Part 2:
Treating Self-Injury and Sexual Compulsivity from an Attachment-Trauma Perspective

John Briere, PhD

3 CPD Hours

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Contents

Treating self-injury and sexual compulsivity from an attachment-trauma perspective

Part 2:

Problematic sexual behavior

John Briere, Ph.D.
Department of Psychiatry and the Behavioral Sciences
Keck School of Medicine, University of Southern California
Johnbriere.com

1

Recap from Part 1

- DRBs
  - Any external behavior engaged in as a way to reduce triggered internal distress
  - Functions
    - Soothing, distraction, communication, to reduce dissociation, relief from guilt and shame

2

Problematic sexual behavior

- Discriminate from non-trauma-related motives
  - Coerced sexual behavior
  - Commercial sexual behavior
  - Non-DRB functions

3

Problematic sexual behavior

- *Any sexual behavior that is risky or is associated with negative psychological or social outcomes*
  - Do not make gender or sexual orientation assumptions
    - The example of "promiscuity"
    - Sexiness and sex-shaming in American culture

4

Problematic sexual behavior

- Unusual, different, or personally upsetting sexual interests or behaviors do not always mean clinically-relevant ones
  - Intrusion of socialized beliefs
    - Homophobia, transphobia, traditional sex/gender assumptions, racism
  - Countertransference based on
    - Childhood abuse history
    - Parental socialization regarding sex

5

Reactive Avoidance perspective on DRB-related sexual behavior

- Triggered abuse or attachment memories → upsurge of distress → overwhelming states → sexual activity that
  - Soothes or distracts
  - Produces positive feelings that neutralize negative feelings
  - Provides momentary attachment experiences
  - Increases self-esteem, sense of power
- Versus "hypersexuality," "sex addiction," "promiscuity"

6

Etiology

- Child abuse, especially sexual maltreatment
- Insecure/traumatic attachment
  - Preoccupied attachment
    - Low self-esteem, fear of abandonment, desperation
- Self-schema involving unworthiness, primary value as a sexual object for others
  - Sexual behavior as source of self-esteem
  - Early sexualization → distorted models of love and sex
- Revictimization cycle
- Current sexual exploitation → adversarial sexuality
- Effects of comorbid substance abuse
  - Disinhibition
  - Drug funding

7

Treatment

- Establish motivation (versus demands for change)
- Harm reduction
  - Safer sexual practices
  - Focus on interpersonal safety
  - Regular testing

8

Psychoeducation

- Discuss (rather than lecture):
  - Common reasons for risky sexual behavior
  - Risks, without shaming/pathologizing
  - Hope for change (without promising)

9

Psychoeducation

- Explore (without judgement or blame) reasons for continued behavior despite risks, honoring
  - Client's perspective
  - Need for homeostasis
  - Internal logic of behavior
- Example: Unprotected sex
  - Client knows is riskier, but
    - Low self-interest
    - Commercial value
- Safer sex information
  - Integrate with client's life experience

10

Trigger management

- Discriminating compulsive behavior from actual sexual interest/behavior
- Trigger identification
- De-escalation
  - Grounding
  - Breath/relation training
  - Mindfulness and metacognitive awareness
  - Urge surfing
  - Self-talk
  - Distraction
  - ReGAINing

11

Processing abuse/attachment memories

- Titrated exposure
  - Therapeutic window
    - Client control over focus and pace
  - Interspersal
- Cognitive processing of abuse
  - Debrief/analyze abuse-related cognitive distortions about self and others
- Counterconditioning
  - Therapeutic relationship that is close and caring
    - But not sexualized, with as little triggering as possible

12

References

ITCT-A training resources at no charge: *https://keck.usc.edu/adolescent-trauma-training-center/download-itct-a-guides-and-resources/*

Briere, J. (2019). *Treating risky and compulsive behavior in trauma survivors.* NY: Guilford.

Briere, J. (2003). Integrating HIV/AIDS prevention activities into psychotherapy for child sexual abuse survivors. In L. Koenig, A. O'Leary, L. Doll, & W. Pequenat (Eds.), *From child sexual abuse to adult sexual risk: Trauma, revictimization, and intervention*. Washington D.C.: American Psychological Association.

13

From: Briere, J. (2019). *Treating Risky and Compulsive Behavior in Trauma Survivors.* NY: Guilford.

ReGAIN for triggered states ©

When you suddenly experience upsetting thoughts, feelings, or memories "out of nowhere" that don't make sense or seem too powerful based on what is going on at the moment:

- ***Recognize*** that something has happened and that you are probably being triggered. You may notice that your responses are stronger or more intense than make sense, you may recognize a trigger in your environment, or you may have thoughts or feelings that usually happen when you've been triggered before. Remind yourself that you are remembering something upsetting from the past, not experiencing the present.

- ***Ground*** yourself. Look around you, try a relaxation or breathing exercise, say positive and supportive things to yourself, or distract yourself if you need to. Let yourself calm down a bit before the next step, *Allowing*.

- As best you can, ***Allow*** yourself to experience whatever is happening inside, with self-compassion. This doesn't mean you let yourself be flooded by what you are experiencing, just that you let yourself feel as much as you can without becoming overwhelmed. Although you may not know where these feeling or thoughts are coming from, see if you can feel caring and kindness for yourself that you are being triggered, just as you would feel for someone else if they were experiencing what you are.

- ***Investigate*** how you have been triggered, the source of the trigger, and the source of the suffering.
    - See if you can figure out:

        - Where the trigger came from, for example child abuse, witnessing family violence, feeling neglected or abandoned as a child.
        - Why they are so upsetting (what it is about this trigger that makes it so painful).

- ***Nonidentify*** with triggered thoughts, feelings, and memories. Remind yourself that you are not your thoughts or feelings; You are having them, but they do not determine who you are or what you should do. Things you might say to yourself include:

    - "This is not me, these are triggered reactions."
    - I don't have to do what my mind is telling me to do."
    - "I am remembering the past. What I am feeling is not real."
    - "I am not what happened to me or how people judge me."
    - "These are just thoughts or feelings. They may not be true."
    - "This is my childhood talking."

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SPECIAL EVENT: Screening of Trip of Compassion with live Q & A session
16 August

Dr Janina Fisher | 2 & 9 September | 2x 3 hours (Total 6 hours)
Self-Destructive and Suicidal Behaviour as a Traumatic Attachment Disorder