CO-OCCURRING DISORDERS: DRUGS AND SEX

Why and How to Understand, Assess and Treat Co-occurring Disorders: Sex and Drugs

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WHY SEX? WHAT ARE WE MISSING?

What is Healthy Sex?

- Healthy sex is different for every person and every relationship.
- What “variations” have you seen in your own life? In the lives of the people around you?
- As therapists, our job is to explore the concerns and help clients make peace with them, not to judge the issues or try to change a client’s native template for arousal-even if it is ego-dystonic.

STORY ONE: STIMULANTS AND PROSTITUTES

At a high end addiction treatment program (60k plus)

STORY TWO:
ALCOHOL, PORN AND RAPE

at a low end, insurance based treatment center

WHY CHOOSE ONE DRUG OVER ANOTHER?
STIMULANTS VS. DEPRESSANTS & SEX

Defined as: Chem-Sex

QUESTIONS ABOUT SEX AND RELATIONSHIPS NEED BE OBTAINED VIA OUR STANDARD ASSESSMENTS

Intake Assessment
Admission Assessment

PHONE INTAKE ASSESSMENTS

Here we need to ask broad questions about sex and romance that will clue in the listener but not scare away the caller…

<u>Over the Past Year or so</u>

- How are you feeling about your sexual life. Comfortable? Uncomfortable? Why? Why not?
- Do you keep secrets from other people around sex? What are they? Why do you keep them?
- Do you have any concerns or has anyone else expressed any concerns about your sexual or romantic life?
- Do you think there are any connections between your SUD and your sexual or romantic life?

LIVE ASSESSMENTS & BIO/PSYCHO/SOCIAL EVAL?

- Do you masturbate? If so, how often?
- Do you use porn? If so, how often?
- If relationship or dating-are you monogamous with primary partners or do you have other agreements?
- If married-have you had any affairs (online or in real life)? If so, does your spouse/partner know?
- Has anyone in your life expressed recent concern about any aspect of your sexual or romantic life?
- Do you have questions about fetishes or a-typical sexual behaviors like BDSM, foot fetish etc?
- How do you feel about being a man (or a woman)?
- Are you comfortable with your sexual orientation?
- Is there anything I might be concerned about if I had observed your romantic or sexual life over the past few years? Cheating? Addictive behaviors? Lying or keeping secrets?

Sexual Issues in Treatment

- All counselors encounter clients seeking help with sexual issues.
- Clients worry about too much sex, not enough sex, no sex, bad sex, solo sex, strange sex, addictive sex, problematic sex, etc.
- Occasionally these concerns are the client's primary presenting issue, but more often these issues lurk in the background-thanks to personal/cultural shame about sex-coming to light when exploring related problems with self-esteem, relationships, mood/personality disorders, addiction, trauma, etc.
- What we don't ask, we cannot treat…

FEMALE ADDICTS

Intimacy & Relationship Pain Drives Co-Occurring Addictions and Relapse in Women

WHEN FEMALE CLIENTS ARRIVE WITH

- Eating Disorders
- Body Dysmorphia
- Strong Narcissistic Traits
- Early Complex Trauma
- Dildo's, Porn and Sex Toys
- Current or recent relationship and sexual issues (affairs, hook-ups, prostitution)

ASSESS, ASSESS, ASSESS

- For co-occurring triggers
- For co-occurring addictions

Typical Client Sexual Issues

- Sexual Orientation
- Gender Identity
- Kink, Fetishes, Paraphilia's
- Sexual Dysfunction -painful sex, erectile dysfunction, lack of arousal etc.
- Infidelity
- Hyper-sexuality versus Hypo-sexuality
- Sexual/Porn Compulsivity/Addiction
- Sexual Offending

Sexual Orientation

- You can't change a person's sexual orientation, no matter how ego-dystonic those feelings might be. A homosexual man is attracted to other men *whether he likes it or not*, a lesbian woman is attracted to other women *whether she likes it or not*, and bisexual men and women are attracted to both genders *whether they like it or not*. No amount or type of therapy is going to change this.
- Research shows that "gay conversion therapy" can be harmful.

Gender Identity

- Psychological gender identity is fixed and immutable. Physical gender can be altered with surgery.
- Gender Dysphoria is evidenced by a significant, longstanding level of discontent with one's birth sex and/or the gender roles associated with that sex.
- Dealing with transgendered clients who want gender reassignment surgery is a highly specialized endeavor. If you are not trained for it with significant clinical experience under your belt, you should refer such clients to a specialist.

Gender Expression

- Gender expression has to do with how the world sees me. IE in what way do I express my gender?
- I can be a heterosexual man with strong female gender expression.
- I can be a homosexual man with strong male gender expression. Gender expression has nothing to do with gender identity or sexual orientation.

Kink, Fetishes and Paraphilia's

- What's the difference between kink and fetish? What is a paraphilia?
  - Kink can spice up your sex life a little bit. A playful exploration.
  - Fetishes are a deep and abiding (and for some a primary) sexual desire.
  - P*araphilia* is a fetish taken to an extreme, resulting in negative life consequences, failure to function, self harm. Legal consequences.
- If you're still a little confused by these differences, think about the difference between a casual drinker, a heavy drinker, and an alcoholic. The basic behavior, drinking alcohol, is the same, but the causes and effects are quite different.

Sexual Dysfunction

- Sexual dysfunction is extensively addressed in the DSM-5. Issues covered include: delayed ejaculation, erectile disorder, female orgasmic disorder, female sexual interest/arousal disorder, genito-pelvic pain/penetration disorder, male hypoactive sexual desire disorder, premature (early) ejaculation, and substance/medication-induced sexual dysfunction. Not covered: Porn-Induced Erectile Dysfunction (PIED).
- Clients with sexual dysfunction should always be referred to a medical professional *before* psychotherapeutic treatment is engaged in earnest, as the issue may be more physical than psychological.
- If you lack formal training in sexology and run into cases where sexual dysfunction is found to be more of a psychological than a medical issue, clients are when you consult with a sexologist.

Treating Infidelity

- From a clinical perspective, infidelity is not inherently pathological—though it can become so if it takes on a life of its own and spirals out of control, as occurs in cases of sexual addiction/compulsivity, or if it causes concurrent problems with the client's life functioning and/or mood.
- I see relationship infidelity as a sign of immaturity.
- Typically, the therapeutic approach taken when dealing with marital infidelity depends on whether you are treating the cheating partner or the cheated-on partner.
- Don't ever be the keeper secrets in a coupleship.

Infidelity:Treating the Cheater

- With a cheating partner, directive forms of therapy are recommended, especially if the client wishes to stop what he or she has been doing.
  - Behavioral contracting.
  - Understand the meaning behind the cheating (dissatisfaction with the relationship, addiction/compulsivity, mood/personality disorder, etc.).
  - Encourage truth-telling, as continued secrets can further damage the relationship.
- If the client shows no empathy or remorse and doesn't want to stop cheating, there is not much you can do.

Betrayal Trauma: Treating the Cheated-On Partner

- For betrayed partners, it's usually not any specific sexual act that does the most damage; it's the lies, secrets, and loss of relationship trust. Many betrayed partners experience symptoms of PTSD. They often resent the idea that *they* might need therapy when *they* didn't do anything wrong.

•They need: empathy, validation for their feelings, help processing the shame/rage and trauma of being cheated on, direction, education and support for moving forward.

•They may also need guidance with setting boundaries, healthcare issues (including STDs), and curtailing their ever-present desire to question the betrayer about his or her sexual past and present.

•DO NOT USE CODEPENDENCY MODEL!!

Hyper-Sexual, Hypo-Sexual, A-Sexual, Solo-Sexual

- Clients sometimes ask: “How much sex should I actually be having?” Well, the answer depends entirely on the client—his or her background, emotional make-up, libido, ethics, emotional state, physical health, childhood trauma, and sexual orientation, along with how much credence he or she gives to the “more sex is better” tenet.
- If people are comfortable with the amount of sex they’re having or not having, and they’re not experiencing relationship problems or other consequences related to the sex they’re having, then there is nothing wrong with their sex life.
- Individual hypo-sexuality and/or hyper-sexuality can be secondary to early complex trauma and/or PTSD.

Sexual Compulsivity/Addiction

- Sex addiction is generally identified using three primary criteria:
  - Preoccupation to the point of obsession with the substance or behavior of choice
  - Loss of control over use of the substance or behavior, typically evidenced by failed attempts to quit or cut back
  - Directly related negative consequences—relationship trouble, issues at work or in school, declining physical health, depression, anxiety, diminished self-esteem, isolation, financial woes, loss of interest in previously enjoyable activities, legal trouble, etc.
  - All addictive disorders-behavioral and substance require cognitive behavioral therapy.
- We now have a new ICD-11 diagnosis called Compulsive Sexual Behavior Disorder (CSBD).

Sexual Offending

- The **clinical definition** of sexual offending is *nonconsensual sexual activity*.
- The **legal definition** of sexual offending is often quite different, based not on clinical criteria but on statutes that vary by jurisdiction.
- There are five primary typologies of sex offenders: offenders, fixated/dedicated child offenders, situational/regressed child offenders, situational offenders (non-child), and sexually addicted offenders.
- Not all sexual offenders will respond to treatment. If you are not an offender specialist, it is best to make a referral to someone who is.

Issues we must legally report

- **Child Sexual Abuse**
- **Child Porn**
- **Adult Sexual Abuse**

HAVING SEX IN TREATMENT?

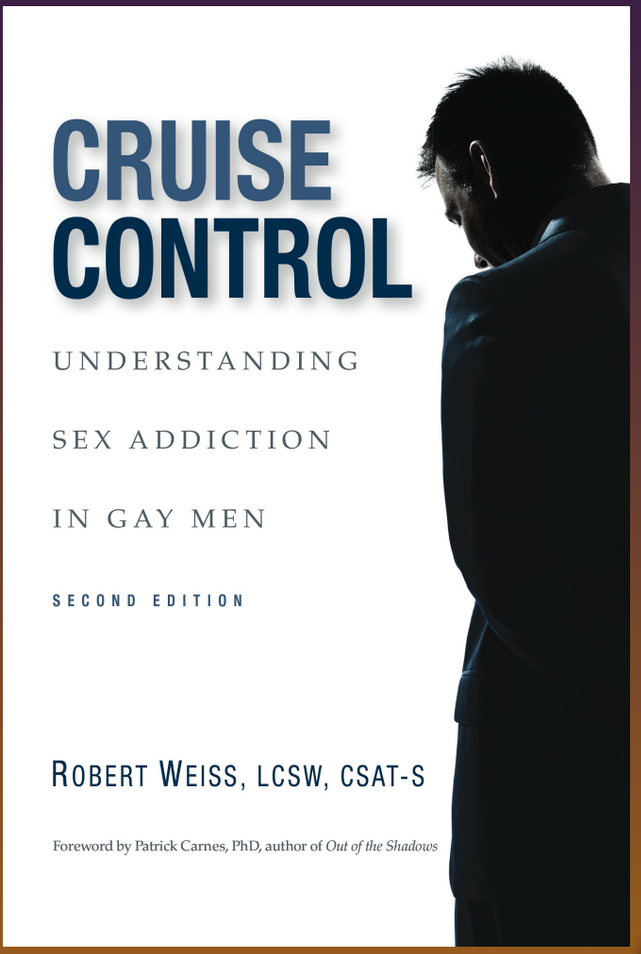
Not Today!

How do you handle it?
Best practices?
How do the staff handle it?
Its a #MeToo world?

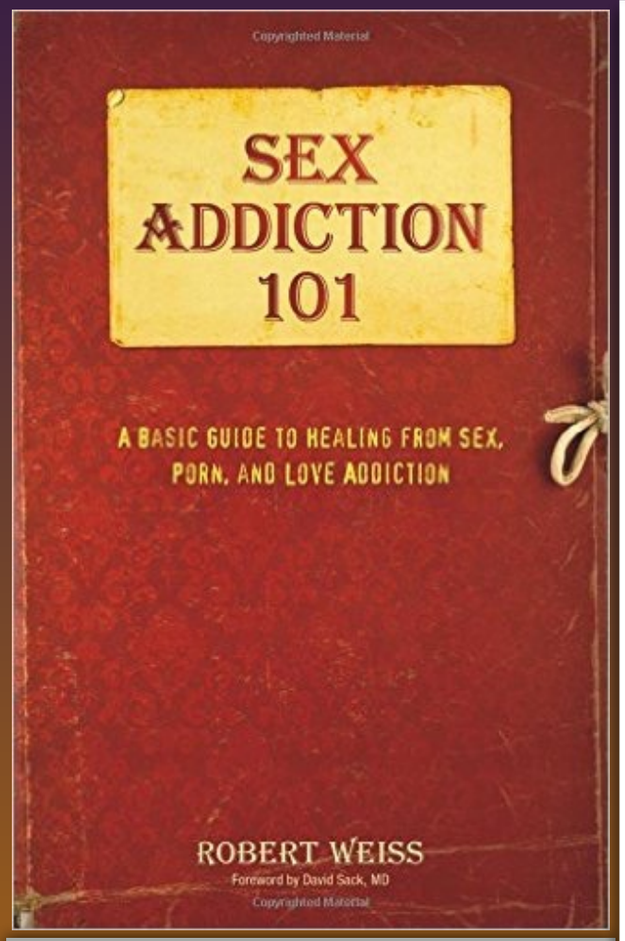
GENDER SEPARATE TREATMENT?

How many ways can I say…YES!

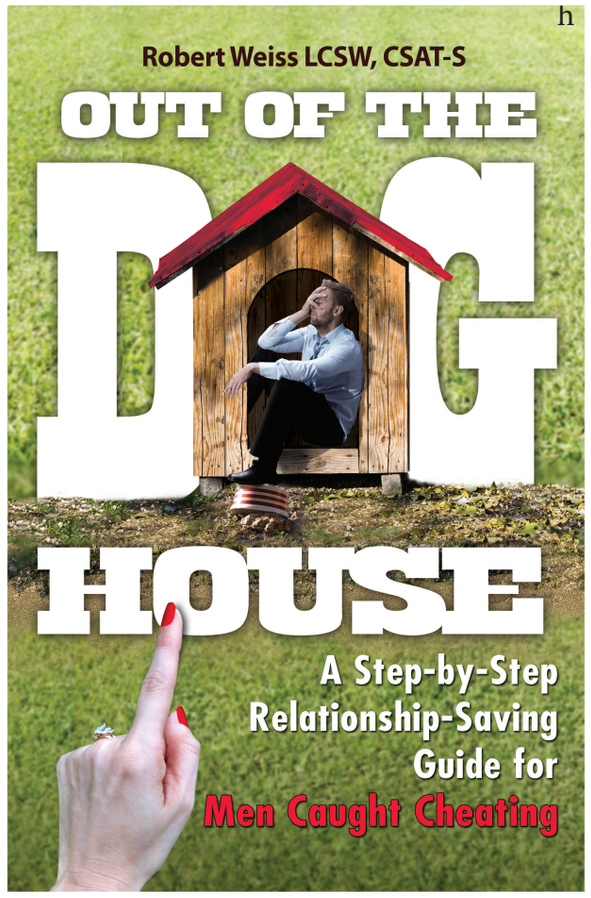
Books Books Books Books Books Book



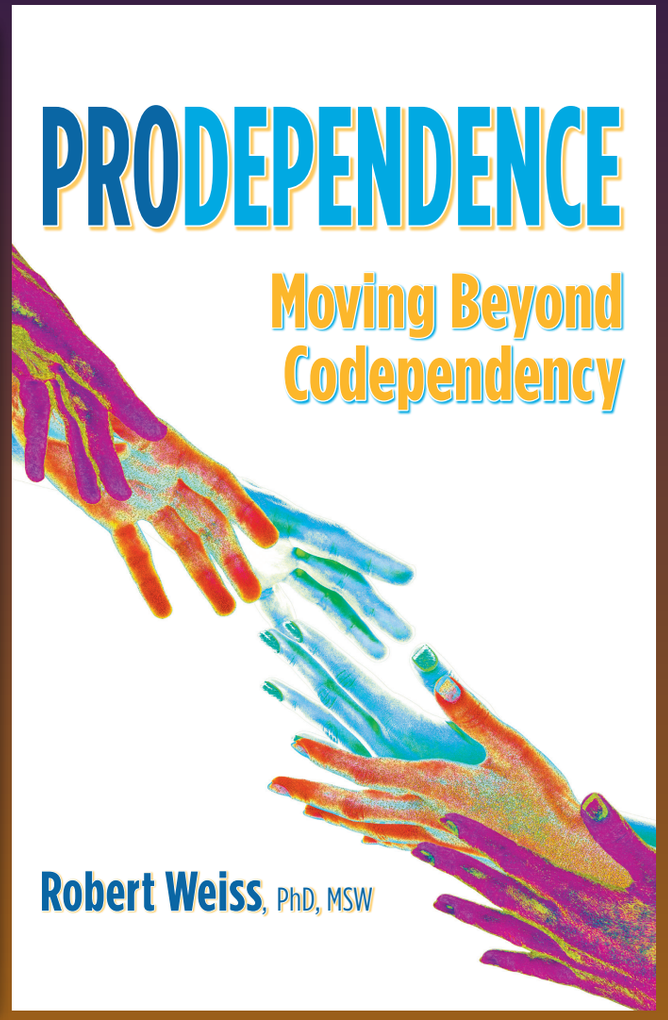
Sex Addiction in Gay Men 2005, (rev. 2013)



A Basic Client Primer & Workbook Sexual Addiction/ Compulsivity (2015)



A Cheating Man's Guide to Partner Empathy (2016) Christian Version (2017)



PRODEPENDENCE Moving Beyond Codependency (2018)

More Information

- If you are not trained or are not comfortable treating sexual issues, you should still work to identify those issues, and then you can refer your client to an appropriate specialist. Referral sources:
  - AASECT – For non-addiction, non-offending sexual issues
  - ATSA – For sexual abuse/offending issues
  - IICS- International Institute for Clinical Sexology
  - IITAP – For certification in sexual addiction/compulsivity
  - SeekingIntegrity.com– For sexual addiction and co-occurring treatment
  - Safer Society Foundation – For sexual abuse/offending issues
  - SASH – For sexual health issues
  - Sex and Relationship Healing – Free online support groups
  - SSSS – For the study of human sexuality
  - Keep in mind that ‘sex therapists’ are often NOT trained in mental health or addiction

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