Problematic Sexual Behavior in Emerging Adults
Implications for Assessment and Treatment

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Objectives:

1. Discuss the construct of problematic sexual behaviors, including issues in definition and terminology

2. Review issues and research findings related to college-age individuals and problematic sexual behaviors.

1. Identify strategies for assessment and treatment considerations in this population.
Issues in Terminology

A rose by any other name ...

- Sexual habit?
- Sex addiction?
- Hypersexual disorder?
- Problematic sexual behavior
- Compulsive sexual behavior?
Habit

- **Habits** form when we perform an action repeatedly in response to a cue.

- The entire action is encoded in the brain as a set of actions that occur without conscious decision.
• **Addiction** is a pathological relationship with a mood altering experience.

• **Addicts** lose their ability to chose. They are no longer able to say “no.”
Addiction Defined

- A primary, chronic disease of brain reward, motivation, memory and related circuitry
- Biological, psychological, social and spiritual manifestations
- Pathological pursuit of reward and/or relief by substance use and other behaviors

American Society of Addiction Medicine
Addiction Defined, cont.

Characterized by:

- Inability to consistently abstain
- Impairment in behavioral control
- Craving
- A dysfunctional emotional response
- Diminished recognition of significant problems with one’s behaviors and interpersonal relationships

American Society of Addiction medicine
Addiction Defined, cont.

- Involves cycles of relapse and remission
- Without treatment or engagement in recovery activities, addiction is progressive.
- Can result in disability or death

American Society of Addiction Medicine
Addiction

- Addictions, both chemical and process oriented ones, rely on pleasure centers in the brain.
Common Addictions

Sex / Relationships
Alcohol/Drug Cocaine
Risk Taking
Spending/Debting
Exercise
Eating Disorders
Hoarding/Saving
Compulsive Self-Neglect

Sexual Anorexia
Caffeine Gambling
Compulsive TV Watching
Working
Co-dependency
Nicotine
Video Games
Internet Use
In the healthy brain, when positive stimuli are experienced, dopamine is released in the pleasure center resulting in feelings of safety, pleasure and comfort. Addicts have fewer receptors.
Neurochemistry, can’t.
Nucleus Accumbens—Brain’s Reward Center

Red indicates high number of receptors for dopamine.

People short of dopamine have difficulty feeling joy.
Addiction changes the brain

- Addictions lay down new neuro-pathways in your brain.
- The more you use them, the stronger they become and the more difficult it is to stop.

www.fightthenewdrug.org, 2014
Porn is addictive

• Porn can be addictive because of the level of neuro-chemicals released into the reward pathway.

• A tolerance can be built up to porn and you end up needing more of it in extreme forms.

www.fightthenewdrug.org, 2014
Classical Sexual Addiction

- History of abuse and neglect
- Insecure attachment patterns, shame
- Disordered impulse control
- Often presents with cross addictions
- Comorbid mood disorders
- Progressive

Riemersma and Sytsma, A New Generation of Sexual Addiction, Sexual Addiction and Compulsivity, 2013
Trauma and Abuse History

- Most classical sex addicts came from families where shame, abuse and trauma were present.
- 72% experienced physical abuse
- 81% experienced sexual abuse
- 97% experienced emotional abuse and neglect
Shame Based Core Belief System

“I am flawed, unlovable and worthless.”
A new Contemporary form of Sexual Addiction

- Early exposure to graphic online graphic sexual material
- Disruption of normal development
  - Neurochemical
  - Sexual
  - Social
- Rapid onset

Riemersma and Sytsma, A New Generation of Sexual Addiction, Sexual Addiction and Compulsivity, 2013
Contemporary Sexual Addiction in Emerging Adults

Chronicity  Content  Culture
Contemporary Sexual Addiction in Emerging Adults: Chronicity

Average age of exposure to pornography is age 10-12 and declining due to access to the internet.

Reward system in the brain becomes overloaded and tolerance occurs. Arousal templates are altered.

Riemersma and Sytsma, A New Generation of Sexual Addiction, Sexual Addiction and Compulsivity, 2013
Contemporary Sexual Addiction in Emerging Adults: Content

The graphic, explicit nature of internet sexual content:
- Sex clubs, chat rooms, fantasy sex partners
- Non-human (animal, avatar, anome)
- Violence, sadism, masochism

Depersonalization, dehumanization, rape culture

Riemersma and Sytsma, A New Generation of Sexual Addiction, Sexual Addiction and Compulsivity, 2013
Contemporary Sexual Addiction in Emerging Adults: Culture

Growing up in a high-tech, sex-saturated environment: Magazines, billboards, TV commercials and content, movies trailers and movies, video games, music, websites ...
Some everyday ads promote rape culture.
Mobile Porn

- 72% of the US population own a smart phone.
- 1 in 5 searches is for porn.
- 24% of smart phone owners have porn on their handset.
- 84% said their partners were unaware.
College Population (18-34)

- 95% of young adults have easy access to technology by use of cell phone.
- Texting is most frequent method of communication.
- 99% of men and 88% of women report having seen pornographic images.

(Renfrow, D.G. & Sabbah Mani, J. (2014))
College Population Sexting

• Use sexting to build relationships
• Women report feeling more pressure to participate.
• Do not use the term “sexting.”

(Sabbah-Mani, J., 2015)
Sext Talk

- Pornography increasingly amateur, homemade
- Sexual texting more acceptable among 18-25 y.o.
- Females often see sexting
  - As potentially more dangerous than males
  - As embarrassing if sent to others
- Males often see sexting
  - As a joke
  - Locker room photos to other males
  - Pressure female to send nude photos and redistribute
I want your sext!

Minority college students:

- 54% report sending sexual texts
- 70% report receiving sexual texts
- Most likely to sext with casual partners, have more partners, more unprotected oral sex, and sex while on substances.
- Those who sext with steady partners have significantly more unprotected vaginal sex and oral sex.

Let’s talk about sext

- More high school students send sexually explicit photos than do those of college age.

- The sending and receiving of underage sexual content is distribution of child porn.

- College students report hook-up culture.

- Dating is a thing of the past on campuses today.
Internet Porn Statistics

- Number of porn websites: 4.2 million
- Pornographic emails sent daily: 2.5 billion
- Porn downloads daily: 1.5 billion
Internet porn is like crack cocaine.

- To your brain, porn has the same effects as drugs.
- Porn hijacks the reward pathway in the brain.
- Just like drugs, you build up a tolerance so you need more porn for the same effects.
- Withdrawal symptoms can occur when you try and walk away.

www.fightthenewdrug.org 2014
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Potential Problems Associated with Internet Sex Addiction

- Compulsive checking and “clicking”
- Isolation and avoidance of people
- Personal neglect
- Lost productivity
- Depression
- Dissociative states
- Gambling
- Academic failure
- Marital or relationship problems
- Increased sexual risk behaviors

College Population

Comorbidity with Pornography Use

- Risky sexual behavior
- Substance use
- Lower age at first sexual intercourse

(Caroll, J.S., et. al., 2008 & Morgan, E.M., 2011)
Comorbidity with Pornography Use: College Population

- Lower satisfaction in relationships
- Poor body image
- Higher rates of unhealthy attachments

Research shows internet porn use is associated with:

- Relationship disturbance
- Decreased social integration
- Detachment from sex partner
- Decreased life functioning
- Adverse affects on children
- Decreased healthy sexual functioning

(Citations in cybersex lecture notes)
Potential Problems Associated with Internet Sex Addiction

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Contemporary Pornography

- Men assaulting women
- Women responding with pleasure or no response to violence and rape (95%)
- Men sexually abusing children, animals
- Sadomasochistic porn
- Women being of service to men
Rape myth acceptance among fraternity men and behavioral intent to commit sexual assault

62% of fraternity men in a mid-western university admitted to viewing porn regularly. Of those:

- 83% view mainstream porn
- 27% view sadomasochistic, rape porn
Rape myth acceptance among fraternity men and behavioral intent to commit sexual assault

Those who viewed any pornography:

1. Are significantly less likely to intervene on a potential rape as a bystander,
2. Report and increased behavioral intent to rape,
3. Are more likely to believe rape myths

Foubert, Brosi, and Bannon, 2011
Impact of porn viewing on relationships

1. Associated with less stable relationships
2. Disconnection between intimacy and intercourse
3. Emotional attachment is separated from sexual behavior
4. Increase in egocentric sexual behavior
5. Belief that sexual satisfaction is not associated with affection
6. Belief that relationships are sexually confining
7. Decrease in interest in monogamy/childrearing
Diagnostic Criteria for Sexual Aversion Disorder

Persistent or recurrent extreme aversion to, and avoidance of, all (or almost all) genital sexual contact with a sexual partner

- The disturbance causes marked distress or difficulty
Sexual Anorexia is about...

- Compulsive deprivation
- Excessive control
- Efforts to avoid
- Rigid, judgmental attitudes
- Preoccupation
Sexual Anorexia is also about...

- Extreme shame
- Despair
- Affects obligations
- Avoidance of intimacy and relationships
- Distress
- Anxiety, restlessness, and irritability

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Strategies for Assessment and Treatment
Assessing Sex Addiction

- Criteria for assessing sex addiction closely parallels guidelines for assessing substance abuse, alcoholism, and compulsive gambling.

- A minimum of three out of ten criteria must be met; however, most addicts have five, and over half, have seven or more.
Criteria for Sex Addiction

1. Recurrent failure to resist sexual impulses in order to engage in specific sexual behaviors
2. Frequently engaging in those behaviors to a greater extent, or over a longer period of time than intended.
Criteria for Sex Addiction

3. Persistent desire or unsuccessful efforts to stop, reduce, or control those behaviors
Criteria for Sex Addiction

4. Inordinate amounts of time spent in obtaining sex, being sexual or recovering from sexual experiences
5. Preoccupation with sexual behavior or preparatory activities
Criteria for Sex Addiction

- 6. Frequently engaging in the behavior when expected to fulfill occupational, academic, domestic or social obligations
Criteria for Sex Addiction

7. 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.
Criteria for Sex Addiction

8. The need to increase the intensity, frequency, number, or risk level of behaviors in order to achieve the desired effect;

or diminished effect with continued behaviors at the same level of intensity, frequency, number, or risk
9. Giving up or limiting social, occupational, or recreational activities because of the behavior.
Criteria for Sexual Addiction

10. Distress, anxiety, restlessness, or irritability ... 

... if unable to engage in the behavior
Sexual Addiction Screening Test (SAST)

- 16 question self-administered test
- Discriminates addictive/non-addictive behaviors
- Does not assess specific behaviors
The Sexual Addiction Risk Assessment (SARA)

- 88 questions, 25 minutes
- 23-page report available immediately
- Helps client decide a course of action
Sexual Dependency Inventory (SDI 4.0)

- Evolution of 144 sexual behaviors and thought patterns, over 500 questions
- Any other addictions
- Readiness for therapy
- Patterns of consequences
- Attachment styles
- Suggestions for treatment plans
- Therapist and client reports

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Post Traumatic Stress Index-Revised (PTSI-R)

Out of the original 1000 self-identified sex addicts studied by Dr. Carnes

- 72% experienced physical abuse
- 81% experienced sexual abuse
- 97% experienced emotional abuse

In addition, almost all reported coming from families where shame was present.
The Money and Work Adaptive Styles Index (MAWASI ®)

• Behavioral, emotional, cognitive impact
• Highlights 12 subscales
• Reveals how client has adapted life
The Partner Sexuality Survey (PSS) and Inventory for Partner Anxiety, Stress, and Trauma (IPAST)

- Partners identify how heir sexuality has been impacted by their relationship a sex addict.
- Trauma focused assessments
Stopping is not impossible

You can rewire these circuits by:
• avoiding the mood altering experiences,
• seeking healthy alternatives, and
• Using tools of recovery
• Seeking professional help
Treatment considerations

Classic
- Timeline exploration
- Breaking through denial
- Family of origin work
- Trauma resolution
- Fantasy assessment
- Eroticized rage assessment
- Shame reduction
- Psychotherapy

Contemporary
- Prevention
- Early intervention
- Developmental trauma (exposure vs. abuse)
- Behavioral interventions
- Relational skills building (conflict resolution, listening skills, assertiveness training)
- Issues of deprivation
- Self expression

Riemersma and Sytsma, A New Generation of Sexual Addiction, Sexual Addiction and Compulsivity, 2013

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Where Treatments Overlap
for both CLASICAL and CONTEMPORARY sexual addiction

- Cross addictions and mood disorders
- Addictive cycle interruption
- Group work
- 12-step program
- Psycho-educational
- Boundaries
- Healthy sexuality
- Spirituality
- Accountability

Treatment can be successful when we are careful to look at all addictions, not just the chemical ones. Be brave enough to ask questions about the addict's sexual history and you may get a fuller picture of your patient's or client's real struggles.
Professional Credentialing Organizations

- **International Institute of Trauma and Addiction Professionals (IITAP)**
  - Certified Sexual Addiction Counselor (CSAT)
  - Certified Multiple Addictions Counselor (CMAT)
- **The Society for the Advancement of Sexual Health (SASH)**
  - Advanced Training in Problematic Sexual Behaviors (ATPSB)
Remember:

Treating only the most obvious addiction may not be enough. We as addiction professionals owe it to our clients to treat the whole person and not just the presenting problem.