

Informed Consent and Disclosure Regarding Treatment for Hypersexual Behavior

It takes courage to reach out for support for compulsive pornography use and/or hypersexual behaviors that are creating difficult emotions, as well as challenging, shameful or frightening consequences in your life and relationship. I look forward to supporting you in your healing journey as you learn new ways of managing your life and your unwanted sexual urges and behaviors. Before we begin, it is important that you read the following information. I am happy to discuss and answer any questions you may have. Please bring this form, along with the other client paperwork to your first session.

Popular media, some health care professionals, as well as patients seeking clinical support for sexually compulsive acts have utilized the term “sex addiction” or “hypersexual behavior” to describe a pattern of repetitive and intense preoccupation with sexual thoughts, urges, and behaviors. Hypersexual patients [sometimes referred to as “sex addicts”] often report using various on going impulsive or compulsive sexual acts to frequently cope with stressful experiences in their lives, or to escape unpleasant mood states such as feeling lonely, anxious, bored, sad, angry or depressed. These patterns of behavior may contribute to a number of undesirable consequences.

For example, one study found that patients seeking help for hypersexual behavior sometimes referred to as “sex addiction” reported losing jobs (15.7%), having romantic relationships end (22.8%), contracting sexually transmitted diseases (22%), legal problems (16.5%), unwanted financial losses (23.6%), emotionally hurting a loved one (22%), difficulties experiencing healthy sex (11%), or various mental health challenges (20.5%). Despite such consequences, some people report feeling unable to control or reduce the frequency of their unwanted sexual fantasies and sexual urges, and unwanted sexual behaviors as they continue to participate in sexual activities [for example sex with prostitutes, sexual massage, advertising for sex, kink sex, group sex, pornography that feels shameful, on going affairs, secret sexual lives, etc.] that place themselves and loved ones at risk for physical and/or emotional harm. These patterns of behavior can contribute to feelings of guilt, shame, sadness, regret, or constant worry about being caught or exposed. Furthermore, significant problems with personal relationships, social activities, work, and other important areas of life can be adversely impacted.

Labeling these symptoms as a “sex addiction” or “hypersexual behavior” may help provide a framework for understanding the challenges and problems experienced by these hurting individuals struggling to understand why they do what they do. These labels can also help researchers understand the issues associated with hypersexual behavior or allow health care professionals and therapists to communicate with each other regarding patient care. However, as with any label, misunderstandings may arise or people may feel stigmatized by a particular label. Subsequently, the following information is intended to clarify some issues you have a right to know as a prospective patient before you decide to participate in therapy:

1. While labels such as “sex addiction” or “hyper sexuality” are now routinely used and have some value in clinical work as described above, the concept of sex addiction had not yet been included in the Diagnostic Statistical Manual of Mental Health Disorders – Fifth Edition as a psychiatric diagnosis. Thus, if these labels are used in our clinical work together, they do not yet refer to a mental health disorder, or an official psychiatric diagnosis as of this date.
2. At present, mental health professionals and researchers are still seeking to understand how to best define hypersexuality, its associated features, its origins, what treatments might be most effective. On going research continues in order to best support patients dealing with the very real consequences of “sex addiction.” Our hope and focus as Certified Sex Addiction Therapists working with individual struggling with “sex addiction” is that this will be recognized as a diagnosis in the future.
3. Although hypersexuality is not yet an officially sanctioned psychiatric disorder, several research studies [1,2,3 below] have noted that patients seeking help for hypersexual behavior frequently present for treatment with co-occurring mental health disorders predominantly consisting of mood disorders, anxiety disorders, substance-related disorders, and attention-deficit disorders. Subsequently, our work together will begin with an assessment to determine what, if any, other disorders you may have [for example anxiety or depression]. Moreover, we will address hypersexuality or “sex addiction” concurrently with any co-occurring psychiatric disorders during the course of your treatment.
4. You and I will discuss all aspects of your therapy program each step of the way. You are welcome and encouraged to ask questions at any point. And while clinical support is often a valuable part of addressing your current challenges, please understand that you are under no obligation to attend therapy, and may terminate therapy at any time, as I do not work with court mandated patients.

Patient signature below indicates that this document has been read, understood, and constitutes consent to treatment under the conditions outlined above. Patient also agrees they have been given the opportunity to ask any questions regarding this consent and disclosure about treatment for hypersexual behavior sometimes referred to as “sex addiction.”

Patient Signature: _____

Date: _____

A review of pharmacological treatments for hypersexual disorder. *Sexual Addiction & Compulsivity*, 20(1-2), 139-153. ¹Kafka, M. P., & Prentky, R. A. (1994). Preliminary observations of DSM-III-R axis I comorbidity in men with paraphilias and paraphilia-related disorders. *Journal of Clinical Psychiatry*, 55(11), 481-487. ²Raymond, N. C., Coleman, E., Miner, M. H. (2003). Psychiatric comorbidity and compulsive / impulsive traits in compulsive sexual behavior. *Comprehensive Psychiatry*, 44(5), 370-380. ³Rinehart, N. J. & McCabe, M. P. (1998). An empirical investigation of hypersexuality. *Journal of Sex & Marital Therapy*, 13(4), 369-384.