

UNDERSTANDING AND ADDRESSING COMPULSIVE SEXUAL BEHAVIOR DISORDER

Brian Lengfelder LCPC, CAADC,
CCJP, MAC, SAP, CCTP, CSAT-S, CMAT-S, ACRPS

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PATRICK
CARNES

- **“Delusion is the deadliest part of this illness”**
- **“For all addicts, a moment comes when they realize they have a problem”**



IMPULSIVITY

- An inability to resist urges, deficits in delaying gratification, and unreflective decision-making. It is a tendency to act without foresight or regard for consequences and to prioritize immediate rewards over long-term goals.



■ Repetitive behaviors in the face of adverse consequences, and repetitive behaviors that are inappropriate to a particular situation. People suffering from compulsions often recognize that the behaviors are harmful, but they nonetheless feel emotionally compelled to perform them. Doing so reduces tension, stress, or anxiety.

6C72 COMPULSIVE SEXUAL BEHAVIOR DISORDER (ICD 11)

- Compulsive sexual behavior disorder (CSBD) is characterized by a persistent pattern of failure to control intense, repetitive sexual impulses or urges resulting in repetitive sexual behavior. Symptoms may include repetitive sexual activities becoming a central focus of the person's life to the point of neglecting health and personal care or other interests, activities and responsibilities; numerous unsuccessful efforts to significantly reduce repetitive sexual behavior; and continued repetitive sexual behavior despite adverse consequences or deriving little or no satisfaction from it.

- The pattern of failure to control intense, sexual impulses or urges and resulting repetitive sexual behavior is manifested over an extended period of time (e.g., 6 months or more), and causes marked distress or significant impairment in personal, family, social, educational, occupational, or other important areas of functioning. Distress that is entirely related to moral judgments and disapproval about sexual impulses, urges, or behaviors is not sufficient to meet this requirement.

DIAGNOSTIC REQUIREMENTS

- A persistent pattern of failure to control intense, repetitive sexual impulses or urges resulting in repetitive sexual behavior, manifested in one or more of the following:
 - Engaging in repetitive sexual behavior has become a central focus of the individual's life to the point of neglecting health and personal care or other interests, activities and responsibilities.

- The individual has made numerous unsuccessful efforts to control or significantly reduce repetitive sexual behavior.
- The individual continues to engage in repetitive sexual behavior despite adverse consequences (e.g., marital conflict due to sexual behavior, financial or legal consequences, negative impact on health).
- The person continues to engage in repetitive sexual behavior even when the individual derives little or no satisfaction from it.

- The pattern of failure to control intense, repetitive sexual impulses or urges and resulting repetitive sexual behavior is manifested over an extended period of time (e.g., 6 months or more).
- The pattern of failure to control intense, repetitive sexual impulses or urges and resulting repetitive sexual behavior is not better accounted for by another mental disorder (e.g., Manic Episode) or other medical condition and is not due to the effects of a substance or medication.

- The pattern of repetitive sexual behavior results in marked distress or significant impairment in personal, family, social, educational, occupational, or other important areas of functioning. Distress that is entirely related to moral judgments and disapproval about sexual impulses, urges, or behaviors is not sufficient to meet this requirement.



**COMPULSIVE USE OF PORN / CYBERSEX / WEBCAMS /
MASTURBATION
ANONYMOUS SEX (MET ONLINE, DATING APPS OR IN
SEX CLUBS ETC.)
ADULT BOOKSTORES / STRIP CLUBS
SEXUAL EXCHANGE (ALCOHOL OR DRUGS; FAVORS
FOR SEX)
PROSTITUTES / ESCORTS
MASSAGE PARLORS
FUSING SEX AND SUBSTANCES (COCAINE, METH,
ALCOHOL ETC.)
CRUISING / INTRIGUING
OBJECTIFYING / FLIRTATION / SEDUCTION
BOUNDARY VIOLATIONS / SEXUAL HARASSMENT
MULTIPLE AFFAIRS / ANONYMOUS INFIDELITY
ABUSING POWER RELATIONSHIPS FOR SEX -
PREDATORY**

***Typical Sexual
Compulsive Behaviors***



DO YOU OFTEN FIND YOURSELF PREOCCUPIED WITH SEXUAL THOUGHTS? **(PREOCCUPIED)**

DO YOU HIDE SOME OF YOUR SEXUAL BEHAVIORS FROM OTHERS? **(ASHAMED)**

HAVE YOU EVER SOUGHT HELP FOR SEXUAL BEHAVIOR YOU DID NOT LIKE? **(TREATMENT)**

HAS ANYONE BEEN HURT EMOTIONALLY BECAUSE OF YOUR SEXUAL BEHAVIOR? **(HURT OTHERS)**

DO YOU FEEL CONTROLLED BY YOUR SEXUAL DESIRE? **(OUT OF CONTROL)**

WHEN YOU HAVE SEX, DO YOU FEEL DEPRESSED AFTERWARDS? **(SAD)**

CUT-OFF OF 3 TO IDENTIFY PARTICIPANTS WITH POTENTIAL SEXUAL ADDICTION WHO WOULD WARRANT ADDITIONAL ASSESSMENT.

PATHOS

ADDITIONAL CLINICAL FEATURES

- Compulsive Sexual Behavior Disorder may be expressed in a variety of behaviors, including sexual behavior with others, masturbation, use of pornography, cybersex (internet sex), telephone sex, and other forms of repetitive sexual behavior.
- Individuals with Compulsive Sexual Behavior Disorder often engage in sexual behavior in response to feelings of depression, anxiety, boredom, loneliness, or other negative affective states. Although not diagnostically determinative, consideration of the relationship between emotional and behavioral cues and sexual behavior may be an important aspect of treatment planning.

- Individuals who make religious or moral judgments about their own sexual behavior or view it with disapproval, or who are concerned about the judgments and disapproval of others or about other potential consequences of their sexual behavior, may describe themselves as 'sex addicts' or describe their sexual behavior as 'compulsive' or using similar terms. In such cases, it is important to examine carefully whether such perceptions are only a result of internal or external judgments or potential consequences or whether there is evidence that impaired control over sexual impulses, urges, or behaviors and the other diagnostic requirements of Compulsive Sexual Behavior Disorder are actually present.

BOUNDARY WITH NORMALITY

- There is wide variation in the nature and frequency of individuals' sexual thoughts, fantasies, impulses and behaviors. This diagnosis is only appropriate when the individual experiences intense, repetitive sexual impulses or urges that are experienced as irresistible or uncontrollable, leading to repetitive sexual behavior, and the pattern of repetitive sexual behavior results in marked distress or significant impairment in personal, family, social, educational, occupational, or other important areas of functioning. Individuals with high levels of sexual interest and behavior (e.g., due to a high sex drive) who do not exhibit impaired control over their sexual behavior and significant distress or impairment in functioning should not be diagnosed with Compulsive Sexual Behavior Disorder. The diagnosis should also not be assigned to describe high levels of sexual interest and behavior (e.g., masturbation) that are common among adolescents, even when this is associated with distress.

- **Compulsive Sexual Behavior Disorder** should not be diagnosed based on distress related to moral judgements and disapproval about sexual impulses, urges, or behaviors that would otherwise not be considered to be indicative of psychopathology (e.g., a woman who believes that she should not have sexual impulses at all; a religious young man who believes that he should never masturbate; a person who is distressed about his homosexual attraction or behavior). Similarly, **Compulsive Sexual Behavior Disorder** cannot be diagnosed based solely on distress related to real or feared social disapproval of sexual impulses or behaviors.

- Compulsive Sexual Behavior Disorder should not be diagnosed based solely on relatively brief periods (e.g., up to several months) of increased sexual impulses, urges, and behaviors during transitions to contexts that involve increased availability of sexual outlets that previously did not exist (e.g., moving to a new city, a change in relationship status).

COURSE FEATURES

- Many individuals with Compulsive Sexual Behavior Disorder report a history of sexually acting out during pre-adolescence or adolescence (i.e., risky sexual behavior, masturbation to modulate negative affect, extensive use of pornography).

DEVELOPMENTAL PRESENTATIONS

- Compulsive Sexual Behavior Disorder in adulthood has been associated with high rates of childhood traumas including sexual abuse, with women reporting higher rates and severity of abuse.
- Adolescents and adults with Compulsive Sexual Behavior Disorder commonly experience high rates of co-occurring Mental, Behavioral, or Neurodevelopmental Disorders, including Disorders Due to Substance Use.

- Assessing the presence of Compulsive Sexual Behavior Disorder may be particularly challenging during adolescence due to divergent views regarding the appropriateness of sexual behavior during this life stage. Increased frequency of sexual behavior or uncontrolled sexual urges associated with rapidly changing hormonal levels during this developmental stage may be considered to reflect normal adolescent experiences. Conversely, frequent or risky sexual behavior among adolescents may be considered abnormal due to the potential for the behavior to interfere with social and emotional development.

BOUNDARIES AND OTHER DISORDERS / CONDITIONS

- ***Boundary with Bipolar or Related***

Disorders: Increased sexual impulses, urges or behaviors and impaired ability to control them can occur during Manic, Mixed, or Hypomanic Episodes. A diagnosis of Compulsive Sexual Behavior Disorder should only be assigned if there is evidence of persistent failure to control intense, repetitive sexual impulses, urges or behaviors and the presence of all other diagnostic requirements outside of Mood Episodes.

- ***Boundary with Obsessive-Compulsive Disorder:*** Although the word 'compulsive' is included in the name of this condition, sexual behavior in Compulsive Sexual Behavior Disorder is not considered to be a true compulsion. Compulsions in Obsessive-Compulsive Disorder are almost never experienced as inherently pleasurable and commonly occur in response to intrusive, unwanted, and typically anxiety-provoking thoughts, which is not the case with sexual behavior in Compulsive Sexual Behavior Disorder.

- ***Boundary with Personality Disorder:*** Some individuals with Personality Disorder may engage in repetitive sexual behavior as a maladaptive regulation strategy (e.g., to prevent or reduce emotional distress or to stabilize their sense of self). Although both diagnoses can be assigned together, if the sexual behavior is entirely accounted for by emotion dysregulation or other core features of Personality Disorder, an additional diagnosis of Compulsive Sexual Behavior Disorder is not warranted.

- ***Boundary with Paraphilic Disorders:*** The core feature of Compulsive Sexual Behavior Disorder is a persistent pattern of failure to control intense repetitive sexual impulses or urges resulting in repetitive sexual behavior that results in marked distress or impairment in functioning. Paraphilic Disorders, on the other hand, are characterized by persistent and intense patterns of atypical sexual arousal manifested by sexual thoughts, fantasies, urges, or behaviors and have resulted in actions toward individuals whose age or status renders them unwilling or unable to consent or are associated with marked distress or significant risk of injury or death. If an individual with a Paraphilic Disorder is able to exercise some degree of control over the behavioral expressions of the arousal pattern, an additional diagnosis of Compulsive Sexual Behavioral Disorder is generally not warranted. If, however, the diagnostic requirements of both Compulsive Sexual Behavioral Disorder and a Paraphilic Disorder are met, both diagnoses may be assigned.

- ***Boundary with the effects of psychoactive substances, including medications:*** Use of specific prescribed medications or illicit substances (e.g., dopamine agonists such as pramipexole for Parkinson Disease or Restless Legs Syndrome or illicit substances such as methamphetamine) can sometimes cause impaired control over sexual impulses, urges or behaviors due to their direct effects on the central nervous system, with onset corresponding to use of the substance or medication. Compulsive Sexual Behavior Disorder should not be diagnosed in such cases.

- ***Boundary with Disorders Due to Substance Use:*** Episodes of impulsive or disinhibited sexual behavior may occur during substance intoxication. At the same time, co-occurrence of Compulsive Sexual Behavior Disorder and substance use is common, and some individuals with Compulsive Sexual Behavior Disorder use substances with the intention of engaging in sexual behavior or to enhance pleasure from it. Distinguishing between Compulsive Sexual Behavior Disorder and repetitive patterns of substance use with associated sexual behavior is therefore a complex clinical judgment based on an assessment of the sequencing, context, and motivations of the relevant behaviors. A diagnosis of Compulsive Sexual Behavior Disorder may be assigned together with a Disorder Due to Substance Use if the diagnostic requirements for both disorders are met.

- ***Boundary with Dementia and medical conditions not classified under Mental, Behavioral or Neurodevelopmental Disorders:*** Some individuals with Dementia, Diseases of the Nervous System, or other medical conditions that have effects on the central nervous system may exhibit failure to control sexual impulses, urges or behaviors as a part of a more general pattern of disinhibition of impulse control due to neurocognitive impairment. A separate diagnosis of Compulsive Sexual Behavior Disorder should not be assigned in such cases.



WHAT MAKES ONLINE SEX SO POPULAR AND SO EXCITING

TRIPLE A ENGINE, AL COOPER, 1998

Accessibility
Affordability
Anonymity

Substance Use Disorders

Mood Disorders

Anxiety Disorders



Trauma-Related Disorders

Personality Disorders

Behavioral Addiction

**Co-Occurring Disorders
Complicate the assessment
and treatment process**

Escapism and Coping

Dysregulation of Emotions

Attempts to Regain Control



Reenactment of Trauma

Attachment and Intimacy Issues

Distorted Self- Image

**Trauma Induced Compulsive
Sexual Behaviors**

“Facing the Shadows” is a workbook authored by Patrick Carnes, a leading expert in the field of sex addiction and compulsive behaviors. The workbook is designed to provide a structured and comprehensive approach for individuals struggling with sexual addiction or compulsive behaviors to understand and address their issues.



The workbook is organized into sections that guide readers through various aspects of recovery, including understanding the nature of addiction, identifying triggers and patterns of behavior, developing coping strategies, rebuilding relationships, and creating a healthier lifestyle.

Carnes, Patrick, (2015), Facing the Shadows: Starting Sexual and Relationship Recovery



Psychobiological approach to sex addiction treatment (PASAT), unifying cognitive-behavioral containment of addiction; transpersonal psychology expanding the self beyond the individual; and emotionally regulating, intuitive, and relation-based psychotherapy informed by affective neuroscience—that is, by Schore's updated explication of classic attachment studies as affect regulation theory.

For once addictive sexual behaviors have been arrested, the work of repairing and supporting neurophysiological structures through human relatedness must begin in order to allow the very real mysteries of change and growth.

Katehakis, Alexandra. Sex Addiction as Affect Dysregulation: A Neurobiologically Informed Holistic Treatment (Norton Series on Interpersonal Neurobiology) (2016). W. W. Norton & Company.

Identification of Triggers and Cognitive Distortions

Cognitive Restructuring

Skills Training



Behavioral Techniques

Relapse Prevention

Homework Assignments and Self-Monitoring

Cognitive Behavioral Therapy

Cues and Triggers

Craving and Anticipation

Tolerance and Sensitization



Context-Dependent Learning

Extinction and Renewal

Classical Conditioning Model



SEXAHOLICS ANONYMOUS

- We have a solution. We don't claim it's for everybody, but for us, it works. If you identify with us and think you may share our problem, we'd like to share our solution with you (*Sexaholics Anonymous*, 2).
- In defining sobriety, we do not speak for those outside Sexaholics Anonymous. We can only speak for ourselves. Thus, for the married sexaholic, sexual sobriety means having no form of sex with self or with persons other than the spouse. In SA's sobriety definition, the term "spouse" refers to one's partner in a marriage between a man and a woman. For the unmarried sexaholic, sexual sobriety means freedom from sex of any kind. And for all of us, single and married alike, sexual sobriety also includes progressive victory over lust (*Sexaholics Anonymous*, 191-192).
- The only requirement for SA membership is a desire to stop lusting and become sexually sober according to the SA sobriety definition.



SEX ADDICTS ANONYMOUS

- Our goal when entering the SAA program is abstinence from one or more specific sexual behaviors. But unlike programs for recovering alcoholics or drug addicts, Sex Addicts Anonymous does not have a universal definition of abstinence.
- Most of us have no desire to stop being sexual altogether. It is not sex, in and of itself, that causes us problems, but the addiction to certain sexual behaviors. In SAA we will be better able to determine what behavior is addictive and what is healthy. However, the fellowship does not dictate to its members what is and isn't addictive sexual behavior. Instead we have found that it is necessary for each member to define his or her own abstinence.
- The only requirement for membership is a desire to stop addictive sexual behavior.



- Our primary purpose is to stay sexually sober and help others achieve sexual sobriety. Members are encouraged to develop their own sexual recovery plan, and to define sexual sobriety for themselves. We are not here to repress our God-given sexuality, but to learn how to express it in ways that will not make unreasonable demands on our time and energy, place us in legal jeopardy—or endanger our mental, physical, or spiritual health.
- The only requirement for membership is a desire to stop having compulsive sex.



- Porn Anonymous is a fellowship for recovery from pornography addiction. Members of this fellowship share their experience, strength and hope with each other that they may solve their common problem and help others to recover.
- The root of our problem is the intentional consumption of sexual materials of any kind, for the purpose of arousing sexual desire. We refer to all such content by the inclusive term Porn. This includes videos, images, chats, erotic literature, phone-sex, etc. Sobriety means the abstention from using such stimuli.
- The only requirement for membership is a desire to stop watching pornography.



- Porn Addicts Anonymous is a fellowship of individuals whose common purpose is to become recovered from their addiction to pornography and to develop healthy relationships through a spiritual program.
- The only requirement for PAA membership is a desire to stop using pornography in all of its forms.



- **Sex and Porn Addicts Anonymous** is a fellowship of people who share their experience, strength and hope with each other that they may solve their common problem and help others to recover from sex and pornography addiction in all its manifestations.
- Our concept of edging and shared sobriety definition are the foundation of SPAA unity. Our common welfare depends on it. We believe without sobriety comes the annihilation of everything worthwhile in life.



THANK YOU

- Brian Lengfelder
- bgl3988@comcast.net
- 630-940-6018
- Brianglengfelderllc.com

