

# EAST MEETS WEST IN PSYCHOTHERAPY

Intermediate to Advanced Clinical Training for Mental  
and Behavioral Health Professionals

VIRTUAL CONFERENCE

September 18-19

**Welcome! The webinar will begin shortly...**

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to adjust the sound level.

*Understanding Why and How  
to Assess and Treat  
Co-Occurring Disorders: Sex  
and Drugs*

**Robert Weiss PhD, LCSW**  
**Sexologist Author Educator**

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**SEX, LOVE & ADDICTION-THE PODCAST!**

*[www.sexandrelationshiphealing.com](http://www.sexandrelationshiphealing.com)*

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**OUR TOPIC TODAY: HEALTHY SEX VS. SEXUAL PATHOLOGY VS.  
SEXUAL ADDICTION VS. SEXUAL OFFENDING VS SEXUAL  
FETISHES VS. KINK VS. ORIENTATION VS GENDER IDENTITY  
THERAPIST EDUCATE THYSELF!**



**WHY SEX? WHAT ARE WE MISSING?  
LET'S START WITH GRADUATE SCHOOL...**



# LET'S START WITH THE BIO-PSYCHO-SOCIAL

WE INVENTED THE BIO-PSYCHO-SOCIAL EXAM IN THE 20TH CENTURY.  
WHY NOT LEAD IN THE 21ST WITH A BIO-PSYCHO-RELATIONAL ASSESSMENT?



# STORY ONE: STIMULANTS AND PROSTITUTES

An abstract painting featuring overlapping circular and organic shapes in various shades of green, teal, and blue. The brushstrokes are visible, giving it a textured, layered appearance. The colors range from dark, almost black blues to bright, vibrant greens.

## Want a better outcome?

- What simple steps might we take to improve our work?
- What kind of thinking is required to meet this client where he is?
- What is missing from our education to do better work in this scenario?



## UPON ASSESSMENT:

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- Be aware of Selective Hearing Disorder or (SHD). This problem can take many forms in clinicians. Examples include:
- I don't explore sexual things I don't understand
- I tend to explore areas where I feel the most confident
- Clients may see me as unformed
- What are we not hearing?
- What are we not asking?
- What are we not exploring?





**STORY TWO:  
ALCOHOL, PORN AND RAPE**

An abstract painting featuring overlapping circular and organic shapes in various shades of green, teal, and blue. The brushstrokes are visible, giving the artwork a textured, layered appearance. The colors transition from dark blues and greens at the bottom to lighter, more vibrant greens at the top.

## Want a better outcome?

- What simple steps might we take to improve our work?
- What kind of thinking is required to meet this client where he is?
- What is missing from our education to do better work in this scenario?



# POPULATION THREE: STIMULANTS AND SEX

*Chem/Sex, Meth/Sex, Coke/Sex*



## HERE ARE SOME THINGS TO KNOW ABOUT CHEM/SEX CLIENTS TO REDUCE RECIDIVISM

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- Talk to these clients about sex. If they had sex and used drugs, talk about the sex too-ask them to tell you who/what/where/when/how many times.
- Anticipate sex related, drug relapses: who/what/where/how you find and have sex can make the difference between sobriety and relapse! How do we handle this?
- Talk to these clients about their loss of sexual desire and anhedonia.
- Not just gay men!

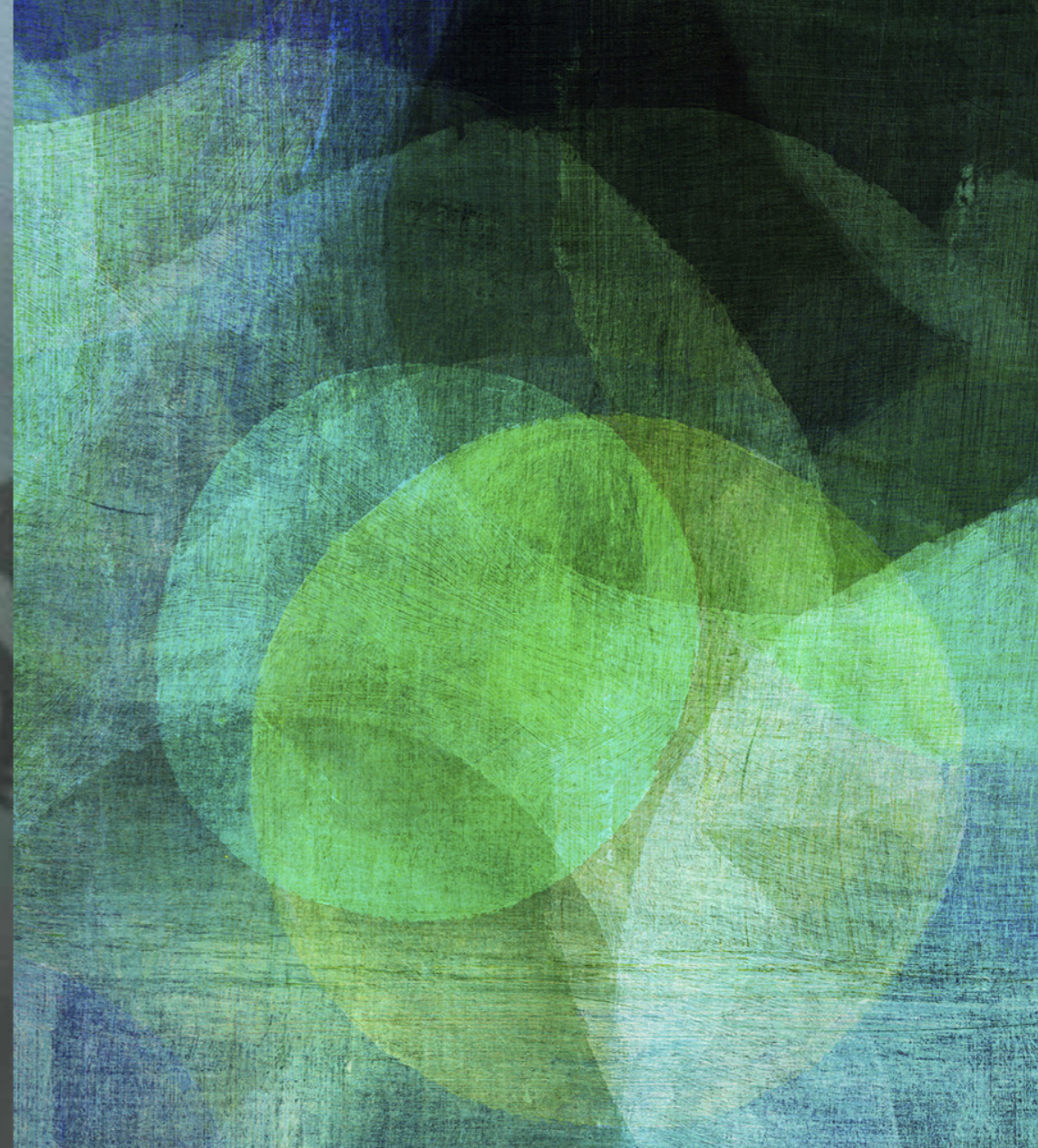


# LUST, MEN AND METH

A GAY MAN'S GUIDE TO  
SEX AND RECOVERY

**DAVID FAWCETT, PhD**

Foreword by Mark S. King



# PRE-ADMISSION OR INTAKE ASSESSMENTS:

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Here we need to ask broad questions about sex and romance that will clue in the listener but not scare away the caller...

## Over the Past Year or so

- How are you feeling about your sexual life. Comfortable? Uncomfortable? Why? Why not?
- Do you keep secrets from other people around sex? What are they? Why do you keep them?
- Do you have any concerns or has anyone else expressed any concerns about your sexual or romantic life?
- Do you think there are any connections between your SUD and your sexual or romantic life?

## INITIAL EVALUATIONS AND THE BIO/PSYCHO/RELATIONAL

QUESTIONS QUESTIONS QUESTIONS QUESTIONS QUESTIONS QUESTIONS QUESTIONS QUESTION

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- Do you masturbate? If so, how often?
- Do you use porn? If so, how often?
- If relationship or dating -are you monogamous with primary partners or do you have other agreements?
- If married - have you had any affairs (online or in real life)? If so, does your spouse/partner know?
- Has anyone in your life expressed recent concern about any aspect of your sexual or romantic life?
- Do you have questions about fetishes or a-typical sexual behaviors like BDSM, foot fetish etc?
- How do you feel about being a man (or a woman)?
- Are you comfortable with your sexual orientation?
- Is there anything I might be concerned about if I had observed your romantic or sexual life over the past few years? Cheating? Addictive behaviors? Lying or keeping secrets?



## IS SEXUAL ADDICTION A “LEGITIMATE” MENTAL HEALTH DIAGNOSIS IN THE US?

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- Yes - 1980's it was in the DSM III - as a descriptor under Sexual Disorder NOS
- It was removed in the DSM IV in 1991
- Now included in ICD-11 as Sexual Compulsivity - A global Diagnosis (WHO)
- Likely in DSM 5R 2020?





# WHO DIAGNOSIS CSBD 2019

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- Compulsive Sexual Behavior Disorder (CSBD) is characterized by a persistent inability to control intense, repetitive sexual impulses or urges resulting in recurring sexual behavior. This pattern manifests over an extended period (6 months or more), negatively affecting familial, social, educational and/or occupational areas of functioning.
- In individuals with symptoms of compulsive sexual behavior disorder, repetitive sexual activities may become an essential focus of their life to the point that they neglect their health and personal care or other interests, activities and responsibilities, according to the ICD-11 classification.
- Other symptoms may include continued repetitive sexual behavior despite negative consequences or receiving little or no satisfaction from the behavior.

# CRUISE CONTROL

UNDERSTANDING  
SEX ADDICTION  
IN GAY MEN  
SECOND EDITION

ROBERT WEISS, MSW

Foreword by Patrick Carnes, PhD, author of *Out of the Shadows*

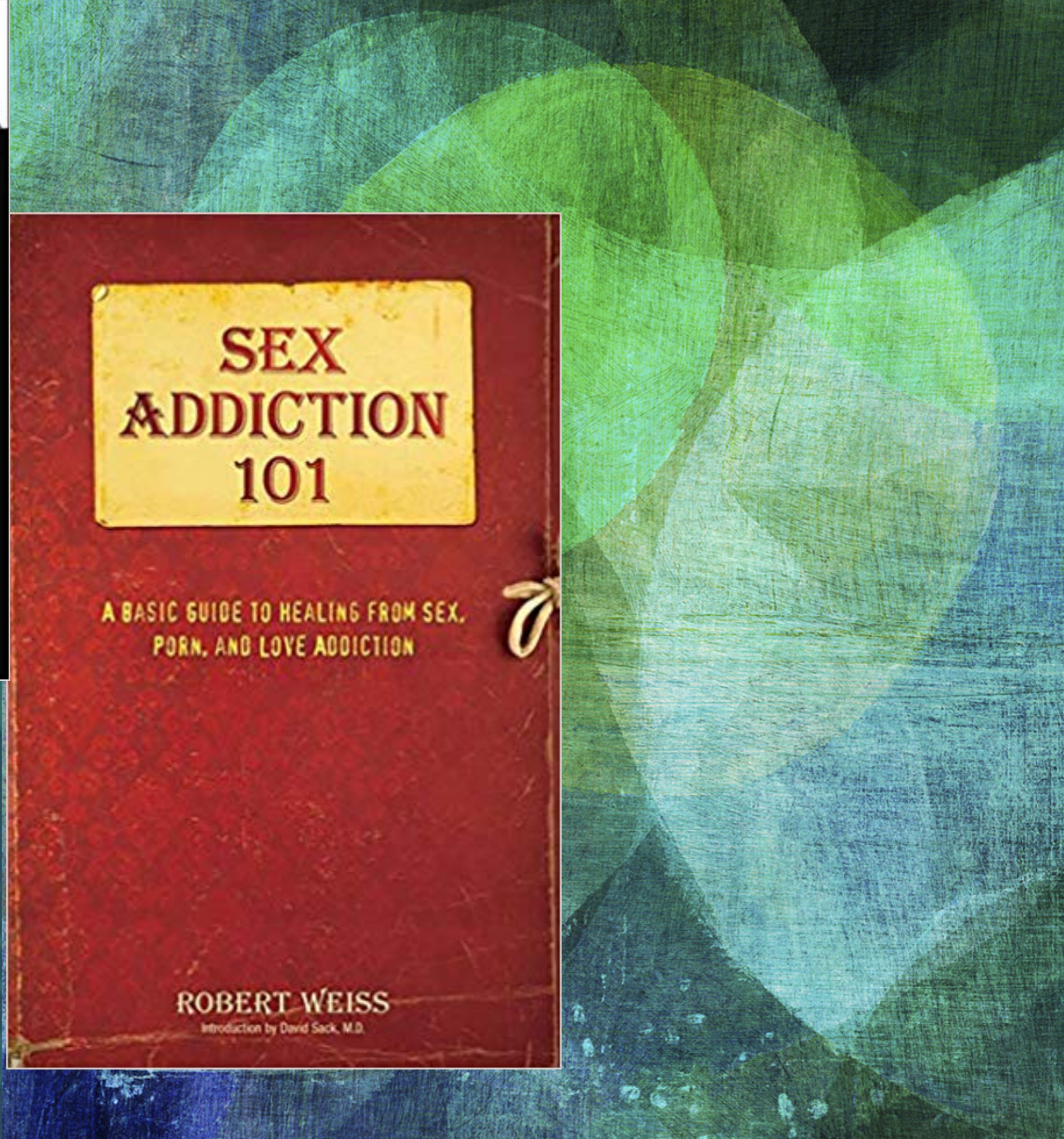


## SEX ADDICTION 101

A BASIC GUIDE TO HEALING FROM SEX,  
PORN, AND LOVE ADDICTION

ROBERT WEISS

Introduction by David Sack, M.D.





# SPECIFIC TO WOMEN CLIENTS

*Intimacy & Relationship Pain Drives Co-Occurring Addictions and Relapse in Women*





## WHEN A FEMALE CLIENT'S HISTORY INCLUDES:

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- Eating Disorders
- Body Dysmorphia
- Multiple failed relationships
- Early Complex Trauma
- Dildo's, Porn and Sex Toys
- Relationship and sexual history of (affairs, hook-ups, prostitution, combining sex and drugs)

### ASSESS, ASSESS, ASSESS

- For co-occurring triggers
- For the inability to connect
- For co-occurring addictions



# GENDER SEPARATE INPATIENT?

*How many ways can I say...YES!*



# IMPORTANT TO KNOW

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## REGARDING

## POTENTIALLY EGO-DYSTONIC SEXUAL ISSUES

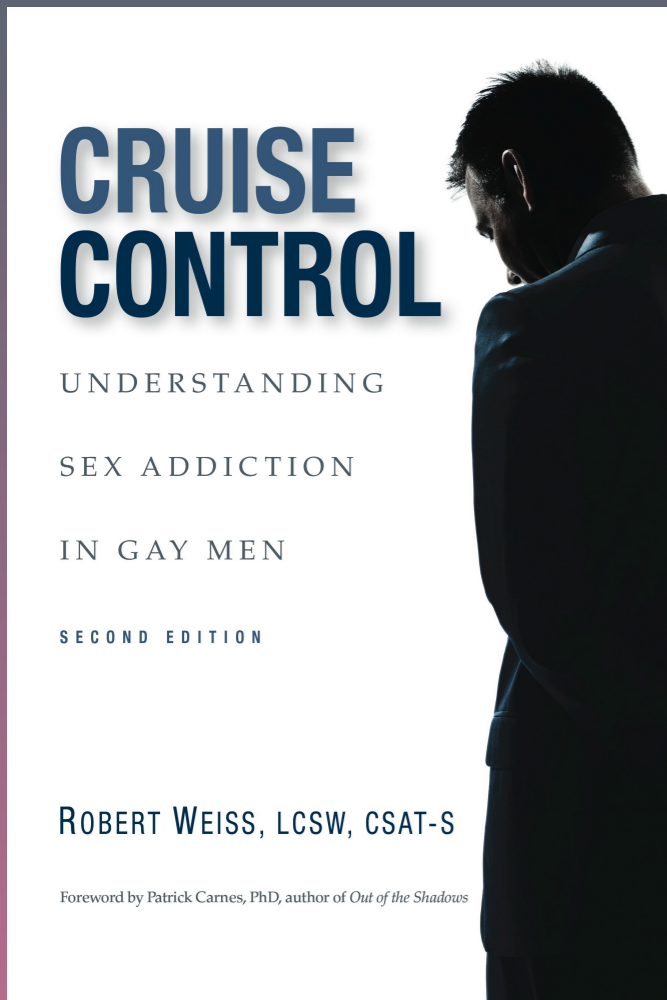
- Gender Identity-fluid
- Sexual Orientation-fixed
- Sexual Arousal-fixed
- Sexual Offending-assess
- Underage Porn-assess
- Fetish and Kink-fixed
- Gender Fluidity-discuss



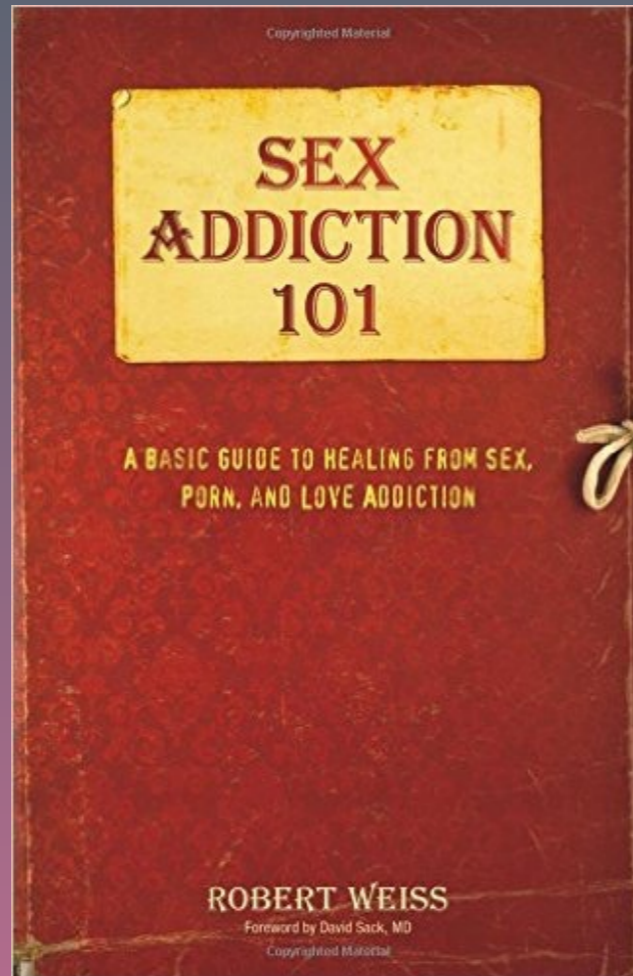
# LET'S TAKE QUESTIONS

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- Write me anytime
  - [Rob@seekingintegrity.com](mailto:Rob@seekingintegrity.com)

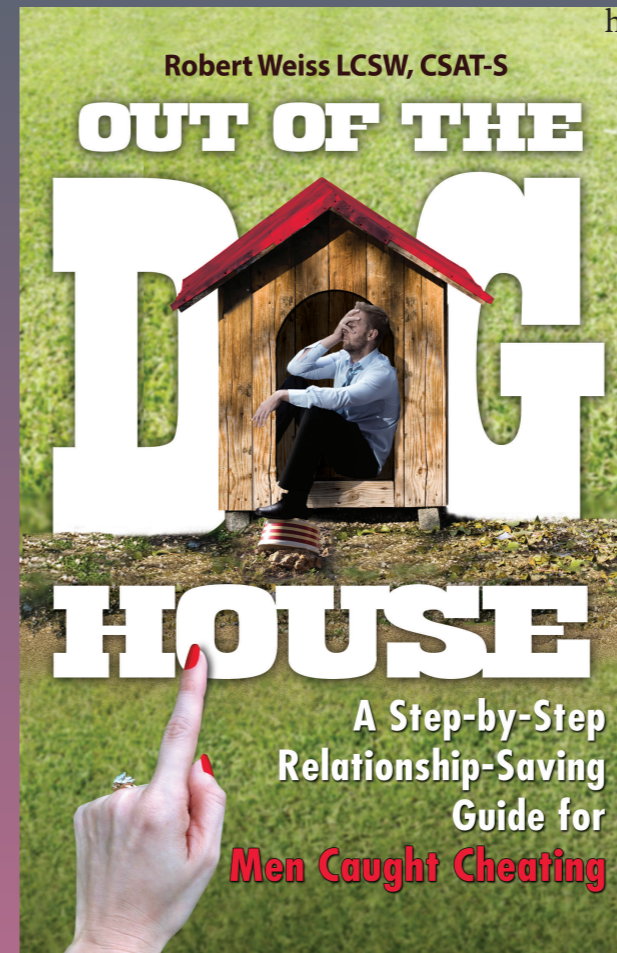
# Books Books Books Books Books Book



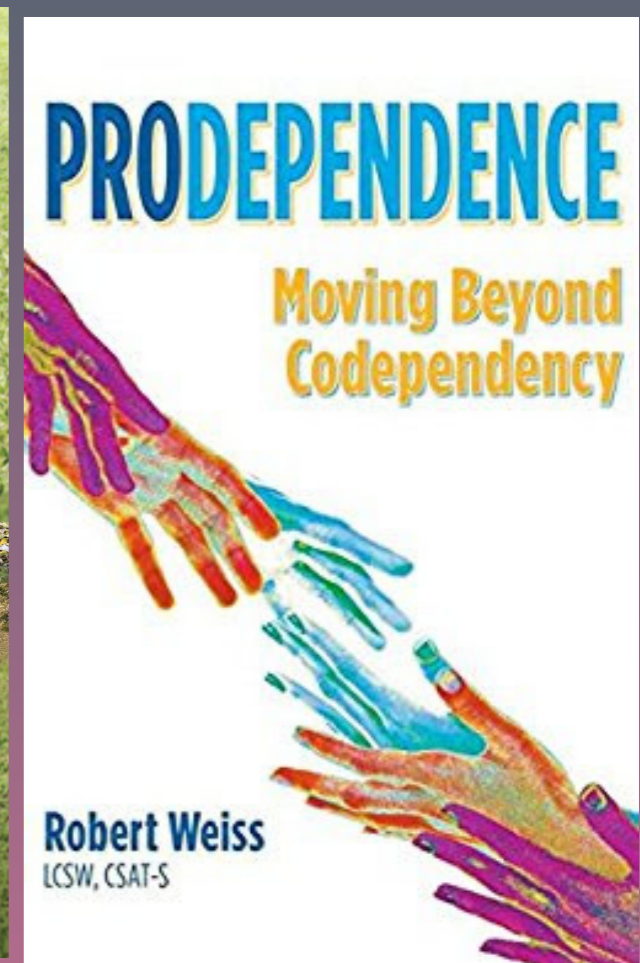
*Understanding Sex Addiction in Gay Men*  
(2005, revised 2013)



*A Basic Primer and workbook on Sex Addiction*  
(2016)




*A Cheating Man's Guide to Healing Broken Intimacy and trust*  
(2017)



*The first fully new Model for treating Families of addicts*  
*In nearly 40 years!*  
(2018)





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Time for questions and answers

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# Thanks for Watching

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HIGHER THOUGHT  
INSTITUTE