

Compulsive Sexual and Love Behavior: Etiology and Culturally-Responsive Treatment for "Sex Addiction"

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The 6 Core Components of Behavioral Addictions

- I. Salience: “means the behavior becomes the most important activity in a person’s life and tends to dominate his or her thinking, feelings, and behavior”
- II. Mood modification: “refers to the emotional effect the behavior has on the individual which often serves as a coping strategy and is reported as the arousing “rush” or the numbing or the tranquilizing “escape” the behavior provides”
- III. Tolerance: “Is the process whereby increasing amounts of the behavior are required to achieve the former mood-modifying effects, often meaning greater periods of time are spent engaging in the behavior”
- IV. Withdrawal symptoms: “the unpleasant feeling states and/or physical effects (e.g., the shakes, moodiness, irritability) that occur when the person is unable to engage in the behavior”
- V. Conflict: “the discord between the person and those around them (i.e., interpersonal conflict), conflicts with other activities (i.e., social life, work, hobbies, and interests) or from within the individual themselves (i.e., intrapsychic conflict and/or subjective feelings of loss of control) that are concerned with spending too much time engaging in the addictive behavior”
- VI. Relapse: “Addresses the tendency for repeated reversions to earlier patterns of excessive behavior to recur and for a common return to the most extreme patterns of excessive behavior soon after periods of control”

Proposed Diagnostic Criteria for “Sex Addiction”

Example 1 (Carnes, 1991)

Minimum of 3 criteria must be met during a 12-month period AND have "significant personal and social consequences”

- Recurrent failure to resist impulses to engage in specific sexual behavior
- Frequent engaging in these behaviors to a greater extent or longer duration than intended
- Persistent desire or unsuccessful efforts to stop, to reduce, or to control behaviors
- Inordinate amount of time spent in obtaining sex, being sexual, or recovering from sexual encounters
- Preoccupation with the behavior or preparatory activities
- Frequently engaging in the behavior when expected to fulfill occupational, academic, domestic, or social obligation

- Continuation of the behavior despite knowledge of having a persistent or recurrent social, financial, psychological, or physical problem that is caused or exacerbated by the behavior
- Need to increase intensity, frequency, number, or risk of behaviors to achieve the desired effect or diminished effect with continued behaviors at the same level of intensity, frequency, number, or risk
- Giving up or limiting social, occupational, or recreational activities because of behavior
- Distress, anxiety, restlessness, or irritability if unable to engage in the behaviors

Example 2 (Rosenburg & Feder, 2014)

- Recurrent, intense sexual fantasies, urges, and/or behaviors
- The behaviors consistently interfere with other activities and obligations
- Behaviors occur in response to dysphoric mood states (anxiety, depression, boredom, irritability) or stressful life events
- Engage in consistent but unsuccessful efforts to control or reduce sexual fantasies, urges, or behaviors
- Engage in sexual behaviors while disregarding the potential for physical or emotional harm to self or others
- The frequency or intensity of sexual fantasies, urges, or behaviors cause significant distress or impairment

Diagnosis in ICD-11: Compulsive Sexual Behavior Disorder

- Characterized by a persistent pattern of failure to control intense, repetitive sexual impulses or urges, resulting in repetitive sexual behaviour over an extended period (e.g., six months or more) that causes marked distress or impairment in personal, family, social, educational, occupational functioning.
- The pattern is manifested in 1 or more of the following:
- engaging in repetitive sexual activities has become a central focus of the person's life to the point of neglecting health and personal care or other interests, activities and responsibilities;
- the person has made numerous unsuccessful efforts to control or significantly reduce repetitive sexual behaviour;
- the person continues to engage in repetitive sexual behaviour despite adverse consequences (e.g., repeated relationship disruption, occupational consequences, negative impact on health);
- the person continues to engage in repetitive sexual behaviour even when he/she derives little or no satisfaction from it.
- World Health Organization (2018). International classification of diseases for mortality and morbidity statistics (11th Revision). Compulsive sexual behavior disorder.

Breakout & Padlet - Sex Addiction Case Conceptualization:

The Case of “Jace”

Instructions: View the case of “Jace” as presented in “My Sex Addiction Almost Killed Me” [8 min] as a class - https://www.youtube.com/watch?v=u5EjAI1sux0&feature=emb_logo

Review the 11 behavioral types of sex addiction listed below, then discuss your responses to the following with your group:

- 1) Which of the behavioral types listed below best describes the behaviors described by Jace?
- 2) What comorbid conditions or experiences did Jace experience? What role did these conditions or experiences play in Jace’s development of out of control sexual behaviors?
- 3) What core beliefs do you hear Jace describing in the film? (e.g. “I’m not special anymore”)

- Record a summary of your group’s responses in Padlet:
<https://padlet.com/cstark20/4wj9x33snhrnwg5f>

Carnes' eleven behavioral types that characterize sex addiction

Derived from: Carnes, P.J. (1991). *Don't call it love: Recovering from sexual addiction*. Bantam Books.

**PATTERNS OF POWERLESSNESS—
ELEVEN BEHAVIORAL TYPES**

1. FANTASY SEX

Behavior Examples: Thinking/obsessing about sexual adventures; inordinate amounts of time spent losing self in fantasy about future and past; neglecting commitments because of fantasy life; dramatizing a particular role in your fantasy; creating sexualized or seductive atmospheres that you prefer to keep as fantasy and not act on; spending a large amount of time preparing for sexual episode.

2. SEDUCTIVE ROLE SEX

Behavior Examples: Having many relationships at the same time or one after another; using seduction to gain power over others; thinking that sex will give power over another; flirtatious or seductive behaviors; hustling in singles clubs, bars, or health clubs; maintaining open calendars or failing to make commitments in order to be available for sex; bringing sex or sexualized humor into conversations; having to be sexual in order to feel good about self.

3. ANONYMOUS SEX

Behavior Examples: Engaging in sex with anonymous partners; cruising beaches, parks, parking lots, rest rooms, and baths; having one-night stands; participating in group sex.

4. PAYING FOR SEX

Behavior Examples: Paying for sexually explicit phone calls; using an escort or phone service; paying someone for sexual activity; using the personal columns to find sex partners; patronizing saunas, massage parlors, or rap lounges.

5. TRADING SEX

Behavior Examples: Making sexually explicit videotapes and photographs; posing for sexually explicit videotapes and photographs; exposing yourself from stage or for hire; pimping others for sexual activities; receiving money for sexual activity; receiving drugs for sexual activity; administering drugs to force sexual activity.

6. VOYEURISTIC SEX

Behavior Examples: Using sexually explicit magazines or videotapes; having collections of pornography at home or work; patronizing adult bookstores and strip shows; using binoculars or telescopes to watch people; looking through windows of apartments and houses; sexualizing others in public places; sexualizing materials not sexually explicit.

7. EXHIBITIONIST SEX

Behavior Examples: Exposing yourself in public places, such as parks, streets, school yards; exposing yourself from your home or car; being sexual or dressing and undressing in public; using choice of clothing to expose yourself; belonging to a nudist club to find sex partners.

8. INTRUSIVE SEX

Behavior Examples: Making inappropriate sexual advances or gestures; touching or fondling others without permission; using sexually explicit stories, humor, or language at inappropriate times or places; using power position (e.g., as professional, clergy, or employer) to exploit or be sexual with another person; forcing sexual activity on any person, including your spouse or partner.

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9. PAIN EXCHANGE

Behavior Examples: Receiving physical harm or pain during sexual activity to intensify sexual pleasure; causing physical harm or pain to partner to intensify sexual pleasure; willingly giving up power or acting out the victim role in sexual activity; using sexual aids to enhance sexual experience.

10. OBJECT SEX

Behavior Examples: Masturbating with objects; crossdressing to add to sexual pleasure; using fetishes as part of sexual rituals; engaging in sexual activity with animals.

11. SEX WITH CHILDREN

Behavior Examples: Sharing inappropriate sexual information with children; exposing children to adult sexual activities; forcing sexual activity on a child within or outside the family; engaging in sex with a consenting minor; watching child pornography.

Treatment of Sex and Love Addiction according to the Sex and Love Addicts Anonymous (SLAA) 12 Step Program

Counseling Intervention

Use the information provided below to inform/guide your discussion with your client (there are only 4 steps total):

- 1.) Tell me a little bit about what brought you in today.
- 2.) Bottom line behaviors are “the behaviors which we refrain from in order to stay sober”. What are some of your “bottom line” behaviors?
- 3.) Top line behaviors are “healthy behaviors and activities we replace for our old unhealthy patterns”. What are some of your “top line” behaviors that you hope to add to your daily routine?
- 4.) What are some interventions, strategies, or slogans that might help you to maintain these “top line” behaviors? Some possible strategies and slogans might include (counselor – you can read these to the client if that’s what works best for you, OR have the client read these and identify which work best):
 1. “Just for today”
 2. “This too shall pass”
 3. “God is doing for us what we could not do for ourselves”
 4. “Don’t act out, no matter what!”
 5. Maintain a simple, structured daily schedule.
 6. Attend daily or weekly SLAA group meetings.
 7. Don’t isolate. Call a member of SLAA or a safe person.
 8. If in SLAA, call your sponsor. Get phone numbers of other SLAA program members; keep the list handy, and make the calls.
 9. Stay away from people, places or activities that trigger you.
 10. Talk to your higher power about it first.
 11. Ask members of SLAA or safe persons to call you. If you do slip, don’t give up. Start over. Renew your commitment to Recovery.
 12. Attend 30 SLAA meetings in 30 days.
 13. Seek help from a therapist.
 14. Throw out whatever will tempt you to act out: Magazines, videos, “contact” names, photos, letters, etc. If you can’t throw it away, entrust it to your sponsor or another program member to hold on to it for you.
 15. Go for a walk or bike ride – in a safe place.
 16. Change your energy – calm down, or get moving.
 17. Write in a journal. Prepare a written first step (this is a reference to the first step in the 12 step program, which is: “We admitted we were powerless over sex and love addiction - that our lives had become unmanageable.”)

18. Get to a meeting. If an SLAA meeting is not available, consider attending an open meeting of Alcoholics Anonymous, Al-Anon, Overeaters Anonymous, or another 12 step program.
19. Don't be afraid to say "no". Remember, you have the right to set boundaries in the interest of your own recovery.
20. Read Chapter 5 ("Withdrawal") in the basic text, Sex and Love Addicts Anonymous.
21. In unavoidable slippery situations, ask for help from a program member.
22. Take care not to switch addictions – watch out for compulsive eating, drinking, spending, gambling, drugging, etc.
23. Take a new route to work/school/home.
24. Go to a place of worship, e.g. church, synagogue, etc.
25. Pray; meditate; maintain conscious contact with your Higher Power.
26. Avoid inappropriate media – TV, movies, videos, magazines, music, novels, etc.
27. Buy yourself some flowers, send yourself a card.
28. Spend time with safe family and friends.
29. Find a safe place/person where you can cry, rage, grieve. Avoid stuffing your feelings.
30. Remember that feelings aren't facts – you won't die from them.
31. Stay away from "old haunts".
32. Don't act out on auxiliary behaviors (If pornography is your addiction, don't go pick someone up in a bar).
33. Don't go back to "try to make it work" one more time. Wait until you're through withdrawal to consider reconciliation.

(Sex and Love Addicts Anonymous, 2001, excerpt from *Pocket Toolkit: You are Not Alone*)

For your reference:

Bottom-lines are...

"Self-defined activities which we refrain from in order to experience our physical, mental, emotional, sexual and spiritual wholeness. Recovery begins by admitting that following our addictive path is making our lives unmanageable and we are powerless to stop. Each person in S.L.A.A. acts out differently. Therefore, our bottom lines are self-defined, and may vary from person to person. It is up to each one of us, with the help of our Higher Power, our sponsor, and others, to learn to recognize our addictive patterns. We can then set "Bottom Lines", or the behaviors which we refrain from in order to stay sober" (Sex and Love Addicts Anonymous, 2006, excerpt from pamphlet)

Top Lines are...

"Healthy behaviors and activities we replace for our old unhealthy patterns. We can't get sober and simply stop our destructive behavior in a vacuum. We can take creative actions, and prove we are capable of making healthy choices. It can start with small additions to our daily routine" (Sex and Love Addicts Anonymous, 1986, p. 270)

References

Sex and Love Addicts Anonymous (1986). *Sex and Love Addicts Anonymous*. Augustine Fellowship

Sex and Love Addicts Anonymous (2001). *Pocket Toolkit: You are Not Alone*. Augustine Fellowship.

Sex and Love Addicts Anonymous (2006). *Setting Bottom Lines: A Pamphlet with Worksheet*. Augustine Fellowship

NINE ASSESSMENT & EARLY TREATMENT PLANNING GUIDELINES

- 1) Conduct an initial comprehensive clinical assessment that includes the sex addict (if appropriate) or contact the addict's therapist. (Note: There is an exception to this if the partner has divorced the addict or is no longer in a relationship with the addict.)
- 2) Develop a specific safety plan that may include
 - Attention and ongoing monitoring of suicidal ideation
 - A medical checkup to rule out STDs
 - A psychological or psychiatric assessment and medication support when indicated
 - Non-negotiable boundaries for the partner's ongoing physical and sexual safety (i.e., a period of abstinence while the addict is in treatment, a clinical separation while the addict seeks treatment, or no sex without protection from sexually transmitted diseases)
- 3) Pay attention to homicidal and suicidal thoughts, including potential reporting duties (based on the Tarasoff decisions), as well as clearly sharing with the client what the therapist's reporting responsibilities are (which include protecting children from potential harm in the home).
- 4) Include a thorough biopsychosocial assessment during the intake process.
- 5) Initiate a complete trauma assessment.

NINE ASSESSMENT & EARLY TREATMENT PLANNING GUIDELINES

- 6) Create a detailed treatment plan that includes specific goals and supporting materials such as
 - Workbooks
 - Weekly exercises
 - Bibliotherapy
 - DVDs, CDs, and other such tools
- 7) Recommend adjunctive therapies that may include
 - A therapy support group for partners or spouses of sex addicts
 - An EMDR or trauma specialist
 - A 12-step support group for partners (such as S-Anon, COSA, and Al-Anon)
 - Substance abuse treatment if the partner is soothing with alcohol, drugs, over-the-counter medications, or other process addictions
 - Inpatient or intensive outpatient referral when a higher level of care is required
- 8) Initiate cognitive-behavioral therapy with exercises that help contain the early reactivity, provide containment, and assist affective regulation.
- 9) Provide psychoeducation about sex addiction. If the partner is currently with the addict and the addict is in recovery with a qualified therapist, discuss what the partner can expect from the addict's treatment process.

TREATING PARTNER(S) OF PERSON EXPERIENCING SEX ADDICTION

Discovery & trauma response

I heard a parent say
"drugs ruined my life and I
wasn't even doing them."
That hit my heart, man.

- Disclosure/discovery typically involves a partner learning about a myriad of betrayals, secrets, and lies, like: multi-year affairs, children, financial devastation, sexually transmitted diseases (STDs), arrests/illegal activities, job loss, etc.
- Oftentimes a person experiencing sex addiction attempts to stagger disclosure—revealing bits of information at a time—which can destroy trust in the relationship due to repeated dishonesty
- Partner(s) will frequently experience a trauma response after discovery/disclosure
 - One study showed that "partners often experienced Post-traumatic stress disorder (PTSD) symptoms and signs of acute stress disorder post-discovery/disclosure of sex addiction" (p. 268)
- Fight/flight/freeze response can be activated: "efforts to control can be seen as the fight response; withdrawing emotionally, as the freeze response; and threats to leave or reveal, as the flight response" (p. 270)
- Level of trauma experienced by the partner(s) can be impacted by a variety of factors and should be considered when developing a treatment plan
 - Factors that can impact the level of trauma: length of time/amount of deception; amount of gaslighting/emotional abuse/manipulation; type of behavior; public embarrassment; financial/family impact; etc.

TREATING PARTNER(S) OF PERSON EXPERIENCING SEX ADDICTION

Crisis management & safety assessment, facilitated disclosure, long-term treatment goals

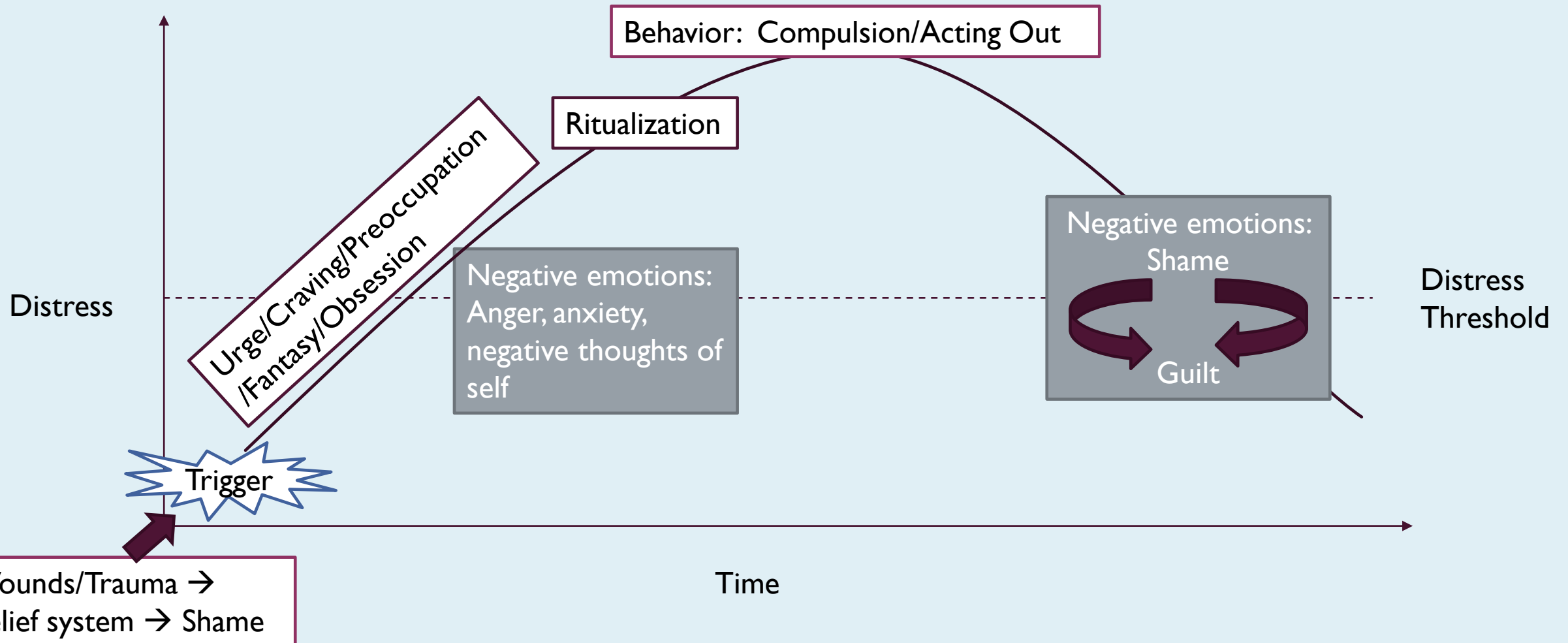
- Most important goal in early treatment is crisis stabilization, comprehensive assessment, & establishing a strong therapeutic relationship
- No big life changes or choices when the addict and partner are in their first 6 to 12 months of recovery (i.e. divorce, moving, etc.) -- *except* when the partner's physical or emotional safety is at risk
- A facilitated disclosure process can occur when a person experiencing addiction is stable in their sexual sobriety; it is "done in a therapeutic setting and only with couples who are committed to staying together and working on their relationship"
- Insight-oriented treatment goals can be pursued in later treatment:
 - Family of origin work
 - Communication skills training
 - Anger management
 - Boundaries education and practice
 - Grief and loss
 - Possible codependency issues
 - Educating the partner on trauma re-enactment (repeating past traumas), betrayal bonding (situations of incredible intensity or importance in which there is an exploitation of trust or power)
 - Helping the partner understand healthy intimacy
 - Working to heal the core wounding of the partner's sexual worth and value
 - Establishing goals toward healthy sexuality

TREATING PARTNER(S) OF PERSON EXPERIENCING SEX ADDICTION

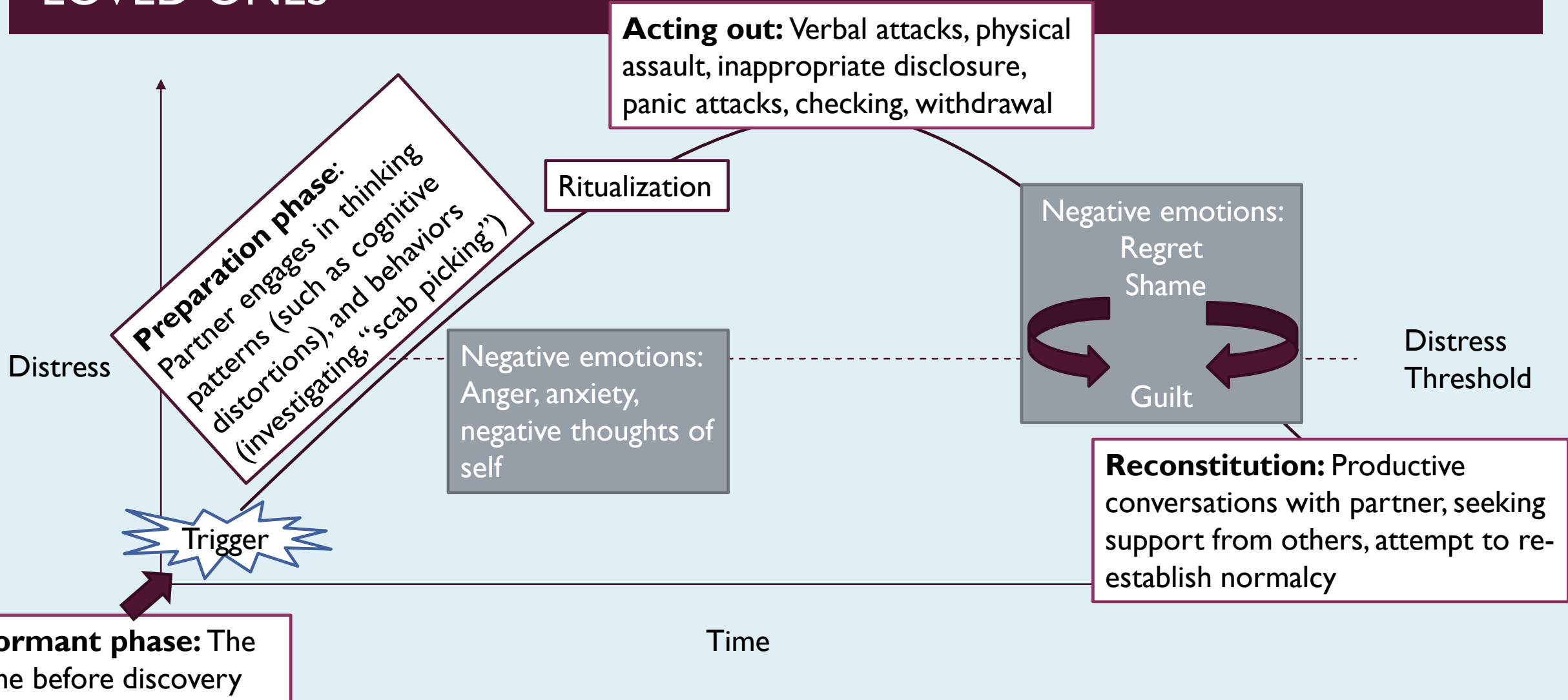
Potential clinical pitfalls & preventative plans

- The person experiencing addiction relapses
 - Plan: continue to evaluate protective boundaries of the partner and create a plan in case of relapse
- Primary treatment is focused on the person experiencing addiction & the partner's therapy is neglected
 - This can leave the partner feeling abandoned and possibly destabilize the recovery of the person experiencing addiction
 - Plan: Ensure partner's experience is not minimized (especially in couple's counseling)
- The partner's trauma response is pathologized (ex: they are labeled as prude or melodramatic)
 - This can further traumatize a partner and derail the recovery of both themselves and the person experiencing addiction
 - Plan: work to create a partner's own treatment plan that provides safety and support that is separate from the person experiencing addiction
- The partner feels depressed and suicidal
 - Plan: ensure the partner does not isolate (talks to friends/family/therapist) and is offered their own treatment
- Treatment providers are not working together (provider for person experiencing addiction & provider for their partner)
 - Plan: Encourage each therapist to learn more about the others' treatment perspective, and check in to create a cohesive treatment plan that works in tandem with each partner's journey

SEX & LOVE ADDICTION: EMOTIONAL-BEHAVIORAL MAP FOR THE PERSON WITH THE PROBLEMATIC BEHAVIOR



SEX & LOVE ADDICTION: EMOTIONAL-BEHAVIORAL MAP FOR LOVED ONES



HELPING COUPLES UNDERSTAND SEX ADDICTION: THE 6 PHASE CYCLE OF SEX ADDICTION

- **1) Dormant** – this is the phase where the addiction is temporarily in remission, but underlying issues, whether opportunity, trauma or attachment induced, remain unresolved. Life may appear ‘normal’, but it is only a matter of time before a trigger occurs.
- **2) Trigger** – a trigger is an event, opportunity, bodily sensation, emotion, or thought process that activates the behaviour.
- **3) Preparation** – the preparation phase can vary considerably in length, from just a few minutes to turn on a computer, to many weeks of planning an affair. This phase includes practical preparation, such as the where, when and how, as well as psychological strategies to create the environment where acting out can be tolerated and/or enjoyed.

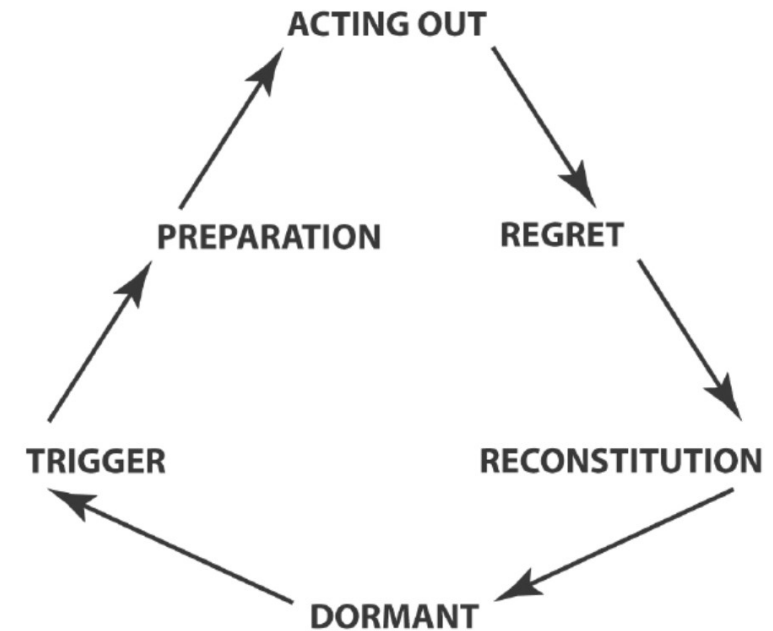


Figure 2.2 The six-phase cycle of addiction

HELPING COUPLES UNDERSTAND SEX ADDICTION: THE 6 PHASE CYCLE OF SEX ADDICTION

- **4) Acting out** – for some, ‘acting out’ is a single event, such as visiting a sex worker, which may last just a few minutes, whereas for others it may be a week-long binge of pornography use. Some describe it as a highpoint that brings euphoria and relief, but for others the accompanying relief is purely about getting the deed over and done with so they can finally begin their descent back to the comfort of the dormant phase.
- **5) Regret** – depending on the consequences of acting out, the impact on personal values and someone’s commitment to change, the regret phase may be experienced as little more than a momentary ‘oops’, or as weeks of despair, shame and self-loathing.
- **7) Reconstitution** – during the reconstitution phase, life is either consciously or unconsciously put back together again. It may be a time for rebuilding self-esteem, covering tracks and/or renewing resolutions not to act out again.

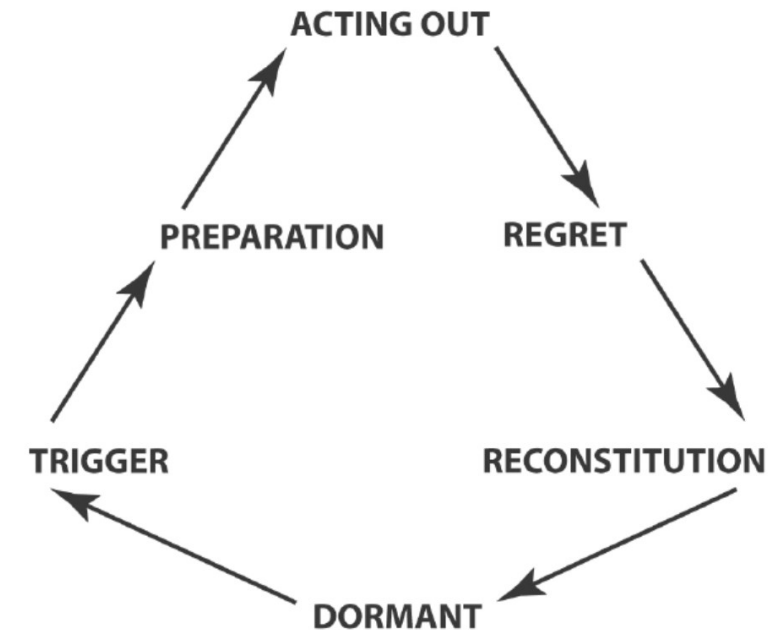


Figure 2.2 The six-phase cycle of addiction

HELPING COUPLES UNDERSTAND SEX ADDICTION: THE 6 PHASE CYCLE OF PARTNER'S RESPONSE TO SEX ADDICTION

- **Dormant phase:** The time before discovery; when exploring with partner, may consider partner's relationship history, family history; attachment style
- **Trigger:** Person, place, thing, experience that reminds the partner of the addiction and related emotions, experiences
- **Preparation phase:** Partner engages in thinking patterns (such as cognitive distortions), and behaviors (investigating, "scab picking") that can either help or hinder the healing process
- **Acting out:** Verbal attacks, physical assault, inappropriate disclosure, panic attacks, checking, withdrawal
- **Regret:** Fear, shame regarding one's behavior
- **Reconstitution:** Productive conversations with partner, seeking support from others, attempt to re-establish normalcy

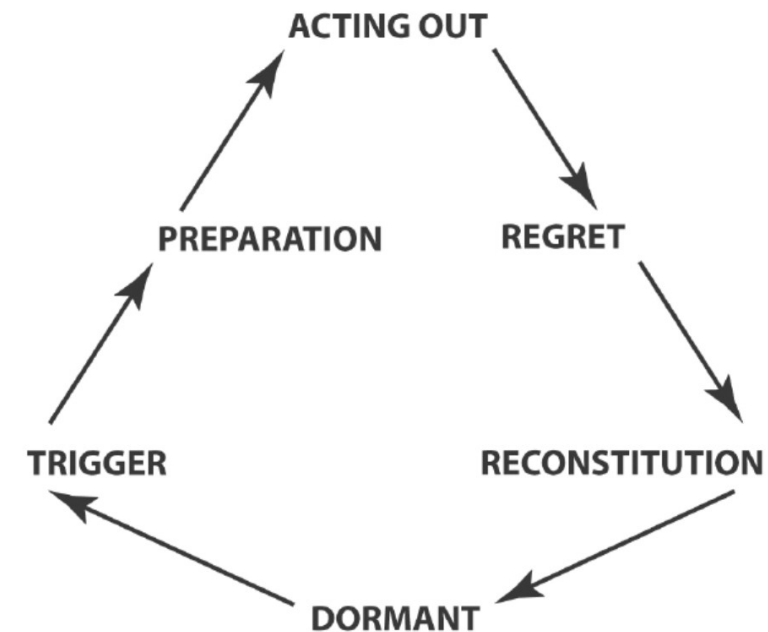


Figure 2.2 The six-phase cycle of addiction

What is codependence? [1 min]

<https://codauk.org/category/new-to-coda/>



Review provided
Codependent Checklist
→ How might these thoughts, feelings, behaviors (listed in the checklist) relate to someone's interactions with their partner who lives with a sex addiction?

TREATING PARTNERS – UNDERSTANDING THEIR RESPONSE

- **Do You Have Post Betrayal Syndrome? | Debi Silber [11 min]**

- <https://www.youtube.com/watch?v=iyqOR69dHiU>

- **Response to Discovery & Betrayal Trauma**

- Shock, dissociation
 - Anger
 - Grief and despair
 - Fear
 - Shame
 - Disgust
 - Relief



TREATING PARTNERS – UNDERSTANDING THEIR RESPONSE

- **The Post Betrayal Institute**
 - Post Betrayal Syndrome Quiz
 - <https://debisilber.typeform.com/to/mfPjUN?email=xxxxx>



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TREATING PARTNERS – UNDERSTANDING THEIR RESPONSE: SHOCK & DISSOCIATION

- **Response to Discovery & Betrayal Trauma**

- **Shock and dissociation**

- “the thinking part of the brain switches off, which makes it especially hard to put feelings into words. Shock can be experienced as feeling numb, cold, empty or hollow. It is common for people to feel cut off from the real world, and some say they feel as if they’ve become an observer on their life...they feel detached from what they’re doing and disconnected from people around them. Nothing feels real”
 - “physical symptoms of shock [include] difficulty sleeping, changes in appetite, feeling shaky and jumpy, heart racing, breathlessness, muscle tension and tiredness, and an upset stomach”

TREATING PARTNERS – UNDERSTANDING THEIR RESPONSE

- **Response to Discovery & Betrayal Trauma**
 - **Anger**
 - May be directed towards greater society for opportunities to engage in problematic sexual behaviors
 - Towards the significant other, with or without the desire to punish the significant other
 - May include frustration and irritation, with consistent thoughts about “what if” they had done something differently

TREATING PARTNERS – UNDERSTANDING THEIR RESPONSE

- **Response to Discovery & Betrayal Trauma**

- **Grief & Despair**

- “Partners often feel that they have lost the solid ground on which their life was built. Their relationship is not what they thought it was, their spouse feels like a complete stranger, the world is no longer a place they recognize”
 - “[Grief] carries within it many other emotions that are a natural response to loss such as feelings of disbelief, anger, regret, longing and despair...feeling empty and depressed, or anxious and afraid”
 - “One of the hardest things about the grief caused by sex addiction is that the loss is abstract. Unlike bereavement or divorce, you have not lost a physical person. Some partners feel as though they’ve lost something that they never really had. They’ve lost a dream or a fantasy of what they had thought was reality”

BREAKOUT

TREATING PARTNERS: ESTABLISH RELAPSE PREVENTION STRATEGIES

- Counselor – use the script provided below to guide your session.
- Client – role play as though you are the partner of a person with a substance use or a behavioral addiction.
- As we work towards altering the current pattern of interaction between you and your partner, let's create a plan that:
 - 1. Identifies triggers**
 - 2. Identify early warning signs (associated with the preparation phase)**
 - 3. The consequences of acting out, or consequences of abstaining from or altering the typical response (relapse into previous behavior patterns)**
 - 4. Exit the cycle:** Explore coping strategies, and social support; trouble shoot this relapse prevention plan

BREAKOUT 2

TREATING PARTNERS: IS CODEPENDENCY A THING?

- Breakout into groups
- Review the “Patterns and Characteristics of Codependence Checklist”
- Discuss the following as a group:
 1. How might these characteristics (exhibited by the partner or loved one) play into/affect the addictive process for the person with an addiction?
 2. How might these characteristics and/or the label of “codependent” impact the partner or loved one?
 3. When working with the loved one of a person with an addiction, would you use this checklist? Why or why not?

A codependent person is one who has let another person's behavior affect him or her and who is obsessed with controlling that person's behavior.

Melody Beattie

quoteancy

REFERENCES

- Hall, P. (2015). *Sex addiction: The partner's perspective*. Taylor & Francis Group.
- Siegel, P. (2018). *The yes brain*. Bantam Books.

Love & Sex Addiction

- **We Need To Talk About Sex Addiction | Paula Hall [15 min]**

- <https://www.youtube.com/watch?v=-Qf2e3XZ8Tw>

→ *What factors contribute to the development of problematic sexual behaviors?*

