Disclosure Statement of Financial Interest

I, Daniel Glaser, am employed as the Program Director of The New Orleans Institute at River Oaks Hospital.

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INVISIBLE CHAINS: INDUSTRIALIZED SEX AND INTERNET HYPERSEXUAL BEHAVIOR

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Sex Addiction

Excessive use of mood altering behaviors are a sex addict's path of escape from life stress and overwhelming emotions of loneliness, anger, fear and shame.

[Lofgreen (2012). *The Storm of Sex Addiction: Rescue & Recovery*.]

Sex Addiction

- **Considered a severe intimacy disorder because one's "significant other" is a mood altering behavior rather than a substance or a real person.**
- **Often progresses to the point of risking everything for the euphoria and escapism of a sex "Fix."**
- **Some have ready excuses to minimize, rationalize or deny their addiction**

[Lofgreen (2012). *The Storm of Sex Addiction: Rescue & Recovery*.]

Sex Addiction

- Many feel deep shame about acting outside their rules.
- Many fear the risk and consequences but are unable to quit.

- With addiction there is a broken promise; a promise to oneself or to another person.
- Misguided efforts to self soothe the discomfort of extreme emotions.

[Lofgreen (2012). *The Storm of Sex Addiction: Rescue & Recovery*.]

"The pain in the past hijacks the present, activating reactive behavior to current events!"

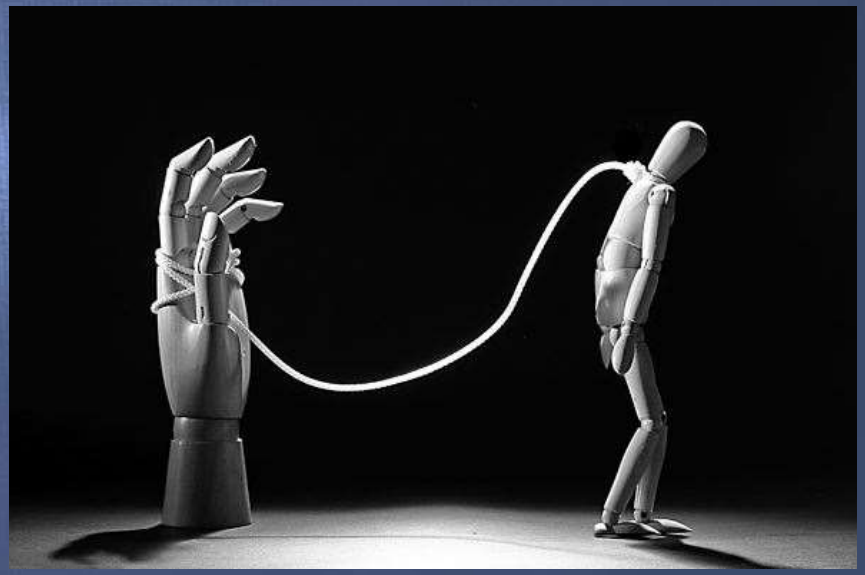
"The difference between the past and present related to trouble controlling sexual desire is that today there are many more sources for sexual gratification and many more ways to establish secrecy than in the past."

[Sbraga & O'Donohue (2005). *The Sex Addiction Workbook*.]

Compulsions

Compulsive Behavior

1. **Comes from an identifiable source**
2. **Operates in a predictable pattern**
3. **Can be alleviated through a process of awareness, clarification and recovery**



[Larkin & Whiting (1991). *Compulsions*]

Process Addictions

- Euphoric feelings come from chemicals released by the brain, rather than from chemicals ingested from an external source.
- Often hidden, easily carried with us and do not metabolize from the body.
- Begin emotionally and may progress to physiological impact.
- The high is easier to disguise and conceal than the chemical addiction high.
- Cannot be chemically tested.
- Virtually impossible to minimize exposure to the triggers since advertisers promote and market process addictions everywhere.

[Gerogianna, Underhill, & Kelland (2010). *Hyperstimulation: Teens, Pornography, and Online Addictions*.]

Masturbation Fantasy

- Masturbation to feel better when you are angry, feel hurt or unloved can interfere with relationships.
- Fantasies following conflict can focus on control, dominance or revenge.
- Masturbation can be used compulsively to overcome feelings of emptiness.

[Zoldbrod (2005). *Sex Smart*.]

Neuropathways of Addiction

- **Chronic state of hyperarousal in which exaggerated emotions compel one to seek an escape.**
- **Escape comes from compulsively arousing and soothing with sex.**
- **Habitual sexual "doping" forges an arousal template in the addict's brain which establishes a consistent and reliable pattern of mind-altering escape (psychological, biological and chemical).**

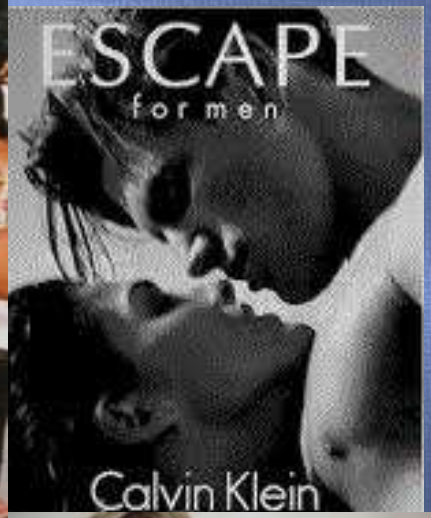
[Lofgreen (2012). *The Storm of Sex Addiction: Rescue & Recovery*.]

Neuropathways of Addiction

Neuropathways are strings of chemical transmitters that, when stimulated by sexual thoughts or behaviors, provide intense relief by producing sensory and emotional experiences of fantasy, arousal, numbing and/or deprivation.

[Lofgreen (2012). *The Storm of Sex Addiction: Rescue & Recovery*.]

Porn Nation Interdependence



Hypersexual Media

Enabling Technologies

Sociosexual Pathologies

[Leahy (2008). *Porn Nation: Conquering Americas #1 Addiction*.]

The Confluence of Forces Driving the Sex Addiction Epidemic

- The availability of pornography on the internet.
- iPorn is plentiful, cheap, and private.
- Adding fear and aggression supercharges the experience.
- Graphic images lead viewers deeper into a world of chemically charged fantasy and further away from real relationships.
- iPorn is a gateway to more intense and risky sexual behavior, both on and off line.
- The ultimate addiction because it taps into a biological life force.

[Lofgreen (2012). *The Storm of Sex Addiction: Rescue & Recovery*.]

Pornography Delivers:

- Instant Sexual Turn On
- Drug-like Euphoria
- Power Trip
- Slot Machine Excitement
- Love Affair

[Maltz & Maltz (2008). *The Porn Trap: The Essential Guide to Overcoming Problems Caused by Pornography*.]

Cost of Sex Addiction

- Destroyed relationships, marriages, and families.
- Children and adolescents addicted to iPorn use it as a model for relating, have long term relationship difficulties, and continue it into adulthood to make up for intimacy deficits.
- Partners of addicts experience symptoms similar to trauma survivors and sexual abuse victims.
- Children lose guidance and nurturance from the addict parent and the other parent preoccupied with the addict.

[Lofgreen (2012). *The Storm of Sex Addiction: Rescue & Recovery*.]

Cost of Sex Addiction

- **May be fired or lose income, reputation, professional affiliations and credentials because of misconduct or criminal charges.**
- **Productivity compromised at work due to fatigue, hangover from late night computer sessions, or being distracted by obsessions.**
- **Society loses the contributions of talented and experienced leaders due to preoccupation or resignation due to misconduct.**

[Lofgreen (2012). *The Storm of Sex Addiction: Rescue & Recovery*.]

Cost of Sex Addiction

- **Strained Finances**
- **May lose freedom by incarceration due to sentencing to jail for sex offenses (child pornography).**
- **Isolated addicts can become suicidal.**

[Lofgreen (2012). *The Storm of Sex Addiction: Rescue & Recovery*.]

Loss of Self Control Consequences

- Significant harm to self/others
- Physical and/or mental pain
- Loss of productivity and money
- Lack of ability to concentrate
- Time spent away from families, work or meaningful relationships
- Lost opportunities for life enriching activities
- Extensive planning and plotting
- The need to up the ante
- Potential use of others as objects to be used/discarded

[Sbraga & O'Donohue (2005). *The Sex Addiction Workbook*.]

Porn Problems

- **Conflict with your values, beliefs and life goals.**
- **Compromise your ability to be honest and open in a relationship.**
- **Upsets and competes with an intimate partner.**
- **Harms your mental and physical health.**
- **Makes you less attractive as a sexual partner.**
- **Causes sexual desire and functioning difficulties.**
- **Shapes your sexual interest in destructive ways.**
- **Causes a variety of family, work, legal and spiritual problems.**

[Maltz & Maltz (2008). *The Porn Trap: The Essential Guide to Overcoming Problems Caused by Pornography*.]

Consequences of Using Pornography

- Irritated and depressed.
- Isolated from other people.
- Objectifying people.
- Neglecting important areas life.
- Problems with sex.
- Making partner unhappy.
- Feeling bad about self.
- Engaging in risky or dangerous behaviors.
- Addicted to porn.

[Maltz & Maltz (2008). *The Porn Trap: The Essential Guide to Overcoming Problems Caused by Pornography*.]

Varieties in Sexual Addiction (SA)

- Addictive disorders attempt to produce pleasure and reduce chronic emotional pain.
- SA chooses behaviors unique to attachment difficulties, trauma and sexual arousal templates.
- The tempered template can confuse love with lust, shame and anxiety.
- The sexually avoidant are uninterested in or even averse to in-person sex, predisposing them to an idealized relationship with pornography, cyber-chatting, internet sex or phone sex.

[Katehakis (2016). *Sex Addiction as Affect Regulation: A Neurobiologically Informed Holistic Treatment.*]

Varieties in Sexual Addiction (SA)

- **The love avoidant replace love with lust, engaging in hypersexual behavior with multiple partners for self validation and emotional regulation.**
- **The mood disordered SAs and those with characterological and attachment disorders seek validation and pleasure from behaviors consciously adopted to escape emotional pain or emptiness.**

[Maltz & Maltz (2008). *The Porn Trap: The Essential Guide to Overcoming Problems Caused by Pornography*.]

Varieties in Sexual Addiction (SA)

- **SAs suffering from chronic, long term childhood abuse tend toward repetition compulsions and sexual humiliation.**
- **In most all cases, the behaviors that initially created euphoria and masked stress gradually became dysphoric over time, paving the way to anhedonia.**
- **By virtue of dopamine, SAs are compelled to want and seek new and more powerful experiences even without liking them.**
- **The Triple-A Engine for pornography is accessibility, affordability and anonymity.**

[Katehakis (2016). *Sex Addiction as Affect Regulation: A Neurobiologically Informed Holistic Treatment.*]

Varieties in Sexual Addiction (SA)

- **Classic SA emerges from insecure attachment due to childhood abuse and leads to impulse control disorders, comorbid mood disorders, relational impairment, predictable sexual patterns and cross addictions.**
- **Contemporary SA shows a rapid onset due to the accessibility of choices on the internet and is distinguished by chronicity, content and culture.**
- **Contemporary SAs suffer from depression, anxiety and intimate relational problems as a result of cyber sexual activities – creating their own relational traumas and impairments.**

[Katehakis (2016). *Sex Addiction as Affect Regulation: A Neurobiologically Informed Holistic Treatment.*]

Nonparaphilic Hypersexuality

- **Feature disinhibited or exaggerated expressions of human sexual arousal and appetites involving sexual behaviors that are culturally considered within the range of normal or conventional, "normophilic."**
- **Often kept secret from partners and friends.**
- **Clinical presentation is often masked, appearing paradoxically as low desire.**
- **Difficult to control and lead to undesirable and significant psychosocial consequences.**

[Binik & Hall (Eds.). (2014). *Principles and Practice of Sex Therapy (5th ed.).*]

Nonparaphilic Hypersexuality

- **"Sexual risk takers" can slow low inhibition or high excitation, or both, and can be associated with anxious/depressed mood states.**
- **Persist for at least 6 months and are manifested by intense and arousing sexual fantasies, urges and activities producing personal distress and/or significant psychosocial impairment.**

[Binik & Hall (Eds.). (2014). *Principles and Practice of Sex Therapy (5th ed.).*]

Nonparaphilic Hypersexuality

- **Some examples include compulsive masturbation, pornography, sexual behavior with consenting adults, cybersex, telephone sex, adult entertainment venues/clubs.**
- **Associated with impulsivity, emotional dysregulation and stress proneness.**

[Binik & Hall (Eds.). (2014). *Principles and Practice of Sex Therapy (5th ed.).*]

Clinical Characteristics of Nonparaphilic Hypersexuality Associated with Paraphilias

- **Predominately male disorders**
- **Both show themselves during adolescence**
- **Both report having multiple rather than single hypersexual outlets over their lifetime.**
- **Nonparaphilic hypersexuality may be common among males with paraphilias.**
- **Both describe their sexual behavior as obligatory, repetitive and stereotypical at times.**
- **The sexual arousing fantasies, urges and behaviors can be time consuming, often occupying several hours per day.**

[Binik & Hall (Eds.). (2014). *Principles and Practice of Sex Therapy (5th ed.).*]

Clinical Characteristics of Nonparaphilic Hypersexuality Associated with Paraphilias

- **Both can wax and wane, be either ego-syntonic or ego-dystonic and is more likely to occur or intensify during periods of "stress."**
- **Both are likely to report periods of persistently heightened sexual behaviors leading to orgasm, compared to the general population.**

[Binik & Hall (Eds.). (2014). *Principles and Practice of Sex Therapy (5th ed.).*]

Clinical Characteristics of Nonparaphilic Hypersexuality Associated with Paraphilias

- **Both may come to prefer unconventional activities to sex with a partner (reliance on masturbation, extramarital activity).**
- **Pathological crushes, observed fixations and love addictions seem to be more predominantly female expressions.**

[Binik & Hall (Eds.). (2014). *Principles and Practice of Sex Therapy (5th ed.).*]

General Principles Related to Nonparaphilic Hypersexuality

- **Hypersexual behaviors tend to be secretive because they engender more shame, guilt and blame than other sexual disorders.**
- **During the evaluation, ask specific clinically relevant questions and inquire without a spouse or significant other present.**
- **Assess comorbidity, since most individuals with hypersexuality have multiple lifetime comorbid disorders, especially mood, anxiety, and psychoactive substance abuse disorders and ADHD.**

[Binik & Hall (Eds.). (2014). *Principles and Practice of Sex Therapy (5th ed.).*]

General Principles Related to Nonparaphilic Hypersexuality

- **Rule out medical problems that could cause hypersexual behavior.**
- **Assess current adverse consequences or need for medical attention (STD, HIV, pregnancy).**
- **Assess current relationship and the impact on the partner.**
- **The full sexual history of patients who present with sexual dysfunctions to rule out the presence of hypersexuality.**
- **The extent and timing of disclosure should be carefully explored.**

[Binik & Hall (Eds.). (2014). *Principles and Practice of Sex Therapy (5th ed.).*]

Dissociation and Internet Use

- **The overuse of internet pornography can be considered similar to a dissociative condition.**
- **There can be huge time distortions, a universal harmful consequence reported is the loss of time.**

[Birchard (2015). *CBT for Compulsive Sexual Behavior: A Guide for Professionals.*]

Dissociation and Internet Use

- **Dissociative trance is characterized by an acute narrowing or complete loss of awareness of immediate surroundings that manifest as profound unresponsiveness or insensitivity to environmental stimuli.**
- **Unconscious finger movements on the mouse, or otherwise at the computer, searching for the object of intense erotic stimulation.**
- **Linkage of sexual addiction and dissociation is the "addict self," which people talk about as a separate personality which they believe takes control and has a will of its own.**

[Birchard (2015). *CBT for Compulsive Sexual Behavior: A Guide for Professionals.*]

Dissociation and Internet Use

- **Symptoms of dissociation when engaged in online sex involve disturbances in consciousness, memory, identity and perception.**
- **The use of pornography can normalize and enable the rehearsing of scenarios that may be eventually acted out in real life.**

[Birchard (2015). *CBT for Compulsive Sexual Behavior: A Guide for Professionals.*]

Four Dimensional Model for Dissociation

1. **Time > speed, direction, continuity**
2. **Thought > often 2nd person perspective rather than 1st person, negative self talk**
3. **Body > derealization/depersonalization**
4. **Emotions > numbing, compartmentalized**

[Frewen and Lanius (2015). *Healing the Traumatized Self.*]

The Impact of Supernormal Stimuli

- **Supernormal stimuli are artificially enhanced stimuli.**
- **Supernormal stimuli creates hard to resist responses at all levels, in our thinking, emotions, physiological reactions and behavior.**
- **Supernormal stimuli subvert and hijack evolved appetitive instincts and motivational systems, and overstimulate their associated neural pathways.**

[Birchard (2015). *CBT for Compulsive Sexual Behavior: A Guide for Professionals.*]

ACE Model of Problematic Internet Use

Availability

Convenience

Escape

[Birchard (2015). *CBT for Compulsive Sexual Behavior: A Guide for Professionals.*]

Treatment Techniques

- Human Sexuality Education
- Bibliotherapy
- Sex Therapy
- Couples/Family Therapy/Group Therapy
- Accountability and Responsibility
- Victim Empathy
- Pharmacological Interventions
- Cycle Recognition/ Education
- Behavior Therapy for Reconditioning
- Self Help Involvement
- Anger/Stress Management
- Cognitive Behavior and DBT
- Intervention
- Shame Reduction
- Social Skills Training
- Relapse Prevention

[Adams & Robinson in Carnes & Adams (eds.) 2002. *Clinical Management of Sex Addiction.*]

Categories of Dysregulation

Emotional dysregulation: **temper dysregulation; impaired recovery from dysphoric states; psychic numbing; avoidance of emotional expression; affect phobia; impaired emotional expression.**

Somatic dysregulation: **sleep disturbance; dysregulated eating; dysregulated eliminative functions; somataform dissociation (pain and conversion symptoms).**

Attentional dysregulation: **threat-related preoccupation with or avoidance of cues.**

Behavioral dysregulation: **threat related reactive aggression; threat related reactive avoidance; extreme risk taking; self harm; maladaptive self-soothing.**

Relational dysregulation: **expectancy of betrayal; expectancy of victimization; boundary diffusion (physical and emotional); expectancy of irresolvable attachment loss.**

Self dysregulation: **self-loathing or perception of self as damaged goods.**

[Courtois & Ford (2013). *Treatment of Complex Trauma*]

Creating a Context for Change:
Stage One in the Collaborative Change Model

- Creating refuge
- Assessing vulnerabilities and function of the symptoms
- Assessing resources
- Exploring the positive and negative consequences of change
- Understanding and validating denial, availability, and attachment
- Setting goals
- Ongoing acknowledgement

[Barrett & Fisk (2014). *Treating Complex Trauma*]

Challenging Patterns & Expanding Realities: Stage Two in the Collaborative Change Model

- Trauma informed interventions
- Expanding the refuge and context for change
- Challenging vulnerabilities and the function of symptoms
- Expanding resources
- Challenging and availability
- Accomplishing goals
- Ongoing acknowledgement

[Barrett & Fisk (2014). *Treating Complex Trauma*]

Consolidation:

Stage Three in the Collaborative Change Model

- Cement the change or the experience that just happened.
- Integration of new ways of being.
- Union or uniting of systems, variables, and experiences.
- Reinforce clients' resources and abilities, highlight changes and explore future possibilities.
- Reinforce responding rather than reacting.
- Summarize what has occurred and the process underlying the clients' choice of direction.
- Consolidate core concepts, including:

a. Nurturing environments
b. Engaging vulnerabilities
c. Integrating resources
d. Choosing engaged mind
e. Engaged acknowledgement
f. Incorporating success

[Barrett & Fisk (2014). *Treating Complex Trauma*]

Self Regulation

- **Ability to be aware of, control and monitor emotional reactions, impulses, and behaviors.**
- **Ability to repair emotional distress, usually through taking control and renegotiating the environment.**

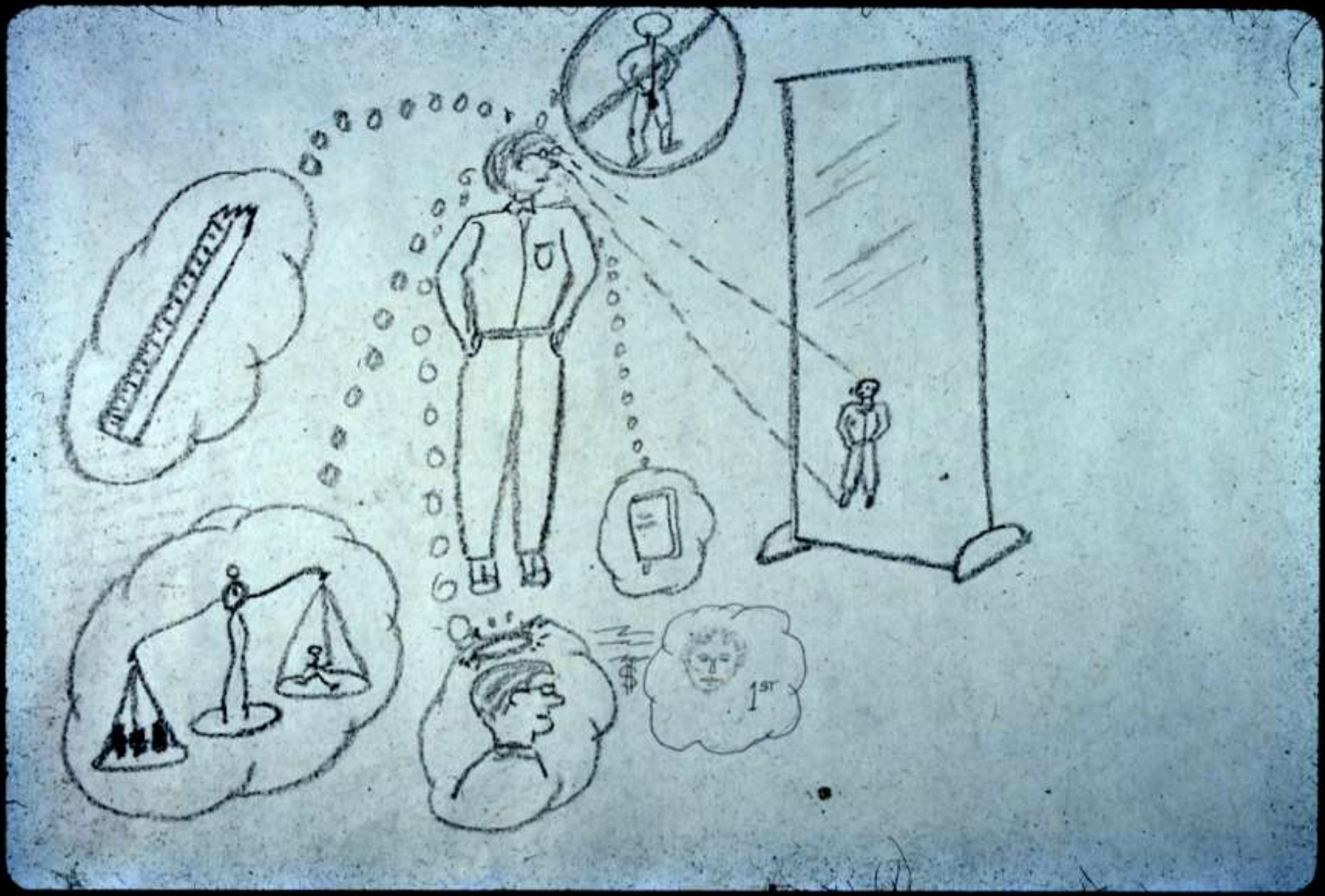
[Katehakis (2010). *Erotic Intelligence.*]

Self Esteem

Efficacy based > seeing oneself as competent and capable.

Worth based > feeling that one is accepted and valued.

[Stete & Burke, "A Sociological Approach to Self & Identity" in Leary & Tangney [eds.] *Handbook of Self & Identity*, 2003]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Basics of Mind-Body Nurturing

1. **Nurture the Body: relaxation approaches = meditation, guided imagery, progressive muscle relaxation.**
2. **Nurture the Mind: cognitive restructuring, truth seeking analysis, evidence based thinking, affirmations.**
3. **Nurture the Emotions: practices of emotional awareness, expression and communication, emotional regulation, journal writing.**
4. **Nurture the Self/Spirit:**
   - **making commitments to various aspects of self (ex. creative self or sexual self)**
   - **realize and enact kindness toward the self.**
   - **cultivate control, self confidence and inner peace through imagery exercises, affirmations, self styled prayer said inwardly.**

[Domar & Dreher (2001). *Self Nurture.*]

Format for Challenging Self Limiting Beliefs

Where did the belief originate?

How does the belief impact/affect life now?

What situations provoke this belief?

What are negative consequences to the belief?

What are the positive consequence of continuing this belief? (What am I getting? What am I avoiding?)

[Dr. Jordan & Margaret Paul (1989). *From Conflict to Caring*.]

Psychosocial Challenges

- Trust
- Autonomy
- Initiative
- Industry
- Identity
- Intimacy
- Generativity
- Integrity

[Adapted from Erickson in Corey (1990). *Theory and Practice of Group Counseling.*]

Imaginal Desensitization

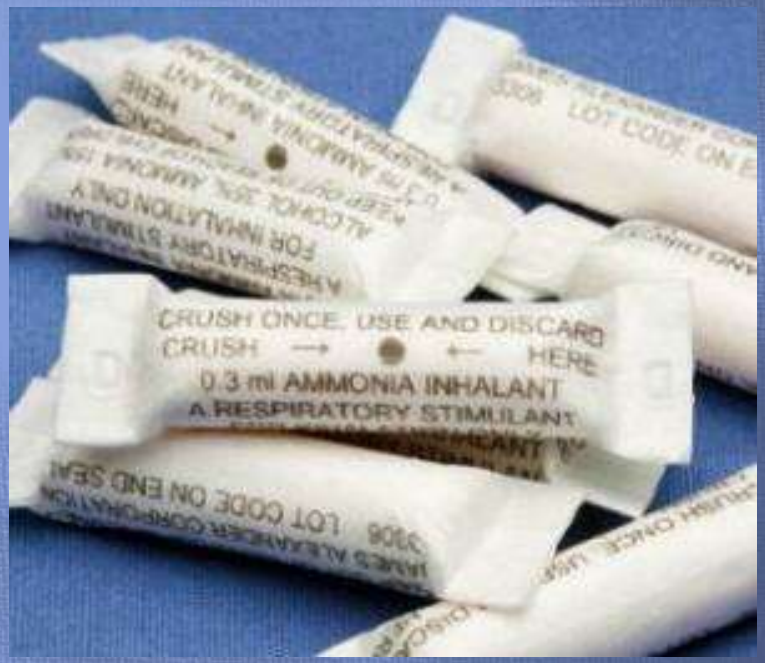
1. Identify cycle of behavioral addiction
   - situation/event (trigger) – present tense
   - feelings (emotions) – present tense
   - fantasy/obsession – past tense
   - planning (“I will”) – future tense
   - act on plan (relapse behavior) – present tense
2. Prepare list of adaptive coping responses (ACR’s).
3. Read cycle and at key points interject refrain “As I reflect, healthy choices I can make are…” “As I make these choices, I benefit by…”
4. Identify at least three healthy choices (ACR’s) after each refrain.

Imaginal Desensitization

5. **Refrain used**
   1 x after situation/event
   1 x after feelings
   3 x in the fantasy
   3 x in the planning
   1 x after act on plan.
6. **Write a cheerleading paragraph that reinforces the choices to select adaptive coping responses**
7. **Tape the imaginal desensitization when completed and approved.**

[Goodman (1998). *Sexual Addiction: An Integrated Approach*.]

Olfactory Aversion



- Accompanied by voluntary consent
- Medically approved
- Designed to reduce sexual arousal to sexually compulsive/addicted behaviors
- Requires persistent and repetitive practice

[Binik & Hall (Eds.). (2014). *Principles and Practice of Sex Therapy (5th ed.).*]

Olfactory Aversion

Procedure:

1. **Create a behavioral cycle of the hypersexual behavior**
2. **Secure ammonia ampules that are portable and can be broken and inhaled in conjunction with the sexual behavior cycle.**
3. **Determine 3 spots in the fantasy (past tense) and planning (future tense) stages of the cycle that olfactory aversion could have the most impact.**
4. **Read the situation/event (present tense) and the feeling section (present tense) without sniffing the ammonia**

[Binik & Hall (Eds.). (2014). *Principles and Practice of Sex Therapy (5th ed.).*]

Olfactory Aversion

5. **Stop at each of the preplanned designated spots in the fantasy and planning stages of the cycle and sniff the ammonia ampule followed by the acknowledgement of the physiological impact and repeating the last sentence before the sniff for a total of 6 sniffs followed by the physiological impact and last preceding sentence.**
6. **Read the act on plan (present tense), sniff, report the physiological impact and read the last sentence of the plan.**

   Total = 7 sniffs of ammonia.
7. **Record on tape to later be burned on a disc.**
8. **Listen to the recording 3-5x per week for the first 90 days. Use whenever the urge is stimulated.**

[Binik & Hall (Eds.). (2014). *Principles and Practice of Sex Therapy (5th ed.).*]

Relapse Prevention: A Cognitive Behavioral Approach

1. **Label the behavior with the duration, frequency, intensity, and last time acted out.**
2. **Identify triggers plus recognize and anticipate high risk situations.**
3. **Identify and challenge cognitive distortions and automatic negative thoughts.**

[Binik & Hall (Eds.). (2014). *Principles and Practice of Sex Therapy (5th ed.).*]

Relapse Prevention: A Cognitive Behavioral Approach

4. **Identify emotional states**
5. **Identify reinforcers**
6. **Identify adaptive coping skills and encourage behavioral rehearsal**
7. **List potential negative consequences**

[Binik & Hall (Eds.). (2014). *Principles and Practice of Sex Therapy (5th ed.).*]

Foundation of Loving

Nurturing **is the most fundamental and important pattern of relating. It translates into a commitment to both taking care of and receiving care from our partner.**

Nurturing is one of the most important ways love is expressed and connection is experienced. Without nurturance, there will be *marital malnourishment.*

[Sharpe (2000). *The Ways We Love: A Developmental Approach to Treating Couples*.]

Trust Described in Two Dimensions

1. Transparency: The partner's keeping promises and doing what he or she says he or she will do/the opposite of lying and deceit.
2. Positive moral certainty about the partner.
   - Confidence and knowledge that our partner is an ethical, moral person.
   - It's about our partner's intentions, motives and actions toward us/treats us with high moral standards, integrity, honesty, kindness, love and goodwill.

[Gottman (2011). *The Science of Trust: Emotional Attunement for Couples.*]

The Intersystem Approach

- **Individual System: Biological, Medical, Psychological**
- **Dyadic Relationship/ Couple Dynamics**
- **Intergenerational: Patterns, Values, Attachment**
- **External Influences/ Environmental Domains: Society, Culture, History, Religion**

[Hertlein, Weeeks, & Gambescia (eds.) (2015). Systemic Sex Therapy. 2nd Ed.]

Systemic Sex Therapy Topics

Individual System

Topics: Cognitive Distortions about Sex
Irrational Thinking about Sex
Sex and Mythology
Feelings about Sex
Response to Sex Initiation
Trauma
Sexual Scripts

Couple System

Topics: Sexual History
Sexual Communication
Sexual Patterns
Relational Intimacy
Trauma
Sexual Scripts

[Hertlein, Weeeks, & Gambescia (eds.) (2015). Systemic Sex Therapy. 2nd Ed.]

Systemic Sex Therapy Topics

Intergenerational System

Topics: Sexual Scripts
Sexual messages
Trauma
Unfinished Business

External Influences

Topics: Religious, Cultural and Society Beliefs about Sex/External events such as death, disaster and economic hardships

[Hertlein, Weeeks, & Gambescia (eds.) (2015). Systemic Sex Therapy. 2nd Ed.]

Sexual Relationship Model

Gender Identity	C	Gender Identity
Object Choice	O	Object Choice
Intention	N	Intention
Sexual Desire	T	Sexual Desire
Arousal	E	Arousal
Orgasms	X	Orgasms
Satisfaction	T	Satisfaction

Sexual Equilibrium

[Althof in Leiblum/Rosen (eds.) (2000). *Principles & Practice of Sex Therapy.*]

Top Sexual Problems from Using Porn

- **Avoiding or lacking interest in sex with a real partner.**
- **Experiencing difficulty becoming sexually aroused with a real partner.**
- **Experiencing difficulty getting or maintaining erections with a real partner.**
- **Having trouble reaching orgasm with a real partner.**

[Maltz & Maltz (2008). *The Porn Trap: The Essential Guide to Overcoming Problems Caused by Pornography*.]

Top Sexual Problems from Using Porn

- Experiencing intrusive images or thoughts of porn during sex.
- Being demanding or rough with a sexual partner.
- Feeling emotionally distant and not present during sex.
- Feeling dissatisfied following an encounter with a real partner.
- Having difficulty establishing or maintaining an intimate relationship.
- Engaging in out-of-control or risky sex behaviors.

[Maltz & Maltz (2008). *The Porn Trap: The Essential Guide to Overcoming Problems Caused by Pornography*.]

Relapse Prevention Strategies and Guidelines

- **Set aside quality couple time. Discuss what needs to be done to maintain a satisfying, stable sexual relationship.**
- **Evaluate the relationship every 6 months to ensure that you do not slip back into unhealthy sexual attitudes, behaviors of feelings. Set new couple goals for the next 6 months.**
- **Every 4 to 8 weeks, set a non-intercourse sensual pleasuring date or playful erotic date. Experiment with new sensual stimuli (a different body lotion or alternative pleasuring position) or a playful, erotic scenario (using a different oral position or sex in the shower).**
- **Maintain positive, realistic expectations knowing that it is normal to have 5 to 15% of sexual experiences that are not satisfying or dysfunctional.**
- **Accept occasional lapses without allowing them to become a relapse.**

[McCarthy & McCarthy (2012). *Sexual Awareness: Your Guide to Healthy Couple Sexuality*.]

Relapse Prevention Strategies and Guidelines

- Set aside intimacy dates without children.
- There is not "one right way" to be sexual.
- Each couple develops a unique style of initiation, pleasuring, eroticism, intercourse and afterplay.
- Be open to modify or add something new to your sexual style.
- Take pride in your accepting and resilient couple sexual style.
- Develop a range of ways to connect, reconnect and maintain connection.
- Include 5 dimensions of touch:
  - Affectionate Touch
  - Non-genital sensual touch
  - Playful touch
  - Erotic, non-intercourse touch
  - Intercourse

[McCarthy & McCarthy (2012). *Sexual Awareness: Your Guide to Healthy Couple Sexuality*.]

Relapse Prevention Strategies and Guidelines

- **Keep your sexual relationship vital. Continue to make sexual requests and explore sexual pleasuring.**
- **Stay accountable and motivated.**

[McCarthy & McCarthy (2012). *Sexual Awareness: Your Guide to Healthy Couple Sexuality*.]

Adult Attachment Styles

Secure

- Low levels of avoidance of intimacy and low levels of abandonment anxiety.
- Engage in self-disclosure.
- Likely seek support in times of need yet can manage stress and emotions independently.
- Available to partners for support and respond flexibly to relationship events.
- View self/others positively and feel worthy of love.
- Open communicators and positive problem solvers.
- Capable of affect regulation and distress tolerance.

[Johnson & Whiffen, eds. (2003). *Attachment Processes in Couples and Family Therapy.*]

Practitioner Reactivity

- **Energy depletion is a major contributing factor to practitioner reactivity, which can interfere with therapeutic goals.**
- **Reactive styles = survival mindstate responses to therapeutic stress:**
  a) **Empathic withdrawal > physically present yet emotionally, cognitively and spiritually withdrawn.**
  b) **Empathic enmeshment > either during session, or between sessions, think they are the only one who can help their client.**
  c) **Empathic disequilibrium > feeling helpless, incompetent and out of control for more than one to two minutes at a time.**
  d) **Empathic repression > no affective connection to the client's pain expressions, where curiosity is no where to be found, and our hearts are closed.**
- **Hoping clients cancel or terminate therapy may indicate a lack of empathic responses and frustration with or disappointment in the therapeutic roadmap.**

[Barrett & Fisk (2014). *Treating Complex Trauma.*]

Practitioner Survival Mindstates

Unmanageable stress triggers flight, fight or freeze reactions, experiencing powerlessness, devaluation, or being out of control.

- ***Flight*** **= difficulty attending to clients and difficulty going to work on the days scheduled to see clients that trigger reactivity.**
- ***Fight*** **= become irritable, tense or defensive and resentful in and outside the office.**
- ***Freeze*** **= being submissive, numb, robotic, apathetic or detached and struggling to remain present in the room.**

[Barrett & Fisk (2014). *Treating Complex Trauma.*]