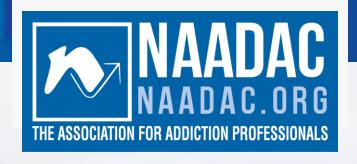
## Cognitive Therapy and Compulsive Sexual Behavior

**Presented by William Brock, PhD** 





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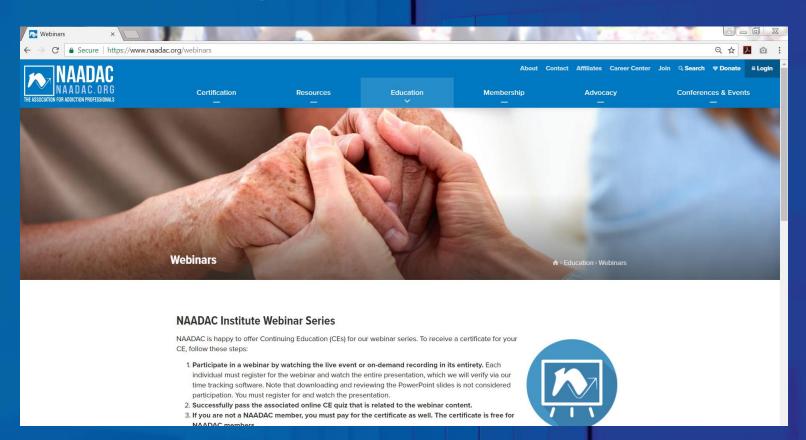
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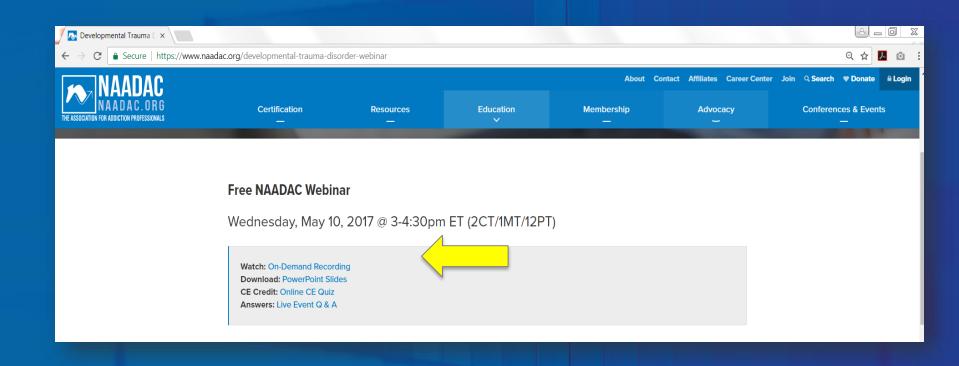
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## Using GoToWebinar — (Live Participants Only)

- Control Panel
- Asking Questions
- Audio (phone preferred)
- Polling Questions





### Webinar Presenter

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Sharp Grossmont Hospital & Alliant International University

### Webinar Learning Objectives

1

Describe the range of maladaptive compulsive sexual behaviors.

2

Apply rational emotive behavior principals to the treatment of maladaptive sexual behavior.



Identify unhelpful client beliefs related to compulsive sexual behavior and appropriate thoughts for reframing those beliefs.





### **Compulsive Sexual Behavior**

3%-5% of the U.S. population are actually <u>seeking treatment</u> for sexual compulsion disorders. This number of individuals affected is likely much higher.

Society for the Advancement of Sexual Health, <a href="http://www.sash.net">http://www.sash.net</a>



# Elements in our culture that promote sexual behavior

Cultural expectations
Sex in the mass media
Pornography industry



# Signs of Unhelpful, Destructive Compulsive Sexual Behavior

Escalation in time and intensity

Increase in linked behavior

Life problems in multiple areas caused by the behavior

Loss of time and interest for other areas of life, e.g. intimate relationships, family, career

Secrecy, defensiveness or irritability if asked to change the behavior

Previous failed attempts to stop



## Some types of compulsive sexual behavior

Substance linked sexual behavior

Co-occurring substance use and sexual behavior

Compulsive affairs, use of prostitutes, massage parlors,

Pornography use; pornography with masturbation

Problem dating and sexual relationships in recovery

Voyeuristic sex (strip clubs, looking through windows of houses)

Exhibitionist sex

Intrusive sex: touching others without permission, using position of power (eg, professional, religious) to sexually exploit another person, rape



# **Steps Towards Recovery From Compulsive Sexual Behavior**

Awareness and acknowledgement of the problem

Environmental control – e.g. money, schedule, internet access

Seeking help

Increased honesty and openness

Educating self (and partner)

The importance of "training your brain" to a new set of habits or automatic behaviors

Change is uncomfortable and we make mistakes along the way



### 12 Step Approaches to behavioral issues

Some availability

Group support

Sponsorship

Structured program

Higher power

12-step self-help resources: SA, SAA, SLAA



#### **Treatment is multimodal**

Self-help and other support recovery groups

Individual psychotherapy

Couples or family therapy

Inpatient or outpatient programs

Pharmacological care (such as the use of certain prescription medications to reduce compulsions or libido)

Cognitive Behavioral Therapy (CBT) / Rational Emotive Behavior Therapy (REBT)



# Benefits of Using CBT or supplementing with CBT

Evidence based treatment

Additional structure and focus

Specific skills and strategies

Focus on building self-management and self-regulation of behavior

Adds alternatives for individuals

Group support possible



### Overview of the treatment plan...

Learning new strategies for coping with urges and changing behavior

Defining a new bottom line with regard to sexual behavior

Adopting new, values-based activities and passions

Teaching relapse prevention strategies

Managing thoughts, feelings and behaviors

Practicing the new behavior and managing any relapses

Coping with secrecy, shame, and guilt

Lifestyle improvements (including goal-setting, nutrition, physical activity)



### **Cost – Benefit Analysis**

Advantages of the behavior	Disadvantages of the behavior
Advantages of stopping	Disadvantages of stopping



### **Cost – Benefit Analysis**

Advantages of the behavior

Avoid problems at home/work

A known, comforting behavior

Adrenaline rush

In "the zone"

Disadvantages of the behavior

Wastes time

Loss of relationships

Legal & financial consequences

Habituation; health consequences

Advantages of stopping

Improve relationships?

Increase self-respect?

Increase productivity?

Disadvantages of stopping

???



### **Cost Benefit Analysis**

Focus on the disadvantages of quitting or changing the behavior

Loss of partners or sexual activity

Loss of primary coping strategy

Increased anxiety, depression

Substitute behaviors

Need to learn new social and sexual skills

Loss of identity

Need to manage time/life differently

Boredom – "What do I do with myself?"

These disadvantages give us the material we need to begin planning for recovery.



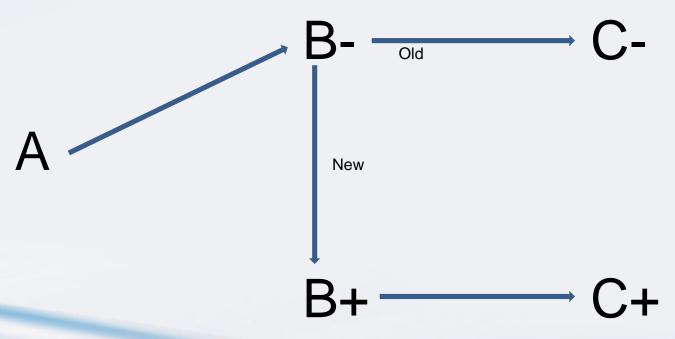
# The ABC Model Of REBT (Rational Emotive Behavior Therapy)

- A The Activating event or something we become aware of.
- B The thoughts or Beliefs that we have about that A.
- C The emotional and behavioral Consequences of the way we are thinking.

$$A \longrightarrow B \longrightarrow C$$

It is our thoughts and beliefs about events, not the events themselves, that determine our emotions and behavior.

### **The ABC Strategy**





### Key factors for using the ABC model

We are learning to become aware of our unhelpful thoughts

We are learning to dispute our unhelpful thoughts

Psychological flexibility is required to entertain new ways of thinking

We are putting together a more Effective (helpful, self-empowering) way of thinking

Changing habits requires practice and we typically make mistakes



### Let's practice with an unhelpful thought...

#### Unhelpful thought:

I have a high sex drive and this is what I do (view porn, cruise, see prostitutes).



#### More helpful thought:

My old pattern was dangerous and an old habit. I don't have to do that. I am learning to have healthier sexual relations and rebuild the quality relationships that I care about.



## More practice with an unhelpful thought...

Unhelpful thought:

The only way I can meet sexual partners is when I'm drinking or using.

## Polling Question #1



Which of these new, replacement thoughts would be most helpful?

A. I can find sexual partners at my outpatient program and at self-help meetings. We're in the same tough situation.

B. Meeting new people is a skill – I can learn to do it when I'm not under the influence.

C. If I quit drinking/using I will just have to give up sex.

### Still more practice with an unhelpful thought...

#### Unhelpful thought:

I am flawed...there is no hope for me to have normal relations.



## Polling Question #2

Which of these new, replacement thoughts would be most helpful?

A. It's true...I am hopeless and I can accept a miserable life in recovery. It's okay.

B. I am a good person and it will work out.

C. We are all fallible...and we can all change and learn new, more hopeful ways of living.

# Thoughts that can promote a lapse or relapse...

I can't change...my compulsive behavior is how I am.

I can only have sex with the substance.

I have to use the substance to have sex.

There is no sex like the sex I have when I'm using.

Now that I'm in recovery, sex is the last pleasurable activity that I have left.

Sex isn't harmful...everyone has sex.

I can't have sex without drinking or using.

Now that I'm using, I may as well go all the way and have sex too.



### Withdrawal and isolation thoughts...

I have been doing this so long that it is hopeless.

I don't have the skills to develop a quality intimate relationship.

I don't deserve a quality relationship...especially after what I've done.

No one will have me...I am "damaged goods".

I don't need (or want) a quality relationship...I am just fine on my own.

There is no way to recover from compulsive sexual behavior – it is an incurable disease.



### The goal of the ABCs...

Our goal is to identify the thoughts and beliefs that are not helping and to challenge them vigorously. Then we can start putting together a new, more helpful belief that will result in a calmer, more productive, and happier outcome.



### The Values Challenge of Recovery

We can distract ourselves, change the environment, and use lots of strategies, but the only real, long-term solution to changing behavior is to find other behavior that we care about that will supercede the old behavior – new, enduring, engaging passions.



#### **Some Resources**

Motivational Interviewing training (essential communication skills for counselors and health professionals)

SMART Recovery (On ground and on line self help for all types of substance use and compulsive behavior)

Candeo (paid, on-line CBT based program for problematic sexual behavior)

NoFAP on-line community supporting no pornography due to detrimental effects on users



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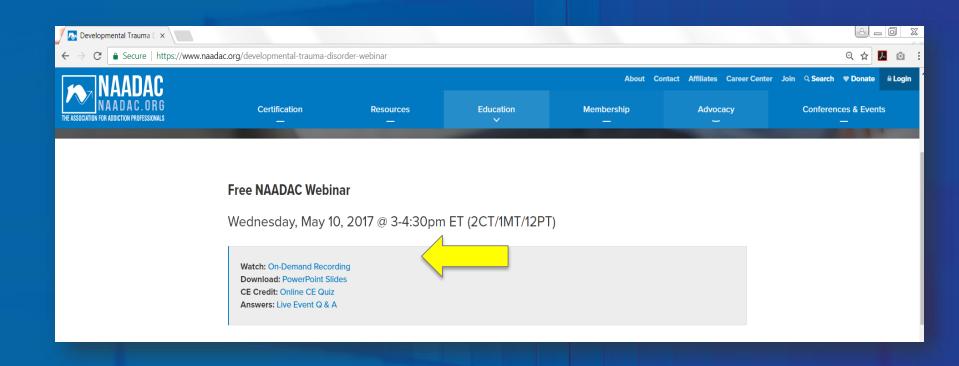


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September 12, 2018

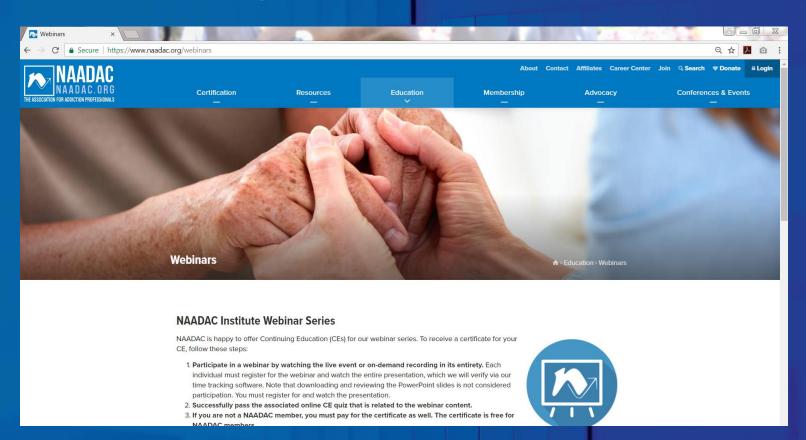
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