

A Review of Sexual Health in Drug and Alcohol Treatment: Group Facilitator's Manual

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Douglas Braun-Harvey has crafted the perfect book to fill a long-empty, critical need in chemical dependency treatment: how to address sexual health and education to enhance treatment effectiveness and decrease relapse rates. The book, actually a training manual, is so thoroughly complete and comprehensive that it's easily the most ambitious resource available to date on what has been an historically neglected area. Unfortunately, there is also little doubt that this book may be a challenge to some institutions that struggle with the intersection of sexuality and substance use. I am thrilled to have the opportunity to review it for AJSE because I am convinced that this work will, if not revolutionize, most certainly "evolutionize" the field of drug and alcohol treatment.

KEYWORDS *Sexual health education, chemical dependency treatment, sexuality and substance use, group facilitator training manual*

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RESOURCE REVIEWED: *Sexual Health in Drug and Alcohol Treatment: Group Facilitator's Manual*. Braun-Harvey, D. New York, NY: Springer, 2009, ISBN-13:978-0-8261-2015-1.

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Given the single-minded nature of many treatment centers, even the larger treatment industry, making sexuality issues integral to the treatment plan is a daunting and sometimes unwelcome task. This book addresses these issues in an unprecedented way, but finding an entry point may be an inevitable challenge.

Perhaps Braun-Harvey will succeed in getting this book "out there," because it has needed to be out there in chemical dependency and addiction treatment communities for already far too long.

A disclaimer: This cannot be customarily unbiased and unattached review. Braun-Harvey and I met several years ago at a conference of the American Association of Sexuality Educators, Counselors & Therapists (AA-SECT) and realized at once that these are issues for which we have shared a passion for many years. With the excitement of common zeal, shared frustration at the *status quo*, and the warmth of meeting a kindred spirit, we discussed what I now know were the seeds of this book. I am thrilled to have the opportunity to review it for *AJSE* because I am convinced that this work will if not revolutionize most certainly "evolutionize" the field of drug and alcohol treatment.

I often quote another pioneer in this field (and a hero to both Doug and me), Eli Coleman, who wrote: "The failure to deal with social-sexual issues may impair the progress of recovery in a chemically dependent individual and his or her family."¹ With all due respect to the ever-diplomatic Dr. Coleman, in my opinion, failure to address these issues WILL impair progress. Therefore, I was thrilled to read the following premise on the back cover of Braun-Harvey's book:

For men and women in addiction recovery, sexual behavior linked with drug or alcohol use is too often the primary reason for relapse. When sexuality is not directly and positively addressed in drug and alcohol treatment, it can result in treatment failure or relapse.

Dr. Coleman (one of Braun-Harvey's acknowledged mentors and advisors in writing this book) also lent a quote to the book's cover, saying, "The curriculum provides a vision for chemical dependency treatment I have attempted to address for many years. This looks like an approach that finally meets this need."

I and others have worked in this arena for years, and we have struggled and mostly failed to get treatment centers in our communities to recognize the importance of integrating sexual health into their treatment protocols. My entry point for promoting my own "Sexuality Issues in Chemical Dependency" programs at treatment centers was my previous work in that field. I was an addiction professional, working in in-patient settings, before I became a sexologist. It was during that time (1990) that the seeds for this work sprouted for me, when I brought a certified sexuality educator into the

treatment center in which I was working to conduct the Joint Commission accreditation-required HIV/AIDS classes for the staff. In preparing for that training, it was clear that the research that existed (*circa* 1985–1989) for *any connection whatsoever* between sexuality and chemical dependency had to do primarily with I.V.-drug use and HIV-risk. In my experience, the only time the link was made in treatment was when discussing “4th-Step” (in recovery parlance) issues such as prostituting oneself for drugs, or sometimes when addressing connections made by sexual abuse and trauma. The only time I recall hearing about sexuality issues in recovery groups or 12-Step fellowship meetings was either the typical jokes about “13th Stepping”² or the traditional admonishment, “no relationships for the first year of sobriety!” I often heard comments to the effect that discussing sexual issues fell outside the “primary purpose of talking about not drinking or drugging, one day at a time.”

It quickly became apparent that there was a *world* of sexuality issues that were not even being *acknowledged* in treatment centers or in the larger recovering community and that there did not even seem to be a culture that could allow that to happen. I can attest to the veracity of what Braun-Harvey writes in this book’s introduction: “Some drug and alcohol treatment centers operate under significantly outdated, ineffective, and disapproving views about sex. Sexuality is often addressed only when a client’s sexual behavior conflicts with treatment program policies (e.g., those concerning HIV infection, sex between clients, sexual activity off grounds, falling in love with other clients).” Thus, my professional experience, and the many other sexuality educators who pushed against the current to bring sexual health programs into treatment centers and halfway houses for years, underscore the importance of what Braun-Harvey brings to this formal curriculum—that sexual health issues are relevant for *everyone* in chemical dependency treatment, not just I.V.-users or those with “hard core war stories,” and that striving toward sexual health is a natural fit with treatment and recovery.

While many of us knew this, and remained largely frustrated, there was never a resource with a formal rationale and model until now. With this brilliant curriculum, it can now be more than just hit-or-miss, “psycho-educational”³ groups, once or twice a month, from someone *outside* of the treatment center. Here is an organized program that has already addressed what the majority of addicts and alcoholics in treatment are (or will be) thinking: *Will I be able to have sex sober? Will I enjoy sober sex? Will my past, present or future relationship set me up to relapse? What can I possibly do with the shame of “the wreckage of my past,” especially when it was sex- and drug-linked things I’ve done?*

The book’s liner notes offer this description: “This group facilitator’s guide introduces a pioneering, evidence-based curriculum, designed to integrate concepts of sexual health, current sex research, and recent developments in relapse prevention research.”

It is all that and more. And it does indeed deliver something pioneering. While Braun-Harvey acknowledges another mentor and review-committee member for this book, Stephanie Covington, for her foundational work *Awakening Your Sexuality: A Guide for Recovering Women* (2000), it is noteworthy that *she* praised *him*, lending this quote to the book's cover: "[He] challenges our attitudes and beliefs, as well as our traditional ways of providing treatment . . . [that] can provide a missing piece for many recovering addicts."

It is quite an extraordinary group facilitator's guide, one that can easily make even experienced group leaders exceptional. It is a remarkably organized curriculum, which would undoubtedly bring participants (virtually any, at any stage of recovery) to a place of improved sexual health upon its completion. After a training module and an orientation session, the book is arranged into four "core" sections, each with three lesson/activities to reinforce the theme (hence, a perfectly manageable 12-session program). The first section is on Sex and Drug-linked Issues and includes lessons on identifying the risks of relapsing on drugs, sexual decision making in recovery, and dating and relationship concerns in recovery. The second core is on sexual attitudes and values, including activities focusing on motivations for sex in recovery, the ability to talk about sexual health, and sexuality and spirituality in recovery. Core three deals with participants' sexual pasts and has group activities on sexual development, nonconsensual sexual experience, and "out-of-control" sexual behavior. The fourth section deals directly with what will very likely be participants' remedial and emergent sexual health concerns at various stages in early recovery: lessons are on sexual functioning in recovery, sexual boundaries, and forging a healthy relationship with one's own body—clearly something conspicuously lacking in the majority of chemical dependency treatment centers.

Each chapter in this detailed, facilitator-friendly book begins with a core concept and a belief statement, followed by learning objectives and desired change goals, and then scripted lecture and activity instructions, including materials needed. Better still, each chapter also includes direction for music, quiet and meditative ways of beginning and ending each group, and—especially impressive—each activity opens with a reading: a poem, a lyric, an excerpt from some short essay, some otherwise poignant and inspirational piece to "set the mood." There are also very user-friendly worksheets for most lessons, most of which offer not only an excellent way to reinforce the lesson but also a tool to be used throughout *and after* treatment, in fact, well into one's long-term recovery.

Another stand-out quality of this curriculum is that the four "cores" of sex/drug-linked sexual behavior, sexual attitudes and values, sexual past, and sexual health are not necessarily linear in their ability to impact one another, so the lessons can be delivered in any order. A few examples come to mind: If a particular in-patient group is just gelling, and there is still a lot of defensive

posturing, “fronting” behavior, one could start with attitudes and values; if another group is bonded and into some heavy “wreckage of the past” stuff in their primary addiction groups, it may be apropos to begin with past sexual issues or ways to envision their future sexuality, healthy, in recovery.

LEARNING/TRAINING OBJECTIVES

Since I believe the book satisfactorily meets its four promised learning objectives, I will expound on each, with some commentary:

“[To illustrate] how sexual behavior linked with drug or alcohol use is too often the primary reason for relapse in addiction recovery.” I have been an advocate for this concept in my work in sexuality issues in chemical dependency, in treatment centers and for addiction professionals, for the past 18 years. I believe it is fair to say that virtually all chemically dependent people have had their sexuality affected by their drug use in some way, whether by more typical “sex under the influence” issues or more severe sex/drug associations, such as patterns of “extreme” sex fueled by drug use (especially like that seen with drugs such as cocaine and methamphetamine, which Braun-Harvey worked with frequently in San Diego, especially among gay men). As he points out, this is a critical issue for the prevention of relapsing with the drug-using behavior, NOT a treatise on “sex addiction” (pp. 223–224). I could not agree more; nevertheless, this may be one of the biggest concerns treatment center administrators may voice in objecting to implementing the curriculum. Clearly, we are at a time when treatment centers, like the broader culture in which they operate, are particularly focused on “sex addiction,” made even more sensational by the media’s love of celebrity sex-scandal gossip and, sadly, more legitimized by the proliferation of “sex rehab” treatment centers. I fear this may be another challenge for treatment center buy-in, and I hope the treatment center administrators and clinical directors who read this book will not see this as a “sex program” rather than a chemical-dependency-relapse-prevention-*via*-sexual-health program.

Braun-Harvey does include a chapter which defines and addresses “out-of-control” sexual behavior, including compulsivity and impulsivity and possibly paraphilia-related disorders, but he also does a remarkable job of keeping the focus of this discussion on how these behaviors can lead to relapse of the *drug addiction*. This, too, is part of the pioneering genius of this book; that is, it avoids the cultural tendency in most treatment centers to assume that “being an addict” will be evident in any or all areas of a person’s life, whether it be drug use, sexual expression, faulty relationships, or television or computer use, which too often leads to a sort of fill-in-the-blank mentality with “diagnosing” addiction. Braun-Harvey

side-steps this gracefully, proposing simply and only that chemical dependency treatment integrated with sexual health psycho-education improves treatment outcomes and reduces recidivism to drug use. (On a side note, I'd say Doug's "Sexual Symptoms in Recovery Worksheet," the appendix to the lesson on out-of-control sexual behavior, is a far more therapeutically effective tool than working a 12-Step program for such sexual behavior.)

"[To show] how sexuality directly and positively addressed in drug and alcohol treatment can result in improving treatment outcomes."

Part of what makes this book so effective is that it is not just theory; it has been implemented, evaluated, and proven successful by Braun-Harvey in his work with the staff and administrators, and hundreds of patients, of Stepping Stone, a chemical dependency treatment center in San Diego, California. The rigorous evaluation described in the book showed conclusive "improved client retention and decreased sexual behavior problems" (p. 15). But what is also evident from just one read through is that this curriculum has the potential for positive outcomes immeasurable within the life of the program. In other words, these clients will far more likely, if compared to a "control group" of traditional treatment alumni, relapse less, have a stronger commitment to recovery, and be sexually healthier, in their individual lives and in their relationships.

Not only has this been a "living and breathing," evidence-based curriculum, but Braun-Harvey's research base also is immense and impressive, and every chapter in the book offers a separate reference section.

"[To train] how to facilitate a positive and safe psycho-educational group [within treatment] to understand and change sex/drug-linked behaviors."

This is one area where I have a few reservations. The book is written so comprehensively as a curriculum/ training manual that it can practically be used as a script, to be read right out of the book to a treatment group. However, along with Doug's assertion that the curriculum "requires no specialized training ... [and] can be integrated into a wide variety of treatment programs with all types of clientele" (pp. 11-12), I have concerns that it ought not be implemented by anyone with just willingness and enthusiasm alone. While this may be an easy syllabus to read to a group, if it is to live up to its powerful potential, then this therapeutic curriculum requires a genuine commitment and a tremendous amount of preparation and training from any facilitator willing to take on the role. From my own experience working in a variety of in- and out-patient chemical dependency treatment settings, I would say that Braun-Harvey's enthusiastic experiences with the staff at Stepping Stones and the initial study groups and programs in San Diego were atypical, to say the least. Unfortunately, I can too easily picture far less enthusiasm and willingness to embrace the idea of installing Sexual

Health in Drug and Alcohol Treatment programs at other centers. Again, convincing the systems within traditional chemical dependency treatment, and that often rigid culture, of the importance of this type of curriculum, and the value of dedicating staff and treatment schedule time amounts to a sea change!

It is also safe to say that, in drug treatment patient groups, “all types of clientele” can vary widely, and so it would behoove facilitators to have a broad-based experience working with groups. Depending on where one is working, for just some examples, one may have a more “street,” even prison-mentality group, a religious or moralistic group, an “impaired professionals” group, or a wildly diverse group that seemingly lacks any homogeneity at all. Any group could present with possibly multiple resistances, at best, or react with anger and negativity, at worse, when talking about sexuality—all of which the presenter should be adept at handling. To his credit, though, Braun-Harvey anticipates some of this in the book’s orientation, and there are also valuable lessons throughout the curriculum on understanding sexual diversity and tolerance as spiritual principles; however, an issue such as homophobia can confound a facilitator’s efforts if ill-prepared. While there are many resources in the book for working with gay, lesbian, or transgender clients, I would have liked to see more on handling the difficulties these unique challenges pose.

“To integrate concepts of sexual health, current sex research, and recent developments in relapse prevention research for reducing the risk of sex/drug-linked relapse.” This is one of the book’s strengths. Braun-Harvey uses a creative formula with the format of each book chapter. In addition to those elements previously mentioned, each chapter also has sections on *required reading* and *suggested materials* for the group leader. One can envision a “manual within a manual,” wherein all these resources are pulled from each chapter into a compendium. This could serve as an exceptional crash course for working in this arena, not just an excellent primer on sexual health education AND on drugs and substance abuse/addiction but also on group facilitation, understanding motivations for change, adolescent development, theoretical orientations for counseling individuals (e.g., DBT) and couples, public health policy, spirituality, and several important ethics issues (e.g., boundaries and scope of practice issues). Even if one never actually conducts these groups in a treatment setting, these parts of the book make it an excellent self-study for many sex therapists, most sexuality educators, and all addiction professionals.

It is especially bold of Braun-Harvey to use current research on sex and relapse prevention to boldly challenge much of that previously mentioned *status quo*, particularly with respect to those recovery “suggestions” relating to relationships. One of my favorite chapters in the book is “Dating and Sexual Relationships in Recovery,” which challenges (with another nod to

his mentor, Stephanie Covington) two firmly entrenched myths: one, that a person with less than a year clean and sober is not “stable” or “skilled” enough to avoid the relapse risks posed by relationships, and two, that having long-term sobriety automatically gives one that stability and set of skills.

CONCERNS

I had just a couple of nagging questions when I finished reading this book, besides the obvious concern of cracking in to the treatment community and convincing the powers-that-be that they would benefit by incorporating this program in their centers. I was curious about who among the staff, in the willing treatment center implementing the curriculum, would that facilitator be? Braun-Harvey says, in the book, that he has had “a variety of addiction professionals” successfully run the groups. As previously pointed out, the curriculum is so expertly crafted and scripted that it can practically be read to a group, yet I still maintain that a suitable facilitator should be someone with a proven comfort, easy rapport, and enough clinical background in running effective groups. If a suitably able and willing group facilitator in a treatment center was identified and if that person made a study of this curriculum *first*, reading and digesting all of the required and recommended readings, *then* I would suggest that a good candidate to implement the curriculum was identified. (Perhaps even add some extracurricular diversity training, independent-study on sexuality education, and perhaps, participation in a sexual attitude reassessment [SAR] training.)

I wondered about the suitability of sexuality educators or sex therapists to offer this program to treatment centers in their communities. I thought they could help sell the centers on the idea and perhaps conduct a pilot program which could train the center staff. However, the idea prompted another concern that many sexuality educators are in just as much need of training in addiction and treatment center culture as addiction professionals are in sexuality. In the book’s introduction, Braun-Harvey talks about how it is essential that the treatment center staff run the groups and that even when he trained facilitators, it was from a more background, consultative way. There seemed to be questions that the book was not answering for me, so I sought communication directly with the author.

In our personal conversations, Braun-Harvey reaffirmed his belief that treatment center staff ought to be the ones conducting the groups. As I mentioned earlier, my own experiences had been one-off “hits” at various centers, as an outside presenter. In Braun-Harvey’s model, the program is part of the patients’ treatment model, included in their treatment plans, implemented by the patients’ treatment team, so that the participants can truly hold it as their own.

While I understood his logic, I still wondered about the potential difficulties addiction professionals—and especially paraprofessionals who often run many of the treatment groups in in-patient settings—might face without a strong background in sexuality, as well as the seemingly perfect role for sexuality educators (who generally love new and exciting curricula, and many of whom do regular programs in a variety of treatment and therapeutic environments, from half-way houses and group homes to juvenile justice and corrections facilities). I am also sure that many sex therapists would love the thought of conducting out-patient groups around this curriculum or even working with the center's clinical team helping to incorporate it into a patient's treatment plan. Several sexuality educators have had great successes collaborating with treatment centers, contracting sexual health groups and classes as part of their treatment plans. Perhaps this book could even serve as the catalyst for writing grants, seeking funds for new collaborations that include cross-training on these disciplines—a good way to address the intent of delivering the program by center staff and ensuring that such staff are adequately prepared.

Happily, Braun-Harvey also informed me that he is already at work on a companion book to *Sexual Health in Alcohol and Drug Treatment*, one suited for individual counseling settings, as well as a variety of treatment centers. The next book, he said, will put greater focus on assessment of relapse risk in chemically-dependent patients. He also assured me that he will address the concerns about treatment center buy-in to the program—proactively, armed with a strong research base in motivations for change—by contending with the objections of “pre-contemplators” considering adoption of the curriculum. Hopefully, Braun-Harvey's subsequent offering will also address the concerns raised here about suitability of group facilitators.

Incidentally, we also talked about another idea for which we share a passion: that adding the language of “sex addiction” to drug and alcohol treatment more often than not adds shame to an already shame-steeped population. I am particularly grateful for Braun-Harvey's use of the term “out-of-control sexual behavior” in lieu of “sex addiction” and for how deftly he navigated those issues in the curriculum, always keeping the focus on sex-positive, sexual health as a key element in recovery and relapse prevention. As mentioned earlier, this curriculum is not intended to address the so-called “process” or behavioral addictions but rather to promote sexual health as an enhancement to effective chemical dependency treatment and relapse prevention.

This is key to remember than when faced with resistance about bringing a “sex program” into “drug treatment.” This is a drug treatment, relapse-prevention program, which so happens to focus on probably the most common causes of relapse, that is, sexuality issues. I worked hard in my own programs to emphasize this point to participants in my groups—namely, that

this was not meant to add to their already full plates, being in treatment, or worse yet in any way meant to add to anyone's experience of shame or regret.

Instead, this guide book does three things: (1) educates and informs participants about sexual health, (2) enlightens them to the idea that sexual health is an integral part of chemical dependency recovery, and (3) shows evidence that addressing sexual health in treatment can make sexuality something that *strengthens* recovery rather than continue to be the thing most likely to weaken it.

This is a book every sexuality educator and therapist should consider adding to their repertoire if they work in treatment centers, or even if they just work with chemically dependent patients or those in recovery. As mentioned earlier, even if it does not result in actual implementation of the curriculum, it is an extremely important resource that furthers the collective knowledge on the links between sexual health and chemical dependency and challenges both fields to tackle these long-neglected concerns.

NOTES

1. From *Chemical Dependency and Intimacy Dysfunction*, Dr. Eli Coleman, PhD, Editor (New York: Haworth Press, 1987).

2. "13th Stepping" is commonly defined in recovery circles as the practice of dating a newcomer, or another 12-Step group member, with less than solid sobriety or recovery. Because it invariably implies some degree of exploitation of a typically more naïve person, it is almost universally viewed as a self-serving, willful, and inconsiderate behavior but yet nonetheless continues to be part of the culture of many recovering communities.

3. Braun-Harvey also uses this word to describe his program, and it is a favorite way to describe much of the work that sexuality educators do, as well, even though it is not actually a real word! "*Psychoeducational*" effectively describes groups that are educational, at least on the surface, but are teaching the kind of knowledge that ideally moves one toward positive behavior change. Sexuality education is not group therapy, nor should it ever even remotely hint at being group therapy. Yet it is also not typically a "hard science," like organic chemistry or mathematics. So, education in something so subjective and values-laden as sexuality is almost unavoidably a psychotherapeutic process. Sexuality educators have long known that rather than just imparting factual information, their programs should emphasize personal, positive, health-behavior change—a brashly therapeutic goal.

Of course, sexuality educators know that effective and comprehensive sexuality education is less about teaching about "parts, plumbing and devices" than it is about encouraging rigorous self-assessment of values, attitudes, feelings, and beliefs, and, based on information that is factual and empowering, learning to apply those congruently to a skill set of sexually healthy behaviors. Hence, the made-up descriptor, *psychoeducational*.