

## *Cognitive Therapy and Compulsive Sexual Behavior*

Presenter: William Brock

**Do you ever do Functional Behavioral Assessments and Behavior Intervention Planning? I really like the Benefits Analysis worksheet.**

A: The Cost-Benefit Analysis is very helpful as a motivational exercise for most people early in recovery and periodically thereafter (because the costs and benefits change over time).

A Functional Behavior Analysis (FBA) is very useful for breaking down the antecedents that have led up to the unwanted behavior. In the case of compulsive sexual behavior it is very helpful to work backwards from the compulsive behavior to uncover triggers, environmental factors, and unhelpful beliefs that can be targeted for change. A change plan or Behavior Intervention Plan (BIP) can then be used to move the individual from the planning to the action stage of change.

An example might involve a person leaving work somewhat tired and stressed. Driving home they drive by a massage parlor. Later, they contact a sex partner for a hookup. Working backwards, it is clear that the person's emotional state leaving work may have been a contributing factor to the eventual acting out. The massage parlor may have been an environmental cue.

Thank you for that question, which brings up an important area that we did not have time to address in the webinar.

**Is there any research on SMART recovery to show it works?**

A: It is an ongoing challenge to attempt to evaluate the effectiveness of self-help programs such as SMART or 12-Step programs. Community self-help programs have open-entry and open-exit, so it is very difficult to define a group that has received a consistent, valid program. As you know, every meeting is different, meeting leaders are different, and any "treatment" that is provided can vary widely from meeting to meeting. Program evaluators have been scratching their heads for decades trying to figure out how to evaluate these programs.

With that said, one recent study that seems reasonable to me is the following:

Zemore, S. E., Kaskutas, L. A., Mericle, A., & Hemberg, J. (2017). Comparison of 12-Step Groups to Mutual Help Alternatives for AUD in a Large, National Study: Differences in Membership Characteristics and Group Participation, Cohesion, and Satisfaction. *Journal of Substance Abuse Treatment*, 73, 16–26.

<https://doi.org/10.1016/j.jsat.2016.10.004>

My main takeaway from that study was that all the self-help programs were about equally effective for active participants. The key ingredient was the social support and engagement with a new group, rather than the specific technique or material provided. We all know how important the fellowship in 12-step programs can be. However, since so many people opt out of 12-step, it is important to provide lots of alternatives and opportunities for people to find that social support and engagement.

**Excellent presentation! Are there any medications that might be helpful that have been determined to be helpful for obsessive compulsive behaviors?**

A: Thank you! As a psychologist I am not really in a position to recommend medication therapies, but there have been a number of possible approaches suggested. An article that provides an introductory discussion of medications for compulsive sexual behavior is:

Fong, T. (2006). Understanding and managing compulsive sexual behaviors. *Psychiatry*, 3 (11), 51-58.

**So does identify thinking errors and help them reframe? Please explain.**

A: In my view, the heart of cognitive therapy is to identify unhelpful thoughts in life and then to challenge those thoughts so we can find a more helpful way of thinking.

In the area of problem drinking, a person might think, "Well, one drink won't hurt." Some people with that thought have one drink and then another, and another, and it doesn't end well. We might challenge that thought by noticing that the person doesn't typically stop at one drink and that the person's behavior after a few drinks does not help that person. We can help that person change that thought to something that will be more helpful to them. For example, the thought could be changed to, "While I might like a drink, my past history shows that I often don't stop at one and it often doesn't end well. I had better find some other strategies for enjoying myself." Once we have identified the new, replacement thought it takes grit and practice to adopt it as the new thought.

This is a simple approach, but often very difficult and challenging to put into practice. Our role as counselors is to help coach and motivate the client.

In the area of compulsive sexual behavior, a person might think, "This is my most pleasurable activity in life and no one will find out." With work, the person might come up with an alternative thought like, "I can learn to enjoy other activities in life – for example, sex with my spouse – and I won't have to hide and lie about it (which will make me feel better in the long run)." Once again, this is a fairly simple replacement thought, but it can be very challenging to practice the new thought and behavior until it becomes natural for the person.

**What about the treatment success for individuals with personality disorders, such as narcissism and compulsive sexual behaviors? What works best?**

A: Compulsive sexual behavior (CSB) is often co-morbid with other disorders, including personality disorders. In cognitive therapy terms, personality disorders can be thought of as long-standing, well-practiced behavior and personality patterns. Those patterns may have been coping strategies at some point in the person's life, but they are no longer helpful. Individuals with personality disorders need to be screened very thoroughly for additional problems that are highly secretive, e.g. substance use, eating disorders, and CSB. One of the advances in treatment over the past decade has been increasing awareness that all issues need to be treated concurrently to the extent possible.

Dialectical Behavior Therapy (DBT) is a highly structured cognitive therapy program that has been shown to be effective for personality disorders. I think that most DBT programs are familiar with treating co-occurring substance use or eating disorders. However, it is quite likely that they are less familiar with CSB.

I think you have identified an area where more research and training would be very helpful. There is a dearth of trained professions in the area of CSB generally. There is also a need for training individuals to work with clients with personality disorders and co-morbid CSB.

**I really appreciate you using Ellis and REBT - I've been using it since it was RET - Thank You. Any additional comments about REBT?**

A: Thank you! I think that it is important for any mental health or substance use counselor to become very

familiar with Ellis' work. Rational Emotive Behavior Therapy (REBT) provides a practical framework for helping our clients with the full range of life's challenges.

**Are there any online support groups to refer clients to that you recommend?**

A: Because of the secretive nature of most CSB, it is probably a good idea to be prepared to offer online alternatives for your clients. Of course, online alternatives must be carefully thought out because of the likelihood that online pornography and hookups are a part of the client's challenge.

Here are three options that I am aware of:

1. SMART Recovery offers online meetings for substance use and other compulsive behaviors. These meetings are primarily voice and chat based. They do offer attendance verification. Of particular interest would be the private (closed) online groups for sexual maladaptive behavior (SMB) and for professionals in recovery (counselors, nurses, etc.).
2. Candeo online program for sex addiction is a complete cognitive therapy program for CSB. This is a paid program that offers a high quality program focused on unhelpful sexual behavior. The program includes a full curriculum and a coach.
3. There is a whole online community referred to as NoFAP that is dedicated to education and support for people struggling with pornography and sex addiction. The material is educational, highly motivational, and a little wacky at times, but it can be very helpful for some.

Many counselors and recovery coaches offer online services. It is important to be sure that any provider has experience working with CSB.

I hope that gives you enough information about online options to get your research started. I would be interested in hearing about other resources that you find helpful.

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