

NAADAC
Understanding Sex Addiction
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>> SAMSON TEKELMARIAM: Hello and welcome to today's webinar on Understanding Sex Addiction as a Behavioral Addiction presented by Kathy Kinghorn.

I am Samson Teklemariam and I'm the training director of NAADAC, the organizer for this training experience. The permanent homepage for this webinar and all our webinars is housed is WWW.NAADAC.org/webinars.

>> KATHY KINGHORN: Once I get started things comes out pretty quickly. My hope is that you get some real life skills that you can use in your clinical settings and for your teams.

We are going to get started.

Our learning objectives today, there are three: Objective one, we are going to have participants able to access scientific evidence supporting sexual addiction.

Objective two, participants will learn where to find and how to interpret two free sexual addiction assessments.

The last objective, participants will be able to identify three key characteristics present in early recovery and three key characteristics and long-term recovery plate so how familiar are you with evidence-based research in the field of sexual addiction?

In her particular research she found that those regularly who viewed pornography had it decreased empathy for victims, a blunted affect and increase in dominating and sexually imposing behavior. What I like about hers in particular is that she goes through the actual research and shows how these findings came to be.

The second, Dr. Voon, we will see a short video later on her research, she is a neuroscientist. One thing you'll notice about the research is that there is just a dearth of research for the LGBTQI population, most of this research is geared toward a heterosexual male having a compulsive or addictive relationship with pornography. We need so much more for the LGBTQI population, we need so much more research for females that are struggling with this addiction. Were as you look at it and other examples you'll notice the bias which it seems research has that bias but as more communities get involved I think other voices will be very well represented as time goes on.

One of the studies in here is Internet pornography causing sexual dysfunction? I like this study as well because the documentation is clean and it rings true how the studies were set up.

For example, they started to find in Europe, erectile dysfunction in young males, and that is really not been an issue with males under the age of 40, until this last decade. So one of their studies showed that Swiss researchers found that ED rates had 30% in Swiss men ages 18-24. That is pretty high, 30% of ED rates in Swiss men ages 18-24.

There's also a Canadian study that is in this research. They reported in males aged 16-21, and age that we have never seen sexual dysfunction for in ages 16-21, those that look at pornography showed a rate of 53.5% of having some sort of sexual problem.

So the research is fascinating when all of the studies were done, simply taking out pornography or sex toys allowed for that function to come back where again, we are looking at this younger population, 16 to 40 where they have an ability to have their sexual function return after 6-8 months of not doing sex toys or pornography. If you want research that is very helpful to see across the board, new behaviors coming out, new symptoms coming Outcome I really like Park's work.

When we look at where we have come with addiction, again, there is a lot of unknowns about behavioral addictions. I want you to get a snapshot, or four good reads I find helpful. In the book *The Brain That Changes Itself* by Dr. Diodge, this is a fantastic book and there's only one chapter on pornography but it is a good read and I would suggest this book for anyone fascinated by the brain and that particular chapter will give insight into a psychiatrist's view of what he is finding in the actual brain maps changing in individuals that have a pornography addiction. Gary Wilson has found research and I found his book is very insightful on the different kinds of evidence-based research but you will see it is very heterosexual, relationship, very male -- is the subject and we just do not have-- any of their population. And then Dr. Carnes is who I would consider the grandfather of sexual addiction. If you're getting into this field at all, if you want to know more about how to treat sexual addiction, read everything you can from Dr. Carnes, everything. I like his classic *Don't Call It Love*, it is a classic and can give you a foundational knowledge of sexual addicts and how they move in the world.

Dr. Carnes is open about his story so I am not disclosing anything that is not appropriate but you came at this because he is a sex addict and that is what started -- these four books have a different take. I believe chapter 6 is pretty deep and I know personally I had to go back and read it several times because you're talking about having a neuroscience breakdown sexual addiction to the layman. It is no easy thing.

But it is a fascinating look when were just talking from, what are we seeing in the neuroscience world?

In Dr. Doige, book, one of the quotes I like, is "Pornography, delivered by high-speed Internet connections satisfies every one of the prerequisites for Neuro plastic change." Just from that statement, if you want to know more about why and how read that book.

Gary Wilson, he is someone who is an advocate for understanding the negative impacts of pornography and his book has evidence-based peer-reviewed articles on the subject matter.

And then Dr. Carnes, his book largely discusses when he took individuals that identified as sex addicts, nearly 1000 of them, and he did some really robust research with them written so that book, Don't Call It Love is an easy read and it is the outcome of that research. Dr. Carnes breaks it down in a lovely format that is easy to follow.

There are other good reads out there, but these are ones that I find, if you're just dipping your toes into understanding what makes somebody -- why would somebody identify as having an addiction to sex-- these books come at it from different positions and they are quite enlightening.

If you have been in the addiction world at all, you know the definition of addiction keeps evolving. It keeps -- as we get new information, of course we are going to revisit old definitions. ASAM does a good job of making sure the definitions fit what we are seeing. So it is what we are seeing from the neuroscience world and behavioral psychologist come all these worlds come together -- and look at the date on this definition. 2019 -- this is an evolving world of behavioral addiction.

And chemical addiction as well. And so this addiction, let me read this definition. Addiction is a treatable, chronic medical disease involving complex interactions among brain circuits, genetics, the environment, and an individual's life experiences. People with addiction you Substances or engage in behaviors that affect and that is new to the addiction world -- or engage in behavior said become compulsive and often continue despite harmful consequences.

I once heard it said, trying to get away from an addiction by yourself is like trying to do brain surgery on yourself. Your brain has fundamentally changed. If your behavior has reached the addictive level. And so it takes outside help. It takes support. It takes being in a community that can help you through that recovery.

Now, that is the big official definition. I like to break it down to maybe a simpler definition.

Think about it this way. Chemical addiction is a pathological -- or sick -- relationship with a mood altering substance. We have all seen this. If you are here today, it is likely you have worked with many individuals that have a chemical addiction. And you can see they have a sick relationship with that mood altering substance.

So an alcoholic, I know plenty of people that drink socially and they've never had an issue with it. And it is good for them pretty we are seeing the benefits of medical marijuana, we are seeing some different chemical places that we -- the people have a very healthy relationship with. But in fact, we can get into unhealthy places and we can see that relationship change and become pathological.

Well, sexual addiction is simply a pathological relationship with a mood altering experience. So instead of it being a substance, it is simply an experience. Look at gambling addicts. I know individuals that really enjoy going and having fun at a casino. And maybe they drop a few hundred dollars but they have planned on it and it is their way of relaxing. They enjoy it or they bet on games and it is just a fun thing to do. Yet, there are other people to take those activities, and what happens is they start to have a pathological relationship with the experience. It alters their mood and I think it is Doidge's book where he says individuals looking at pornography on a screen look a lot like the rats when they are studying cocaine and how the rats are trying to get a hit of cocaine. They look quite a lot like that. If you've ever looked in a casino and seen some individual sitting at a slot machine, they are very much in their own world and connected to that machine and you can tell they are almost in a dissociative state where they are just enjoying the moment. Casinos used to in fact, they used to have -- money drop in the little bucket below and it would clang. They found that would jar people out of their dissociative state and people did not like that during noise. They wanted to stay in that more fluid state and so now they actually have cards you put into the slot machine and you can get your winnings at the cage later. Which is kind of an interesting visual because now I've back people were leaving their cards at the machine. So they attached a little plastic pulley to the card so people were literally attached to their slot machine. When you look at sexual addiction or possibly one of the things that looks a lot like sexual addiction is a gambling addiction. And they are both pathological relationships with mood altering experiences. So now I want to show you one of the activities that is good for you to do with your clients, is have them draw their addiction.

This can be really powerful, group work with clients with addictions is I think critical. They need to be in a group setting to practice the skills they need to learn. And so if you do this in a group setting, it can be even more powerful but certainly, you can do it in an individual session. Just have them draw their addict. So on these two slides that I will show you, the first one is one of my guys that was addicted to heroin, one of my clients.

He drew, it was a homework assignment, I want you to go home and spend time and draw your addiction. The second one is one of my clients is a sexual addiction. And in the situation I have them go home and use it as a homework assignment, so you could certainly have this as an assignment in a session or group. You can either one of these pictures may be triggering so I will let you know ahead of time.

But I think they have such a great visual of what these individuals are really struggling with. First, I will look at the chemical addiction. This is -- my client was on heroin and addicted to it and he actually had overdosed once and his wife fortunately was there and brought him back, so his addiction was advanced.

In this picture he is showing those little lines, they are fishhooks. And his description of it, diesel fishhooks, they do not look like they can harm you at first but over time, more hooks and more hooks form and finally he was hooked to the point of death. Below the middle finger you can see his pills, that is his visual of the pills that he was cooking and then ingesting.

To me, as we sure that, it was really powerful moment for him. It is so powerful to allow your clients to get a visual. We know that everyone learns differently and we all do. So if we can allow them that space to look at it visually -- and this happened for him to be a real game changer.

He actually said that he posted that, this picture in his bathroom. It actually gave him hope. Now, for another addict, it may not. It depends on their mental state and how they can use the different tools but for him, he looked at that and allowed himself the gift of seeing how far he came. By the way, I had permission from both of my clients to share these photos. Now the second one again, this may be triggering but this is from one of my clients that has a sexual addiction. In this what he brought back to our group to share.

Of all the drawings I have seen and I have seen numerous drawings of addiction and some have this level of graphic nature, his seems to resonate with me -- when a sex addict is trying to say what it feels like to be out of control -- and this is a male sex addict. I think this visual really allows you a window into what they are facing and experiencing. The top four tentacles are eyes, and then you can see eyes farther down in the phallic symbol here. And what his comments were is I am always looking for that hit. I'm always trying to find it. I am always searching for where it might be. And so if you look at these side-to-side, you can feel at almost a visceral level the experience these two men were up against. One was not any easier than the other. I've had clients that have a sexual and chemical addiction say I would rather try to get off my chemical addiction then try to get away from my sexual addiction. That withdrawal seems easier than what I'm trying to do now but comparison doesn't help in the situation. I think sometimes with the sexual addiction people minimize what these men are experiencing and again amusing men but my female sex addicts, what they are experiencing, it is

deteriorating their quality of life and making their life unmanageable. So in that first slide was talk about one of the research articles present, it was an article by Doctor Valerie Voon. And before we watch her video, I want to say it was interesting how the video came to be, there is a documentary -- and this is just a five-minute slice out of the documentary -- the male in the documentary that is the voice to it was an editor for a porn magazine. He was fine with that and had no issues with it. He was doing that as a career and doing quite well and then he had a boy.

He tells the story in the larger documentary and says I started to think that the porn that I was looking at was a lot of boobs and naked women really. It was soft porn compared to what is out there today. I realized what is my boy going to be exposed to what is porn like alpha this newer generation? So he set out to find that answer for himself and let's watch this video that we will watch that shows Dr. Voon's research into what does porn look like in the brain. Samson, you can run that video now.

[Video]

>> We look for someone really smart who could collate scientific data for us. Witches were Doctor Valerie Voon, a top neuroscientist at Cambridge University enters the frame, she's a global authority on addiction and what it does to addicts brains.

In recent years, MRI scanners have allowed scientists to look inside the brains of those addicted to substances to see how they differ from the rest of us. The focus is on a network of interconnected areas of the brain, the reward network.

Here Pleasure is processed and evaluated. At the heart of the network is the eventual stratum, the reward center grade this is where our pleasure center is produced, food, sex, sex, is registered as delicious and something we want more of.

And alcoholics reward center shows an exaggerated response rate their brains crave it now while the rest of us can wait to later. No one has ever scanned the brains of porn users who feel like they are addicted read

>> I didn't know what to expect when I first started the study because we know so little about it. I was quite skeptical and a bit ambivalent about the study.

>> After a nationwide search we found 20 men, aged 19-34, whose lives were so controlled by porn that they were willing to take part in our study.

They didn't want to be identified but they were prepared to be scanned by Dr. Voon they were compared to a control group of healthy male volunteers.

>> We ran a series of tests looking at brain activity with the functional MRI and looked at differences between brain activity in different regions of the brain.

We are having a quick scroll through his brain to make sure everything is as it should be.

>> The subject of the study was shown images of explicit porn to see if the reward centers would respond in the same way as drug addicts. If they did would suggest that porn right indeed be addictive for them. Although I was not part of the study I had volunteered to be scanned for the program and by this point I was crapping myself. After all I spent 15 years of my career micro-analyzing naked women.

When the data was analyzed the results were astounding but while the ordinary people were clearly excited by porn, as one would expect, the compulsive users' brains were twice as active in their eventual stratum like addicts of drugs or alcohol.

>> When they are exposed to cues they have an increase in activity. So in response to an explicit video, we see a very clear increase in activity in the reward center.

>> There was more. The reward network of the compulsive porn users were lighting up like Christmas trees. Areas involved in anticipating the porn physically responding to the porn and prioritizing the porn, were all hyper activated as if these guys entire reward network is being hijacked by pornography.

To my immense relief mine was not. Like the healthy volunteers my response to the porn was barely visible whereas the porn users' brains were going ballistic.

The reaction the porn users, they cannot control that, can they? They cannot affect the outcome.

>> No they cannot

>> If people ask porn is addictive, there is the proof.

>> Compulsive pornography users have parallels with substance use disorders on several levels. This is easily one of the first studies of its kind. But what I emphasize is that a lot more needs to be done.

>> Dr. Voon's results were part of a wider study and published in a peer-reviewed journal with the results are painting a pretty scary picture.

This research seems to show that porn can be addictive. If that is the case and we give our children free access to online porn that's like leaving heroin around the house.

>> KATHY KINGHORN: So, a couple of things to point out from that video. Because that was just a snapshot, I wanted to give you snapshot of what she was seen, when you look at individuals that are going to and FMRI and are shown in alcoholic beverage they look like healthy volunteers, alcoholic brains light up like pornography addicts. But this gentleman who spent 15 years in the porn industry is not an addict. For reasons that we do not clearly understand about a lot of addiction, some people get addicted and some do not.

And so it is good to understand that everybody that looks at porn is not an addict and we would be doing a disservice to treat everybody that looks at pornography as an addict. For some people, pornography is a part of their lifestyle or their partnership. And they do not reach the addictive level. And so if you start seeing this population or maybe if you have, for example, I am known as someone who treats sexual addiction, so I will have somebody come in and say, I am a sex addict. And it is because his wife found out he had three affairs or maybe somebody caught him looking at porn.

we have to do due diligence as we would do with a chemical addiction -- we have to look at porn addicts and ask, does their behavior reach the addictive level? And if not, we cannot or should not treat them as having a sexual addiction. Now, this can be upsetting sometimes for the wife. I have sat with wives. And for a lot of reasons, that we do not have time for in this presentation, they think he has to be a sex addict because he did this bird or they think, look, I know I am an addict but when you really start to dig deep and considered if they reach that level, if they are not an addict, do not call them, do not treat them in that way.

That would just be my clinical tip for everybody.

And here I am putting this in here, again, if you go back and look at this slide, you can look at her results of this page, it is pretty deep reading on this one, but it can be really interesting.

How does all this research help in your office? It can increase the likelihood of a correct diagnosis. You can look at it and say someone's erectile dysfunction, if we take out physical reasons for it, it could be created by a sexual addiction. It reduces the chance of misdiagnosing the partner. So again, if you look at somebody living with somebody with an addiction, you can diagnose them incorrectly with betrayal trauma rather than misdiagnosing them as borderline or bipolar or some other diagnosis that does not fit. And it can help your client put language to their experience. When we have a shared language, it is why we created the ICD and DSM, to have a shared language so all of this reasons and probably more allow research to help in your office so it's good to state to do the research so some of you may know that addiction increases and we have three A's.

Usually when it is affordable, crack cocaine blew up in the 80s because it was cheap. So on that one A. When it is accessible, there are more gambling addicts in Nevada than Utah because it is more accessible. The Internet is changing that but when it feels like it is anonymous or a feel of anonymity, addiction will increase.

I find that there is a fourth A, that is also present, when it is accepted, so in America, we accept work addiction and accept it is normal to have a 60 or 70 hour workweek at but if you go into a European country they think we are out of our minds. So those four A's, anyone of them can increase addiction when they simply raise the taxes on cigarettes and made it less affordable wherever they did that, teams were less addicted to cigarettes so anyone of those could hit increased addiction. To me, pornography has -- it hits all four treated

It is affordable, it is free, it is accessible, anyone can get it. The American library association has fought very, very hard to make sure that pornography stays in libraries. They are adamant about making sure it is there and that access is available to anyone that wants to access it.

Individuals can feel like pornography is anonymous and nobody will catch them but oftentimes in my office I find somebody -- there's some extortion going on. If you do not send me this money I will show you the videos. If the pornography went into sex chats and stuff. So it is not anonymous but it can certainly feel like it is. And I think as a society we are certainly accepting that pornography is here to stay. And a lot of people think, why is it harmful?

And so it hits all four of those in my opinion.

I want to go back to a little bit of what the research talks about, the difference between wanting versus liking. Because this will show in your clinical setting. And you will want to pay attention to it and explaining it to our clients really helps them.

So wanting will increase for addicts but liking will decrease. So wanting increases but the liking decreases read the wanting comes from the anticipatory reward center. The liking will come from the consummatory reward center. So I can think about wanting a vacation in the Bahamas. And I will get excited about that. My anticipatory reward center will kick in and I will think about it. And I will feel excited.

will be a difficult feeling for addicts So likely you have heard about BLAST: board lonely angry stress tired. That is the high-risk emotions addicts face. But I will also add to that, anticipation. When addicts spit anything, if they are active in their addiction, as they get into recovery, when they start to anticipate maybe a holiday with their kids or upcoming vacation if you do not talk to them about the high risk emotion or the anticipation, they will hit anticipation and it will trigger them to go back to their addiction.

And it will set them up for relapse, just talking about it and bringing it out into the open can really take the power out of that. Especially when they are stressed -- the wanting increases the drive behind the motivation. There is some great research on this but interestingly, the liking does not increase even when the wanting increases. What I mean by that is even when they are stressed, the liking of it will not increase -- it will not do what they wanted to do. They may feel like, that did not do it for me and so they may go into a binge and act out for hours trying to get that stress to dissipate, when the wanting of the addiction does not.

So just a little tip to pay attention to those in your office. Now I would like to talk about these two assessments it and what I like about them is they are not only a great assessment that has high level like 96 or 97% accuracy, but they are free. So that is the great thinker

Dr. Carnes headed up a study in 2012, because what he wanted to do, he wanted to find an assessment that would be quick enough for emergency room doctors to do, for social workers to do, for GPs to do, he wanted a quick -- you are probably familiar with the CAGE assessment, very quick for alcoholism, very high accuracy.

He looked at CAGE and said, how do we do that -- how do we take what worked for the alcoholic population, and bring it over to the sexual addiction population?

So, he found that just on these six questions, you can determine if somebody's behavior has reached the addictive level. Again, we must be careful and make sure that somebody saying they look at porn, you do not just instantly say they are a sex addict.

Here are the six questions. And PATHOS is the acronym. Do you often find yourself preoccupied with sexual thoughts? Have you ever sought therapy for sexual behavior that you did not like? Has anyone been hurt emotionally because of your sexual behavior? You feel controlled by your sexual desire? And when you have sex, do you feel depressed afterwards?

So if somebody answers, yes, to just one of these questions, you ought to take a deeper look and see if the source of their behavior is a deeper level. They may be in the category of somebody that has sexual addiction. Think about how powerful these questions are pretty due hydro- sexual behavior from others rid of someone has no issue viewing pornography they will not hide out from those close to them and may be those close to them may join them in that so they are not ashamed of their behavior but if they are hiding it is would suggest their value system does not line up with their behavior.

So if you have two or more of these answered positively, is indicative of the presence of a sexual addiction and you should do more assessing to make sure -- that you are getting the assessment correct. So that is super quick. I like to give these -- when I go to a doctor's office I

hand out the PATHOS questionnaire and without fail, the doctors are appreciative of it. They want this quick assessment because they are seeing things, especially in the emergency room that looked to them like problematic sexual behavior. And so when they can ask these questions and determine it, who they refer that person to is much more equipped to handle what the person is dealing with. The second assessment is longer. And it was back in 1989 that this first came out, the sexual addiction screening test.

Has had some revisions and that's why it's called SAST-R 2.0, and we are now at 2.0. But there's a great article to understand this test. This article excludes the full background and how they came up with this. It is a very robust assessment.

What it does is it will score your client on this scale from 0-20. So most addicts will score above a six. So I did a random client of mine, I took his sample out and his was a 12 which means his behavior reached the addictive level and what I was seeing in my office match the fact that his behavior had reached an addictive level. The highest score I've personally ever seen is a 19. When they get to that level have legal issues and their life is completely out of control. They have financial issues. Often times they are into offending behavior and their really hitting all the signs that show a very advanced addiction. So to find this tool, you can go to [recovery zone.com](http://recoveryzone.com) and I would challenge everybody who is listening to this webinar to take that test as if you were one of your clients.

Take it and say I know this person in my office is not where he would like it to be and I will just run through the test and see what that score would be. It is free. You get the results, like I showed you, you get the results on that scale and you will be able to understand the power in each of these questions so much better. It is a great way to look at what your client would experience if they were taking the test.

I would add although we are not talking about this population -- at recovery zone, you can have a partner take a test for betrayal trauma that is very robust as well, to see where they are at with their betrayal trauma. And so this is a great free resource. There are other assessments that I have access to. But your client would have to pay. You would have to be a CSAT, and so these are great ways to start a dialogue with your client.

If they take the test, have them print off results. And it is a great way to source for things you may not have seen in your office.

So here is another poll. Just a question, knowing that these assessments are readily available, would you use them to help with the assessment of your client?

No, I believe they may lead me to miss diagnosing a client. I can see some situations where I may use them. I plan on putting them in my initial assessment. Or I am already aware of these assessments and use them.

>> SAMSON TEKELMARIAM: Thank you for the excellent questions that have come in, please continue to send those questions into the questions box of the GoTo Webinar control panel. And we will answer the questions in the order we have received them. Any questions we do not get too, we will post online at a later date using a Q&A document. About five more seconds for answering this polling question.

[Poll]

>> SAMSON TEKELMARIAM: Thank you so much, everyone, I will close the poll and share the results. And I will turn this back over to your presenter.

>> KATHY KINGHORN: Thank you Samson. 69% said that I can see some situations where I may use them. I think that is fair. You will not use them with all your clients. 27% said I plan on putting them in my initial assessment, and 2% said no, they may miss lead me to diagnose my client and 2% were already aware of the assessments and use them. You can I will keep going because I would like to be able to answer questions that are coming up. You can let's talk about the stages of addiction. These were developed by Dr. Carnes and what he found, and again, that book don't call it love really goes into this but let's look stages into the recovery.

The developing, they are starting to lie and have more selfish behaviors and starting to have more boundary issues. They are starting to go into isolation and secrecy.

The next stage is usually where you will see a client, that crisis stage. I need to put this behavior behind me, I am done with us pretty I am in crisis and I got arrested or got caught, I got fired, whatever. They are making the decision, do I stop into recovery or don't I?

Then there is the shock stage. Think about somebody who is in shock. This is usually where you s clients are they will have all the symptoms of shock. They will bad days, they will have trouble focusing, their energy will be shot. They will have a hard time speaking and they will be in this, how did it get to this point? This is also further partner they are with food they will come in in this stage as well and then there's the repair stage which is really, you are repairing relationships their partners but with your finances, maybe with your community maybe with your career but maybe with children. You are just repairing things.

And then there is the growth stage but everyone does this differently. So Don't Call It Love is a great resource for this. You will see that these are the Me stages in the first three stages, you are working with the individual and it is not okay to have marriage counseling. With an active addiction there's no healthy marriage bad so you're doing a lot of the work to have them focus on how they are going to overcome the addiction and work towards healthy recovery. You can't the later stages at the "we" stages, that is where they come back together and work on the relationship.

The addict will go back and forth in the stages. And you will want to keep up with that and know that if somebody is saying -- if some little behaviors circling back to that decision place, where they are not sure recovery is for them and you see them in the repair stage, it is like okay, they went back to the decision stage.

I flesh this out quite a bit more with clients and I will ask them, what stage do you see yourself and? And they will say, I went back to the developing stage. But what you will find in the lower stages, the "me" stages, is that the addicts worldview will be, everybody is the enemy. Kathy is being mean to me or my partner will not listen to me or she does not trust me or somewhere, where they get defensive and see everybody as the enemy.

Later in recovery, they will see people as the advocate. So a really good question to ask and have your partner ask the addict is, how do you see me now? The addict can also ask the partner that could but it is a really healthy question because there's only one of two answers, you can only answer enemy or advocate put up with that restriction there so that they can see that if they are not in a healthy place, if they see their partner who has stood by them and is helping to this as the enemy, then the conversation ends and it is not a place to move forward in the conversation.

Go call a sponsor, go to agree but do not have a conversation when you see the other person as the enemy. And again, I am running through this. There is a much deeper dive but I'm trying to give you smaller tips at a higher level to help a client out.

A simple thing to do with your client -- addicts always want but the responsibility for the recovery on somebody else. And so an easy way to help them put the responsibility on themselves is to draw this graph on your whiteboard and say look, when your risk increases, your safety plan needs to increase. So how risky is it for you to walk to your car right now and masturbate after this session. It is usually low because we had a powerful session so what is their safety plan to drive home it will be low. But if the partner leaves for the weekend, that is a high risk space.

Always put the onus back on the addict, it is nobody else's job, they can tell their partner I have to be off the computer at 10 PM, Because it is not safe for me to stay up, even if you are there, I know that is too risky for me. So always focus for them on how are you keeping yourself safe? And do not let them off the hook with that question. It is a powerful question for them to ask and I will give you an example I use with them. I am a grandmother now, and so I have great treats at my house. I seriously do.

So I have a gang of little ones that come over and grab a treat or something. One time six or seven boys came over and they were getting, picking out there treat and one of them was four years old and said, I gave him a Gogurt and he said does that have dairy in it and I said yes it does pity he said I found that I cannot have dairy so he picked another treat-- he is a four year old and a 4-year-old can have a safety plan so a grown adult can have a safety plan and he or she is responsible for that safety plan. We can go on a deeper dive on that but I will leave that alone for now.

Some things to consider with the safety plan, do not worry about the why early in recovery, I believe to get to that you have to get further from the "want" of your addiction.

If they are going to the "why" of their addiction it will trigger them into acting out if they do not have the skills yet, so they can go back to that in a healthy place.

Oftentimes they go to the "why" I need to tell you about the trauma in my childhood. And certainly we need to talk about that but think about it, if they leave your office and have unpackaged trauma and do not have the skills to get through the night or the next day or hour, they will act out so be careful when you consider the path of recovery, why are you talking about the "why"?

It is better to talk about early which is "how" and "what". How do I do that and how do I keep myself safe and what do I do to keep myself safe?

An example, my family wants to go to the lake and I get triggered by women in bikinis Creed so how will I do that? How do I join my family at the lake and what do I do to keep myself safe? Is asking every woman in a bikini to cover up -- is that the right answer-- is never the right answer. So how do I keep myself safe? Do not have their spouse, their sponsor or you or their ecclesiastic leader or anyone else create their safety plan for them. When you find yourself in this role -- because a lot of times in this conversation, I can tell you that addicts might call it throwing a rock in the pond, they want you to look over there and not focus on the issue at hand, which is their own safety.

So if you find yourself saying have you thought about a filter or have you thought about not taking your work computer home? You are creating their safety plan for them. So put the onus

back on them. And hold their feet to the fire -- how did you do and how did you keep yourself safe? And had to share that with your partner? How did you share that with the person in your life and do they know your safety plan? It is really powerful and really necessary to build trust for the addict to have a partner in on their safety plan. That is a real trust builder and a game changer when they hold their feet to the fire, their own feet to the fire and say that I am not safe here, I need to leave or shift something or I need to do something if they are in a situation that is not safe for them.

Wants to talk about the difference between what you are going to see in early recovery versus long-term recovery. There are specific characteristics that addicts have early on versus later. The first one is they have forgotten how to protect I don't believe don't protect what we don't love and we don't love what we do not protect. So an addict might say I don't know if I love my partner. How do you keep your partner safe, and help influence that, get her into what you are doing in recovery? They have protected their addiction for a long time they will spend any money they need to on that and are protective towards that. So do not get caught up in whether or not they love their partner. Talk to them about how do you protect your partner. And once they start making protective moves towards the partner they will see, do I love this person or not? Is this someone I choose to protect going forward.

That is one of the biggest things that I see and actually the research bears this out. No individuals that watch porn even for 10 minutes and if they went to 8 jury trial, this is one of the pieces of research done, they are much more lenient for sentencing than someone who committed a sexual assault and more victim blaming. It is not just they aren't protecting their intimate partner but they are not protecting other individuals that might be victims of sexual assault.

Focus on protection and not love focus on honesty one of the things I think therapists miss is you think an addict would know what honesty looks like but in the addiction they will look like a liar. They need to be taught rigorous honesty and for some unknown amount of time they will rebuild their integrity. Curiosity will lead to empathy. They will not have empathy out of the gate and will have to learn how to get to empathy, by getting curious about almost anything really, other than themselves.

Well, they can get curious about themselves for sure and you want them to work on that but what is your partner's biggest struggle with this? Are there times when your partner feels joy in their life again we is joy coming back? What does your partner do to help get them out of each, trigger? When they can get curious and absolutely own curiosity, that will lead them to empathy. So you'll have to teach them what curiosity looks like good

They likely will not know it, depending on where you are coming into their path. Healthy boundaries -- when I meet a guy for the first time any society I am a sex addict, I will say well, my opinion, to be a sex addict, you have to be a liar, selfish and have horrible boundaries.

People often say, what are horrible boundaries because they know they've been liars and have been selfish. I will explain what horrible boundaries are. And then they will say yes, I think I hit all three of those Purdue, so understanding healthy boundaries will lead to self-control if they will have to -- usually out of the gate it starts with keeping boundaries. It might partner has requested me to do this, and I need to keep that boundary but they also learn a lot of the lines that they have to make boundaries. But that is a second tier learning how to keep them and make them allows them to regain their self-control. It's a lovely spot when they know who they are going to be at the end of the day. When you are an addict, you do not know what will be happening in your day.

Once self-control hits, they can know -- that I'm going to do whatever is necessary to move away from addiction and then they go about doing whatever is necessary. And so a lot of boundary work is necessary for recovery. Especially for their partner, understanding what their partner needs as a boundary is powerful for them to understand it. I find addicts will take boundaries as punishment.

And addicts I find are okay with punishment they are not okay with consequences. But with punishment, time is up and look I've been gone from the house for six weeks so I need to be let back into the house. They take it as a punishment rather than a boundary per

Consequences look different as we know -- punishment looks different and you have to parse that out you have to have a healthy empathy with their experience but you have to make them held accountable for boundaries and all the healthy things that go into healthy recovery Purdue con staying in reality -- this one I would love to spend a ton more time with -- actually any of these -- but addicts live in fantasy and I'm not talking about sexual fantasy, they live in fantasy about everything, that there boss Saul the hard work they did and they are going to be rewarded.

Is likely fantasy most bosses miss her hard work or assume you're just working hard. When you stay in fantasy, you cannot learn in fantasy and so that I believe addicts have a low emotional IQ because they are not learning anything in fantasy. The longer you can get your clients to stay in reality, the more emotional regulation they will be able to have. They will be able to tolerate uncomfortable emotions. This stepping point is such a powerful place to be with group work.

Because the group can hold each other accountable on all of these. The group will hold the other person, hold their group mates accountable. And they will -- if you have a really healthy

group and you are facilitating it in a powerful way, you'll find yourself doing less and less of the work, because the group members will take over and they will say, I think you are in fantasy. And they will receive that feedback and go, okay, I don't see it tell me what you think my statement is fantasy.

Then the group un- packages it and the person needing help can say this is hard feedback and they will get uncomfortable with the emotion and then they can allow themselves to sit in that uncomfortable emotion for a while. And then move away from it, and with the help of a group. I just cannot emphasize working with group enough.

Because that is where you see them getting the acceptance they need, Getting the honest feedback that they need and the support that they need. And so all of these points are amplified in groups.

One of the attachments in this webinar is just an e-book that I did on this particular subject matter. Early Recovery Versus Late Recovery. So it takes a deeper dive and allows you to get a little more of the back story to it. But you can take this information and pull it apart in a lot of different ways. In individual work for sure, but also with your group members.

Actually, we have one more polling question. So let me ask you this. A good clinical question to ask a client early in recovery is: do you see that pornography hurts your wife? Do you love your wife? How do you protect your wife? Why do you get so upset when your wife asks about recovery?

Take a minute and take that poll.

[Poll]

>> SAMSON TEKELMARIAM: The question is just now popped up on his kingdom about 25% of you have responded. Thank you for being here and we will shift to a live Q&A in a moment. Excellent questions have come in and I assure you there is no way we will get to all of them during the time that we have left. But we will get to the ones we asked earlier and will keep knocking them down as fast as possible. Any questions we have not gotten to we will have that put into a document and we will work with her to get those posted at a later date.

There are three additional resources in the handouts of the GoTo Webinar control panel. You can if you're having any trouble downloading the additional resources, they will be on our website shortly after the live presentation. About five more seconds to answer the polling question.

Thank you so much, everyone.

>> KATHY KINGHORN: For a lot of reasons, the correct question is, how do you protect your wife. And again, this is early recovery per the other questions, I do not find them having any value because you don't want to get in a situation where you are just dumping shame on your client -- "don't you see pornography hurts your wife?" they don't have empathy at that point but they have a boatload of shame and it makes the course more difficult because they get so embedded in shame. At they will not be clear on what love looks like later in recovery -- they will be much clearer and will come in and say, Kathy, I am not sure I know what love is and that is where you do the good work.

And the D, why do you get so upset when your wife asks about your recovery? There are far better ways to get into the psyche and address that. Again, we are talking about early recovery so like six months, maybe the first year, how do you protect your wife, is a powerful question.

Samson, I think I'm doing pretty good on time. I think I will tap out here with that one last slide and then if we have time for these questions, that would be great.

>> SAMSON TEKELMARIAM: Thank you so much, Kathy, and thank you to everyone for sending those questions. Kathy was incredibly generous not just sharing her expertise but inviting that e-book, The Long Road to Recovery it is in the GoTo Webinar handouts tab and it will be available after this webinar as well.

Our first question is from Ashley from Seattle, who asks, is sex addiction in the DSM-V? Is there any report and if it is not in their will it be in future additions?

>> KATHY KINGHORN: The short answer is, no, but you have to remember that the DSM-V is a-theoretical, and so we are looking at just symptoms that we can see and are self-reported. It is in the ICD read and think about the two differences, the ICD is a worldwide classification but it is not limited to the American psychiatric association that has some dollars behind it. I think the ICD has a more robust panel when they look at what should be included. So short answer, it is not. It is a political lightning rod and I think that is why it is not. Gambling was in there.

>> SAMSON TEKELMARIAM: In research that categorizes participants as having used pornography resulting in sexual dysfunction, does that include people who view pornography or people who view pornography repeatedly and regularly masturbate to an orgasm using that pornography, is there a difference between the two groups?

>> KATHY KINGHORN: In the research I cited in that you will see, they will share with you the population that they have looked at so in that video, for example, they showed gentlemen that were reporting -- maybe I look at pornography but I am not addicted to it. Versus people

reporting, I compulsively use pornography. So depending on the subjects, you will see the difference.

>> SAMSON TEKELMARIAM: Thank you read the next question, Sam from New York asks, does a counselor approach the presentation of a substance use disorder and behavioral disorder, like sex addiction, as a polysubstance type of issue, as if they were addicted to two drugs? Or is it approached and treated like a co-occurring disorder as if they are dealing with an SUD and depression.

>> KATHY KINGHORN: That is a really good question. I would say that it is -- it is probably the poly-- I'm sorry I don't remember who said that. But I am going to go with A. [Laughter].

>> SAMSON TEKELMARIAM: The next question is from Allison from North Carolina, are all of the research and books presented, they seem to have been conducted and written by a white, heterosexual men but can you recommend books from people that do not identify as white heterosexual men?

>> KATHY KINGHORN: Maybe you got into the webinar late so thank you for that because there's probably other people that did also muscle I appreciate this question. Honestly, no. We are doing such a service to the LGBTQI community by not having any research that really looks at the dynamics and all of the differences and nuances and all of that. They are not represented well. And we need it desperately.

Personally, I have looked for it and I have not found anything that looks like it is good quality. So if anybody has any, I would just love for you to email me that because there is a desperate need for the underserved populations to be represented.

>> SAMSON TEKELMARIAM: We are doing a great job everyone and chopping down the big list. Next question from Michaela, can you address ways to have the conversation with the client who believes their behaviors are due to addiction, whereas you determine that they do not meet the criteria? I would see the client maybe having more issues with shame and guilt and facing the feedback versus the label of having an addiction.

>> KATHY KINGHORN: So, what I'm hearing is you have assessed it and it does not reach the addictive level but for some reason they are clinging to the label. And it is helping them in some way -- I'm not sure I got that right-- or it is inducing more shame for them --

>> SAMSON TEKELMARIAM: Michaela's question is everything you just said but how do they approach that conversation with reporting that feedback in a way that is not shame inducing or guilt provoking?

>> KATHY KINGHORN: If they do not have an addiction?

>> SAMSON TEKELMARIAM: Yes and they believe they do.

>> KATHY KINGHORN: Okay. It is such a great question and I'm turning to be concise on the answers for one way to do it be what would the behavior be if the behavior was not an addiction. Maybe somebody has a value set for example where they have no -- they actually have a value that says pornography works for me. And yet maybe where they were raised or some outside force is saying, but you should be ashamed because pornography is working for you.

So you have to get into their psyche and what does that really say about you if you do not have an addiction? I would probably ask that question. And if I thought about it I would ask a couple more but I would drill back into, is that your story or did somebody give you that story? And because that story you are given, you do not know how to create your own story.

>> SAMSON TEKELMARIAM: Am going to try to squeeze in maybe two more. The next question comes from Leticia who is currently stranded in Canada due to COVID. Are the indicators for adolescents might be developing sexual addiction?

>> KATHY KINGHORN: Great question. We want to be careful with adolescents but with our assessments. There are some assessments coming out. I reviewed one that looks like it will give you an indicator if the behavior reached an addictive level. I could send one out that a colleague of mine did you could use as an assessment tool. We see with behavioral addiction in the teen years -- we have to also be cautious that we are getting it right.

>> SAMSON TEKELMARIAM: Last question, and if there are answers to the questions that, Kathy, you may want to point to resources or link, you can add that to the Q&A document.

Last question is from Ashley, I noticed a lot of sex addiction services are based on Christian or religious intervention. It has its critics of these classical interventions that it is sex negative and shame-based, what would you say in response?

>> KATHY KINGHORN: It seems to have that view and I am with you on that but this seems like it is some sort of religious thing. But what you find is agnostics and atheists and part of that study -- it looked at agnostics and atheists. And the difference is, there are certain groups with all the same behaviors but those involved in a relation of more emotional distress out of the gate.

Personally, I don't see it as a religious issue. I see it as, is it an addiction or not? But I agree there is that sentiment that if you just loosened up and lightened up, it's like the American

library association said, what does it matter if kids walk by and you are looking at boobs, that is literally what they said but that's not the kids are seeing in the libraries. They're seeing very violent behavior and it is an injustice to individuals that are not associated with the religion to date except any and all behavior. I have a lot of individuals on my schedule that are agnostic or atheist that are profoundly concerned about what is being viewed with pornography.

>> SAMSON TEKELMARIAM: Thank you everyone for your questions and we will send the rest of those questions and work over the next few weeks to get those answered in a Q&A document. Thank you for the excellent training, Kathy. Every NAADAC webinar has its own webpage that houses everything you need to know about that particular webinar.

So after this live event you will find the online CE quiz link on the same website that you used for the same webinar so everything you need to know will be permanently hosted@www.naadac.org/understanding-sex-addiction-webinar-- pay close attention to the slide and in the instructions guide you will find in the GoTo Webinar control panel handouts and online. Our upcoming webinars please look at the schedule and tune in as you can as they have interesting topics. This Friday at 12 noon Eastern, we continue our Cultural Humility series. And register now to take advantage of our early bird special, NAADAC's 2020 annual conference is going virtual.

You can learn, connect and succeed to gather with us but we have an excellent cast of speakers and panelists lined up. You can visit [NAADAC.org/annual conference](http://NAADAC.org/annual%20conference), to register and to learn more. You can if you have not already, make sure you bookmark this webpage so you can stay up-to-date on the latest in this series. All eight trainings are open for free. Registration free viewing. And you can see, we've already had great presentations and still have a few more coming up. Don Coyhis from the Mohican adnation will be on and I'll be honored to wrap up the series with a very special presentation with Jesse O'Brien on September 9, 2020.

As an additional resource, NAADAC has provided a COVID-19 resource page that includes six excellent free webinars covering top concerns in the addiction profession and presented by leading experts in our field. You may have heard but if not, we released clinical supervision in the addiction profession, that contains the latest research on clinical supervision in our field and you can visit our bookstore or attend the specialty online training series using the link on this page. We also have a second specialty page on addiction in military and veteran behavior.

By joining NAADAC you have immediate access to over 145 CE's. And NAADAC members receive our magazine which is eligible for CE's. A short survey will pop up at the end of please share your feedback, notes for the presenter and let us know how we can improve.

Thank you for participating in this webinar and thank you, Kathy, for your valuable prettiest, leadership, and expertise in the field and encourage you all to learn how made at helps others but stay connected with us on LinkedIn, Facebook and Twitter. Have a great day, everyone.

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