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# Is Sex Addicting?

## Objectives

- ❖ Define and brief overview of Sex Addiction
- ❖ Providing the helping professional with information and tools to work with sex addiction
- ❖ Working with Sex Addiction from a Client-Centered Prospective

# Defining Addiction

- ▣ Addiction is continued involvement with a substance or an activity despite ongoing negative consequences.
- ▣ Four criteria as defined by the American Psychological Association
  - ❖ Physiological addiction
  - ❖ Withdrawal
  - ❖ Relapse
  - ❖ Tolerance

# Signs of Sex Addiction

Patrick Carnes a leading expert in sexual addiction describes **ten signs** of sex addiction, some of which correlate to other addictions.

They include:

1. A pattern of unmanageable behavior.
2. Severe negative consequences due to sexual behavior.
3. Ongoing desire or effort to limit sexual behavior.
4. Inability to discontinue the behavior (s) despite severe consequences.
5. Persistent quest for self-destructive or high risk behaviors.

# Signs of sex addiction

6. Sexual obsession and fantasy as a primary coping mechanism.
7. Tolerance or the need for increasing amounts and varieties of sexual experiences to attain the desire effect.
8. Severe mood changes regarding sexual activity.
9. Inordinate amounts of time spent in obtaining sex, being sexual, or recovering from sexual experiences.
10. Neglect of important social, or occupational recreational activities because of sexual behaviors.

# Consequences

- ▣ These signs appear gradually until the addict's life becomes one of desperation and recklessness. Often by the time the secret life is revealed, the addict, family, and others have been severely damaged.

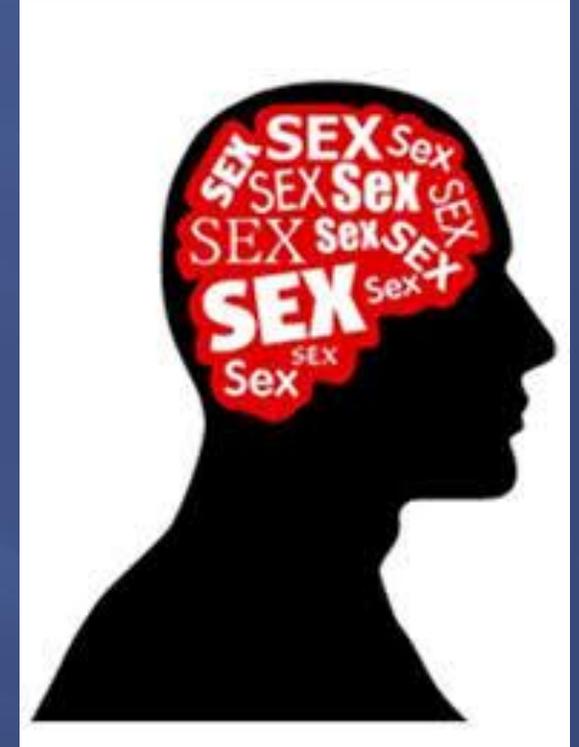


# Habit versus Addiction

- ❖ Habit is repeated behavior in which the repetition may be unconscious.
- ❖ Compulsion is present if considerable discomfort is experienced if the behavior is not performed.

# Signs of Addiction

- ▣ Four common symptoms
  - ❖ Obsession
  - ❖ Loss of control
  - ❖ Negative consequences
  - ❖ Denial



# Sexual Addiction

**Sexual addiction** is a confusion of the intensity of physical arousal with intimacy.

## ▣ Sex addicts

- ❖ are incapable of nurturing another because sex is the object of their affection.
- ❖ frequently have episodes of depression and anxiety.
- ❖ Social issues/concerns often relating back to childhood.

# Interacting Addictions

- ❖ 42% of sex addicts have a problem with chemical dependency
- ❖ 50-70% of cocaine addicts have a problem with sexual compulsion
- ❖ In a pool of thousands of identified sex addicts, fewer than 13% reported having just one addiction
- ❖ 72% have thoughts of suicide

# Formation of the Addictive System

## ▣ **Initiation Phase**

- ❖ Situation of great psychological stress and intense pleasure
- ❖ Creation of a pattern of using sex to cope with stress

## ▣ *Catalytic Environment*

An environment of extremes and unpredictability. This leads to **Anxiety** and the desire to **control**. The two key elements in the development of addiction in general.

- ❖ High performance expectation
- ❖ Boredom and a lot of unscheduled time

## ▣ *Catalytic Events:*

- *Trauma or neglect* events
  - *Sexual* events (exposure or abuse).
- ▣ It is important to explore these events and determine how it has lead to thoughts of self-doubt.

- ▣ **Establishment Phase**

- ❖ Establishment of an addictive pattern.
- ❖ Regularity of the compulsive behavior.

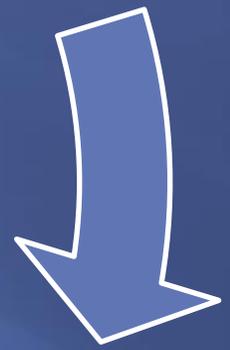
- ❖ The appearance of the addictive cycle

- ▣ *Pre-occupation*
- ▣ *Rituals*
- ▣ *Compulsive behavior*
- ▣ *Shame and despair*

**Shame and  
Despair**



**Preoccupation**



**Rituals**



**Compulsive  
Behavior**



# The Addictive Cycle

## ▣ *Preoccupation*

- ❖ Most thoughts are sexualized
- ❖ Most people are sex objects
- ❖ All places are potential places for sexual activity (even at work)
- ❖ It is important to determine the times, events and places that trigger preoccupation (ex: home alone!)

## ▣ *Rituals*

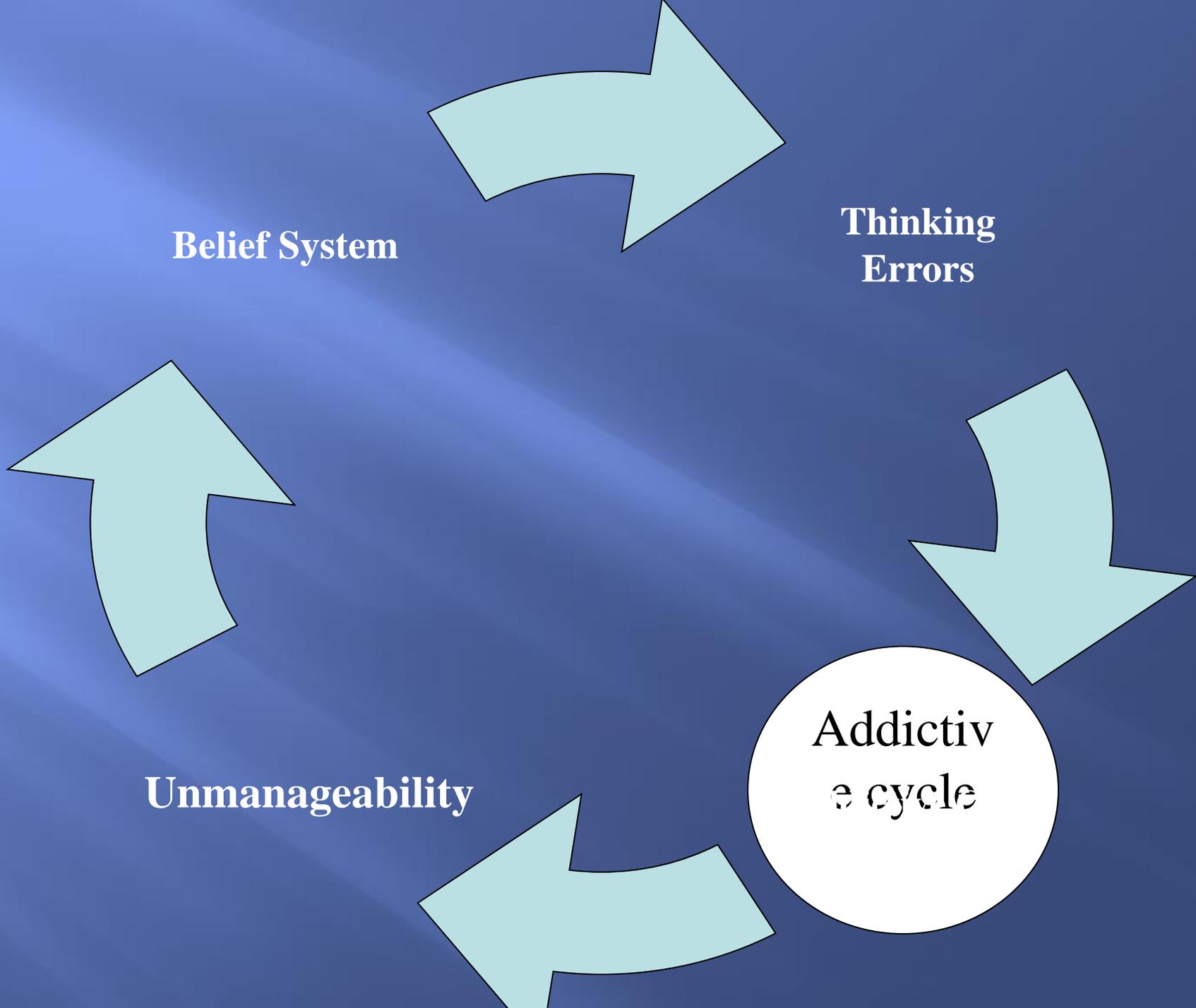
- ❖ Enhance pre-occupation and heighten Stimulation
- ❖ Behaviors (Cruising)
- ❖ Clothes
- ❖ Drugs
- ❖ Emotions (e.g. anger)
- ❖ Rituals like preoccupation can produce sexual arousal “trance-like” state

# The Addictive Cycle

- ▣ *Compulsive sexual behavior*
  - ❖ Out of control
  - ❖ Regular or binges
  - ❖ Occupies most of the time
  - ❖ Repeated failed attempts at abstinence
  
- ▣ *Shame and despair*
  - ❖ Withdrawal
  - ❖ Consequences
  - ❖ Isolation

# Broader Addictive system

- ▣ The basic core belief that feeds the addictive system is the **lack of personal value** (due to abuse and neglect). This leads to **lack of trust** that others will be caring enough; therefore the addict believes that he/she has to be **controlling** in order to survive.
- ▣ When sex gives pleasure, false sense of care or sense of value or superiority, they think it is **there only need and best friend**.



**Belief System**

**Thinking Errors**

**Unmanageability**

**Addictive cycle**

# Let's Talk About Sex

- ❖ 71% of adults were reluctant to discuss sexuality with their physicians (Marwick, JAMA 1999)
- ❖ Only 35% of PCP's reported taking a sex history routinely or often (McCance, Am J Prev Med 1991)

# Times Have Changed!

*The Internet has changed things...Good and BAD!*

- ❖ Pornography Addiction
- ❖ Teenagers often spend an estimated 15-20 hours per week online.
- ❖ Of the estimated 322 million individual who actively use the Internet, an estimated 40 million adults admit to regularly visiting pornographic websites.
- ❖ Pornography accounts for an estimated 4.23 million websites generating \$2.5 billion annually.

# Pornography Stats

- ❖ Estimated 72 million unique individuals visit porn sites daily.
- ❖ 25% of all search engine requests are porn related.
- ❖ 10% of adult internet users believe they are cyber addicts.
- ❖ An estimated \$320 billion/year is spent by consumers on Internet Pornography.

# Pornography Stats

- ❖ The average age of cybersex pornography is 11 years old.
- ❖ 70% of teenagers report they have seen pornography images online.
- ❖ 20% of all United States adults admit having intentionally visited a porn website.

- ▣ High-risk sexual activity includes any behavior that would cause participants emotional or physical harm.

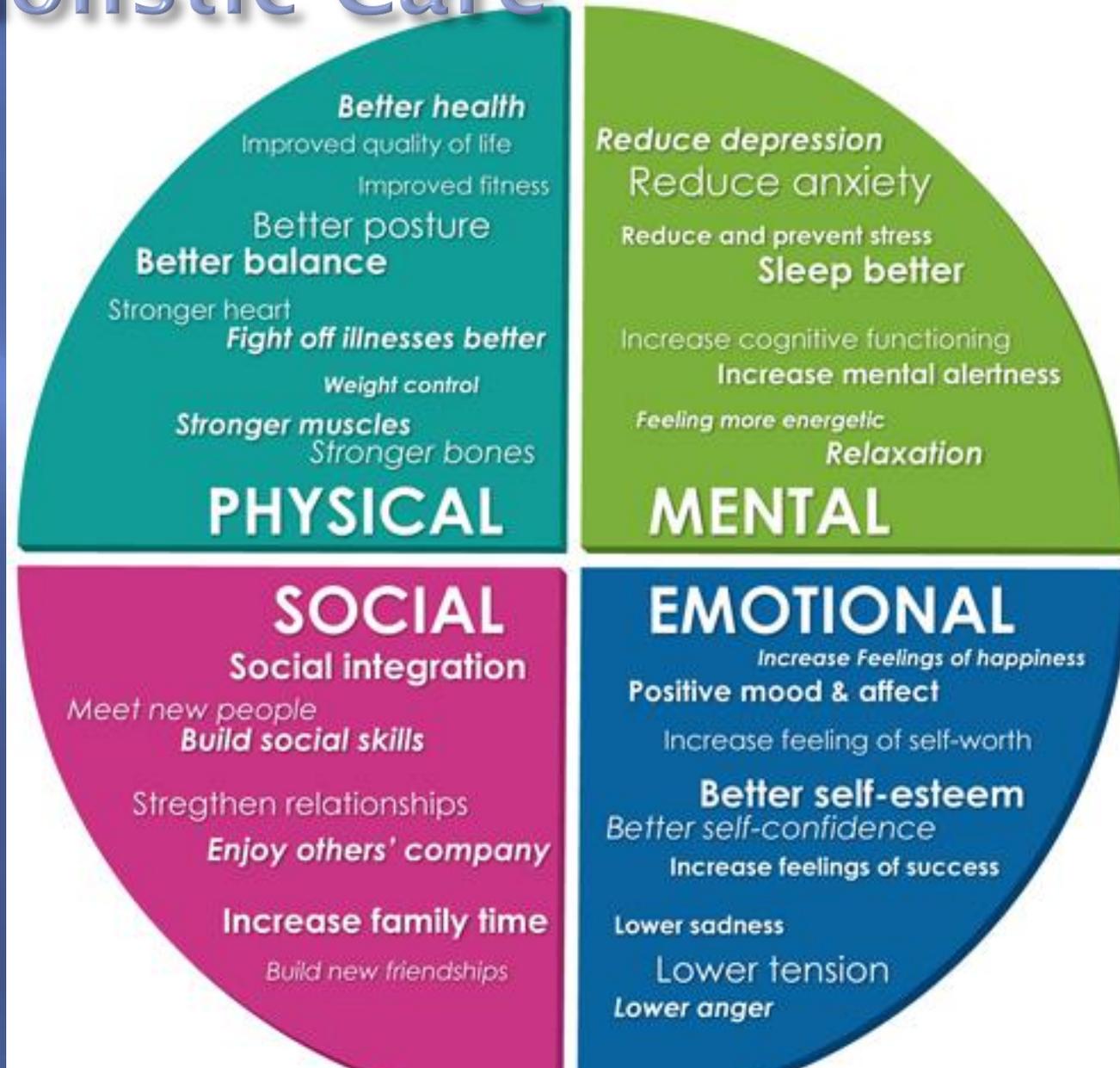


# Sexuality: Holistic Care

- ❑ Physical
- ❑ Social
- ❑ Emotional
- ❑ Mental

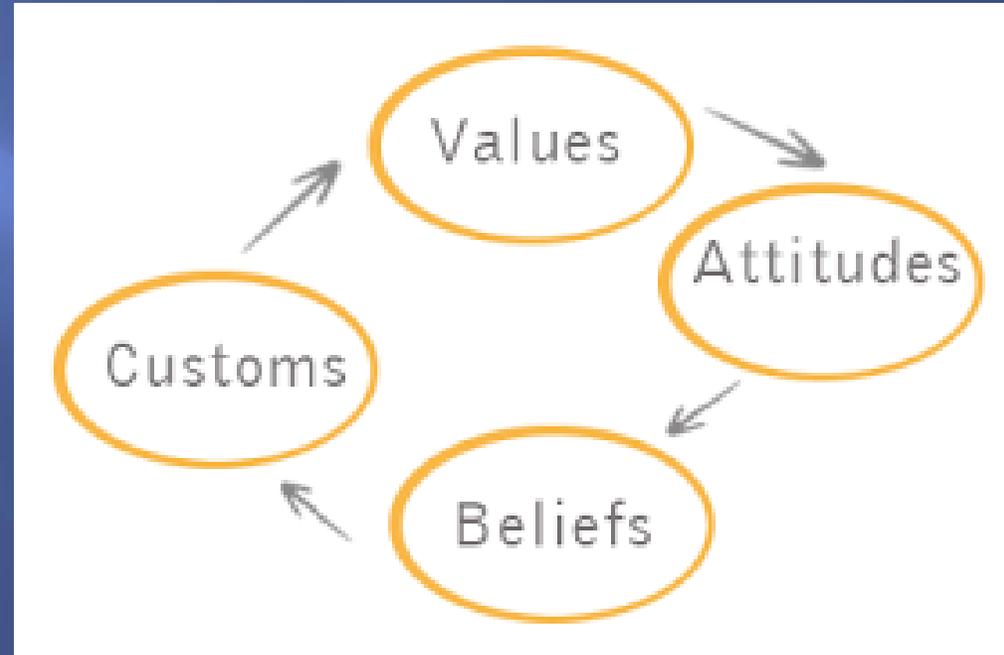
Clinicians:

- ❖ Know your biases
- ❖ Self Awareness
- ❖ **Suspend Judgement**

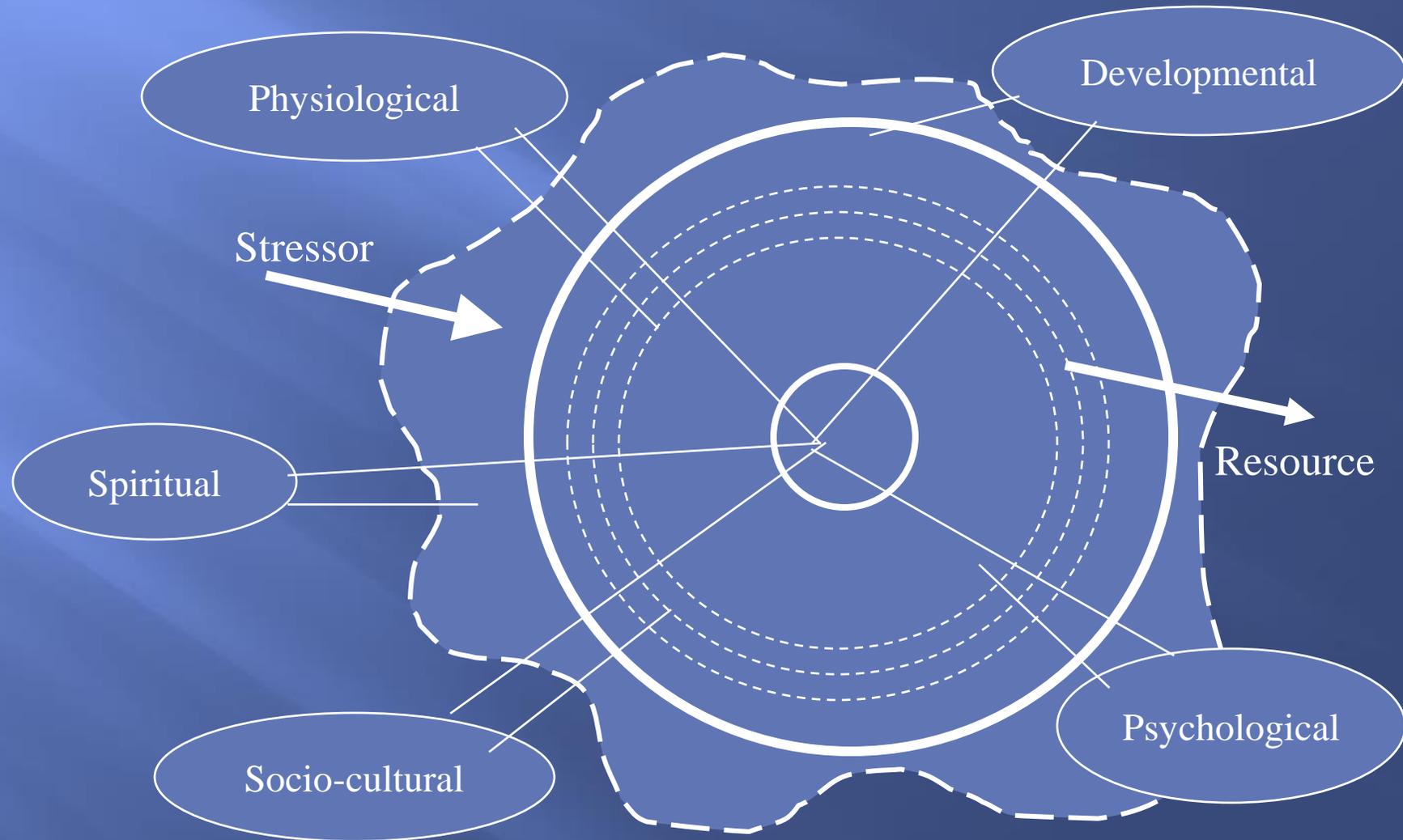


# Factors affecting sexuality

- ❖ Culture
- ❖ Religion
- ❖ Ethics
- ❖ Lifestyle
- ❖ Health state
- ❖ Age



# Sexuality and the client



# Risk Factors: High-Risk Sexual Activity

- ❖ Bipolar Disorder
- ❖ Sexually permissive parental values
- ❖ Drug and alcohol abuse.
- ❖ Single-parent family.
- ❖ History of sexual abuse.
- ❖ Multiple sex partners.
- ❖ Depression
- ❖ Lack of Impulse Control

# Factors to Consider in assisting clients Engaging in high risk behaviors

- ❖ Problem-solving abilities
- ❖ Communication with parents or other adults
- ❖ Physical and mental health
- ❖ Cognitive development
- ❖ Attitudes and values
- ❖ Sexual maturity rating

## Factors to Consider (cont'd)

- ❖ Communication between partners
- ❖ Opportunity to counsel both partners
- ❖ Motivation of both partners
- ❖ Frequency of intercourse
- ❖ Gender of Partner
- ❖ Open Relationships/ Non-Monogamy

# Client Centered = Client Defined Problem and Client Defined Goals (Solutions)

In doing a client center and solution oriented assessment, practitioners should do the following;

- ❖ Listen to the client's story and in the process define and begin to deconstruct the problem
- ❖ Identify the attempts to solve the problem made by the client and others that might be maintaining the problem
- ❖ Defining the problem requires gathering a specific and concrete **definition of the problem** from the client with as many **behavioral indicators** as possible.

# History of a Specific Issue

## D.O.U.P.E.

**D** description of current problems

**O** onset information

**U** understands of cause and  
maintenance

**P** past treatment history for  
problem

**E** current expectations and goals

# Intervention: The P-LI-SS-IT Model

**Permission (P):** The practitioner creates a climate of comfort and permission for clients to discuss sexual concerns, often introducing the topic of sexuality, thereby validating sexuality as a legitimate health issue.

**Limited Information (LI):** The practitioner addresses specific sexual concerns and attempts to correct myths and misinformation.

**Specific suggestions (SS):** The practitioner compiles a sexual history or profile of the client:

- Defining the issues and concerns of the client.
  - Determining the course of how the issues have evolved over time.
  - Facilitating the client's understanding of the main issues and providing options for resolution.
  - Assisting the client in formulating perceptions and ideas about sources of these concerns and developing realistic and appropriate goals and solution plans.
- **Intensive Therapy (IT):** The practitioner Provides/ Refers to specialized treatment in cases that are complicated by the coexistence of other issues (addiction counseling, mental health counseling, sex therapy counseling, psychotropic medication).

# Good Reading:

- ❖ *Out of the Shadows, Understanding Sexual Addictions* by Patrick Carnes, PhD.
- ❖ *Treating Pornography Addiction, The Essential Tools for Recovery* by Kevin D. Skinner.
- ❖ *Treating Out of Control Sexual Behavior: Rethinking Sex Addiction* by Douglas Braun-Harvey and Michael Vigorito.
- ❖ *Sex Addicts Anonymous Literature*
- ❖ *Lonely All The Time: Recognizing, Understanding And Overcoming Sex Addiction, For Addicts And Co-Dependents* by Ralph Earle & Gregory Crow.
- ❖ *Women, Sex, And Addiction: A Search For Love And Power* by Charlotte Kasl.

# My Contact

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