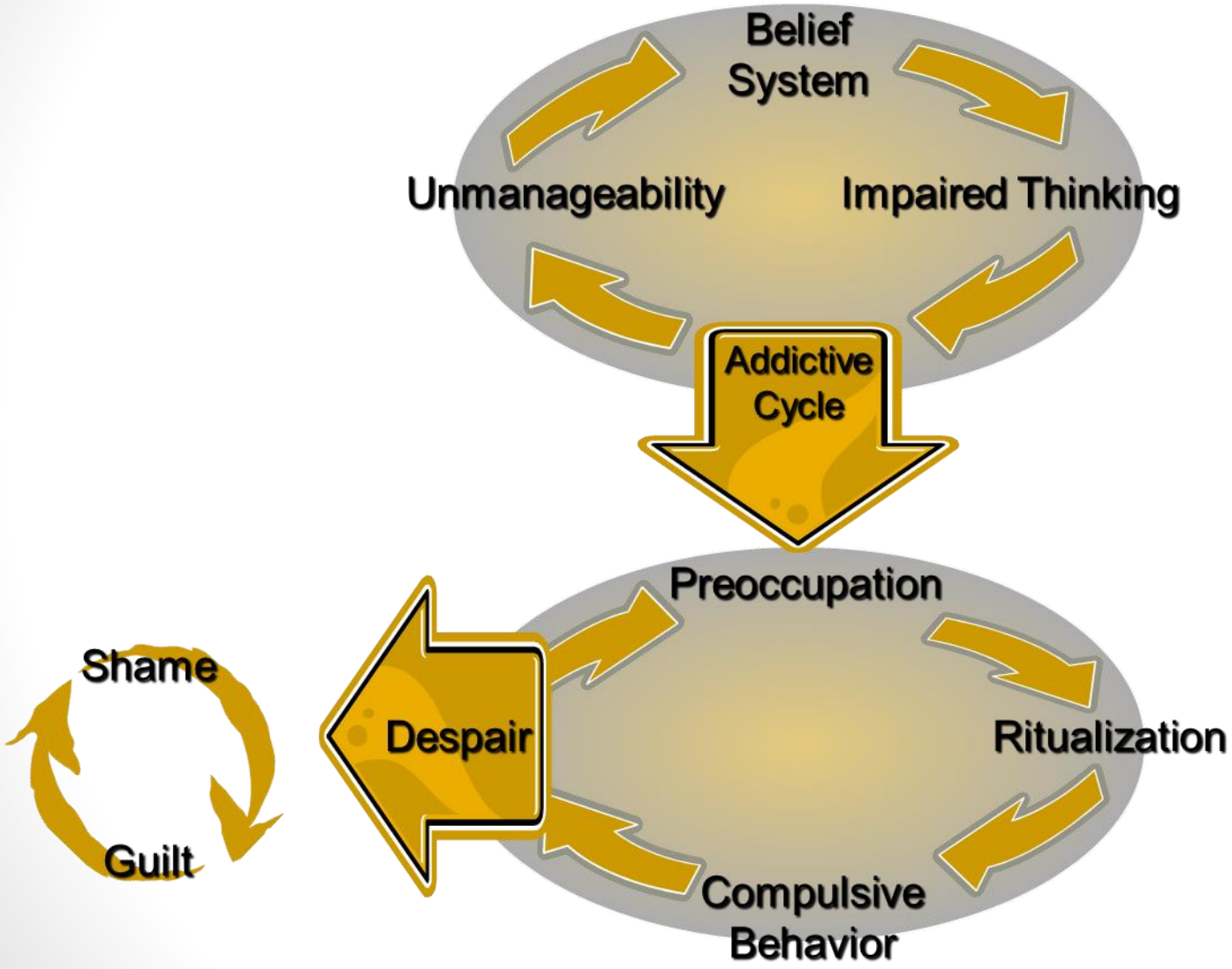
Neuroscience of Addiction

- Brain Regions Involved in Addiction
  - Mesolimbic Dopamine Pathway (MDP)
    - “Reward Center” tied to pleasure, reinforcement of learning, and impulsivity
  - Amygdala
    - Records positive & negative emotional memories
  - Hippocampus
    - Records memories of environmental cues associated with intense reward
  - Prefrontal Cortex
    - Coordinates & determines judgment/behavior
    - Creates value system associated with behavior

Case Example

- 13 year old boy
  - Mother left at 4, Father is pre-occupied with raising other children and employment
  - Experiences sexual abuse from female baby sitter from age 6-10
  - Begins to steal small items from convenience stores with neighborhood friends
  - Voyeurism and Exhibitionism in department stores

The Addictive Cycle



4 Core Beliefs of Addiction

- 1) I am basically a bad, unworthy person
- 2) No one would love me as I am
- 3) I cannot depend on others to get my needs met
- 4) Sex is my most important need

Paraphilic Disorders Diagnostic Criteria

A. Over a period of at least 6 months,

- *recurrent and intense* paraphilic sexual arousal;

B. The individual has:

B_1 Acted on sexual urges with a non-consenting person; or

B_2 The sexual urges or fantasies cause clinically significant distress; or

B_3 Impairment in social, occupational, or other important areas of functioning.

DSM-5 Paraphilic Disorders

DSM-V Paraphilic Disorders

With Non-Consenting Victims

- Voyeuristic Disorder
- Exhibitionistic Disorder
- Frotteuristic Disorder
- Sexual Sadism Disorder
- Pedophilic Disorder

Without Non-Consenting Victims

- Sexual Masochism Disorder
- Fetishistic Disorder
- Transvestic Disorder

High Comorbidity

- High degree of Comorbidity found between non-paraphilic hypersexuality & paraphilias.

- Researchers estimate that 44 % - 55 % of sex offenders meet criteria for sexual addiction.

- Many clients with Paraphilic Disorder may meet at least 3 criteria for sex addiction *by default*.

- (Kafka, 2010; Marshall & Marshall, 2006; Blanchard, 1990)

Defining Treatment Goals

- *Modality selection depends on treatment goal:*

- **Criterion A:** Reorient or reduce intensity of paraphilic arousal.
- **Criterion $B_{1:}$** Reduce risk of non-consensual paraphilic bx.
- **Criterion $B_{2:}$** Reduce client distress around paraphilic arousal.
- **Criterion $B_{3:}$** Improve functional & relational impairments.

  - *Treatment goals are addressed by separate specialties providing a blend of generic & unique interventions.*

A: Changing Paraphilic Arousal

GOAL: Reorient or reduce intensity of the Paraphilic Arousal.

- CBT Reconditioning of sexual arousal: aversion therapy, covert sensitization & orgasmic reconditioning.

Mixed evidence of effectiveness.

- Pharmacology to suppress sexual arousal: SSRI's, gonadotropin-releasing hormones & antiandrogens.

May have significant adverse effects.

- CBT for cognitive distortions & victim empathy: aims to reduce denial-based justifications of offensive behavior.

B_1: Sex Offender Treatment

GOAL: Evaluate & reduce risk of harm to nonconsenting inds.

- Outside scope of practice for a CSAT to assess or treat SO without additional specialized training.

  See state guidelines for specific requirements.

- Court-mandated monitoring is the main feature making SO tx unique from sex addiction interventions.

  Monitoring is recommended but not mandated in SA tx.

- Specialized Training Needed to conduct SO Evals & Risk Assessments. Do not make statements about client's risk of offending without qualifications.

$B_{2\text{-}3}$: Accept, Affirm & Integrate

GOAL: Reduce distress & improve functioning w/ healthy sex.

- Reduce shame & explore safe, consensual, relational integration w/ acceptance-based & kink-affirming therapy.

  Not all paraphilias must stop. Acceptance = Resolution.

- Couples therapy: support negotiating integration of paraphilic interest into partnered sex or identify alternatives.

  Consider sexual expression outside dyad if appropriate.

- Separate arousal from behavior & its impact to promote acceptance & self-compassion if integration isn't a healthy option

Know Your Scope of Practice

When treating clients w/ paraphilic sex addiction, consider:

1) Alignment of Agendas between client treatment goals / presenting issues & your clinical services, strengths & preferences.

2) Appropriate Training to provide the necessary assessments & interventions to address the Paraphilic Disorder?

3) Consultation or Referral to a trained sex offender treatment provider (SOTP) or sex therapist (CST).

4) Collaboration using Sex Addiction therapy as adjunct to SO treatment or sex therapy if 2+ modalities are indicated.

Standard Sex Offender Treatment

- Cognitive-Behavioral Therapy (CBT):
  - Most widely researched and recommended.
- Relapse Prevention Therapy (RP):
  - Dwindling support due to over-emphasis on risk avoidance.
- Good Lives Model (GLM):
  - Equips SO's with the skills, attitudes, & resources needed to lead prosocial, fulfilling lives & reduce risk.

Self-Regulation Model (SRM):

- 4 pathways to offending with mood regulatory focus.
- GLM / SRM: Integrated into a comprehensive model.

- (McGrath et al. 2010)

Diagnostic Criteria

- **Loss of Control -** Recurrent failure (pattern) to resist impulses to engage in specific sexual behavior
- **Compulsive Behavior –** Pattern of out of control behavior over time
- **Efforts to stop -** Repeated specific attempts to stop the behavior which fail
- **Loss of Time -** Significant amount of time spent in obtaining sex, being sexual, or recovering from sexual experiences
- **Preoccupation -** Obsession with the behavior or preparatory activities
- **Inability to fulfill Obligations -**The behavior interferes with functioning at school, work, and with family/friends

Diagnostic Criteria continued

- **Continuation despite negative consequences -**Failure to stop the behavior even despite experiencing problems as a direct result of it (social, legal, financial, spiritual, emotional, work)
- **Escalation -** Need to increase the intensity, frequency, number, or risk of behaviors to achieve the desired effect or diminished effect with continued behaviors at the same level of frequency, number or risk.
- **Losses -** Losing, limiting, or sacrificing valued parts of life such as hobbies, family, relationships, and work
- **Withdrawal -** Distress, anxiety, restlessness, or irritability if unable to engage in the behavior

Conceptualizing Sex Addiction