

TREATING SEXUAL COMPULSIVITY

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WHO ARE THEY?

- They come from various socio-economic strata,
- They espouse various moral systems,
- They can be from either sex,
- They are intellectually heterogeneous,
- They are in various states of health,
- They are represented in various age groups,

WHO ARE THEY?

- They are not volunteers,
- They are often in denial,
- They are extremely deceptive,
- They tend to be:
 - Narcissistic
 - Histrionic
 - Antisocial
 - Dependent

WHAT IS THE PROBLEM?

- Paraphilia:

Over a period of six months, recurrent, intense, sexually arousing fantasies, sexual urges, or behaviors.

The person has acted on these sexual urges, or the sexual urges or fantasies cause marked distress or interpersonal difficulty.

WHAT IS THE PROBLEM?

- Exhibitionism
- Fetishism
- Frotteurism
- Pedophilia
- Sexual Masochism/Sadism
- Transvestic Fetishism
- Voyeurism
- Not Otherwise Specified

Therapy: What Works?

- Cognitive/Behavioral Therapy
 - Structured social learning programs
 - Skill Training
 - Prosocial attitudes and behaviors are reinforced
 - CBT that target attitudes, values, peers, substance abuse, anger, etc.
 - Family based interventions that train family in appropriate behavioral interventions

THERAPY: WHAT WORKS?

- Principles of Effective Intervention
 - Program contingencies and behavioral strategies are enforced in a firm but fair manner; positive reinforcers are greater than punishers by at least 4:1
 - Therapists relate to offenders in interpersonally sensitive and constructive ways.
 - Prosocial activities dominate the program

THERAPY: WHAT WORKS?

- Focus on relapse prevention by planning and rehearsing prosocial responses, anticipated problem situations, training significant others to provide reinforcement of prosocial behavior

THERAPY: THE PROCESS

- **Assessment:**
 - Risk
 - Dynamic Factors
 - Static Factors
 - Need
 - Areas of dynamic risk which can be addressed in therapy
 - Responsivity
 - Delivering treatment in a style and mode that is consistent with the ability and learning style of the patient.

THERAPY: THE PROCESS

- Responsivity takes into account:
 - Gender
 - Age
 - Ethnicity
 - Socio-economic class
 - Interpersonal anxiety
 - Psychopathy
 - Verbal intelligence
 - Language and motivation

THERAPY: THE PROCESS

- Getting a comprehensive sexual history
- Use of polygraph
- Breaking Denial
 - Denial of facts
 - Denial of sexual intent
 - Denial of responsibility or awareness
 - Denial of impact on others
 - Denial of denial

THERAPY: THE PROCESS

- Denial
 - Other considerations
 - Social history includes aberrant sexual activity
 - Personality Disorders: antisocial, narcissistic, histrionic, paranoid. Psychopathy
 - Other issues: OCD, Dependent, Borderline Personality, Depression, Bi-polar mood disorders, drug and alcohol use or abuse.

THERAPY: THE PROCESS

- The “Cycle”
 - Thoughts, feelings, and behaviors
 - Phases
 - Build-up
 - Acting Out
 - Justification
 - Pretend Normal

THERAPY: THE PROCESS

- Build-up Phase
 - Triggers
 - Negative Emotional States
 - Seemingly Unrelated Decisions
 - Cognitive Distortions
 - Fantasy Structure
 - Contributing Cycles
 - High Risk Situations

THERAPY: THE PROCESS

- Build-up Phase
 - Mal-adaptive Coping Responses
 - Setting Up the Opportunity

THERAPY: THE PROCESS

- Acting Out Phase
 - Ritualized behavior leading to sexual release or pleasure

THERAPY: THE PROCESS

- Justification Phase
 - Release
 - Panic/Fear of Consequences
 - Minimization, Justification,
 - False Remorse
 - False Resolve
 - Suppression

THERAPY: THE PROCESS

- Pretend Normal
 - Taking energy from suppression
 - Living as though the behavior is historical
 - Assuming self control
 - Nothing has really changed

THERAPY: INTERVENTION

- Breaking Denial
- Cognitive Restructuring of Distortions which Promote Acting Out
- Fantasy Control Techniques
 - Stimulus Avoidance
 - Thought Stopping and Redirection
 - Covert Sensitization
 - Augmented Covert Sensitization
 - Fire Drills

THERAPY: INTERVENTIONS

- Anticipating High Risk Environments
- Addressing Triggering Cycles
 - Depression
 - Substance Abuse
 - Stress
 - Sexual Triggers
 - Core Beliefs

THERAPY: INTERVENTIONS

- Anger Management
- Enhancing Empathy
 - Clarification Letters
 - Identification with Victims
- Boundaries Training
- Male Sexuality
- Establishment of Absolute Values

THERAPY: INTERVENTIONS

- Supervise and comment on the development of romantic relationships
- Supervise contact with vulnerable populations
- Supervise re-entry into social environments

THERAPY: INTERVENTIONS

- Medical interventions
 - Antiandrogens
 - Antidepressants

