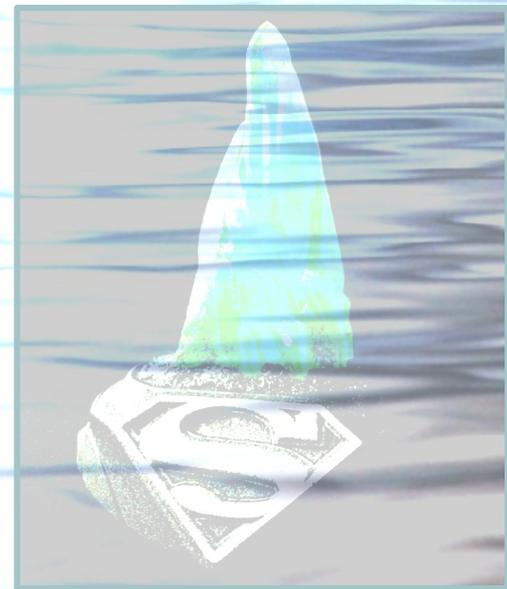


The background of the slide features a teal-tinted image of palm trees silhouetted against a bright, hazy sky, likely representing a sunset or sunrise. The text is overlaid on this background in a white, serif font.

# A Contextual Behavioral Science & Values-Oriented Approach to Treating Out of Control Sexual Behavior

Dr. Molly Winterrowd, PsyD  
The Center for Sexual & Reproductive Health

# Question



# About me



Center for Sexual and  
Reproductive Health

Pharmacist

Intern

Any helping profession ...

Physician Assistant

Why should I care? How is this  
topic relevant to me as a...

Social Worker

Case Manager

Nurse Practitioner

Post Doctoral Resident

Physician

Psychologist

Pharmacy Student

**Any helping profession ...**

The background of the slide is a photograph of a beach. In the foreground, there is a patch of light-colored sand. The middle ground is dominated by the ocean, with white foam from waves crashing onto the shore. The water in the distance is a deep blue, and the sky above is a pale, hazy blue.

# A Holistic Approach to Treatment



Engel, G. (1977)

Vreeland, B.

# Imagine...



# Definitions

- Out of Control Sexual Behavior (OCSB)
- Sex Addiction

# OCSB vs “Sex Addiction”

- **Sex Addiction:**

- Pathologic relationship to a substance or process
- Powerless over behavior
- Illness and disorder

Carnes, P. (2001)

- **Out of Control Sexual Behavior**

- Sexual health problem – consensual sexual urges, thoughts, and behaviors feel out of control
- Sexual problem – not a disorder or illness
- Often not about sex

Braun-Harvey, D. (2014)

# Continued: Definitions

- Currently:

ICD-10 & DSM-5: (312.89) F91.8 Other Specified Disruptive, Impulse-Control, and Conduct Disorder (hypersexual)

- Proposed for ICD-11:

F52.7 Compulsive Sexual Behaviour Disorder

Kraus, S.W. et al (2018)

# Proposed for ICD-11:

## F52.7 Compulsive Sexual Behaviour Disorder

1. Characterized:
  - a. Persistent pattern of failure to control intense, repetitive sexual impulses or urges
  - b. Resulting in repetitive sexual behavior over an extended period (6+ mons)
  - c. Causes marked distress or impairment in personal, family, social, educational, occupational or other important areas of functioning.

Kraus, S.W. et al (2018)

# Continued: Proposed for ICD-11:

1. Manifested:
  - a. Repetitive sexual activities become a central focus of the person's life
    - i. Neglecting health, personal care or other interests, activities and responsibilities
  - b. Numerous unsuccessful attempts to
    - i. Control or reduce repetitive sexual behavior
  - c. Continues to engage
    - i. Despite adverse consequences (relationships, work, and/or overall health)
  - d. Continues to engage
    - i. Behavior derives little or no satisfaction

Kraus, S.W. et al (2018)

# What is Out of Control Sexual Behavior (OCSB)?

**According to the DSM-5: (312.89) F91.8 Other Specified Disruptive, Impulse-Control, and Conduct Disorder (hypersexual)**

- Characteristic of a disruptive, impulse-control, and conduct disorder
- Causing clinically significant distress or impairment:
  - Social, occupational, or other important areas of functioning
- Don't meet the full criteria for disorders:
  - Disruptive, impulse-control, and conduct disorders diagnostic class

American Psychiatric Association (2013)

World Health Organization



# Practical application & Clinical Examples of OCSB



**Porn  
hub**

# OCSB Criteria

- Difficulty controlling sexual urges and behaviors within a variety of settings
  - Concealing or hiding sexual behaviors from others
  - Feeling guilt and shame about sexual behavior due to interpersonal conflict from poor boundaries and out of control sexual behaviors.
  - Excessive pornography usage
  - Strip shows
  - Sexual massages
- World Health Organization

Name \_\_\_\_\_  
 Date of birth \_\_\_\_\_  
 Date \_\_\_\_\_  
 Chart # \_\_\_\_\_

**Compulsive Sexual Behavior Inventory – 13 (CSBI-13)**

*Circle the answer that most accurately describes your response*

	Never	Rarely	Occasionally	Frequently	Very Frequently
1. How often have you had trouble controlling your sexual urges?	1	2	3	4	5
2. Have you felt unable to control your sexual behavior?	1	2	3	4	5
3. How often have you used sex to deal with worries or problems in your life?	1	2	3	4	5
4. How often have you felt guilty or shameful about aspects of your sexual behavior?	1	2	3	4	5
5. How often have you concealed or hidden your sexual behavior from others?	1	2	3	4	5
6. How often have you been unable to control your sexual feelings?	1	2	3	4	5
7. How often have you made pledges or promises to change or alter your sexual behavior?	1	2	3	4	5
8. How often have your sexual thoughts or behaviors interfered with the formation of friendships?	1	2	3	4	5
9. How often have you developed excuses and reasons to justify your sexual behavior?	1	2	3	4	5
10. How often have you missed opportunities for productive and enhancing activities because of your sexual activity?	1	2	3	4	5
11. How often have your sexual activities caused financial problems for you?	1	2	3	4	5
12. How often have you felt emotionally distant when you were engaging in sex with others?	1	2	3	4	5
13. How often have you had sex or masturbated more than you wanted to?	1	2	3	4	5

**Total score:** \_\_\_\_\_ /65

# Continued: OCSB Criteria - CSBI-13

# Continued: What OCSB *is not*

- Paraphilia: Any intense and persistent sexual interest other than sexual interest in genital stimulation or preparatory fondling with phenotypically normal, physically mature, consenting human partners.

A *paraphilic disorder* is a paraphilia that is currently causing distress or impairment to the individual or a paraphilia whose satisfaction has entailed personal harm, or risk of harm, to others

- Offending
- Nonconsensual

American Psychiatric Association (2013)

# What OCSB *is not*

[automatically] Offending behaviors

## Paraphilic disorders

- Exhibitionistic disorder (exposing genitals)
- Frotteuristic disorder (touching or rubbing against a nonconsenting individual)
- Sexual masochism disorder (undergoing humiliation, bondage, or suffering)
- Sexual sadism disorder (inflicting humiliation, bondage, or suffering)
- Pedophilic disorder (sexual focus on children)
- Fetishistic disorder (using nonliving objects or having a highly specific focus on nongenital body parts)

American Psychiatric Association (2013)

# Diagnosis

- Follow DSM-5 criteria
- Follow OCSB criteria
- Assess for impeded functionality and person's distress
- Impact of other important values in client's life

American Psychiatric Association (2013)

# Six Principles of Sexual Health

## Doug Braun-Harvey, MFT, CST, CST-S

- To provide effective and ethical treatment for OCSB

1. Consent
2. Non-exploitation
3. Protected from HIV, STIs, and unintended pregnancy
4. Honesty
5. Shared values
6. Mutual pleasure

Braun-Harvey, D. (2015)

# Clinical Examples



# **Theoretical Orientation & Clinical Approaches to Treatment**

- **Cognitive Behavioral Therapy**
- **Contextual Behavioral Sciences**
  - **Acceptance and Commitment Therapy**
  - **Mindfulness-based Interventions (MBI) and Self-Compassion**
  - **Relational Frame Theory**
  - **Functional analytic psychotherapy (FAP)**
  - **Values**

# Cognitive Behavioral Therapy (CBT)

- Cognitive-behavioral therapy (CBT) is a form of psychotherapy that:
  - Addresses concerns and enhances well-being by modifying dysfunctional emotions, behaviors, and thoughts.
  - Focuses on solutions and encourages patients to challenge distorted cognitions and change destructive patterns of behavior.

Gaudiano, B.A. (2008)

# Continued: Cognitive Behavioral Therapy (CBT)

- Thoughts and perceptions influence behavior. Feeling distressed, in some cases, may distort one's perception of reality.
- Aims to identify harmful thoughts, assess whether they are an accurate depiction of reality, and if they are not, employ strategies to challenge and overcome them.

Gaudiano, B.A. (2008)



# Acceptance and Commitment Therapy (ACT)

- Pain ≠ suffering
- Psychological suffering:
  - Interaction between human language and cognition
  - Control of human behavior by direct experience.
- Counter Productive: Attempting to change difficult thoughts and feelings as a means of coping.
- Functional Practices: Acceptance, mindfulness, cognitive defusion, values, and committed action.

# Acceptance and Commitment Therapy (ACT)

- Psychological inflexibility emerges from:
  - Experiential avoidance
  - Cognitive entanglement
  - Attachment of a conceptualized self
  - Loss of contact with the present moment
  - Failure to take helpful behavioral steps congruent with core values.
  - Grounded with theory of language and cognition, Relational Frame Theory (RFT)

# ACT Hexaflex

## ❖ Exercise

*"Given the distinction between me and the stuff I struggle with \_\_\_\_\_  
Can I be open to my stuff as it is \_\_\_\_\_  
Not as it says it is \_\_\_\_\_  
In the present moment \_\_\_\_\_  
and do what I care about?" \_\_\_\_\_*

## FEAR:

- Fusion with your thoughts
- Evaluation of experience
- Avoidance of your experience
- Reason-giving for your behavior

And the healthy alternative is to **ACT**:

- Accept your reactions and be present
- Choose a valued direction
- Take action

**ACCEPTANCE**  
**Experiential Avoidance**  
(i.e., assess for avoidance of internal content such as emotions or thoughts; the individual might be strongly invested in acquiring avoidance strategies.)

**Cognitive fusion**  
(i.e., assess the strength of attachment to internalised beliefs, there might be difficulty recognising thoughts as the product of the mind.)

## DEFUSION

**Dominance of conceptualised past and feared future**  
(i.e., assess propensity for continuous worry, rumination and planning)

## PRESENT-MOMENT



**Attachment to the conceptualised self.**  
(i.e., individuals see themselves as no more than the sum of verbal descriptions and memories; there is an inability to contact self as a perspective).

## VALUES

**Absent or confused values**  
(i.e., assess for avoidance of meaningful life activities an overreliance on what others or society promotes as important).

**COMMITTED ACTION**  
**Inactivity, avoidance and impulsivity.**

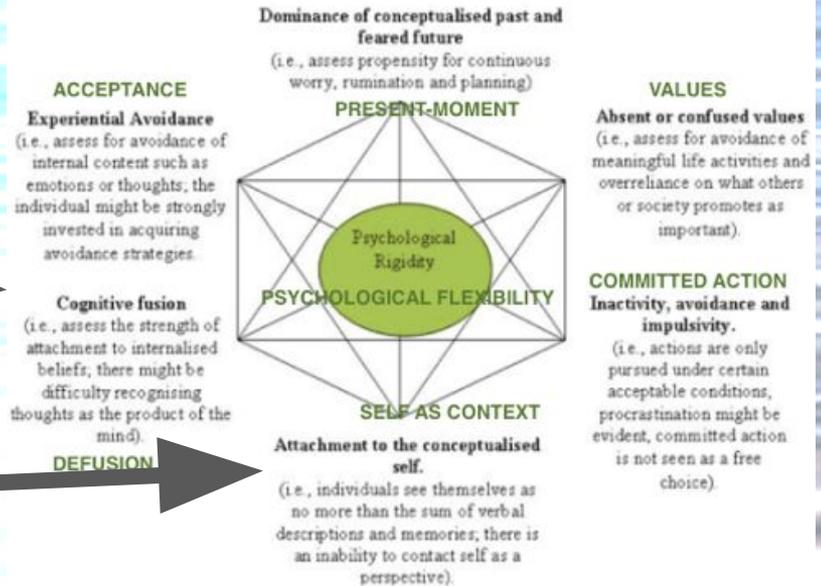
(i.e., actions are only pursued under certain acceptable conditions, procrastination might be evident, committed action is not seen as a free choice).

# ACT & the Purpose of Enhancing Psychological Flexibility

## Quick Game: Name which of the Six ACT Core Processes

“The only thing I know I can do to get off is by...”

This is who I am



# Mindfulness

“Mindfulness-based programs are designed to train individuals to cultivate mindfulness and incorporate its practice into daily life. Mindfulness is defined as “paying attention in a particular way, on purpose, in the present moment, and nonjudgmentally.”

Kabar-Zinn, J. (2003)

# Mindfulness Practices

- Create more feasible opportunities for mindfulness-based practices throughout the day:
  - Eating, driving, interpersonal interactions, work, breaks, walking, etc.
- Generalize these practices
- More mindfully noticing thoughts and emotions with acceptance
- Mindfully noticing behaviors and adapt as necessary to remain in alignment with values



# Shame & Vulnerability: Brené Brown (2012)

*As mindfulness enhances with the openness to explore thoughts and emotions, challenging emotions may occur....*

**Goal of Research:** Understand participants' "main concerns" related to experiencing the topics being examined:

- Shame, Wholeheartedness, vulnerability and how they resolve their concerns in their daily lives
- Interviewed 1,280 participants:  
750 female participants and 530 male participants

**Asked:**

What are the participants describing?

What do they care about?

What are they worried about?

What are the participants trying to do?

What explains the different behaviors, thoughts, and actions?



Brown, C. B. (2012)

## Cont: Shame & Vulnerability: Brené Brown (2012)

“As I look back on this journey, I realize the deep truth...There really is no path. Because the research shows participants had the courage to share their stories, experiences, and wisdom, I forged a path that defined my career and my life. When I first realized and resented the importance of embracing vulnerability and living a Wholehearted life, I would tell people that I was hijacked by my own data. Now, I know that I was rescued by it” (Brown, 2012).

# Continued: Self-Compassion & a Humanistic Perspective

- Kindness and understanding when confronted with personal challenges
- Committed action behaviors that are functional in enhancing your wellbeing.
- Intentionality: Engage in self-compassion practices because you care about yourself.
- Honoring, embracing, and accepting your humanness. No control over life or all experiences.
- This is the human condition, a reality shared by all of us. The more you open your heart to this reality instead of constantly fighting against it, the more you will be able to feel compassion for yourself and all your fellow humans in the experience of life.

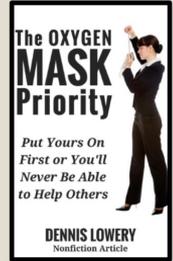


Neff, K. (2018)

# Self-Compassion & a Humanistic Perspective

## 2) Self-compassion & Self-care

From an Acceptance & Commitment Approach



- Compassion: To Suffer with.
- Extending compassion to others inward towards self.
- Reflection on how compassion from others feels.
- To have compassion for others, a person must first notice their suffering, not ignore or avoid.
- Involves being moved by others' suffering to respond to their pain.

Neff, K. (2018)

# Continued: Self-Compassion & a Humanistic Perspective

- Warmth, caring, and the desire to help the suffering person in some way.
- Offer understanding and kindness to others when they fail or make mistakes, rather than judging harshly.
- Suffering, failure, and imperfection is part of the shared human experience.
- Acting this way towards yourself when you are experiencing a difficult time, challenges, or noticing something you don't like about yourself.
- Instead of ignoring or avoiding your pain, you acknowledge with “this is really difficult right now,” how can I comfort and care for myself in this moment?

# Self-Compassion is not:

## ~~Self-pity or lack of responsibility~~

- Immersed in their own problems
- Ignore their interconnections with others
- Egocentric feelings of separation from others
- Exaggerates personal suffering
- See the related experiences of self and other without these feelings of isolation and disconnection.
- Broader human context of one's experience and to put things in greater perspective.

# Self-Compassion & a Humanistic Perspective

- **Self-Compassion:** “...being touched by and open to one’s own suffering, not avoiding or disconnecting from it, generating the desire to alleviate one’s suffering and to heal oneself with kindness” (Neff, 2003).

# Relational Frame Theory (RFT)

- Relationship between language and derived stimulus relations.
- Not indicated that derived stimulus relations depend upon language or that such relations are mediated by language.
- When two dependent variables are correlated, one strategy is to determine whether both variables are reflective of the same basic underlying psychological process.
- If the two areas overlap at the level of behavioral process, then questions about human language may also be questions about derived stimulus relations, and vice versa.

**Aim:** Integrate a range of diverse psychological phenomena (i.e. stimulus equivalence, naming, understanding, analogy, metaphor, and rule-following)

**View:** The core defining element in all of these diverse psychological phenomena and many other verbal activities, is *arbitrarily applicable relational responding*, and such responding is amenable to a learning or operant analysis.

**Relational responding:** Is a generalized operant. Specific types of relational responding, termed *relational frames*, are defined in terms of the three properties of mutual and combinatorial entailment, and the transformation of functions.

Relational frames are arbitrarily applicable, but are typically not necessarily arbitrarily applied in the natural language context.

Ackerman, C. (2019)

# Continued: Relational Frame Theory (RFT)

- **Mutual entailment:**

$A \longrightarrow B$        $A \dashv\vdash B$        $B \dashv\vdash A$

*Ex: if an individual brushes teeth before bedtime, then going to bed will naturally make them think of brushing teeth as well.*

- **Combinatorial entailment:**

$A \smile B$        $B \smile C$        $A \smile C$        $C \smile A$

*Ex: if a child told that “angry” = another word for “mad,” and “upset” = another word for “angry,” they will be able to make the unspoken connection between “mad” and “upset.”*

- **Transformation of functions:**

$A \dashv\vdash C \dots B$        $C \dashv\vdash B \dashv\vdash A$        $A \dashv\vdash B \dashv\vdash C$

*Ex: A child associates an ice cream shop with tasty treats and a fun experience; if, one day, the cashier at the ice cream shop is mean to the child, the relationship between going to the ice cream shop and their experience may change.*

- **OCSB  $\Rightarrow$  Shifting clients' relationship to words, associations, and providing choice for their response**

Ackerman, C. (2019)

# Functional analytic psychotherapy (FAP)

“A contextual, behavioral, relational approach to psychotherapy: Focus on what happens in session between the client and therapist to shape the interpersonal behaviors, emotional awareness, and self-expression necessary for clients to create and maintain close relationships and to live meaningful lives (Kohlenberg & Tsai, 1991; Tsai et al., 2009; Tsai, Callaghan & Kohlenberg, 2013).”

## Contextual Framework:

- A compassionate view of a client’s daily life stressors and behaviors
- Behaviors are seen as result of one’s history and were once adaptive but no longer functional. Creates space for acceptance and the emergence of more adaptive behaviors

## Natural reinforcement

- Authentically responding to client problems and improvements, strengthening adaptive behavior.
- Goal is to shape and respond to adaptive interpersonal behaviors as they occur in session (Ferster & Skinner, 1957).

## Generalization

- A client learns a more skillful behavior and successfully implements behavior in other areas because of functional similarities between the environments.

Tsai, M., Yard, S., & Kohlenberg, R.J. (2014)

## Functional Analysis

- Identifying the behavior’s function and contextual antecedents and consequences that make the behavior more or less likely. (Tsai, Kohlenberg, Kanter, Holman & Plummer Loudon, 2012).

# Values

“In Acceptance and Commitment Therapy (ACT), we use the term values to refer to activities that give our lives meaning. Values are not goals in that we never “accomplish” a value. Instead, values are like a compass—they help us make choices based on the directions in which we want our lives to go.”



# ACT Values Sort

“And *do*  
what I *care*  
about...”

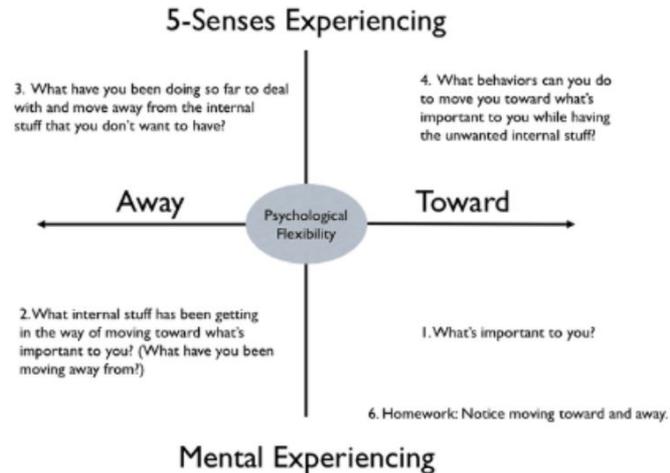
PERSONAL VALUES Card Sort		IMPORTANT TO ME	
VERY IMPORTANT TO ME		NOT IMPORTANT TO ME	
<b>1</b> <b>ACCEPTANCE</b> to be accepted as I am 100%	<b>2</b> <b>ACCURACY</b> to be accurate in my opinions and beliefs 100%		
<b>3</b> <b>ACHIEVEMENT</b> to have important accomplishments 100%	<b>4</b> <b>ADVENTURE</b> to have new and exciting experiences 100%		
<b>5</b> <b>ATTRACTIVENESS</b> to be physically attractive 100%	<b>6</b> <b>AUTHORITY</b> to be in charge of and responsible for others 100%		

Miller, W.R., C'de Baca, J., Matthews, D.B., & Wilbourne, P.L.

# Clinical Case: ACT Intervention

## Checking in with your values & Behaviors: Moving towards & away

The Matrix Diagram  
in Primary Care  
Kevin Polk, Ph.D.  
www.drkevinpolk.com



The background of the slide is a close-up, slightly blurred image of blue water with gentle ripples. The colors range from light cyan to a deeper blue, creating a textured, shimmering effect. The word "Questions" is centered in a black, serif font.

# Questions

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Center for Sexual and  
Reproductive Health



Open for Case Studies