Learning Objectives:

- To define sexual dysregulation & out of control sexual behaviour (OCSB) and contrast with definitions pathology based models
- To have knowledge of a sexual health definition and six sexual health principles that guide ethical and effective OCSB treatment.
- To be able to describe the ‘dual process model’ of human behaviour as a construct for a client-centred treatment method for changing out of control sexual behaviour.
- To deconstruct the definition of out of control sexual behaviour and discuss the key concepts.

Foundations of OCSB:

1. Definition of Terms and Models
2. OCSB Definition
3. Sexual Health Principles
4. OCSB Sexual Health Model
**Sexual Dysregulation:** Perceived or actual lack of sexual self-control

Braun-Harvey & Vigorito, in-press

**Sexual Dysregulation associated with:**
- Consequences
- Distress
- Social impairment
- Family/relationship impairment
- Sexual health violations/problems

Braun-Harvey & Vigorito, in-press

Sexual Dysregulation:
- No singular etiology.
- No consensus on prevalence, diagnostic descriptions or treatment evaluation.
- Sex therapists must critically evaluate their chosen conceptual framework to ensure ethical and effective care

Braun-Harvey & Vigorito, in-press

**Sexual Dysregulation Conceptual Frameworks:**
1. Pathology-Based Models
2. Symptom Pre-existing Condition
3. Moral Incongruence
4. Psychosexual Problem

Braun-Harvey & Vigorito, in-press
**DSM sexual behavior disorders:**
- 1952: Nymphomania
- 1980: Don Juanism
- 1987: References to “non-paraphilic sexual addiction”
- 2000: Sexual Disorder - Not Otherwise Specified (NOS)
- 2013: “Hypersexual Disorder” proposed and rejected

**ICD sexual excess or dysregulation classifications:**
- ICD 6 & 7: Pathological Sexuality
- ICD 8: Sexual Deviation
- ICD 9: Unspecified psychosexual disorder
- ICD 10: Excessive sex drive
- ICD 11: Compulsive Sexual Behavior Disorder*
  *Requires US Federal Legislation for adoption of new standards

**Pathology-Based Models:**
- Central narrative is to establish a disorder
- Two primary pathology models
- Similar bio-psycho-social factors
- Differ on etiology and treatment focus

**Two Primary Pathology-Based Models:**
1. Sexual Addiction
2. Compulsive Sexual Behavior Disorder
Sexual Addiction:
1. Shared etiology with substance-based addictions
   A. Compulsion to seek “drug”
   B. Loss of consumption control
   C. Withdrawal
   D. Tolerance: Neurological adaptations promote craving.

No standardized definition of addiction
Addiction: a compulsion to seek the drug, loss of control over consumption, withdrawal, and neurological adaptations over time that promote craving.
Insufficient evidence to support applying addiction features to sexual dysregulation (Contemporary Sexuality, AASECT Position Statement, 2016)
Laboratory research using Visual Sexual Stimulation (VSS) directly tested and falsified the porn addiction model. (Prause et al, 2016)
The falsification approach requires that every core tenet of the model hold, or else the entire model must be rejected (Popper, 1963)

Compulsive Sexual Behavior Disorder:
1. Impulsivity driven by desire for gratification or pleasure leading to little forethought and inability to control sexual urges leading to unwanted sexual consequences
2. Compulsivity attempt to alleviate discomfort or anxiety that becomes habitual and strengthened

ICD-11 Classified CSBD under impulse control disorder.
Focus shifted from previous diagnostic conceptualizations of high frequency (Hypersexual Disorder) anxiety regulation (Compulsive Sexual Behavior) addictive process (Sexual Addiction)
Compulsive Sexual Behavior Disorder:
ICD-11 classification could pathologize normative sexual behavior.
Excludes:
• Paraphilic Disorders
• Symptoms of another psychiatric disorder
• Distress related to moral conflicts

Braun-Harvey & Vigorito, in-press

ICD-11 Compulsive Sexual Behavior Disorder:
• Improve diagnostic consistency?
• Improve informed treatment decisions?
• Premature to establish disease classification before field trials, test criteria
• Classification misconstrued as etiological consensus.

Braun-Harvey & Vigorito, in-press

Pre-existing Condition Symptom Model:
• Medical Condition: (e.g. traumatic brain injury, stroke, Parkinson’s Disease)
• Psychiatric Disorders: mood, anxiety, substance use, Post-Traumatic Stress Disorder, Attention-Deficit/Hyperactivity Disorder, paraphilic disorder, personality disorder

Braun-Harvey & Vigorito, in-press

Moral Incongruence Model:
• Increasingly compelling evidence is emerging of very strong associations between moral incongruence regarding use of visual sexually stimulating imagery (VSS) and self-perceived problems “porn addiction”.

Braun-Harvey & Vigorito, in-press
Moral Incongruence Model:
- Morally incongruent VSS not indicative of actual sexual control problems
- “Porn addiction” more associated with distress about incongruence than the actual VSS use.
  (Grubbs, et al, 2018)

Psychosexual Problem Models:
- Spectrum of sexual worries, problems, disorders
- Source of distress
  - Not Universal
  - Between disorder and worry
  - Least studied and understood
  - Benefit from professional help without diagnosis
  - Frequent motivation for sex therapy
  (Levin, 2010)

Psychosexual Problem Model:
- Out of Control Sexual Behavior (OCSB)
  - Bancroft and Vukadinovic (2004)
  - No pathological mechanism
  - No singular overriding definition
  - Dual control model balance between sexual excitation and inhibition

(Braun-Harvey & Vigorito, in-press)

Psychosexual Problem Model:
- Out of Control Sexual Behavior (OCSB)
  - No pathological mechanism
  - Definition: “Sexual health problem in which an individual’s consensual sexual urges, thoughts, or behaviors feel out of control”

(Braun-Harvey & Vigorito (2016))
What is Sexual Health?

Sexual health is a state of physical, emotional, mental and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity.

Sexual health requires a positive and respectful approach to sexuality and sexual relationships, the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence.

For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled.

World Health Organization (2006)
**Sexual Health Problem**

1. Sexual health principles to create a clinical framework to mitigate proscriptive, disapproving or stigmatizing sociocultural sexual values.
2. Application of the sexual health construct to develop criteria for decision making regarding sexual matters, taking into account motives and consequences of sexual acts.
3. Do not have sufficient science to understand the line between ‘problem’ and ‘disorder’ in relation to sexual dysregulation.
4. OCSB is a problem within the normal range of human sexual expression.

**Excluding Non-Consent from OCSB Treatment**

1. Clinical Distinction: limited to consensual sexual behaviour and do not use force or coercive behaviour to engage in sexual activity with another person.
2. Clients reporting non-consensual sex should be first assessed and considered for treatment by trained specialists in non-consensual sexuality.
3. Differences between erotic arousal in consensual and non-consensual situations lend themselves to different treatment approaches.
4. Process-oriented psychotherapy groups with a combined membership of consensual and non-consensual presenting problems is a formidable challenge for maintaining group cohesion.

**Sexual Urges, Thoughts or Behaviors**

1. Sexual Urges: embodied sensations and activation that motivates sexual action. Urge may be generated before or after a thought or behavior and is not dependent on either. Feels like a force pushing from within or pulling from without. **Subjective**
2. Sexual Thoughts: ideas, mental pictures and fantasies that contain sexual themes. Sexual scenes run through people’s minds in response to external and internal stimulation. **Subjective**
3. Sexual Behaviors: outward sexual expression not limited to sexual intercourse. Can be any sexual expression with one or more persons. Not dependent upon sexual thoughts or urges. Can precede and follow or influence and be influenced by urges and thoughts. **Observable**
Feel Out of Control

1. Feeling out of control is different than being out of control. (Marty Klein, 2012)

2. “Out of control” is an expression of an individual’s subjective experience. It is their personal description of sensations, thoughts, perceptions, and emotions contributing to sexual behavior problems.

3. Out of control is not a pervasive inability to direct sexual behavior. It is an affective experience that feels like a lack of agency during certain sexual situations.

Sexual Health Definition

Responsible sexual behavior is expressed at individual, interpersonal and community levels. It is characterized by autonomy, mutuality, honesty, respectfulness, consent, protection, pursuit of pleasure, and wellness. The person exhibiting responsible sexual behavior does not intend to cause harm, and refrains from exploitation, harassment, manipulation and discrimination.

Sexual Health Principles

1. Consent
2. Non-exploitation
3. Protection from HIV/STI’s & unintended pregnancy
4. Honesty
5. Shared values
6. Mutual pleasure
Non-Exploitive

**Exploitation**: leveraging one’s power and control to receive sexual gratification from another person, which compromises that person’s ability to consent.

(Braun-Harvey & Vigorito, 2016)

**Non-exploitative sex**: each person considers the risk of exploitation as it relates to the consent between partners, the potential for harm, and the mutual advantageousness for each person to enjoy sexual satisfaction.

(Wertheimer, 2003)
Non-Exploitive Thresholds

1. Each partner considers:
   - The risk for exploitation
   - Consent between partners
   - Potential for harm
   - The mutual advantageousness for each person to enjoy sexual satisfaction.

(Wertheimer, 2003)
Foundations of OCSB:
1. Definition of Terms and Models
2. OCSB Definition
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4. OCSB Sexual Health Model

Sexual health model for out of control sexual behavior is founded upon sexual health principles from respected international and interdisciplinary health organizations.

- World Association for Sexual Health (WAS)
- Pan American Health Organization (PAHO)

Elements of OCSB Sexual Health Model
Client right to sexual expression (to act) and freedom from undue professional restriction.

Sexual health establishes a set of principles to guide ethical decision-making, both for people making sexual decisions and therapists providing treatment for problematic or out of control sexual behavior.

Sexual rights are an essential ingredient for the attainment of sexual health.

Elements of OCSB Theory
“...like the interaction between a rider and an elephant.”

Jonathan Haidt

Most of the time, the motivations of the two systems are compatible or the same.

Other times, they are competing.
Feeling out of control

adapted from Loewenstein & O'Donoghue, 2007
Competing Motivations

1. Self Regulation
2. Attachment Regulation
3. Sexual and Erotic Conflicts

Stimuli

Deliberative System

Affective System

Behavior

Sexual Health Principles

Screening Criteria
Screening Criteria

1. Physical Safety
2. Physical Health
3. Mental Health
4. Relationship with drugs and alcohol
Practice:
OCSB is multi-step pathway model guiding assessment and treatment

The OCSB Clinical Pathway creates a map for therapists to help their clients achieve sexual health by changing men's deliberative and affective system interactions.

Primary Objectives OCSB Screening and Assessment:
• Administer validated surveys
• Clinical Interview
• Behavior monitoring
• Identify motivation for change
• Facilitate readiness for change process
• Determine treatment recommendations

OCSB Screening and Assessment:
• Evaluates multiple factors
• Combine measures with clinical interview
• Process captures intra-interpersonal factors and contextual factors.
• Emphasizes client subjective freedom to choose how they sexually behave once their behavior aligned within sexual health principles.
• Therapist explains their conceptualization for OCSB evaluation and their objectives for an OCSB assessment.
**Three Areas for Assessment:**
1. Sexual urges, thoughts, and behaviors
2. Bio-psycho-social factors
3. Values conflict

**Sexual Urges, Thoughts and Behaviors:**
- What does client experience as out of control?
- Sexual Symptom Assessment Scale
- Hypersexual Behavior Consequences Scale
- Sexual Excitation Scale/Sexual Inhibition Scale (SES/SIS)

**Bio-Psycho-Social Assessment:**
1. Medical
2. Family of origin
3. Adverse experiences
4. Relationship history
5. Psychiatric disorders
6. Romantic/sexual/familial attachments

**Values Conflict Assessment:**
1. Judgements about sexual urges, thoughts, and behaviors
2. Moral or religious-based objections
3. Shame, disappointment or fear of unwanted but reliably pleasurable turn-on
4. Unresolved sexual or erotic orientation conflict
5. Wish for reparative therapy
TREATING OUT OF CONTROL SEXUAL BEHAVIOR

OCSB Screening and Assessment

OCSB Clinical Distinctions

Practice: OCSB screening examines six criteria to rule out an OCSB assessment

1. Client motivation for change
2. Sexual consent
3. Physical safety
4. Physical health
5. Mental health
6. Relationship with drugs and alcohol

Practice: OCSB Clinical Distinctions rule out further consideration for OCSB assessment

1. Client motivation for change
2. Sexual consent
3. Physical safety
4. Physical health
5. Mental health
6. Relationship with drugs and alcohol
OCSB Screening Procedure: Clinical Distinctions

Is the client motivated for change?

No

Yes

Is the client engaged in non-consensual sex?

No

Yes

“Client motivation criterion is best implemented by avoiding language that infers a clinical conclusion but rather explores the labels clients use to describe their behavior.”

Foster Curiosity

• Remain focused on client motivation.
• Decrease client and therapist rush to judgement.
• Container for consistent therapist empathy in response to client distress.
• Prevent hasty movement to provide treatment based on client perceived emergency.

Client Motivation

• Connect constructive behavior change with a client’s cherished intrinsic values.
• “What is your vision of sexual health?”
• Client internal self-discrepancy are enduring activations to motivate change.
• Raise consciousness about sexual pleasure and painful consequences.
Non-Consent
• Violating another person’s freedom from sexual contact.
• Consent resides at the friction point between the sexual autonomy of two or more people.
• Consent: All sexual partners determine yes really means yes.
• Balance between right to give clear unambiguous consent for sex with right to engage in sexual activity with whomever one chooses.

Braun-Harvey & Vigorito, 2016

Non-Consent
• At any one time resides within one of three categories:
  1. Unobserved/undocumented
  2. Observed/undocumented
  3. Observed/documented
• Resides on a continuum from various degrees of coarse sexual improprieties to low, medium, high and lethal levels of sexual abuse and violence.

Braun-Harvey & Vigorito, 2016

Non-Consent
• Requires additional treatment interventions for sexual behavior regulation.
• Therapist primary goal is public safety rather than guard freedom for violent, coercive, or forced non-consensual sexual autonomy.
• Refer to specialist trained to navigate public safety and clinical needs.
Physical Safety: changing sexual behavior patterns unlikely if client not free from bodily harm or threat of bodily harm in their relationships.

Screen for two Risk Areas:
- Self-harm: Suicide or Self-injury
- Relationship Violence: Stalking/Homicidal threat

Physical Symptoms: physical health, medical conditions, sexual functioning, HIV, STI screening

Screen for:
- Sleeping, eating and exercise?
- Sexual health/functioning/pleasure?
- Relationship with HIV? STI's?

Mental Health: OCSB treatment seeking men frequently meet criteria for psychiatric disorders

- How may the psychiatric disorder disrupt the affective-deliberative interaction leading to sexual dysregulation or problematic decision making?
- How may a currently treated psychiatric disorder not be integrated within a vision of sexual health?
- Stage discrepancy in client readiness to change sexual behavior and treating mental health problems?
OCSB Screening Procedure: Vulnerability Factors

**Relationship with Drugs and Alcohol:**
Drugs and alcohol use has poses great potential to disrupt the affective-deliberative interaction and undermine conditions for health

- What is the client's current and direct relationship with alcohol and prescribed and non-prescribed drugs?
- Where is their relationship with each drug and alcohol fall on the continuum of nonuse, use, misuse, abuse, and dependence?
- A relationship-centered discussion may decrease the probability of provoking client defensiveness.
- What is the level of sex/drug-linked behavior?

Recommend OCSB Assessment:

- What contributing factors have been identified?
- Co-occurring vulnerability factors not acute?
- Readiness for curiosity?
- Agreeing to assessment is not a commitment to change sexual behavior.
- Agreeing to assessment is agreement to explore factors that can contribute to feeling sexually out of control.
- Collaborate with referring therapist.
- No decision necessary at end of screening appointment.
OCSB Assessment Plan

Information Gathering

Practice:

OCSB assessment gathers information utilizing OCSB treatment elements.

1. Information Gathering
   A. Clinical Interview
   B. Measures
   C. Professional Consults

2. Treatment Elements
   A. Change Processes
   B. Treatment Frame Processes

Preparation:

OCSB assessment relies on therapist prepared for sexual health conversation.

1. How does the client balance deliberation about sexual behavior with sexual activation?

2. How capable is the therapist to move between client historical events and processing here-now-emotions that surface in a sexual health conversation?

3. How self-aware is the therapist of areas that may undermine objectivity, damage rapport, or reinforce client negative self-concept.

Preparation: OCSB assessment process

1. Information gathering process develops the OCSB Unique Clinical Picture and motivates client behavioral change.

2. Provide an interactive space for clients to honestly consider costs and benefits of sexual health behavior change within a clinical relationship that minimizes external pressure for immediate change.

3. Time to reflect and honestly discuss discrepancies between sexual values and relational commitments as they learn to talk openly about their sexual pleasures.

4. Collaborative structured OCSB assessment empowers men to find solutions to their sexual health problems.
## OCSB Assessment Plan

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<th>Information Gathering</th>
<th>Measures</th>
<th>Professional Consults</th>
<th>Treatment Elements</th>
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<td>ECR-R5&lt;sup&gt;†&lt;/sup&gt;</td>
<td>ACE&lt;sup&gt;†&lt;/sup&gt;</td>
<td>Change Processes</td>
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<tr>
<td></td>
<td>ASRS v1.1&lt;sup&gt;†&lt;/sup&gt;</td>
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<tr>
<td></td>
<td>SSAS&lt;sup&gt;†&lt;/sup&gt;</td>
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<td>Homework Processors</td>
</tr>
</tbody>
</table>

### Clinical Interview
- Family of origin
- Relationships
- Adverse experiences
- Mental health
- Drugs & alcohol
- Medical history
- Sexual & erotic development
- Sexual problem timeline

### Measures
- ECR-R5<sup>†</sup>
- ACE<sup>†</sup>
- ASRS v1.1<sup>†</sup>
- HBCI<sup>†</sup>
- SSAS<sup>†</sup>
- SIS/SES<sup>†</sup>

### Change Processes
- Confidence Building
- Problem-solving
- Interpersonal Skills
- Self-Regulation
- Social Behavior
- Relaxation Techniques
- Coping Strategies

### Homework Processors
- Homework Assignments
- Homework Reminders
- Homework Logs
- Homework Feedback

---

**Attachment Styles Across Relationships**
ACE Study sample items

1. Did a parent or other adult in the household often or very often... Swear at you, insult you, put you down, or humiliate you? or Act in a way that made you afraid that you might be physically hurt? No___If Yes, enter 1___

2. Did a parent or other adult in the household often or very often... Push, grab, slap, or throw something at you? or Ever hit you so hard that you had marks or were injured? No___If Yes, enter 1___

3. Did an adult or person at least 5 years older than you ever... Touch or fondle you or have you touch their body in a sexual way? or Attempt or actually have oral, anal, or vaginal intercourse with you? No___If Yes, enter 1___

4. Did you often or very often feel that ... No one in your family loved you or thought you were important or special? or Your family didn't look out for each other, feel close to each other, or support each other? No___If Yes, enter 1___
An ACE score can explain a person's risk for chronic disease.

A "cholesterol score for childhood toxic stress"
Adult ADHD Self-Report Scale (ASRS-v1.1)

- 18 items comprise the entire ASRS-v1.1 Symptom Checklist
  - The first six items (ie, Part A), constitute the ASRS-v1.1 Screener, which has been previously validated for identifying adults at-risk for ADHD.
  - Part B contains 12 other items that further assess the frequency of ADHD symptoms.
- Recent studies suggest that the overall level of ADHD symptoms in the U.S. general adult population is quite low.
  - ADHD is more prevalent among men.
  - Routinely screening adults for ADHD in primary care should help identify those in need of further evaluation and possible treatment.

Perspectives on the assessment and treatment of adult ADHD in hypersexual men

- Adult patients seeking help for hypersexual behavior present with high prevalence rates of comorbid mood and anxiety disorders, ADHD and substance-related disorders.
- Many of the associated characteristics of ADHD, such as increased peer rejection, problems in romantic relationships and employment difficulties, may make individuals vulnerable to hypersexual behavior as a way of ‘escaping’ or ‘avoiding’ emotional discomfort.
- Clinicians should be aware of some of the unique characteristics of hypersexual patients in order to avoid misdiagnosing them with adult ADHD.
- Careful screening and diagnostic assessment for adult ADHD in hypersexual patients can differentiate legitimate cases of ADHD from symptoms that are associated with hypersexual behavior.
- Patients with hypersexual behavior and comorbid ADHD are likely to benefit from pharmacotherapy and behavioral therapy combined. Mindfulness interventions are also showing some preliminary evidence in producing positive outcomes in patients with adult ADHD and hypersexual behavior.

Questions and responses related to ADHD symptoms should always be considered in the context of hypersexual behavior.

Are manifestations of ADHD symptoms related to ADHD or the associated features of hypersexuality?
Hypersexual Behavior Consequences Scale

Used in populations of men seeking help for OCSB
Greater specificity of consequences
Discriminate between consequences from solo vs. relational sexual behavior
Higher scores correlated with
  - emotional dysregulation
  - depression, anxiety, and shame
  - impulsivity
  - greater proneness to experience stress
  - higher levels of feeling sexually out of control
  - less happy and experience greater dissatisfaction with life

OCSB Consequences

Common problems associated with OCSB:
  - Disconnected or isolated from others
  - Betrayal of relationship trust
  - Relationship ruptures
  - Emotionally hurting a loved one
  - Interference with spiritual well-being
  - Diminished self-esteem, self-respect, and self-confidence.
  - Negatively impacts mental health
  - Crossing sexual health principles
  - Impairment in work or school
  - Unwanted financial losses
  - Academic difficulties.
Sexual Symptom Assessment Scale (SSAS) (OCSB-Adapted Version, 2016)

12-item self-report scale measuring client perceptions of their sexual urges, thoughts, behavior and consequences over the last seven days.
Not an act-centered measure
Identify sexual behaviors client is motivated to change
Client determines which sexual behaviors are problematic, not based on a pre-determined list of presumed problematic behaviors.
Sexual health self-observaton measure that builds capacity for differentiating and discussing sexual urges, thoughts and behaviors.
Through weekly repetition slowly build nuanced self-awareness and curiosity about internal world
Essential OCSB self-monitoring skill is to distinguish sexual thoughts from urges and behaviors in order to increase balance between affective and deliberative systems of the mind.

If you had urges to engage in problematic sexual behaviors, on average, how strong were your urges?
Please circle the most appropriate number:
None  Mild  Moderate  Severe  Extreme
0 1 2 3 4

How often did thoughts about engaging in problematic sexual behaviors come up?
Please circle the most appropriate number:
None  Once  2 to 3 times  Several to many  Constant to near constant
0 1 2 3 4

On average, how much anticipatory tension and/or excitement did you have shortly before you engaged in problematic sexual behaviors? If you did not actually engage in such behaviors, please estimate how much tension and/or excitement you believe you would have experienced if you had engaged in problematic sexual behaviors.
Please circle the most appropriate number:
None  Mild  Moderate  Severe  Extreme
0 1 2 3 4

(Braun-Harvey & Vigorito, 2016)
Dual Control Model of Sexual Response:

- Sexual arousal and associated behaviors rely on the balance between sexual excitation and inhibition.
- Individual variability in propensity of excitatory and inhibitory processes that determine whether or not a sexual response occurs within an individual in a given situation.

Sexual Inhibition Scale/Sexual Excitation Scale (SIS/SES)

**Dual Control Model of Sexual Response:**

- Sexual arousal and associated behaviors rely on the balance between sexual excitation and inhibition.
- Individual variability in propensity of excitatory and inhibitory processes that determine whether or not a sexual response occurs within an individual in a given situation.

**SIS/SES:**

- Measures two male sexual inhibition factors and one excitation factor:
  - Threats due to performance failure
  - Threats due to performance consequences
- Evaluation of how excitation and inhibition levels contribute to OCSB.
  - Decrease sexual shame when excitation viewed on a general population spectrum of diversity.
  - High exciters need help with creating sexual health behavior inhibitors.
  - Insufficient or overwhelming inhibitors are the real focus of change.
Preparation: OCSB Assessment

Change Processes

**Consciousness raising**: Increasing awareness about self and sexual health

- A reflective environment to develop insights into sexual problems
- Explore client contradictions of actions, motivations, values and sexual health principles.
- Explore client coping strategies and defenses before, during and after not keeping relationship agreements.
- Therapist monitors stage discrepant interventions.

(adapted from: Prochaska, Norcross & DiClemente, 1994)

---

**Emotional Arousal**: Experiencing somatic embodied feelings and expressing emotions about sexual behavior problems

- Therapist shifts between gathering clinical information and attending to men's elicited emotions.
- Evaluate window of affect tolerance.
- Evaluate skills for identifying, labeling and expressing emotions.
- Here/now debrief of identifying and labeling emotions.

(adapted from: Prochaska, Norcross & DiClemente, 1994)
Preparation:

OCSB Assessment

Change Processes

**Self-Reevaluation:** Assessing one’s own thoughts and feelings with respect to sexual health and sexual behavior

- Reflect on life beyond feeling sexually out of control
- Envision sexual health
- Guide men towards facing and exploring their contradictions.
- Dawning awareness of deep disappointment with their sexual behavior
- Purpose is to help men develop principle-centered values that function as sexual ethics to guide decisions that will more frequently align with their personal vision of sexual health.

(adapted from: Prochaska, Norcross & DiClemente, 1994)

Social Liberation: Increasing social, interpersonal, and linguistic alternatives for sexual health and aligning with six principles of sexual health.

- Psychotherapeutic space liberates people to improve their sexual health.
- Support and information for sexual health behavior change.
- Privilege of honestly discussing sexual health concerns with sexologically informed professional who listens and suspends judgement.

(adapted from: Prochaska, Norcross & DiClemente, 1994)

Treatment Frame: Method for understanding the essential boundaries and agreements between client and therapist.

- Client agreement to discuss current relational moments between client and therapist.
- Discuss symptom presentation
- Client frame crossing
- Agreements for how to address frame crossings
- Explore competing motivations related to frame crossing

Here-and-Now Interventions: Improvisational observation about what is happening in the moment within a therapy session.

- Assessing for emotional tolerance
- Observing intra- and interpersonal coping strategies
- Preparation for OCSB treatment focused on shifting affective-deliberative interaction to a better balance to generate sexual health behavior change.
- Opportunity to debrief and describe experience of staying with an uncomfortable emotion longer than their usual pattern while remaining introspective.

(adapted from: Prochaska, Norcross & DiClemente, 1994)
Transference:
Representational aspects of important and formative relationships can be both consciously experienced and unconsciously ascribed to other relationships. (Levy and Scala, 2012)

Managing Transference
- Potential for internalized sociocultural sex negativity
- Unresolved psychosexual injuries
- Avoidance looking closely at sexual development, sexual attitudes and sexual health.
- Comfort with facilitating sexual health conversations

Managing Transference
- Potential for internalized sociocultural sex negativity
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- Comfort with facilitating sexual health conversations

Frame Crossings:
- Broken relational agreements are a common behavioral pattern among men with OCSB
  - Session frequency and length
  - Payment expectations
  - Cancellation policies
  - Homework Expectations
- In vivo experience to learn client self and attachment regulation patterns.
- Become curious about mismanagement of agreements.

Competing Motivations:
- Assess client acumen for verbalizing affective-deliberative imbalance.
- Educate client on importance of identifying and labeling competing motivations.
- Assist with moving past subtle defenses against accountability.
- Motivational conflicts relative to sexual pleasure.
- Deconstruct colliding or counterintuitive motivations for sex.

OCSB Assessment Plan

Information Gathering
- Clinical Information
  - Family of origin
  - Relationship
  - Adverse experiences
  - Mental health
  - Drugs & alcohol
  - Medical history
  - Sexual & mental health
  - Sexual orientation

Measures
- SCID
- ADE
- ASSESS
- HHS
- SMAR
- SASM/P

Professional Consults
- Referral providers

Change Processes
- Transference
- Cancellation
- Homework
- Frame-crossing

Treatment Elements
- Transference
- Change Processes
- Professional Consults

Frame Processes
Determining Treatment Recommendations:

- Summation of personal sexual health vision
- Readiness for change
- Vulnerability factors
- Subjective clinical opinion in three OCSB clinical areas

Acuity Related questions.

A. Protect client from unnecessary levels of treatment
   - Are they still feeling out of control?
   - How likely will they benefit from OCSB therapy?
   - How motivated are they to change?
   - Are they amenable to the OCSB model?

Three possible outcomes of OCSB assessment

1. **OCSB treatment not recommended** and recommended alternative options.
2. **OCSB treatment recommended**: concurrent psychiatry, medical treatment, couple therapy, substance abuse treatment or other adjunctive services.
3. **OCSB treatment recommended**, with no concurrent services (less frequently occurring option)

OCSB Treatment not recommended.

- Inability to maintain commitment to assessment agreements.
- Change in motivation.
- Financial, health, family circumstances
- Lack of clarity about non-consensual sex.
- Fail to meet clinical threshold for combined treatment.
- Erotic conflict only OCSB symptom.
OCSB Treatment recommended:

- ACE score above 3; SSAS weekly scores 20 - 35; numerous consequences discrepant with client; one or more co-occurring condition/vulnerability factor; underdeveloped self-regulation and attachment regulation; unresolved sexual/erotic orientation conflict
- Client expressing hope and readiness for change.
- Can financially and relationally maintain combined treatment
- Willing to commit to OCSB treatment agreements

OCSB Clinical Pathway: Sexual Health Plan

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<th>Sexual Health</th>
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<tbody>
<tr>
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OCSB Unique Clinical Picture

<table>
<thead>
<tr>
<th>Sexual Health</th>
<th>Vulnerability Factors</th>
<th>Self Regulation</th>
<th>Attachment Regulation</th>
<th>Sexual &amp; Erotic Conflicts</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Sexual problems</td>
<td>• Physical health</td>
<td>• Inattention</td>
<td>• Association-related anxiety</td>
<td>• Conflict with self</td>
</tr>
<tr>
<td>• Moiety for change</td>
<td>• Physical safety</td>
<td>• Neatness</td>
<td>• Association-related avoidance</td>
<td>• Conflict with others</td>
</tr>
<tr>
<td>• Resilience with sexual health principles</td>
<td>• Mental health</td>
<td>• Marking</td>
<td>• Relationship agreements</td>
<td>• Fixed arousal pattern</td>
</tr>
<tr>
<td>• Risk for sexual health</td>
<td>• Interaction with others</td>
<td>• Activation regulation</td>
<td>• Sexual norm</td>
<td>• Unconventional arousal pattern</td>
</tr>
</tbody>
</table>


