

**TREATING  
OUT OF CONTROL  
SEXUAL BEHAVIOR**

**Out of Control  
Sexual Behavior:  
A Sexual Health Problem**

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**TREATING  
OUT OF CONTROL  
SEXUAL BEHAVIOR**

Douglas Braun-Harvey, MFT, CST, CST-S  
The Harvey Institute  
San Diego, California, USA

[www.TheHarveyInstitute.com](http://www.TheHarveyInstitute.com)

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**TREATING**

**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.

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**TREATING  
OUT OF CONTROL  
SEXUAL BEHAVIOR**

**Foundations of OCSB:**

1. Definition of Terms and Models
2. OCSB Definition
3. Sexual Health Principles
4. OCSB Sexual Health Model

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# TREATING OUT OF CONTROL SEXUAL BEHAVIOR

**Sexual Dysregulation:**  
Perceived or actual lack of sexual self-control

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# TREATING OUT OF CONTROL SEXUAL BEHAVIOR

**Sexual Dysregulation associated with:**

- Consequences
- Distress
- Social impairment
- Family/relationship impairment
- Sexual health violations/problems

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# TREATING OUT OF CONTROL SEXUAL BEHAVIOR

**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

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# TREATING OUT OF CONTROL SEXUAL BEHAVIOR

**Sexual Dysregulation Conceptual Frameworks:**

1. *Pathology-Based Models*
2. *Symptom Pre-existing Condition*
3. *Moral Incongruence*
4. *Psychosexual Problem*

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**TREATING**

**Pathology Narrative**

**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

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**TREATING**

**Pathology Narrative**

**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

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**TREATING**

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**SEXUAL BEHAVIOR**

**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

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**TREATING**

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**Two Primary Pathology-Based Models:**

1. Sexual Addiction
2. Compulsive Sexual Behavior Disorder

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# TREATING OUT OF CONTROL SEXUAL BEHAVIOR

**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.

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# TREATING OUT OF CONTROL SEXUAL BEHAVIOR

**Sexual Addiction**

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, AAASCT 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)

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# TREATING OUT OF CONTROL SEXUAL BEHAVIOR

**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

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# TREATING OUT OF CONTROL SEXUAL BEHAVIOR

**Compulsive Sexual Behavior Disorder:**

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)

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# TREATING OUT OF CONTROL SEXUAL BEHAVIOR

***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

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# TREATING OUT OF CONTROL SEXUAL BEHAVIOR

***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.

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# TREATING OUT OF CONTROL SEXUAL BEHAVIOR

***Pre-existing Condition Symptom Model:***

- **Medical Condition:** (ie. 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

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# TREATING OUT OF CONTROL SEXUAL BEHAVIOR

***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".

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# TREATING OUT OF CONTROL SEXUAL BEHAVIOR

**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)

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# TREATING OUT OF CONTROL SEXUAL BEHAVIOR

**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

(Levine, 2010)

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# TREATING OUT OF CONTROL SEXUAL BEHAVIOR

**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

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# TREATING OUT OF CONTROL SEXUAL BEHAVIOR

**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)

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# TREATING OUT OF CONTROL SEXUAL BEHAVIOR

OCSB is a sexual health problem in which an individual's consensual sexual urges, thoughts and behaviors *feel* out of control

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World Health Organization  
(2006)

## What is Sexual Health?

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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.”

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pleasurable and safe

sexual rights protected

Harvey Institute      World Health Organization(2006)

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# TREATING OUT OF CONTROL SEXUAL BEHAVIOR

OCSB is a sexual health problem in which an individual's consensual sexual urges, thoughts and behaviors *feel* out of control

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## 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

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## 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.

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## 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*

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# TREATING

## 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.

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# TREATING

## OUT OF CONTROL SEXUAL BEHAVIOR

OCSB protocol focuses on behaviors that violate sexual health principles

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## Sexual Health Definition

Pan American Health Organization, WHO and WAS (2000)

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.

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## Sexual Health Principles

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

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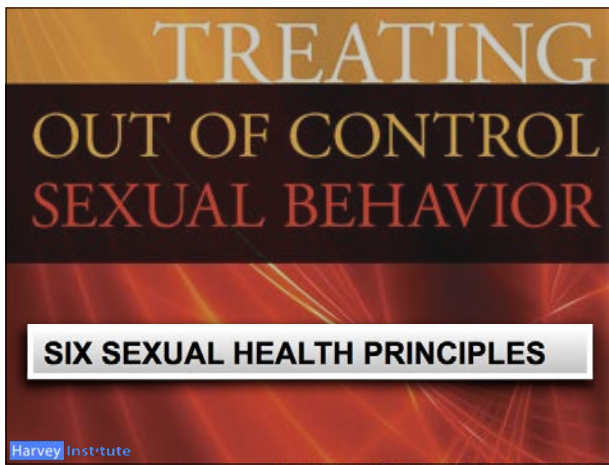
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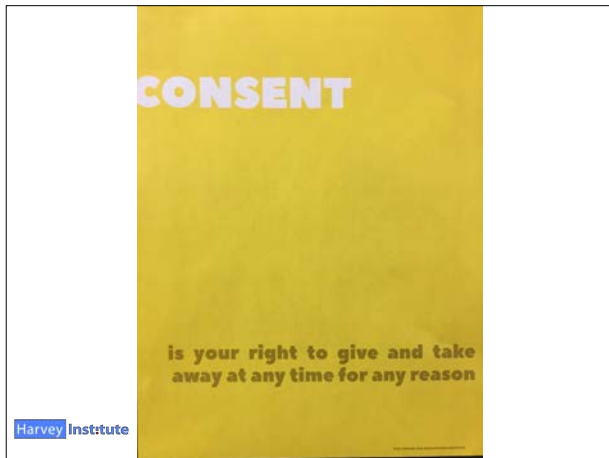
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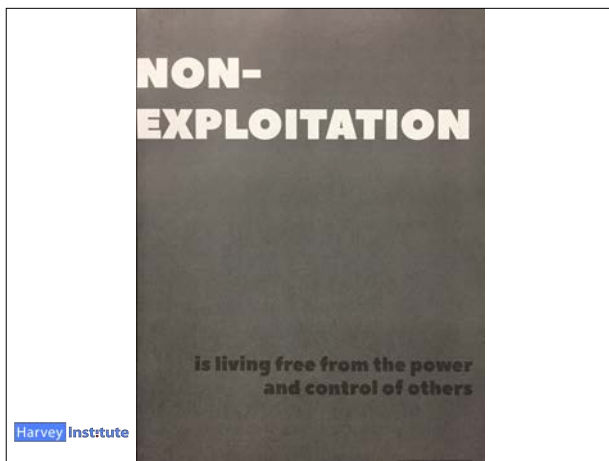
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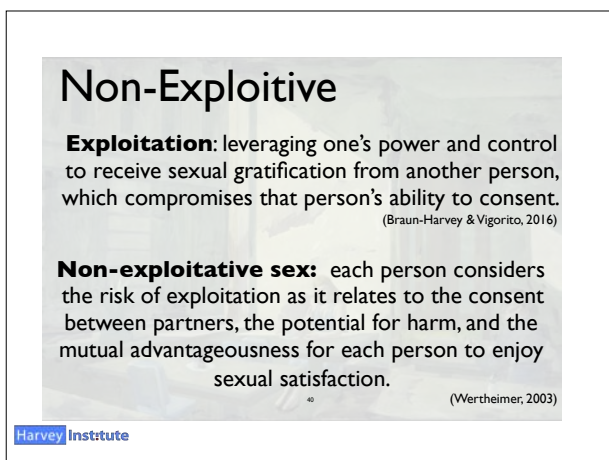
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# Non-Exploitive Thresholds

- I. 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)

## HONESTY

is a choice

## SHARED VALUES

is knowing yours and respecting the values of others





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# TREATING OUT OF CONTROL SEXUAL BEHAVIOR

**Foundations of OCSB:**

1. Definition of Terms and Models
2. OCSB Definition
3. Sexual Health Principles
- 4. OCSB Sexual Health Model**

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## 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.

WAS  
WORLD ASSOCIATION FOR SEXUAL HEALTH

Pan American  
Health  
Organization  
Regional Office of the  
World Health Organization

The Surgeon General's  
Call to Action  
To Promote Sexual Health  
And Responsible Sexual  
Behavior  
2001  
Office of the Surgeon General

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# TREATING OUT OF CONTROL SEXUAL BEHAVIOR

## Elements of OCSB Sexual Health Model

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**TREATING  
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SEXUAL BEHAVIOR**

**Client right to sexual expression (to act) and  
freedom from undo professional restriction**

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**TREATING  
OUT OF CONTROL  
SEXUAL BEHAVIOR**

**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.**

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**TREATING  
OUT OF CONTROL  
SEXUAL BEHAVIOR**

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

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**TREATING  
OUT OF CONTROL  
SEXUAL BEHAVIOR**

**Elements of OCSB Theory**

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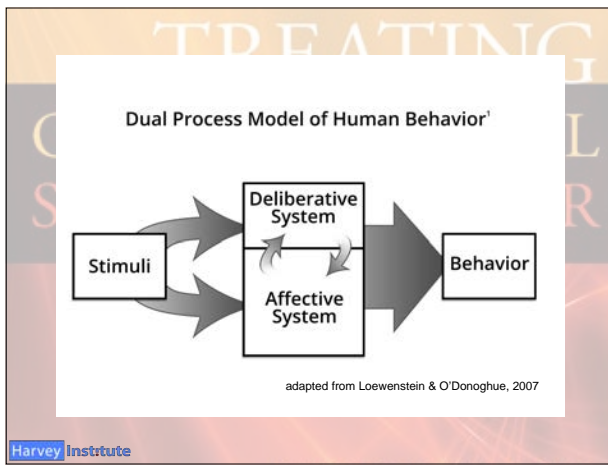
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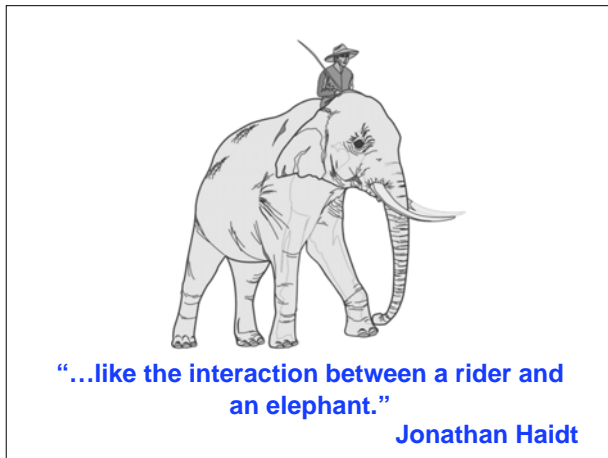
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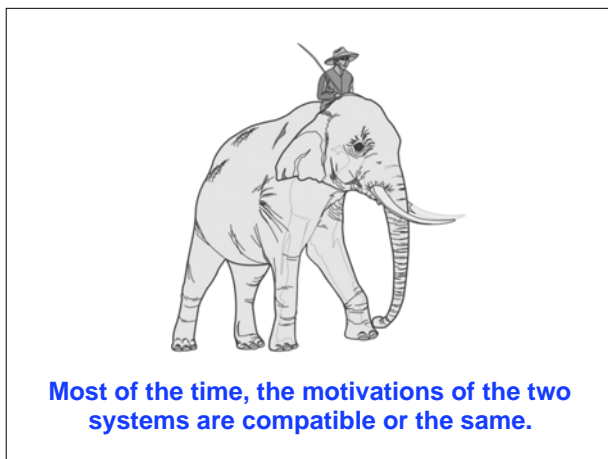
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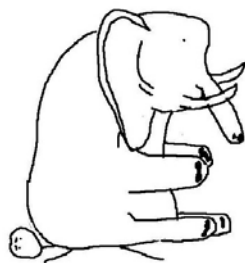
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Feeling out of control

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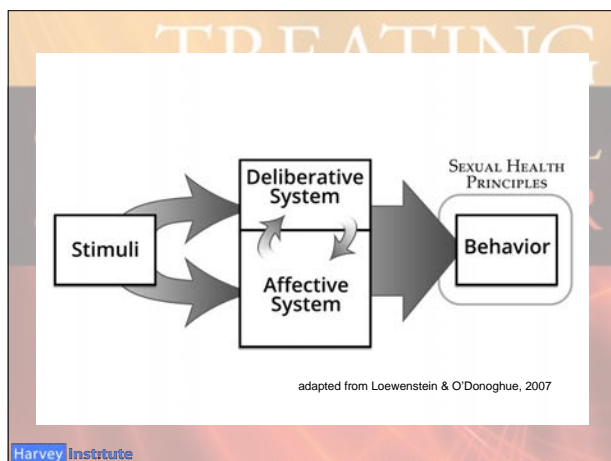
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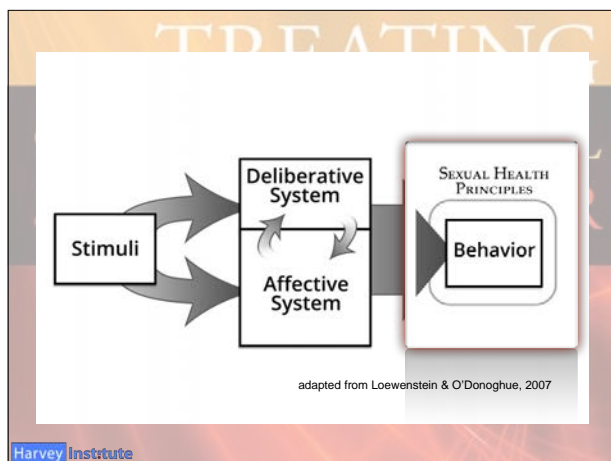
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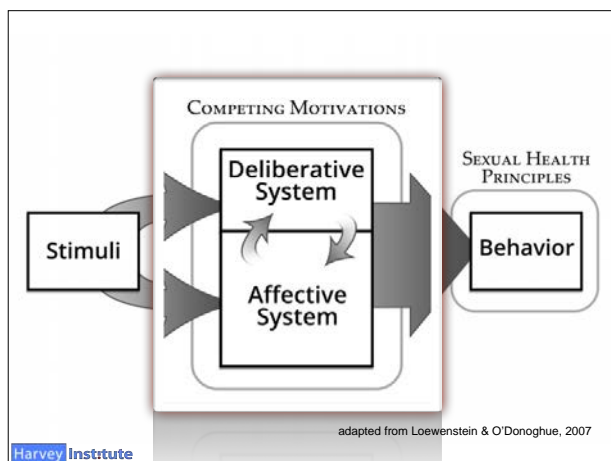
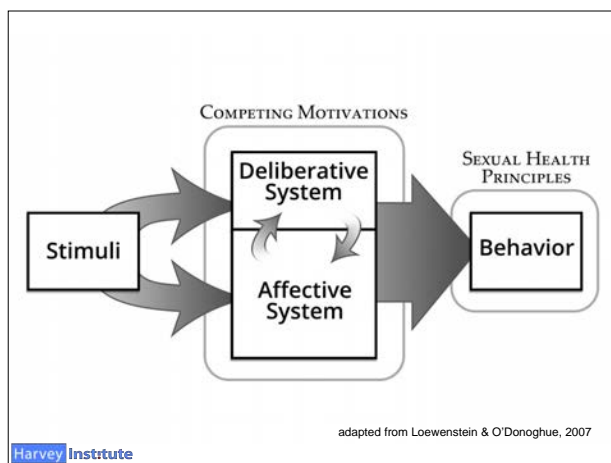
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## Competing Motivations

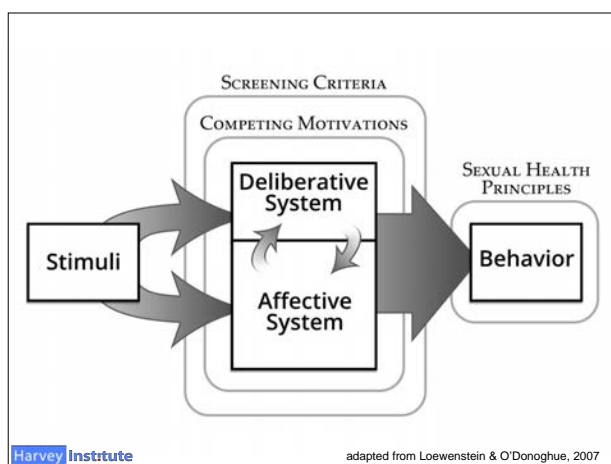
1. Self Regulation

2. Attachment Regulation

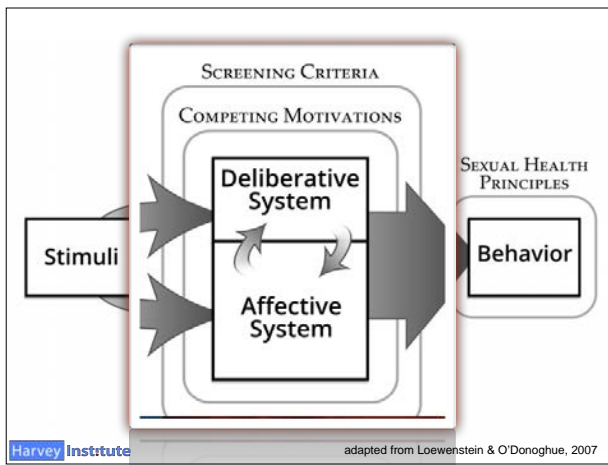
3. Sexual and Erotic Conflicts

Self Regulation	Attachment Regulation	Sexual & Erotic Conflicts
<ul style="list-style-type: none"> <li>Ingredients</li> <li>Standards</li> <li>Monitoring</li> <li>Willpower</li> <li>Motivation</li> </ul>	<ul style="list-style-type: none"> <li>Attachment-related anxiety</li> <li>Attachment-related avoidance</li> <li>Relationship agreements</li> <li>Sexual narcissism</li> </ul>	<ul style="list-style-type: none"> <li>Conflict with self</li> <li>Conflict with others</li> <li>Fixed arousal pattern</li> <li>Unconventional arousal pattern</li> </ul>

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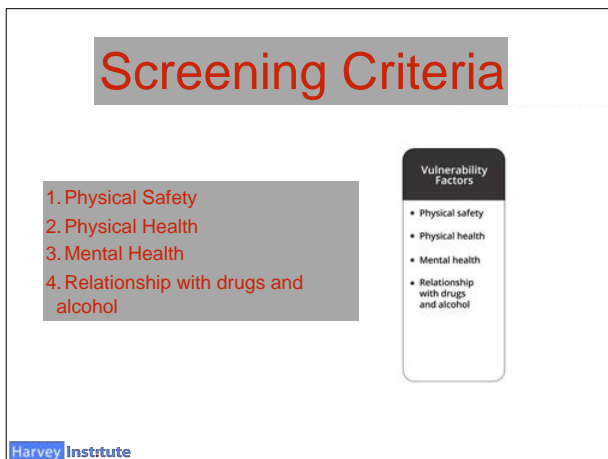
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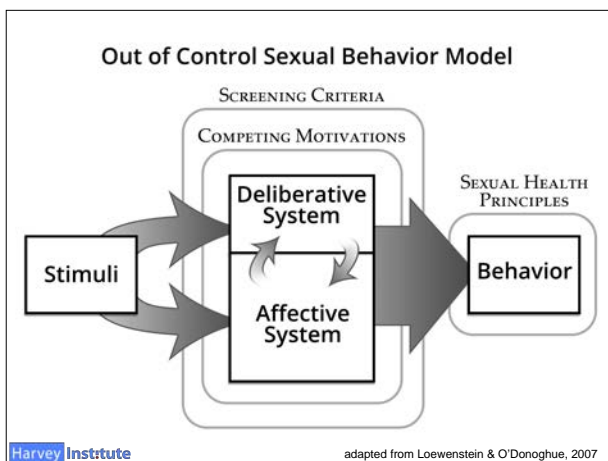
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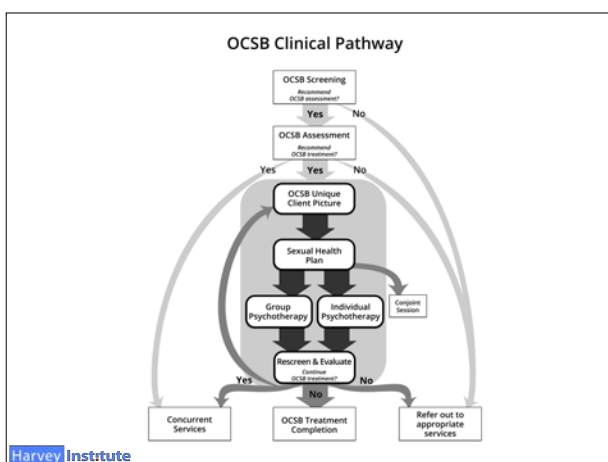
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TREATING  
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Practice:  
OCSB is multi-step pathway  
model guiding assessment  
and treatment

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

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TREATING  
OUT OF CONTROL  
SEXUAL BEHAVIOR

*OCSB Screening and Assessment:*

Overview

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TREATING  
OUT OF CONTROL  
SEXUAL BEHAVIOR

***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

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TREATING  
OUT OF CONTROL  
SEXUAL BEHAVIOR

***OCSB Screening and Assessment:***

- Evaluate 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.

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# TREATING OUT OF CONTROL SEXUAL BEHAVIOR

**Three Areas for Assessment:**

1. Sexual urges, thoughts, and behaviors
2. Bio-psycho-social factors
3. Values conflict

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# TREATING OUT OF CONTROL SEXUAL BEHAVIOR

**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)

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# TREATING OUT OF CONTROL SEXUAL BEHAVIOR

**Bio-Psycho-Social Assessment:**

1. Medical
2. Family of origin
3. Adverse experiences
4. Relationship history
5. Psychiatric disorders
6. Romantic/sexual/familial attachments

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# TREATING OUT OF CONTROL SEXUAL BEHAVIOR

**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

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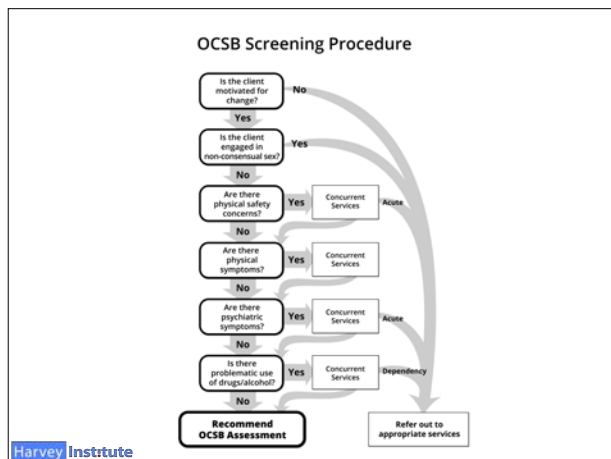
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# TREATING OUT OF CONTROL SEXUAL BEHAVIOR

## OCSB Screening and Assessment

### OCSB Clinical Distinctions

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**TREATING OUT OF CONTROL SEXUAL BEHAVIOR** 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

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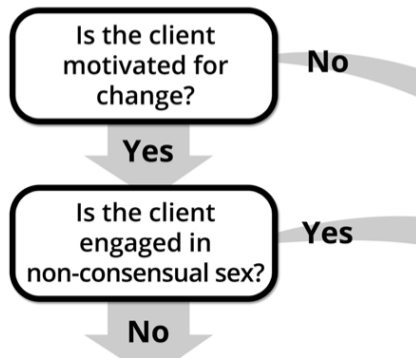
**TREATING OUT OF CONTROL SEXUAL BEHAVIOR** Practice: OCSB **Clinical Distinctions** rule out further consideration for OCSB assessment

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

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### OCSB Screening Procedure: Clinical Distinctions



### OCSB Screening Procedure: Clinical Distinctions



“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.”

### OCSB Screening Procedure: Clinical Distinctions



#### Foster Curiosity

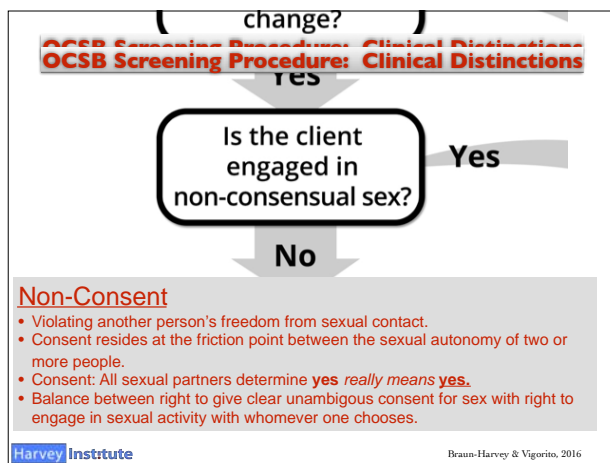
- Remain focused on client motivation.
- Decrease client and therapist rush to judgement.
- Container for consistent therapist empathy in response to client distress.
- Prevent hasty movement to provide treatment based on client perceived emergency.

### OCSB Screening Procedure: Clinical Distinctions



#### 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.



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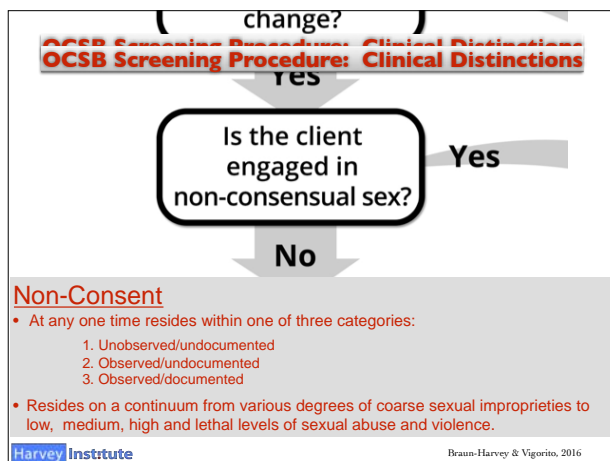
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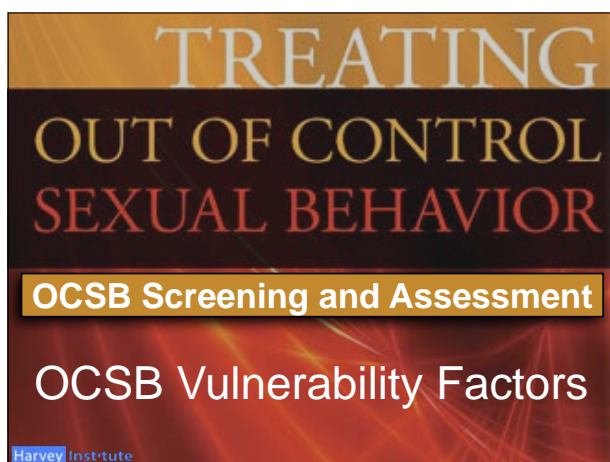
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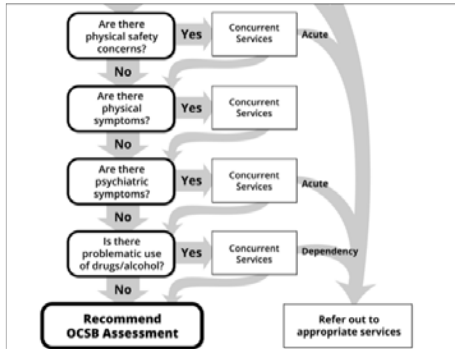
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## OCSB Screening Procedure: Vulnerability Factors



## OCSB Screening Procedure: Vulnerability Factors

**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

## OCSB Screening Procedure: Vulnerability Factors

**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?

## OCSB Screening Procedure: Vulnerability Factors

**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?

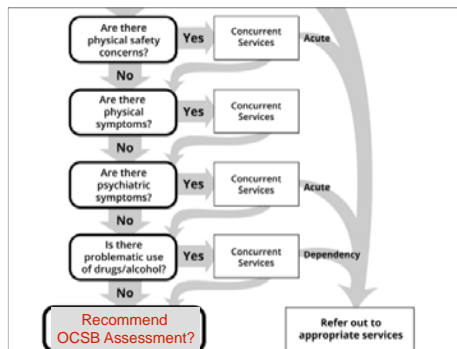
## OCSB Screening Procedure: Vulnerability Factors

### Relationship with Drugs and Alcohol:

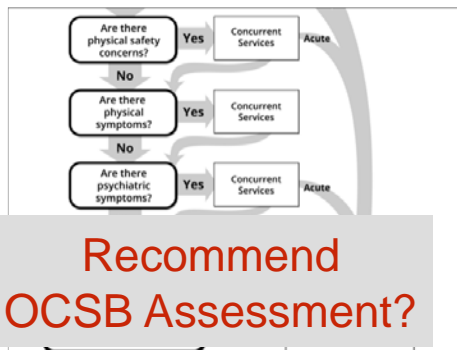
Drugs and alcohol use has poses great potential to disrupt the affective-deliberative interaction and undermine conditions for health

- What is the clients current and direct relationship with alcohol and prescribed and non-prescribed drugs?
- Where is their relationship with each drug and alcohol fall on 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?

## OCSB Screening Procedure: Vulnerability Factors



## OCSB Screening Procedure: Vulnerability Factors

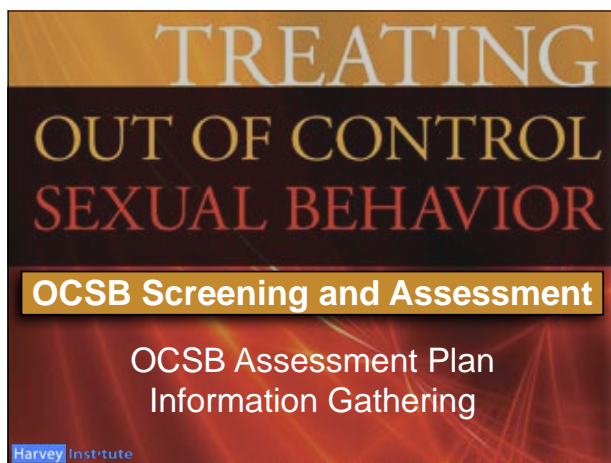


## OCSB Screening Procedure: Recommend Assessment

### 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.





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TREATING  
OUT OF CONTROL  
SEXUAL BEHAVIOR

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

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TREATING  
OUT OF CONTROL  
SEXUAL BEHAVIOR

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.*

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TREATING  
OUT OF CONTROL  
SEXUAL BEHAVIOR

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.

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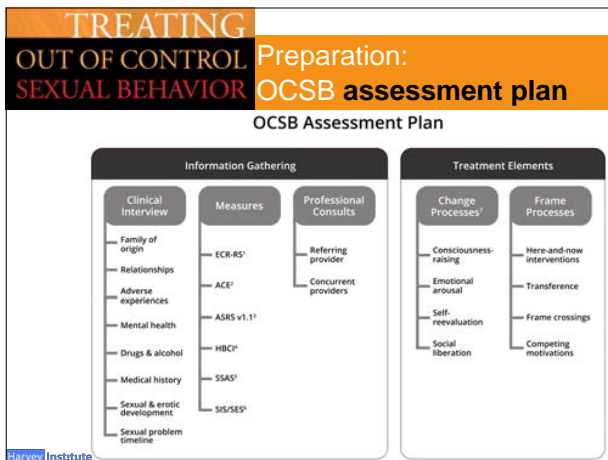
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Treatment Elements

Change Processes<sup>7</sup>

- Consciousness-raising
- Emotional arousal
- Self-reevaluation
- Social liberation

Frame Processes

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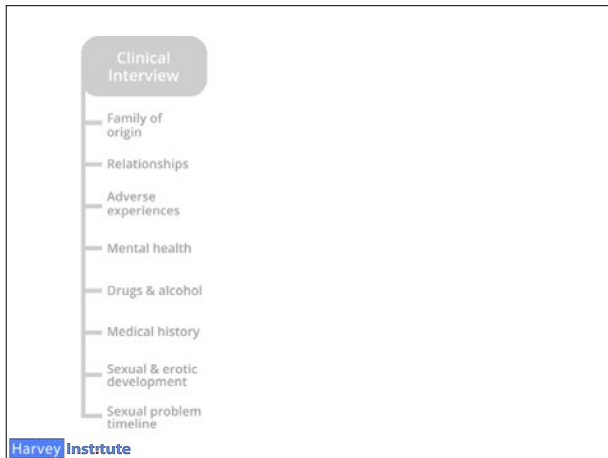
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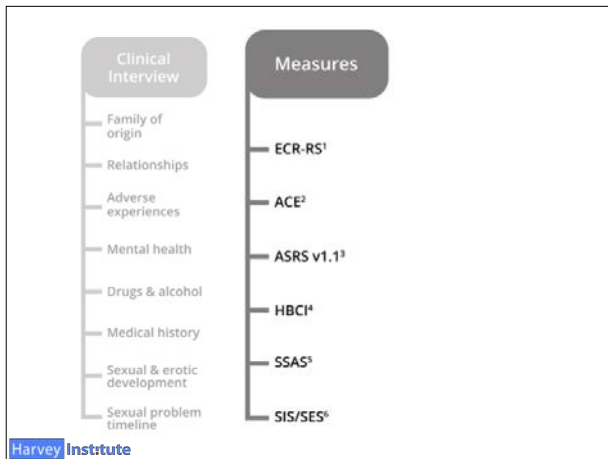
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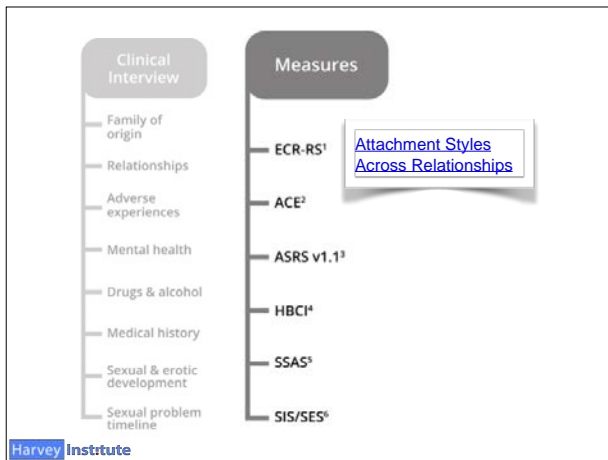
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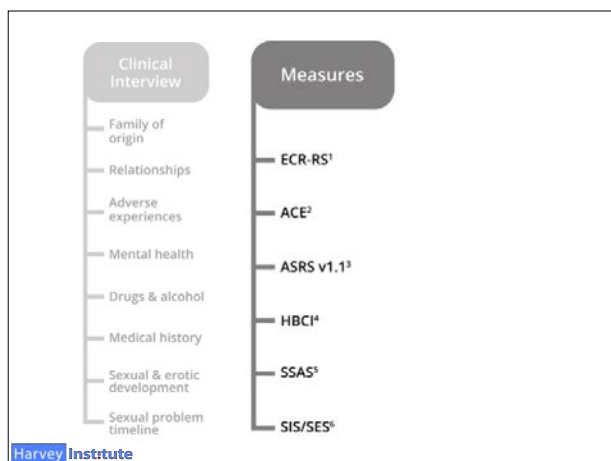
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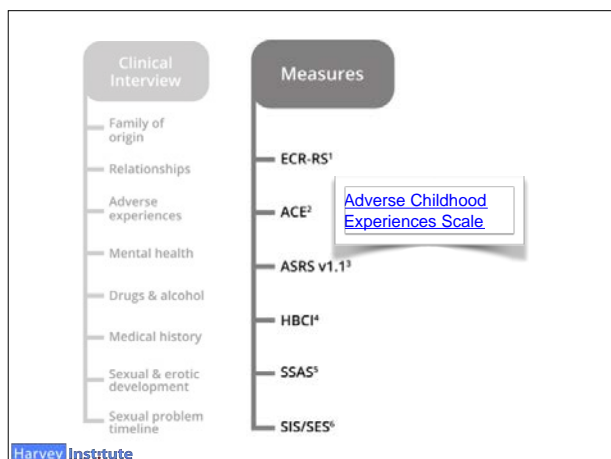
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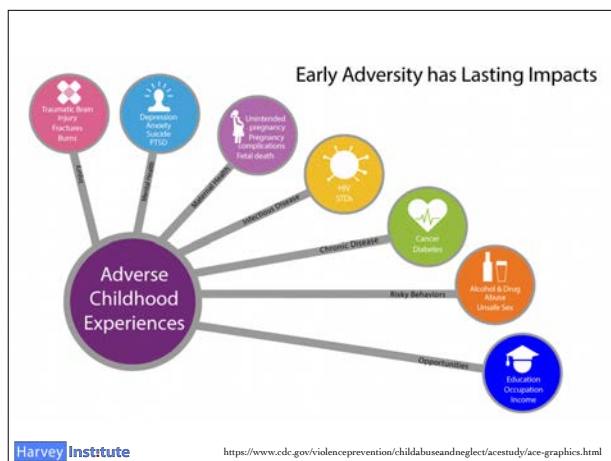
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## ACE Study sample items

- 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 \_\_\_
- 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 \_\_\_
- 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 \_\_\_
- 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 \_\_\_

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<https://acestoohigh.com/got-your-ace-score/>

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## Adverse Childhood Experiences Are Common

### Household dysfunction:

Substance abuse	27%
Parental sep/divorce	23%
Mental illness	17%
Battered mother	13%
Criminal behavior	6%

### Abuse:

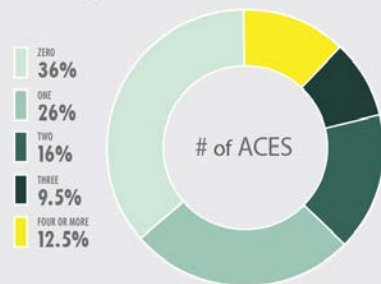
Psychological	11%
Physical	28%
Sexual	21%

### Neglect:

Emotional	15%
Physical	10%

## How Common are ACES?

### ACE Study



An ACE score can explain a person's risk for chronic disease.

A "cholesterol score for childhood toxic stress"

Number of Adverse Childhood Experiences (ACE Score)	Women	Men	Total
0	34.5	38.0	36.1
1	24.5	27.9	26.0
2	15.5	16.4	15.9
3	10.3	8.6	9.5
4 or more	15.2	9.2	12.5

### Clinical Interview

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

### Measures

ECR-RS<sup>1</sup>

ACE<sup>2</sup>

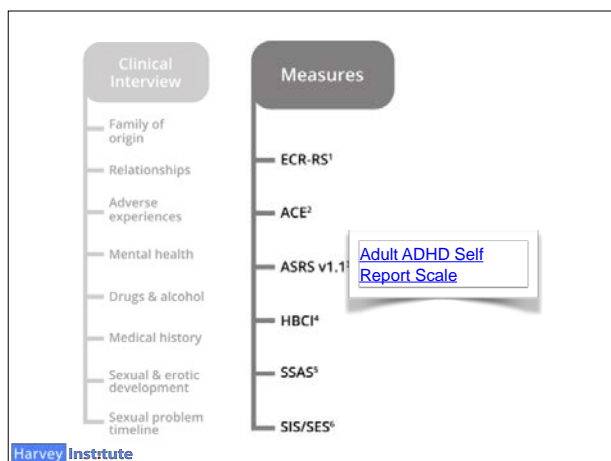
ASRS v1.1<sup>3</sup>

HBCI<sup>4</sup>

SSAS<sup>5</sup>

SIS/SES<sup>6</sup>





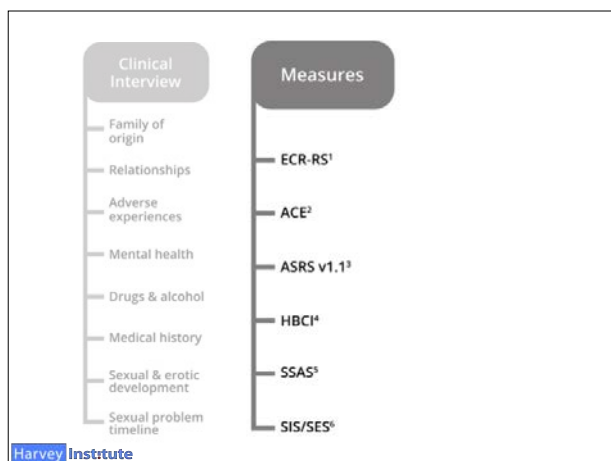
### Adult ADHD Self-Report Scale (ASRS-v1.1)

- 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?




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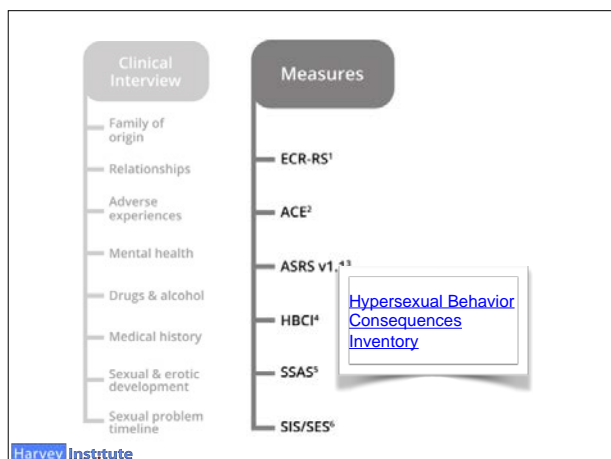
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## Hypersexual Behavior Consequences Scale

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

[https://pdfs.semanticscholar.org/6a71/a57fced826a1b3ed1f6db718dc6aed803087a.pdf?\\_ga=2.208981851.832792872.1567374399-749438552.1539201866](https://pdfs.semanticscholar.org/6a71/a57fced826a1b3ed1f6db718dc6aed803087a.pdf?_ga=2.208981851.832792872.1567374399-749438552.1539201866)

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## 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.

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Reid, R.C., Garos, S., & Fong, T.M. (2012). Psychometric development of the hypersexual behavior consequences scale. *Journal of behavioral addictions*, 1 3, 115-22 .

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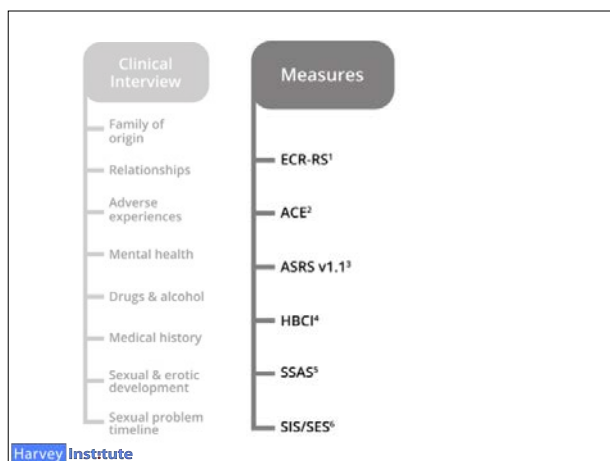
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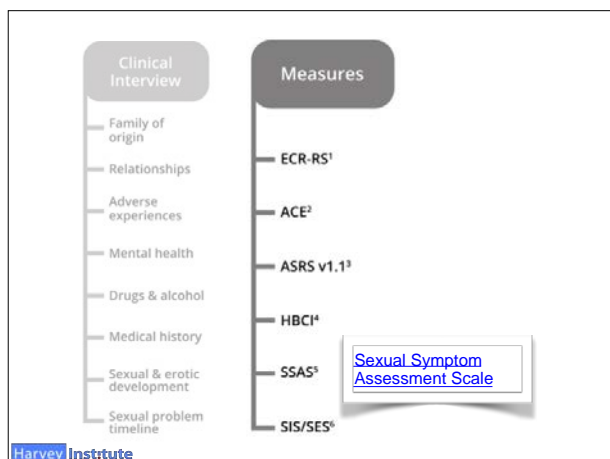
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## Sexual Symptom Assessment Scale (SSAS)

(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 delierative systems of the mind.

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(Braun-Harvey & Vigorito, 2016)

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## Sexual Symptom Assessment Scale (SSAS)

(OCSB-Adapted Version, 2016)

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

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(Braun-Harvey & Vigorito, 2016)

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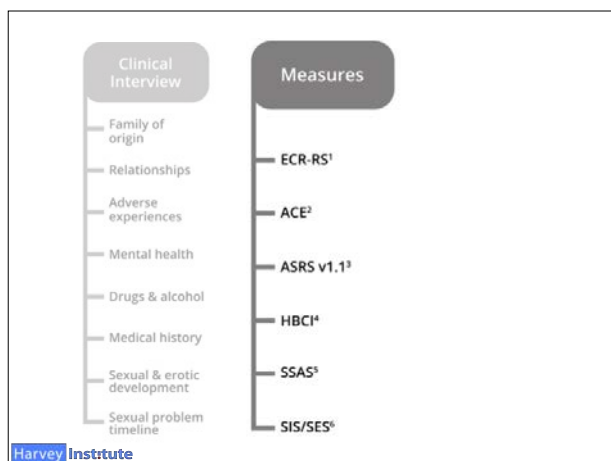
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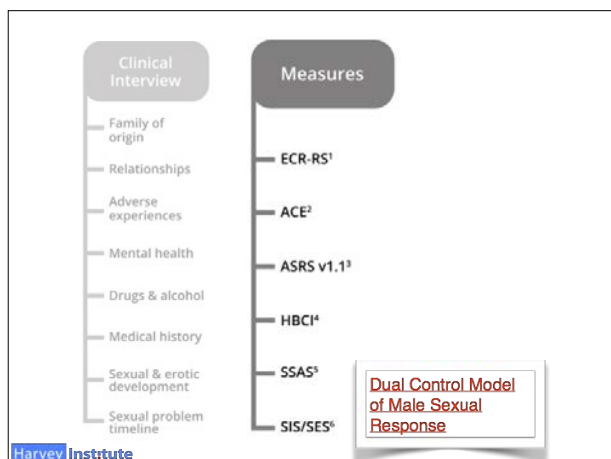
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### Sexual Inhibition Scale/Sexual Excitation Scale (SIS/SES)

#### 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

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

#### 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.

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## Preparation: OCSB assessment plan

## OCSB Assessment Plan



## Preparation: OCSB Assessment Change Processes

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



## Preparation: OCSB Assessment Change Processes

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



## Preparation: OCSB Assessment Change Processes

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



TREATING

OUT OF CONTROL

SEXUAL BEHAVIOR

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)

Treatment Elements

Change Processes

Frame Processes

Consciousness-raising

Emotional arousal

Self-reevaluation

Social liberation

Here-and-now interventions

Transference

Frame crossings

Competing motivations

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TREATING

OUT OF CONTROL

SEXUAL BEHAVIOR

Preparation:

OCSB Assessment

Change Processes

**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 Elements

Change Processes

Frame Processes

Consciousness-raising

Emotional arousal

Self-reevaluation

Social liberation

Here-and-now interventions

Transference

Frame crossings

Competing motivations

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TREATING

OUT OF CONTROL

SEXUAL BEHAVIOR

Preparation:

OCSB Assessment

Frame Processes

**Treatment Frame:**

- Method for understanding the essential boundaries and agreements between client and therapist.
- Method for establishing adequate environment for OCSB treatment.

**Frame Processes:**

- 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

Treatment Elements

Change Processes

Frame Processes

Consciousness-raising

Emotional arousal

Self-reevaluation

Social liberation

Here-and-now interventions

Transference

Frame crossings

Competing motivations

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TREATING

OUT OF CONTROL

SEXUAL BEHAVIOR

Preparation:

OCSB Assessment

Frame Processes

**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)

Treatment Elements

Change Processes

Frame Processes

Consciousness-raising

Emotional arousal

Self-reevaluation

Social liberation

Here-and-now interventions

Transference

Frame crossings

Competing motivations

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TREATING

OUT OF CONTROL

SEXUAL BEHAVIOR

Preparation:

OCSB Assessment

Frame Processes

**Transference:**  
Representational aspects of important and formative relationships can be both consciously experienced and/or 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

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

Treatment Elements

Change Processes?

Frame Processes

Consciousness-raising

Emotional arousal

Self-reevaluation

Social liberation

Here-and-now interventions

Transference

Frame crossings

Competing motivations

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TREATING

OUT OF CONTROL

SEXUAL BEHAVIOR

Preparation:

OCSB Assessment

Frame Processes

**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.

Treatment Elements

Change Processes?

Frame Processes

Consciousness-raising

Emotional arousal

Self-reevaluation

Social liberation

Here-and-now interventions

Transference

Frame crossings

Competing motivations

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TREATING

OUT OF CONTROL

SEXUAL BEHAVIOR

Preparation:

OCSB Assessment

Frame Processes

**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.

Treatment Elements

Change Processes?

Frame Processes

Consciousness-raising

Emotional arousal

Self-reevaluation

Social liberation

Here-and-now interventions

Transference

Frame crossings

Competing motivations

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OCSB Assessment Plan

Information Gathering

Treatment Elements

Clinical Interview

Measures

Professional Consults

Change Processes?

Frame Processes

Family of origin

Relationships

Adverse experiences

Mental health

Drugs & alcohol

Medical history

Sexual & erotic development

Sexual problem timeline

ECR-RS<sup>2</sup>

ACE<sup>3</sup>

ASRS v1.1<sup>1</sup>

HIBC<sup>4</sup>

SSAS<sup>5</sup>

SIS/SES<sup>6</sup>

Referring provider

Concurrent providers

Consciousness-raising

Emotional arousal

Self-reevaluation

Social liberation

Here-and-now interventions

Transference

Frame crossings

Competing motivations

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TREATING  
OUT OF CONTROL  
SEXUAL BEHAVIOR

Preparation: OCSB  
assessment summary

**Determining Treatment Recommendations:**

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

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TREATING  
OUT OF CONTROL  
SEXUAL BEHAVIOR

Preparation: OCSB  
Acuity assessment

**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?

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TREATING  
OUT OF CONTROL  
SEXUAL BEHAVIOR

Preparation: OCSB  
assessment completion

**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)

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TREATING  
OUT OF CONTROL  
SEXUAL BEHAVIOR

Preparation: OCSB  
Assessment Summary  
Appointment

**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.

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# TREATING OUT OF CONTROL SEXUAL BEHAVIOR

## Preparation: OCSB Assessment Summary Appointment

### 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

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## OCSB Clinical Pathway: Sexual Health Plan

Boundaries	Ambivalence	Sexual Health

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## OCSB Unique Clinical Picture

Sexual Health	Vulnerability Factors	Self Regulation	Attachment Regulation	Sexual & Erotic Conflicts
<ul style="list-style-type: none"> <li>• Sexual problems</li> <li>• Motivation for change</li> <li>• Relationship with sexual health principles</li> <li>• Vision for sexual health</li> </ul>	<ul style="list-style-type: none"> <li>• Physical safety</li> <li>• Physical health</li> <li>• Mental health</li> <li>• Relationship with drugs and alcohol</li> </ul>	<ul style="list-style-type: none"> <li>• Ingredients' <ul style="list-style-type: none"> <li>◦ Standards</li> <li>◦ Monitoring</li> <li>◦ Willpower</li> <li>◦ Motivation</li> </ul> </li> <li>• Activation Regulation <ul style="list-style-type: none"> <li>◦ Affect regulation</li> <li>◦ Sexual activation regulation</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Attachment-related anxiety</li> <li>• Attachment-related avoidance</li> <li>• Relationship agreements</li> <li>• Sexual narcissism</li> </ul>	<ul style="list-style-type: none"> <li>• Conflict with self</li> <li>• Conflict with others</li> <li>• Fixed arousal pattern</li> <li>• Unconventional arousal pattern</li> </ul>

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