

Assessing and Treating Compulsive Sexual Behaviors

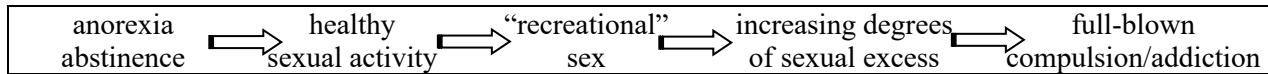
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I. INTRODUCTION

The Dark Side of the Sexual Revolution.

Today's Goals: _____

A SPECTRUM OF SEXUAL BEHAVIORS



II. Warning Signs of Sexual Compulsions

“Persistent and escalating pattern of sexual behavior acted out despite increasing negative consequences to self and others.”
Society for the Advancement of Sexual Health

1. A pattern of out-of-control behavior.

2. Increasing tolerance (greater risk, novelty, frequency, or time)

3. Increasing amounts of time (obtaining sex, being sexual, or recovering from sexual experience)

4. Sexual obsession and fantasy as a primary coping strategy

5. Cognitive Salience, obsessively thinking about and desiring sexual events

(Beard & Wolf, 2001; Block, 2008).

6. Neglect of important social, occupational, & personal care because of sexual behavior

7. Severe consequences due to sexual behavior.

Physical Costs:

Carnes (1992)

Financial Costs

Carnes, 1992

Emotional Costs

Black, 1997, Weiss, 2004, Guidry, 2004, Carnes, 1992

8. Ongoing desire or effort to limit sexual behavior

III. The Ten Expressions of Sexual Compulsions

1. **Fantasy Sex** – Sexually charged fantasies, relationships, and situations. Arousal depends on sexual possibility.

2. **Seductive Role Sex** – Seduction of others. Arousal is based on conquest and diminishes rapidly after initial contact.

3. **Voyeuristic Sex** – Visual arousal. The use of visual or audio stimulation to escape into trance.

Oddone-Paolucci (2000) and Manning (2006).

4. **Exhibitionistic Sex** – Attracting attention to sexual parts of the body. Sexual arousal stems from reaction of the viewer - whether shock or interest.

5. **Paying for Sex** – Purchase of sexual services. Arousal is connected to control & affirmation.

6. **Trading Sex** – Selling or bartering sex. Arousal is based on gaining control of others.

7. **Intrusive Sex** – Boundary violation against others. Sexual arousal occurs by violating boundaries of others. Can be physical or verbal.

8. **Anonymous Sex** – High-risk sex with unknown persons. Arousal is intensified through risk or novelty.

9. **Pain Exchange Sex** – Being controlled, humiliated or hurt as part of sexual arousal; sadistic

hurting or degrading another sexually, or both. Arousal is linked to power disparity.

Williams, 2007

10. Exploitive Sex – Exploitation of the vulnerable. Arousal based on targeting the vulnerable.
(Marshall, 2006, Peter Cimboric, 2006)

Paraphillias

Sex Offenders

Marshall, 2006

IV. The Internet

Nearly 75% of the entire North American continent has access to the Internet. One study showed that the Internet population grew 380% from 2008 to 2009. (Delmonico & Griffin, 2011)

Abuse and Full-Blown Compulsion:

"A rose by any other name . . ."

- *Problematic Internet Use* (Caplan, 2010)
- *Internet abuse* (Morahan – Martin, 2008)
- *Internet addiction* (Young, 1988; Young & Rogers, 1998)
- *Pathological Internet Use* (Morahan-Martin & Schumacher, 2000)
- *Excessive Internet Use* (Wallace, 1999)
- *Compulsive Internet Use* (Van Den Eijnden, Meerkerk, Vermulst, & Engels, 2008)
- *Internet Dependence* (Scherer, 1997; Young, 1996)

"Generally, we can say that it seems that the prevalence of Internet addiction is the lowest among adolescents, with ranges of 4.6 to 4.7%. That number goes up among the general population of Internet users, with ranges of 6 to 15% of the general population fitting the signs of addiction; and that goes up to 13 to 18.4% among college students, who appeared to be the most at risk." (Young, K.S., 2011, p. 5-6)

Internet Compulsion Prevalence

- First researched in 1996 and presented at the American Psychological Association annual meeting. This study examined over 600 cases of heavy Internet users who exhibited clinical signs of addiction as measured through an adapted version of the DSM-IV for pathological gambling. (Young, 1996).
- 13% of campus students at the University of Texas exhibited signs of Internet dependency. (Shearer, 1997).
- 14% of students at a college in Rhode Island met the criteria. (Morahan-Martin, 1999)
- ABC news.com surveyed Internet users. From 17,000 responses the study estimated that 6% of Internet users fit the profile for Internet addiction. (Greenfield, 1999)
- A virtual mental health clinic had online visitors answer questions about mental problems. 15% met criteria for Internet addiction disorder. (Bai, 2001)
- 9% of Internet users fit the signs of addiction related to sexually explicit material on the Internet. (Cooper, A., 2002).
- Stanford University medical center found that one in eight Americans suffered from one or more signs of Internet addiction. (Aboujaoude, 2006)

Internet Compulsions Worldwide

- A study in Finland found 4.7% of girls and 4.6% of boys met the definition of Internet addiction (12-18-year-olds). (Young, K.S., 1998)

- 10% of college students at the University of Taiwan met the criteria for Internet addiction. (Yang, S., 2001)
- In Korea, a survey of 13,588 Internet users revealed 3.5% had been diagnosed as Internet addicts while 18.4% of them were classified as possible Internet addicts. (Whang, 2003)
- In China, a study of Internet users younger than 24 years old found approximately 9.72% to 11.06% were serious Internet addicts. (Chi, L.J., 2006)
- In India, a survey of 65,000 individuals revealed 38% of Internet users had signs of heavy usage. This held particularly true for young male college students. (Swaminath, 2008)

*Grateful acknowledgements to Young & Nabuco de Abreu's "Internet addiction: A handbook and guide to evaluation and treatment, 2011.

Cybersex Compulsions

Scope of the Problem:

- 20 to 30% of online users visit sites and engage in online sexual activities. Nearly 80% could be considered "recreational users" and did not report any significant problems related to their online behavior. However, 20% of individuals struggle with some degree with problematic online sexual behavior. (Cooper, Delmonico, and Berg, 2000)
- 172 million Americans reported using the internet for sexual purposes (Cooper, 2004)
- 9% of internet users spent over 11 hours a week viewing sexual materials. Almost 9 million people in the United States need intervention for their sexually compulsive use of cybersex. There are an additional 15 million who are using cybersex moderately and show beginning signs of sexual compulsivity. (Cooper, Delmonico, and Burg, 2004)
- One out of eight American internet users have signs of compulsion. (Aboujaoude, 2006)
- 42.7% of internet users view pornography. (Ropelato, 2006)

Some interesting Statistics:

- Worldwide, consumers in South Africa are most likely to search for the word "porn."
- In the United States Internet users in Elmhurst, Illinois are most likely to enter the word "porn" into the search field.
- 4.2 million websites contain pornography. (12% of the total number of websites).
- Each day there are 68 million pornographic search engine requests (25% of total search engine requests).
- 2.5 billion daily pornographic emails (8% of total).
- 1.5 billion porn peer-to-peer downloads each month (35% of all downloads).
(see Ropelato, 2006, Aboujaoude, 2006, Greenfield, 2002, Cooper, 1999, 2000, 2004, and Schwartz and Southern, 2000)

Follow the money:

- Sex on the Internet constituted the third largest economic sector on the web (Cooper, 2000)
- 70% of online purchases were for sexually explicit materials (Cooper, 2002)
- Some of the greatest innovations on the web were developed by the sex industry (video streaming) (Cooper, 2000)
- In 2006 worldwide pornography revenues were \$97.06 billion. That's larger revenues than Microsoft, Google, Amazon, eBay, Yahoo, Apple and Netflix combined. (Ropelato, 2006)

How are Men and Women different when it comes to Cybersex?

- The term "sex" was searched for as often by female consumers as it was by males. However, men performed 97 percent of the searches for the term "free porn." (Ropelato, 2006)
- The majority of pornography consumers and those dealing with internet addictions are married, male heterosexuals (Buzzell, 2005)
- Men prefer cybersex because it removes performance anxiety (Young, 2000)

- Historically men were more likely to view online pornography, while women are more likely to engage in erotic chat. (Young, 2000)
- However, more recent research shows one of every three visitors to pornography websites is likely to be female and nearly 60% of those who use the search term *adult sex* on Internet search engines are female (Family Safe Media, 2010).

Cybersex and Adolescents

Teens spend an average of seven hours per day exposed to various technologies (cell phone, Internet, gaming, etc.) (Rideout, Foehr, & Roberts, 2010).

Research by Family Safe Media (2010) and Wolak (2007) shows:

- 90% of kids age 8-16 have been exposed to porn (most while doing homework).
- 42% of adolescents have seen online porn in the past year.
- 35% of teen boys and 8% of teen girls have intentionally visited porn sites.
- The top search terms used by teens online include *teen sex* and *cybersex*.
- 20% of teens have sent or posted nude or semi-nude pictures / videos of themselves.
- Nearly ½ of adolescents have sent sexually suggestive text messages or e-mails to someone.
- 35% of all teen peer-to-peer texting is pornographic.

Mitchell & Ybarra (2007) found that certain online behaviors place youth at higher risk for sexual exploitation.

1. Interacting with unknown people.
2. Having unknown people on buddies or friends lists.
3. Using the Internet to make rude or nasty comments.
4. Sending personal information to unknown people met online.
5. Downloading images from file-sharing programs.
6. Visiting X-rated sites on purpose.
7. Using the Internet to embarrass or harass people.
8. Talking online to unknown people about sex.

Sexual Predators

Research by Family Safe Media (2010) also shows:

- 1-in-7 adolescents have received unwanted sexual solicitations in the past year.
- “Gnutella” (peer-to-peer site) has 116,000 requests for “child pornography” every day.
- Top 20 internet search terms include “*teen sex*” & “*teen porn*.”
- 100,000 websites offer child pornography.
- Of those arrested for possessing child porn:
 - 83% of images were ages 6-12
 - 43% were of children ages 3-6

- 19% were of children 3 years and younger

People Search Services

- www.pipl.com
- www.peakyou.com
- www.123people.com
- www.spokeo.com

V. ETHOLOGY OF INTERNET COMPULSIONS

A. PROPERTIES OF THE INTERNET. (“It’s the Internet, stupid.”)

Griffiths (2003) found a number of factors that make online activities potentially addictive. They include (with some creative license by Dr. Simpson):

Accessibility. Increase accessibility to Internet activities enables the individual to rationalize involvement by removing previously restrictive barriers such as time constraints emanating from occupational and social commitments.

Affordability. Socializing, gaming, porn and gambling are all dramatically cheaper online.

Anonymity. The Internet allows users to behave without fear of being identified.

Convenience. Online applications provide convenient mediums to engage in online behaviors. A person’s behaviors occur in a familiar and comfortable environment, thus reducing the feeling of risk and allowing even more adventurous behaviors.

Escape. The Internet experience can provide an emotional or mental escape, which further reinforces the behavior.

Immersion and Dissociation. This can include losing track of time, feelings of being someone else, blacking out, and being in a trancelike state.

Disinhibition. The Internet makes people less inhibited (Joinson, 1998). Online users appear to open up more quickly online and reveal themselves emotionally much faster than in the off-line world.

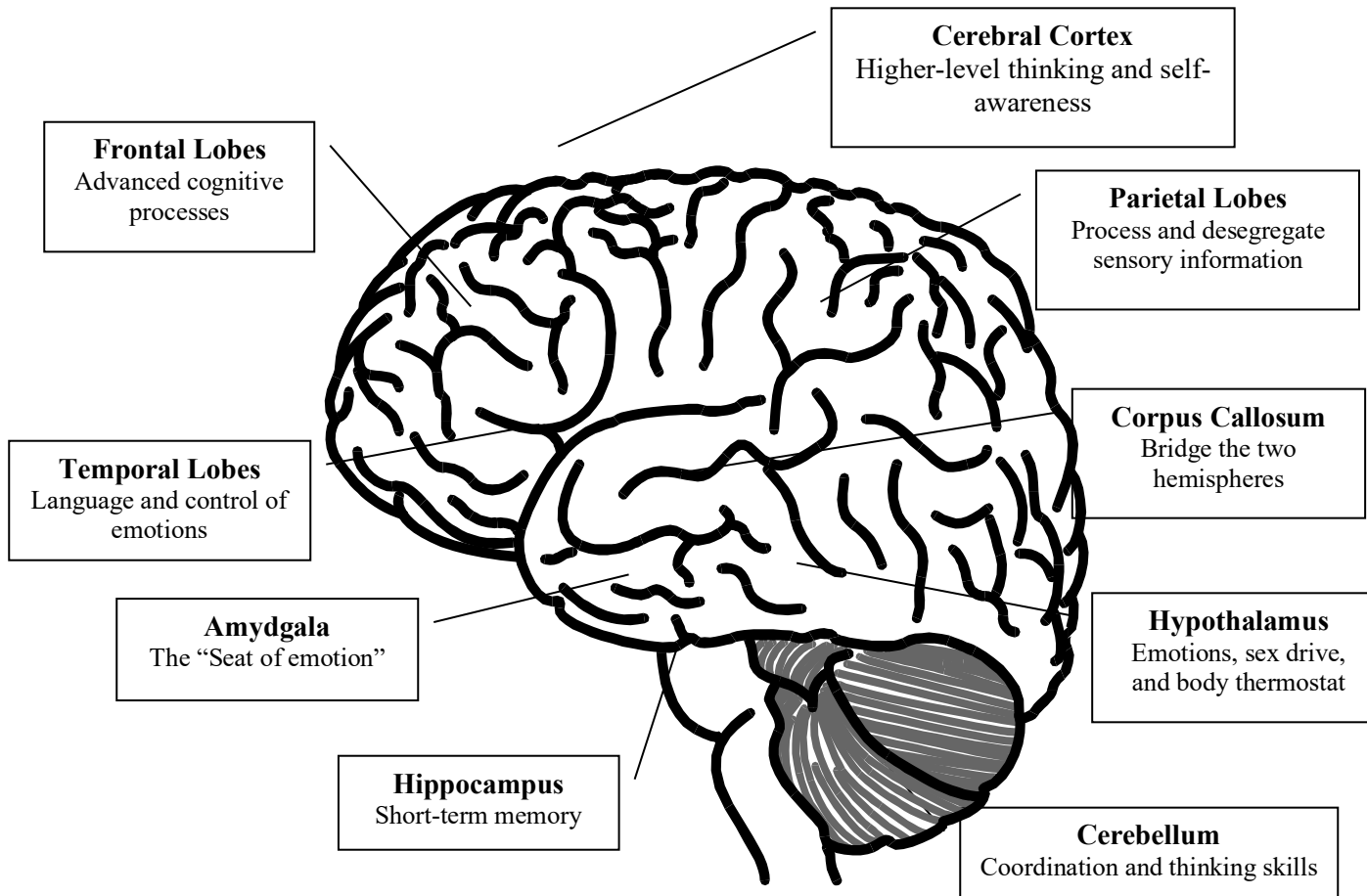
Event frequency. The more a person goes online, the more familiar the places and behaviors become.

Interactivity. Interactions online allows for instant reactions from other humans.

Simulation. Many aspects of the Internet recreate real-world places but allow for the feeling of greater safety and control.

Associability. Ironically, the Internet can also create an asocial experience where an individual does not reveal their true self, but rather the “social self” they have created for online interactions.

B. Neuropsychological Model (“It’s a Brain-thing.”)



The brain is composed of two types of cells, glial and neurons. Glial cells are the “glue” that binds cells together; they compose 90% of the cells in the brain. Neuron cells are associated with learning. They are the body’s communicators and constantly strike up conversations all over the brain.

Each neuron can have a thousand or more dendrites extending from it. The dendrites send and receive information from other neurons. The brain selectively strengthens or prunes neurons based on activity. The more dendrite receptors there are, the better the brain cells’ ability to network with one another. Choices made during adolescence can affect a person’s brain for the rest of their life.

Myelin – a fatty substance made of glial – is produced to insulate the neurons. Myelin covers the axons of neurons and enables information to travel efficiently. Myelinated tissue is referred to as white matter.

The male brain has a greater proportion of white matter than the female brain. The female brain has a greater proportion of gray matter. It is speculated that the additional white matter enable men to transfer information easily to all regions of the brain – enhancing their spatial abilities and giving them an advantage in matters of navigation, mathematical problem-solving and aiming at targets. The abundance of gray matter in women might allow for more efficiency of thought processes and a greater ability to process information, which perhaps explains the female’s strong language skills and the ability to

“It’s a Brain-thing!”

The **hypothalamus** is responsible for emotions, sexual desire and controlling the body’s thermostat. It is larger and thicker in men than in women. Love and pleasure are particularly affected by the chemical dopamine – the all-time feel-good neurotransmitter.

The **temporal lobes** process language and emotional behavior. They do not finish growing gray matter or begin the process of pruning and myelination until the age of sixteen.

The **frontal lobes** are responsible for cognitive processes (abstract thinking, speaking, reading, writing, math, music, the ability to analyze, apply and evaluate.). It is one of the last parts of the brain to receive myelin. The frontal lobes are in charge of taming the beast within us. Until the frontal lobes are completely formed, teens rely overmuch on their **amygdala**.

The **cerebral cortex** (or neocortex) is the wrinkled outer covering of the brain, the site of higher-level thinking and self-awareness. It is the most developed part of the brain and allows us to problem solve, think critically, and make decisions.

The **parietal lobes** process and desegregate sensory information like sights, sounds and smells. The parietal lobes do not complete the creation of gray matter until about the age of twelve, and only then do they start pruning.

Attention Deficit Disorder / Hyperactivity Disorder involves a compromise of the frontal lobes which interferes with the ability to inhibit **limbic system** impulses.

Paying attention serves two primary purposes, the first is survival and the second is maintaining pleasurable feelings. The brain is fascinated by novelty and emotion. However, the brain also craves discernible patterns.

Incentive Salience:

The Incentive Salience Circuitry craves feel-good chemicals. These include Dopamine, Norepinephrine, Serotonin, Endorphins, Adrenaline, Oxytocin and Vasopressin

“The underlying physiological mechanism of incentive salience is postulated to involve mesocorticolimbic brain systems that involve dopamine activation. The relationship to brain dopamine states makes incentive salience vulnerable to enhancement by psychostimulant drugs that activate dopamine systems. Enduring neural sensitization of dopamine-related mesolimbic systems induced by repeated exposures to drugs is the basis for the incentive-sensitization theory of drug addiction. Sensitization of dopamine-related systems by binging on drugs such as heroin and cocaine is thought to produce long-lasting hyper-excitability of the brain’s mesocorticolimbic system and to result in compulsive ‘wanting’ to take drugs and in cue-triggered relapse. Sensitized ‘wanting’ may effectively trigger relapse

even when addicts may not derive much pleasure from the drugs, nor expect to derive much pleasure, and even long after the addict is free of withdrawal symptoms.” (Zang, et.al., 2009,)

Dopamine *“is one of a number of neurotransmitters found in the central nervous system. Dopamine has received special attention from psychopharmacologists because of its apparent role in the regulation of mood and affect and because of its role in motivation and reward processes. Although there are several dopamine systems in the brain, the mesolimbic dopamine system appears to be the most important for motivational processes. Some addictive drugs produce their potent effects on behavior by enhancing mesolimbic dopamine activity (Di Chiara, 2000). The neurochemical connection to behavioral addiction such as gambling or food have yet to be made, but early studies have suggested that neurochemical processes play a role in all addiction, whether to substances or to behaviors. (Di Chirara, 2000).*

The proposed model of brain reward circuitry in addiction involves the increased dopamine when certain areas of the brain are stimulated. The brain has specialized pathways that mediate reward and motivation. Direct electrical stimulation of the medial forebrain bundle (MFB) produces intensely rewarding effects. Psychomotor stimulants and opiates can also activate this reward system by their pharmacological actions in the nucleus accumbens and ventral tegmental area, respectively. The ventral tegmental action of opiates probably involves an endogenous opioid peptide system (ENK), but the anatomical location of that system has not yet been identified. Natural rewards (e.g., food, sex) and other substances (e.g., caffeine, ethanol, nicotine) may also activate this brain reward system.” (Young & Nabuco de Abreu, 2011, p. 10)

The Coolidge Effect

- The male brain spikes dopamine to novel (new) sex partners seen in porn.
- This triggers a long-lasting protein called “Delta PhosB” which promotes binging.
- In turn the male develops a numbed response to routine sexual opportunities.
- Develops hyper-reactivity to pornography.

Emotions: Proceedings of the National Academy of Sciences

- Emotions linked to our moral sense awaken slowly in the mind. Brain imaging shows a person needs six to eight seconds to fully respond to stories of virtue or social pain.
- *“The study raises questions about the emotional cost - particularly for the developing brain - of heavy reliance on a rapid stream of news snippets obtained through television, online feeds or social networks such as Twitter.”*
- The lead researcher notes, *“If things are happening too fast, you may not ever fully experience emotions about other people’s psychological states and that would have implications for your morality.”* (Immordino-Yang, May 2009; and media release by Carl Marziali on April 14, 2009. *Nobler Instincts Take Time.* National Institutes on Health, the Mathers Foundation and the Brain and Creativity Institute.)

Flow Phenomenon. *Flow* is a form of trance that usually involves a complex activity requiring a certain level of skill and effort. The activity blends with one's consciousness. For instance, driving your car and daydreaming. During flow, other sensations are usually suppressed or completely ignored. A typical indicator is an altered perception of time; the activity feels like several minutes long, where in reality it could have been several hours long. (Chou & Ting, 2003; Rau, Peng, & Yang, 2006; Wan & Chiou, 2006a).

C. Cognitive-Behavioral Model (“*It’s a Thought-thing.*”)

Deindividuation is feeling anonymous in one’s environment, resulting in behaviors contrary to one's typical pattern of behavior. This term has been in social psychology literature since the early 1970s. Johnson and Downing (1979) concluded that anonymity causes individuals to pay more attention to their external cues and environment, and less to their own self-awareness and internal guides. The field of Internet psychology applies this concept to the electronic world. McKenna and Green (2002, p.61) reported that people “*tend to behave more bluntly when communicating by e-mail or participating in other electronic venues such as newsgroups, then they would in a face-to-face situation.*”

Deindividuation combined with the **online disinhibition** effect creates powerful force in the online world where individuals write, speak, and behave in ways that are often egodystonic to their real-world interactions.

Online Disinhibition

Suler (2004) coined the term **online disinhibition effect** to describe the phenomenon that people communicate and behave differently online than in the real world. He identified six characteristics that are often present when online disinhibition occurs.

DISSOCIATIVE ANONYMITY (“*You don't know me.*”)

As people move around the Internet, others they encounter can’t easily determine who they are. Usernames and e-mail addresses may be visible, but this information may not reveal much about a person, especially if the username is contrived and the e-mail address derives from a large Internet service provider. Technologically savvy, motivated users may be able to detect a computer’s IP address, but for the most part others only know what a person tells them. If so desired, people can hide some or all of their identity. They also can alter their identities. As the word “anonymous” indicates, people can have no name or at least not their real name.

This anonymity is one of the principle factors that creates the disinhibition effect. When people have the opportunity to separate their actions online from their in-person lifestyle and identity, they feel less vulnerable about self-disclosing and acting out. Whatever they say or do can’t be directly linked to the rest of their lives. In a process of dissociation, they don’t have to own their behavior by acknowledging it within the full context of an integrated online/offline identity. The online self becomes a compartmentalized self. In the case of expressed hostilities or other deviant actions, the person can avert responsibility for those behaviors, almost as if superego restrictions and moral cognitive processes have been temporarily suspended from the online psyche. In fact, people might even convince themselves that those online behaviors “aren’t me at all.”

INVISIBILITY (“*You can't see me.*”)

In many online environments, especially those that are text-driven, people cannot see each other. When people visit web sites, message boards, and even some chat rooms, other people may not even know they are present at all—with the possible exception of web masters and other users who have access to software tools that can detect traffic through the environment, assuming they have the inclination to keep an eye on an individual person, who is one of maybe hundreds or thousands of users.

This invisibility gives people the courage to go places and do things that they otherwise wouldn't. Although this power to be concealed overlaps with anonymity—because anonymity is the concealment of identity—there are some important differences. In the text communication of e-mail, chat, instant messaging, and blogs, people may know a great deal about each other's identities and lives. However, they still cannot see or hear each other.

Even with everyone's identity known, the opportunity to be physically invisible amplifies the disinhibition effect. People don't have to worry about how they look or sound when they type a message. They don't have to worry about how others look or sound in response to what they say. Seeing a frown, a shaking head, a sigh, a bored expression, and many other subtle and not so subtle signs of disapproval or indifference can inhibit what people are willing to express. According to traditional psychoanalytic theory, the analyst sits behind the patient in order to remain a physically ambiguous figure, revealing no body language or facial expression, so that the patient has free range to discuss whatever he or she wants without feeling inhibited by how the analyst is physically reacting. In everyday relationships, people sometimes avert their eyes when discussing something personal and emotional. Avoiding eye contact and face-to-face visibility disinhibits people. Text communication offers a built-in opportunity to keep one's eyes averted.

ASYNCHRONICITY (*"See you later."*)

In e-mail and message boards, communication is asynchronous. People don't interact with each other in real time. Others may take minutes, hours, days, or even months to reply. Not having to cope with someone's immediate reaction disinhibits people. In real life, the analogy might be speaking to someone, magically suspending time before that person can reply, and then returning to the conversation when one is willing and able to hear the response.

In a continuous feedback loop that reinforces some behaviors and extinguishes others, moment-by-moment responses from others powerfully shapes the ongoing flow of self-disclosure and behavioral expression, usually in the direction of conforming to social norms. In e-mail and message boards, where there are delays in that feedback, people's train of thought may progress more steadily and quickly towards deeper expressions of benign and toxic disinhibition that avert social norms. Some people may even experience asynchronous communication as "running away" after posting a message that is personal, emotional, or hostile. It feels safe putting it "out there" where it can be left behind. In some cases, as Kali Munro, an online psychotherapist, aptly describes it, the person may be participating in an "emotional hit and run" (K. Munro, unpublished observations, 2003).

SOLIPSISTIC INTROJECTION (*"It's all in my head."*)

Absent face-to-face cues combined with text communication can alter self-boundaries. People may feel that their mind has merged with the mind of the online companion. Reading another person's message might be experienced as a voice within one's head, as if that person's psychological presence and influence have been assimilated or introjected into one's psyche.

Of course, one may not know what the other person's voice actually sounds like, so in one's mind a voice is assigned to that person. In fact, consciously or unconsciously, a person may even assign a visual image to what he or she thinks the person looks and behaves like. The online companion then becomes a character within one's intrapsychic world, a character shaped partly by how the person actually presents him or herself via text communication, but also by one's internal representational system based on personal expectations, wishes, and needs. Transference reactions encourage the shaping of this perceived introjected character when similarities exist between the online companion and significant others in one's life, and when one fills in ambiguities in the personality of the online companion with images of past relationships, or from novels and film. As the introjected character becomes more elaborate and subjectively "real," a person may start to experience the typed-text conversation as taking place inside one's mind, within the imagination, within one's intrapsychic world—not unlike authors typing out a play or novel.

Even when online relationships are not involved, many people carry on these kinds of conversations in their imagination throughout the day. People fantasize about flirting, arguing with a boss, or honestly confronting a friend about what they feel. In their imagination, where it's safe, people feel free to say and do things they would not in reality. At that moment, reality is one's imagination. Online text communication can evolve into an introjected psychological tapestry in which a person's mind weaves these fantasy role plays, usually unconsciously and with considerable disinhibition. Cyberspace may become a stage, and we are merely players.

When reading another's message, one might also "hear" the online companion's voice using one's own voice. People may subvocalize as they read, thereby projecting the sound of their voice into the other person's text. This conversation may be experienced unconsciously as talking to/with oneself, which encourages disinhibition because talking with oneself feels safer than talking with others. For some people, talking with oneself may feel like confronting oneself, which may unleash many powerful psychological issues.

DISSOCIATIVE IMAGINATION (*"It's just a game."*)

If we combine the opportunity to easily escape or dissociate from what happens online with the psychological process of creating imaginary characters, we get a somewhat different force that magnifies disinhibition. Consciously or unconsciously, people may feel that the imaginary characters they "created" exist in a different space, that one's online persona along with the online others live in an make-believe dimension, separate and apart from the demands and responsibilities of the real world. They split or dissociate online fiction from offline fact. Emily Finch, an author and criminal lawyer who studies identity theft in cyberspace, has suggested that some people see their online life as a kind of game with rules and norms that don't apply to everyday living (E. Finch, unpublished observations, 2002). Once they turn off the computer and return to their daily routine, they believe they can leave behind that game and their gameidentity. They relinquish their responsible for what happens in a make-believe play world that has

The effect of this dissociative imagination surfaces clearly in fantasy game environments in which a user consciously creates an imaginary character, but it also can influence many dimensions of online living. For people with a predisposed difficulty in distinguishing personal fantasy from social reality, the distinction between online fantasy environments and online social environments may be blurred. In our modern media-driven lifestyles, the power of computer and video game imagination can infiltrate reality testing.

Although anonymity amplifies the effect of dissociative imagination, dissociative imagination and dissociative anonymity usually differ in the complexity of the dissociated sector of the self. Under the influence of anonymity, the person may attempt an invisible non-identity, resulting in a reducing, simplifying, or compartmentalizing of self-expression. In dissociative imagination, the expressed but split-off self may evolve greatly in complexity.

MINIMIZATION OF STATUS AND AUTHORITY (*"We're equals."*)

While online a person's status in the face-to-face world may not be known to others and may not have as much impact. Authority figures express their status and power in their dress, body language, and in the trappings of their environmental settings. The absence of those cues in the text environments of cyberspace reduces the impact of their authority.

Even if people do know something about an authority figure's offline status and power, that elevated position may have less of an effect on the person's online presence and influence. In many environments on the Internet, everyone has an equal opportunity to voice him or herself. Everyone— regardless of status, wealth, race, or gender— starts off on a level playing field. Although one's identity in the outside world ultimately may shape power in cyberspace, what

mostly determines the influence on others is one's skill in communicating (including writing skills), persistence, the quality of one's ideas, and technical know-how.

People are reluctant to say what they really think as they stand before an authority figure. A fear of disapproval and punishment from on high dampens the spirit. But online, in what feels more like a peer relationship—with the appearances of authority minimized—people are much more willing to speak out and misbehave.

The traditional Internet philosophy holds that everyone is an equal, that the purpose of the net is to share ideas and resources among peers. The net itself is designed with no centralized control, and as it grows, with seemingly no end to its potential for creating new environments, many of its inhabitants see themselves as innovative, independent-minded explorers and pioneers. This atmosphere and this philosophy contribute to the minimizing of authority.

D. Social Connection (“It’s a People-Thing.”)

“In 1985, the General Social Survey (GSS) collected the first nationally representative data on the confidants with whom Americans discuss important matters. In the 2004 GSS the authors replicated those questions to assess social change in core network structures. Discussion networks were smaller in 2004 than in 1985. **The number of people saying there is no one with whom they discuss important matters nearly tripled.** The mean network size decreases by about a third (one confidant), from 2.94 in 1985 to 2.08 in 2004. **The modal respondent now reports having no confidant; the modal respondent in 1985 had three confidants.** Both kin and non-kin confidants were lost in the past two decades, but the greater decrease of non-kin ties leads to more confidant networks centered on spouses and parents, with fewer contacts through voluntary associations and neighborhoods. Most people have densely interconnected confidants similar to them. Some changes reflect the changing demographics of the U.S. population. Educational heterogeneity of social ties has decreased, racial heterogeneity has increased. The data may overestimate the number of social isolates, but these shrinking networks reflect an important social change in America.” (McPherson, 2006)

Social Networking as a Symptom of Problematic Internet Use (PIU)

People with Problematic Internet Use (PIU) were more likely than others to go online to meet new people, talk to others with similar interests, seek emotional support, and use interpersonal functions such as chat rooms, forums, and interactive games. (Morahan-Martin, 2000, 2003)

"Social aspects of Internet use consistently differentiated those with more Internet use problems from others. Pathological users were more likely to use the Internet for meeting new people, emotional support, talking to others sharing the same interests, and playing socially interactive games. . . [Pathological users] are friendlier, more open, and more themselves and they report it is easier to make friends when online. They're more fun with people online than non-pathological users and are more likely to share intimate secrets online as well. . . For them, the Internet can be socially liberating, the Prozac of social communication." (Morahan-Martin and Schumacher, 2000, p 26)

Excessive and compulsive Internet use were both significant predictors of negative outcomes associated with Internet use; however, *"excessive use was one of the weakest predictors of negative outcomes, whereas preference for online social interaction, compulsive use, and [cognitive preoccupation] were among the strongest."* (Caplan, 2003, pages 637 – 638)

A more recent study found, *"For those participants who use the Internet to communicate with family and friends, heavy usage had little negative implications for PIU. In contrast, those who used the net to make new friends were much more likely to have high PIU scores."* (Kim and Davis, 2009, page 496)

Those with PIU . . .

- Spend most of their time online using interpersonal communication applications. Nondependent Internet users spend most of their time using e-mail and surfing websites. (Young, 1996)
- Are 26% more likely to go online in order to meet new people. (Scherer, 1997)
- Prefer online social interaction over face-to-face social interaction (Caplan, 2003; Davis, 2001; Morahan-Martin and Schumacher, 2000)

- Are more likely to use the Internet for interpersonal activities and to go online to meet people, form relationships and seek emotional support. (Morahan-Martin, 2007)

Problematic Internet Use (PIU) and Social Deficits

Compared to face-to-face context, computer mediated interpersonal communication affords greater anonymity, more time creating and editing verbal messages, and more control over self-presentation and impression management. (Walther, 1996)

Problematic Internet use is associated with social skill deficiency, loneliness, and social anxiety (Caplan, 2005, 2007; Morahan-Martin & Schumacher, 2000, 2003).

"In the case of introverted or socially anxious individuals, Internet use may serve as a way to avoid being alone and may intensify disconnection from face-to-face relationships" and that "introverted individuals using Internet communication as a substitute for face-to-face relationships seem unlikely to succeed in getting their interpersonal needs met" (Erwin, 2004, p. 631).

"In general, Internet addicts have difficulty forming intimate relationships with others and hide behind the anonymity of cyberspace to connect with others in a nonthreatening way. Through the exchange of online messages, users compensate for what they may lack in real life." (Caplan & High, 2007)

Social anxiety is associated with preferred online social interaction. *"Those who are chronically lonely and those who are socially anxious share many characteristics which predispose them to develop IA [Internet addiction]. Both are apprehensive in approaching others, fearing negative evaluations and rejection. They tend to be preoccupied with their perceived social deficiencies, which leads them to be inhibited, reticent, and withdrawn in interpersonal situations and avoid social interactions."* (Morahan-Martin, 2008, pages 5253)

Those with PIU . . .

- Are more social isolated and depressed. (Krant, 1997)
- Lonely. (Amichai-Hamburger & Ben-Artzi, 2003; Caplan, 2002; Morahan-Martin & Schumacker, 2003) Self-reported levels of loneliness predicted preference for online social interaction and experiencing negative outcomes. (Caplan, 2003)
- Socially anxious (Caplan, 2007). Individuals with social anxiety disorder experience greater comfort interacting on the Internet than face-to-face. (Erwin et al., 2004)
- Have lower self-presentational skills (Caplan, 2005)
- Use the Internet for mood regulation (Caplan, 2003, 2005, 2010)
- Have a cognitive preoccupation with the online world (Davis et al., 2002).

VI. The Six Motivators of Compulsive Sexual Behaviors

In the early 1900s, Alfred Adler argued that all human behavior is goal-driven. For Adler, this teleological perspective was foundational to understanding why people make the choices they do. Human behaviors actually have “payoffs” – desired goals that are met through specific behaviors. Consider the following eight motivators and how one or more of them may be motivating your client’s Internet behaviors.

Motivator #1. *Excitement*

Physical excitement is a strong payoff novel, forbidden or risky sex. Specifically this involves release of *adrenaline* and *dopamine* into the nervous system.

Motivator #2. *Comfort*

Sexual events can bring about relief from life stressors. This includes the release of *endorphins*, *oxytocin* and *vasopressin* into our nervous system, which are powerful chemical relaxants.

Motivator #3. *Escape*

The sexual event can provide a means of escape from the mundane “grind” of daily living. A central feature of sexual compulsions is “trance states of mind.” Trance is a common everyday occurrence for all of us. Simply defined, it involves an intense focus on an image while becoming less aware of one's physical surroundings, allowing the mind to wander while the body is in a relaxed state. Chemically this involves the release of *endorphins*, *dopamine* and *norepinephrine* into the nervous system. Once in trance, a person’s normal inhibitions are relaxed and they are able to experience events that seem very real, and can include sight, smell, touch, relationships and deep emotions. Trance also has a way of putting “time” on hold – hours can pass in what can feel like mere minutes.

Motivator #4. *Affirmation*

A universal longing is to “matter” – to have our value affirmed by someone else.

Motivator #5. *Power*

Dominance and control can compensate for a person’s internal sense of inadequacy.

Motivator #6. *Helplessness*

Sexual failures can affirm a person’s self-belief they are “inept” and destined to fail.

Counseling Models

Structured Cognitive Therapy Phase Model

The seminar presenter (Dr. Simpson) uses a traditional cognitive behavioral form of therapy, blended with strong elements of Adlerian theory. In a similar vein, Abreu & Goes (2011) have developed a Structured Cognitive Therapy for treating compulsions. Their recommendation is that the therapeutic modality is best done in groups, particularly for adolescents. However, this modality is also effective in one-to-one context. They also emphasize strong collaboration with psychiatrists when addressing comorbid mental health conditions. When treating adolescents, they also include a family systemic intervention that runs parallel to the therapy of the adolescent. Abreu & Goes describe three phases to intervention that occur over approximately 18 sessions. Dr. Simpson takes creative liberty with intertwining his particular therapeutic stages with those formally described by Abreu & Goes.

INITIAL PHASE

The first few sessions include psychosocial intake information. Interestingly, in the initial phase of treatment, the negative impacts resulting from sexual compulsions are downplayed and instead, the benefits are emphasized. This would be where the *Six Motivators of Compulsive Sexual Behaviors* are discussed with the client. By emphasizing the benefits, this catches the new patient off guard because s/he is expecting a traditionally negative message. One immediate effect of this positive approach is it encourages the new client to open up and discuss the benefits of their behaviors. It also helps to establish a therapeutic alliance and invites the client into a collaborative problem-focused relationship.

The next 3 to 4 sessions explore negative consequences that have been occurring due to the client's excessive behaviors. The emphasis within these sessions is to help the client understand that the underlying needs they are attempting to address are legitimate and that sexual behavior is only one of a number of options for how to get these needs met. It is during this phase that assessment instruments can be introduced and the results processed in counseling.

INTERMEDIARY PHASE

Once a therapeutic alliance has been established, the next 4 to 8 sessions introduce various interventions and a deeper understanding of the psychological mechanisms that are driving the client's behaviors.

FINAL PHASE

The final 4 to 8 sessions solidifies psychological insights and behavioral gains that have been made. Ideally, sessions are tapered out with greater periods of time between each session.

Diagnosics

Pathological Gambling as defined in the DSM-IV TR is the most commonly referenced parallel terms for defining what constitutes sexual addiction. The new version of the DSM-V is rumored to list this condition as "*Hypersexual Disorder*". In addition, there will be a subtype code of "*sexual preoccupation*" in the compulsive – impulsive spectrum disorder that involves online and/or off-line computer usage. (Dell’Osso, Altamura, Allen, Marazziti, & Hollander, 2006, Block, 2007).

Diagnostic Codes for Private Clients (non-criminal)

- Obsessive-Compulsive Disorder (300.3)
- Depression, Dysthymia, or NOS (296.xx, 300.4, 311)
- Anxiety (various, 300.xx)
- Adjustment Disorders (309.xx)
- Sexual Disorder, NOS (302.9) or Impulse-control Disorder, NOS (312.30)

Diagnostic Codes for Criminal Matters

- Pedophilia (302.2)
- Sexual masochism (302.83)
- Sexual sadism (302.84)
- Transvestic fetishism (302.3)
- Voyeurism (302.82)
- Paraphilia NOS (302.9)

Remember to do Differential-Diagnosis and look for Co-morbidity

Mood Disorders

- 70% to 100% of individuals who report struggling with paraphilic or sexually impulsive behavior also reported comorbid axis one conditions, the most common being anxiety disorders (96%) and generalize mood disorders (71%)." (Raymond, Coleman, and Minor, 2003)
- Common comorbid disorders include depression, anxiety, bipolar disorder, obsessive-compulsive disorders, addictive disorders, and attentional issues (Kafka and Hennen, 2003; Raymond and Minor, 2003).

Bipolar manic and hypomanic episodes

Mood Disorders

Sleep Disorder

Sexual Dysfunction

Personality Disorders

Raymond, 1999, Kafka, 2002

| | |
|-----------------|--------------------------------|
| ADHD | Blankenship, 2004, Black, 1997 |
| Substance abuse | Carnes, 1991 |
| PTSD | Carnes, 1991 |
| Psychopathy | Carnes, 1991 |

STD's

| | |
|----------------------------|--|
| STD Hotline (800) 227-8922 | Cdcnpin.org (Center for Disease Control) |
| iwannaknow.org | webMD.com |

Respecting your own limitations

Addressing a client's faith orientation

Assessment Tools

Consider the Certified Sex Addiction Therapist (CSAT™) Training and certification program:

- Curriculum developed and co-facilitated by Dr. Patrick Carnes, the task centered approach to recovery
- Training taught in four 4.5 day modules (visit www.iitap.com for current schedule and criteria)
- On line assessment tools such as the Sexual Dependency Inventory-Revised (SDI-R) and the Post Traumatic Stress Index-Revised (PTSI-R)
- Referrals – websites receive more than 100,000 visits each month, many of whom are seeking help.

AN INVENTORY OF PROBLEM SEXUAL BEHAVIORS, FEELINGS AND THOUGHTS

This survey is modified from *Don't Call It Love* (Patrick Carnes) and David Delmonico's *Internet Sex Screening Test*. The inventory is composed of a list of sexual behaviors, feelings, and thoughts. Please read each statement and then circle the correct number to indicate the frequency (how often) of that behavior, thought, or feeling. If you have no experience corresponding to the statement, simply leave it blank. It is important that you are completely honest in filling out the inventory. If you choose not to disclose honestly and completely, let your therapist know that you prefer not to do this questionnaire.

Frequency

1. One time 2. Seldom 3. Periodically 4. Often 5. Many Times

| BEHAVIOR RELATED TO PREOCCUPATION, FANTASY, AND RITUALIZATION | One Time | Many Times | | | |
|---|---------------------|-----------------------|---|---|---|
| Thinking or obsessing about sex | 1 | 2 | 3 | 4 | 5 |
| Fantasizing about past or future sexual experiences sex | 1 | 2 | 3 | 4 | 5 |
| Spending a large amount of time preparing for a sexual episode (e.g., making up yourself, listening to music that energizes you) | 1 | 2 | 3 | 4 | 5 |
| Neglecting responsibilities and commitments (e.g., work, family, health) in order to prepare for your next sexual episode | 1 | 2 | 3 | 4 | 5 |
| Thinking that sex is love | 1 | 2 | 3 | 4 | 5 |
| Thinking that your "special" sexual needs make you different from others | 1 | 2 | 3 | 4 | 5 |
| Thinking that next time things will be different (e.g., "I'll find the right lover next time.") | 1 | 2 | 3 | 4 | 5 |
| Thinking that if you are sexual with someone, you will have them in your power | 1 | 2 | 3 | 4 | 5 |
| Feeling a need to be sexual in order to feel good about yourself | 1 | 2 | 3 | 4 | 5 |
| Denying or suppressing your sexuality and sexual feelings for periods of time | 1 | 2 | 3 | 4 | 5 |
| Dramatizing a particular role (e.g., the " virgin," the "hurt little boy," the "intellect") as part of your ritualizing behavior | 1 | 2 | 3 | 4 | 5 |
| Rationalizing or denying consequences of your sexual addiction (e.g., "Everyone is sexual, I just need a little more than others need.") | 1 | 2 | 3 | 4 | 5 |
| Rationalized thinking about inappropriate sexual behaviors (e.g., "Women never mean 'no' - they just need to be warmed up," "I only masturbate to fall asleep.") | 1 | 2 | 3 | 4 | 5 |
| Having sex even though you don't really want to or feel like it | 1 | 2 | 3 | 4 | 5 |
| Feeling that you have to follow through with sex, because you successfully hooked someone through your ritual (e.g., suggestive flirting, creating a sexualized atmosphere) | 1 | 2 | 3 | 4 | 5 |
| Feeling depressed, hopeless, or unworthy following a sexual encounter | 1 | 2 | 3 | 4 | 5 |
| Feeling desperate or anxious ("white knuckling") between periods of sexual acting out | 1 | 2 | 3 | 4 | 5 |
| Maintaining an open calendar and failing to make commitments because you fear missing an opportunity to be sexual | 1 | 2 | 3 | 4 | 5 |
| Using sex as a means to find love | 1 | 2 | 3 | 4 | 5 |
| Other behavior related to preoccupation, fantasy, or ritualization, | 1 | 2 | 3 | 4 | 5 |

| | |
|----------|--|
| Specify: | |
|----------|--|

| BEHAVIOR RELATED TO MASTURBATION | One Time | 2 | 3 | Many Times | 4 | 5 |
|--|---------------------|----------|----------|-----------------------|----------|----------|
| Masturbating yourself | 1 | 2 | 3 | 4 | 5 | |
| Masturbating a sexual partner yourself | 1 | 2 | 3 | 4 | 5 | |
| Masturbating with objects yourself | 1 | 2 | 3 | 4 | 5 | |
| Masturbating to the point of physical injury or infecting yourself | 1 | 2 | 3 | 4 | 5 | |
| Masturbating in cars yourself | 1 | 2 | 3 | 4 | 5 | |
| Masturbating in public places (movie theaters, tanning salons, store dressing rooms, etc.) | 1 | 2 | 3 | 4 | 5 | |
| Masturbating with mechanical or electrical devices yourself | 1 | 2 | 3 | 4 | 5 | |
| Other behavior related to masturbation, (specify: _____) | 1 | 2 | 3 | 4 | 5 | |

| BEHAVIOR RELATED TO PORNOGRAPHY (SEXUAL EXPLOITATION OR SEXUALIZATION OF PEOPLE) | One Time | Many Times | | | |
|--|-----------------|-------------------|---|---|---|
| Looking at sexually explicit magazines | 1 | 2 | 3 | 4 | 5 |
| Keeping sexually explicit material or magazines at home or work | 1 | 2 | 3 | 4 | 5 |
| Watching sexually explicit videotapes | 1 | 2 | 3 | 4 | 5 |
| Making sexually explicit videotapes | 1 | 2 | 3 | 4 | 5 |
| Taking sexually explicit photographs | 1 | 2 | 3 | 4 | 5 |
| Patronizing adult book stores | 1 | 2 | 3 | 4 | 5 |
| Watching or looking at child pornography | 1 | 2 | 3 | 4 | 5 |
| Watching strip or peep shows | 1 | 2 | 3 | 4 | 5 |
| Sexualizing people/materials (advertisements, catalogues) that aren't sexually explicit | 1 | 2 | 3 | 4 | 5 |
| Looking for sexually suggestive moments on TV or in films | 1 | 2 | 3 | 4 | 5 |
| Maintaining a "collection" of pornographic materials | 1 | 2 | 3 | 4 | 5 |
| Other behavior related to pornography, specify: | 1 | 2 | 3 | 4 | 5 |

| BEHAVIOR RELATED TO BUYING OR SELLING SEX | One Time | Many Times | | | |
|---|-----------------|-------------------|---|---|---|
| Patronizing saunas, massage parlors, or lap lounges | 1 | 2 | 3 | 4 | 5 |
| Paying someone for sexual activity | 1 | 2 | 3 | 4 | 5 |
| Participation in phone sexual activity | 1 | 2 | 3 | 4 | 5 |
| Receiving money in exchange for sexual activity | 1 | 2 | 3 | 4 | 5 |
| Receiving drugs in exchange for sexual activity | 1 | 2 | 3 | 4 | 5 |
| Pimping others for sexual activity | 1 | 2 | 3 | 4 | 5 |
| Using an escort or phone service | 1 | 2 | 3 | 4 | 5 |
| Spending money on someone in order to have sex | 1 | 2 | 3 | 4 | 5 |
| Being sexual because someone spent money on you | 1 | 2 | 3 | 4 | 5 |
| Other behavior related to buying or selling sex, specify: | 1 | 2 | 3 | 4 | 5 |

| BEHAVIOR RELATED TO SEX PARTNERS | One Time | Many Times | | | |
|--|-----------------|-------------------|---|---|---|
| Having multiple sexual relationships at the same time | 1 | 2 | 3 | 4 | 5 |
| Having successive relationships one right after another | 1 | 2 | 3 | 4 | 5 |
| Having one-night stands | 1 | 2 | 3 | 4 | 5 |
| Having affairs outside your primary relationship | 1 | 2 | 3 | 4 | 5 |
| Engaging in sex with anonymous partners | 1 | 2 | 3 | 4 | 5 |
| Swapping partners | 1 | 2 | 3 | 4 | 5 |
| Urging your partner to have sex with persons outside your relationship | 1 | 2 | 3 | 4 | 5 |
| Using sexual seduction to gain power over another person | 1 | 2 | 3 | 4 | 5 |

| | | | | | |
|---|---|---|---|---|---|
| Participating in group sex | 1 | 2 | 3 | 4 | 5 |
| Hustling in singles clubs, bars, or health clubs | 1 | 2 | 3 | 4 | 5 |
| Cruising beaches, parks, parking lots, or baths | 1 | 2 | 3 | 4 | 5 |
| Belonging to a nudist club to find sex partners | 1 | 2 | 3 | 4 | 5 |
| Using the personal columns to find sex partners | 1 | 2 | 3 | 4 | 5 |
| Engaging in sexual activity outside your sexual orientation in pursuit of a new sexual high | 1 | 2 | 3 | 4 | 5 |
| Placing and answering ads in swinger magazines | 1 | 2 | 3 | 4 | 5 |
| Other behavior related to sex partners, specify: | 1 | 2 | 3 | 4 | 5 |

| BEHAVIOR RELATED TO EXHIBITIONISM (EXPOSING BODY OR BODY PARTS IN PUBLIC FOR SEXUAL PURPOSES) | One Time | Many Times |
|--|-----------------|-------------------|
| Exposing yourself from a car | 1 2 3 4 5 | |
| Exposing yourself from stage or for hire | 1 2 3 4 5 | |
| Exposing yourself in public places, such as parks, streets, school yards, etc | 1 2 3 4 5 | |
| Exposing yourself from your home | 1 2 3 4 5 | |
| Exposing yourself for home videos or photographs | 1 2 3 4 5 | |
| Exposing yourself through your choice of clothing | 1 2 3 4 5 | |
| Exposing yourself by being sexual or undressing in public or semi-public places | 1 2 3 4 5 | |
| Provocatively exposing yourself in showers, locker rooms, or public rest rooms | 1 2 3 4 5 | |
| Other behavior related to exhibitionism, specify: | 1 2 3 4 5 | |

| BEHAVIOR RELATED TO VOYEURISM (SECRETLY OBSERVING OTHERS FOR YOUR SEXUAL PURPOSES) | One Time | Many Times |
|---|-----------------|-------------------|
| Watching people through windows of their houses or apartments | 1 2 3 4 5 | |
| Using binoculars or telescopes to watch people | 1 2 3 4 5 | |
| Hiding in secret places (e.g., closets, under beds) in order to watch or listen to people | 1 2 3 4 5 | |
| Asking strangers or acquaintances inappropriate personal details about their sex lives | 1 2 3 4 5 | |
| Sexualizing others you observe in public places (malls, restaurants, office buildings) | 1 2 3 4 5 | |
| Sexualizing others in health clubs, locker rooms, rest rooms, or showers | 1 2 3 4 5 | |
| Other behavior related to voyeurism, specify: | 1 2 3 4 5 | |

| BEHAVIOR RELATED TO INAPPROPRIATE LIBERTIES | One Time | Many Times |
|---|-----------------|-------------------|
| Touching or fondling other people inappropriately | 1 2 3 4 5 | |
| Telling sexually explicit stories or using sexually explicit language at inappropriate times or places (e.g., at work, with children present) | 1 2 3 4 5 | |
| Bringing sex or sexualized humor into your conversations | 1 2 3 4 5 | |
| Using flirtatious or seductive behavior to gain attention of others | 1 2 3 4 5 | |
| Making inappropriate sexual phone calls | 1 2 3 4 5 | |
| Making inappropriate sexual advances or gestures toward other persons | 1 2 3 4 5 | |
| Touching people but acting as if it were an accident | 1 2 3 4 5 | |
| Other behavior related to inappropriate liberties, specify: | 1 2 3 4 5 | |

| BEHAVIOR RELATED TO VICTIMIZATION (FORCE OR THREATS) | One Time | Many Times |
|---|-----------------|-------------------|
| Forcing sexual activity on a child outside your family | 1 2 3 4 5 | |
| Forcing sexual activity on your spouse or partner | 1 2 3 4 5 | |

| | | | | | |
|---|---|---|---|---|---|
| Forcing sexual activity on a member of your family (brother, daughter, nephew, etc) | 1 | 2 | 3 | 4 | 5 |
| Forcing sexual activity on a person you know (e.g., acquaintance, friend, or other adult) | 1 | 2 | 3 | 4 | 5 |
| Forcing sexual activity on a person whom you do not know | 1 | 2 | 3 | 4 | 5 |
| Engaging in sexual activity with a “consenting” minor | 1 | 2 | 3 | 4 | 5 |
| Exposing children to your sexual activities (e.g., engaging in sexual activity with open doors, inappropriate nudity) | 1 | 2 | 3 | 4 | 5 |
| Sharing inappropriate sexual information with children | 1 | 2 | 3 | 4 | 5 |
| Willingly giving up power or acting out the victim role in your sexual activity | 1 | 2 | 3 | 4 | 5 |
| Using a power position to exploit or be sexual with another person (e.g., clergy to Parishioner, therapist to client, employer to employee) | 1 | 2 | 3 | 4 | 5 |
| Administering drugs to another person in order to force sexual activity | 1 | 2 | 3 | 4 | 5 |
| Using alcohol to take sexual advantage | 1 | 2 | 3 | 4 | 5 |
| Other behavior related to victimization, specify: | 1 | 2 | 3 | 4 | 5 |

| OTHER SEXUAL BEHAVIOR | One Time | Many Times |
|---|---------------------|-----------------------|
| Crossdressing (identifying with your gender, but dressing in clothes of the other gender) | 1 2 3 4 5 | 1 2 3 4 5 |
| Dressing and behaving like the other gender with a preference to be the other gender | 1 2 3 4 5 | 1 2 3 4 5 |
| Using sexual aids to enhance your sexual experience (e.g., vibrators, artificial vaginas) | 1 2 3 4 5 | 1 2 3 4 5 |
| Engaging in sexual activity with animals | 1 2 3 4 5 | 1 2 3 4 5 |
| Using drugs to enhance your sexual experience | 1 2 3 4 5 | 1 2 3 4 5 |
| Receiving physical harm or pain during your sexual activity to intensify sexual pleasure | 1 2 3 4 5 | 1 2 3 4 5 |
| Causing physical harm / pain to your partner during sexual activity to intensify pleasure | 1 2 3 4 5 | 1 2 3 4 5 |
| Paying for sexually explicit phone calls (e.g., Dial-a-Porn) | 1 2 3 4 5 | 1 2 3 4 5 |
| Seeking humiliating or degrading experiences as part of sex | 1 2 3 4 5 | 1 2 3 4 5 |
| Other behaviors, feelings, or thoughts, specify: | 1 2 3 4 5 | 1 2 3 4 5 |

| INTERNET BEHAVIORS | One Time | Many Times |
|---|---------------------|-----------------------|
| You have some sexual sites bookmarked | 1 2 3 4 5 | 1 2 3 4 5 |
| You spend more than 5 hours per week using a computer for sexual pursuits | 1 2 3 4 5 | 1 2 3 4 5 |
| You have joined sexual sites to gain access to online sexual material | 1 2 3 4 5 | 1 2 3 4 5 |
| You have purchased sexual products online | 1 2 3 4 5 | 1 2 3 4 5 |
| You have searched for sexual material through an Internet search tool | 1 2 3 4 5 | 1 2 3 4 5 |
| You have spent more money for online sexual material than you planned | 1 2 3 4 5 | 1 2 3 4 5 |
| Internet sex has sometimes interfered with certain aspects of your life | 1 2 3 4 5 | 1 2 3 4 5 |
| You have participated in sexually related chats | 1 2 3 4 5 | 1 2 3 4 5 |
| You have a sexualized username or nickname that you use on the Internet | 1 2 3 4 5 | 1 2 3 4 5 |
| You have masturbated while on the Internet | 1 2 3 4 5 | 1 2 3 4 5 |
| You have accessed sexual sites from other computers besides the one at home | 1 2 3 4 5 | 1 2 3 4 5 |
| You have lied to other about your use of your computer for sexual purposes | 1 2 3 4 5 | 1 2 3 4 5 |
| You have tried to hide what is on your computer or monitor so others cannot see it | 1 2 3 4 5 | 1 2 3 4 5 |
| You have stayed up after midnight to access sexual material online | 1 2 3 4 5 | 1 2 3 4 5 |
| You use the Internet to experiment with different aspects of sexuality (e.g., bondage, homosexuality, anal sex, etc.) | 1 2 3 4 5 | 1 2 3 4 5 |
| You have your own website which contains some sexual material | 1 2 3 4 5 | 1 2 3 4 5 |
| You have made promises to yourself to stop using the Internet for sexual purposes | 1 2 3 4 5 | 1 2 3 4 5 |
| You sometimes use cybersex as a reward for accomplishing something (e.g., finish a project, stressful day, etc.) | 1 2 3 4 5 | 1 2 3 4 5 |
| When you are unable to access sexual material online, you feel anxious, angry, or disappointed | 1 2 3 4 5 | 1 2 3 4 5 |

| | | | | | |
|---|---|---|---|---|---|
| You have increased the risks you take online (give out name and phone number, meet people offline, etc.) | 1 | 2 | 3 | 4 | 5 |
| You have punished yourself when you use the Internet for sexual purposes (e.g., time-out from computer, cancel Internet subscription, etc.) | 1 | 2 | 3 | 4 | 5 |
| You have met face to face with someone you met online for romantic purposes | 1 | 2 | 3 | 4 | 5 |
| You use sexual humor and innuendo with others while online | 1 | 2 | 3 | 4 | 5 |
| You have run across illegal sexual material while on the Internet | 1 | 2 | 3 | 4 | 5 |

Sex History Timeline

Starting with the first years of your life, list important sexual events. Important events may be positive or negative, appear minor to others (but important to you), a secret you've never told, etc. The event may have occurred at a particular time in your life, at home, school, or elsewhere. Continue until you come to your current age. Just write a word or two about each incident, you can share the details in our next session.

1st year: _____

2nd year: _____

3rd year: _____

4th year: _____

5th year: _____

First Grade: _____

Second Grade: _____

Third Grade: _____

Fourth Grade: _____

Sixth Grade:

Seventh Grade:

Eight Grade:

Ninth Grade:

Tenth Grade:

Eleventh Grade:

Twelfth Grade:

19 years old:

20 years old:

21 years old:

22 years old:

23 years old:

24 years old:

25 years old:

26 years old:

27 years old:

28 years old:

29 years old:

30 – 35 years old:

36-40 years old:

40-45 years old:

46-50 years old:

50-55 years old:

56-60 years old:

60-65 years old:

65-70 years old:

70-75 years old:

75-80 years old:

Your History of Sexual Struggles

Reproduced and modified with permission from Patrick Carnes' *Facing the Shadow*

This exercise asks you to focus on the development of your sexual struggles. Because it may be difficult for you to recall specific events or details, respond to the following questions as best you can.

1. At what age do you believe your sexual struggles started (i.e., sexual obsession or behavior helped you to cope; you lost faith in yourself)?

2. What were some critical events during the early development of your sexual struggles (e.g., increase in frequency, unmanageability, abandonment, abuse)?

3. At what age do you believe your sexual struggles were firmly established (i.e., life priorities became reversed, your sexual preoccupation and acting out interfered with your life, job, family)?

4. What were some critical events during this period of struggles (stressors, denial, impaired thinking.)?

5. Were there periods during your life in which your sexual struggles suddenly escalated in terms of frequency or types of sexual acting out behavior?
Yes No

If yes, at what ages (e.g., 15-18, 22-24, etc.)?

6. Was there a seasonal (spring, summer, fall, winter) pattern in your sexual acting out?

Yes No

If 'yes', please specify:

7. What were some critical events during these periods of escalation?

8. At what age do you believe your sexual addiction was at its highest level? _____

9. What were some critical events during this period when your struggles were at its highest level?

10. Were there periods during your life when your sexual struggles de-escalated (i.e., were less intense, went underground, were controlled)? Yes No

If 'yes', at what ages? _____

11. What were some critical events that preceded this de-escalation or that occurred during it?

12. Were there periods during your life when it seemed that you had no life beyond the obsession and the predictable addictive cycle of acting out sexually (i.e., you had breaks in reality, you completely abandoned your value system)? Yes No

If 'yes', at what ages? _____

13. What were some critical events during these periods?

14. Are you currently working on limiting other compulsive behaviors or are you currently in recovery from any other addiction? Yes No

- compulsive use of alcohol or other drugs
- alcohol or other drug dependency
- co-dependency
- eating disorders (overeating, anorexia, bulimia)
- nicotine/tobacco addiction
- caffeine abuse or addiction
- compulsive gambling
- compulsive spending
- compulsive work
- other, specify: _____

15. How did your other addictions (if any) affect your sexual struggles?

Your Arousal Template

Modified and reproduced by permission from Patrick Carnes' Facing the Shadow

This assignment helps you to detail the components of your arousal patterns. The components listed below usually appear in an "arousal template." Complete each one and then pay attention to how you feel and what you think as you realistically assess what arouses you.

Eroticized Feelings

List specific feelings (anger, fear, sadness, shame, loneliness) that have become eroticized for you. Remember that when you were acting out, you may not have noticed what you were feeling. Identifying these feelings now, however, is very important for your recovery. Feelings become an important source of information about your sexual behavior. Identify the feelings you had and how they played a role in your compulsive behavior.

Feeling:

Role in your behavior:

Feeling:

Role in your behavior:

Feeling:

Role in your behavior:

Situations and Places

When you were acting out, certain situations and places became eroticized. By now, just to be in them becomes a source of arousal and part of your addiction cycle. Examples might include hotel rooms, shopping centers, parks, beaches, certain parts of town, and even specific cities or countries. In the spaces provided below, make a list of the situations or places that arouse you.

1.

2.

3. _____

4. _____

5. _____

6. _____

7. _____

Review your list and decide in which situation you would most likely relapse. Place a “1” in front of that item. Place a “2” in the next most probable situation for relapse to occur. Continue until you have ranked all the items. Then, record the reason why you think that situation is so powerful for you.

Sensations

Specific sensations can stimulate preoccupation and may even be incorporated into your reactions. Examples include:

- **Sounds** – modem starting, specific songs
- **Smells** – perfumes, body odors, incense, massage oil, food, lotion
- **Visual cues** – types of dress, computer screen, windows
- **Touch** – the feel of lingerie, crowded spaces like shopping centers, subways, airplanes, lap dances in a strip bar, dancing
- **Taste** – food, lipstick, gum, breath mints

Record below the sense reactions that you now recognize as a part of your arousal patterns.

Objects

Objects can become sexualized as well. Automobiles are used for cruising for prostitutes, exhibitionism, voyeurism, and anonymous sex. Sometimes they are used as a place in which to have sex. Computer keyboards take on a sexual quality when they are what you touch as you access pornography, chatrooms, and sex-related e-mail. Objects such as school uniforms, lingerie, whips, and sex toys are often a critical part of a fantasy life. Almost every creature on the

planet, it seems, including snakes and insects, has been sexualized by someone. Specific types of clothing or even a specific article of clothing (examples would be shoes, socks, high heels, and pantyhose) can become highly sexualized. In the space below, specify what objects have become sexualized for you.

Processes

Sometimes arousal becomes fixated on actions or processes. Watching young girls smoke or women urinate can become erotic for some people. Violence, humiliation, and degradation can also be erotic acts. Stealing and burglary can be eroticized. Car washing, cheerleading, and even gardening, though seemingly benign activities, can become part of compulsive ritualization for some people. What processes have become eroticized for you?

Body Types, Parts, and Characteristics

Arousal often is conditioned on a specific body build or physical characteristic. Shape, muscle, and hair color can determine the quality of arousal. Individual features such as wrinkles, moles, and stretch marks can also become part of desire. Fetishes can be organized around specific body parts such as armpits or feet. Being overweight, pregnant, or extremely thin turns some people on. Sometimes the loss of a limb or being disabled in some way becomes a source of arousal. Indicate below what physical attributes are part of your arousal patterns.

Partner Characteristics

Age, marital status, and personality factor into the arousal quotient. What a person does for a living can be critical. People fantasize about a wide range of professions including teaching, body building and the priesthood. Specific attributes such as being wealthy or impoverished, successful or inexperienced, virginal or promiscuous can be arousing. Usually people have a specific type or types that attract them emotionally. Examples include vulnerable, hurting women, elegant, unreachable women, the unavailable, mysterious men, or the “bad boy” who is misunderstood. In your past, what have been the ideal types of persons who were arousing to you? There may be more than one. Why do you think those people were so attractive? Specify each ideal type below and summarize why they were so attractive to you.

Ideal Type: _____

Origin of Type: _____

Ideal Type: _____

Origin of Type: _____

Ideal Type: _____

Origin of Type: _____

Ideal Type: _____

Origin of Type:

Culture

Cultures and subcultures – Catholic schoolgirls, Asian women, African-American men, and Hispanic gays, for instance – can become eroticized. Does culture, race, religion, or ethnicity play a part in your sexual arousal? If so, record in what ways they do in the space below.

The Cybersex Clinician Resource Kit
Delmonico and Griffin, www.internetbehavior.com

\$110 on CD, includes an excellent assortment of resources:

- Introduction to Cybersex Addiction - A basic article describing methods and venues used to access cybersex
- Cybersex Glossary / Chat Abbreviations
- Computer & Internet Disclosure Form
- *CyberHex and Cybersex User Categories - Assessment & Treatment Forms
- Two FAQ resource sheets on cybersex addiction / internet addiction (one for clinicians and one for clients)
- Selected Cybersex Bibliography
- The Internet Sex Screening Test (ISST) - a quickscreen for cybersex related problems (includes scoring guide)
- The Internet Sex Screening Test - Revised - more extensive assessment of cybersex problems (includes scoring guide)
- Internet Assessment Structured Interview - a 45 item interview protocol based on six themes revolving around cybersex addiction / internet addiction (also includes a Quickscreen form)
- Risk assessment white paper, bibliography, and risk checklist for child pornography users
- Instructions for using the *Hermes Web* - a treatment communication tool included with the kit.
- Treatment exercises: (1) Internet Health Plan, (2) Online Disinhibition Effect Analysis, (3) CyberHex Assessment.
- Various online links & resources for additional information related to cybersex behavior
- The workbook *Cybersex Unhooked* (on the CD for easy printing of workbook exercises)
- The Clinician Resource Kit on CD also includes a paperback, bound copy of the book *In the Shadows of the Net (2nd edition)* and one *Hermes Web* Communication Tool.

Internet Sex Screening Test – Revised (ISST-R)

Internet Sex Screening Test – Revised (Delmonico and Griffin, 2006) is a 117 question assessment tool that is part of an excellent assortment of resources as part of a comprehensive "*Cybersex Clinician Resource Kit*." See www.Internetbehavior.com.

Directions: Place a mark next to any item below that is true or mostly true for you. Leave any item blank that is false or mostly false. Please think about the statements as they apply to your life over the past 12 months. Consider a statement to be true if the thought or behavior has occurred within the past 12 months, and false if it occurred more than 12 months ago.

- 1. I spend a great deal of time fantasizing about past online sexual experiences, online partners, or online pornography.
- 2. I have a specific credit card I use for my online sexual behavior.
- 3. I find myself thinking about engaging in online sex, even when I am not online.
- 4. I never thought about looking at something sexual while online.
- 5. When I am unable to access sexual information online, I feel anxious, angry, or disappointed.
- 6. I have accessed sexual sites from other computers besides my home.
- 7. I am afraid I may be caught engaging in illegal behavior online.
- 8. I use sexual humor and innuendo with others while online.
- 9. I can spend hours online and never interact with anyone online or offline.
- 10. I have never seen any sexualized content while online.
- 11. I work hard at keeping my online sexual behaviors secret from others.
- 12. The Internet is attractive because I don't invest emotional energy into it.
- 13. I have never been curious about sexuality on the Internet.
- 14. I am extremely good at keeping my online sexual behavior a secret from everyone.
- 15. My online sexual behavior is part of my social life.
- 16. I use my online sexual behavior to avoid people in my real life.
- 17. I have posted information that bordered on being illegal.
- 18. I seek comfort and encouragement from my online friends.
- 19. I have had physical sexual contact with someone I met online.
- 20. I prefer individual conversation with others rather than group conversations when online.
- 21. The Internet creates a place where I do not have to interact with others.
- 22. I am curious about online sexuality.
- 23. I have deleted files from my computer that bordered on being illegal.
- 24. Instant messaging is a distraction to what I really want to be doing online.
- 25. I have downloaded illegal sexual content from the Internet.
- 26. I have purchased pornographic videos or DVDs through the Internet.
- 27. I have engaged in online sexual behavior from my work computer.
- 28. I have met face to face with someone I met online for romantic purposes.

- ___ 29. The Internet helps satisfy my sexual fetish interests.
- ___ 30. I sometimes use cybersex as a reward for accomplishing something (e.g., finish a project, stressful day, etc.)
- ___ 31. I look for images that border on being illegal.
- ___ 32. Other than for online sex, the Internet is useless.
- ___ 33. I have spent/received money online for sex.
- ___ 34. I enjoy my online friendships more than my real life friendships.
- ___ 35. I have sought help from a professional about my online sexual behavior.
- ___ 36. I have accessed online sexual activity from a friend or colleague's computer.
- ___ 37. I have talked to minors online about sex.
- ___ 38. I like the fact that I can easily exit online relationships quickly and without consequence.
- ___ 39. I have participated in sexually related chats.

(continues for a total of 117 questions)

Cybersex Addiction Screening Test (CAST)

The **Cybersex Addiction Screening Test (CAST)** was developed by Rob Weiss and is recommended by the Society for the Advancement of Sexual Health (SASH). It is a free resource that provides a profile of responses which help to identify men and women with sexually addictive disorders. **You can assign the CAST as a homework assignment. Have your client go to www.sexualrecovery.com to complete the questionnaire and obtain a score interpretation.**

Questions

1. Do you spend increasing amounts of online time focused on sexual or romantic intrigue or involvement?
2. Are you involved in multiple romantic or sexual affairs in chat rooms, Internet or BBS?
3. Do you not consider online sexual or romantic "affairs" to be a possible violation of spousal/partnership commitments?
4. Have you failed in attempts to cut back on frequency of online or Internet sexual and romantic involvement or interaction?
5. Does online use interfere with work (tired or late due to previous night's use, online while at work etc.)?
6. Does online use interfere with primary relationships (e.g. minimizing or lying to partners about online activities, spending less time with family or partners)?
7. Are you intensely engaged in collecting Internet pornography?
8. Do you engage in fantasy online acts or experiences which would be illegal if carried out (e.g. rape, child molestation)?
9. Has your social or family interactive time decreased due to online fantasy involvement?
10. Are you secretive, or do you lie about the amount of time spent online or type of sexual/romantic fantasy activities carried out online?
11. Do you engage with sexual or romantic partners met online, while being involved in marital or other primary relationship?
12. Are there increasing numbers of complaints or concerns from family or friends about the amount of time spent online?
13. Do you frequently become angry or extremely irritable when asked to give up online involvement to engage with partners, family or friends?
14. Has the primary focus of sexual or romantic life becomes increasingly related to computer activity (including pornographic CD ROM use)?

Internet Addiction Test (IAT)

The Internet Addiction Test (IAT), developed by Dr. Kimberly Young, is the first validated instrument to assess Internet addiction (Widyanto & McMurren, 2004). Studies have found that the IAT is a reliable measure that covers the key characteristics pathological online use. The test measures the extent of a client's involvement with the computer and classifies the addictive behavior in terms of mild, moderate, and severe impairment. The IAT can be utilized in outpatient and inpatient settings and adapted accordingly to fit the needs of the clinical setting. Furthermore, beyond validation in English, the IAT has also been validated in Italy (Ferraro, Caci, D'Amico, & Di Blasi, 2007) and France (Khazaal et al., 2008), making it the first global psychometric measure.

After all the questions been answered, add the numbers for each response to obtain a final score. The higher the score range, the greater the level of addiction, as follows:

Normal Range: 0-30 points

Mild: 31-49 points

Moderate: 50-79 points

Severe: 80-100 points

Once the total score for the client has been calculated and the category selected, to enhance the utility of the instrument, evaluate questions for which the client scored a four or five.

(See the next page for the IAT)

THE INTERNET ADDICTION TEST

Developed by Dr. Kimberly Young, www.netaddiction.com

Instructions: This questionnaire helps to determine to what degree your Internet use might be problematic. When answering, you should only consider your recreational use of the Internet; that is, ignore time spent online for work or school projects. Please be honest in your responses. Answer the following questions using the scales to the right.

| | Not Applicable | Rarely | Occasionally | Frequently | Often | Always |
|--|----------------|--------|--------------|------------|-------|--------|
| 1. How often do you find that you stay online longer than you intended? | 0 | 1 | 2 | 3 | 4 | 5 |
| 2. How often do you neglect household chores to spend more time online? | 0 | 1 | 2 | 3 | 4 | 5 |
| 3. How often do you prefer the excitement of the Internet to intimacy with your partner? | 0 | 1 | 2 | 3 | 4 | 5 |
| 4. How often do you form new relationships with fellow online users? | 0 | 1 | 2 | 3 | 4 | 5 |
| 5. How often do others in your life complain about the amount of time you spend online? | 0 | 1 | 2 | 3 | 4 | 5 |
| 6. How often do your grades or schoolwork suffer because of the amount of time you spend online? | 0 | 1 | 2 | 3 | 4 | 5 |
| 7. How often do you check your e-mail before something else that you need to do? | 0 | 1 | 2 | 3 | 4 | 5 |
| 8. How often does your job performance or productivity suffer because of the Internet? | 0 | 1 | 2 | 3 | 4 | 5 |
| 9. How often do you become defensive or secretive when anyone asks me what you do online? | 0 | 1 | 2 | 3 | 4 | 5 |
| 10. How often do you block out disturbing thoughts about your life with soothing thoughts of the Internet? | 0 | 1 | 2 | 3 | 4 | 5 |
| 11. How often do you find yourself anticipating when you will go online again? | 0 | 1 | 2 | 3 | 4 | 5 |
| 12. How often do you fear that life without the Internet would be boring, empty, and joyless? | 0 | 1 | 2 | 3 | 4 | 5 |
| 13. How often do you snap, yell, or act annoyed if someone bothers you while you are online? | 0 | 1 | 2 | 3 | 4 | 5 |
| 14. How often do you lose sleep due to late-night log-ins? | 0 | 1 | 2 | 3 | 4 | 5 |

- | | | | | | | |
|---|---|---|---|---|---|---|
| 15. How often do you feel preoccupied with the Internet when off-line, or fantasize about being online? | 0 | 1 | 2 | 3 | 4 | 5 |
| 16. How often do you find yourself saying " <i>Just a few more minutes</i> " when online? | 0 | 1 | 2 | 3 | 4 | 5 |
| 17. How often do you try to cut down the amount of time you spend online and fail? | 0 | 1 | 2 | 3 | 4 | 5 |
| 18. How often do you try to hide how long you been online? | 0 | 1 | 2 | 3 | 4 | 5 |
| 19. How often do you choose to spend more time online over going out with others? | 0 | 1 | 2 | 3 | 4 | 5 |
| 20. How often do you feel depressed, moody, or nervous when you are off-line, which goes away once you are back online? | 0 | 1 | 2 | 3 | 4 | 5 |

MOTIVATIONAL INTERVIEWING

Typically, in the early stages of recovery, clients will deny or minimize their sexual struggles and the consequences that follow. After diagnosis, therapy should use motivational interviewing techniques that encourage the client to commit to treatment as an integral aspect of recovery (Greenfield, 1999; Orzack, 1999).

Motivational interviewing is a goal – directed style of counseling for eliciting behavior change by helping clients to explore and resolve ambivalence. Motivational interviewing involves asking open – ended questions, giving affirmations, and reflective listening. Motivational interviewing is intended to confront the client in a constructive manner to the change, or to use external contingencies such as the potential loss of a job or relationship to mobilize a client's values and goals to stimulate behavior change.

There are five general principles of Motivational Interviewing:

1. Expressing empathy
2. Developing discrepancy
3. Avoiding argumentation
4. Rolling with resistance
5. Supporting self-efficacy

The method employed in Motivational Interviewing consists of using a mnemonically structured (A–H) list of eight effective motivational strategies:

1. giving **A**dvice
2. removing **B**arriers
3. providing **C**hoice
4. decreasing **D**esirability
5. practicing **E**mpathy
6. providing **F**eedback
7. clarifying **G**oals
8. active **H**elping

(Griffiths & Meredith, 2009d)

Questions can be asked such as:

- When did you first begin to use the Internet?
- How many hours per week you currently spend online (for nonessential use)?
- What applications do you use on the Internet (specific sites/groups/games visited)?
- How many hours per week do you spend using each application?
- How would you rank order each application from most to least important?
- What do you like most about each application? What do you like least?
- How has the Internet changed your life?
- How do you feel when you log off line?
- What problems or consequences have stemmed from your Internet use? (If these are difficult for the client to describe, have the client keep a log near the computer in order to document such behaviors for the next week's session.)

- Have others complained about how much time you spend online?
- Have you sought treatment for this condition before? If so, when, have you had any success?
- Do you feel preoccupied with the Internet?
- What attempts have you made to control, cut back, or stop computer use?
- How often do you think about going online?
- How often do you talk about going online?
- How often do you plan ways to use the Internet?
- How do you forgo other responsibilities or duties to go online?
- Have you ever used the Internet to escape from feelings of depression, anxiety, guilt, loneliness, or sadness?
- What is your longest period of abstinence from the Internet?

(Young & Nabuco de Abreu, 2011, p.25-28)

Internet Assessment:

A Structured Interview for Assessing Problematic Online Sexual Behavior
Delmonico & Griffin, 2007

Internet Assessment Structured Interview (Delmonico and Griffin, 2006) is a 50 item interview protocol based on six themes revolving around cybersex addiction / internet addiction: 1) Arousal, 2) Tech-Savvy, 3) Risk, 4) Illegal, 5) Secrecy, and 6) Compulsive. **This is part of an excellent assortment of resources as part of a comprehensive "Cybersex Clinician Resource Kit." See www.Internetbehavior.com.**

Section I: Internet Knowledge and Behavior

1. Where are your computers located? Seek detailed information about the location of all computers used, including personal, work, home office, laptops, etc. (S)
2. Have you ever had private accounts that no one else in your family or at work know about? (e.g., multiple email accounts, screen names, site memberships, etc.) (T, S)
3. Over the past six months, on average how many hours per week is your computer logged on to the Internet? On average, how many of those online hours do you sit in front of your computer and use the Internet? (T, S, C)
4. Over the past six months, on average how many hours per week have you actively engaged in Internet sex, including downloading images, sexual chats, etc.? (T, C)
5. What are all the screen names or Nicknames you have used while online? (T, S)
6. Have you ever posted/traded any sexual material on or through the Internet? This would include self photos, photos of others, sexual stories, videos, audio clips, sexual blogs, sexual profiles, etc. If so, what was the content of the material exchanged? (A, T, I?)
7. Have you ever paid to access or purchase any form of sexual material on the Internet (e.g., chat rooms, websites, video feeds, sexual software, sexual movies, sexual games, etc.) If so, what was the theme or content of the material? (A, C)
8. Have you ever kept a list of sexual areas of the Internet that you revisit or would like to revisit? This includes both electronic lists such as bookmarks/favorites and written/typed lists. (C)
9. Have you ever bought, sold, or traded passwords to access sex online? (T, I?, C)
10. Have you ever visited areas of the Internet dedicated to a particular sexual behavior or fetish (e.g., bestiality, bondage, leather, a certain race/profession of people, etc.)? (A, C)
11. Have you ever viewed child pornography or images of individuals who appeared to be less than 18 years old? (A, R, I)
12. Have you ever visited porn web sites from a computer other than your home? (R, S)
13. Have you ever tried to conceal yourself or the places you have been online (e.g., clearing your history or cache, using programs to hide/clean your online tracks, deleted/renamed downloaded files, use anonymous services, stealth surfers, etc.)? (T, S, C)
14. Have you ever used an online chat room for sexual purposes or intent? If so, what types of rooms did you visit? (A, T)
15. If you have visited chat rooms, what are the names of some of the rooms that you have entered? If you can't be specific, what are the general themes of chat rooms you have visited? (A)
16. Have you ever used software that allows you to serve/retrieve files automatically over the Internet. (e.g., FTP, fserve, FreeAgent, newsgroup downloaders, etc.) (T)

17. Have you ever download music or other files from a peer-to-peer networks (e.g, Kazaa, Morpheus, BearShare, etc.)? (T)
18. Have you ever participated in video/audio conferencing online? (e.g., PalTalk, CuSeeme, Yahoo video chat, etc.?) If so, were they sexual rooms? (A, T)
19. Have you ever used your buddy list (e.g., AOL Instant Messenger, ICQ, etc.) to keep track of individuals with whom you have had a sexual exchange or with whom would like to have a sexual exchange? (T, C)

This structured interview continues on for 50 questions that cover *Internet Knowledge, Behavior, Social elements, Sexual elements, and Psychological elements.*

Cognitive Behavioral Interventions

Cognitive behavioral therapy (CBT) has been suggested as the preferred mode of therapy treatment for compulsive sexual behaviors (Young, 2007). CBT is a familiar treatment based on the premise that thoughts determine feelings. CBT can be used to teach patients to monitor their thoughts and identify those that trigger addictive feelings and actions while they learn new coping skills and ways to prevent relapse. CBT requires three-month treatment of approximately 12 weekly one-hour sessions. The early stages of therapy is behavioral, focusing on specific behaviors and situations where the impulse control disorder causes the greatest difficulty. As therapy progresses, there is more of a focus on the cognitive assumptions and distortions that have developed and the effects of the compulsive behavior.

Learning The ABC's of Emotional Response

| <u>A</u> ctivating event / situation | Automatic <u>B</u> eliefs / Thoughts | Emotional <u>C</u> onsequence (Glad, Mad, Sad, Bad or Afraid) | Identifying the Irrational Belief / Thought | Rational Response |
|--|---|---|--|---|
| <i>Example:</i> Potential customer hangs up on me. | 1. He thinks I'm a jerk. 2. I'll never sell these services! 3. He's rude! | 1. sad, bad 2. afraid 3. mad | 1. loved by all, change the world, magnification 2. overgeneralization, fortune teller, superman 3. mind reading, change world, labeling | 1. I don't need to be liked by everyone. 2. Let's focus on the other clients who said "yes!" 3. He's probably had a bad day |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Rationalizations for Destructive Sexual Behavior

Grateful acknowledgements to Patrick Carnes

Instructions: This questionnaire examines common cognitive distortions that promote problematic sexual behaviors. When answering, please be honest. Answer the following questions using the scales to the right.

| | Not Applicable | Rarely | Occasionally | Frequently | Often | Always |
|---|----------------|--------|--------------|------------|-------|--------|
| Global Thinking: Attempting to justify why something is not a problem by using terms like “always” or “never.” | 0 | 1 | 2 | 3 | 4 | 5 |
| Rationalization: Justifying unacceptable behavior. “I don’t have a sex problem. I’m just unconventional.” | 0 | 1 | 2 | 3 | 4 | 5 |
| Minimizing: Trying to make behavior or consequences seem less or smaller. “Only a little.” “It wasn’t for that long.” “It was no big deal.” | 0 | 1 | 2 | 3 | 4 | 5 |
| Comparison: Shifting the focus to someone else to justify behaviors. “I’m not as bad as . . .” | 0 | 1 | 2 | 3 | 4 | 5 |
| Uniqueness: Thinking you are different or special. “My situation is different.” “I have more stress than most people would understand.” | 0 | 1 | 2 | 3 | 4 | 5 |
| Avoiding by omission: Trying to change or ignore the subject, or manipulate conversation to avoid talking about something. It is also about leaving out important bits of information like online you’re present yourself as being younger or don’t tell partners that you’re married. | 0 | 1 | 2 | 3 | 4 | 5 |
| Blaming: Your behaviors are someone else’s fault. “If my spouse weren’t so cold I wouldn’t have to go online to take care of my sexual needs.” “I tried some strategies my therapist suggested, but they didn’t work.” | 0 | 1 | 2 | 3 | 4 | 5 |
| Intellectualizing: Avoiding feelings and responsibility by intellectualizing your behaviors or acting intellectually superior to others. | 0 | 1 | 2 | 3 | 4 | 5 |
| Hopelessness/Helplessness: “I am a victim.” “There is nothing I can do to change or get better.” | 0 | 1 | 2 | 3 | 4 | 5 |
| Manipulative Behaviors: Some distortion of reality including the use of power, lies, secrets, or guilt to exploit others. | 0 | 1 | 2 | 3 | 4 | 5 |
| Compartmentalizing: Separating your life into compartments in which you do things that you keep separate from other parts of your life. | 0 | 1 | 2 | 3 | 4 | 5 |
| Crazymaking: When confronted by others who do have a correct perception, telling them they are totally wrong. Acting indignantly toward them is an attempt to make them feel crazy by telling them that they cannot trust their own senses. | 0 | 1 | 2 | 3 | 4 | 5 |
| Seduction: The use of charm, humor, good looks, or helpfulness to cover up insincerity or to get out of trouble. | 0 | 1 | 2 | 3 | 4 | 5 |
| Simultaneous Legitimate Motives (SLMs): Legitimate reasons you give to yourself and others to go online where you then engage in unhealthy online behaviors or relationships. | 0 | 1 | 2 | 3 | 4 | 5 |
| Emotional Reasoning: How you do <u>or</u> don’t feel about someone or something that makes your online behaviors or relationships okay. | 0 | 1 | 2 | 3 | 4 | 5 |

“Name That Feeling!”

Positive Feeling: *LOVE*

| | | | | |
|--------------|-----------------|---------------|-------------|-------------------|
| Liking of | Warmth toward | Affection for | Passion for | Tenderness toward |
| Drawn toward | Friendly toward | Captivated by | Concern for | Admiration for |
| | | | | |

Positive Feeling: *DESIRE*

| | | | | |
|-----------------|-------------|----------|----------|----------------|
| Longing for | Craving for | Coveting | Need for | Impulse toward |
| Impelled toward | Hanker for | Want | Curious | Inquisitive |

Positive Feeling: *HOPE*

| | | | | |
|--------------|------------|------------|-------|-------------|
| Expectant of | Anticipate | Aspire to | Trust | Reliance on |
| Faith in | Confidence | Brightness | | |

Positive Feeling: *JOY*

| | | | | |
|-----------|-------------|------------------|-----------|-----------|
| Happy | Delighted | Pleased/pleasant | Calm | Satisfied |
| Peaceful | Refreshed | Tranquil | Completed | Relieved |
| Fulfilled | Comfortable | Gratified | Contented | Gleeful |

Positive Feeling: *COURAGE*

| | | | | |
|-----------|-----------|------------|-----------|----------|
| Spunk | Guts | Bravery | Risking | Patience |
| Endurance | Toughness | Confidence | Assurance | Bold |

Negative Feeling: *HATE*

| | | | | |
|------------|-------------|----------------|-------------|---------|
| Dislike of | Cold toward | Withdrawn from | Repelled by | Despise |
|------------|-------------|----------------|-------------|---------|

Negative Feeling: *AVERSION*

| | | | | |
|----------------|----------------|--------------|--------------|-------------|
| Turn away from | Withdrawn from | Rejection of | Distant from | Repelled by |
| Get away from | Escape | Avoid | Get out | Evade |

Negative Feeling: *DESPAIR*

| | | | | |
|------------|----------------|-----------|----------|------------|
| Hopeless | Disappointment | Desperate | Trapped | Inevitable |
| Despondent | Doubtful | Defeated | Helpless | Suspicious |
| Inadequate | Discouraged | Lost | Cornered | Stopped |

Negative Feeling: *SORROW*

| | | | | |
|--------------|-------------|---------|-----------|-------------|
| Sad/saddened | Embarrassed | Grieved | Depressed | Overwhelmed |
| Unhappy | Rejected | Sorry | Humbled | Crushed |
| Dejected | Ashamed | Hurt | Wounded | Gloomy |

Negative Feeling: *FEAR*

| | | | | |
|-------------|--------------|----------|----------|-------------|
| Terror | Panic | Escape | Alarm | Uneasy |
| Trepidation | Horror | Timid | Fright | Cowardly |
| Scared | Cautious | Anxiety | Distrust | Nervousness |
| Worry | Apprehension | Restless | Jumpy | Flight |

Negative Feeling: *ANGER*

| | | | | |
|------------|-------------|--------------|-----------|-------------|
| Fury | Resentment | Rage | Mad | Ire |
| Grouchy | Indignation | Grumpy | Wrath | Disgruntled |
| Irritation | Aggravated | Belligerence | Hostility | Bugged |

Internet Use Log

Date & Time started: _____

Thoughts before you go online: _____

Check your feelings in the "Start" sections below:

| Emotion | Start | Finish | Emotion | Start | Finish | Emotion | Start | Finish |
|------------------|-------|--------|-------------------|-------|--------|-----------------|-------|--------|
| Angry, annoyed | | | Embarrassed | | | Inferior | | |
| Anxious, nervous | | | Frustrated, stuck | | | Lonely, unloved | | |
| Bored: tired | | | Guilty, bad | | | Sad, depressed | | |
| Confused | | | Hopeless | | | Other: | | |

| Emotion | Start | Finish | Emotion | Start | Finish | Emotion | Start | Finish |
|-------------------|-------|--------|-------------------|-------|--------|---------|-------|--------|
| Confident, strong | | | Joyful, laughing | | | Other: | | |
| Desire, craving | | | Loved, affection | | | Other: | | |
| Hopeful, trusting | | | Peaceful, resting | | | Other: | | |

Time Logged off the Internet: _____

Thoughts after you go offline: _____

Check your feelings in the "Finish" sections above.

=====

Internet Use Log

Date & Time started: _____

Thoughts before you go online: _____

Check your feelings in the "Start" sections below:

| Emotion | Start | Finish | Emotion | Start | Finish | Emotion | Start | Finish |
|------------------|-------|--------|-------------------|-------|--------|-----------------|-------|--------|
| Angry, annoyed | | | Embarrassed | | | Inferior | | |
| Anxious, nervous | | | Frustrated, stuck | | | Lonely, unloved | | |
| Bored: tired | | | Guilty, bad | | | Sad, depressed | | |
| Confused | | | Hopeless | | | Other: | | |

| Emotion | Start | Finish | Emotion | Start | Finish | Emotion | Start | Finish |
|-------------------|-------|--------|-------------------|-------|--------|---------|-------|--------|
| Confident, strong | | | Joyful, laughing | | | Other: | | |
| Desire, craving | | | Loved, affection | | | Other: | | |
| Hopeful, trusting | | | Peaceful, resting | | | Other: | | |

Time Logged off the Internet: _____

Thoughts after you go offline: _____

Check your feelings in the "Finish" sections above.

DAILY MOOD CHART (Example)

| PURPOSE OF MOOD CHARTING | | | | | | | | | | | GENERAL INSTRUCTIONS | | | | | | | | | | | | | | | | | | | | | |
|--|----------|---|---|---|---|---|---|---|---|----|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|---|
| This technique provides you with a simple way to graph your mood fluctuations. Each page displays 1 month at a time. Mood charting allows you to bring together important pieces of information such as mood state, life events, and internet use. | | | | | | | | | | | 1. Every month, start a new chart. Fill in the chart daily before bedtime so you can summarize your day. 2. Mood rating: Every day, describe mood elevation, depression, anxiety and irritability. 3. Events: Note any significant events that effect your mood and Internet use. Use a separate sheet of paper to write out details | | | | | | | | | | | | | | | | | | | | | |
| Day of the Month | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | |
| ELEVATED MOOD (HIGH) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| High | | | | | | X | X | X | | | | | | | | | | | | | | | | | | | | | | | | |
| Moderate | | | | | X | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mild | | | X | X | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Okay | X | X | | | | | | | | X | | | | | | | | | | | | | X | X | X | | | | | | | |
| Okay | | | | | | | | | | X | | | | | | | | | | | | | | | | X | X | | | X | X | |
| Mild | | | | | | | | | | | X | | | | | | | | | | | X | | | | | | X | X | | | |
| Moderate | | | | | | | | | | | | X | X | X | X | | | | | | | | | | | | | | | | | |
| Severe | | | | | | | | | | | | | | | | X | X | X | X | X | | | | | | | | | | | | |
| DEPRESSED MOOD (LOW) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| STRESS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Stress | 0=none | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 1 | 2 | 2 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 2 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | |
| Lonely | 1=mild | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 2=mod | 0 | 1 | 1 | 2 | 2 | 2 | 2 | 3 | 3 | 2 | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | |
| | 3=severe | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Hours slept last night | | 7 | 7 | 6 | 6 | 4 | 3 | 3 | 2 | 4 | 5 | 5 | 6 | 9 | 9 | 8 | 7 | 9 | 9 | 7 | 8 | 8 | 7 | 7 | 7 | 7 | 8 | 8 | 7 | 7 | 7 | 6 |
| COUNSELING, MEDICATION, LIFE EVENTS, INTERNET USE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Counseling | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Medication Changes | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Life events | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Approx hours Internet | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Miscellaneous | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

General Interventions

SPECTRUM LINE / Incremental Goal Attainment

Level 1:

| |
|--|
| “Level 1” is the worse level – this is your sexual behaviors completely out of control. This is worse than it is currently. At “Level 1”, describe what is happening . . . |
| Internet behaviors: |
| |
| |
| Mentally: |
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| Physically: |
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| Emotionally: |
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| |
| Relationally: |
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| Spiritually: |
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| Other: |
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Level :

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|---------------------|
| Internet behaviors: |
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| Mentally: |
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| Physically: |
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| Emotionally: |
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| Relationally: |
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| Spiritually: |
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| Other: |
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Helpful Medications

SSRIs (Prozac and Zoloft)

“. . . the ability to diminish sexual appetitive behavior can be a ‘therapeutic’ effect for a subject afflicted with sexual appetitive disinhibition or hypersexuality. There are now over 200 case examples of the positive prescriptive use of serotonin-enhancing ‘antidepressants,’ primarily serotonin reuptake inhibitors . . . for the treatment of paraphilias or paraphilia-related disorders.” Kafka, 2003

Bupropion (Wellbutrin) has been used in the treatment of patients with substance dependence based on its weak inhibition of dopamine and norepinephrine reuptake. Researchers in one study gave bupropion sustained release (SR) treatment to decrease craving for Internet game play as well as video game cue-induced brain activity in patients with Internet video game addiction. After a 6 week period of bupropion SR, craving for Internet video game play, total game play time, and cue-induced brain activity in dorsolateral prefrontal cortex were decreased. The researchers suggest that bupropion SR may change craving and brain activity in ways that are similar to those observed in individuals with substance abuse or dependence. (Han, 2010)

Methylphenidate (Ritalin): A number of studies about attention-deficit/hyperactivity disorder (ADHD) and Internet video game play have examined the prefrontal cortex and dopaminergic system. Stimulants such as methylphenidate (MPH), given to treat ADHD, and video game play have been found to increase synaptic dopamine. One study hypothesized that MPH treatment would reduce Internet use in subjects with co-occurring ADHD and Internet video game addictions. After 8 weeks of treatment, the Internet usage times were significantly reduced. (Han, 2009)

Lexapro: At Mount Sinai School of Medicine in New York, researchers tested the use of the antidepressant escitalopram (Lexapro, from Forest Pharmaceuticals) in 19 adult subjects who had impulsive-compulsive Internet usage disorder . . . Addicts had a very healthy response to the drug; on average, the number of hours spent online went from 36 hours to 16 hours. (Young & Nabuco de Abreu, 2011, p.10-11)

Treatment of compulsive sexual behaviour with *naltrexone* and serotonin reuptake inhibitors: Two case studies. Raymond, Nancy C., Grant, J. E., Kim, S. W., and Coleman, E., International Clinical Psychopharmacology, Vol 17(4), Jul 2002. pp. 201-205. Abstract: Compulsive Sexual Behavior (CSB) is generally used to indicate excessive sexual behavior or sexual cognitions that lead to subjective distress, social or occupational impairment, or legal and financial consequences. Similar to impulse control disorders, CSB is characterized by a failure to resist the impulse for sex. Opioid antagonists have been effective in treating urge-driven disorders, such as pathological gambling disorder, alcoholism, borderline personality disorder with self-injurious behavior, cocaine abuse, mental retardation with self-injurious behaviour and eating disorders. Based upon the efficacy of opioid antagonists in treating disorders associated with urges, the authors hypothesized that *naltrexone* would reduce both the urges associated with CSB and therefore reduce the sexual behaviour. Case reports of a 42 yr old woman and 62 yr old man with CSB who were treated successfully with *naltrexone* are presented. In both cases, symptoms dramatically decreased and psychosocial functioning improved with the use of *naltrexone*.

Internet Sex Addiction Treated With Naltrexone Bostwick, Michael; Bucci, Jeffrey (Feb. 2008). *Mayo Clinic Proceedings*, 83(2): 226-230. **Abstract:** Malfunctioning of the brain's reward center is increasingly understood to underlie all addictive behavior. Composed of mesolimbic incentive salience circuitry, the reward center governs all behavior in which motivation has a central role, including acquiring food, nurturing young, and having sex. To the detriment of normal functioning, basic survival activities can pale in importance when challenged by the allure of addictive substances or behaviors. Dopamine is the neurotransmitter driving both normal and addictive behavior. Other neurotransmitters modulate the amount of dopamine released in response to a stimulus, with the salience determined by the intensity of the dopamine pulse. Opiates (either endogenous or exogenous) exemplify such

modulators. Prescribed for treating alcoholism, naltrexone blocks opiates' capacity to augment dopamine release. This article reviews naltrexone's mechanism of action in the reward center and describes a novel use for naltrexone in suppressing a euphorically compulsive and interpersonally devastating **addiction to Internet pornography**.

Naltrexone in the Treatment of Adolescent Sexual Offenders. Ryback, Ralph S., Journal of Clinical Psychiatry, Vol 65(7), Jul 2004. pp. 982-986. Background: *Naltrexone* is a long-acting opioid used clinically in alcoholism, drug abuse, bulimia nervosa, obsessive-compulsive disorder, and impulse-control disorders. This study investigated whether *naltrexone* can decrease sexual arousal in legally adjudicated adolescent sexual offenders. Method: In an open-ended prospective study, *naltrexone* was given to 21 adolescents participating in an inpatient adolescent sexual offenders program who met any of the self-reported criteria of (1) masturbating 3 or more times per day, (2) feeling unable to control arousal, (3) spending more than 30% of awake time in sexual fantasies, or (4) having sexual fantasies or behavior that regularly intruded into and interfered with their functioning in the treatment program. After having been treated for more than 2 months, 13 patients had their *naltrexone* administratively stopped, thus providing a before, during, after, and resumption-of-treatment design. Behavioral changes were monitored daily with a fantasy-tracking log and a masturbation log. A positive result was recorded if there was more than a 30% decrease in any self-reported criterion that was applicable to each specific patient and this benefit lasted at least 4 months. Data were collected from July 2000 to December 2002. Leuprolide was given if *naltrexone* was not sufficiently helpful in controlling sexual impulses and arousal. Results: Fifteen of 21 patients were considered to have a positive result and continued to respond for at least 4 months to an average dose of 160 mg per day with decreased sexual fantasies and masturbation. Dosages above 200 mg per day were not more helpful. Administrative discontinuation of *naltrexone* in a subset of 13 patients resulted in reoccurrence of symptoms that began when the dose taper reached 50 mg per day. There were no changes in clinical chemistries. Five of 6 patients who did not benefit from *naltrexone* responded favorably to leuprolide. Conclusions: *Naltrexone* at dosages of 100 to 200 mg per day provides a safe first step in treating adolescent sexual offenders. It is possible that the benefits observed here will generalize to the larger population of non-socially deviant hypersexual patients or "sexual addicts."

Opioid antagonists in the treatment of impulse-control disorders. Kim, Suck Won, Journal of Clinical Psychiatry, Vol 59(4), Apr 1998. pp. 159-164. Abstract: Discusses the rationale for and the potential utility of the opioid antagonists in the treatment of impulse-control disorders. Work by preclinical and clinical investigators on the subject of motivation and its contextually relevant behavior is reviewed. On the basis of these reviews, the author prescribed *naltrexone* for up to 9 mo to 15 patients who had impulse-control disorder. Of these 15 cases 3 select cases of a 55-yr-old man with severe pathological gambling and compulsive shopping symptoms, a 46-yr-old woman with a 7-yr history of bulimia nervosa symptoms and a 5-yr history of compulsive shopping, and a 38-yr-old woman with severe washing and hoarding symptoms are reported. Results show that *naltrexone* was generally well tolerated. *Naltrexone* appears to reduce urge-related symptoms and decreases the problematic behaviors. The effect appears to be sustained. In general, most patients required higher doses than 50 mg/day of *naltrexone*. Results were similar in the 12 other cases not reported here.

(See Appendix C for a listing of articles on Medication Interventions for Compulsive Behaviors)

“Discarded-Dough” Motivator

Here’s how it works. For at least 8 weeks, this will cost your client \$20 each week. A 20-dollar-bill (no checks) sits in an envelope, stamped, addressed to one of the organizations listed below and no return address. The therapist establishes two therapeutic goals for each week. Examples might be successfully filling out the daily Internet log, observing time limits, reading a chapter out of an assigned book, etc.

If the client successfully completes both therapeutic goals, they get to spend the \$20, but they have to do so “relationally” – take a loved one to lunch, buy ice cream for the kids, give someone a gift, or donate it to a worthwhile organization. They can’t save the money, pay it towards bills, or spend it on themselves.

If the client doesn’t accomplish their two therapeutic goals for the week, they seal the envelope and drop it in the mail. This technique is actually very effective at providing external motivation (with a humorous twist) for incremental goal attainment. By-the-way, if your client is politically active, have them send the \$20 to the other political party. Whatever you do, make sure you don’t have them send the money to an organization that they care about.

| | | |
|---|---|--|
| Professional Bowlers Assoc. 1720 Merriamn Rd. Akron, OH 44344 | American Philatelic Society, Inc. P.O. Box 8000 State College, PA 16803 | American Yo-Yo Association 12106 Fruitwood Dr. Riverview, FL 33569 |
| National Wood Carvers Assoc. P.O. Box 43218 Cincinnati, OH 45243 | Amer. Gastroenterological Assoc National Office 7910 Woodmont Ave., 7th Floor Bethesda, MD 20814 | Fabio International Fan Club Donamamie E. White, President 37844 Mosswood Dr Fremont, CA 94536 |
| John Coble The Society for Japanese Irises 9823 E. Michigan Ave. Galesburg, MI 49053 | Chili Appreciation Soci. Internat. P.O. Box 3204 Sierra Vista, AZ 85636-3204 | The Herpetological Society c/o The Pittsburgh Zoo One Wild Place Pittsburgh, PA 15206 |
| Bat Conservation International P.O. Box 162603 Austin, TX 78716 | We Love Lucy P.O. Box 56234 Sherman Oaks, CA 91413-1234 | Friends of Neil Diamond Jo Michaels P.O. Box 3357 Hollywood, CA 90028 |
| Minnesota Vikings Fan Club 7644 Lyndale Ave. South Minneapolis, MN 55423-4028 | Gumby Fan Club P.O. Box 3905 X Schamburg, IL 60168-3905 | The Official SPAM Fan Club P.O. Box 892 Austin, MN 55912 |

Three-Point Strategies: PREVENTION

Sobriety Contract

Stephen Covey's *Seven Goals of Highly Successful People* includes "Begin with the end in mind." A sobriety contract clarifies what ongoing sobriety looks like. It should not be followed perfectly, but represents a series of target behavior to practice. The contract should include:

- List of support team members
- List of "primary violations" (bottom lines)
- List of "secondary violations" (slippery slope)
 - "where I can't go"
 - "who I can't see"
 - boundaries for the internet
 - boundaries for masturbation
 - boundaries for television, movies.
 - boundaries for personal advertising pages

- Building resiliency that includes:
 - physical
 - emotional
 - spiritual
 - relational
 - thought life
 - vocational
 - financial

- A list of personal "triggers" for acting out (events or situations).
- A plan for getting back "on track" after a slip

Helpful Technology

Internet Programs. (see Appendix B of this handout)

Blocking:

Filtering:

Monitoring:

Accountability:

Computer Environment Management

- Ensuring the computers used only in high-traffic areas.
- Limiting the days and times of use.
- Using the computer only when others are nearby.
- Specifying the locations where the internet can or cannot be used.
- Making sure the monitor is visible to others.
- Having a First Aid Kit (grounding techniques) nearby.
- Tape pictures of loved ones around the border of the monitor.

“Burning Bridges in a Sober Moment.”

Avoid B.A.A.L.T.

B.A.A.L.T. stands for **B**ored, **A**ngry, **A**nxious, **L**onely and **T**ired.

Bored: “An idle mind is the devil’s workshop” – Boredom is a common opportunity to begin craving the Internet. If you’re bored, get up and do something.

Anxious: Pent-up stress can be major motivator for going online. Regularly managing anxiety is essential for maintaining healthy Internet use. Consider 20 minutes of cardiac aerobic activities every other day (be sure to check with your primary care first). Physical exercise, healthy diet, and setting limits for work are key elements of anxiety management.

Anger: If anger is a problem, be sure to take active steps to deal with it in a proactive manner. This helps to “keep short accounts” and avoid fueling your drive towards the internet.

Lonely: This is a difficult feeling for the sexual compulsive to handle. Have an action plan available. Some suggestions:

1. Go to a public place such as a mall, restaurant, etc.
2. Call someone.
3. Plan ahead to avoid alone time gaps such as weekends or when the partner may be out of town.
4. Exercise
5. Help someone else with a project.
6. Go to a meeting, church or other social gathering.
7. Pray
8. Ask others what they do.

Tired: Living at “the speed of life” creates fatigue. Tiredness can lower resistance to the point of “who cares.” Going online is a default that becomes fully activated when fatigued. To prevent tiredness, eat right, exercise, and get regular sleep and consider working “power naps” into your day.

Prescriptive Masturbation

Doug Weiss, *101 Freedom Exercises: Christian Guide for Sex Addiction Recovery* (modified)

Masturbation is one of the areas in sexual addiction recovery that must be discussed and managed for a successful recovery. For most sex addicts, masturbation is the first sexual experience they were exposed to and it continued throughout early adolescence and young adulthood. Many have hundreds if not thousands of hours of repeating the fantasy states compounded by masturbation. Some have created psychological, spiritual and /or biological dependence on this ritualistic sexual conditioning. It is for this reason masturbation must be taken very seriously. For most addicts, it is the foundation of their sexual addiction and remains a consistent reinforcement and can lead to reinforced fantasies. Reinforced fantasies lead to sexual behavior eventually.

It is my experience that the sex addict will seek out anything put into fantasies and then act it out if the fantasy is reinforced by masturbation. This may take one to two years but as one youth pastor said who currently is in jail for child molesting, "I didn't think I'd ever actually do it."

Sexual addiction recovery groups, depending on which group you attend, allow you to decide for yourself the behaviors you choose to recover from. This decision is very important for your recovery, so get as much information and feedback as possible. If you see a pattern in which masturbation leads to other acting-out behaviors, you may want to consider abstinence from masturbation, especially if you have a relational outlet for sex (i.e. your wife or husband).

For those that are married, you may consider reconditioning your sexuality to relational sex only. This will force you to grow and develop a much better sexual life with your partner.

For others that are single, divorced or have no sexual outlet, you may want to consider some boundaries that other sex addicts have chosen to maintain sobriety around masturbation.

1. Pick a day of the week and only be sexual with yourself on that day.
2. When you feel the urge to masturbate, postpone behaviors for 48-72 hours.
3. Absolutely no pornography or other materials.
4. Consider either no fantasizing or determine appropriate boundaries of fantasies with your sponsor or therapist.
5. Use the masturbation checklist.

Masturbation Check List

| | Yes | No |
|--|-----|----|
| Am I trying to medicate a feeling? | | |
| Am I confused about what I am feeling? | | |
| Do I feel I can wait 48-72 hours to masturbate | | |
| Am I responding to a picture, movie, or fantasy? | | |
| Am I violating a boundary that I set for my recovery? | | |
| Do I have a legitimate relational sexual outlet? | | |
| Do I plan to fantasize during masturbation? | | |
| Will I feel badly about myself afterwards? | | |
| The last time I did this, did it send me on a binge of acting out? | | |
| Will I want to keep this a secret? | | |
| Am I using this as a stress release? | | |

Yes to any of these questions may be a consideration to postpone masturbation for another time.

Three-Point Strategies: FIRE-ESCAPES

Fire Drills

Three-Second Rule

Proactive Masturbation

Thought-Stopping: Retraining the Brain

Doug Weiss, *101 Freedom Exercises: Guide for Sex Addiction Recovery* (modified)

Your brain has been conditioned neurologically to your sexual behaviors. Every time you go think about sexually acting out, your brain receives a rush of feel good chemicals that include Dopamine, Norepinephrine, Serotonin, Endorphins, Adrenaline, Oxytocin, and/or Vasopressin. The primitive brain has no morality. It just knows that when it gets a rush of what I call “brain cookies,” (or chemicals) it feels good. The rush could be from heroin, sky diving, sex or cocaine, but whatever has caused the rush, the brain as an organ would not have a moral dilemma on how it got this rush.

After chronic sexual behaviors, the compulsive begins to develop neurological pathways in the brain. The brain as an organ, adjusts to getting its neurological need met by the cycle of going into a fantasy state and receiving a rush of “brain cookies”.

As part of recovery from sexual compulsions, you must retrain your brain to not connect thinking about destructive sex with these “brain cookies.” To stop this you will need a biological reconditioning cycle.

Place a rubber band on either wrist and when you start to obsess or fantasize about sex, snap the rubber band on the inside of your wrist. If you’re alone at the time, say “STOP” out loud. If you’re in public, say “STOP” in your mind. These steps set up a cycle in your brain that says “fantasy = pain” instead of “fantasy = pleasure.” The body is designed to avoid pain, and so this will reduce the amount of obsessions that you are having and eventually lessen the thoughts so you can focus on your recovery.

The average person who is very consistent with this reconditioning exercise of the brain finds about 80% of the obsession subsides within the first thirty days and if continued throughout the first 90 days. This is a great exercise to truly “take your thoughts captive.” You deserve a clean thought life and a retrained brain, and with consistency, you can have it.

If someone asks you why you have the rubber band on, tell them you are stopping some negative self-talk. This exercise is very effective tool in early recovery. Aspirin, Vitamin B6 and B12 can also be used as thought-stopping techniques.

The Card

(Doug Weiss, *101 Freedom Exercises: Guide for Sex Addiction Recovery*, modified)

The Calling Card. Write out the phone numbers of at least 5 to 10 people who can support your sobriety. When feeling tempted, pull out your phone card and call someone. Keep phone numbers in your wallet, house & office so you can call anytime.

The Cost Card. On the backside of a business card-size paper write at the top the word “COST” and list out some of your most significant past and future losses. Write yourself some notes that only you would understand and place this in your billfold. When you start to feel the compulsion try to talk you into acting-out online, pull out your card and talk back. Having the facts puts truth on your side and you can escape from relapse.

The Reward Card. On the other side of the “Cost Card” write some of the rewards you see for your family, health, spiritual life, and career if you maintain healthy online behaviors. Be as specific as possible in your rewards (staying married, seeing your children grow up, better sex).

Letter to Yourself

Modified from Patrick Carnes, Facing the Shadow

Imagine you were your own sponsor writing a letter to yourself just at the time you want to act out online. What would you say? By writing the letter and carrying it with you, you have a significant resource to pull out at the last minute. Take it to your group. Have sponsors and group members write notes on the letter itself. Then when you read it, you will have their support as well.

Instructions:

Address it from you to you. Include the following:

1. What are the probable circumstances under which it is being read?
2. What are the consequences if you ignore the letter?
3. What would you really need at the time of a slip?
4. Give criteria for behavior that is real clear for yourself.
5. What is the hope if you don't act out?
6. What is at stake if you do -what is the plea you need to hear at this moment?

Here's an example:

Dear Chris,

When you feel the urge, pull out this letter. Chances are if you are reading it, there is a pleasurable thrill of the thought of doing something online. Please read to the end because if the thought is about acting out, chances are you are alone in contemplating it. So please read. Each time is the same. There is the thought, the pleasure. There is the anger, the loneliness, the feelings of entitlement. But remember, every time it is the same; you will regret terribly what you now want to do.

- You will have to worry about being caught.
- You will despair over your broken commitments.
- You will feel pain at the people you use.
- You will have to tell lies to cover up - always there are lies.
- You will have suicidal feelings.
- You will place all your career success in jeopardy.
- You are always disappointed.
- You will lose yourself for hours.

Right now your addict is seducing you with promises that won't work. So figure out what you need:

- Are you hungry or tired?
- Are you angry,
- Are you overextended?
- Are you needing care?

Find whatever you need and get it. Do not do the one thing that will make all of the above worse. The question is, if everybody could see what you are about to do, would you still do it? You are lovable and worthwhile. You deserve getting your needs met in a way that respects you. Imagine spirituality that is peaceful, graceful, vibrant, and growing - not what you are about now.

Please listen to yourself. You know that it won't happen for you by acting out. Think of all the faces of those in the past. Do not kid yourself. Instead, love yourself enough to let it pass - let go. Call someone.

Love,

Chris

First Aid Kit

Modified from Patrick Carnes, *Facing the Shadows*

Make yourself a psychological emergency first-aid kit. Place in a small box things that provide your life with meaning. Suggestions include:

- symbols of recovery, including medallions, tokens, and other items that remind you of significant moments in your recovery
- pictures and mementos of loved ones
- scripture and spiritual items
- copies of pages out of a recovery book
- letter to yourself
- favorite affirmations, meditations, quotes
- phone numbers of peers and sponsors
- any items that represent personal meaning to you
- tapes of special music
- aspirin, vitamin B6, B12

Keep this kit beside your computer. If you feel you are about to relapse or already have slipped, pull out the kit to get support for what you need to do. (Carnes, 2002)

Three-Point Strategies: RESTORATION (*"The Day After"*)

Reflect on the Motivators

Affirm self for the gains made and learn from mistakes

Connect to those who know their struggles

Counseling / Groups

Go back over helpful readings

Burn some bridges

Interventions
for the
Excitement
and
Comfort
Motivators

“THE NEO CORTEX” Intelligence and Reason

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Time Perception

Inhibition: “No”

Sense of Self: “I”

Voluntary Muscle Control

Cognitive Language
Visual Imagery

The Pleasure Center

“THE PRIMITIVE BRAIN”
Automatic Functions: Body Temp.,
Breathing, Digestion, Heart
Survival: Water, Food, Sex,
Pleasure, Fear - “Fight or Flight”
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Your Guide to Never Feeling Tired Again

By Nancy Rones, WebMD Feature from "Redbook" Magazine, Originally published on March 1, 2007

22 ways to tackle life's biggest energy zappers.

Every day, 2.2 million Americans complain of being tired. Most of us chalk it up to having too much to do and not enough time to do it in, especially during extra-busy periods. But often the true culprits are our everyday habits: what we eat, how we sleep, and how we cope emotionally. Read on for some simple, recharging changes that can help you tackle all of the energy stealers in your life.

Energize Your Diet

Why is it that filling up on pasta or Chinese food for lunch leaves us snacky and sleepy an hour later? Or that falling short on fluids makes us forgetful and foggy? Fact is, eating habits play a powerful role in how well we function on every level. Below, six top fatigue-fighting nutrition strategies to chew on.

- **Have breakfast... even if you don't feel hungry.** You'll be a lot perkier: Studies show that people who eat breakfast feel better both mentally and physically than those who skip their morning meal. British researchers at Cardiff University even found that spooning up a bowl of breakfast cereal every morning is associated with lower levels of the stress hormone cortisol.
- **Eat every three to four hours.** Having three smallish meals and two snacks throughout the day can keep your blood sugar and energy levels stable all day long, says Roberta Anding, R.D., a spokesperson for the American Dietetic Association (ADA). Note the word "smallish." Supersized meals demand more of your energy to digest, which can leave you feeling lethargic. At each mini-meal, get a mix of carbohydrates (which the body uses for energy), protein (which helps sustain energy if needed), and healthy fats like those found in fish, nuts, and olives -- these fats and protein contribute to meal satisfaction, so you don't go hunting for sweets an hour later and wind up with a short-lived sugar high and subsequent crash. A few meal ideas: a low-fat yogurt parfait with berries and a couple of tablespoons of whole-grain granola; salmon over mixed greens with whole-grain crackers; and beef tenderloin with a baked sweet potato and asparagus.
- **Fill up on more fiber.** Fiber has a time-releasing effect on carbs, so they enter your bloodstream at a slow and steady pace, giving your energy staying power, says Anding. When choosing your mini-meals (see above), include fiber-filled options that add up to the daily recommended 25 to 30 grams of fiber (the average person gets only between 10 and 15 grams). Some suggestions: a bowl of raisin bran (5 grams of fiber per cup); black beans and cheese wrapped in a multigrain tortilla (beans have 7.5 grams per 1/2 cup; one tortilla has 5 grams); air-popped popcorn (3.6 grams per 3 cups); an apple with the skin (3.3 grams); and whole-wheat spaghetti (6.3 grams per cup).
- **Fuel your brain with omega-3s.** Found in fatty fish (such as tuna and salmon), walnuts, and canola oil, these essential fatty acids play a role in keeping brain cells healthy and helping you feel mentally alert. Another potential bonus: Omega-3s encourage the body to store carbs as glycogen — the storage form of glucose (blood sugar) and the body's main source of stored fuel — rather than as fat.
- **Stay hydrated.** Water makes up the majority of your blood and other body fluids, and even mild dehydration can cause blood to thicken, forcing the heart to pump harder to carry blood to your cells and organs and resulting in fatigue. Also, ample fluids keep energy-fueling nutrients flowing throughout the body, says Nancy Clark, R.D., author of *Nancy Clark's Sports Nutrition Guidebook*. To gauge your hydration, Clark recommends monitoring how often you urinate. You should be going every two to four hours, and your urine should be clear or pale yellow in color. Tip: Besides drinking more, you can also consume foods that naturally contain water, such as yogurt, broccoli, carrots, and juicy fruits, like watermelons, oranges, and grapefruits.
- **Watch caffeine intake after noon.** Typically, consuming a moderate amount of caffeine — 200 to 300 mg, the amount found in two to three cups of coffee — can make you more energetic and alert in the hours following, says Anthony L. Komaroff, M.D., a professor of medicine at Harvard Medical School. But when caffeine is consumed in large quantities — or anytime in the afternoon or evening — the quality of your sleep that night can take a nosedive, leaving you with heavy eyelids the next day. One caution for those who are highly sensitive to caffeine: Although switching to a decaf latte in the afternoon sounds like the answer, researchers at the University of Florida found that out of 22 decaffeinated coffee beverages tested, all but one contained some caffeine.

Energize Your Spirit

- We're all familiar with physical exhaustion, but mental strain — sadness, boredom, worry, anger, and general stress (the biggie) — can take an even heavier toll on vitality, completely wearing you out. Life happens, and these difficult emotions will, too. But if you react wisely, your brain and body will rebound — along with your vim and vigor.
- **Splash some water on your face or take a shower when you're feeling burned-out.** Some 55 percent of study participants reported using these types of "water therapy" to successfully increase their energy, according to findings in the *Journal of Personality and Social Psychology*. Apparently, a little H₂O refresher can instantly help take the edge off when you're feeling overwhelmed.
- **Suit up in a "power" outfit to beat the blahs.** Fight the tendency to throw on sweats when you're feeling sluggish. Although it may seem counterintuitive to slip into the skirt you save for special occasions, it helps to look in the mirror and see an energizing image — not a deflating one that confirms and reinforces your internal state, says Alice D. Domar, Ph.D., founder and executive director of the Domar Center for Complementary Healthcare in Waltham, MA. Dressing for success will give you a big mental boost every time you catch sight of your reflection (or receive a compliment) throughout the day.
- **Vent your feelings.** Keeping fear, anxiety, and stress pent up inside may seem like a grown-up way to deal with these emotions. But discussing negative feelings with another person can ease them far better than keeping them bottled up; by airing them, you reduce their ability to sap your stamina, says Komaroff, who is also the editor-in-chief of the *Harvard Health Letter*.
- **Turn on some tunes.** Listening to music is one of the most effective ways to change a bad mood, decrease tension, and increase energy. Consider this: Runners in one study who listened to music while on the treadmill ran faster than those who jogged in silence — no matter how loud the volume or how fast the tempo, according to new findings in the journal *Ergonomics*. Other research suggests that music effectively distracts you from feeling fatigue. Try burning a CD of your favorite songs and playing it anytime you need a pick-me-up. (If you exercise, so much the better — but the music will move you either way.)
- **Let go of grudges.** Nursing a grudge prompts your mind and body to react as if they're under chronic stress, increasing your heart rate and blood pressure and potentially resulting in an impaired immune system and exhaustion over time, according to a study in the journal *Psychological Science*. On the other hand, practicing empathy and forgiveness after you've been wronged makes you feel as if you're back in control, which keeps the body's stress responses in check. The next time you find yourself harboring ill feelings, repeat a stress-relieving mantra to yourself, such as, "Forgiveness makes me a happier and stronger person."
- **Take belly breaths.** When we're under stress, we're prone to take "chest breaths" — short, shallow ones, says Domar. Chest breathing brings less air into the lungs and reduces the supply of energizing oxygen to the body and brain, leaving you physically and mentally drained. The goal is deep, diaphragmatic breathing — like that of a sleeping infant: When you breathe in, your belly should round and fill like a balloon; on an exhale, your belly should slowly deflate. Of course, remembering to practice deep breathing isn't the first thing on your mind when you're under the gun, so as a visual reminder, try posting a tranquil picture (such as a pool of water or your kids smiling) with the word "breathe" next to your computer, or anywhere you tend to feel on edge.
- **De-clutter a corner.** Go through that teetering pile of papers or overflowing closet and clear it out. Clutter can make you feel out of control and overwhelmed, especially when you're already feeling stressed or down. Plus, simply accomplishing a goal, no matter how seemingly minor, can be energizing, says Domar.
- **Do some good.** Acts of altruism can lend a little pep to your step. In fact, one study in the *Journal of Health and Social Behavior* found that volunteer work can boost your energy in six ways: It enhances happiness, life satisfaction, self-esteem, sense of control over life, physical health, and mood. Find short- and long-term volunteer opportunities at volunteermatch.org and charityguide.org.
- **Get a Restorative Rest**
- When you have a lot to do (um...always), usually the first thing to get squeezed off your agenda is sleep. But miss out on shut-eye and your energy, positivity, productivity, and memory are sure to suffer. And nearly a quarter of American adults aren't getting enough rest, which has led to an epidemic of daytime

sleepiness, according to a poll by the National Sleep Foundation. The key to bucking this trend is to brush up on sleep hygiene. Try these steps for starters.

- **Cut back on TV and computer time after 8 p.m.** If you're already a night owl (you go to bed late and sleep in on weekends), the bright light emitted from television and computer screens can make falling asleep at a decent hour even harder. The reason: Light suppresses the production of melatonin, a hormone secreted at sunset that tells the brain that it's nighttime, explains John Herman, Ph.D., director of the training program in sleep medicine at the University of Texas Southwestern Medical School at Dallas. And when melatonin levels are low, your brain is fooled into thinking that it's still daytime — and remains raring to go. Whenever possible, wait until the next morning to tune in and/or log on. If you must use light-emitting technology at night, try to turn it off an hour or two before hitting the sack.
- **Hide your alarm clock.** Watching the clock to see how long it's taking you to drift off or how much time you have left before your alarm goes off can result in a poor night's sleep, says Kelly A. Carden, M.D., medical director of the Sleep Health Center Affiliated with Hallmark Health at Medford in Medford, MA. This hypervigilance keeps the brain awake and alert and prevents you from slipping into deep, restorative sleep. The easy fix: Set your alarm clock, then either face the numbers away from you or put it on the floor, in a drawer, or across the room.
- **Give your pet his own separate sleeping space.** At night, pets snore, jiggle their tags, move around a lot, and even hog the covers and bed space. It's no wonder that 53 percent of pet owners who sleep with their pets in the bedroom have some type of disrupted sleep every night, according to a study from the Mayo Clinic Sleep Disorders Center in Rochester, MN. Consider relocating your furry friend's sleeping quarters to another area, even if it's just his own bed in your bedroom.
- **Lower the thermostat.** For a good night's sleep, make sure your room is comfortably cool — enough so that you need a light blanket. This ensures that your environment is in sync with your body's internal temperature, which naturally drops during the night, according to the National Sleep Foundation. Studies suggest the ideal sleeping temperature is between 54 and 75 degrees; anything cooler or warmer may cause you to wake up.
- **Skip the nightcap.** Alcohol depresses the nervous system — the system of cells, tissues, nerves, and organs that controls the body's responses to internal and external stimuli. So while sipping a glass of wine before bed may help you nod off, the sedative effects wear off as your body metabolizes the alcohol, which may cause you to wake up in the middle of the night and have trouble falling back to sleep. Alcohol has also been shown to interfere with the body's natural 24-hour biorhythms, causing blood pressure to rise and heart rate to race at night when it's normally calm and relaxed. You don't have to give up that evening cocktail entirely to achieve sound sleep — just try to avoid alcohol within two to three hours of bedtime.
- **Get your exercise.** While scientists don't yet understand why, aerobic exercise has been proved to help you fall asleep faster at bedtime, spend more hours in deep sleep, and wake up less often throughout the night, says Komaroff. At the same time, vigorous exercise can act like a stimulant (which is a great daytime energizer), so schedule your workouts in the morning or afternoon, when you need a boost the most.
- **Follow the 15-minute rule.** If you can't fall asleep, or if you wake up and can't get back to sleep within about 15 minutes, get out of bed and do something relaxing that will help clear your head, such as reading, meditating, or knitting (but not watching TV or surfing the Web). Then, once you feel sleepy again, go back to bed. If you stay put and fret about being awake, you'll only make yourself more anxious — and less likely to catch the z's you need.
- **Write down your worries.** During the day, jot down any stressors that are weighing on you, says Carden. Then, do some mental problem-solving before your head hits the pillow — or, if you're falling short on solutions, tuck your list away and resolve to brainstorm ideas during your morning shower or commute to work. Just knowing you've established a plan for tackling your to-do's will make you feel like you've made some progress, allowing you to relax, drift off — and wake up the next morning ready to take on the day.

TEN SUGGESTIONS FOR HEALTHY SLEEP HABITS, by Rubin R. Naiman, Ph.D.

- 1. Simulate Dusk:** Create a simulated "dusk" experience beginning at least an hour before bedtime. Be sure to dim the lights. In nature, night does not "fall," it gradually descends. It is natural to slow down as it gets dark. Keep enough light on to do what you need, but no more. You can even dim the brightness of your TV screen. Also, let yourself wind down. Consider bathing, changing into night clothes, and shifting your attention to a quiet, soothing activity. Read, write in a journal, meditate. Don't work.
- 2. Schedule Sleep:** Establish a very regular bed and rising time and adhere to this even through weekend and holidays. If you must change one, try not to change your rising time. The brain seems to use this time as a "marker" for regulating sleep and waking cycles. Schedule a sufficient sleep length to keep you energized through the day. Napping is not advisable when one is struggling with insomnia. When sleeping is normal, naps may be quite helpful since most people do not get enough sleep at night.
- 3. Forget Time:** Never watch the clock at night. Checking the time repeatedly when one is unable to sleep is a very common practice, but not a helpful one. Watching the clock is a common daytime activity for most people and doing so at night can create a daytime frame of mind, contributing to wakefulness. Turn the clock away. Better yet, get it away from the bed. It is possible that electric clocks emit a level of electromagnetic energy which interferes with the brain's production of melatonin and, thereby, inhibits sleep.
- 4. Let Sleep Come:** There are no sleep *techniques*. Although it is common to say or think "I'm going to get to sleep," there, is actually nothing one can do to get there. After a long day filled with *doing* this and that, the tendency is to try to *do* sleep. Sleep is grace, it is a gift from the unconscious. We cannot chase or grab hold of it, and if we try, we lose it. It is normal for the mind to engage in some activity as we are falling asleep. Just notice it. You don't need to stop this. There is nothing you need to do to sleep.
- 5. Keep the Bed "Sacred":** Try to minimize activity in and around the bed. A few minutes of reading or television is fine if it tends to get you drowsy. Don't get engrossed in a great novel or a movie, however. Sex will not interfere with sleep but other activities in bed can contribute to insomnia. Avoid working or eating in bed. Refrain from long phone conversations and lengthy discussions with a bed partner. Generally, try to keep the bed "sacred" for sleep.
- 6. Optimize Your Sleep Environment:** Make sure your bedroom is completely conducive to sleep. The sleep environment should be quiet, comfortably cool, dark, and feel safe. Background noise can be masked by a fan, a "white noise" machine, or earplugs. Avoid falling asleep with the TV or radio on. Blackout curtains or sleep masks can help keep it dark. Nighttime vigilance can be minimized by assuring that one feels completely safe in the-bedroom. Security systems and pets are often useful in this regard. Also, make sure your mattress is comfortable and in good condition.
- 7. Eat to Sleep:** Eating habits can have an important impact on your sleep. Eating late and heavy meals can interfere with sleep quality. In general, it is advisable to eat evening meals which are lighter (lower in fats and protein) and emphasize complex carbohydrates. A glass of warm milk and other whole protein recipes for sleep probably do not help. Complex carbohydrate snacks like a slice of wheat toast, dry popcorn, or a banana will promote sleep.
- 8. Exercise to Sleep:** Numerous research studies have shown an important correlation between exercise and sleep. Although there is individual variation, in general, it is advisable to get a minimum of forty-five minutes of aerobic exercise about three times per week. Exercise becomes an even more important factor in sleep as we age. Keep in mind that exercise tends to raise body temperature and that sleep requires a drop in body temperature. It is important to allow sufficient time, up to six or more hours for some people, for a drop in body temperature to occur or it can interfere with the onset of sleep. So don't exercise towards the latter part of the evening.

9. Moderate the Use of . . . Alcohol, caffeine, and tobacco, are a part of everyday life. Although all of these substances may be enjoyable for some, they all can have a profound negative impact on sleep. Alcohol is a depressant and could help induce drowsiness. Unfortunately, as its effects wear off, usually during sleep. This commonly disrupts the quality of sleep and even causes awakenings. As a rule of thumb, drink less, drink with food, and drink earlier. Caffeine in the form of coffee, tea, or soft drinks has a relatively long-lasting effect on the body. Even small amounts can affect sleep in some people. It may be best to curtail its use by mid-afternoon. Tobacco, like caffeine, is a stimulant and can contribute to insomnia. Obviously, it is best not to smoke, but, if you must, avoid doing so at night.

10. Be Careful with Sleeping Pills: Both prescription and over-the-counter sleeping pills are designed only for short-term use. Most sleeping pills do not actually produce a normal pattern of sleep and many are habit forming. Many millions of people have become dependent on sleeping pills. In fact, withdrawal from these medicines has become a major cause of insomnia today. Always discuss medication issues with your physician. Use the above suggestions to improve sleep and reduce dependence on sleeping pills.

Interventions for Affirmation and Belonging

Sponsor/Accountability

12-Step Groups

Sexaholics Anonymous (www.sa.org)

Sex Addicts Anonymous (www.saa-recovery.org)

Sexual Compulsives Anonymous (www.sca-recovery.org)

Sex and Love Addicts Anonymous (www.slaafls.org)

Celebrate Recovery (www.celebraterecovery.com)

Codependents of Sex Addicts (www.cosa-recovery.org)

Recovering Couples Anonymous (www.rca-recovery.org)

Therapeutic Groups

Spouse / Partner

Helpful Organizations

| Name | Description | Contact Info |
|--|---|--|
| American Foundation for Addiction Research (AFAR) | AFAR is dedicated to fostering scientific research, understanding and disseminating the knowledge of the causes and nature of addictive disorders. | addictionresearch.com |
| <u>APA Lesbian, Gay, and Bisexual Concerns</u> | The American Psychological Association's division for addressing gay and bisexual issues. | 750 First Street, NE. Washington, DC 20002 |
| <u>Breaking Pornography Addiction</u> | Practical suggestions for overcoming porn addiction. Includes a supportive, monitored BBS and helpful books | no-porn.com |
| Patrick Carnes website | Dr. Patrick Carnes' web site, with information and references on sex addiction. | sexhelp.com |
| Celebrate Recovery | Christ-centered recovery groups that meet in churches. | celebraterecovery.com |
| Christian Alliance for Sexual Recovery | Consultation, workshops, and training institutes for the worldwide Christian community for individuals and families impacted by pornography and sexual compulsion. | casr.org (888) 435-7467 |
| Christian Recovery International | A coalition of ministries dedicated to helping the Christian community become a safe and helpful place for people recovering from addiction, abuse and or trauma. | christianrecovery.com |
| Codependents of Sex Addicts (COSA) | A twelve step program for anyone whose life has been impacted by compulsive sexual behavior. | (763) 537-6904 cosa-recovery.org/ |
| <u>Cyber Sex Addicts Anonymous</u> | A support group dedicated to helping people addicted to sex chat. | cyberaa.com |
| Exxit | A ministry that provides resources such as 3-minute online Bible studies to help online sexual addicts | Exxit.org |
| Cybersexualaddiction | This website, jointly hosted by Rob Weiss, Dr. Schneider, Dr. Carnes, Dr. Delmonico and Elizabeth Griffin, is devoted to information about cybersex addiction. | cybersexualaddiction.com |
| Exodus International | For those seeking to abstain from homosexual behaviors. A Christian resource | exodus-international.org (415) 454-1017 |
| <u>Families Damaged by Pornography</u> | Message board at ParentSoup on iVillageOnline. Support group for recovering addicts and their loved ones affected by porn addiction and related issues. | boards.parentsoup.com/messages/get/psfamiliesandporn45.html |
| <u>Family/ Friends Affected by Sex Addicts</u> | A recovery-based support group for those affected by a loved one's sexual addiction with links to on-line meetings and to various posting forums. | ciaracat.net/hope.htm |
| Gentle Path Press | Book publisher with many titles on sex addiction | gentlepath.com |
| Harvest USA | Newsletter and support groups to individuals and their families who are struggling with pornography and homosexuality. A Christian resource. | (215) 342-7114 harvestusa.org |
| Hazeldon Publishing | Numerous titles on sexual compulsions | hazelden.org |
| Heart to Heart Counseling Centers | Counseling services and resources by Dr. Douglas Weiss | sexaddict.com (817) 377-4278 |
| Hope and New Life | A Christian educational and equipping ministry seeking to provide a redemptive response to sexual strugglers, their families, and the Church at large. | hopeandnewlife.org |
| International Institute for Trauma & Addiction Professionals | IITAP provides the Certified Sex Addiction Therapist (CSAT) training. | iitiap.com (866) 575-6853 P.O. Box 2112 Carefree, AZ 85377 |
| The Meadows | The Meadows offers inpatient treatment for sex addiction.. | themeadows.org |
| National Association for Research and Therapy of Homosexuality (NARTH) | Professional association exploring therapy to homosexuals who desire to modify their sexual orientation. The organization is controversial, non-sectarian and scientific. | narth.com Phone: (818) 789-4440 |
| <u>National Gay and Lesbian Task Force</u> | An organization addressing gay and lesbian issues and concerns. | 2320 17th St. Washington, DC 20009 (202) 332-6483 |
| Online Sex Addict | Resource for online sex addiction. | onlinesexaddict.com |
| <u>Parents, Families and Friends of Lesbians and Gays (PFLAG)</u> | An advocacy and support group for gays, lesbians, and their loved ones. | 1726 M Street, NW, Suite 400, Washington, DC 20036 (202) 467-8180 |

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|---|--|--|
| Parents and Friends of ExGays and Gays (PFOX) | Outreach, education, and public awareness in support of the ex-gay community & families impacted by homosexuality. | pfox.org |
| People Can Change | A program dedicated to helping those who want to abstain from same-sex behaviors. | peoplecanchange.com |
| PornNoMore | A Roman Catholic site dedicated to ministering to those who desire to break their addiction to pornography. | pornnomore.com |
| Psychological Counseling Services | National treatment program run by Ralph Earle and Marcus Earle. | (480) 947-5739 www.pcsearle.com |
| Pure Desire | Christian-based help for sexual addiction with books, seminars, and assistance to local churches. | puredesire.org |
| Pure Intimacy | <i>Focus On The Family's</i> web site for sexual issues, including the problem of online pornography and affairs. | pureintimacy.org |
| Pure Sight | The world's leading technology in filtering and tracking of the internet and cell phones. | puresight.com |
| Renewal from Sexual Addiction | A Christian 12-step recovery program for those who are struggling with compulsive sexual behavior. | rsaministries.org |
| Safer Society Foundation and Press | The Safer Society Foundation, Inc. is a national research, advocacy, and referral center on the prevention and treatment of sexual abuse. | saferociety.org |
| Setting Captives Free | Offers a free, Christian-based, 60-day online course to find freedom from pornography. | settingcaptivesfree.com |
| Sex Addicts Anonymous | A 12-Step fellowship of men and women. | www.sa-recovery.org |
| Sexaholics Anonymous | A 12-Step fellowship of men and women. | (615) 331-6230 http://www.sa.org |
| Sexual Addiction Recovery Resources | A listing of print resources and seminars. | sarr.org |
| Sexhelp | Dr. Patrick Carnes' web site. | sexhelp.com |
| Sexual Compulsives Anonymous | A 12-Step fellowship of men and women. | (800) 977-HEAL sca-recovery.org |
| Sexual Ethics and the New Testament | A survey of the different views held by Christians regarding issues such as dating, premarital sex, and masturbation. | rustyparts.com |
| Sexual Recovery | Information on sex addiction and describes Robert Weiss's treatment program for sex addiction. | sexualrecovery.com |
| Sexual Recovery Anonymous | A 12-Step fellowship of men and women. | (212) 340-4650 sexualrecovery.org |
| Sex Struggles | Dr. Paul Simpson's website, with information and resources on sex addiction. | Sexstruggles.com |
| Sisters United Against Pornography | A place for Christian women whose husbands are addicted to pornography. Includes resources and a message board. | jenny2420.tripod.com/sistersunitedagainstpornography |
| SLAA Online Group | A 12-Step fellowship of men and women. | slaafws.org |
| Society for the Advancement of Sexual Health (Formerly <i>National Council on Sexual Addiction and Compulsivity</i>) | Contains basic information about sex addiction, position papers, and a list, by state, of therapists and counselors who are knowledgeable about sex addiction. | ncsac.org |
| Women and Sexual Shame Workshops | Intensive workshops exclusively for women with sex compulsions. A Christian resource | healingforwomen.org (615) 269-6220 |
| XXX Church | Online help resources, including a free internet tracking program. Christian resource | Xxxchurch.com |

THE FIVE LOVE LANGUAGES

A summary of Dr. Gary Chapman's principles

The First Love Language: *Words of Affirmation*

Verbal compliments, or words of appreciation, are powerful communicators of love. They are best expressed as straightforward statements of affirmation. The object of love is not getting something you want but doing something for the well-being of the one you love. But when we receive affirming words we are far more likely to be motivated to reciprocate.

Encouraging words means "*to inspire courage.*" All of us have areas in which we feel insecure. We often lack courage, and that lack of courage can hinder us from accomplishing the positive things that we would like to do. The latent potential within your partner in his or her areas of insecurity await your encouraging words. Encouragement requires empathy and seeing the world from your mate's perspective. We must first learn what is important to our partner. Only then can we give encouragement.

Kind words. If we are to communicate love verbally, we must use kind words. Sometimes our voices are saying one thing, but our tone of voice is saying another. Your partner will usually interpret your message based on tone of voice, not the words you use.

Words of forgiveness. Love doesn't keep a score of wrongs. Love doesn't bring up past failures. None of us is perfect. In a relationship we do not always do the best or right thing. We have sometimes done and said hurtful things to our partner. We cannot erase the past. We can only confess it and agree that it was wrong. We can ask forgiveness and try to act differently in the future. If you have been wronged by your partner and s/he has confessed and requested forgiveness, then you have a choice. You can extend justice or forgiveness. If you choose forgiveness, intimacy can be restored. Forgiveness is the way of love. We can choose to live today free from the failures of yesterday. Forgiveness is not a feeling; it is a commitment. It is a choice to show mercy, not to hold the offense up against the offender.

Humble words. Love makes requests, not demands. While dating or in marriage, you and your mate are equal adult partners. We are not perfect to be sure. If we are to develop an intimate relationship, we need to know each other's desires. The way we express those desires, however, is all-important. If they come across as demands, we have erased the possibility of intimacy and will drive our partner away. If, however, we make known our needs and desires as requests, we are giving guidance, not ultimatums. When you make a request of your partner, you are affirming his or her worth and abilities. A request introduces the element of choice. Your mate may choose to respond to your request or to deny it, because love is always a choice. Your partner may comply with a demand, but it is not an expression of love. A request creates the possibility for an expression of love, whereas a demand suffocates that possibility.

The Second Love Language: *Quality Time*

Togetherness. Togetherness has to do with focus, giving your mate your undivided attention (not sitting on the couch watching TV together). It means that we are doing something together and that we are giving our full attention to the other person. The activity in which we are both engaged is incidental, it is simply a vehicle that creates the sense of *togetherness*.

Quality Conversation. Sympathetic dialogue involves shared experiences, thoughts, feelings, and desires in a friendly, uninterrupted context. Quality conversation focuses on what we are hearing - drawing out your partner's thoughts, listening sympathetically, asking questions (*who, what, how, where, gentle why*) with a genuine desire to understand.

Quality Activities. These can include anything in which one or both of you has an interest. The emphasis is not on what you are doing but on why you are doing it. The purpose is to experience something together, to walk away from it feeling "*My partner cares for me. S/he was willing to do something with me that I enjoy, and did it with a positive attitude.*"

The Third Love Language: *Receiving Gifts*

Gift giving. Gift giving is a universal part of the love relationship, it is a fundamental expression of love that transcends cultural barriers. You must be thinking of someone to give them a gift, and the gift itself is a symbol of that thought. It doesn't matter whether it costs money, gifts may be purchased, found, or made. What is important is that you thought of your partner. And it is not just the thought implanted in the mind that counts, but the thought expressed in actually securing the gift and giving it as an expression of love.

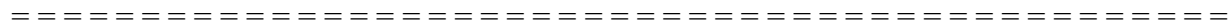
The Gift of Self. The gift of self (or presence) is an intangible gift that can speak more loudly than a gift that can be held in one's hand. Being there when your partner needs you is a priceless gift, your body becomes the symbol of your love.

The Fourth Love Language: *Acts of Service*

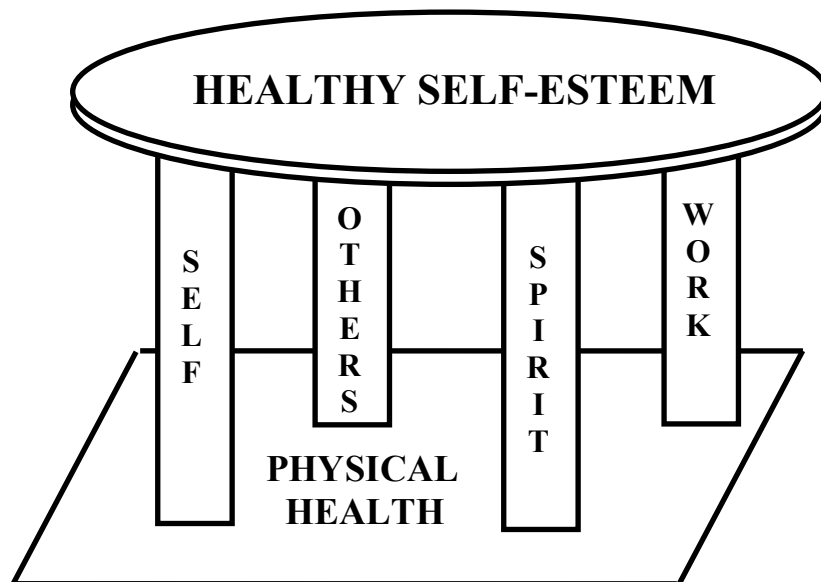
Acts of Service means doing things you know your partner would like you to do. You seek to please them by serving, which requires thought, planning, time, effort, and energy. But requests for service cannot be demands, manipulation by guilt or coercion by fear. Love is a choice and cannot be coerced. Each of us must decide daily to love or not to love our partners. If we choose to love, then expressing it in the way in which our partner requests will make our love most effective emotionally.

The Fifth Love Language: *Physical Touch*

Physical touch is a fundamental expression of love and meets an essential biological need within each of us. Holding hands, kissing, embracing, back rubs and sexual intimacy are all ways of communicating emotional love to your partner. Since touch receptors are located throughout the body, lovingly touching your mate just about anywhere can be an expression of love. But remember your touch does not always need to be sexual in nature or intent.



The Four Life Challenges



| | |
|---|--|
| <p>Relationship with Self . . . - practical self-care & nurture - a balanced voice of grace and authority - congruency of stated values & actions. - finding oneself in the right priority</p> | <p>Relationship to Spirituality: A sense of . . . - being at peace with God / Higher Power - feeling a higher purpose / plan in your life - Someone who is a priority above yourself - Someone who has the events of life under control</p> |
| <p>Relationship with Others . . . - healthy relationship with a significant other - healthy relationships with family (past and current) - healthy relationships with support network - an identity within the world</p> | <p>Relationship to Work: A sense of . . . - special purpose & calling - valuable contribution and appreciation - inner passion - developed mastery</p> |

Interventions for Power and Helplessness

The Irony of Pursuing Power: Taking Account Of Powerlessness:

The client gives three or more examples regarding sexual compulsions to a series of statements. Some samples, taken from Patrick Carnes, *A Gentle Path Through the Twelve Steps* include:

1. Trying to control my behavior
2. Lying, covering up, or minimizing my behavior
3. Trying to understand or rationalize my behavior
4. Feeling guilty or shameful about my behaviors
5. Effects on my emotional health/self-esteem
6. Effects on my social life
7. Effects on my school or work life
8. Effects on my character, morals, or values
9. Effects on my spirituality
10. Effects on my financial situation
11. Has my preoccupation led to insane or strange behavior?
12. Has my preoccupation led to accidents or other dangerous situations?
13. Have I made promises to myself that I have broken?
14. Have I tried to manipulate people into supporting my compulsions? How?
15. Have I given up my hobbies and interests? What were these?

“Finding Your *True Voice*”

Situation: _____

| | Passive | Aggressive | Passive-Aggressive | Active |
|-----------------------------------|---------|------------|--------------------|--------|
| Thoughts | | | | |
| Action or Inaction | | | | |
| Probable Results | | | | |

Learn Your Compulsive “Voice”

Modified from Doug Weiss, *101 Freedom Exercises: Guide for Sex Addiction Recovery*

If you listen carefully, the compulsive part of you has a “voice” that attempts to rationalize inappropriate behaviors, put off self-care, and refuses healthy accountability and lifestyle changes.

Become more aware of this voice inside of you and learn to talk back to it. You can do this by keeping a journal. Practice writing messages from the “Compulsive Voice” and counter-responses from the “recovering you.” You can also do something called the “two-chair” technique. Sit in one chair that represents the compulsive-voice and talk out-loud about abstinence and acting out. Notice how natural, familiar and smooth-talking your compulsive-voice is. Notice your feelings as you sit in this chair. Now, switch into a second chair (facing the first) and talk back to the compulsive with reason, scripture and truth. Dare to make fun of your compulsive-voice’s twisted logic and rationalizations. Notice your thoughts and feelings as you sit in this second chair.

Compulsive Voice:

Healthy Response:

Compulsive Voice:

Healthy Response:

Compulsive Voice:

Healthy Response:

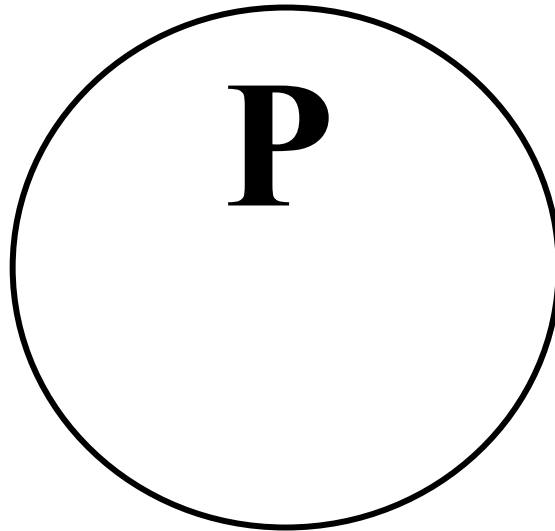
Compulsive Voice:

Healthy Response:

Laissez-faire Parent

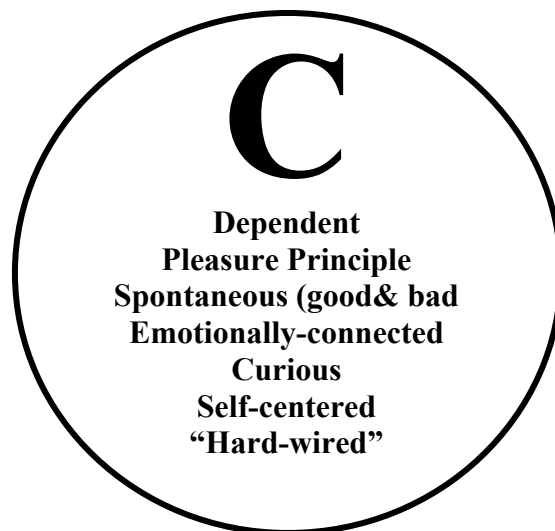
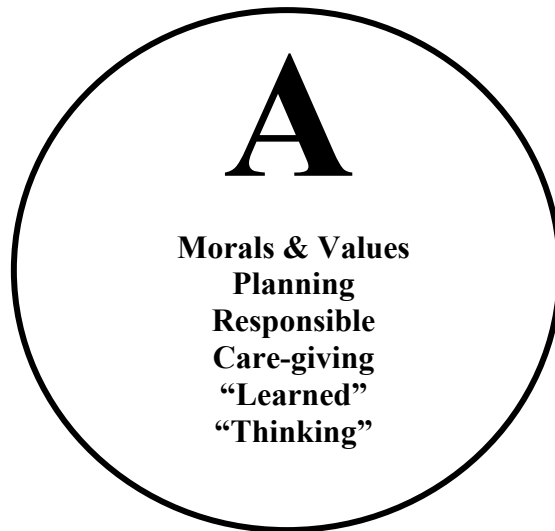
Accommodating
Uncritical
Passive
Unconditional love

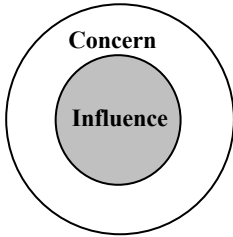
“Grace without
Rules”



Autocratic Parent

Strict
Critical
Controlling
“Rules without
Grace”





Influence versus Concern

God grant me the serenity
to accept the things I cannot change,
Courage to change the things I can,
and the wisdom to know the difference
Reinhold Niebuhr

- Step 1: List out each issue that is troubling you at this time. Try to make the issues specific.
 Step 2: Figure out what percent of the issue is within your Circle of Influence, versus Circle of Concern.
 Step 3: Under each heading, write which aspects of the issue go under that heading.
 Step 4: Under each heading, write specific thoughts and actions that would help. Be creative!

| Circle of Influence (%) | Issue | Circle of Concern (%) |
|-----------------------------|-------|---------------------------|
| Aspects: | | Aspects: |
| | | |
| | | |
| | | |
| | | |
| Thoughts/actions: | | Thoughts/actions: |
| | | |
| | | |
| | | |
| | | |

| Circle of Influence (%) | Issue | Circle of Concern (%) |
|-----------------------------|-------|---------------------------|
| Aspects: | | Aspects: |
| | | |
| | | |
| | | |
| | | |
| Thoughts/actions: | | Thoughts/actions: |
| | | |
| | | |
| | | |
| | | |

| Circle of Influence (%) | Issue | Circle of Concern (%) |
|-----------------------------|-------|---------------------------|
| Aspects: | | Aspects: |
| | | |
| | | |
| | | |
| | | |
| Thoughts/actions: | | Thoughts/actions: |
| | | |
| | | |
| | | |
| | | |

The Journey Out

Painting Pictures of Egypt (Sara Groves, *Conversations*, 2000)

Carnes' Nine Predictors of Success

1. A primary therapist
2. In a therapy group
3. 12 Stepping
4. Managing other addictions
5. Resolved childhood issues
6. Families were involved
7. Spouse / Partner was involved
8. Developed a spiritual life
9. Good health

APPENDIX A: Internet Basics

Delmonico & Griffin. www.internetbehavior.com

In order to appropriately address the issue of cybersex, clinicians must have a basic working knowledge of technology and how it is used for Internet sexual activities.

This basic knowledge will help clinicians ask the right questions, and appropriately interpret client responses. Quayle and Taylor (2002) interviewed nine practitioners regarding their knowledge of the Internet and technologies used for Internet sexual activity. All nine reported feeling a general lack of knowledge and understanding of the Internet, as well as how to manage a caseload of sexual offenders who may now have access to the Internet.

One common misconception is the Internet and World Wide Web are synonymous. However, the World Wide Web is one small part of the Internet. In fact, the most explicit and illicit materials are typically found in areas other than the World Wide Web.

World Wide Web. The most common method for accessing the Internet is through the World Wide Web (WWW). Internet browsers (e.g., Internet Explorer, Mozilla Firefox, Opera, etc.) interpret and display text, graphics, and multimedia on a user's monitor. By pointing and clicking, the user has the ability to explore the Internet in a user friendly environment. Web pages can display various forms of multimedia (e.g., photos, videos, music, etc.) and facilitate the exchange of files between computers.

Social Networking Venues. The newest and most popular Internet areas are called social networking venues. These are web-based sites that allow users to chat, send and receive email, chat, send instant messages, post bulletins, photos, information about themselves and others, and file share. One of the hottest "combo places" is MySpace.com (and facebook.com). MySpace allows individuals to post information (including photos and videos) about themselves and create lists of 'friends' that they can then communicate with via the website – all for free. MySpace and similar social networking sites earn their revenue through advertising on the pages that are produced by members.

Newsgroups. This area serves as an electronic bulletin board system where individuals post and read text or multimedia (pictures, sounds, and video) messages. There are tens of thousands of newsgroups dedicated to specific topic areas, thousands of which are used to exchange messages with sexual content each day.

Email. Email is used for direct communication with other individuals or groups of individuals. In the case of cybersex, the message may be a sexual conversation, story, picture, sound, or video. Often individuals meet in other areas of the Internet and then begin communicating via email as a way to add more privacy and security to their sexual exchanges.

Enhanced Internet Chat. Casual users are familiar with chat programs such as Yahoo Messenger, ICQ, America Online's Instant Messenger (AIM), and MSN Chat. The evolution of standard text-based chatting was transformed by software programs that allow for the exchange of files (images, sounds, and programs), simultaneous web browsing, voice chat, and videoconferencing. These chat services might be termed Enhanced Internet Chat area of the Internet.

Internet Relay Chat. Internet Relay Chat (IRC) is the largest and oldest chat area on the Internet. It is largely unfamiliar to most casual users, and typically draws in the more tech savvy. In addition

to standard text-based chatting, IRC includes a number of chat rooms that act as “file servers” to exchange various types of media, including pornography. These file servers allow users to access one another’s hard drives and trade images, music, videos, etc. There are a host of file server rooms dedicated specifically to child pornography exchange.

Videoconferencing / Voice Chatting. Over the past five years technology enhancements and the widespread availability of high speed Internet connections have increased the demand for voice and videoconferencing hardware and software. When combined with sexual behavior, a high-tech, interactive peep show results. These technologies have also been used to broadcast live sexual abuse of children, and other exploitive behaviors.

Blog or Blogging. An online web site/service where anyone can post a journal of their thoughts on any subject. . Basically, it is an open forum or communication tool that anyone, organization, or company can use to convey facts about themselves, their thoughts or opinions. Many Blogs have developed a daily following and are routinely used by corporations and political and social organizations to promote and inform on their products or cause. These can have an mature or erotic theme to them.

Virtual Social Networks. A new and lucrative area of the Internet are virtual worlds such as My Second Life, and the Habbo Hotel allow individuals to create their own persona and interact with others online in a virtual 3-d world. Members can purchase virtual property and services and earn virtual money through a variety of online acts. This type of social networking has caught the eye of corporate America and companies are now purchasing space in My Second Life and advertising and selling their products there. The Geek Squad, owned by Best Buy, Inc. is one such company.

The Red Light Center (Uthervers) is the adult MySpace and encourages members to upload explicit images and video’s to their profiles. This site combines the search for live partners with a virtual world to give members an unique experience that can lead from a fantasy world to a real world meeting.

Peer to Peer File Sharing. Software packages such as Kazaa®, Bearshare®, and Limewire®, have made file sharing a popular hobby. Casual users of this software often exchange music files, but any file can be “shared” on the network. Many of the files on these networks are pornographic in nature. These pornographic files are numerous, easily found, and can contain illegal child pornography. In fact, one study reported that 42% of all Kazaa requests were for pornography (Brown, 2003).

Skype. Free software, with a more robust pay version, which is noted for its broad range of features, including instant messaging, file transfer (peer to peer), short message service, voice and video conferencing. Through its ability to use peer to peer technology to redirect Internet traffic away from servers and its strong encryption capabilities its usage continues to grow as people look for ways to communicate from any Internet access point with speed, reliability and the perception of being anonymous.

Winamp. Is freeware (software you can use for free) that plays all types of digital movies, video clips, and music files. It also has a peer to peer capability to search for files on the Internet that are available to share from others. Winamp like other peer to peer programs give users the ability to share any type of file with another user. Since the sharing of the file is direct from one computer to another it is difficult if not impossible for law enforcement to investigate illegal images such as child pornography being traded via the software.

Online Gaming. Online destinations such as Multi-User Dungeons (MUDs) encourage participants to take on various characteristics and play out their roles in a game-like setting. A portion of these game areas are sexually charged and offer places for participants to engage in sexual conversations. Some individuals become compulsive with the fantasy, role-playing aspect of these games, whether sexualized or not. A new breed of online gaming has also taken over the market, where individuals can play on teams against others on the Internet. Although not necessarily sexual, they can create compulsivity problems of their own.

Other Areas. Other methods used to engage in cybersex or offense behavior include: Bulletin Board Systems (BBS), file transfer protocol (FTP), and telnet. These represent some of the more archaic areas of the Internet and dialup technologies, but remain problematic nonetheless. BBS systems require a user to directly dial the phone number (or telnet address) of a specific computer that allows access to chat areas and file transfers. These BBS' can be dangerous since it is difficult for law enforcement to locate and monitor them. FTP is a method of transferring files over the Internet and makes a direct connection between two computers, again, making it difficult to monitor or infiltrate. Telnet is another method of directly connecting two computers, which can then exchange files, chat or execute software programs over the Internet.

Online Terms

To learn about terms and acronyms used online, go to www.netlingo.com or www.noslang.com.

| | |
|---------------------------------|---|
| Active | refers to sexual activity, are you/they "active" |
| a/s/l | a common question in chat rooms which means age / sex / location? |
| Avatar | image representation of oneself which can be used in real time chat rooms such as Yahoo, AIM, PalTalk and most services that provide chat capability |
| Avi | file extension referring to video clips |
| Chat | real time communication taking place on the Internet (synchronous communication) through your personal computer or cell phone with Internet access |
| Cookie | hidden message that is placed in a file to record when you visited a website |
| CuSeeMe | See You See Me; videoconferencing software that allows for live audio and video conferencing |
| Cyber | to engage in cybersex while online; typically talking sexually and masturbating while online; "Want to cyber with me?" |
| Cyberdildonics or bluedildonics | refers to the use of the sex toys whose operation is controlled from a distance over the Internet using Bluetooth technology |
| digital camera | camera which allows you to take pictures that are directly transferred to your personal computer or placed on the Internet. Most cell phones come with a digital camera download - bring files (images, etc.) from the Internet to a personal computer or personal data assistant (PDA) |
| Emoticon | combination of typewriter characters that communicate emotion :-) |
| Erotica | common term used to refer to sexual content on the Internet |
| family fun | used in chat rooms or instant messaging to refer to having sexual relations with children |
| f2f – ftf | face to face; real life encounter while not online; "I met with Ray f2f on Saturday." |
| FAQ | Frequently Asked Questions; typically a file that answers common questions about a particular topic |
| Filter | option set up on certain software packages that allow you to filter out certain email messages and webpages |
| Flame | mean spirited message either in email or chat room |
| Fservers | file servers; areas of chat rooms that allow for the downloading of sexual images |
| FTP | File Transfer Protocol; a common way of uploading / downloading files from the Internet |

| | |
|-------------------------|---|
| gif / jpg | common file extension which refer to graphic images - not necessarily pornographic in nature |
| HTML | Hypertext Markup Language; set of instructions used to create and display webpages on your personal computer |
| IM's | Instant Message; one to one conversations in real time via computer on the Internet or cell phones through the Internet or the cell phone company network |
| IRC | Internet Relay Chat; area of Internet that allows for real time conversation and file sharing |
| ISP | Internet Service Provider; a company that allows access to the Internet |
| Leetspeak | is a type of jargon that is used online and in text messaging by teens and regular people who chat and IM. It is made up by phonetically or graphically changing words using many different ways of creating the term. 143 for example means I love you d00d means dude, the list is endless and unknown terms can be found on web sites such as www.netlingo.com |
| Lurking | being present in a chat room or email discussion group without participating |
| mail list or list serve | group of individuals that can exchange email on a designated topic; not necessarily pornographic; does not take place in real time |
| MORF | a common question in chat rooms which means Male or Female? |
| MOTOS | Member of the Opposite Sex |
| MOTSS | Member of the Same Sex |
| MPEG | Motion Picture Expert Group; file type in which motion video is stored |
| MUD - MOO | Multi-User Dungeon; live chat area with certain themes; similar to a dungeon and dragon type game where you have certain powers while you navigate through virtual rooms |
| My Second Life | an online virtual world where people can create their own look, persona and interact with others in the virtual world |
| netiquette | Online etiquette; the unwritten rules of how to behave online |
| Newbie | someone who is new to the Internet or certain aspect of the Internet and is just learning how to use it |
| Nick | nickname, handle, username, screenname; name used online in email or chat rooms |
| Red light center | an online, live, 3d Internet site for sexual role play |
| Scanner | allows you to digitize images (photographs, etc.) and save them to your computer and placed on the Internet |
| Signature | text which is automatically attached to the end of an email; usually contains a person's name, address, phone number and other identifying information |
| Spam | sending / receiving unwanted email messages typically used to sell a product or service |
| Upload | send files (images, etc.) from personal computer, PDA or cell phone to the Internet |
| URL | Uniform Resource Locator; the official name for a webpage address |
| virtual Sex | another name for Cybersex but usually refers to sex via the Internet involving a web cam and instant messaging |
| virtual community | an online site that members interact in a virtual environment, many have adult themes such as My Second Life, Red Light Center, and Habbo Hotel |
| Wav | wave file; type of file which stores audio clips |
| web cam | a digital camera that is used for real time transmissions of video or still images via the Internet |

APPENDIX B: Filtering and Monitoring Internet Content: A Primer for Helping Professionals

Richard Joseph Behun, Valerie Sweeney, David L. Delmonico, And Elizabeth J. Griffin. *Sexual Addiction & Compulsivity*, 19:140–155, 2012 Copyright © Taylor & Francis Group, LLC ISSN: 1072-0162 print / 1532-5318 online DOI: 10.1080/10720162.2012.666425

Helping professionals are often in the position to offer guidance on how best to protect individuals, couples, and families from dangerous and/or inappropriate content on the Internet and other technological devices. However, they often do not have current data on blocking, filtering, and monitoring methods available to offer such protection. The purpose of this article is twofold. First, it is designed to educate helping professionals on how many of the latest blocking, filtering, and monitoring technologies operate. As new products become available, the helping professional should easily be able to understand how the product works, and then make judgment about its appropriateness for their respective client. Second, specific sample products are named to give the helping professional an immediate list of possible options for clients, keeping in mind that the list of products is constantly evolving. At the completion of reading this article, the helping professional should be equipped to help clients understand their options when considering blocking, filtering, and/or monitoring software

INTRODUCTION

The worldwide Internet population grew 380% from 2008 to 2009. It is estimated that nearly 75% of the entire North American continent has access to the Internet. Commercial producers of cybersex activities see the potential to profit from this segment with practically no overhead costs. In 2006, Internet pornography accounted for nearly \$3 billion (23%) of the total market share of pornography in the United States (Family Safe Media, 2010). As a result, more and more individuals are experiencing significant problems with cybersex related addictions. These include both the use of computers and other technologies that access the Internet

No one is exempt from developing online problems. One of every three visitors to adult pornography web sites is likely to be female, and nearly 60% of those who use the search term *adult sex* on Internet search engines are female (Family Safe Media, 2010). The average annual income for consumers of Internet pornography is a reported \$75,000 plus. Not to mention the measured increase in adolescent use of online sexual materials and behaviors. Use of the Internet among teens in the United States continues to rise, with an observed 24% increase of teen use between 2001 and 2005 (Lenhart, Hiltlin, & Madden, 2005). In 2007, an estimated 93% of children ages 12 to 17 accessed the Internet on a regular basis in the United States (Macgill, 2007). Wolak, Mitchell, and Finkelhor (2007) found 34% of teens indicated they were exposed to unwanted online sexual material, a figure that rose 9% over the past 5 years. This continued growth and exposure of teens to inappropriate online sexual material increases the likelihood that such issues will need to be addressed in clinical settings. Delmonico and Griffin (2010) outline ideas for clinicians in order to better prepare them to discuss a broad range of issues related to this topic including information on blocking, filtering, monitoring, etc

Clinicians working with individuals, teens, and families often recommend the use of blocking, filtering, and/or monitoring software. The recommendation may be made to a client who is struggling with pornography use, compulsive gambling, compulsive gaming, or who is simply struggling with excessive time spent online

It is important for helping professionals to understand the methods of protecting clients and their families from inappropriate or dangerous online content/conversations. For professionals who assist individuals with problematic sexual behavior, this responsibility is even more salient. However, even armed with all the information, no technology is 100% failsafe. The technologies discussed in this article proportionally relate to a client's motivation. The more motivated a client is to take personal responsibility for protecting themselves or their family, the more effective the protection technologies. As in every clinical situation, the clinician can only be accountable for providing the best information to help a client make an informed decision and follow through with that decision on his/her own. The purpose of this article is to provide clinicians with the knowledge and tools necessary to assist clients and their families in understanding their options for blocking, filtering, and monitoring Internet content.

There are hundreds of software products available for blocking, filtering, and monitoring Internet content, and new products are added to this list each day. The purpose of this article is not to review specific software packages, but rather to help clinicians understand the basic anatomy of how a particular type of software functions. The article will assist clinicians in recommending a course of action to clients whose technology-based behaviors are concerning. While the main goal is not to provide reviews of specific products, Table 1 contains names of specific software titles that provide blocking, filtering, and monitoring capabilities. It is hoped that by both explaining the general anatomy of how blocking, filtering, and monitoring software works, combined with examples of products, the clinician will be well-equipped to assist clients for whom problematic online behavior is a concern.

It is recommended this article be read from start to finish in order to gain a comprehensive understanding of what options are available for blocking, filtering, and monitoring on all types of devices. Reading only the section that appears applicable to a specific situation may limit options covered in the latter part of the article.

OPERATING SYSTEMS AND PLATFORMS

In order to understand blocking, filtering, and monitoring, it is important to understand the various “operating systems” or “platforms. These terms refer to the underlying software used to make a specific device work properly. The most common platforms are Windows and Macintosh (Mac). Software written for one platform does not work on the other—platforms are not interchangeable—this is often referred to as “compatibility.” Other platforms referred to throughout this article include “iOS” and “Android” (Droid). These operating systems were designed specifically for mobile devices. Any device running iOS is an Apple built device (e.g., iPad, iPod, iPhone, etc.). The Android platform is supported by Google and was designed to be a direct competitor to Apple devices. Many different mobile devices use the Android platform (e.g., cell phones, tablet computers, etc.). It is important to know which platform your client uses (Windows, Macintosh, Droid, iOS, etc.), since not all products are available for all platforms. There are also other platforms not specifically addressed in this article, which may be discovered while learning more about blocking, filtering, and monitoring software. These include Windows Mobile, Windows Phone (WP), Blackberry, Linux, Opera, and others. Windows, Mac, iOS, and Droid are the most common operating systems for which blocking, filtering, and monitoring software is developed and therefore this article is primarily limited to discussing these platforms.

ANATOMY OF BLOCKING/FILTERING

The following sections address several types of product that can be used to assist in the blocking and filtering of various technologies including computers and mobile/portable devices.

Blocking and Filtering on Personal Computers

The purpose of blocking/filtering software is to restrict inappropriate or dangerous content from being delivered to a home or office computer. The filtering process is based on “rules” that the filtering software establishes. These rules differ for each software package, and are the “proprietary secret” for each company since it determines the effectiveness of the software.

Essentially, all software uses two basic methods for filtering content. The first is based on a “blacklist” of known inappropriate sites that are either blocked completely or “graded” (E = Everyone, 9+ = ages nine and older, M = Mature, etc.).

In addition, some software packages use the Entertainment Software Rating Board (ESRB) and Motion Picture Association of America (MPAA) ratings to assist in filtering content. Computer users who have the software’s security password can add their own websites to the “blacklist” or override the blacklist and allow access to certain sites. This level of customization is common on most software packages and can assist in adapting the software to individualized needs.

The second method of filtering can be referred to as “on-the-fly” content analysis. If a site is not on the black or white list, the software does a quick review of the text on the site and matches it to a list of known words that would render the site inappropriate and inaccessible. For example, if the site had the word “porn” listed anywhere on the page, the software would detect this and block the site based on the keyword match. In addition, most software packages also can be configured electronically to notify (e.g., e-mail, text message, etc.) the administrator of the computer that a website has been blocked and provide the URL of that page.

Another feature includes the ability to customize the software for a level of filtering “strictness” depending on the computer users’ ages and/or specific needs. This allows for multiple users of the computer to have different levels of content filtering. For example, a family who has a 6-year-old, a 15-year-old, and an adult user could all be set up for different levels of filtering. Content “strictness” can range from child pornography, adult/fetish pornography, graphic language, gang or cult sites, travel sites (to prevent kids from arranging their own travel), chatting sites, references to alcohol or tobacco, etc. It is critical to have multiple user accounts established for each household user in order to take advantage of this feature.

Most, if not all, blocking and filtering software utilizes both a preestablished database (blacklist) and on-the-fly filtering and blocking. The combination of these two methods provides an efficient and effective method of blocking and filtering inappropriate websites.

Finally, many software packages also offer “time management” features that allow the computer administrator to limit the number of hours per day the user may be on the Internet and/or the time of day that the user has access to the Internet. For example, the administrator could configure the software to allow access 3 hours per day, but restrict any use between 10:00 p.m. and 7:00 a.m.

Some key features to look for in blocking and filtering software include the ability to:

- Override filters with password entry
- Manage the amount of time a person spends online each day
- Manage the hours of the day the Internet can be accessed
- Send electronic notifications when a site is blocked
- Send electronic notification when the software is tampered with
- Set up for multiple users with differing levels of filtering
- Be installed and licensed on multiple computers/devices
- Be remotely managed via the Internet

Blocking and filtering software for personal computers (both Windows and Macintosh based) has been under constant development for many years. It provides an effective tool in assisting clients and families from accidentally discovering inappropriate web-based content. The software can also be effective for adults who are struggling with their own online behavior with both the filtering and time management options. The main disadvantage includes the ease of which blocking/filtering software can be tampered with or disabled

Blocking and Filtering for Apple and Droid Devices

The previous section discussed blocking and filtering software developed specifically for Windows or Macintosh personal computers. The long history of these platforms has yielded many user-friendly and efficient software packages for the blocking and filtering of Internet based content. However, newer platforms, such as iOS (Apple’s mobile platform for iPhones, iPads, etc.) and Android OS (Droid) are still in their infancy of determining the best ways to filter/block Internet content

One consideration on mobile devices is blocking/filtering of the World Wide Web. Devices that utilize the iOS and Droid operating systems employ built in web browsers to access the Internet. Most commonly these browsers are Google Mobile for Droid devices and Safari for Apple devices. In order to filter web-based content on these devices, the user must install a specially developed filtering browser that will *replace* Google Mobile or Safari. This differs from the personal computer software, since it was designed to work *WITH* the existing browser. The most common filtering browsers for these platforms include *MobiCIP*, *Mobile Watchdog*, and *Ranger Pro*. These browsers can be purchased through the device’s application store. Once the application is successfully installed, the device must be configured to disable or delete the default browser. The goal is to only allow web browsing to occur through the newly installed filtering application

The second related consideration is configuring the “restrictions” on the mobile device to prevent users from downloading inappropriate applications or using web browsers that will bypass the filtered browser. The first step is to secure the restriction settings by establishing an administrator password or PIN to prevent settings from being changed. The next step is to configure the device so the native web-browser (Google Mobile, Safari) will be hidden or disabled. Other possible device restrictions include blocking access to certain applications (e.g., YouTube, e-mail, Facebook, etc.), setting up e-mail notifications of suspicious downloading (e.g., attempting to download a non-filtered web browser), and filtering movie/music/app content based on content ratings (e.g., PG, PG-13, M, etc.). Although this process of

configuring restrictions sounds complicated, it is not. However, it does involve a number of steps. While it is beyond the scope of this article to guide on how to perform these configuration settings, the mobile filtering products have step by step instructions (with photographs) on configuring your device. For example, *MobiCIP* has 27 tutorials with step-by-step instructions on configuring their specific device. (<http://content.mobicip.com/faq>). Other mobile filtering products have similar assistance available

The advantage of these applications is that they extend filtering capabilities beyond the computer and address many of the concerns associated with portable devices. The disadvantage is this software can be somewhat complicated to install and does not adequately filter applications installed on the mobile device

Blocking and Filtering for Other Internet Capable Devices

Other devices can also access the Internet. These include Xbox 360, PlayStation Portable, Wii, and Kindle Fire, just to name a few. These devices have proprietary operating systems that only allow the manufacturer of the device develop software capable of blocking, filtering, or otherwise managing Internet content. Some of these devices have built in “parental controls” allowing the device to be configured to limit the Internet connection. However, these restrictions are extremely limited and do little to control the overall content of the device (e.g., games, books, etc.). Therefore, these built in parental controls are extremely limited in their functioning and effectiveness. If blocking or filtering is desired on such devices, it is best to visit the website associated with the specific device to learn about the potential for parental controls; however, it will be disappointing to learn that little is available for these devices even though the dangerousness and problematic use is just as great as on other devices. For this reason, additional supervision regarding the use of these devices is highly recommended

Internet Service Provider Filtering

An Internet Service Provider (ISP) is a company that provides access to the Internet. This is commonly a cable or phone company, but there are also a number of independent ISPs across the country. Since the Internet connection is made through their high-capacity network computers (also called servers), the ISP has the ability to block or filter content *prior* to its arrival on your computer. Most ISPs allow full and open access to all aspects of the Internet, leaving it to the consumer on how best to manage the content once it is delivered. However, there are a number of ISPs that specialize in blocking/filtering content before its delivery. The main advantage of this method is it requires less knowledge and maintenance by the computer user. In addition, there is a decreased likelihood of tampering with the filter since the filtering takes place at an inaccessible ISP point rather than on the computer itself. The disadvantage of this method of filtering is the user relies on the ISP to determine the content that is filtered or permitted. Many individual users find this method of blocking/filtering far too limiting, since the ISP tends to err on the side of filtering too much rather than not enough. There is also no way to allow for instant overrides with a password. Finally, most filtering ISPs provide Internet access via dial-up service which is extremely slow for today’s multimedia content—although some filtering ISPs have faster DSL services in certain geographic locations. Even with its disadvantages, some people enjoy the convenience of such filtering, and are willing to forfeit aspects of their Internet content for the safety and security of ISP filtering

In order to locate a filtered ISP, use a search engine such as Google and search for the words “filtered internet service provider.” Many of these ISPs charge a monthly fee that includes both access to the Internet and the filtering service. The majority of these ISPs are Christian based, but some are not. Depending on your particular needs, it is important to research the services offered by each, and weigh the advantages and disadvantages to determine if ISP filtering is a viable option. Common providers include: *integrity.com*; *truevine.net*; *pkfamily.com*; *familyfellowship.com*

Domain Name System Filtering

A completely different type of filtering is called Domain Name System (DNS) filtering. This may also be referred to as “cloud-based filtering.” Essentially this is software that makes a small change to the Internet-hub (router) in a home. The router is a device that delivers Internet access to a home or business, including both computers and wireless networks (if installed). DNS filtering works in tandem with the Internet Service Provider. The change made to the router sends all requests for webpage content through a company other than your Internet Service Provider. That third-party then filters the content before it is delivered. For example, when a web address such as www.google.com is typed into the browser, the router would typically communicate with the ISP to retrieve and display the page, but the DNS filter adds another company to the transmission and the Google page is first sent to that company for review, then content is delivered if deemed appropriate. This additional step takes only milliseconds to occur. The advantage of this method is twofold. First, it is difficult to tamper with the filtering since a third company is responsible for the filtering. Second, since the filtering takes place before the router, the DNS filtering method filters content to all devices that connect to the home network—including iPods, cell phones (using wireless), laptops, etc. The disadvantage is that it is only useful for blocking webpage content and does not work for other Internet technologies. In addition, devices that use cellular data (i.e., cell phones, Kindles, other portable devices) would not be filtered since they typically do not use the home’s Internet connection (unless configured to do so). This emerging technology may be useful, especially if a safer web-browsing network for all devices is the goal. Currently, the only reliable provider of this service to date is <http://www.opendns.com>

ANATOMY OF MONITORING INTERNET CONTENT

Monitoring on Personal Computers

The primary purpose of “monitoring” software is to record all Internet and/or computer activity that occurs on a device where it is installed. Monitoring software is available for both Windows and Mac based computers. Essentially, the software becomes a “digital recorder” of an individual’s computer activity. There are two main aspects to monitoring software

First, the software can be configured to take a photograph of the contents of the screen at specified intervals (e.g., every 5 minutes, every hour, etc.) These are known as “screen captures.” The image captured is stored on the computer in a secure folder to be reviewed by the “monitor” (individual conducting the monitoring) at a later time or date. The advantage of this type of monitoring is the monitor can see exactly what was on the screen at the time of the digital screen capture. The screen capture may contain snapshots of a chat conversation, web browsing, or a non-Internet related activity (e.g., watching a movie, typing a document, etc.). The disadvantages of this method include needing a relatively large hard drive to store the images, and an excessive amount of time required to review the stored images

A second feature of monitoring software is its ability to be configured to record every keystroke from the keyboard. Every time a key is pressed it is recorded and strung together in a file stored on the computer’s hard drive. This feature allows for the recording of e-mails, chat conversations, password entries, etc. Similar to the screen captures, the file can be opened at a later time/date and reviewed.

More sophisticated monitoring software can detect the initiation of certain programs (e.g., email, chat, instant messenger, etc.) and monitor/record aspects of that program. For example, when an instant messenger program such as AOL Instant Messenger, or MSN Messenger is launched the program records both sides of the private messaging and stores the conversation on the hard drive of the computer.

Finally, most monitoring software can detect if another device was connected to the computer and what files were exchanged with that device. For example, an individual may be attempting to store inappropriate files on a portable hard drive or USB flash drive. The monitoring software detects the use of such a device and records the names of files that were transferred to or from that device. This information can be viewed at a later time or date.

There are more sophisticated monitoring products, such as Internet Probation and Parole Control (IPPC), but this sophisticated software is typically only used by the judicial system to monitor an individual’s computer use. This section provides the basic anatomy of monitoring software. Depending on the product itself, other functions may be available that are not discussed here.

Monitoring on Apple and Droid Devices

Monitoring software / applications (apps) for mobile devices are still in their infancy, but the several products available claim to log/record nearly every feature of the portable device's functions. For example, *MobileSpy* is an application that can be installed on phones of various platforms (e.g., Droid, iOS, Blackberry, etc.). Once installed, it records all call logs, text messages (both incoming and outgoing), GPS locations, additions or deletions to the contact list, task lists, memos created, cell phone tower information, emails, calendar events, websites visited, and photo/video clips stored. In addition, this particular app has a personal computer counterpart that allows the monitoring individual to access all the information remotely—never having to physically possess the phone other than to conduct the initial installation of the software. The remote access “control panel” also provides a “live view” of the phone's screen, so the monitoring individual can view events on the phone in real time. In addition, the remote software allows for setting adjustments to the phone via the Internet, or the phone may simply be shut down altogether. Once installed, the application runs in the background unbeknownst to the phone user. It should be cautioned that only the legal owner of the cell phone is permitted to install such monitoring software. Installing such software may be in violation of federal, state, and/or local laws.

The widespread use of mobile devices accessing the Internet is certain to lead to more products such as *MobileSpy*. To date, there are no monitoring packages available for other portable devices that connect to the Internet (e.g., Xbox 360, PlayStation Portable, Wii, and Kindle Fire, etc.)

Other Monitoring Devices

In addition to software used to monitor Internet/computer/mobile devices, there is another unique device called *iBot*. The *iBot* is a device that plugs directly into a device's Universal Serial Bus (USB) port. The *iBot* looks like a simple flash storage drive, but in fact, it is a monitoring device that has pre-installed software to record all screen and keyboard activity. The types of information gathered by this device are similar to those discussed previously; however, the advantage to such a device is the ease of use. There is no software to install or settings to be configured. The monitoring individual simply plugs the *iBot* into the device he/she wishes to monitor, and unplugs it to stop the monitoring. The *iBot* is then reviewed at a later date/time for screen captures and keyboard strokes. The main limitation of this device is that it must be plugged into an open USB drive, and many portable devices do not have such ports.

ANATOMY OF ACCOUNTABILITY SOFTWARE

Accountability on Personal Computers

Accountability software assumes a certain amount of personal responsibility by the computer user. The computer user chooses an accountability partner (typically a parent, friend, pastor or counselor, sponsor, etc.) to which the installed accountability software sends Internet usage reports at designated periods of time (daily, weekly, etc.). The reports contain a list of all websites visited by the computer user. If the accountability partner notices any inappropriate websites or usage, they would confront the computer user with the information received.

Some accountability software also has built in blocking/filtering capabilities, while others simply generate a report of all websites visited. The advantage of accountability software lies in its personal responsibility training in helping individuals make better decisions regarding their online behavior. Rather than rely on the computer to block/filter websites, the premise of the accountability software is to encourage internal policing of decisions and behaviors. These choices and behaviors can then be examined in a therapeutic or personal growth setting.

Accountability software can be set to monitor the entire computer, or only specific users on the computer. These tools are especially popular with religious groups and families. The most popular and oldest type of accountability software is *Covenant Eyes*. Several other products exist as well. Some products cover a wide range of monitoring, while other are marketed towards monitoring particular issues, such as gambling or pornography. The features of each these of products are similar, but be certain to research the features of each to make the best determination for specific monitoring needs.

The main disadvantage is that clients must be highly motivated and willing to address their behavior with their accountability partner, especially if such accountability software is not paired with blocking and filtering software

Accountability on Apple and Droid Devices

Presently, there are limited options for accountability software on iOS and Android OS devices. *Covenant Eyes* does have a mobile edition of their software. However, similar to the blocking and filtering for mobile devices, the native web browser on the device must be replaced and disabled in order to use the monitoring features. See the *Blocking and Filtering for Apple and Droid Devices* section for more explanation about this. Again, as mobile platforms such as iOS and Droid become the norm for accessing the Internet, more solutions will develop to help individuals become more accountable for their online use on such devices.

MULTI-FUNCTION PRODUCTS

The previous sections differentiated a number of technologies (e.g., blocking, monitoring, accountability, etc.) to ensure healthy and safe use of the Internet. Although the sections are divided into distinct categories, most products perform more than one function. For example, it is not unusual to discover monitoring software that also provides blocking/filtering capabilities; or accountability software that also monitors and filters content. Most software has a primary function for which it was originally designed, and secondary functions which enhance the appeal of the product. The only way to know which product is best is to try the product (many have free trial periods), read online independent reviews, and talk to others who may have used the same or similar products. Independent reviews can be difficult to find since many companies pay other companies to “review” their product, but the review is nothing more than an advertising scheme. The best reviews are from those who use the product. Start with a site like Amazon.com and read reviews of customers who are using the products. Similar to shopping for other products, consumers should use comparison shopping techniques to compare features and prices of various products. The information contained within this article will be a good starting point to determining what type of product would be a good match for particular needs. Table 1 summarizes several of the most popular products in each category. This table is not a comprehensive listing, nor does inclusion of a product in the table suggest endorsement

SPECIAL CONSIDERATION

When employing the use of blocking, filtering, or monitoring strategies, it is important to note that it is strongly discouraged to use the client’s partner as the technology “police.” When one partner is the “holder of the password” or the “accountability partner” a problematic dynamic is created and the situation can be extremely unhealthy for the individuals and the relationship. Such an arrangement should be avoided.

On the other hand, in families the parents have a right and responsibility to block, filter, and/or monitor their child’s computer and Internet use. The parent needs to assume their role as the one responsible for keeping family members healthy and safe when using technology. The technologies discussed in this article should be used to empower individuals to engage in healthy and safe online behavior and communication. Balancing this involvement is also the dynamic where the parent becomes so “over-involved” in their children’s lives that it develops a level of unhealthy enmeshment and can interfere with the child’s development and exploration of the world

BEYOND BLOCKING, FILTERING, AND MONITORING

It is important to recognize there are significant limitations to all the options presented in this article. As was mentioned, effectiveness of these options is correlated with client motivation. The biggest concern with the blocking, filtering, and monitoring options is the false sense of security they offer to clinicians, clients, and families. While many of the products are highly effective, they are only one tool among many that should be employed in helping individuals and families stay healthy and safe with their technology use. Discussing viable software related solutions with your clients should be the start of a number of clinical conversations that examine deeper implications of problematic online behavior. Good clinical skills, combined with increased technology knowledge, are part of an entire package to ensure being helpful in situations where problematic online sexual behavior is involved. In addition, even under the best circumstances, technology solutions are not failsafe. Inappropriate and dangerous content will slip through even the best software packages. Conversations with clients about managing such content are critical. Delmonico, Griffin and Edger (2008) authored an article on establishing Acceptable Use Policies (AUPs) with clients and their families. A review of that article may be useful in helping clients establish clear boundaries and rules about one’s computer use. Although it was primarily written for establishing rules within the family, the concepts can be easily adapted for individuals and couples. Ongoing discussions

regarding technology use, expectations, online decision making, and problem solving are what will ultimately be the most helpful for clients. Such discussions allow for generalization to a variety of online situations, and do not rely on electronic software as the solution.

CONCLUSIONS

The purpose of this article was to provide the clinician with basic information on understanding how blocking, filtering, and monitoring software works. Through understanding these technologies better, it is hoped clinicians will be able to provide informed guidance to individuals and families on how to keep themselves and their families healthy and safe when using technology. The included table will help identify more popular products in all of the categories of blocking/filtering, monitoring, and accountability software. The table will also help determine which technology can be used with various platforms.

It is our responsibility as helping professionals not only to stay current on the ways individuals develop online problematic behavior, but also to offer information and guide clients to the best possible solutions. This article was written with that intent in mind.

It is not necessary for clinicians to become computer scientists to assist clients in their healthy and safe use of Internet technologies. However, a minimal amount of knowledge is necessary to fully comprehend the issues involved, and to conduct appropriate assessments of potentially problematic situations. It is strongly recommended that clinicians stay current on various technologies and how such technologies may be unhealthy or unsafe. This article provides basic information on how best to block, filter, and monitor Internet activity with the primary goal of establishing healthier patterns of technology use; however, this article is a primer and not a replacement for understanding technology in general. One option is to hire a college-age student who can consult and educate about current technologies that may be causing problems for your clients. A parallel metaphor is multi-cultural counseling. Most clinicians understand it is unethical to provide therapy to an individual from a different culture (e.g., immigrant from China) without first understanding the basics of that culture. Technology and the Internet has created a sub-culture that warrants increasing one's knowledge and understanding prior to undertaking clinical interventions.

The blocking, filtering, and monitoring options presented in this article offer clinicians one set of tools that can be used to assist clients and families addressing inappropriate content and unhealthy use of the Internet. However, these are one tool that is most effective when combined with dialogue and conversations about good decision making when using all technologies that allow access to the Internet. The clinician is often seen as a resource for guiding and providing options to clients. This article presented information that will allow helping professionals to serve as that guide when it comes to health and safe technological use.

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TABLE 1 Sampling of Blocking, Filtering, and Monitoring Products

| Product | Mac | Windows | iOS | Android | Windows\Mobile | Block/Filtering | Accountability | Monitoring | Website |
|--------------------------|-----|---------|-----|---------|----------------|-----------------|----------------|------------|--|
| AT&T Wireless | | | X | | X | X | | | www.att.net/smartcontrols |
| BrowseControl | X | X | X | | | X | X | X | http://browsecontrol.com |
| ClearOS | X | X | X | | | X | | | www.clearfoundation.com |
| Covenant Eyes | X | X | X | | X | | X | | www.covenanteyes.com |
| Cyclope-Series | | X | | | | X | X | X | www.cyclope-series.com |
| Dansguardian | X | | | | | X | X | X | http://dansguardian.org |
| Finjan SecureBrowser | | X | | | | X | | | www.m86security.com |
| iBot | X | X | | | | | | X | www.brickhousesecurity.com |
| iSheriff | X | X | X | X | | X | X | X | www.isheriff.com |
| K9 Web Protection | X | X | X | | | X | X | X | www.k9webprotection.com |
| Lightspeed Rocket | X | X | X | X | | X | X | X | www.lightspeedsystems.com |
| Mobicip | | | X | X | | X | X | X | www.mobicip.com |
| MobileSpy | | | X | X | X | X | | | www.retinax.com |
| Mobizim | | | | X | X | | X | | www.mobizim.com |
| My Mobile WatchDog | | | X | X | X | X | X | X | www.mymobilewatchdog.com |
| MyFone | | | | X | | | X | X | http://us.myfone.mobi |
| Naomi Internet Filter | | X | | | | X | X | X | http://naomi-internet-filter.softpedia.com |
| NetNanny | X | X | X | X | X | X | X | X | www.netnanny.com |
| NetSentron | | X | | | | X | | | www.netsentron.com |
| Nintendo DSi & DSi XL | | | | | | X | X | X | www.nintendo.com/consumer/systems/dsi/en_na/settings |
| OnlineFamily.Norton | X | X | | | | X | X | X | ParentalControls.jsp https://onlinefamily.norton.com |
| OpenChoice | | | | | | X | | | www.ischool.utexas.edu/~choice |
| OpenDNS | X | X | X | X | | X | X | X | www.opendns.com |
| Phone Sheriff | | | X | X | X | X | X | X | http://www.retinax.com |
| Playstation (PS3) | | | | | | X | X | X | http://manuals.playstation.net/document/en/ps3/current/b |
| ProblemPoker | | X | | | | X | X | X | asicoperations/parentallock.html www.problempoker.com |
| PSP (PlayStation Porta) | | | | | | X | X | X | http://us.playstation.com/psp/features/ps_psp_other_feat |
| RangerPro | | | | X | | X | | | ures.html www.mobsafety.com |
| SafeSquid | | X | | | | X | X | X | www.safesquid.com/html/portal.php?page=107 |
| Secure Web SmartFilter | | | | | | | | | www.mcafee.com/us/products/smartfilter.aspx |
| EDU (Bess) | | X | | | | X | | | |
| Sentry Parental Controls | | X | | | | X | X | X | www.sentryparentalcontrols.com |
| SmartWeb | | | X | | | X | X | X | www.tigerme.com |
| Surf Balance | | | X | | | X | X | X | www.surfbalance.com |
| T-Mobile Web Guard | | | | X | X | X | | | www.t-mobile.com |
| True Vine Online | | | | | | X | X | X | www.christianbroadband.com |
| Verizon Wireless | | | X | X | | X | X | X | www.verizonwireless.com |
| Wii parental controls | | | | | | X | X | X | www.nintendo.com/consumer/systems/wii/en_na/ht_setti |
| Windows Live Family | | | | | | | | | ngs.jsp?menu=pc |
| Safety | | X | | | | X | X | X | http://explore.live.com/windows-live-essentials-other- |
| X3Watch | X | X | X | X | | | X | X | programs?T1=t5 www.x3watch.com |
| Xbox 360 console | | | | | | | | | http://support.xbox.com/en-US/billing-and- |
| parental controls | | | | | | X | X | X | subscriptions/parental-controls/xbox-live-parental- |
| Xbox 360 Kinect family | | | | | | X | X | X | control www.xbox.com/en- |
| settings | | | | | | X | X | X | US/Kinect/PrivacyandOnlineSafety#FamilySafety1 |
| Xbox Live | | | | | | X | X | X | http://support.xbox.com/en-US/xbox-live/online-privacy- |
| | | | | | | | | | and-safety/online-safety |

Appendix C: Resources for Special Populations / Issues

Child, Adolescent Sexual Problems and Offenders

BOOKS:

- Children and Young People Who Sexually Abuse:** New theory, research and practice developments, Edited by Martin C. Calder. The Safer Society Foundation, www.saferociety.org.
- Children, teens, and sex on the Internet.** Freeman-Longo, R. E. (2000). In A. Cooper (Ed.), *Cybersex: The dark side of the force* (pp. 75-90). Philadelphia: Brenner Routledge.
- Current Perspectives: Working with Sexually Aggressive Youth and Youth with Sexual Behavior Problems,** by Robert E. Longo and David S. Prescott NEARI Press.
- Do Children Sexually Abuse Other Children?** The Safer Society Foundation, www.saferociety.org.
- Female Adolescent Sexual Abusers:** An Exploratory Study of Mother-Daughter Dynamics with Implications for Treatment. By Marcia T. Turner, PsyD & Tracey N. Turner, MA, ADTR. www.saferociety.org.
- From Trauma to Understanding:** A Guide for Parents of Children with Sexual Behavior Problems, by William D. Pithers, Alison Gray, Carolyn Cunningham & Sandy Lane. www.saferociety.org.
- Identifying And Treating Youth Who Sexually Offend: Current Approaches, Techniques And Research** by Kristina Crumpt Franey. Routledge.
- The Juvenile Sex Offender, Second Edition,** by Howard E. Barbaree, William L. Marshall. The Guilford Press.
- Pathways,** A Guided Work book for Youth Beginning Treatment. Timothy J. Kahn. The Safer Society Foundation, www.saferociety.org.
- Pathways Guide for Parents.** Timothy J. Kahn. The Safer Society Foundation, www.saferociety.org.
- Risk Assessment of Youth Who Have Sexually Abused: Theory, Controversy and Emerging Strategies,** David Prescott. Safer Society Press.
- Roadmaps to Recovery.** A Guided Workbook for Young People in Treatment, by Timothy J. Kahn. The Safer Society Foundation, www.saferociety.org.
- The Relapse Prevention Workbook for Youth in Treatment,** by Charlene Steen, PhD, JD. The Safer Society Foundation, www.saferociety.org.
- Treating the Juvenile Offender,** by Robert D. Hoge, Nancy G. Guerra, Paul Boxer. The Guilford Press.
- Treating Youth Who Sexually Abuse: An Integrated Multi-Component Approach,** by Stephen Lundrigan. Routledge.
- The Sexual Abuse Cycle in the Treatment of Adolescent Sexual Abusers. Trainers: Connie Isaac, Sandy Lane, RSA Treatment Coordinator.** 90 Minute VHS Video. The Safer Society Foundation, www.saferociety.org.
- Steps to Healthy Touching,** by Kee MacFarlane, MSW & Carolyn Cunningham, PhD. The Safer Society Foundation, www.saferociety.org.
- Stop! Just for Kids:** For Kids with Sexual Touching Problems, by Kids with Sexual Touching Problems, Adapted by Terri Allred, MTS & Gary Burns, MS. The Safer Society Foundation, www.saferociety.org.
- Tell It Like It Is:** A Resource Guide for Youth in Treatment, by Alice Tallmadge with Galyn Forste. The Safer Society Foundation, www.saferociety.org.
- When Children Abuse:** Group Treatment Strategies for Children With Impulse Control Problems, by Carolyn Cunningham, PhD & Kee Macfarlane, MSW. The Safer Society Foundation, www.saferociety.org.
- Understanding, Assessing, and Rehabilitating Juvenile Sexual Offenders,** by Phil Rich, Ed.D., M.S.W. The Safer Society Foundation, www.saferociety.org.

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RELATED ORGANIZATIONS

| | | |
|------------------------------------|---|------------------|
| Safer Society Foundation and Press | The Safer Society Foundation, Inc. research, advocacy, and referral center on the prevention and treatment of sexual abuse. | Safersociety.org |
|------------------------------------|---|------------------|

Developmentally Delayed / Dementia / Head Trauma / ADHD

BOOKS

An Introduction to the Assessment and Treatment of Intellectually Disabled Sexual Offenders. Trainer: James Haaven, MA, with the Staff and Residents of the Social Skills Program. 4 Hour VHS Video, includes 36-page reference manual. The Safer Society Foundation, Inc., www.safersociety.org.

Developmentally Disabled Persons with Sexual Behavior Problems: Treatment Management Supervision, by Gerry D. Blasingame, MA, LMFT. The Safer Society Foundation, Inc., www.safersociety.org.

Footprints: Steps to a Healthy Life, by Krishan Hansen, M.S.W. and Timothy J. Kahn, M.S.W. The Safer Society Foundation, Inc., www.safersociety.org.

Treating Intellectually Disabled Sex Offenders: A Model Residential Program, by James Haaven, Roger Little & Dan Petre-Miller. The Safer Society Foundation, www.safersociety.org.

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Black, Benjamin; Muralee, Sunanda; Tampi, Rajesh R. (Sep 2005). Inappropriate sexual behaviors in dementia. *Journal of Geriatric Psychiatry & Neurology*, Vol. 18 Issue 3, p155-162.

Blankenship, Richard; Laaser, Mark (Jan-Jun 2004). Sexual addiction and ADHD: is there a connection? *Sexual Addiction & Compulsivity*, Vol. 11 Issue 1/2, p7-20.

Britton, Kenneth R. (Aug 98). Case study Medroxyprogesterone in the treatment of aggressive hypersexual behaviour in traumatic brain injury. *Brain Injury*, Vol. 12 Issue 8, p703-707.

Huffman, Grace Brooke (05/15/99). Treatment of hypersexuality in nursing home residents. *American Family Physician*, Vol. 59 Issue 10, p2880.

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Wesolowski, Michael D.; Zencius, Arnie; Burke, William H. (Apr 93). Effects of feedback and behavior contracting on head trauma persons' inappropriate sexual behavior. *Behavioral Residential Treatment*, Vol. 8 Issue 2, p89-96.

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Female Sex Addicts/Offenders

BOOKS

Choices. A Relapse Prevention Workbook for Female Offenders, by Charlene Steen, Ph.D., J.D. The Safer Society Foundation, www.safersociety.org.

Female Sexual Abusers. Three views by Patricia Davin, Teresa Dunbar, & Julia Hislop. The Safer Society Foundation, www.safersociety.org.

Female Sexual Offenders. An Exploratory Study, by Ruth Mathews, Jane Kinder Mathews & Kathleen Speltz. The Safer Society Foundation, www.safersociety.org.

Female Adolescent Sexual Abusers: An Exploratory Study of Mother-Daughter Dynamics with Implications for Treatment. by Marcia T. Turner, PsyD & Tracey N. Turner, MA, ADTR. The Safer Society Foundation, www.safersociety.org.

Love Sick: One Woman's Journey through Sexual Addiction. (2001) Silverman.

She Has a Secret : Understanding Female Sexual Addiction. (February 2000) Weiss, Douglas, Discovery Pr.

ARTICLES

Elmore, James L. (May 2005). Psychotropic medication control of non-paraphilic sexual addiction in a female. *Sexual & Relationship Therapy*, Vol. 20 Issue 2, p211-213.

Ferree, Marnie C. (Jul 2001). Females and sex addiction: myths and diagnostic implications. *Sexual Addiction & Compulsivity*, Vol. 8 Issue 3/4, p287-300.

Ferree, Marnie C. (Sep 2002). Sexual addiction and co-addiction: experiences among women of faith. *Sexual Addiction & Compulsivity*, Vol. 9 Issue 4, p285.

Johansson-Love, Jill; Fremouw, William (Jan 2006). A critique of the female sexual perpetrator research. *Aggression & Violent Behavior*, Vol. 11 Issue 1, p12-26.

O'Hara, Sharon (Sep 2002). Resources for female sexually compulsive clients. *Sexual Addiction & Compulsivity*, Vol. 9 Issue 4, p297.

Philaretou, Andreas G. (Mar 2006). Female exotic dancers: intrapersonal and interpersonal perspectives. *Sexual Addiction & Compulsivity*, Vol 13(1), pp. 41-52.

Richards, Shannae; Laaser, Mark (Mar 1999). Sexual acting out in borderline women: impulsive self-destructiveness or sexual addiction/compulsivity? *Sexual Addiction & Compulsivity*, Vol. 6 Issue 1, p31.

Ross, C. (1996). A qualitative study of sexual addicted women. *Sexual Addiction and Compulsivity*, 3, 43-53.

Southern, Stephen (Sep 2002). The tie that binds: sadomasochism in female addicted trauma survivors. *Sexual Addiction & Compulsivity*, Sep2002, Vol. 9 Issue 4, p209.

RELATED ORGANIZATIONS

| | | |
|----------------------------------|--|---------------------------------------|
| Women and Sexual Shame Workshops | Intensive workshops exclusively for women with sex compulsions. A Christian resource | healingforwomen.org (615) 269-6220 |
|----------------------------------|--|---------------------------------------|

Gay/Lesbian/Bisexual

ARTICLES

Benotsch, Eric G.; Kalichman, Seth C.; Pinkerton, Steven D. (Apr 2001). Sexual compulsivity in HIV-positive men and women: prevalence, predictors, and consequences of high-risk behaviors. *Sexual Addiction & Compulsivity*, Vol. 8 Issue 2, p83-99.

Braun-Harvey, Douglas (Apr 2001). Integration of client HIV status in sexual dependency outpatient treatment: what is your relationship with HIV? *Sexual Addiction & Compulsivity*, Vol. 8 Issue 2, p129-156.

Chaney, Michael P.; Chang, Catherine Y. (Mar 2005). A trio of turmoil for internet sexually addicted men who have sex with men: boredom proneness, social connectedness, and dissociation. *Sexual Addiction & Compulsivity*, Vol. 12 Issue 1, p3-18.

Chaney, Michael P.; Blalock, Andrew C. (Apr 2006). Boredom proneness, social connectedness, and sexual addiction among men who have sex with male internet users. *Journal of Addictions & Offender Counseling*, Vol. 26 Issue 2, p111-122.

Dew, Brian J.; Channey, Michael P. (Apr 2004). Sexual addiction and the internet: implications for gay men. *Journal of Addictions & Offender Counseling*, Vol. 24 Issue 2, p101-114.

Dew, Brian J.; Chaney, Michael P. (Dec 2005). The relationship among sexual compulsivity, internalized homophobia, and HIV at-risk sexual behavior in gay and bisexual male users of internet chat rooms. *Sexual Addiction & Compulsivity*, Vol 12(4), pp. 259-273.

Gosling, John A. (2000). Sexual compulsivity in gay men from a Jungian perspective. *Journal of Gay & Lesbian Psychotherapy*, Vol. 3 Issue 3/4, p141.

Herring, Bill (Apr 2001). HIV and sexual compulsivity. *Sexual Addiction & Compulsivity*, Vol. 8 Issue 2, p81-82.

Kalichman, S. C., Johnson, R. R., Adair, V., Rompa, D., Multhauf, K., & Kelly, J. A. (1994). Sexual sensation seeking: Scaled development and predicting AIDS-risk behavior among homosexually active men. *Journal of Personality Assessment*, 62, 385-397.

Kalichman, Seth C.; Rompa, David (Dec 95). Sexual sensation seeking and sexual compulsivity scales: validity, and predicting HIV risk behavior. *Journal of Personality Assessment*, Vol. 65 Issue 3, p586.

Kalichman, Seth C.; Cain, Demetria (Aug 2004). The relationship between indicators of sexual compulsivity and high risk sexual practices among men and women receiving services from a sexually transmitted infection clinic. *Journal of Sex Research*, Vol. 41 Issue 3, p235-241.

Kasl, Charlotte Sophia (Sep 2002). Special issues in counseling lesbian women for sexual addiction, compulsivity, and sexual codependency. *Sexual Addiction & Compulsivity*, Vol. 9 Issue 4, p191.

Missildine, Whitney; Feldstein, Gideon; Punzalan, Joseph C.; Parsons, Jeffrey T. (Mar 2005). S/he loves me, s/he loves me not: questioning heterosexist assumptions of gender differences for romantic and sexually motivated behaviors. *Sexual Addiction & Compulsivity*, Vol. 12 Issue 1, p65-74.

Parry, Marty J.; Barry, John F. (Jun 98). The gay male client in sex addiction treatment. *Sexual Addiction & Compulsivity*, Vol. 5 Issue 2, p119-131.

Parsons, J.T., Severino, J.P., Grov, C., and Bimbi, D.S. (2007). Internet use among gay and bisexual men with compulsive sexual behavior. *Sexual Addiction & Compulsivity*, Vol. 14, Issue 3, p. 239-256.

Parsons, Jeffrey T.; Bimbi, David; Halkitis, Perry N. (Apr 2001). Sexual compulsivity among gay/bisexual male escorts who advertise on the internet. *Sexual Addiction & Compulsivity*, Vol. 8 Issue 2, p101-112.

Quittner, Jeremy (2/4/2003). Addicted to dot-com sex. *Advocate*, Issue 882, p34-36.

- Reece, Michael (Mar 2003). Sexual compulsivity and HIV serostatus disclosure among men who have sex with men. *Sexual Addiction & Compulsivity*, Vol. 10 Issue 1, p1.
- Spitzer, Robert L. (2003, Oct.). Effectiveness of reorientation therapies. *Archives of Sexual Behavior*, Vol. 32, No. 5, October 2003, pp. 403-417.
- Throckmorton, W. (2002, June). Initial empirical and clinical findings concerning the change process for ex-gays. *Professional Psychology: Research and Practice*.
- Yarhouse, M.A. (2002). *Ethical Issues In Attempts To Ban Reorientation Therapies*. Psychotherapy: Theory/Research/Practice/Training, Vol. 39, No. 1, 66-75, by the Educational Publishing Foundation.

RELATED ORGANIZATIONS

| | | |
|--|---|---|
| APA Lesbian, Gay, and Bisexual Concerns | The American Psychological Association's division for addressing gay and bisexual issues. | 750 First Street, NE. Washington, DC 20002 |
| National Association for Research & Therapy of Homosexuality (NARTH) | Professional association exploring therapy to homosexuals who desire to modify their sexual orientation. The organization is controversial, non-sectarian and scientific. | narth.com Phone: (818) 789-4440 |
| National Gay and Lesbian Task Force | An organization addressing gay and lesbian issues and concerns. | 2320 17th St. Washington, DC 20009 (202) 332-6483 |
| Parents and Friends of ExGays and Gays (PFOX) | Outreach, education, and public awareness in support of the ex-gay community and families impacted by homosexuality. | pfox.org |
| Parents, Families and Friends of Lesbians and Gays (PFLAG) | An advocacy and support group for gays, lesbians, and their loved ones. | 1726 M Street, NW, Suite 400, Washington, DC 20036 (202) 467-8180 |

Helping Professionals with Sex Addiction

BOOKS

The Wounded Healer: An Addiction-Sensitive Approach to the Sexually Exploitative Professional. By Richard Irons M.D. and Jennifer P. Schneider M.D. Jason Aronson Publishers, 1999.

ARTICLES

- Cimboic, Peter and Pam Cartor (2006). Looking at ephebophilia through the lens of cleric sexual abuse. *Sexual Addiction & Compulsivity*, Vol. 13, Issue 4, p347-359.
- Davies, Mark (Jun 2003). Clergy sexual addiction: a systemic preventative model. *Sexual Addiction & Compulsivity*, Vol. 10 Issue 2/3, p99-109.
- Gregoire, Jocelyn; Jungers, Chrissy (Jan-Jun 2004). Sexual addiction and compulsivity among clergy: how spiritual directors can help in the context of seminary formation. *Sexual Addiction & Compulsivity*, Vol. 11 Issue 1/2, p71-81.
- Johnson, Dirk; Shenfeld, Hilary (4/12/04). Preachers and porn. *Newsweek*, Vol. 143 Issue 15, p52-52.
- Laaser, Mark R. (Jun 2003). Pastors and sexual addiction. *Sexual Addiction & Compulsivity*, Vol. 10 Issue 2/3, p139-149.
- Laaser, Mark R.; Gregoire, Louise J. (Aug 2003). Pastors and cybersex addiction. *Sexual & Relationship Therapy*, Vol. 18 Issue 3, p395.
- Nelson, Laura (Jun 2003). Sexual Addiction versus Sexual Anorexia and the Church's Impact. *Sexual Addiction & Compulsivity*, Vol. 10 Issue 2/3, p179-191.
- Sealy, John R. (Apr 2002). Physician sexual misconduct. *Sexual Addiction & Compulsivity*, Vol. 9 Issue 3, p97.
- Sperry, Len (Winter 99). The sexually abusing minister. *Human Development*, Vol. 20 Issue 4, p13.
- Spickard, Anderson; Swiggart, William H.; Manley, Ginger; Dodd, David (Jan 2002). A continuing education course for physicians who cross sexual boundaries. *Sexual Addiction & Compulsivity*, Vol. 9 Issue 1, p33-42.
- Turner, Martha; Mawr, Bryn (Sep 2000). The wounded healer (book review). *Sexual Addiction & Compulsivity*, Vol. 7 Issue 3, p225.

Pharmaceutical Management of Sexual Behaviors

ARTICLES

- Bostwick, Michael; Bucci, Jeffrey (Feb. 2008). Internet sex addiction treated with naltrexone. *Mayo Clinic Proceedings*, 83(2): 226-230.
- Bradford, J. (1997). Medical interventions in sexual deviance. In D. R. Laws & w. O'Donohue (Eds.), *Sexual deviance: Theory, assessment, and treatment* (pp. 449-464). New York: The Guildford Press.
- Britton, Kenneth R. (Aug 98). Case study Medroxyprogesterone in the treatment of aggressive hypersexual behaviour in traumatic brain injury. *Brain Injury*, Vol. 12 Issue 8, p703-707. Medroxyprogesterone is a type of female hormone (progestin).

- Dodd, M. L.; Klos, K. J.; Bower, J. H. (Aug 2005). Dopamine agonist therapy may be linked to gambling. *Brown University Geriatric Psychopharmacology Update*, Vol. 9 Issue 8, p3-3. Dopamine agonists directly stimulate the receptors in nerves in the brain that normally would be stimulated by dopamine.
- Elmore, James L. (May 2005). Psychotropic medication control of non-paraphilic sexual addiction in a female. *Sexual & Relationship Therapy*, Vol. 20 Issue 2, p211-213.
- Fong, Timothy W.; De La Garza, Richard II; Newton, Thomas F. (Oct 2005). A case report of topiramate in the treatment of nonparaphilic sexual addiction. *Journal of Clinical Psychopharmacology*, Vol 25(5), pp. 512. Topiramate is an anti-seizure medication (anticonvulsant) that works in several ways to prevent seizures and migraines.
- Han, D. H., Lee, Y. S., Na, C., Ahn, J. Y., Chung, U. S., Daniels, M. A., et al. (2009). The effect of methylphenidate on Internet video game play in children with attention-deficit/hyperactivity disorder. *Comprehensive Psychiatry*, 50(3), 251–256.
- Han, D. H., Hwang, J. W., & Renshaw, P. F. (2010). Bupropion sustained release treatment decreases craving for video games and cue-induced brain activity in patients with Internet video game addiction.
- Kafka, M. P. (1991). Successful antidepressant treatment of nonparaphilic sexual addictions and paraphilias in men. *Journal of Clinical Psychiatry*, 52(2), 60-65.
- Kafka, M. P. (1994, Sept). Sertraline pharmacotherapy for paraphilias and paraphilia-related disorders: an open trial. *Ann Clinical Psychiatry*, 6 (3), 189-95. Sertraline (Zoloft) is used to treat depression, panic attacks, obsessive compulsive disorders, post-traumatic stress disorder, and social anxiety disorder. It is known as a selective serotonin reuptake inhibitor (SSRI).
- Kafka, M. P., & Prentky, R. (1998, July). Attention-deficit/hyperactivity disorder in males with paraphilic and paraphilia-related disorders: a comorbidity study. *Journal of Clinical Psychiatry*, 59(7), 388-96.
- Kafka, M. P., & Hennen, J. (2000, Sept). Psychostimulant augmentation during treatment with selective serotonin reuptake inhibitors in men with paraphilias and paraphilia-related disorders: a case series. *Journal of Clinical Psychiatry*, 61(9), 664-70.
- Kafka, M. P. (2000). Psychopharmacological treatments for nonparaphilic compulsive sexual behaviors. *CNS Spectrums*, 5, 49-59.
- Kafka, M. P. (2003). The nonamine hypothesis for the pathology of paraphilic disorders: an update. *Ann N Y Acad Sci.*, 989: 86-94.
- Kim, Suck Won. (April 1998). Opioid antagonists in the treatment of impulse-control disorders. *Journal of Clinical Psychiatry*, Vol 59(4), Apr 1998. pp. 159-164.
- Kobayashi, Toshiyuki (June 2004). Effect of haloperidol on a patient with hypersexuality following frontal lobe injury. *Psychogeriatrics*, Vol. 4 Issue 2, p49-52. Haloperidol is used to treat certain mental/mood disorders (e.g., schizophrenia, schizoaffective disorders).
- Kruesi, M. J., Fine, S., Valladares, L., Phillips, R. A., & Rapoport, J. L. (1992). Paraphilias: a double-blind crossover comparison of clomipramine versus desipramine. *Archives of Sexual Behavior*, 21, 587-593. Clomipramine is used to treat obsessive compulsive disorder (OCD). It helps decrease persistent/unwanted thoughts (obsessions), and it helps reduce the urge to perform repeated tasks (compulsions such as hand-washing, counting, checking) that interfere with daily living. Desipramine is used to treat depression.
- Nadal, Miguel; Allgulander, Swante (Mar 1993). Normalization of sexual behaviour in a female with dementia after treatment with cyproterone. *International Journal of Geriatric Psychiatry*, Vol. 8 Issue 3, p265-267. Cyproterone is a testosterone inhibitor.
- Raymond, Nancy C., Grant, J. E., Kim, S. W., and Coleman, E. (July 2002). Treatment of compulsive sexual behaviour with naltrexone and serotonin reuptake inhibitors: Two case studies. *International Clinical Psychopharmacology*, Vol 17(4), Jul 2002. pp. 201-205.
- Ryback, Ralph S., (July 2004). Naltrexone in the Treatment of Adolescent Sexual Offenders. *Journal of Clinical Psychiatry*, Vol 65(7), Jul 2004. pp. 982-986.
- Saleh, Fabian (Oct-Dec 2005). A hypersexual paraphilic patient treated with leuprolide acetate: a single case report. *Journal of Sex & Marital Therapy*, Vol. 31 Issue 5, p433-444. Leuprolide (Lupron Depot) is used to shut down ovulation in women.
- Schmidt, M. D. (2001, May). Changes in sexual function during acute and six-month fluoxetine therapy: a prospective assessment. *Journal of Sex Marital Ther.* 27(3), 289-302. Floxetine (Prozac) is a selective serotonin reuptake inhibitor (SSRI).
- Stein, D. J., Hollander, E., Anthony, D. T., Schneier, F. R., Fallon, B. A., Liebowitz, M. R., & Klein, D. F. (1992, Aug). Serotonergic medications for sexual obsessions, sexual addictions, and paraphillias. *Journal of Clinical Psychiatry*, 53(8), 267-271.
- Thibaut, F., Cordier, B., & Kuhn, J. M. (1993). Effect of a long-lasting gondotrophin hormone-releasing hormone agonist in six cases of severe male paraphilia. *Acta Psychiatry Scand*, 87, 445-450. gondotrophin hormone-releasing hormone is produced by the hypothalamus and signals the anterior pituitary gland to begin secreting luteinizing hormone and follicle-stimulating hormone. It is essential in puberty and for fertility

in the adult years.

Spouse/Partner and Children of Sex Addicts

BOOKS

- After the Affair: Healing the Pain and Rebuilding Trust When a Partner Has Been Unfaithful.*** (1996) Abrahms-Spring, Janis, Harper-Collins, New York. ISBN: 0-06-092817-4. For couples who want to rebuild their relationship after one partner had had an affair.
- An Affair of the Mind : One Woman's Courageous Battle to Salvage Her Family from the Devastation of Pornography.*** (1998) Hall, Laurie, Focus on the Family Pub; ISBN: 1561794643. Christian Resource.
- Back from Betrayal: Recovering from his Affairs, 2nd ed.*** (2001) Schneider, Jennifer, Recovery Resources Press. Practical help for women involved with sex addicted men.
- Living With Your Husband's Secret Wars.*** (1999) Means, Marsha, ISBN: 0800757106. For women who have husbands struggling with sexual addictions and how to deal private devastations.
- Rebuilding Trust: For Couples Committed to Recovery.*** (1989) Schneider, Jennifer and Burt Schneider, Hazelden Educational Materials. Valuable resource for couples beginning recovery.
- Partners: Healing From His Addiction.*** (2001) Weiss, Douglas, ISBN: 1881292258
- Partners Recovery Guide : 100 Empowering Exercises.*** (1997, first edition) Weiss, Douglas, Discovery Press.
- Sex, Lies, and Forgiveness: Couples Speak out on Healing from Sex Addiction.*** (1999, second edition) Schneider, Jennifer and Burt Schneider, Recovery Resources Press, Tucson, AZ. 88 couples talk about how they have coped with problem sexual behavior.
- Women Who Love Sex Addicts : Help for Healing from the Effects of a Relationship With a Sex Addict.*** (1993) Weiss, Douglas, Discovery Pr; ISBN: 1881292789.

ARTICLES

- Bergner, Raymond M.; Bridges, Ana J. (May/June 2002). The significance of heavy pornography involvement for romantic partners: Research and clinical implications. *Journal of Sex & Marital Therapy*, Vol. 28 Issue 3, p193-206.
- Bird, Mark H. (Jul 2006). Sexual addiction and marriage and family therapy: facilitating individual and relationship healing through couple therapy. *Journal of Marital & Family Therapy*, Vol. 32 Issue 3, p297-311.
- Corley, M. Deborah; Schneider, Jennifer P. (Dec 2003). Sex addiction disclosure to children: The parents' perspective. *Sexual Addiction & Compulsivity*, Vol. 10 Issue 4, p291-324.
- Corley, M. Deborah; Schneider, Jennifer P. (Jan 2002). Disclosing secrets: guidelines for therapists working with sex addicts and co-addicts. *Sexual Addiction & Compulsivity*, Vol. 9 Issue 1, p43-67.
- Corley, M. Deborah (Dec 2005). Sexplanations II: Helping addicted parents talk with their children about healthy sexuality, sexual addiction, and sexual abuse. *Sexual Addiction & Compulsivity*, Vol 12(4), pp. 245-258.
- DeMaris, Alfred (1997). Elevated sexual activity in violent marriages: hypersexuality or sexual extortion? *Journal of Sex Research*, Vol. 34 Issue 4, p361-373.
- Keane, Helen (Fall 2004). Disorders of desire: Addiction and problems of intimacy. *Journal of Medical Humanities*, Vol. 25 Issue 3, p189-204.
- Laaser, M. (1996). Recovery for couples. Milrad, R. (1999). Coaddictive recovery: Early recovery issues for spouses of sex addicts. *Sexual Addiction & Compulsivity*. 3, 97-109.
- Manley, G. (1999). Treating chronic sexual dysfunction in couples recovering from sexual addiction and sexual coaddiction. *Sexual Addiction & Compulsivity*. 6(2), 111-124.
- Martin, G. L. (1989). Relationship, romance, and sexual addiction in extramarital affairs. *Journal of Psychology and Christianity*, 8(4), 5-25.
- Matheny, Judith C. Heaton (Mar 1998). Strategies for assessment and early treatment with sexually addicted families. *Sexual Addiction & Compulsivity*, Vol. 5 Issue 1, p27.
- Schneider, Jennifer P. (Jul 89). Rebuilding the marriage during recovery from compulsive sexual behavior. *Family Relations*, Vol. 38 Issue 3, p288-294.
- Schneider, J. P., & Schneider, B. H. (1996). Couple recovery from sexual addiction / coaddiction: Results of a survey of 88 marriages. *Sexual Addiction & Compulsivity*, 3, 111-126.
- Schneider, J., Corley, M., & Irons, R. (1999). Surviving the disclosure of infidelity: Results of an international survey of 164 recovering sex addicts and partners. *Sexual Addiction and Compulsivity*, 5, 189-217.
- Schneider, J. P. (2000). Effects of cybersex addiction on the family: Results of a survey. In A. Cooper (Ed.), *Cybersex: The Dark Side of the Force* (pp. 31-58). Philadelphia: Brunner Routledge.
- Schneider, Jennifer P. (Aug 2003). The impact of compulsive cybersex behaviours on the family. *Sexual & Relationship Therapy*, Vol. 18 Issue 3, p329.
- Schwartz, Mark F.; Southern, Stephen (Sept 99). Manifestations of damaged development of the human affectional systems and developmentally based psychotherapies. *Sexual Addiction & Compulsivity*, Vol. 6 Issue 3, p163.

- Sprenkle, Douglas H. (Jan 1987). Treating a sex addict through marital sex therapy. *Family Relations*, Vol. 36 Issue 1, p11.
- Wildmon-White, M. Lynn; Young, J. Scott (Sep 2002). Family-of-origin characteristics among women married to sexually addicted men. *Sexual Addiction & Compulsivity*, Vol. 9 Issue 4, p263.
- Young, K. S., Griffin-Shelley, E., Cooper, A., O'Mara, J., & Buchanan, J. (2000). Online infidelity: A new dimension in couple relationships with implications for evaluation and treatment. In A. Cooper (Ed.), *Cybersex: The dark side of the force* (pp. 59-74). Philadelphia: Brunner Routledge.
- Zitzman, Spencer T.; Butler, Mark H. (Dec. 2005). Attachment, addiction, and recovery: conjoint marital therapy for recovery from a sexual addiction. *Sexual Addiction & Compulsivity*, Vol 12(4), pp. 311-337.

RELATED ORGANIZATIONS

| | | |
|---|---|--|
| Codependents of Sex Addicts (COSA) | A twelve step program for anyone whose life has been impacted by compulsive sexual behavior. | (763) 537-6904 cosa-recovery.org/ |
| Families Damaged by Pornography | Message board at ParentSoup on iVillageOnline. Support group for recovering addicts and their loved ones affected by porn addiction and related issues. | boards.parentsoup.com/messages/get/psfamiliesandporn45.html |
| Family/ Friends Affected by Sex Addicts | A recovery-based support group for those affected by a loved one's sexual addiction with links to on-line meetings and to various posting forums. | ciaracat.net/hope.htm |
| Sisters United Against Pornography | A place for Christian women whose husbands are addicted to pornography. Includes resources and a message board. | jenny2420.tripod.com/sistersunitedagainstpornography |

Appendix E: Articles on Sexual Compulsions

- Aboujaoude, Elias, (October 2006) The International Journal of Neuropsychiatric Medicine.
- Adams, J. M., & Robinson, D. (2001). Shame reduction, affect regulation, and sexual boundary development: Essential building blocks in sexual addiction treatment. *Sexual Addiction & Compulsivity*, 9(1), 23-44.
- Adams, Kenneth M. (Sep 99). Sexual harassment as cycles of trauma reenactment and sexual compulsivity. *Sexual Addiction & Compulsivity*, Vol. 6 Issue 3, p177.
- Baird, Ameer D.; Wilson, Sarah J.; Bladin, Peter F.; Saling, Michael M.; Reutens, David C. (Apr 2002). Hypersexuality after temporal lobe resection. *Epilepsy & Behavior*, Vol. 3 Issue 2, p173.
- Bancroft, John; Vukadinovic, Zoran (Aug 2004). Sexual addiction, sexual compulsivity, sexual impulsivity, or what? Toward a theoretical model. *Journal of Sex Research*, Vol. 41 Issue 3, p225-234.
- Bem, D.J. (1996). Exotic becomes erotic: A developmental theory of sexual orientation. *Psy Review*, 103, 320-335.
- Benotsch, Eric G.; Kalichman, Seth C.; Pinkerton, Steven D. (Apr 2001). Sexual compulsivity in HIV-positive men and women: prevalence, predictors, and consequences of high-risk behaviors. *Sexual Addiction & Compulsivity*, Vol. 8 Issue 2, p83-99.
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- Black, Benjamin; Muralee, Sunanda; Tampi, Rajesh R. (Sep 2005). Inappropriate sexual behaviors in dementia. *Journal of Geriatric Psychiatry & Neurology*, Vol. 18 Issue 3, p155-162.
- Black, D. W., Kehrer, L. L. D., Flumfelt, D. L., & Schlosser, S. S. (1997). Characteristics of 36 subjects reporting compulsive sexual behavior. *American Journal of Psychiatry*, 154, 243-249.
- Black, D. W. (2000). The epidemiology and phenomenology of compulsive sexual behavior. *CNS Spectrums*, 5(26), 31-35, 72.
- Blankenship, Richard; Laaser, Mark (Jan-Jun 2004). Sexual addiction and ADHD: is there a connection? *Sexual Addiction & Compulsivity*, Vol. 11 Issue 1/2, p7-20.
- Bostwick, Michael; Bucci, Jeffrey (Feb. 2008). Internet sex addiction treated with naltrexone. *Mayo Clinic Proceedings*, 83(2): 226-230.
- Bradford, J. (1997). Medical interventions in sexual deviance. In D. R. Laws & w. O'Donohue (Eds.), *Sexual deviance: Theory, assessment, and treatment* (pp. 449-464). New York: The Guildford Press.
- Braun, Claude M.J.; Dumont, Mathieu; Duval, Julie; Hamel, Isabelle; Godbout, Lucie (2003). Opposed left and right brain hemisphere contributions to sexual drive: A multiplelesion case analysis. *Behavioral Neurology*, Vol. 14 Issue 1/2, p55.
- Braun-Harvey, Douglas (Apr 2001). Integration of client HIV status in sexual dependency outpatient treatment: what is your relationship with HIV? *Sexual Addiction & Compulsivity*, Vol. 8 Issue 2, p129-156.
- Brenner, V. (1997). Psychology of computer use: XLVII. Parameters of Internet use, abuse and addiction: The first 90 days of the internet usage survey. *Psychological Reports*, 80, 879-882.
- Britton, Kenneth R. (Aug 98). Case study Medroxyprogesterone in the treatment of aggressive hypersexual behaviour in traumatic brain injury. *Brain Injury*, Vol. 12 Issue 8, p703-707.
- Brown, Alison Hamilton; Domier, Catherine P.; Rawson, Richard A. (Apr-Sep 2005). Stimulants, sex, and gender. *Sexual Addiction & Compulsivity*, Vol 12(2-3), pp. 169-180.
- Brown, Christina M.; Traverso, Giovanni (Aug 96). Masturbation prohibition in sex offenders: A crossover study. *Archives of Sexual Behavior*, Vol. 25 Issue 4, p397.
- Buzzell, T. (2005). The effects of sophistication, access, and monitoring on use of the pornography in three technological contexts. *Deviant Behavior*, 26, 109-132.
- Canning, Maureen (Mar 1999). Breaking through defenses. *Sexual Addiction & Compulsivity*, Vol. 6 Issue 1, p47.
- Carnes, P. (1991). *Don't call it love: Recovering from sexual addiction*. Minneapolis, MN: Comp Care Publishers. (Includes the *Sexual Addiction Self-Report Inventory*).
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Appendix F: Research Related to Compulsive Internet Use

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