I. INTRODUCTION

The Dark Side of the Sexual Revolution.

Today’s Goals:__________________________________________________________

A SPECTRUM OF SEXUAL BEHAVIORS

| anorexia | healthy | “recreational” | increasing degrees | full-blown compulsion/addiction |
| abstinence | sexual activity | sex | of sexual excess | |

II. Warning Signs of Sexual Compulsions

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

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

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

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

4. Sexual obsession and fantasy as a primary coping strategy

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

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

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

7. Severe consequences due to sexual behavior.

   Physical Costs: Carnes (1992)

   Financial Costs: Carnes, 1992


8. Ongoing desire or effort to limit sexual behavior
### III. The Ten Expressions of Sexual Compulsions

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

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

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

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

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

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

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

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

9. **Pain Exchange Sex** – Being controlled, humiliated or hurt as part of sexual arousal; sadistic hurting or degrading another sexually, or both. Arousal is linked to power disparity.
   - Williams, 2007

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

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**Paraphillias**

**Sex Offenders**

- Marshal, 2006
IV. The Internet

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

Abuse and Full-Blown Compulsion:

“A rose by any other name . . .”
- Problematic Internet Use (Caplan, 2010)
- Internet abuse (Morahan – Martin, 2008)
- Internet addiction (Young, 1988; Young & Rogers, 1998)
- Pathological Internet Use (Morahan-Martin & Schumacher, 2000)
- Excessive Internet Use (Wallace, 1999)
- Compulsive Internet Use (Van Den Eijnden, Meerkerk, Vermulst, & Engels, 2008)
- Internet Dependence (Scherer, 1997; Young, 1996)

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

Internet Compulsion Prevalence

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

Internet Compulsions Worldwide

- A study in Finland found 4.7% of girls and 4.6% of boys met the definition of Internet addiction (12-18-year-olds). (Young, K.S., 1998)
- 10% of college students at the University of Taiwan met the criteria for Internet addiction. (Yang, S., 2001)
- In Korea, a survey of 13,588 Internet users revealed 3.5% had been diagnosed as Internet addicts while 18.4% of them were classified as possible Internet addicts. (Whang, 2003)
- In China, a study of Internet users younger than 24 years old found approximately 9.72% to 11.06% were serious Internet addicts. (Chi, L.J., 2006)
- In India, a survey of 65,000 individuals revealed 38% of Internet users had signs of heavy usage. This held particularly true for young male college students. (Swaminath, 2008)

*Grateful acknowledgements to Young & Nabuco de Abreu’s “Internet addiction: A handbook and guide to evaluation and treatment, 2011.*
Cybersex Compulsions

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

Some interesting Statistics:
• Worldwide, consumers in South Africa are most likely to search for the word “porn.”
• In the United States Internet users in Elmhurst, Illinois are most likely to enter the word “porn” into the search field.
• 4.2 million websites contain pornography. (12% of the total number of websites).
• Each day there are 68 million pornographic search engine requests (25% of total search engine requests).
• 2.5 billion daily pornographic emails (8% of total).
• 1.5 billion porn peer-to-peer downloads each month (35% of all downloads).

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

How are Men and Women different when it comes to Cybersex?
• The term “sex” was searched for as often by female consumers as it was by males. However, men performed 97 percent of the searches for the term “free porn.” (Ropelato, 2006)
• The majority of pornography consumers and those dealing with internet addictions are married, male heterosexuals (Buzzell, 2005)
• Men prefer cybersex because it removes performance anxiety (Young, 2000)
• Historically men were more likely to view online pornography, while women are more likely to engage in erotic chat. (Young, 2000)
• However, more recent research shows one of every three visitors to pornography websites is likely to be female and nearly 60% of those who use the search term adult sex on Internet search engines are female (Family Safe Media, 2010).

Cybersex and Adolescents
Teens spend an average of seven hours per day exposed to various technologies (cell phone, Internet, gaming, etc.) (Rideout, Foehr, & Roberts, 2010). Research by Family Safe Media (2010) and Wolak (2007) shows:
- 90% of kids age 8-16 have been exposed to porn (most while doing homework).
- 42% of adolescents have seen online porn in the past year.
- 35% of teen boys and 8% of teen girls have intentionally visited porn sites.
- The top search terms used by teens online include *teen sex* and *cybersex*.
- 20% of teens have sent or posted nude or semi-nude pictures / videos of themselves.
- Nearly ½ of adolescents have sent sexually suggestive text messages or e-mails to someone.
- 35% of all teen peer-to-peer texting is pornographic.

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

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

**Sexual Predators**

Research by Family Safe Media (2010) also shows:

- 1-in-7 adolescents have received unwanted sexual solicitations in the past year.
- “Gnutella” (peer-to-peer site) has 116,000 requests for “child pornography” every day.
- Top 20 internet search terms include “teen sex” & “teen porn.”
- 100,000 websites offer child pornography.
- Of those arrested for possessing child porn:
  - 83% of images were ages 6-12
  - 43% were of children ages 3-6
  - 19% were of children 3 years and younger

**People Search Services**

- www.pipl.com
- www.peekyou.com
- www.123people.com
- www.spokeo.com
V. ETHOLOGY OF INTERNET COMPULSIONS

A. PROPERTIES OF THE INTERNET. ("It’s the Internet, stupid.")
Griffiths (2003) found a number of factors that make online activities potentially addictive. They include (with some creative license by Dr. Simpson):

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

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

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

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

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

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

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

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

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

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

Associability. Ironically, the Internet can also create an asocial experience where an individual does not reveal their true self, but rather the “social self” they have created for online interactions.
The brain is composed of two types of cells, glial and neurons. Glial cells are the “glue” that binds cells together; they compose 90% of the cells in the brain. Neuron cells are associated with learning. They are the body’s communicators and constantly strike up conversations all over the brain.

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

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

The male brain has a greater proportion of white matter than the female brain. The female brain has a greater proportion of gray matter. It is speculated that the additional white matter enable men to transfer information easily to all regions of the brain – enhancing their spatial abilities and giving them an advantage in matters of navigation, mathematical problem-solving and aiming at targets. The abundance of gray matter in women might allow for more efficiency of thought processes and a greater ability to process information, which perhaps explains the female’s strong language skills and the ability to multitask.
“It’s a Brain-thing!”
The hypothalamus is responsible for emotions, sexual desire and controlling the body’s thermostat. It is larger and thicker in men than in women. Love and pleasure are particularly affected by the chemical dopamine – the all-time feel-good neurotransmitter.

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

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

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

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

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

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

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

“The underlying physiological mechanism of incentive salience is postulated to involve mesocorticolimbic brain systems that involve dopamine activation. The relationship to brain dopamine states makes incentive salience vulnerable to enhancement by psychostimulant drugs that activate dopamine systems. Enduring neural sensitization of dopamine-related mesolimbic systems induced by repeated exposures to drugs is the basis for the incentive-sensitization theory of drug addiction. Sensitization of dopamine-related systems by binging on drugs such as heroin and cocaine is thought to produce long-lasting hyper-excitability of the brain's mesocorticolimbic system and to result in compulsive ‘wanting’ to take drugs and in cue-triggered relapse. Sensitized ‘wanting’ may effectively trigger relapse even when addicts may not derive much pleasure from the drugs, nor expect to derive much pleasure, and even long after the addict is free of withdrawal symptoms.” (Zang, et.al., 2009,)

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

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

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

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

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

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

Online Disinhibition

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

DISSOCIATIVE ANONYMITY ("You don't know me.")

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

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

INVISIBILITY ("You can't see me.")

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

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

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

**ASYNCHRONICITY** ("See you later.")

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

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

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

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

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

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

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

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

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

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

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

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

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

Even if people do know something about an authority figure’s offline status and power, that elevated position may have less of an effect on the person’s online presence and influence. In many environments on the Internet, everyone has an equal opportunity to voice him or herself. Everyone—regardless of status, wealth, race, or gender—starts off on a level playing field. Although one’s identity in the outside world ultimately may shape power in cyberspace, what mostly determines the influence on others is one’s skill in communicating (including writing skills), persistence, the quality of one’s ideas, and technical know-how.

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

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

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

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

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

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

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

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

Those with PIU . . .

• Spend most of their time online using interpersonal communication applications. Nondependent Internet users spend most of their time using e-mail and surfing websites. (Young, 1996)

• Are 26% more likely to go online in order to meet new people. (Scherer, 1997)

• Prefer online social interaction over face-to-face social interaction (Caplan, 2003; Davis, 2001; Morahan-Martin and Schumacher, 2000)

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

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


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

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

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

Those with PIU . . .

• Are more social isolated and depressed. (Krant, 1997)
  Self-reported levels of loneliness predicted preference for online social interaction and experiencing negative outcomes. (Caplan, 2003)
• Socially anxious (Caplan, 2007). Individuals with social anxiety disorder experience greater comfort interacting on the Internet than face-to-face. (Erwin at all, 2004)
• Have lower self-presentational skills (Caplan, 2005)
• Use the Internet for mood regulation (Caplan, 2003, 2005, 2010)
• Have a cognitive preoccupation with the online world (Davis et al., 2002).
VI. The Six Motivators of Compulsive Sexual Behaviors
In the early 1900s, Alfred Adler argued that all human behavior is goal-driven. For Adler, this teleological perspective was foundational to understanding why people make the choices they do. Human behaviors actually have “payoffs” – desired goals that are met through specific behaviors. Consider the following eight motivators and how one or more of them may be motivating your client’s Internet behaviors.

Motivator #1. Excitement
Physical excitement is a strong payoff novel, forbidden or risky sex. Specifically this involves release of adrenaline and dopamine into the nervous system.

Motivator #2. Comfort
Sexual events can bring about relief from life stressors. This includes the release of endorphins, oxytocin and vasopressin into our nervous system, which are powerful chemical relaxants.

Motivator #3. Escape
The sexual event can provide a means of escape from the mundane “grind” of daily living. A central feature of sexual compulsions is “trance states of mind.” Trance is a common everyday occurrence for all of us. Simply defined, it involves an intense focus on an image while becoming less aware of one's physical surroundings, allowing the mind to wander while the body is in a relaxed state. Chemically this involves the release of endorphins, dopamine and norepinephrine into the nervous system. Once in trance, a person’s normal inhibitions are relaxed and they are able to experience events that seem very real, and can include sight, smell, touch, relationships and deep emotions. Trance also has a way of putting “time” on hold – hours can pass in what can feel like mere minutes.

Motivator #4. Affirmation
A universal longing is to “matter” – to have our value affirmed by someone else.

Motivator #5. Power
Dominance and control can compensate for a person’s internal sense of inadequacy.

Motivator #6. Helplessness
Sexual failures can affirm a person’s self-belief they are “inept” and destined to fail.
Counseling Models
Structured Cognitive Therapy Phase Model

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

INITIAL PHASE

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

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

INTERMEDIARY PHASE

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

FINAL PHASE

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

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

Diagnostic Codes for Private Clients (non-criminal)
• Obsessive-Compulsive Disorder (300.3)
• Depression, Dysthymia, or NOS (296.xx, 300.4, 311)
• Anxiety (various, 300.xx)
• Adjustment Disorders (309.xx)
• Sexual Disorder, NOS (302.9) or Impulse-control Disorder, NOS (312.30)

Diagnostic Codes for Criminal Matters
• Pedophilia (302.2)
• Sexual masochism (302.83)
• Sexual sadism (302.84)
• Transvestic fetishism (302.3)
• Voyeurism (302.82)
• Paraphilia NOS (302.9)

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

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

Bipolar manic and hypomanic episodes

Sleep Disorder

Sexual Dysfunction

Personality Disorders Raymond, 1999, Kafka, 2002

ADHD Blankenship, 2004, Black, 1997

Substance abuse Carnes, 1991

PTSD Carnes, 1991

Psychopathy Carnes, 1991

STD’s

<table>
<thead>
<tr>
<th>STD Hotline (800) 227-8922</th>
<th>Cdcnpin.org (Center for Disease Control)</th>
</tr>
</thead>
<tbody>
<tr>
<td>iwannaknow.org</td>
<td>webMD.com</td>
</tr>
</tbody>
</table>

Respecting your own limitations

Addressing a client’s faith orientation
Assessment Tools

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

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

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

**Frequency**

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

### BEHAVIOR RELATED TO PREOCCUPATION, FANTASY, AND RITUALIZATION

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

### BEHAVIOR RELATED TO MASTURBATION

<table>
<thead>
<tr>
<th>Behavior</th>
<th>One Time</th>
<th>Many Times</th>
</tr>
</thead>
<tbody>
<tr>
<td>Masturbating yourself</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>Masturbating a sexual partner yourself</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>Masturbating with objects yourself</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>Masturbating to the point of physical injury or infecting yourself</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>Masturbating in cars yourself</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>Masturbating in public places (movie theaters, tanning salons, store dressing rooms, etc.)</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>Masturbating with mechanical or electrical devices yourself</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>Other behavior related to masturbation, (specify: )</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
</tbody>
</table>
### BEHAVIOR RELATED TO PORNOGRAPHY (SEXUAL EXPLOITATION OR SEXUALIZATION OF PEOPLE)

<table>
<thead>
<tr>
<th>Behavior</th>
<th>One Time</th>
<th>Many Times</th>
</tr>
</thead>
<tbody>
<tr>
<td>Looking at sexually explicit magazines</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>Keeping sexually explicit material or magazines at home or work</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>Watching sexually explicit videotapes</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>Making sexually explicit videotapes</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>Taking sexually explicit photographs</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>Patronizing adult book stores</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>Watching or looking at child pornography</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>Watching strip or peep shows</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>Sexualizing people/materials (advertisements, catalogues) that aren’t sexually explicit</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>Looking for sexually suggestive moments on TV or in films</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>Maintaining a &quot;collection&quot; of pornographic materials</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>Other behavior related to pornography, specify:</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
</tbody>
</table>

### BEHAVIOR RELATED TO BUYING OR SELLING SEX

<table>
<thead>
<tr>
<th>Behavior</th>
<th>One Time</th>
<th>Many Times</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patronizing saunas, massage parlors, or rap lounges</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>Paying someone for sexual activity</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>Participation in phone sexual activity</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>Receiving money in exchange for sexual activity</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>Receiving drugs in exchange for sexual activity</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>Pimping others for sexual activity</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>Using an escort or phone service</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>Spending money on someone in order to have sex</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>Being sexual because someone spent money on you</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>Other behavior related to buying or selling sex, specify:</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
</tbody>
</table>

### BEHAVIOR RELATED TO SEX PARTNERS

<table>
<thead>
<tr>
<th>Behavior</th>
<th>One Time</th>
<th>Many Times</th>
</tr>
</thead>
<tbody>
<tr>
<td>Having multiple sexual relationships at the same time</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>Having successive relationships one right after another</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>Having one-night stands</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>Having affairs outside your primary relationship</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>Engaging in sex with anonymous partners</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>Swapping partners</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>Urging your partner to have sex with persons outside your relationship</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>Using sexual seduction to gain power over another person</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>Participating in group sex</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>Hustling in singles clubs, bars, or health clubs</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>Cruising beaches, parks, parking lots, or baths</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>Belonging to a nudist club to find sex partners</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>Using the personal columns to find sex partners</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>Engaging in sexual activity outside your sexual orientation in pursuit of a new sexual high</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>Placing and answering ads in swinger magazines</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>Other behavior related to sex partners, specify:</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
</tbody>
</table>
### BEHAVIOR RELATED TO EXHIBITIONISM (EXPOSING BODY OR BODY PARTS IN PUBLIC FOR SEXUAL PURPOSES)

<table>
<thead>
<tr>
<th>Behavior</th>
<th>One Time</th>
<th>Many Times</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exposing yourself from a car</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>Exposing yourself from stage or for hire</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>Exposing yourself in public places, such as parks, streets, school yards, etc</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>Exposing yourself from your home</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>Exposing yourself for home videos or photographs</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>Exposing yourself through your choice of clothing</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>Exposing yourself by being sexual or undressing in public or semi-public places</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>Provocatively exposing yourself in showers, locker rooms, or public rest rooms</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>Other behavior related to exhibitionism, specify:</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
</tbody>
</table>

### BEHAVIOR RELATED TO VOYEURISM (SECRETLY OBSERVING OTHERS FOR YOUR SEXUAL PURPOSES)

<table>
<thead>
<tr>
<th>Behavior</th>
<th>One Time</th>
<th>Many Times</th>
</tr>
</thead>
<tbody>
<tr>
<td>Watching people through windows of their houses or apartments</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>Using binoculars or telescopes to watch people</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>Hiding in secret places (e.g., closets, under beds) in order to watch or listen to people</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>Asking strangers or acquaintances inappropriate personal details about their sex lives</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>Sexualizing others you observe in public places (malls, restaurants, office buildings)</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>Sexualizing others in health clubs, locker rooms, rest rooms, or showers</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>Other behavior related to voyeurism, specify:</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
</tbody>
</table>

### BEHAVIOR RELATED TO INAPPROPRIATE LIBERTIES

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

### BEHAVIOR RELATED TO VICTIMIZATION (USING FORCE OR THREATS)

<table>
<thead>
<tr>
<th>Behavior</th>
<th>One Time</th>
<th>Many Times</th>
</tr>
</thead>
<tbody>
<tr>
<td>Forcing sexual activity on a child outside your family</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>Forcing sexual activity on your spouse or partner</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>Forcing sexual activity on a member of your family (brother, daughter, nephew, etc)</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>Forcing sexual activity on a person you know (e.g., acquaintance, friend, or other adult)</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>Forcing sexual activity on a person whom you do not know</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>Engaging in sexual activity with a “consenting” minor</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>Exposing children to your sexual activities (e.g., engaging in sexual activity with open doors, inappropriate nudity)</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>Sharing inappropriate sexual information with children</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>Willingly giving up power or acting out the victim role in your sexual activity</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>Using a power position to exploit or be sexual with another person (e.g., clergy to Parishioner, therapist to client, employer to employee)</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>Administering drugs to another person in order to force sexual activity</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>Using alcohol to take sexual advantage</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>Other behavior related to victimization, specify:</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
</tbody>
</table>
### OTHER SEXUAL BEHAVIOR

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

### INTERNET BEHAVIORS

<table>
<thead>
<tr>
<th>Behavior</th>
<th>One Time</th>
<th>Many Times</th>
</tr>
</thead>
<tbody>
<tr>
<td>You have some sexual sites bookmarked</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>You spend more than 5 hours per week using a computer for sexual pursuits</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>You have joined sexual sites to gain access to online sexual material</td>
<td>1 2 3 4 5</td>
<td>C</td>
</tr>
<tr>
<td>You have purchased sexual products online</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>You have searched for sexual material through an Internet search tool</td>
<td>1 2 3 4 5</td>
<td>C</td>
</tr>
<tr>
<td>You have spent more money for online sexual material than you planned</td>
<td>1 2 3 4 5</td>
<td></td>
</tr>
<tr>
<td>Internet sex has sometimes interfered with certain aspects of your life</td>
<td>1 2 3 4 5</td>
<td>C</td>
</tr>
<tr>
<td>You have participated in sexually related chats</td>
<td>1 2 3 4 5</td>
<td>C</td>
</tr>
<tr>
<td>You have a sexualized username or nickname that you use on the Internet</td>
<td>1 2 3 4 5</td>
<td>C</td>
</tr>
<tr>
<td>You have masturbated while on the Internet</td>
<td>1 2 3 4 5</td>
<td>C</td>
</tr>
<tr>
<td>You have accessed sexual sites from other computers besides the one at home</td>
<td>1 2 3 4 5</td>
<td>C</td>
</tr>
<tr>
<td>You have lied to other about your use of your computer for sexual purposes</td>
<td>1 2 3 4 5</td>
<td>C</td>
</tr>
<tr>
<td>You have tried to hide what is on your computer or monitor so others cannot see it</td>
<td>1 2 3 4 5</td>
<td>C</td>
</tr>
<tr>
<td>You have stayed up after midnight to access sexual material online</td>
<td>1 2 3 4 5</td>
<td>C</td>
</tr>
<tr>
<td>You use the Internet to experiment with different aspects of sexuality (e.g., bondage, homosexuality, anal sex, etc.)</td>
<td>1 2 3 4 5</td>
<td>C</td>
</tr>
<tr>
<td>You have your own website which contains some sexual material</td>
<td>1 2 3 4 5</td>
<td>C</td>
</tr>
<tr>
<td>You have made promises to yourself to stop using the Internet for sexual purposes</td>
<td>1 2 3 4 5</td>
<td>C</td>
</tr>
<tr>
<td>You sometimes use cybersex as a reward for accomplishing something (e.g., finish a project, stressful day, etc.)</td>
<td>1 2 3 4 5</td>
<td>C</td>
</tr>
<tr>
<td>When you are unable to access sexual material online, you feel anxious, angry, or disappointed</td>
<td>1 2 3 4 5</td>
<td>C</td>
</tr>
<tr>
<td>You have increased the risks you take online (give out name and phone number, meet people offline, etc.)</td>
<td>1 2 3 4 5</td>
<td>C</td>
</tr>
<tr>
<td>You have punished yourself when you use the Internet for sexual purposes (e.g., time-out from computer, cancel Internet subscription, etc.)</td>
<td>1 2 3 4 5</td>
<td>C</td>
</tr>
<tr>
<td>You have met face to face with someone you met online for romantic purposes</td>
<td>1 2 3 4 5</td>
<td>C</td>
</tr>
<tr>
<td>You use sexual humor and innuendo with others while online</td>
<td>1 2 3 4 5</td>
<td>C</td>
</tr>
<tr>
<td>You have run across illegal sexual material while on the Internet</td>
<td>1 2 3 4 5</td>
<td>C</td>
</tr>
</tbody>
</table>
**Sex History Timeline**

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

1st year:

2nd year:

3rd year:

4th year:

5th year:

First Grade:

Second Grade:

Third Grade:

Fourth Grade:

Sixth Grade:

Seventh Grade:

Eight Grade:

Ninth Grade:
<table>
<thead>
<tr>
<th>Age Group</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>36-40 years old</td>
<td></td>
</tr>
<tr>
<td>40-45 years old</td>
<td></td>
</tr>
<tr>
<td>46-50 years old</td>
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<tr>
<td>50-55 years old</td>
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<tr>
<td>56-60 years old</td>
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<tr>
<td>60-65 years old</td>
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<tr>
<td>65-70 years old</td>
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<tr>
<td>70-75 years old</td>
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<tr>
<td>75-80 years old</td>
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</tbody>
</table>
Your History of Sexual Struggles
Reproduced and modified with permission from Patrick Carnes’ Facing the Shadow

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

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

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

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

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

5. Were there periods during your life in which your sexual struggles suddenly escalated in terms of frequency or types of sexual acting out behavior? □ Yes □ No
   If yes, at what ages (e.g., 15-18, 22-24, etc.)?

6. Was there a seasonal (spring, summer, fall, winter) pattern in your sexual acting out?
   □ Yes □ No
   If ‘yes’, please specify:

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

8. At what age do you believe your sexual addiction was at its highest level? ________________
9. What were some critical events during this period when your struggles were at its highest level? __________________________________________________________

10. Were there periods during your life when your sexual struggles de-escalated (i.e., were less intense, went underground, were controlled)?  □ Yes  □ No
   If ‘yes’, at what ages? __________________________________________________________

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

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

13. What were some critical events during these periods? __________________________________________________________

14. Are you currently working on limiting other compulsive behaviors or are you currently in recovery from any other addiction?  □ Yes  □ No
   □ compulsive use of alcohol or other drugs
   □ alcohol or other drug dependency
   □ co-dependency
   □ eating disorders (overeating, anorexia, bulimia)
   □ nicotine/tobacco addiction
   □ caffeine abuse or addiction
   □ compulsive gambling
   □ compulsive spending
   □ compulsive work
   □ other, specify: __________________________________________________________

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

   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
Your Arousal Template
Modified and reproduced by permission from Patrick Carnes’ Facing the Shadow

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

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

<table>
<thead>
<tr>
<th>Feeling</th>
<th>Role in your behavior</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Feeling</td>
<td>Role in your behavior</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Feeling</td>
<td>Role in your behavior</td>
</tr>
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<td></td>
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</tr>
</tbody>
</table>

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

1. 

2. 

3. 

4. 

5. 

6. 

7. 

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

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

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

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

---

**Objects**
Objects can become sexualized as well. Automobiles are used for cruising for prostitutes, exhibitionism, voyeurism, and anonymous sex. Sometimes they are used as a place in which to have sex. Computer keyboards take on a sexual quality when they are what you touch as you access pornography, chatrooms, and sex-related e-mail. Objects such as school uniforms, lingerie, whips, and sex toys are often a critical part of a fantasy life. Almost every creature on the planet, it seems, including snakes and insects, has been sexualized by someone. Specific types of clothing or even a specific article of clothing (examples would be shoes, socks, high heels, and pantyhose) can become highly sexualized. In the space below, specify what objects have become sexualized for you.

---

**Processes**
Sometimes arousal becomes fixated on actions or processes. Watching young girls smoke or women urinate can become erotic for some people. Violence, humiliation, and degradation can also be erotic acts. Stealing and burglary can be eroticized. Car washing, cheerleading, and even gardening, though seemingly benign activities, can become part of compulsive ritualization for some people. What processes have become eroticized for you?
**Body Types, Parts, and Characteristics**
Arousal often is conditioned on a specific body build or physical characteristic. Shape, muscle, and hair color can determine the quality of arousal. Individual features such as wrinkles, moles, and stretch marks can also become part of desire. Fetishes can be organized around specific body parts such as armpits or feet. Being overweight, pregnant, or extremely thin turns some people on. Sometimes the loss of a limb or being disabled in some way becomes a source of arousal. Indicate below what physical attributes are part of your arousal patterns.

__________________________

__________________________

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

<table>
<thead>
<tr>
<th>Ideal Type:</th>
<th>Origin of Type:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Ideal Type:</th>
<th>Origin of Type:</th>
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<tbody>
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<table>
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<tr>
<th>Ideal Type:</th>
<th>Origin of Type:</th>
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<table>
<thead>
<tr>
<th>Ideal Type:</th>
<th>Origin of Type:</th>
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</table>

<table>
<thead>
<tr>
<th>Ideal Type:</th>
<th>Origin of Type:</th>
</tr>
</thead>
<tbody>
<tr>
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<td></td>
</tr>
</tbody>
</table>

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

__________________________

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

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

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

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

___ 1. I spend a great deal of time fantasizing about past online sexual experiences, online partners, or online pornography.
___ 2. I have a specific credit card I use for my online sexual behavior.
___ 3. I find myself thinking about engaging in online sex, even when I am not online.
___ 4. I never thought about looking at something sexual while online.
___ 5. When I am unable to access sexual information online, I feel anxious, angry, or disappointed.
___ 6. I have accessed sexual sites from other computers besides my home.
___ 7. I am afraid I may be caught engaging in illegal behavior online.
___ 8. I use sexual humor and innuendo with others while online.
___ 9. I can spend hours online and never interact with anyone online or offline.
___ 10. I have never seen any sexualized content while online.
___ 11. I work hard at keeping my online sexual behaviors secret from others.
___ 12. The Internet is attractive because I don’t invest emotional energy into it.
___ 13. I have never been curious about sexuality on the Internet.
___ 14. I am extremely good at keeping my online sexual behavior a secret from everyone.
___ 15. My online sexual behavior is part of my social life.
___ 16. I use my online sexual behavior to avoid people in my real life.
___ 17. I have posted information that bordered on being illegal.
___ 18. I seek comfort and encouragement from my online friends.
___ 19. I have had physical sexual contact with someone I met online.
___ 20. I prefer individual conversation with others rather than group conversations when online.
___ 21. The Internet creates a place where I do not have to interact with others.
___ 22. I am curious about online sexuality.
___ 23. I have deleted files from my computer that bordered on being illegal.
___ 24. Instant messaging is a distraction to what I really want to be doing online.
___ 25. I have downloaded illegal sexual content from the Internet.
___ 26. I have purchased pornographic videos or DVDs through the Internet.
___ 27. I have engaged in online sexual behavior from my work computer.
___ 28. I have met face to face with someone I met online for romantic purposes.
___ 29. The Internet helps satisfy my sexual fetish interests.
___ 30. I sometimes use cybersex as a reward for accomplishing something (e.g., finish a project, stressful day, etc.)
___ 31. I look for images that border on being illegal.
___ 32. Other than for online sex, the Internet is useless.
___ 33. I have spent/received money online for sex.
___ 34. I enjoy my online friendships more than my real life friendships.
___ 35. I have sought help from a professional about my online sexual behavior.
___ 36. I have accessed online sexual activity from a friend or colleague’s computer.
___ 37. I have talked to minors online about sex.
___ 38. I like the fact that I can easily exit online relationships quickly and without consequence.
___ 39. I have participated in sexually related chats.

(continues for a total of 117 questions)
Cybersex Addiction Screening Test (CAST)
The Cybersex Addiction Screening Test (CAST) was developed by Rob Weiss and is recommended by the Society for the Advancement of Sexual Health (SASH). It is a free resource that provides a profile of responses which help to identify men and women with sexually addictive disorders. **You can assign the CAST as a homework assignment. Have your client go to www.sexualrecovery.com to complete the questionnaire and obtain a score interpretation.**

**Questions**

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

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

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

- Normal Range: 0-30 points
- Mild: 31-49 points
- Moderate: 50-79 points
- Severe: 80-100 points

Once the total score for the client has been calculated and the category selected, to enhance the utility of the instrument, evaluate questions for which the client scored a four or five. (See the next page for the IAT)
THE INTERNET ADDICTION TEST
Developed by Dr. Kimberly Young, www.netaddiction.com

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

1. How often do you find that you stay online longer than you intended?
2. How often do you neglect household chores to spend more time online?
3. How often do you prefer the excitement of the Internet to intimacy with your partner?
4. How often do you form new relationships with fellow online users?
5. How often do others in your life complain about the amount of time you spend online?
6. How often do your grades or schoolwork suffer because of the amount of time you spend online?
7. How often do you check your e-mail before something else that you need to do?
8. How often does your job performance or productivity suffer because of the Internet?
9. How often do you become defensive or secretive when anyone asks me what you do online?
10. How often do you block out disturbing thoughts about your life with soothing thoughts of the Internet?
11. How often do you find yourself anticipating when you will go online again?
12. How often do you fear that life without the Internet would be boring, empty, and joyless?
13. How often do you snap, yell, or act annoyed if someone bothers you while you are online?
14. How often do you lose sleep due to late-night log-ins?
15. How often do you feel preoccupied with the Internet when off-line, or fantasize about being online?
16. How often do you find yourself saying "Just a few more minutes" when online?
17. How often do you try to cut down the amount of time you spend online and fail?
18. How often do you try to hide how long you been online?
19. How often do you choose to spend more time online over going out with others?
20. How often do you feel depressed, moody, or nervous when you are off-line, which goes away once you are back online?

Not Applicable Rarely Occasionally Frequently Often Always
0 1 2 3 4 5
0 1 2 3 4 5
0 1 2 3 4 5
0 1 2 3 4 5
0 1 2 3 4 5
0 1 2 3 4 5
0 1 2 3 4 5
0 1 2 3 4 5
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0 1 2 3 4 5
MOTIVATIONAL INTERVIEWING

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

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

There are five general principles of Motivational Interviewing:
1. Expressing empathy
2. Developing discrepancy
3. Avoiding argumentation
4. Rolling with resistance
5. Supporting self-efficacy

The method employed in Motivational Interviewing consists of using a mnemonically structured (A–H) list of eight effective motivational strategies:
1. giving Advice
2. removing Barriers
3. providing Choice
4. decreasing Desirability
5. practicing Empathy
6. providing Feedback
7. clarifying Goals
8. active Helping

Questions can be asked such as:
- When did you first begin to use the Internet?
- How many hours per week you currently spend online (for nonessential use)?
- What applications do you use on the Internet (specific sites/groups/games visited)?
- How many hours per week do you spend using each application?
- How would you rank order each application from most to least important?
- What do you like most about each application? What do you like least?
- How has the Internet changed your life?
- How do you feel when you log off line?
- What problems are consequences have stemmed from your Internet use? (If these are difficult for the client to describe, have the client keep a log near the computer in order to document such behaviors for the next week's session.)
- Have others complained about how much time you spend online?
- Have you sought treatment for this condition before? If so, when, have you had any success?
- Do you feel preoccupied with the Internet?
- What attempts have you made to control, cut back, or stop computer use?
- How often do you think about going online?
- How often do you talk about going online?
- How often do you plan ways to use the Internet?
- How do you forgo other responsibilities or duties to go online?
- Have you ever used the Internet to escape from feelings of depression, anxiety, guilt, loneliness, or sadness?
- What is your longest period of abstinence from the Internet?

(Young & Nabuco de Abreu, 2011, p.25-28)
### 30 Reasons You Won’t Continue Counseling

(Acknowledgements to David Burns, M.D.)

<table>
<thead>
<tr>
<th>Put a check (✓) in the box to the right that best indicates how you think and feel</th>
<th>not at all</th>
<th>somewhat</th>
<th>a lot</th>
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<tr>
<td><strong>Exciting Benefits:</strong> Your online behaviors or relationships are one of the few sources of true excitement in your life and you aren’t ready to let go of this just yet.</td>
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<td><strong>Stress Relief:</strong> Your online behaviors or relationships are one of the few sources of true stress relief in your life and you aren’t ready to let go of this just yet.</td>
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<td><strong>Fantasy Escape:</strong> Your online behaviors or relationships are one of the few sources of true fantasy escape in your life and you aren’t ready to let go of this.</td>
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<td><strong>Feeling Loved:</strong> Your online behaviors or relationships are an important source of feeling loved and valued in your life and you aren’t ready to let go of this just yet.</td>
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<td><strong>Hopelessness:</strong> Many people feel convinced that their problems will go on forever, no matter what. If you feel hopeless and demoralized, you may give up and do nothing. Then nothing changes, and you feel more convinced that you’re hopeless.</td>
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<td><strong>Power Source:</strong> Your online behaviors or relationships are an important source of feeling powerful in your life and you aren’t ready to let go of this just yet.</td>
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<td><strong>Revenge:</strong> Your online behaviors or relationships are an important means of “getting back” at someone who has hurt you and you aren’t ready to let go of this.</td>
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<td><strong>Defeated Perfectionism:</strong> You may feel that since you’ve already “screwed up” so badly in your life, there’s no point to trying to correct things now.</td>
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<td><strong>Fear of Disapproval:</strong> You may be afraid that your therapist will think less of you when they find out all the hurtful or shameful things you’ve done.</td>
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<td><strong>Putting the Cart Before the Horse:</strong> Some people have the idea that motivation comes before action. They tell themselves, “I don’t feel like it now, so I’ll put it off until I’m in the mood.” Do you lack the desire to really change your online behaviors, and think you should wait until you feel ready to do so?</td>
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<td><strong>Irritation:</strong> You may resent something your therapist says or react negatively to their personality. Instead of expressing these feelings, you may avoid the problem and express your feelings indirectly – by canceling sessions, arguing, or simply stop counseling all together.</td>
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<td><strong>Coercion Sensitivity:</strong> You think that counseling will involve your therapist making you do things against your will. You resent people trying to force you to do things. Consequently, you may dig in your heels and resist, because you don’t anyone to control you.</td>
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<td><strong>Fatalism:</strong> You may feel that your online behaviors are governed by forces that are beyond your control, such as hormones or loneliness, so there may be little point in trying to change your feelings or behaviors.</td>
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<td><strong>Blame:</strong> Do you feel that others are to blame for your online behaviors? If so, it may seem unfair that you should have to work so hard to change.</td>
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<td><strong>Shame or Guilt:</strong> You may have a secret that would be difficult to discuss with your therapist. Do you have any problems which you feel reluctant to discuss?</td>
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<td><strong>Medical Model:</strong> If you go to a physician because of a fever, you expect him/her to diagnose the illness and prescribe a medication. By the same token, some people who struggle with unhealthy online behaviors or relationships feel that only a pill could make them better. The idea of doing counseling does not make sense to them. Do you feel that only medication could make you better?</td>
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<td><strong>The Permanence of Feelings:</strong> Some people are reluctant to work at getting better because they are convinced that their feelings and actions are inevitable. They do not believe they have a treatable problem.</td>
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Put a check (✓) in the box to the right that best indicates how you think and feel

| Low Frustration Tolerance: Many people don’t stick with tasks if they don’t get immediate results. If they have a set-back, they give up instead of persisting. A number of ups and downs are an inevitable part of any treatment, and there will be times when you feel stuck. If you have a low frustration tolerance, you may have the urge to stop counseling. |
|---|---|
| Superman/Superwoman: You may feel that if you ask a therapist for help, it means that you’re weak, defective or inferior. You may feel like you should be able to solve all your problems on your own. |
| Lack of Motivation: You may be in therapy because you feel pressured by a family member or friend. If you aren’t motivated to be in treatment, you eventually won’t want to keep coming to sessions. |
| Feeling Over-Committed: Some people are over-committed to work, family, etc. You may think counseling will only add to your burdens. |
| Resistance to “Counseling:” You may have bad experiences with counseling in the past and feel like counseling is going to be pointless. |
| Spiritual Healing: Healing from your Internet struggles is a spiritual matter, and counseling really won’t help with this process. |
| Feeling Overwhelmed: Some people feel so overwhelmed by all the problems in their life that they simply don’t know where to start. |
| The “Talking Cure:” Some people feel that just talking to their therapist and getting their problems off their chests should be enough to change their online behaviors or relationships. Others feel that if they talk about their childhood experiences, they will develop an insight that will deeply change them. Do you feel that just talking in counseling once a week, without doing self-help assignments, should be enough? |
| Fear of Change: In spite of their misery, some people are afraid that any change in will make things worse. Others think their identity depends on their online behaviors or relationships. |
| Resistance to Present-focused Therapy: Some people feel committed to the idea that treatment must involve years of exploring the past. The idea of making changes in your current online behaviors or relationships early in counseling simply feels too rushed. |
| Financial Limitations: Continuing to go to counseling is going to become too expensive and you’ll need to quit in order to save money. |
| Loss of Motivation: Right now you’re motivated, but in a month or two your fears will subside and you simply won’t feel motivated to continue counseling. |
| Entitlement: Some people feel entitled to their online behaviors or relationships and resent someone trying to change them. |
| Other: Can you think of any other reasons you will eventually stop coming to counseling? |
Internet Assessment:
A Structured Interview for Assessing Problematic Online Sexual Behavior
Delmonico & Griffin, 2007

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

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

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

Cognitive behavioral therapy (CBT) has been suggested as the preferred mode of therapy treatment for compulsive sexual behaviors (Young, 2007). CBT is a familiar treatment based on the premise that thoughts determine feelings. CBT can be used to teach patients to monitor their thoughts and identify those that trigger addictive feelings and actions while they learn new coping skills and ways to prevent relapse. CBT requires three-month treatment of approximately 12 weekly one-hour sessions. The early stages of therapy is behavioral, focusing on specific behaviors and situations where the impulse control disorder causes the greatest difficulty. As therapy progresses, there is more of a focus on the cognitive assumptions and distortions that have developed and the effects of the compulsive behavior.
<table>
<thead>
<tr>
<th>Unhealthy Thought</th>
<th>Rating 1 to 10</th>
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<tbody>
<tr>
<td><strong>ALL-OR-NOTHING:</strong> “If I’m anything less than perfect, I’m a total failure.”</td>
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<td><strong>OVERGENERALIZATION:</strong> You see a single negative event as a never-ending pattern of defeat. “A single negative event means the whole thing is ruined.”</td>
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<td><strong>MENTAL FILTER:</strong> You pick out a single negative detail and dwell on it exclusively so that your vision of reality becomes darkened, like the drop of ink that discolors the beaker of water.</td>
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<td><strong>DISQUALIFYING THE POSITIVE:</strong> You reject positive experiences by insisting they “don’t count” for some reason or other. In this way you can maintain a negative belief that is contradicted by your everyday experiences.</td>
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| **JUMPING TO CONCLUSIONS:** You make a negative interpretation even though there are no definite facts that convincingly support your conclusion. Two variations include:  
  * **Mind reading.** You arbitrarily conclude that someone is reacting negatively to you, and you don’t bother to check this out.  
  * **The Fortune Teller Error.** You anticipate that things will turn out badly, and you feel convinced that you prediction is an already-established fact. |                |
| **MAGNIFICATION (CATASTROPHIZING) OR MINIMIZATION:** You exaggerate the importance of things (such as your goof-up or someone else’s achievement), or you inappropriately shrink things until they appear tiny (your own qualities or the other fellow’s imperfections). This is also called the “binocular trick.” |                |
| **EMOTIONAL REASONING:** You assume that your negative emotions necessarily reflect the way things really are: “I feel it, therefore it must be true.” |                |
| **SHOULD STATEMENTS:** You try to motivate yourself with shoulds and shouldn’ts, as if you had to be whipped and punished before you could be expected to do anything. Musts and oughts are also offenders. The emotional consequence is guilt. When you direct should statements towards others, you feel anger, frustration, and resentment. |                |
| **LABELING AND MISLABELING:** This is an extreme form of overgeneralization. Instead of describing your error, you attach a negative label to yourself: “I’m a loser.” When someone else’s behavior rubs you the wrong way, you attach a negative label to him: “He’s a louse.” Mislabebling involves describing an event with language that is highly colored and emotionally loaded. |                |
| **PERSONALIZATION:** You see yourself as the cause of some negative external event which in fact you were not primarily responsible for. |                |
| **GOOD-ENOUGH:** I must meet certain standards in order to feel good about myself. |                |
| **STAMP OF APPROVAL:** I must have the approval of certain others to feel good about myself. |                |
| **CONDEMNED:** Those who fail are unworthy of love and deserve to be punished. |                |
| **HOPELESS:** I am what I am, I cannot change, I am hopeless. |                |

*Acknowledgements to Dr. David Burns and Rapha