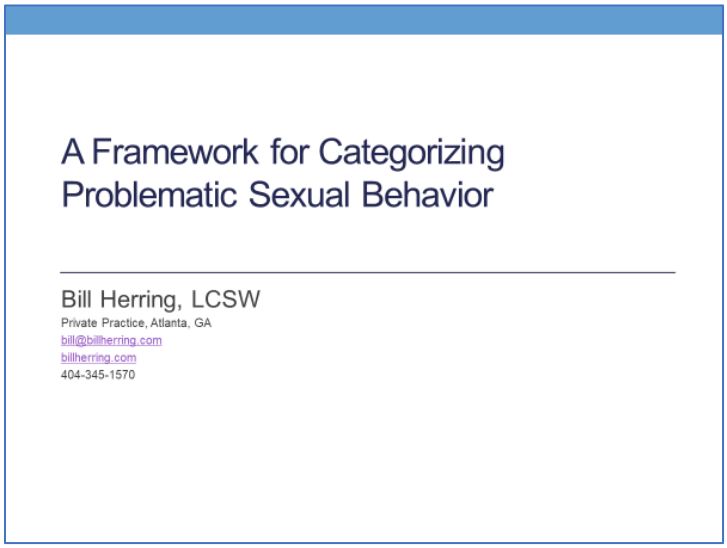
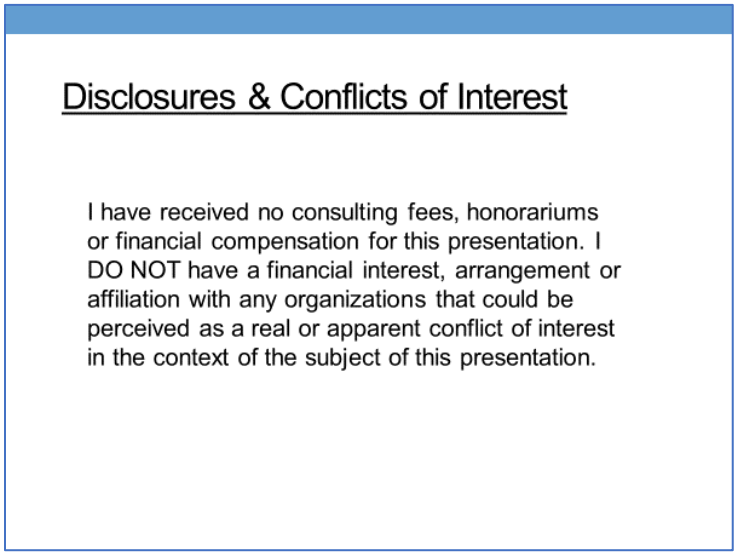
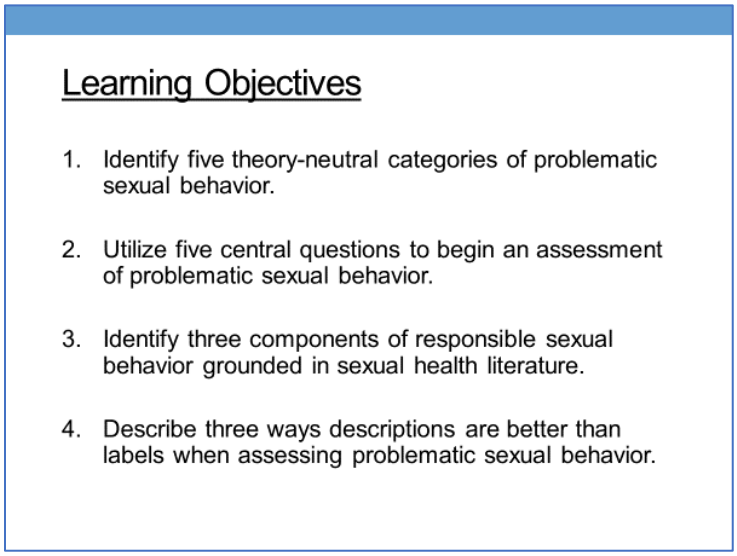
1. TITLE



2. DISCLOSURES



3. LEARNING OBJECTIVES



If I do my job right, at the end of this talk you should be able to:

(read slide)

4. CONTEXT

So here we go, starting with some contextual background.

I want to lead off by sharing my deep appreciation for this opportunity to be able to talk to you about this subject that has been close to my heart, professionally and personally, for twenty years. I'm going to tell you about a simple framework for categorizing patterns of what can collectively be termed "problematic sexual behavior". This framework does not replace or compete with any existing models for helping people address their chronic sexual behavior difficulties. Instead it provides a way to more broadly understand the constituent elements that combine in various ways to comprise the full range of problematic sexual behavior patterns. This simple, utilitarian framework is theory-neutral, universally applicable, culturally adaptable, and informed by sexual health principles. In this presentation you'll learn lots more about what that means and why it's so important.

This framework does not consider any specific types or frequencies of sexual practices as being inherently problematic because the diversity of human sexual expression is so vast that what's ok in one setting can be a problem in another. A bedrock assumption of this framework is that it's not so much what a person does as what that behavior does to the person that matters most when assessing sexual behavior for any problematic aspects.

At its essence the phrase problematic sexual behavior can be used whenever an essential and ongoing aspect of a person's sexual behavior conflicts with important non-sexual aspects of that person's life. Specifically, this framework considers sexual behavior as problematic when it engages one or more of the following five categories: ongoing commitment violations, values conflicts, diminished control, negative consequences, and violations of sexual responsibility, all of which will be explained below. As you'll see, these five categories constitute a combination of subjective, objective, and principled perspectives that produce a practical and nuanced understanding of various subtypes of what can be collectively considered problematic sexual behavior.

During this presentation I'm going to weave together three related narratives: obviously the main story is this framework and how it came to be. This requires some historical perspective so I will lead into it by describing a bit of my own professional development, along with what I personally consider to be a truly inspirational story of how SASH developed from its origin as a sex addiction clearinghouse to its current construction as a truly multi-disciplinary, trans-theoretical sexual health organization dedicated to furthering the sexual health goals of all people who struggle with chronically problematic forms of sexual behavior.

One reason I'm going to present the framework this way is because there's a good chance many of you don't really know much about me, for several reasons. Unlike most Carnes Award recipients I have not written a book, although in retrospect the half dozen or so articles and editorials I've written for our journal over the past two decades serve as conceptual stepping stones leading to the creation of this framework. Some outcomes seem so simple, even inevitable once they appear. That's how this common-sense framework strikes me, and I wonder if you may have the same experience as my talk continues.

I've always been a bit of a large thinker – but don't ask me how to fix a faucet. I have also historically orbited a bit on the outside of groups and I am often interested in examining the contours, benefits, limitations and paradoxes of paradigms. I've used all sorts of explanatory lenses to understand these tendencies within myself, including attachment theory, my enneagram type, my atypical neural functioning, my internal family system or simply the unfolding of my grand hero's journey.

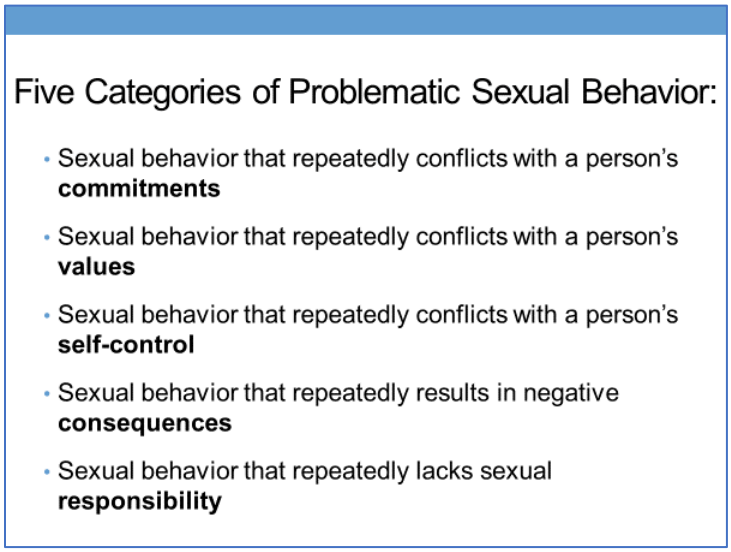
I value the power of stories. Muriel Rukeyser said that the universe is made of stories, so for the sake of time here are two sad punchlines that propelled my conviction that our field needed a more theory-neutral framework that can be universally applied across sexual, cultural, religious and moral identities, orientations and beliefs. One involved a client many

years ago who benefitted greatly from active 12-step involvement for but who told me "I don't think I'm really a recovering sex addict. I think I'm a recovering asshole". The other sad tale involved a man who was conflicted about his same-sex attraction who used a popular sex addiction inventory to determine to his relief that he was a sex addict rather than a gay man. These and other cases showed me the need for a wider range of assistance options for people who struggle with aspects of their sexual behavior, including ones that don't require the presence of diminished control or even the notion of pathology itself. I believe that when people have more options, more pathways, they have more freedom and more empowerment to make decisions that work best for their unique situations.

As I will describe throughout this talk, I have long known in my very bones that we've needed more such pathways to bring better sexual health to a far greater number of people than currently receive assistance for the ongoing struggles they are having with some aspect of their sexual expression.

Simply put, I created this framework to facilitate the development of new theory and practice models for people who struggle with sexual behavior that conflicts with important non-sexual areas of their lives. This framework is an attempt to codify some of the essential elements of what makes patterns of sexual behavior problematic.

5. FIVE CATEGORIES OF PROBLEMATIC SEXUAL BEHAVIOR



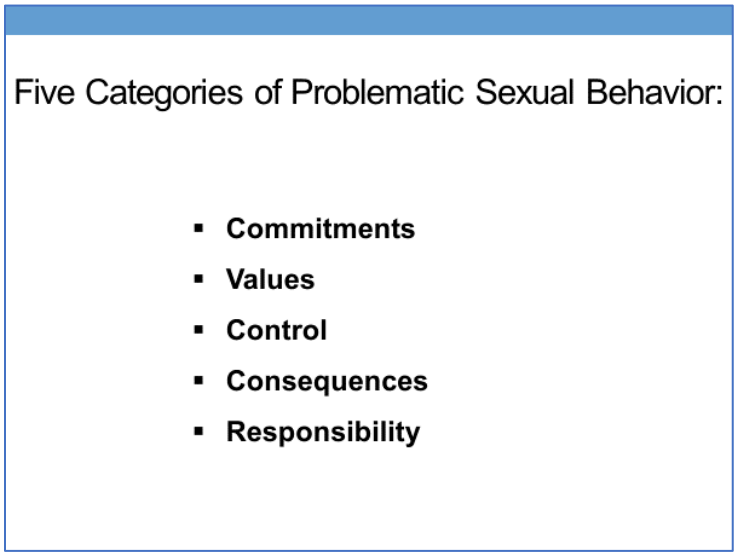
In short, this framework provides five categories for describing problematic characteristics of any sexual behavior pattern under consideration. These categories are:

- sexual behavior that repeatedly conflicts with a person's commitments
- sexual behavior that repeatedly conflicts with a person's values

- sexual behavior that repeatedly conflicts with a person's self-control
- Sexual behavior that repeatedly results in negative consequences
- Sexual behavior that repeatedly violates the rights of others

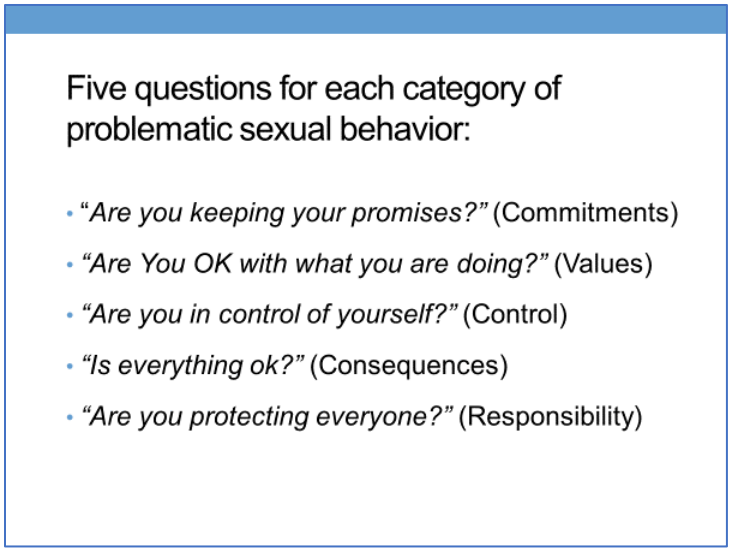
This framework legitimizes commitment violations, values conflicts, diminished control, lack of responsibility and negative consequences as independent and equal dimensions of problematic sexual behavior. This is important because any one of these categories is independently worthy of clinical attention and generally two or more exist in synergistic fashion. Often all categories exist concurrently.

6. SHORT VERSION OF 5 CATEGORIES



Here's the same categories boiled down to their essential elements.

7. FIVE QUESTIONS

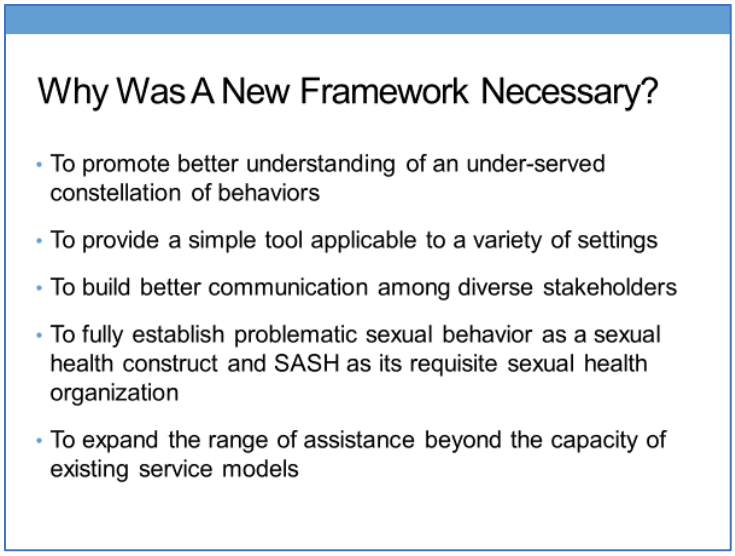


These five categories each yield a question to consider when assessing for any problematic components of a person's ongoing sexual behavior:

- *"Are you keeping your promises?"* (Commitments)
- *"Are You OK with what you are doing?"* (Values)
- *"Are you in control of yourself?"* (Control)
- *"Is everything ok?"* (Consequences)
- *"Are you protecting everyone?"* (Responsibility)

The reality is that two people may engage in the same sexual behavior and answer completely differently to these five questions, making it very adaptable to many different populations. This reflects the fact that people can reduce or eliminate problematic sexual behavior in very different ways from each other and achieve very different adaptive outcomes.

8. WHY WAS THIS FRAMEWORK NECESSARY?



Over the course of several years I became increasingly convinced that a new framework like this was necessary for several reasons. To start with, I believe that there is still insufficient general understanding and appreciation of the full constellation of behaviors that we address on a regular basis with the folks who come to us for help. Any opportunity to expand the way we have conversations about these kinds of sexual issues that are so difficult for many people to even know how to discuss will benefit society as a whole.

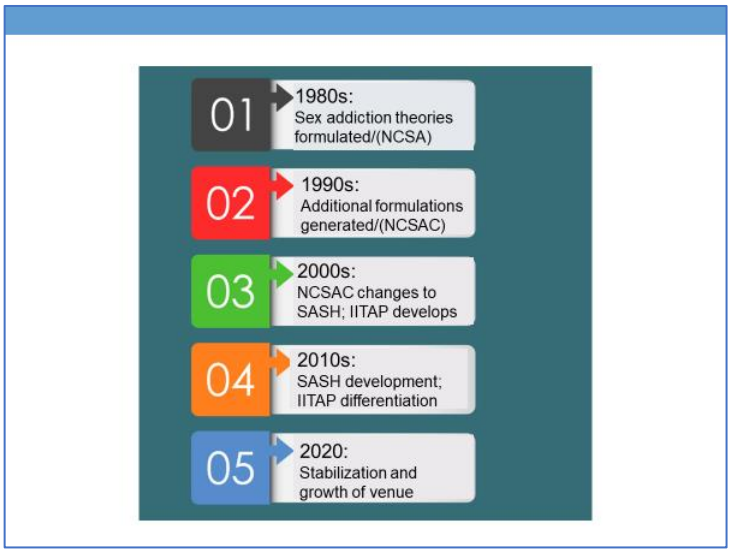
I also believed it would be very beneficial to have a simple, common-sense tool for assessing these kinds of issues that can be used in a wide variety of professional and personal settings. I wanted general healthcare providers to have an easy way to initiate conversations with people to assess their sexual health status regarding their sexual patterns and practices.

In addition, I have long been concerned by the absence of a common language for stakeholders who hold different views and who often speak in ways that are hard for the other to understand or accept. I discerned the need for a universal set of reference points that could provide a concordance among practitioners, researchers, theorists, and the people they propose to help.

A large goal, which will be evident as this presentation moves forward, was to more precisely establish the construct of problematic sexual behavior as a legitimate and well-defined entry in the spectrum of sexual health challenges facing society. The corollary goal was to unequivocably establish SASH as the go-to sexual health organization solely dedicated to addressing this issue.

The final and ultimate reason for a new framework was to address what I considered to be a clear need to expand the range of assistance services beyond current models for the many people who struggle with problematic aspects of their sexual behavior. I will keep coming back to this theme.

9. FIVE DEVELOPMENTAL STAGES



For the purpose of better understanding the need and potential value of this framework I'm going to take a few moments to highlight some key developments in the history of this field, and this organization. I divided this history into five developmental stages.

The first stage began in the 80s with the founding of this organization as the National Council on Sexual Addiction Problems by the pioneers of this field, including of course Patrick Carnes. The formal introduction of sex addiction concepts in the 1980s represented the first and most comprehensive approach to addressing chronic sexual behavior patterns that result in negative consequences.

Borrowing many of its central theories and methodologies from 12 step based approaches used in treating alcohol dependency, the idea that diminished sexual self-control can be conceptualized as a form of addictive behavior found fertile ground, and it has helped millions of people find relief.

The second stage took place in the 90s when the National Council on Sexual Addiction appended the words "And Compulsivity" to its title to become The National Council on Sexual Addiction and Compulsivity, or NCSAC. This mouthful of an organizational name was an attempt to address the recognition that the label "sex addiction" was not sufficiently inclusive of the other perspectives held by a not insignificant proportion of clinicians, theorists and researchers in a field still in an early stage of development. I came into this field in the latter part of this stage.

Here's a story about me. In 2001 I put together a symposium at this conference examining the relationship between compulsive sexual behavior and HIV transmission. Dr. Carnes then asked me to guest edit a special issue on this topic for the journal. These experiences taught me

about two complementary but distinct approaches to poorly regulated sexual behavior patterns, which I call simply the mental health and public health dimensions of our field.

From 2002 through 2004 I was NCSAC conference chair. You guys gave me the keys to the car for three years and I used it to bring in workshop presenters using as wide a net as I could. I reached out to professionals in all branches of sexuality studies, and in doing so I experienced moments of heartfelt connection and stimulating discussion as well as unbridled hostility from various sexuality professionals.

I also think I generated more than a little discomfort from some people within the organization's ranks who feared a loss of focus by straying too far afield of traditional sex addiction language and methodologies. I think this reflected an ongoing dynamic tension that existed within our field during these years concerning the balance between breadth and depth of focus. Efforts to expand beyond the sex addiction paradigm were viewed with alarm in some quarters as a dilution of our mandate while holding to an exclusive focus on sex addiction theories and methodologies risked narrowing our view to the point of becoming myopic. I addressed this dilemma in a 2004 article titled "The Next 20 Years: Developmental Challenges Facing the Field of Compulsive Sexual Behavior" in which I attempted to show that both philosophically and pragmatically the widening of focus would not dilute the mission but rather deepen the character of this field.

By 2004 it had become patently evident that even the combined terms "addiction and compulsivity" did not encompass all of the possible ways of understanding the many diverse manifestations of chronically problematic sexual behavior that cause people great suffering. This organizational dilemma could no longer be resolved by adding more theories and their initials to the organization's name. An entirely new identity was in order, so in 2004 the National Council on Sexual Addiction and Compulsivity became the Society for the Advancement of Sexual Health (SASH). This courageous and visionary move, which ushered in the third stage of our field, represented a vital shift away from the inherent limitations of a problem-focused approach using theory-based language in favor of a health-based focus that transcends theoretical constraints, and in doing so SASH staked its claim as a sexual health organization with a mission equal in importance to any other.

The other equally important key development of this third stage was the growth of IITAP as the foundational body of the theories and practices that Dr. Carnes and his followers have developed and expanded over decades into the compreh1ensive model it has now become.

The fourth stage involved the total differentiation which has now taken place between SASH and IITAP, which is ultimately of great benefit to both organizations as well as the entire field since now IITAP is able to exclusively address sex addiction theories and methodologies while SASH has repositioned itself to serve a much more expansive and representational role in the field of chronically problematic sexual behavior. SASH is able to appeal to a wide variety of groups that IITAP is not designed to reach, a step which is crucial to the development of this

field since. As I wrote in the 2004 article I referenced above, “the concept of out-of-control sexual behavior is too complex a form of human behavior to exist within the province of any one paradigm.”

The other developmental task of the fourth stage was the gradual process of fully articulating the sexual health vision of problematic sexual behavior and the role of SASH as a venue for encompassing conversations among all Americans about their sexual health visions.

The poet Robert Browning wrote “A man’s reach should exceed his grasp, or what’s a heaven for?” When SASH took the audacious step of declaring itself to be a sexual health organization it did so without a clear idea of just what that looked like. Now, I’m going to say a lot in one sentence and then move on: around 2005 I went away from the organization and field for several years as my life took me in another direction. When I came back into the field a few years later I discovered that the phrase “sexual health” had remained little more than a vague and seemingly cosmetic euphemism that bespoke a certain “wokeness” but really didn’t mean very much.

The reality is that for years this organization lacked a sufficient foundational framework to truly become a multi-disciplinary venue for the development and dissemination of diverse ways of understanding this complex field of human behavior. What was missing was an underlying ability to identify the concept and constituent components of sexual health that can apply to anyone regardless of the theory they use to frame their problem. So I began a deep dive to immerse myself in the existing sexual health literature to address this need.

In 2011 I wrote a journal article titled “A Sex Addict By Any Other Name Hurts the Same”, and I followed it within the year by a companion piece called “The Nether Regions of the Addictive/Compulsive Paradigm”. I kind of knew it at the time but in retrospect I can clearly see how I was working through the logistics of how to establish a simultaneously comprehensive and elemental language to describe sexual health goals and challenges within our field. These articles demonstrated how I gradually became convinced of the need to reconsider the fundamental elements of problematic sexual behavior in a way that can result in greater theory development to help a wider range of people.

In 2014 I wrote a small article called “How the Society for the Advancement of Sexual Health Advances Sexual Health”. The simple but crucial goal of that article was to more firmly establish the sexual health mission of this organization and this field of study by connecting components of the SASH mission statement to what were then newly revised categories of sexual health and responsible sexual behavior published by the Centers for Disease Control and Prevention. I’ll come back to these CDC guidelines in a bit.

The last few years of this 4th stage of development have been highlighted by the gradual growth and increasing stability of this organization, including the continually evolving iterations of the Advanced Training in Problematic Sexual Behavior certificate program offered by SASH that offers a comprehensive “advanced generalist” overview to a complex topic. Now there is a way

for general healthcare professionals who choose not to specialize in this field to obtain a sufficiently comprehensive overview of the topic to know how to appropriately assess, assist and refer people who need help.

I believe we are now at the start of a fifth stage, as reflected in the breadth of topics at this conference and the organizations' strengthened structural and conceptual ability to support widened perspectives and serve widened populations. I'm honored that SASH has supported this framework as a theory-neutral way to engage useful conversations among diverse stakeholders with an interest in this field. We are now in a position to begin helping vastly greater segments of humanity identify and realize their sexual health goals related to any problematic aspects of their sexual behavior. The fact that we have the Presidents of SASH, AASECT, SSSS and ATSA presenting a panel discussion here in our house is itself proof of the legitimacy of SASH's role in the sexual health pantheon of organizations. This is a sterling moment in our history.

10. MUST USE CAUTION WHEN USING MORALITY TO RESTRICT SEXUAL FREEOM

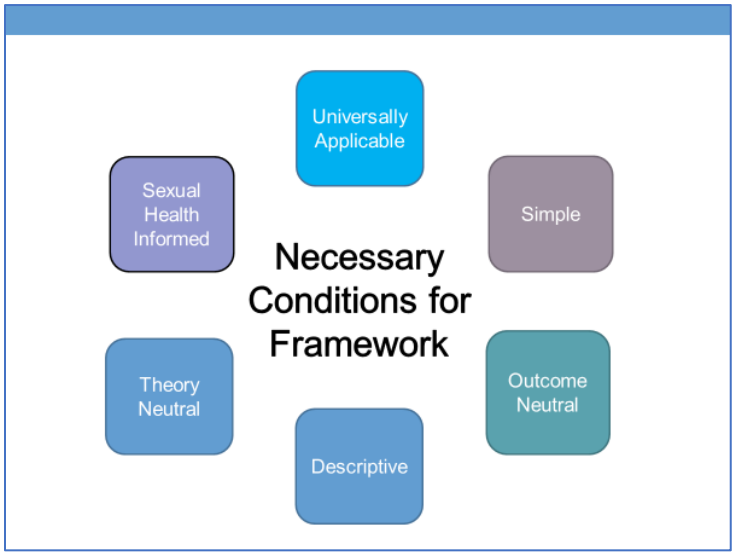
One lesson I learned early in my involvement in this field is that any attempt to place restrictions on human sexual expression risks incurring fierce opposition from sex therapists and others who I term "guardians of sexual freedoms". From a historical perspective this resistance was understandable. After all, history is replete with examples of people being judged and marginalized because of sexual behavior patterns that in retrospect had more to do with cultural values of the time than what we now consider to be individual pathology. Two infamous examples are that the Diagnostic and Statistical Manual of Mental Disorders included homosexuality as a diagnosable condition until 1987 and only removed paraphilias as inherent disorders in 2013.

So it's no wonder that many in the sex therapy community, given their historic emphasis on enhancing personal sexual liberties and empowerment, have looked with distrust at attempts to restrain or limit sexual desire, drives or practices. This is one reason that any attempt to offer such restraint on sexual liberty must be grounded in a compelling rationale. My review of the development of sexual health concepts revealed that such a rationale was hiding in plain sight. It's the universally applicable concept of responsible sexual behavior, which informs the final of the five categories you'll learn today.

It bears repeating the importance of identifying a set of fundamental sexual health principles that everyone can agree on because without some objective markers that can be applied across cultures and belief systems any inquiry into the problematic aspects of a person's sexual life risks falling back to assessing specific sexual acts or relationships as either healthy or unhealthy. While this is useful in many cases, people who prefer and enjoy socially marginalized sexual activity tend to not fit well into models that reinforce dominant cultural norms. When sexual health markers can be applied across cultures and belief systems the assessment of problematic sexual behavior is able to transcend these cultural influences. Thus the use of universal sexual health principles widens the applicability of this framework.

Since everyone has the right to develop and maintain their own personal sexual health vision, the only way to have 300 million sexual health visions in the United States, much less 7.5 billion worldwide is for them to share some common core elements. The good news is that the number of such universal principles is both small and robust, as I'll demonstrate going forward.

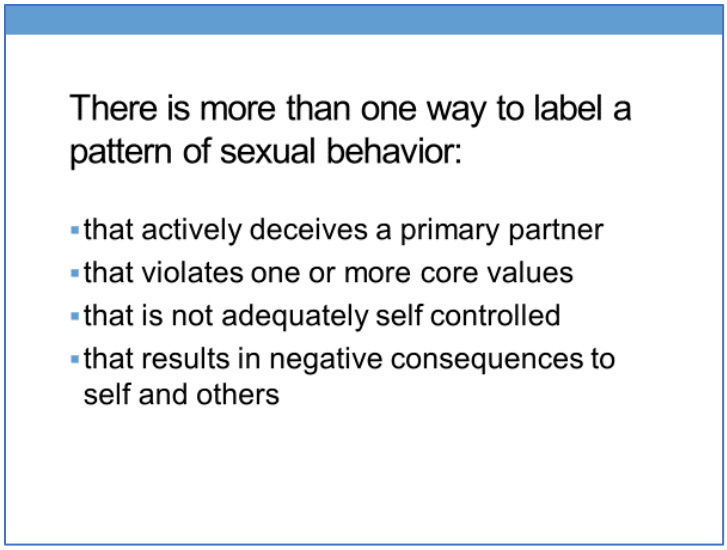
11. PSB FRAMEWORK CHARACTERISTICS



When I began the process of devising and refining this framework I started by establishing several parameters that I felt were crucial to insuring its utility, including the following:

1. The framework needed to be theory-neutral, sometimes termed trans-theoretical, meaning that it must be capable of supporting the development and application of a broad range of approaches. This was important because the field of problematic sexual behavior takes many forms and exists within many contextual and cultural variations and therefore deserves to be represented by a wide variety of established and emerging theories to reflect the diverse populations we exist to serve. This framework is constructed to provide a common categorical language both for the general public and for professionals who hold different theoretical orientations across multi-disciplinary settings.
2. Sexual health informed means that the framework needed to approach the understanding of problematic sexual behavior with a clearly defined set of sexual health principles, as you'll see when we review the topic of responsible sexual behavior.
3. As previously mentioned, I felt it was crucial to explicitly exclude the type or frequency of sexual behavior as an assessment variable so that this framework would be both universally applicable and able to address cultural variations, as I'll describe as we continue.
4. It was also important for the framework to be simple enough to be used in a wide variety of public health, mental health and sexual health settings. It only has five moving parts that appeal to common sense and thus can be easily applied to many uses and settings. The portable nature of this framework is one its most important features.
5. The framework was designed to be outcome neutral, meaning that changing either sexual or non-sexual behavior may eliminate the problem.
6. Finally, this framework focuses on behavioral descriptions rather than labels since labels often represent theoretical perspectives. Theory-neutral descriptions provide common reference points to allow people to share the same language for meaningful conversation.

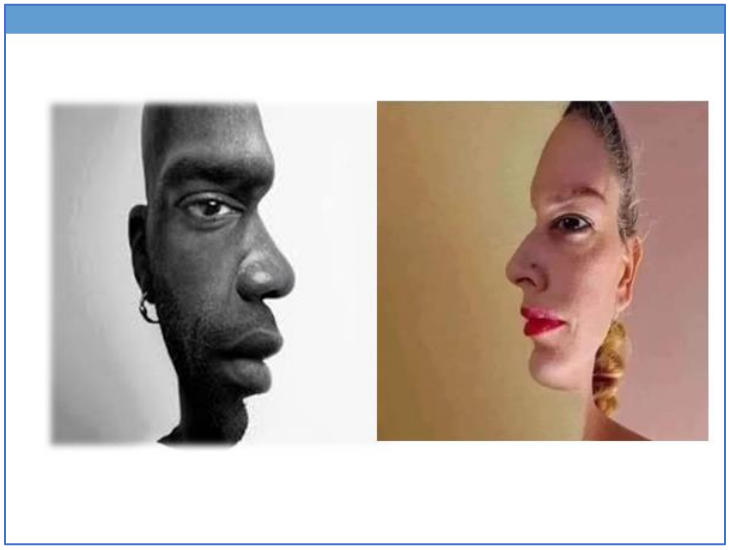
12. MANY WAYS TO LABEL A PATTERN OF BEHAVIOR



This concept of descriptive assessments is vital because of the reality that there is more than one way to label a pattern of behavior:

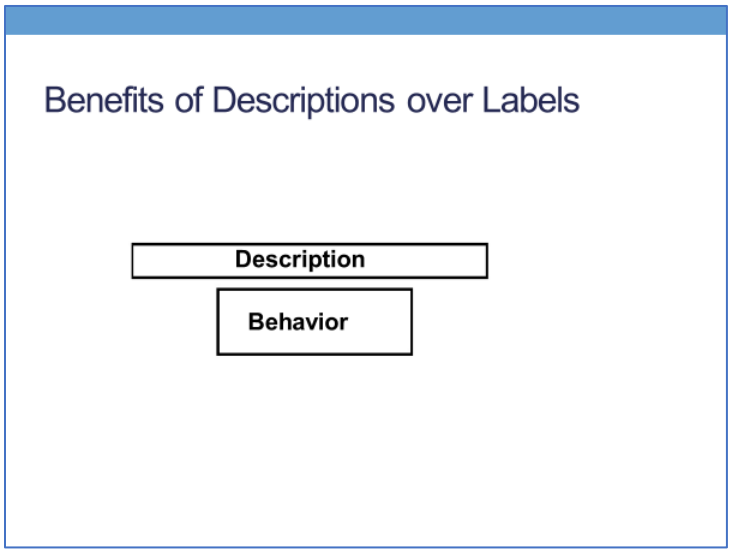
- that actively deceives a primary partner
- that violates one or more core values
- that is not adequately self controlled
- that results in negative consequences to self and others

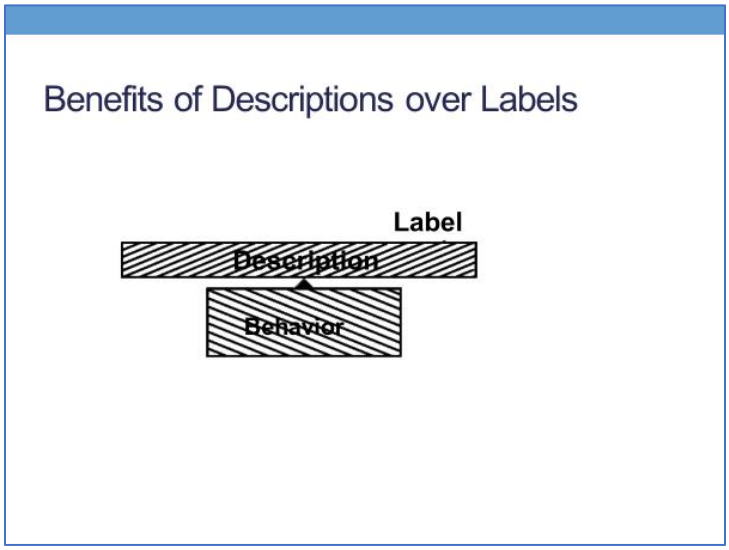
13. PERSPECTIVE



The point is that this is all about perspective. Anais Nin famously wrote that “We don’t see things are they are, we see them as we are.” One way we forget this truth is by premature labelling.

14 – 16. DESCRIPTIONS RATHER THAN LABELS





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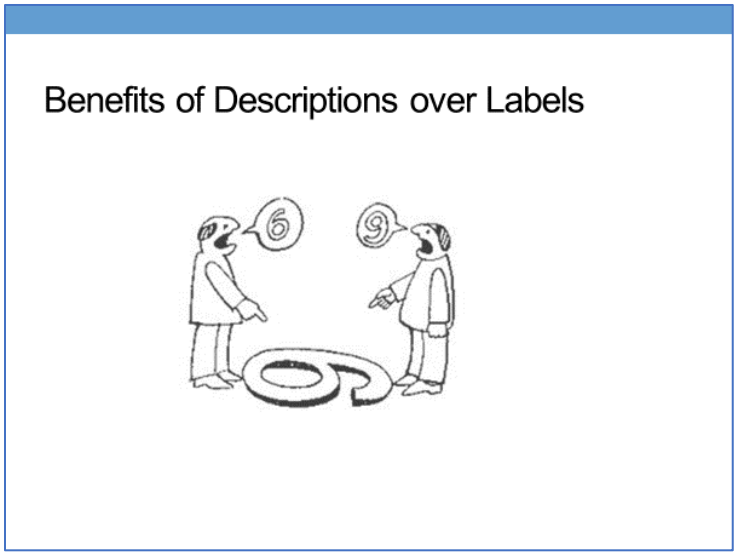
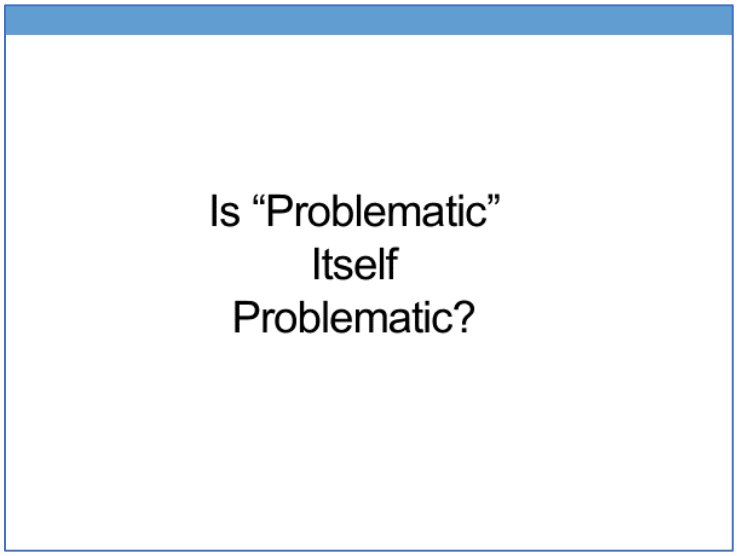
This framework focuses primarily on descriptions because labels can harm as well as help, limit as well as liberate. What you call a problem is going to forever after influence what you do about it. The use of value-neutral descriptions rather than theory-laden labels helps reduce the risk of confirmation bias and a premature assigning of identity to a person, which is especially important when considering something as sensitive as a person's sexual behavior and identity.



The use of descriptions rather than labels also gives professionals from different backgrounds common reference points to discuss their views in order to learn from each other and thus facilitate the cross-pollination of different ideologies, theories, models and methodologies to increase inter-disciplinary collaboration.

17. IS “PROBLEMATIC” PROBLEMATIC?



Let’s turn attention to the very phrase “problematic sexual behavior” which has been developing over recent years. Some people don’t like the phrase because it seems so general as to cloud its meaning. There is also a concern that this phrase diminishes the devastating impact of some forms of problematic sexual behavior. Others have worried that it is used simply as a substitute phrase in place of “sex addiction”, which would be little more than a semantic ploy.

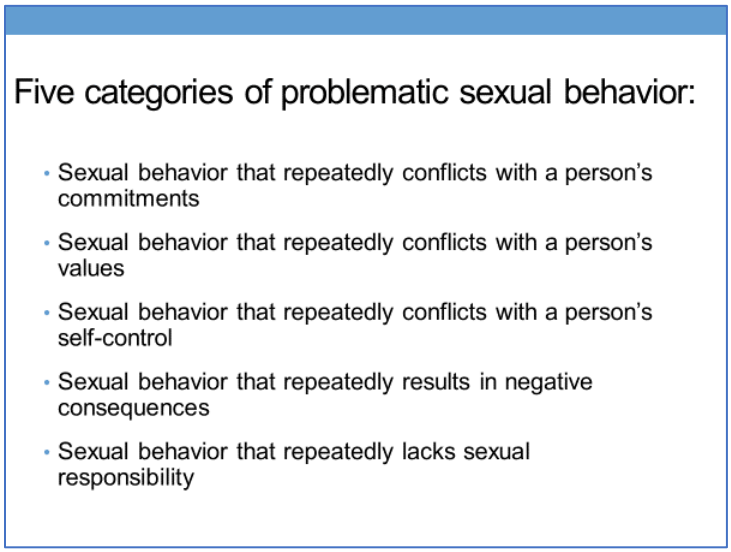
And still others fear it risks turning too many issues into problems, that it contributes to the 'problemizing' of society.

And you know what? I agree in part.

As a **label,** problematic sexual behavior leaves a lot to be desired. But as a **description** it can actually be really useful. In essence this framework attempts to answer the question "what does it mean to say that a pattern of sexual behavior is problematic? Problematic in what way?"

What ultimately emerged from my review of sexual health literature are the following five categories that combine in varying ways among individuals who practice an immense variety of sexual behaviors and hold the full range of human beliefs and values.

18. (REPEAT) FIVE CATEGORIES



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19. (REPEAT) FIVE QUESTIONS

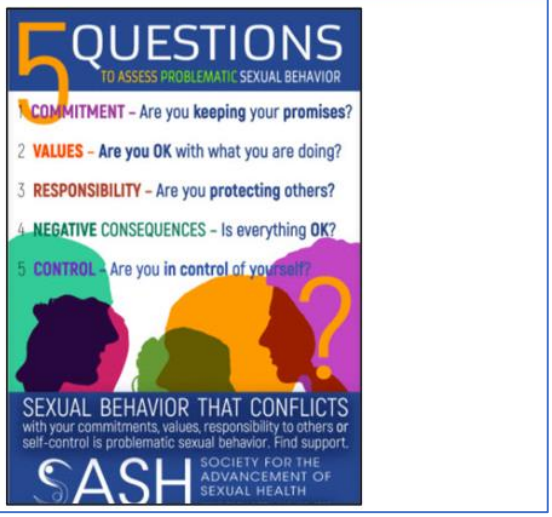
Five questions for each category of problematic sexual behavior:

- *"Are you keeping your promises?"* (Commitments)
- *"Are You OK with what you are doing?"* (Values)
- *"Are you in control of yourself?"* (Control)
- *"Is everything ok?"* (Consequences)
- *"Are you protecting everyone?"* (Responsibility)

(review slide)

A note on the questions. They don't have to be exact. The questions as worded here reflect the essence of the inquiry into each category. You may word them differently. The goal is to open up conversations that begin to elucidate the work ahead for bringing each category into alignment with the person's desired life.

20. SASH POSTER OF 5 QUESTIONS



(review slide)

21. MULTI LANGUAGE POSTERS

(review slide)

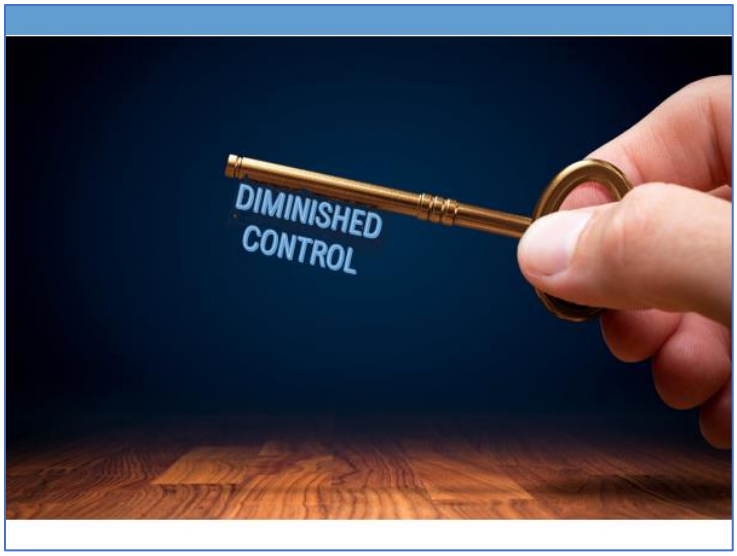
22. CONTEXT

Again, I want to re-iterate that I strongly value both the theory and practice of the 12-step recovery movement. Many people who are experiencing negative consequences from chronic sexual sensation seeking are quite ably assisted using the theories and support mechanisms associated with 12-step ideology. I have a lot of gratitude and respect for the process and its potential power in bringing people to a way of living that they may have previously never even hoped to imagine. These theory and practice models have helped countless people reclaim lives of greater agency, integrity and intimacy. Their value cannot be over-stated.

It also just doesn't work for everyone. I'm not going to get into why sex addiction and the 12-step model that generally, but not always, informs its methodologies doesn't fit for everybody, because that's not the purpose of this talk.

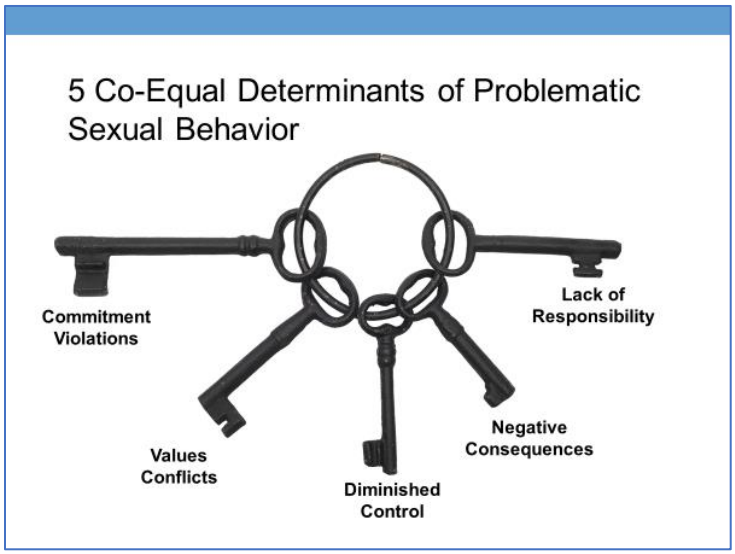
What has been lacking until this framework was a way to extract the benefits of sex addiction protocols and associated 12-step recovery principles and practices so that they are readily accessible to non-addicts, to bring change methodologies to people in the absence of diminished self-control. Our field has been hobbled for decades by this inability to drag-and-drop protocols that work for some people over to others who could equally benefit from their positive effects.

23. DIMINISHED CONTROL



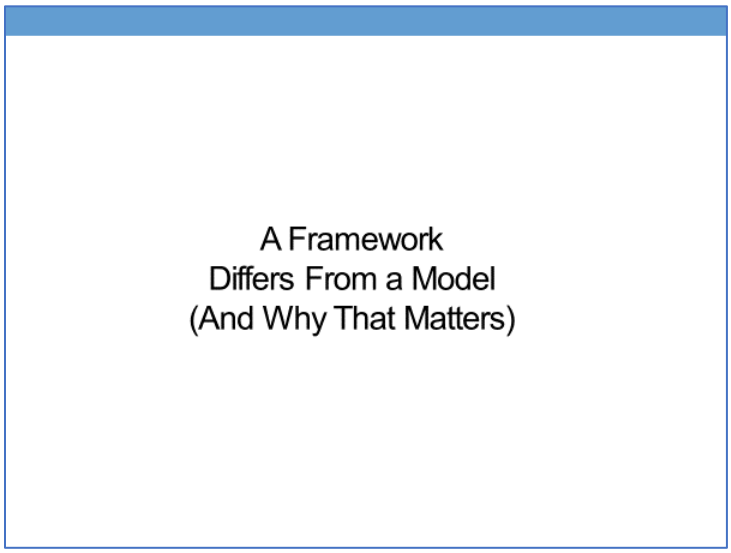
Let's stay with this fundamental fact. The limiting issue that has vexed the field of sexual health is the reality that most existing methodologies for addressing problematic sexual behavior (whether it's the Carnes sex addiction model, the out-of-control sexual behavior mode of Braun-Harvey and Vigorito, the intimacy anorexia model of Doug Weiss, or any of the other approaches) all require the presence of diminished self-control to access the benefits of that knowledge base. This criterion excludes those who may engage in similar behaviors and experience equally negative consequences without this characteristic. This means that many people who engage in various manifestations of chronically problematic sexual behavior remain outside the scope of most assistance models. No diminished control means no formalized assistance. This unfortunately leads some people to either (a) not know where and how to seek help for their sexual struggles or (b) mis-label themselves in order to engage the benefits of the available assistance model. The fact that diminished control serves as the necessary gatekeeping variable for accessing assistance has inhibited the expansion of more models and methodologies.

24. FIVE CO-EQIAL DETERMINANTS



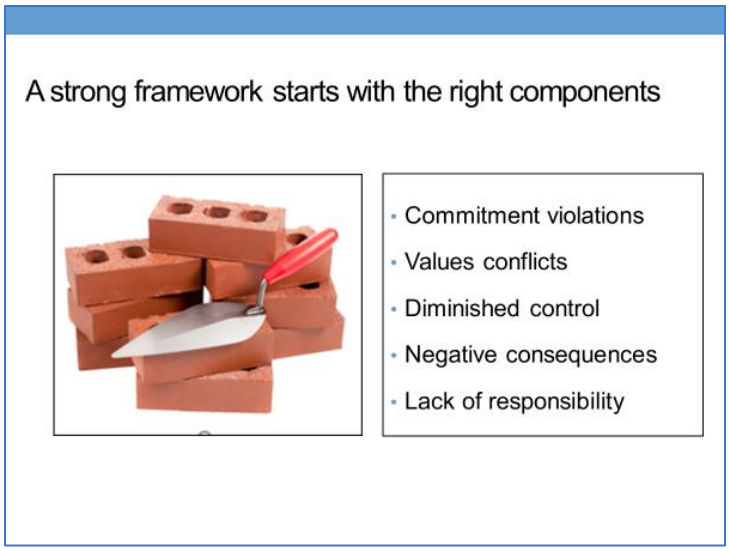
To address this service delivery gap, this framework establishes five co-equal determinants that provide a foundation for developing models to help such people without requiring diminished control, diagnoses, labels or even the establishment of individual pathology. Now any of the five keys unlocks the door to a healthier life.

25. FRAMEWORK DIFFERS FROM MODEL



Before going any further it's important to clearly understand the difference between a framework and a theory or a model.

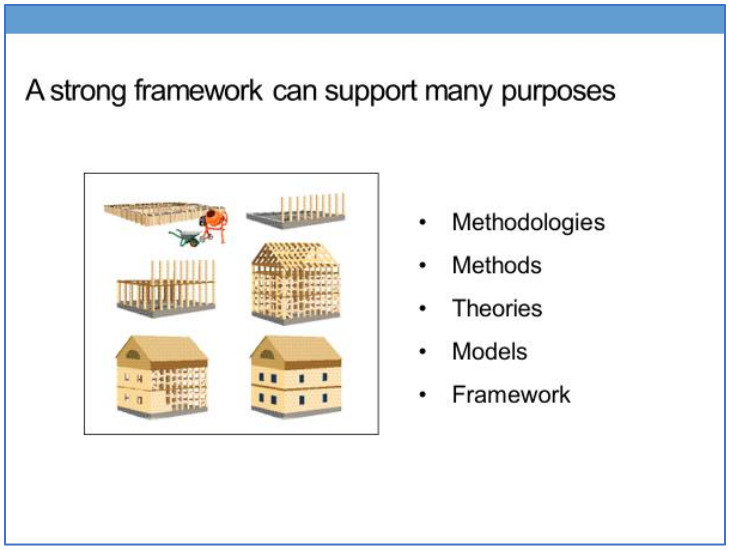
26. A FRAMEWORK'S ELEMENTAL COMPONENTS BUILD MODELS OF UNDERSTANDING



A conceptual framework such as this refers to a set of concepts and relationships that are proposed as the basis for understanding something being considered. A framework is the essential perspective for considering an issue. In this case these five categories of commitment violations, values conflicts, diminished self-control, negative consequences and lack of responsible sexual behavior are the core materials for the construction of this framework.

Imagine that you want to construct a building for any purpose you can imagine. Whatever you build must start with a sturdy framework and a solid foundation because they form the basic structure to support and connect everything built upon it. Any purpose that building can be used for shares some fundamental connection with this framework and foundation, which we can call its basic structure. Structures can then be configured in different ways for different purposes as long as they fit within the framework and rest on the foundation.

27. ONE FRAMEWORK CAN SUPPORT MANY PURPOSES



A framework provides the foundation that is necessary for the creation of models, which are attempts to describe how the key concepts of the framework are potentially interrelated.

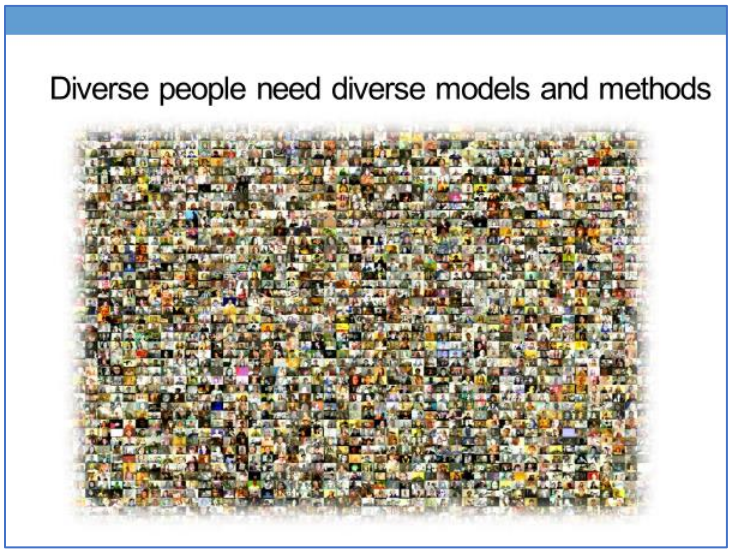
Models, in turn, are the basis for formulating and testing theories, which are predictions about the best way to manage the relationships between the key concepts of the framework. A framework describes the key concepts while theories are statements about what to do about them.

Theories are used to develop methods for achieving these preferred relationships. Finally, sets of methods form methodologies for achieving desired goals in a manner that is consistent with the theories, models and foundational assumptions supported by the framework.

Since many people who have not yet identified value from existing frameworks for understanding and assisting their type of problematic sexual behavior, new ways of looking at the problem are helpful.

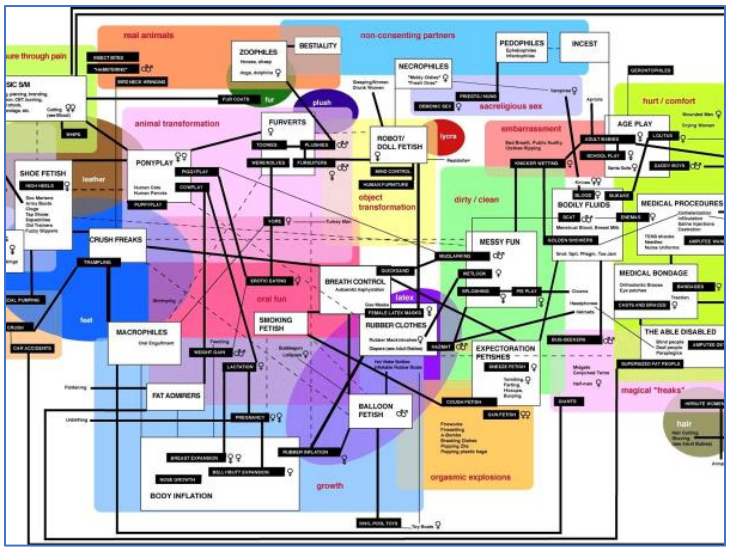
This framework supports the creation of an expanded range of models for understanding and assisting differing forms of problematic sexual behavior. Since this is a framework and not a theory or model it does not postulate root causes of problematic sexual behaviors or offer any specific techniques for its reduction or elimination.

Again, not belabor the point but diverse people need diverse theories, models and methods.



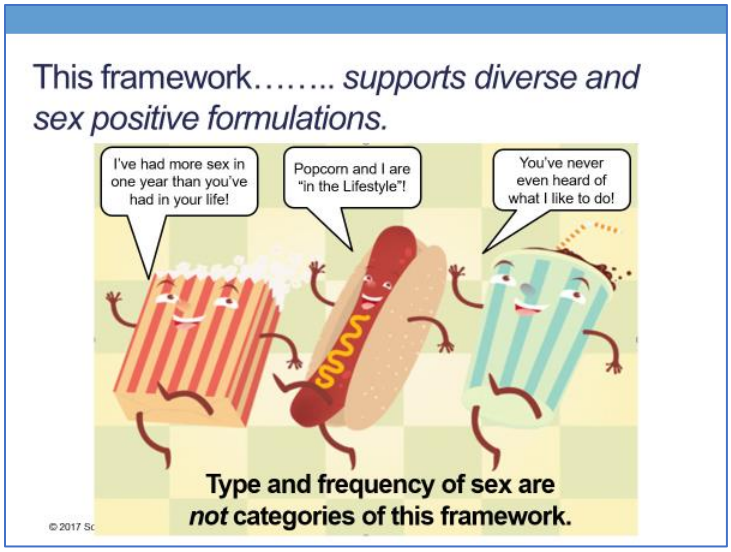
Here's a representational example of the reality that different groups with different cultural values and practices often need different ways of achieving their sexual health goals.

31. KINK MAP



I'm including this portion of the famous "kink map" to illustrate the vast variety of sexual preferences and practices that people can enjoy, which sets the stage for the next slide.

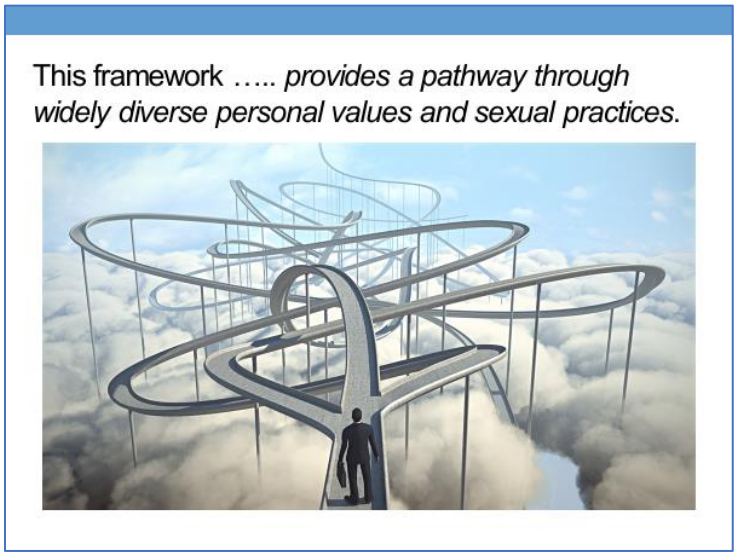
32. TYPE OR FREQUENCY OF BEHAVIOR NOT CONSIDERED



One of the intended design benefits of this framework is its ability to support diverse and sex positive formulations. Again, it achieves this goal by avoiding using any specific type and/or frequency of sexual behavior as an assessment variable since that tactic is inevitably subject to culturally determined normative biases which restrict its applicability. This framework avoids the tar pit of evaluating sexuality preference by bypassing entirely the form or frequency of sexual behavior as an assessment variable.

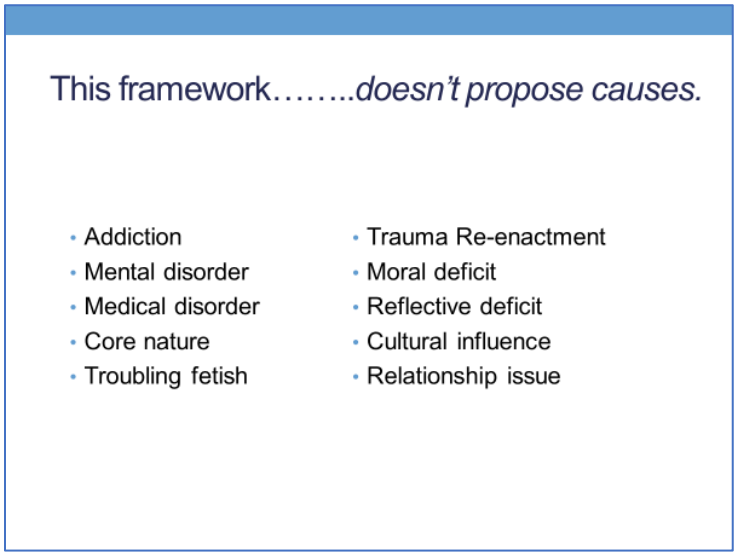
It bears repeating that the reality is that the exact same behavior of two people can yield very different meanings and outcomes, both problematic and adaptive, and people can reduce or eliminate problematic sexual behavior in very different ways and achieve very different adaptive outcomes.

33. PROVIDES A PATHWAY THROUGH MANY CULTURES/VALUES



As a result, this framework provides a pathway through widely diverse personal values and sexual practices. It's immaterial what you personally think about the behavior in question, including whether it meets your own set of personal values and sexual practices. All that matters is that no commitments are violated, no values conflicts attach to the behavior, the person is in control of their behavior and the person is upholding the three central tenets of responsible sexual behavior, which we're getting to.

34. DOESN'T PROPOSE CAUSES



As stated earlier this framework does not postulate any causes of problematic sexual behavior, nor does it offer specific techniques for its reduction or elimination. That's the function of models and theories, as described above. This framework acknowledges that problematic sexual behavior can result from many circumstances:

- Addiction
- Mental disorder
- Medical disorder
- Core nature
- Troubling fetish
- Trauma re-enactment
- Moral deficit (*"it's ok if nobody knows").*
- Reflective and predictive deficit (*"I never really thought about the consequences")*
- Undue cultural influence on sexual behavior (*"Real men get as much sex as they can").*

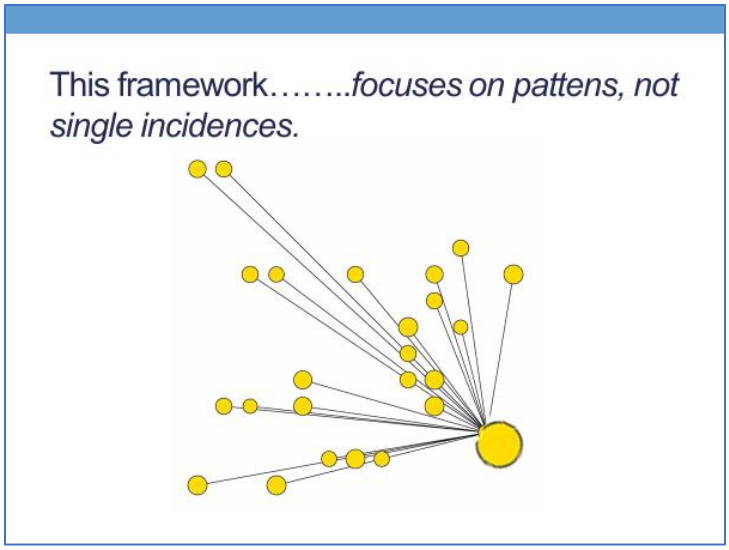
Any of these or other factors can contribute to any of the five categories of problematic sexual behavior. Again, this framework creates the conditions to explore all of these possibilities and more.

35. SEXUAL PROBLEMS DON'T REQUIRE SEXUAL SOLUTIONS

The fact that the reduction or elimination of problematic sexual behavior can occur by altering some aspect of that person's sexual OR non-sexual life means that a sexual problem does not always need a sexual solution.

The idea that reducing problematic sexual behavior can occur by changing the nonsexual aspects of a person's life is not in itself a new realization. But I'm not sure we always mean it. I think people default to focusing on changing their behavior rather than their commitments or values, for a variety of reasons beyond our time constraints to discuss. The point here is that this is a truly outcome neutral framework.

36. FOCUSES ON PATTERNS, NOT DISCRETE INCIDENTS



Of course, this framework focuses on overall sexual behavior patterns, not isolated incidents. It seems like that could go without saying but in case there's any doubt this clarifies that point.

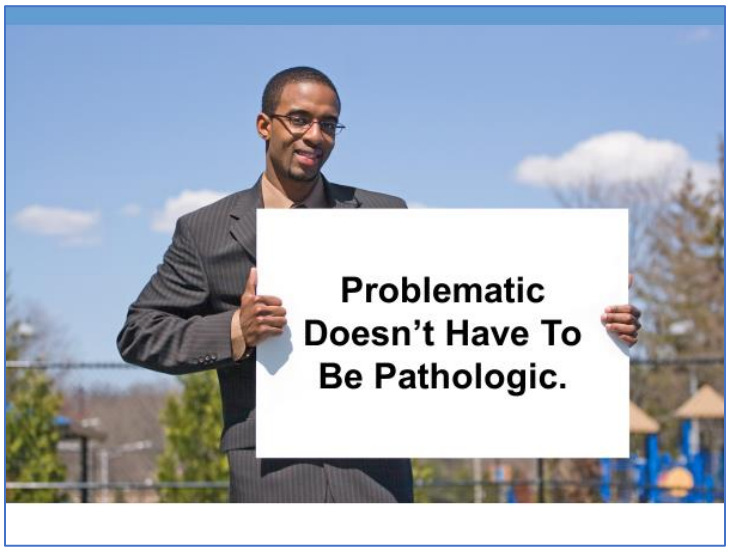
37. NOT A DIAGNOSTIC SYSTEM

I think it's evident by now but let's be clear that this is not a diagnostic classification system. There are no thresholds to reach that would then be used to assign a label to the behavior patterns that are being assessed for any problematic components. This is much more elemental than that.

38. THIS FRAMEWORK PROVIDES NEW OPPORTUNITIES

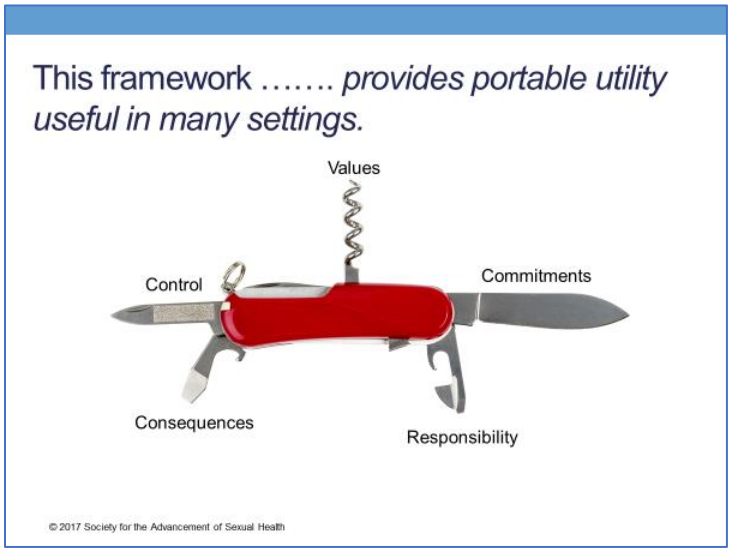
Again, a prime value of this framework is the removal of diminished control as the barrier to accessing assistance for the many people who engage in sexual behaviors that violate their commitments, their values and/or their responsibility to others.

39. PROBLEMATIC DIFFERS FROM PATHOLOGIC



This framework distinguishes problematic from pathological sexual behavior. This means that it offers a framework for helping people who engage in behavior that is poorly chosen, not just poorly controlled. In other words a person seeking assistance to reduce, control or eliminate one or more forms of problematic sexual behavior doesn't have to be "sick" in order to then "get well".

40. UTILITY TOOL

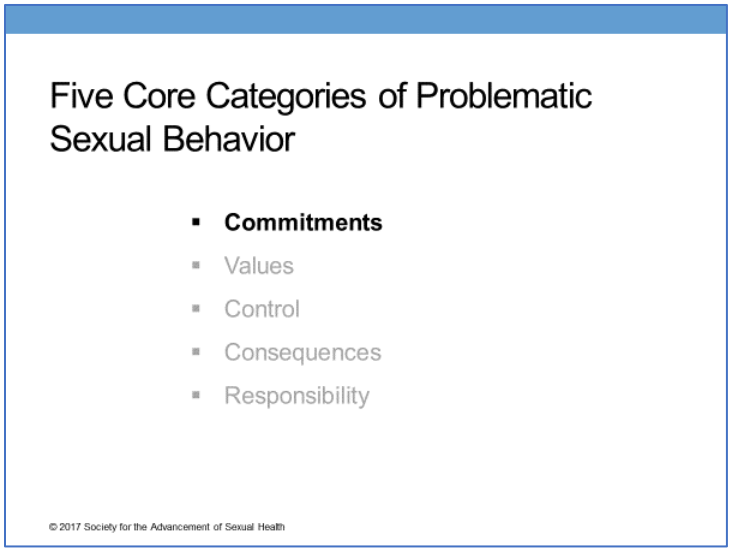


It's useful to consider this framework to be a sort of general-purpose sexual health utility tool for unlocking components of treatment models to be accessible to people who engage in the same behaviors and experience the same negative consequences for reasons beyond diminished control.

As stated before, this framework has the benefit of being very portable, meaning that its five simple questions can be applied to a wide range of settings, from professional to personal.

Finally, let's detail each of the five essential categories of problematic sexual behavior.

41. FIRST CATEGORY: COMMITMENT VIOLATIONS

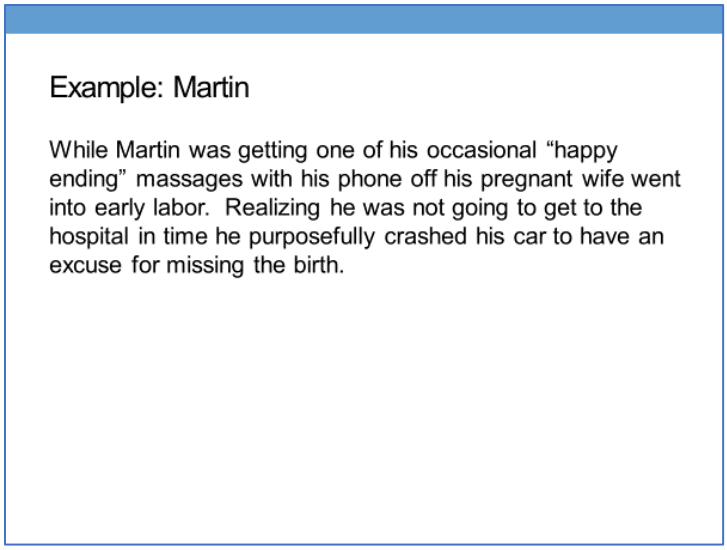


One major form of problematic sexual behavior occurs when a person's pattern of sexual behavior significantly conflicts with that person's sexual or non-sexual commitments. When sexual behavior conflicts with a person's important commitments that sexual behavior is inherently problematic. Changing the sexual behavior or changing the commitment can reduce this conflict.

While common commitment conflicts involve other familial, occupational, social or other commitments a major commitment violation is sexual behavior that occurs without the knowledge or consent of a committed relationship partner. This commitment violation is present regardless of whether it has been discovered and regardless of whether the commitment is explicit or presumed. In this framework it is not the nature of the actual sexual behavior that is problematic but the secrecy and deception that surrounds it, often driven by some combination of shame, fear, and the presence of a desire to continue the behavior.

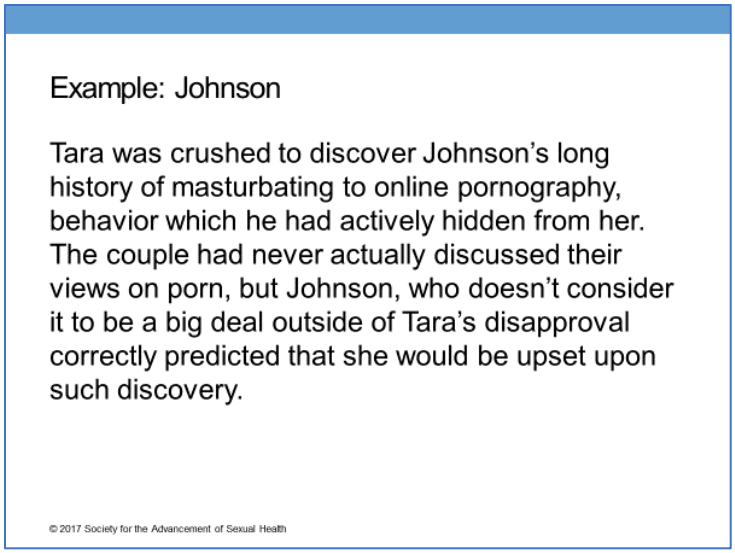
The associated question for this category is simply "Are you keeping your promises?"

42. EXAMPLE: MARTIN



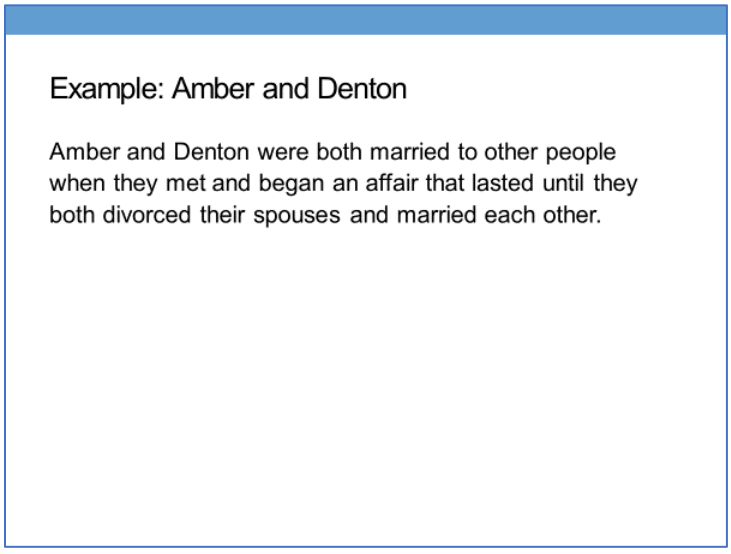
(Note that the various examples may reflect several categories but we are isolating the category under consideration for each one)

43. EXAMPLE: JOHNSON



By engaging in sexual behavior without telling Tara, Johnson is engaging in problematic sexual behavior. Note, however, that if he simply tells Tara he disagrees with her and continues to engage in the same behavior, it is no longer a commitment violation and the problematic sexual behavior is replaced by a relationship disagreement.

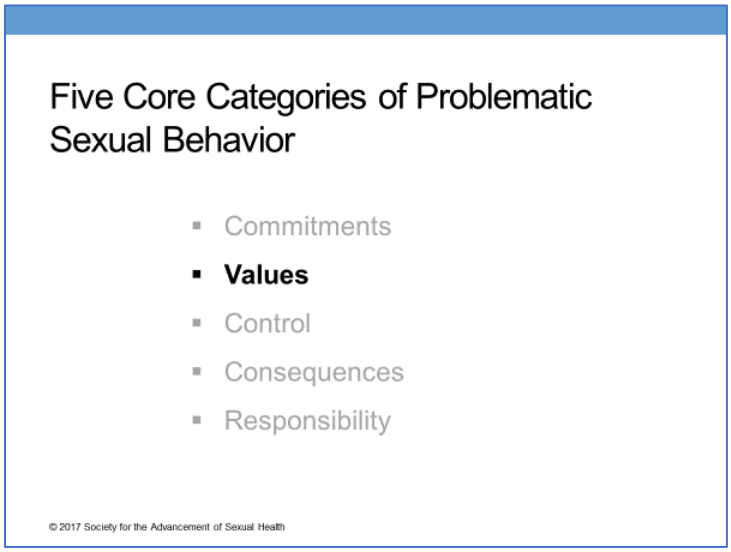
44. AMBER AND DENTON



During the period of time they maintained an ongoing pattern of secretive sexual behavior both Denton and Amber were engaging in problematic sexual behavior.

Once the commitment violations ended so did the problematic sexual behavior.

45. SECOND CATEGORY: VALUES CONFLICTS



Problematic sexual behavior includes recurrent sexual behavior that conflicts with a person's *values*. When sexual behavior conflicts with a person's important values that sexual behavior is inherently problematic. Either sexual or nonsexual changes can reduce this conflict

It's no news that people tend to have lots of competing values. Often these competing values do not cause direct conflict while at other times they represent a moral crisis.

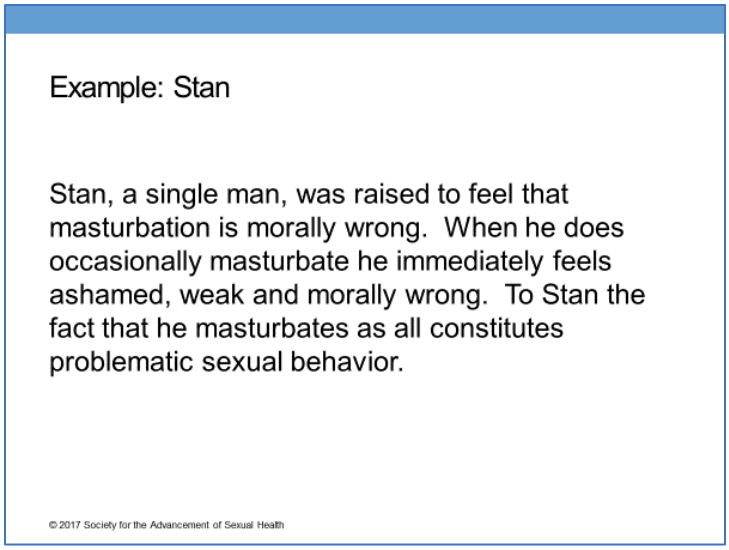
Some values are professed while others are assumed. Some are lifelong convictions and some change over time. Some values don't require much effort to maintain and others present many real-world challenges.

How does this factor into the assessment of problematic sexual behavior?

One common way that people manage competing values is to try to keep them from coming into direct conflict with each other. People go to great lengths to separate their sexual behavior from the painful awareness of how it conflicts with values they hold dear such as honesty, trustworthiness and fidelity. They engage in ay number of ultimately unhealthy mechanisms to minimize such cognitive and affective dissonance, including compartmentalization and even dissociation. Other consequences of such values conflicts include chronic stress, low self-esteem, depressive and anxiety disorders and many other negative effects.

The associated question for this category is simply "Are you OK with what you're doing?"

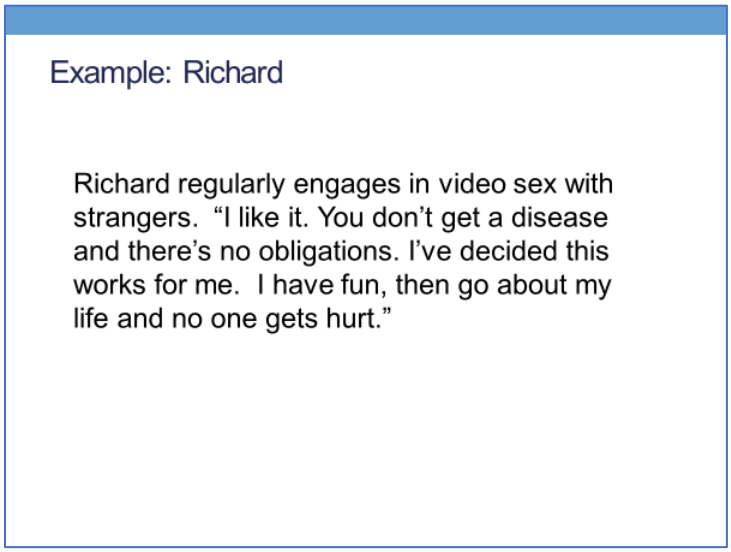
46. EXAMPLE: STAN



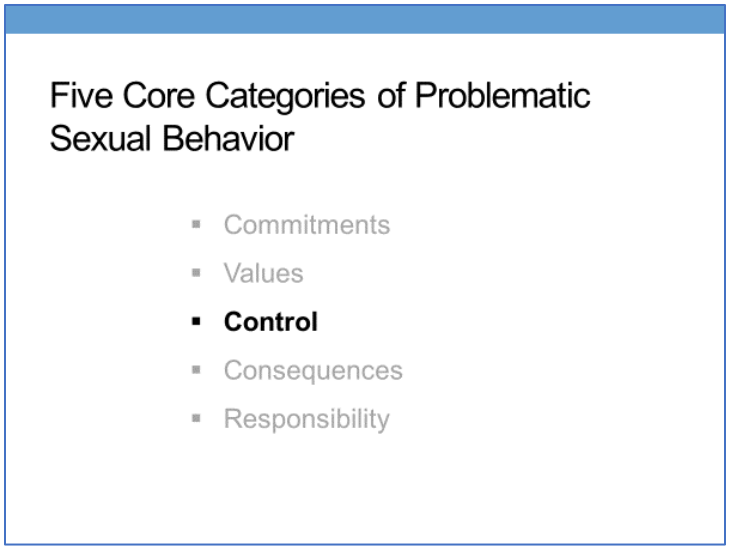
(point out this example was intentional to reflect behavior most people would consider ok)

This framework is inherently value neutral in the way that a car jack is capable of lifting all kinds of vehicles to get underneath them, meaning that it does not attempt to evaluate the cultural context, preferences or norms in which a person's sexual behavior practices are situated.

47. EXAMPLE: RICHARD



48. THIRD CATEGORY: DIMINISHED CONTROL

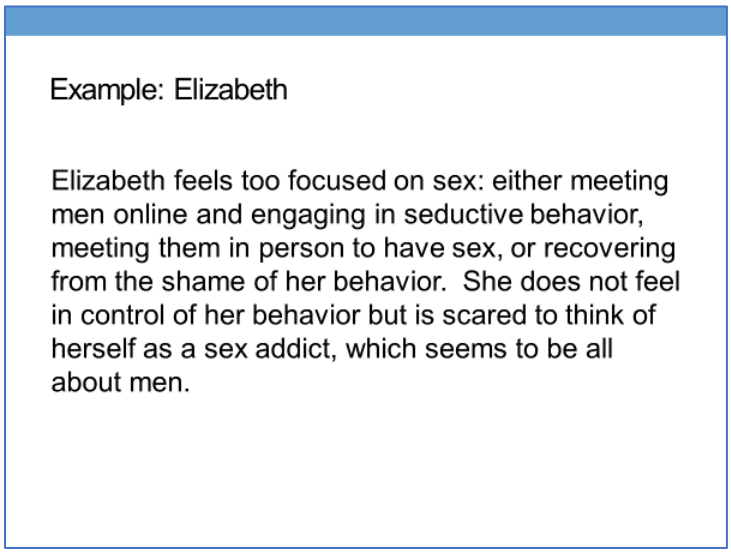


Problematic sexual behavior includes recurrent sexual behavior that conflicts with a person's *self-control*. When sexual behavior conflicts with a person's sense of self control that sexual behavior is inherently problematic.

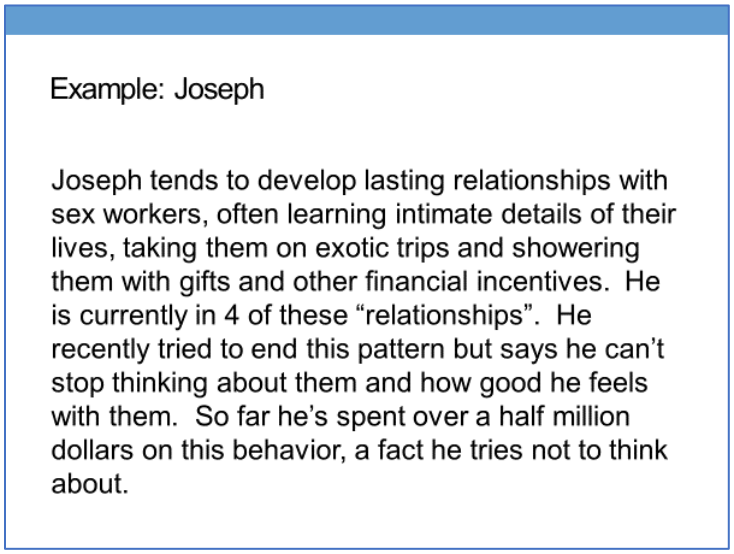
This is the form of problematic sexual behavior that has generated the most models and theories. It is the basis for models like sex addiction, compulsive sexual behavior, hypersexuality and out-of-control sexual behavior.

The associated question for this category is simply "Are you in control of yourself?"

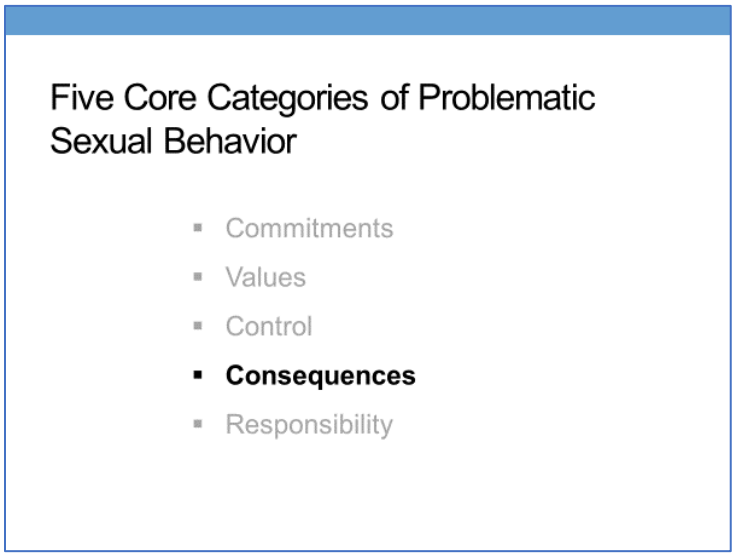
49. EXAMPLE: ELIZABETH



50. JOSEPH



51. FOURTH CATEGORY: NEGATIVE CONSEQUENCES



I debated even including this category with the logic that people typically seek assistance for their sexual behavior struggles precisely because they are experiencing negative consequences. However, I ultimately decided to include it to address the reality that ongoing patterns of sexual behavior may not conflict with a person's commitments, values, or self-control and yet still result in significantly negative consequences. As an example, by any definition a prostitution arrest is a problematic outcome even if it is freely chosen and not incongruent with a person's values.

The associated question for this category is "Is everything OK?"

52. EXAMPLE: OSCAR

Example: Oscar

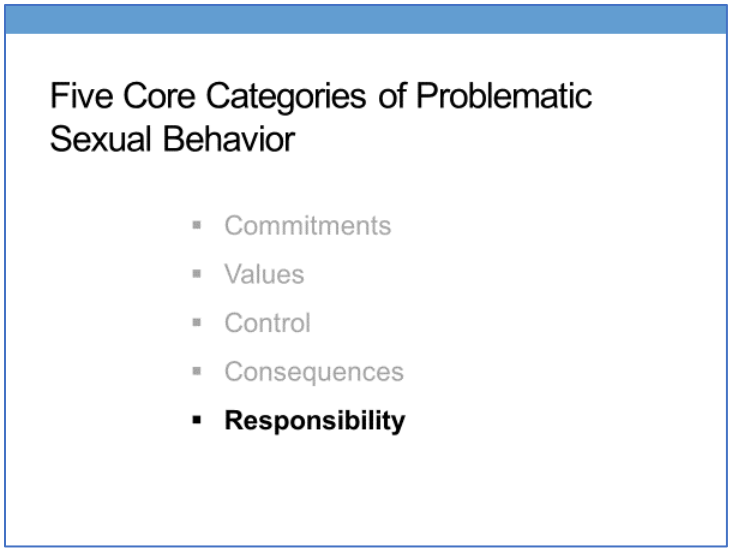
Oscar, a single male, masturbates to pornography regularly. He is not violating any commitments by this behavior and his viewing preferences fit within his quite liberal value system. He admits to a high sex drive but does not feel significantly out of control of his masturbation frequency. However, he has developed the characteristic profile of porn-induced erectile dysfunction (PIED) by showing extreme difficulty maintaining an erection and has lost the ability to orgasm without visual stimuli.

53. EXAMPLE: DESHAWN

Example: Deshawn

DeShawn is a 20 year old college junior seeking your help for depression. His grades and class attendance have steadily declined to the point that he may not pass two of his classes. He has increasingly isolated himself from his friends and says it's difficult to concentrate or feel motivated. He admits to averaging 30 hours a week masturbating to online pornography. DeShawn doesn't like that transgender porn gives him the hardest erections. He ask if you think his porn use has anything to do with how bad he feels.

54. FIFTH CATEGORY: LACK OF RESPONSIBILITY

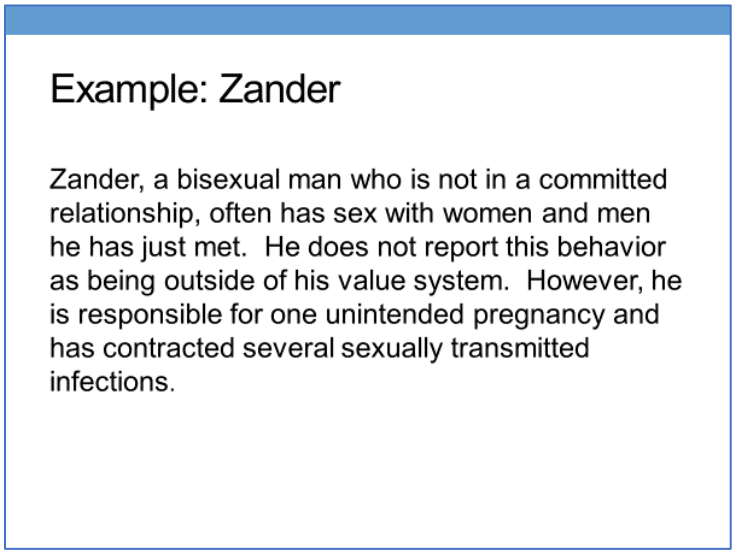


The fifth and final category addresses the reality that sexual behavior patterns may not conflict with a person's commitments, values, or self-control or result in personal negative consequences and yet still be considered problematic due to violation of established principles of sexual health related to responsible sexual behavior.

The associated question for this category is "Are you protecting everyone?"

Let's look at a couple of examples first before reviewing the development of this concept of responsible sexual behavior.

55. EXAMPLE: ZANDER



55. WARREN

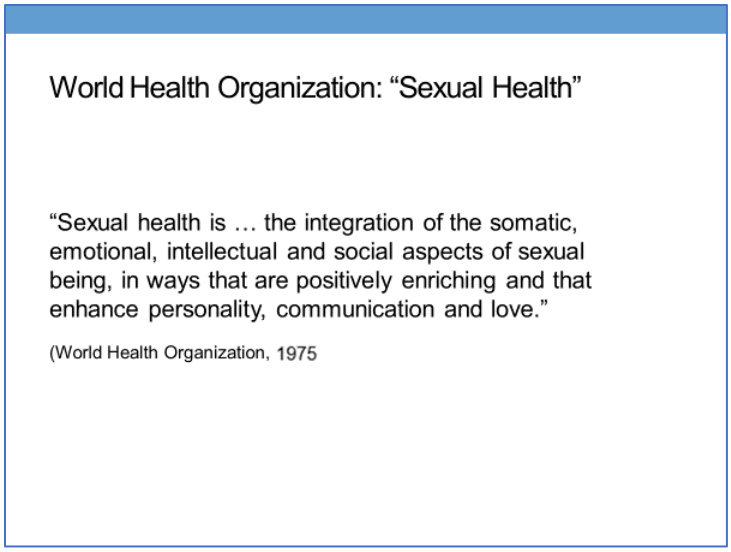
Example: Warren

Warren has a bad habit of starting what he considers "little flings that don't mean anything" with women. He loves his wife but sometimes he gets drunk and starts complaining to his infidelity partners about his marriage. This last one just reached out to his wife and is harassing her online and by phone to the point that the couple had to take out a restraining order against her.

57. SO WHAT IS SEXUAL HEALTH?

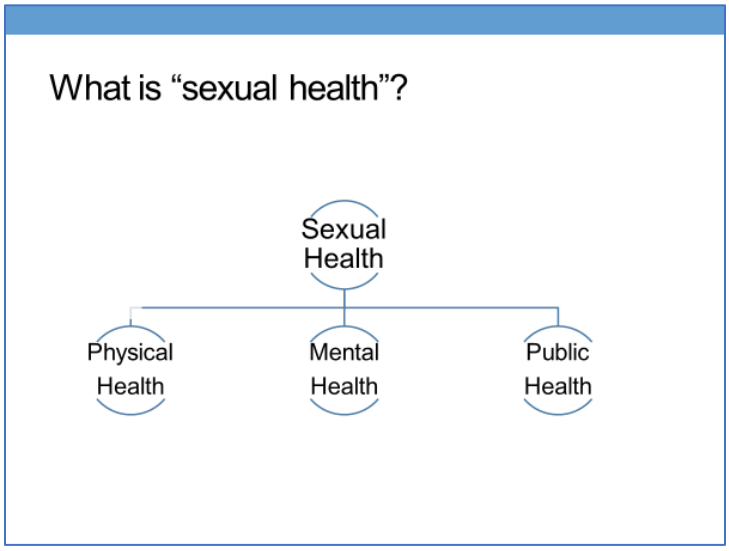
Now that we've covered the five categories the final step is to take a quick tour of the evolution of the continually developing concept of sexual health to demonstrate the emergence of the idea of responsible sexual behavior as a sexual health imperative. Again, this is important because, as we covered earlier, restrictions on sexual behavior need solid justification and this relatively recent emerging concept provides that basis in a manner that is well-grounded in existing sexual health literature.

58. WHO ORIGINAL DEFINITION



The concept of sexual health is relatively recent, dating back to just the mid-1970s. It has continued to be modified by a worldwide collaboration of sexual health agencies, organizations and institutions. Here’s the original definition. Notice again the tripartite division of sexual health into the physical, emotional and social domains.

59. SEXUAL HEALTH INCLUDES PHYSICAL HEALTH, MENTAL HEALTH AND PUBLIC HEALTH



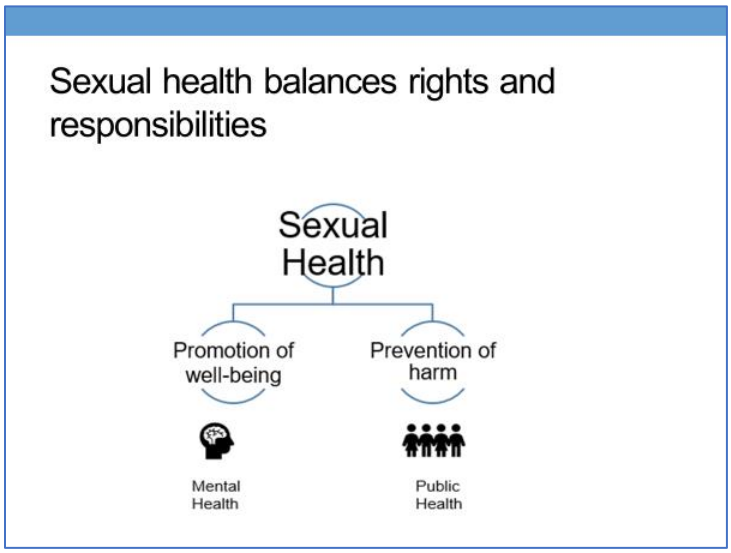
Despite any modifications over the past half century since its first definition, one of the key concepts that has remained consistent is that sexual health includes physical, emotional and social dimensions.

The physical health dimension has to do with sexual practices that prevent unwanted physical consequences such as sexually transmitted infections, unwanted pregnancies and physical harm.

The mental or emotional dimension has to do with sexual practices that support a sense of personal well-being and overall psychological health.

The social or public health dimension involves protection of others from harm.

60. SEXUAL HEALTH BALANCES RIGHTS AND RESPONSIBILITIES



So sexual health has a well-being component and a protective component.

The conjoint emphasis on promotion of well-being and prevention of harmful consequences are the respective domains of mental health and public health. Sexual health balances well-being and personal fulfillment on one hand with societal protection on the other.

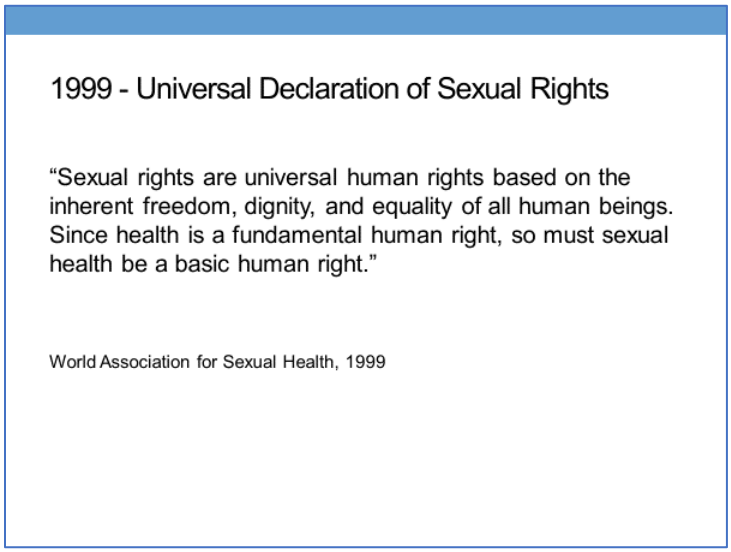
Evolving definitions of sexual health have been marked by a gradual inclusion of balanced and complementary sexual rights and responsibilities.

As some of the following slides will show, the phrase “responsible sexual behavior” appears explicitly in some sexual health models and implicitly in others. Again, this use of the word “responsible” is not a moral injunction but an essential harm-preventing and therefore public health component of sexual health.

This concept of responsibility as a component of sexual health acknowledges that individual sexual behavior ultimately contains an inherent social dimension

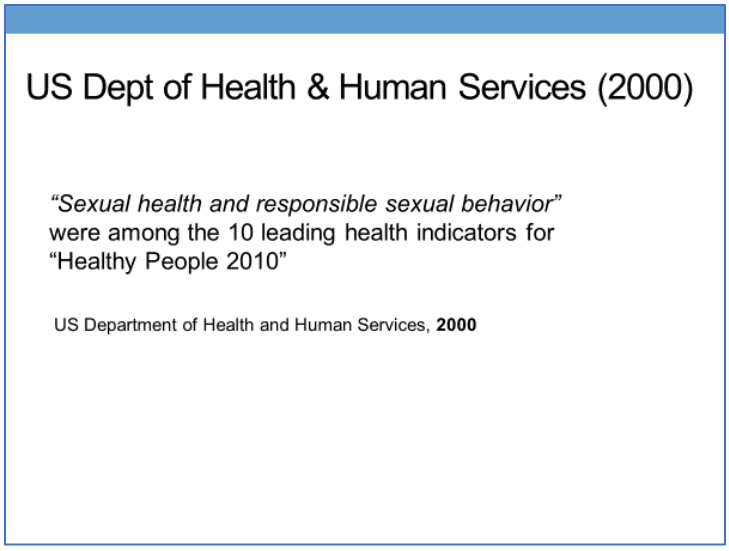
Rights and responsibilities equate to the promotion of well-being and the prevention of harmful consequences, which again corresponds to the mental health and public health dimensions of sexual health.

61. UNIVERSAL DECLARATION OF SEXUAL RIGHTS



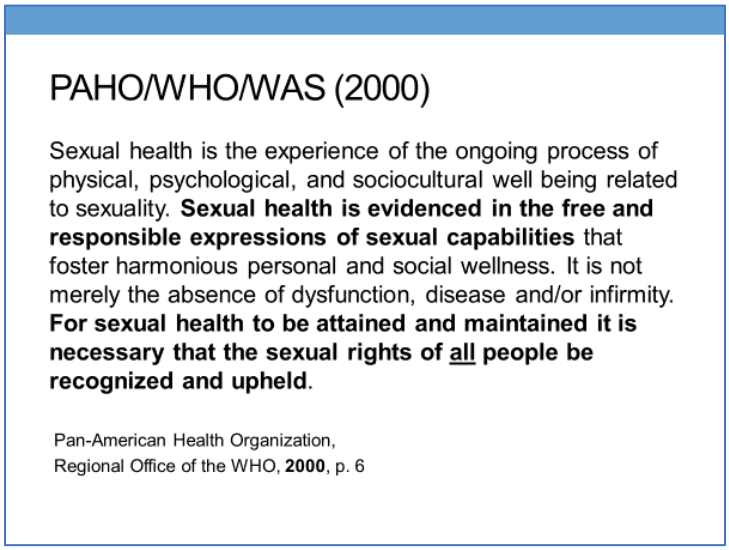
I wanted to include at least a brief reference to the Universal Declaration of Sexual Rights as formulated by the Word Association for Sexual Health in 1999. In Bill's world SASH would devise a policy statement affirming its support of the concept of universal sexual rights.

62. HHS (2000)



This is one of the first two developments at the turn of the century that began championing the concept of responsible sexual behavior.

63. PAHO/WHO (2000)



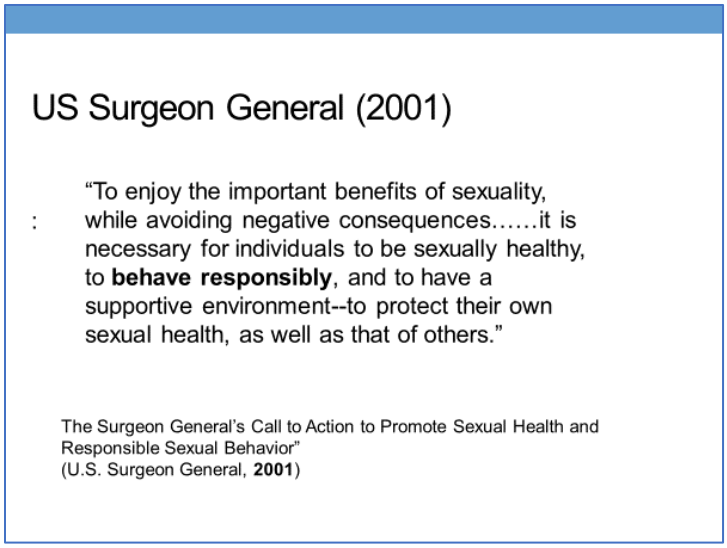
In the same year the Pan American Health Organization (PAHO) Regional Office of the World Health Organization (WHO), in collaboration with the World Association for Sexology (WAS, now the World Association for Sexual Health) put forward a new definition of sexual health that included the complementary concepts of sexual rights and sexual responsibilities.

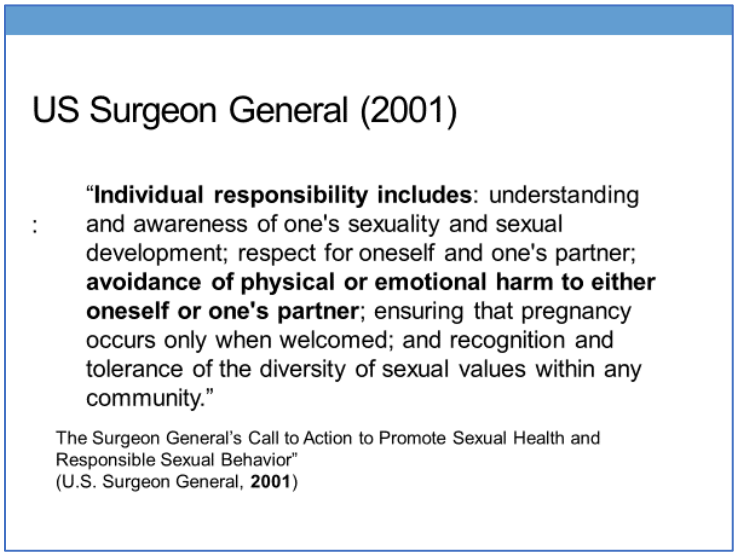
(read highlighted portions)

It is notable that PAHO/WHO 2000 specifically included compulsive sexual behavior as a barrier to sexual health, a fact which received almost no attention at the time.

Note the now conjoined phrase ‘free and responsible’, which is a clear distillation of the balance of rights and responsibilities. Note also again the recognition that sexual health must be consistent with the rights of ALL people.

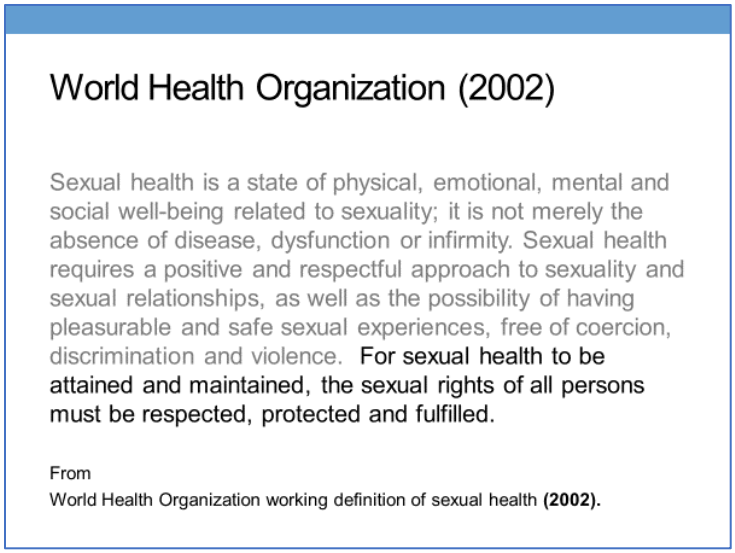
64 - 65. US SURGEON GENERAL 2001





In 2001 the US Surgeon General's Call to Action to Promote Sexual Health and Responsible Sexual Behavior took the important step of aligning itself with this growing recognition that sexual responsibility is a core component of sexual health.

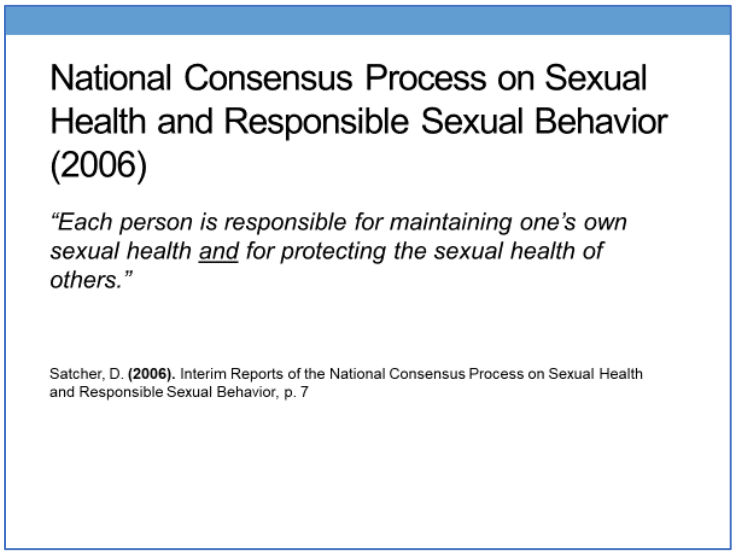
66. WHO (2002)



in 2002 the World Health Organization (WHO) in collaboration with the World Association for Sexual Health (WAS), revised its working definitions of sex, sexuality, sexual health and sexual rights:

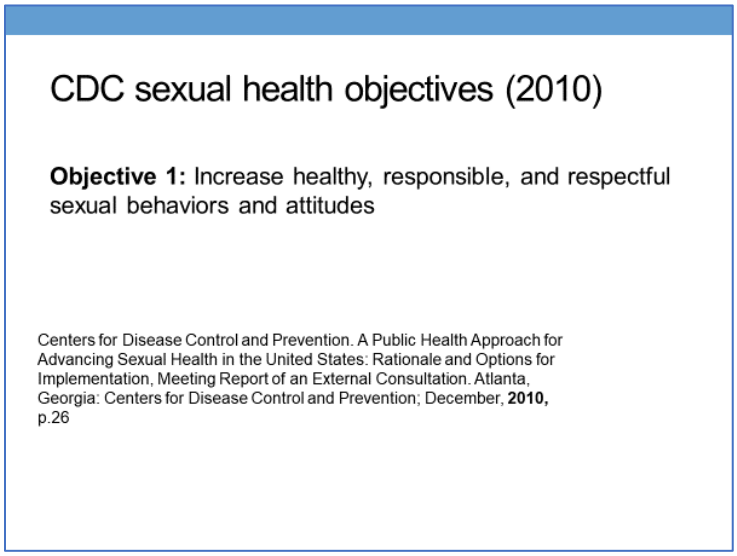
This is another example of the growing sexual health mandate for the responsibility to protect others.

67. SATCHER (2006)



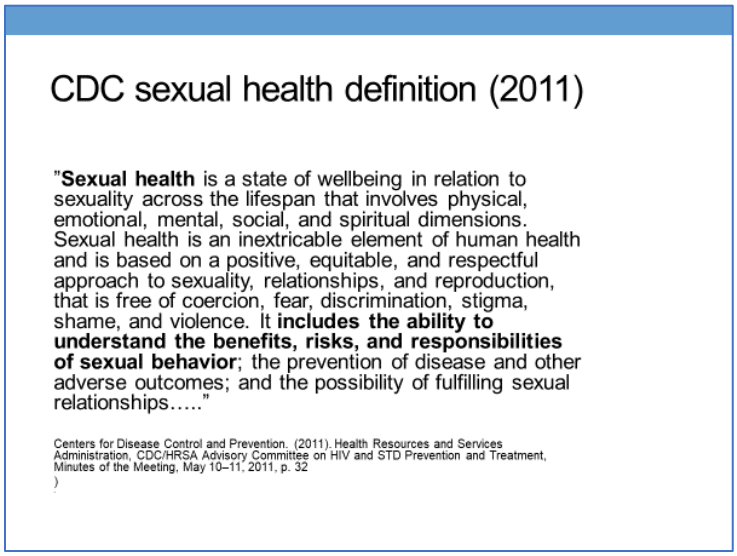
Between 2004 and 2006 Former U.S. Surgeon General David Satcher brought together leaders of "major constituency organizations with important presence in the national dialogue on sexual health and responsible sexual behavior" to participate in a "National Consensus Process" that emphasized the protective element that must inform all definitions of sexual health.

68. CDC SEXUAL HEALTH OBJECTIVES 2010



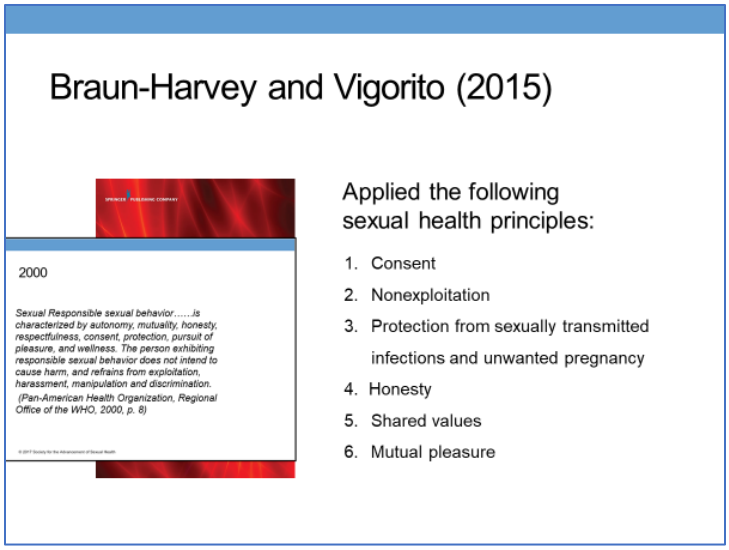
In 2010 The Centers for Disease Control and Prevention established revised sexual health objectives, and the very first one was to “increase healthy, responsible, and respectful sexual behavior”.

69. CDC SEXUAL HEALTH DEFINITION (2011)



The next year, in 2011, the CDC slightly revised its definition of sexual health, emphasizing the need to address the risks and responsibilities of sexual behavior.

70. BRAUN-HARVEY AND VIGORIT0 (2015)

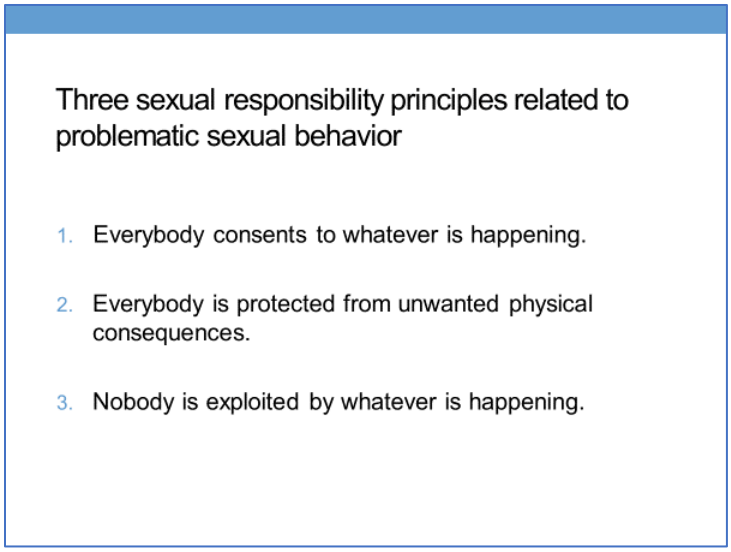


I want to acknowledge and honor Doug Braun-Harvey and Michael Vigorito for their formulation of a similar but distinct sexual health-informed approach to out-of-control sexual behavior, which is the term they use for diminished sexual self-control. The framework I'm presenting today was developed virtually simultaneously to theirs, and in fact Doug Braun-Harvey was kind enough to review and comment on an early version. This framework serves a different purpose than theirs, since it situates theories, models and methods such as theirs as others into universal categorizations that include but do not require a person to have diminished sexual self-control in order to access assistance.

Braun-Harvey and Vigorito based their guidelines on the PAHO (2000) statement on sexual responsibility, which I referenced above. "*Responsible sexual behavior……is characterized by autonomy, mutuality, honesty, respectfulness, consent, protection, pursuit of pleasure, and wellness.*"

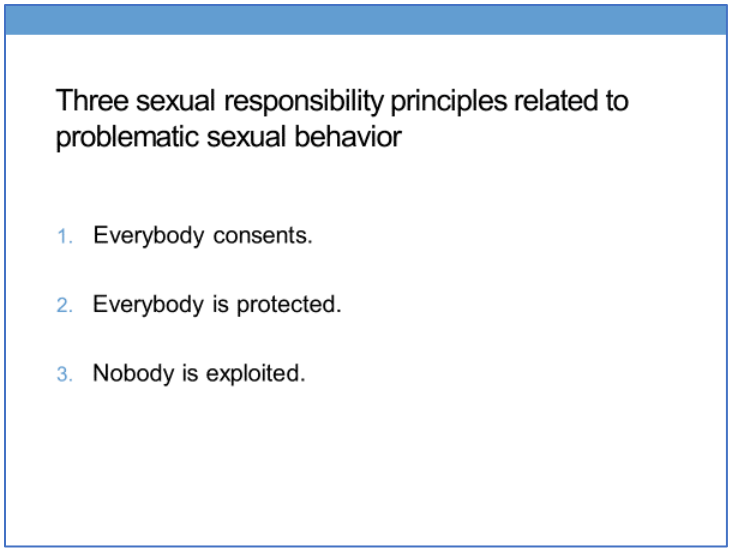
Coming from a slightly different perspective, I located the three sexual health principles related to responsible sexual behavior that serve as universally relevant guidelines for assessing this dimension of problematic sexual behavior.

71 - 72. THREE SEXUAL RESPONSIBILITY GUIDELINES



These three guidelines are:

1. Everybody consents to whatever is happening.
2. Everybody is protected from unwanted physical consequences.
3. Npbody is exploited by whatever is happening.



Here are the three sexual responsibility principles in their shortest form: everybody consents, everybody is protected, and nobody is exploited.

A lot of the people who come to us for help engage in sexual behavior that conflicts with one or more of these principles of sexual responsibility to others. They don't get their partners' consent to be sexual with another person, the fail to use a condom, they overtly or inadvertently take advantage of human beings who are commodified by the sex trafficking

industry, they use money and other sources of power in a toxic manner to leverage others who are in subjugated positions to be sexual with them in ways they don't want to, and on and on.

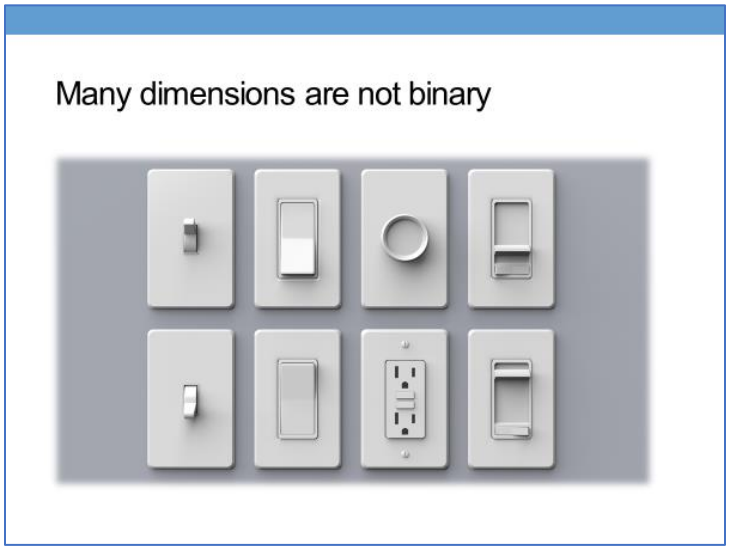
Let's review each category.

1. Consent means everybody. It's not enough for two people to consent to sexual behavior if it violates the consent of a primary partner.

2. The goal of protection goes back to the basic physical/public health function of sexual health. This includes prevention of STIs, unwanted pregnancies and unwanted negative consequences.

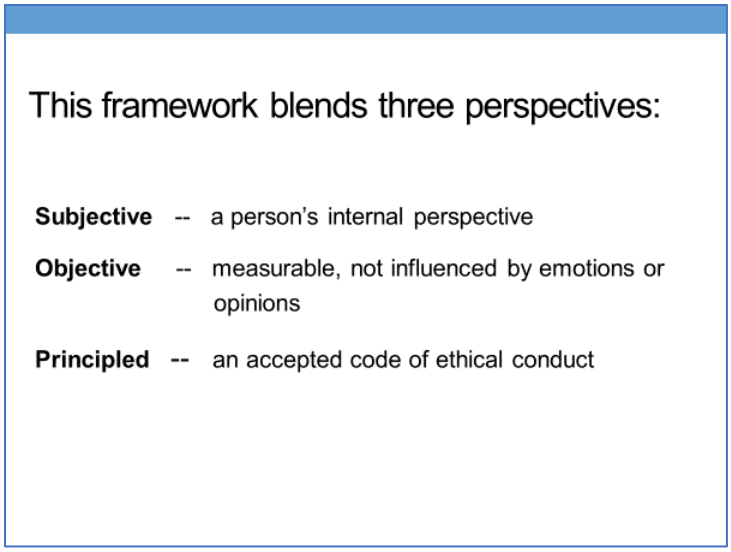
3. Some principles can be viewed more objectively, i.e. you are either wearing a condom or not. Others, such as avoiding exploitation, can be subject to interpretation and involve a complex interaction of variables. One example is the challenge of determining whether any specific act of pornography use reflects exploitation of marginalized and disempowered individuals.

73. CATEGORIES NOT ALWAYS BINARY



Again, it's important not to think that all of these categories are binary, meaning that they are either there or not. It's not like an on-of-off light switch. Several exist on a continuum and are subject to interpretation.

74. THREE PERSPECTIVES

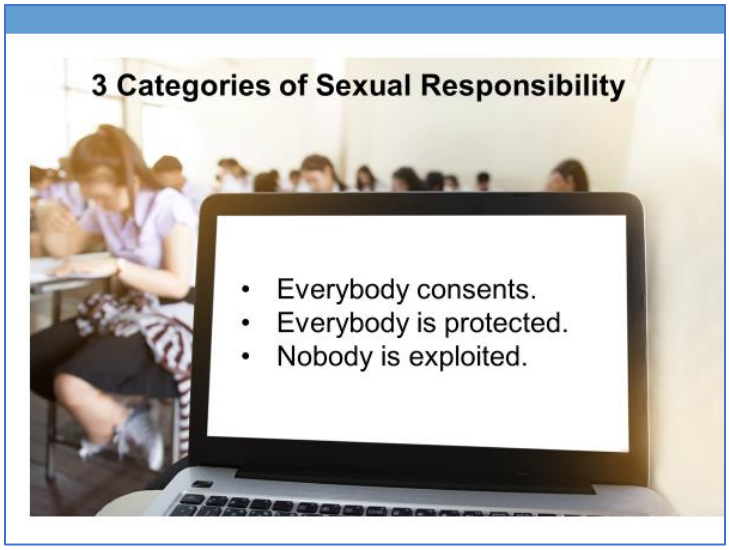


Collectively, these five categories offer a combination of subjective, objective, subjective and principles perspectives.

75. SUMMARY OF FIVE CATEGORIES

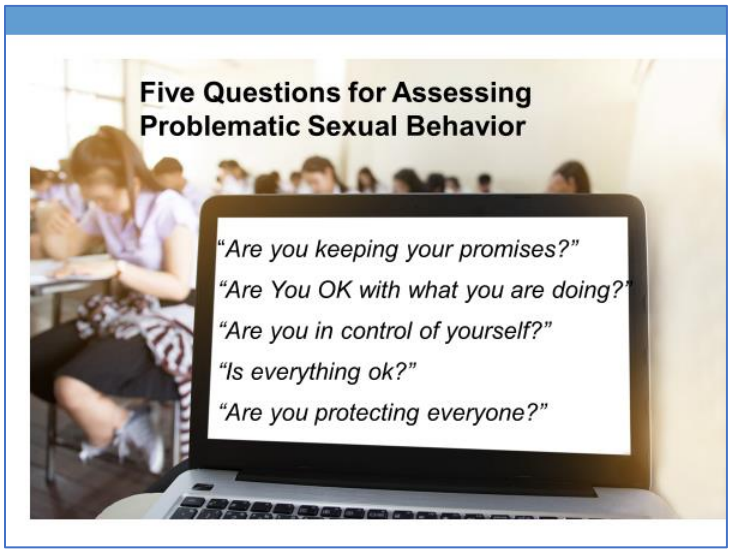
OK, to summarize in closing, this framework offers five independent categories of problematic sexual behavior:

76. SUMMARY OF THREE RESPONSIBILITY PRINCIPLES



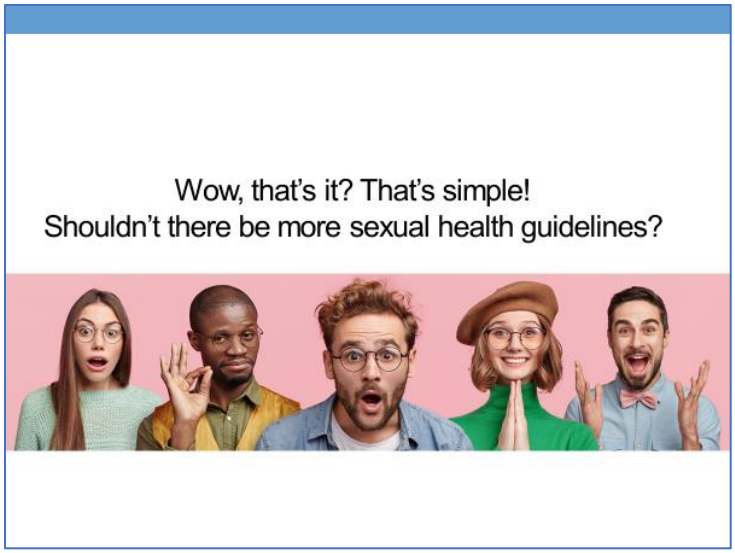
The category of sexual responsibility includes three components:

77. FIVE QUESTIONS



Finally, the five categories can be assessed by conversational questions that open up a widen evaluation of each category, yielding a multi-dimensional, contextual understanding of what I think may ultimately be revealed as numerous subtypes of problematic sexual behavior, each with its own set of goals and methods.

78. THAT'S IT?



Some people may look at this at first blush and say “That’s it? That’s simple! Shouldn’t there be more sexual health guidelines?” How about “committed sexual partnerships are healthier than anonymous hookups”? Or even something like “sex with people is better than sex with machines”!

My answer is that this framework deals with how real people have real sex in the real world. All of the people. All of the sex. All of the world.

It is tempting to apply values that perhaps most everyone here believes to be true. Maybe it seems unshakeable to you that sex between two people is healthier than polyamory, or that bringing someone sexual pleasure is healthier than bringing them sexual pain.

The problem is that such rules are never 100% applicable to 100% of the population. That is why this framework relies on sexual health markers which are so universal that they transcend all cultures, sexual communities, codes, preferences and practices.

79. GUARDRAILS, NOT DESTINATIONS

In conclusion, just as a state of physical health doesn't mean you know how to play tennis, the presence of these sexual health markers does not mean the sex will be great, fulfilling, satisfying, adequate or even enjoyable. Upholding sexual health principles related to problematic sexual behavior does not mean that you can attract sexual partners, make love skillfully, or develop a healthy long-term sexual relationship with a partner any more than maintaining physical health means you're able to figure skate or even jump rope without tripping over your own feet. Once a person is living within the bounds of these five categories there is often still much work ahead to live to the fullest potential.

I want to end by telling you two beneficial ways I've personally used this framework: one involves the type of therapy groups I run and the other is a way to appreciate new ways of atypical sexual expression.

I use this framework to run over half a dozen therapy groups that bring men together in a shared sexual health vision without regard to whether or not they self-identify as sex or porn addicts. No matter what terms they use to describe themselves, the tremendous growth and healing that the men in these groups derive occurs because all have the same goals as expressed within this basic framework. Their lives change no matter what they call the problem.

The second example of the utility of this framework was demonstrated two years ago when I published the first major article on male solosexuality, an emerging identity, community and set of sexual practices distinguished by an exclusive preference for masturbation over penetrative sex. This framework was invaluable in helping me distinguish what might be termed adaptive from what is problematic for many of the men who are practicing this newly emerging form of human sexual behavior.

I feel pretty confident that this framework will continue to find useful applications and a widened audience since, as you can hopefully see, it's easy-to-understand, adaptable to a wide

variety of settings, doesn't pathologize and is capable of both containing existing theories and assistance models and promoting the development of new ones. I appreciate each of you for taking the time to learn more about how this framework came to be and to consider ways that it may enhance your work with the people you are attempting to help.

80. QUESTIONS