



Assessments, Interventions, and Treatments for Problematic Sexual Behavior



Presented by Dalanna Burris MS, MS, LPC, LCDC, CSAT



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Common Terminology

- “Sex Addiction”
- “Love Addiction”
- Problematic Sexual Behavior
- Compulsive Sexual Behavior Disorder



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“Sex Addiction”

- Considered an intimacy disorder.
- Attaches to specific sex acts and sexual encounters than to people.
- Often detached, aloof, and avoidant — i.e., a preference for nameless, interchangeable sex partners.
- A condition in which an individual cannot manage their sexual behavior.
- Persistent sexual thoughts affect their ability to work, maintain relationships, and fulfil their daily activities.
- Other terms for sexual addiction are sexual dependency, hypersexuality, and compulsive sexual behavior.



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Criteria for “Sex Addiction”

- Preoccupation with sexual behavior or preparatory activities.
- Inordinate amounts of time spent in obtaining sex, being sexual, or recovering from sexual experiences.
- Need to increase the intensity, frequency, number or risk level of behaviors to achieve the desired effect.
- Distress, anxiety, restlessness, or irritability if unable to engage in the behavior.



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“Love Addiction”

- Considered an intimacy disorder.
- Involves compulsions.
- Labile interactive style, with a come-here/go-away emotional dynamic that is echoed in chaotic relationships.
- Less about sex than about a particular romantic experience.
- Characterized by a maladaptive, pervasive and excessive interest towards one or more romantic partners.
- Results in lack of control, the renounce of other interests and behavior, and other negative consequences.
- Love addiction is are similar to other addictions in that it is formed as a defense against unresolved pain.



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Criteria for “Love Addiction”

- Unable to stop seeing a specific person even though you know that person is destructive to you.
- Gets "high" from romance, fantasy or intrigue.
- Having "relationships" to try to deal with or escape from life's problems.
- Feeling desperation or uneasiness when away from your lover or sexual partner.



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Conceptualization for Treatment

- “Sex Addiction”
- “Love Addiction”
- Problematic Sexual Behavior
- Hypersexual Behavior
- ICD-10 Code F52.8 Other sexual dysfunction not due to a substance or known physiological condition
- ICD-11 Code 6C72 Compulsive Sexual Behavior Disorder



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“Sexual addiction” criteria includes...

- repeatedly failing to resist sexual impulses to engage in sexual behavior
- frequently engaging in those behaviors to a greater extent or over a longer period of time than intended
- a long-standing desire or history or unsuccessful efforts to stop, reduce or control those behaviors
- spending excessive time in obtaining sex, being sexual or recovering from sexual experiences
- becoming obsessive with preparing for sexual activities
- frequently engaging in sexual behavior at times when expected to fulfill occupational, academic, domestic or social obligations
- continuing sexual behavior despite knowing it has caused or exacerbated persistent or recurrent social, financial, psychological or physical problems
- needing increasingly more intensity, frequency, number or risk of sexual behaviors to achieve the desired effect, or experiencing diminished effect when continuing behaviors at the same level of intensity, frequency, number or risk
- giving up or limiting social, occupational, or recreational activities because of sexual behavior
- becoming upset, anxious, restless or irritable if unable to engage in sexual behavior



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“Love Addiction” criteria includes...

- a physical or psychological dependence on a romanticized experience
- compulsive engagement in rewarding stimuli despite adverse consequences
- a dependence on or compulsion to engage in specific behaviors
- unhealthy and/or lack of boundaries
- focusing increasingly on the object of the addiction at the detriment of the love addict
- loss of interests in activities outside of their addiction
- problems with family and/or friends
- problems at work
- when the addiction is interrupted, they feel an intense, emotional withdrawal.



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Problematic sexual behavior is described as sexual behavior that...

- inhibits one's ability to keep commitments
- is outside of one's values
- causes a person to lose control of themselves when engaging in that behavior
- causes or places the person at risk for significant consequences if they engage in that behavior
- is irresponsible by causing harm to the well-being of others when engaging in that behavior.



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Hypersexual behavior is described as...

- repetitively engaging in sexual fantasies, urges or behaviors in response to dysphoric mood states
- repetitively engaging in sexual fantasies, urges or behaviors in response to stressful life events
- repetitive but unsuccessful efforts to control or significantly reduce these sexual fantasies, urges or behaviors
- repeatedly engaging in sexual behaviors while disregarding the risk for physical or emotional harm to self or others.



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ICD-10 code F52.8

- F52.8 is a billable diagnosis code used to specify a medical diagnosis of other sexual dysfunction not due to a substance or known physiological condition.
- The code F52.8 was valid during the fiscal year 2021 from October 01, 2020 through September 30, 2021 for the submission of HIPAA-covered transactions.
- The ICD-10-CM code F52.8 might also be used to specify conditions or terms like abnormal female sexual function, erotomania, excessive sexual drive, hypersexuality state, normal libido, , obsessional erotomania, etc.



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Compulsive Sexual Behavior Disorder

- According to WHO, CSBD is a type of impulse control disorder characterized by a persisting pattern of failed attempts to control sexual impulses or urges resulting in repetitive sexual behaviors lasting over an extended period of time (at least 6 months).
- Possible symptoms identified for CBBB include, but are not limited to:
 - preoccupation with sexual activities to the detriment of personal health, interests, and responsibilities
 - numerous failed attempts to reduce sexual behaviors
 - continued engagement in sexual activities despite harmful impact or negative consequences to self and/or others.
- Can cause significant distress and diminished ability to function within a variety of important areas, such as work, school, family, relationships, or personal care.
- It is important to note that the distress characterized by this disorder **cannot be solely based on a person's moral beliefs or judgment about sexual impulses, urges, or behaviors.**
- ICD-11 Code 6C72 (CSBD for billing purposes)



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Example of Treatment Plan

- Sexual Health Consult
 - Clinical Interview
 - Self-Report Screeners
 - Interpretation
 - Feedback Session
- Sexual Health Counseling
 - Determining Precipitating Factors to Problematic Behavior
 - Goal-Setting
 - Healthy Boundaries/ Healthy Relationships



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How to discuss sex...

- Develop Rapport
- *“Patient’s, who prefers his middle name XXX, treatment team recommended a sexual health consultation to assist in identifying, conceptualizing and addressing problematic behaviors. The structure and guidelines of a sexual health consult were discussed with XXX prior to starting the assessment process. XXX indicated that he understood the potential difficulty discussing sensitive sexual material. He agreed that he would notify this Writer if he felt uncomfortable or could not continue the consultation process.”*
- Normalize and validate the uncomfortableness of talking about sex
- Break as needed
- Multiple sessions may be necessary



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Self-Report Instruments (Screeners)

- Hypersexual Behavior Consequences Scale
- Pornography Consumption Inventory
- Sexual Symptom Assessment Scale
- HBI-19
- Sexual Addiction Screen Test- Revised
- Internet Sex Screen Test
- SIS/SES (Male/Female)
- Minnesota Impulse Control Inventory Questionnaire Sexual Behavior Module
- Experiences in Close Relationships – Revised



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Screeners and Interpretations

- Self- Report Measurements
- Identify patterns of sexual behavior(s)
- Consequences of sexual behavior(s)
- Identifies area of concern



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Screeners and Interpretations

- Identify problematic relationship patterns (attachment, vulnerability, intimacy)
- Insight into possible trauma
- Conceptualizing presence of an addiction (continued use after negative consequences, using more frequently than originally intended, unable to keep obligations...)
- Educating not only psychological effects (depression, anxiety) but also physical effects (difficulty with arousal, physical injury)



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Giving Feedback

- Review the screeners in a summary format.
- Opportunity to validate uncomfortableness.
- Conceptualize how the problematic behaviors progressed from onset to time of assessment.
- Give hope that behaviors can change with willingness, intervention and time.
- Set measurable specific individualized (preliminary) goals.



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Precipitating Factors

- Identifying “triggers”, warning signs, “slipper-slope”, boundary behaviors, etc.
 - Three Circles
- Stimulus Control
 - Inventory
- Explore issues with intimacy, attachment, vulnerability
 - Experiences in Close Relationships- Revised (ECR-R) Questionnaire
- CBT ... Thoughts- Feelings- Behaviors



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Treatment – Goal Setting

- Sobriety vs Harm Reduction
- What are the contributing factors to the problematic behavior?
- Sobriety can be conceptualized as sobriety from problematic behaviors.
- Harm Reduction provides client collaboration.
- Encourage client to identify their goals vs goals of a spouse or family member, for example.
- “Be curious and non-judgmental.”



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Treatment – Healthy Relationships

- Identify Patient’s baseline...
 - What does a healthy relationship look like?
 - Have you ever had a healthy relationship?
- Unhealthy Relationship Patterns
 - Emotional and/or behavioral patters that affect an individual’s ability to have a healthy, mutually satisfying relationship.
 - Form one-sided, emotionally destructive and/or abusive relationships.
 - These behaviors are usually learned by watching and imitating other family members who display this type of behavior.



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Additional Areas of Concern

- When substance use and problematic sexual behavior collide, recovery becomes much more complex.
- When individuals lose their primary coping skill (substances), they may resort to other unhealthy coping skills (sex, relationships).
- Sexual health should be considered when assessing the needs of individuals in recovery.
- Encourage progress not perfection.



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Resources

- American Association of Sexuality Educators, Counselors and Therapists <https://www.aasect.org/>
- International Institute for Trauma and Addiction Professionals <https://iitap.com/>
- National Center on the Sexual Behavior of Youth <https://www.ncsby.org/>
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Connect with me!

- Dalanna Burris MS, MS, LPC, LCDC, CSAT
- Behavioral Addiction Specialist at The Menninger Clinic
- dburris@menninger.edu



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