


Sex, Drugs, Rock and Recovery

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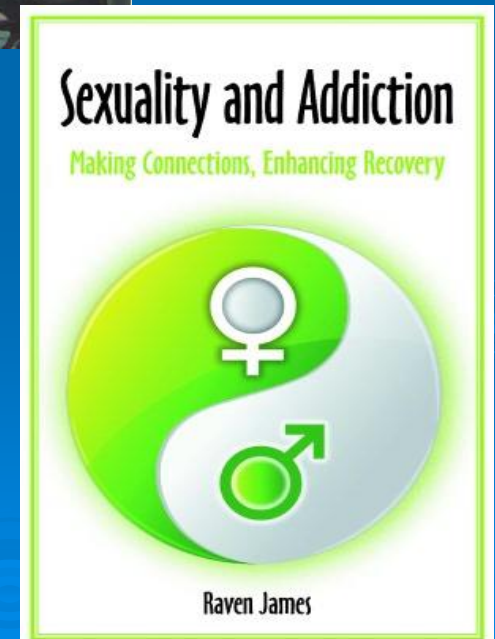
Overview

- Why sex?
 - Sexual health, an overview
 - Connections between sexuality and addiction
 - Sexual Health and Addiction Treatment Model – theoretical development
 - Intervention Strategies
 - Future steps...
- 
- The bottom right corner of the slide features a decorative graphic consisting of several sets of concentric circles, resembling ripples in water, rendered in a lighter blue shade than the background.

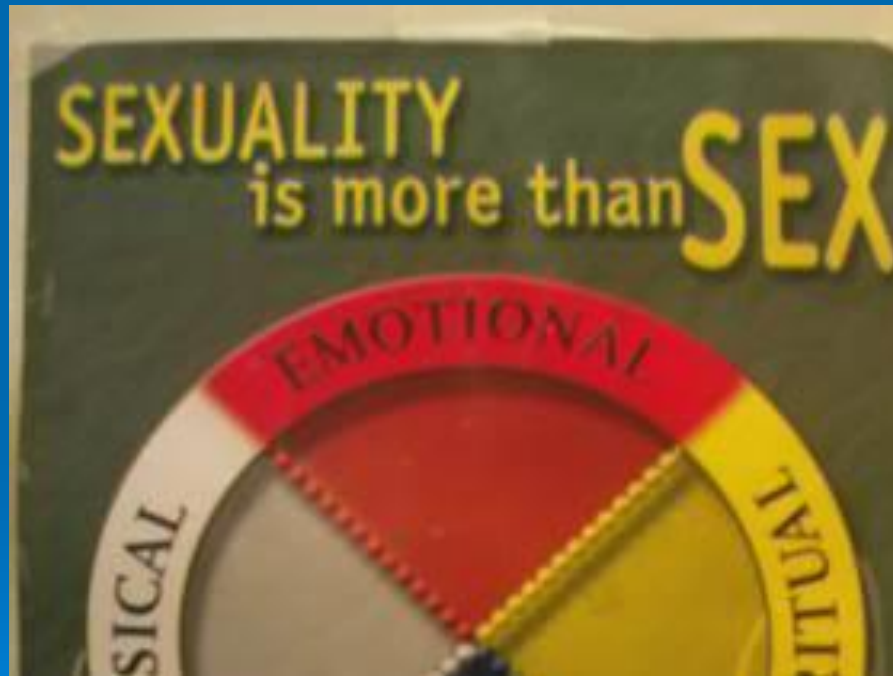
Some Background

I like to have a martini
Two at the very most
After three I'm under
the table
After four I'm under
my host.

—Dorothy Parker



What is Sex? Sexuality?



From birth to death,
we are sexual beings...

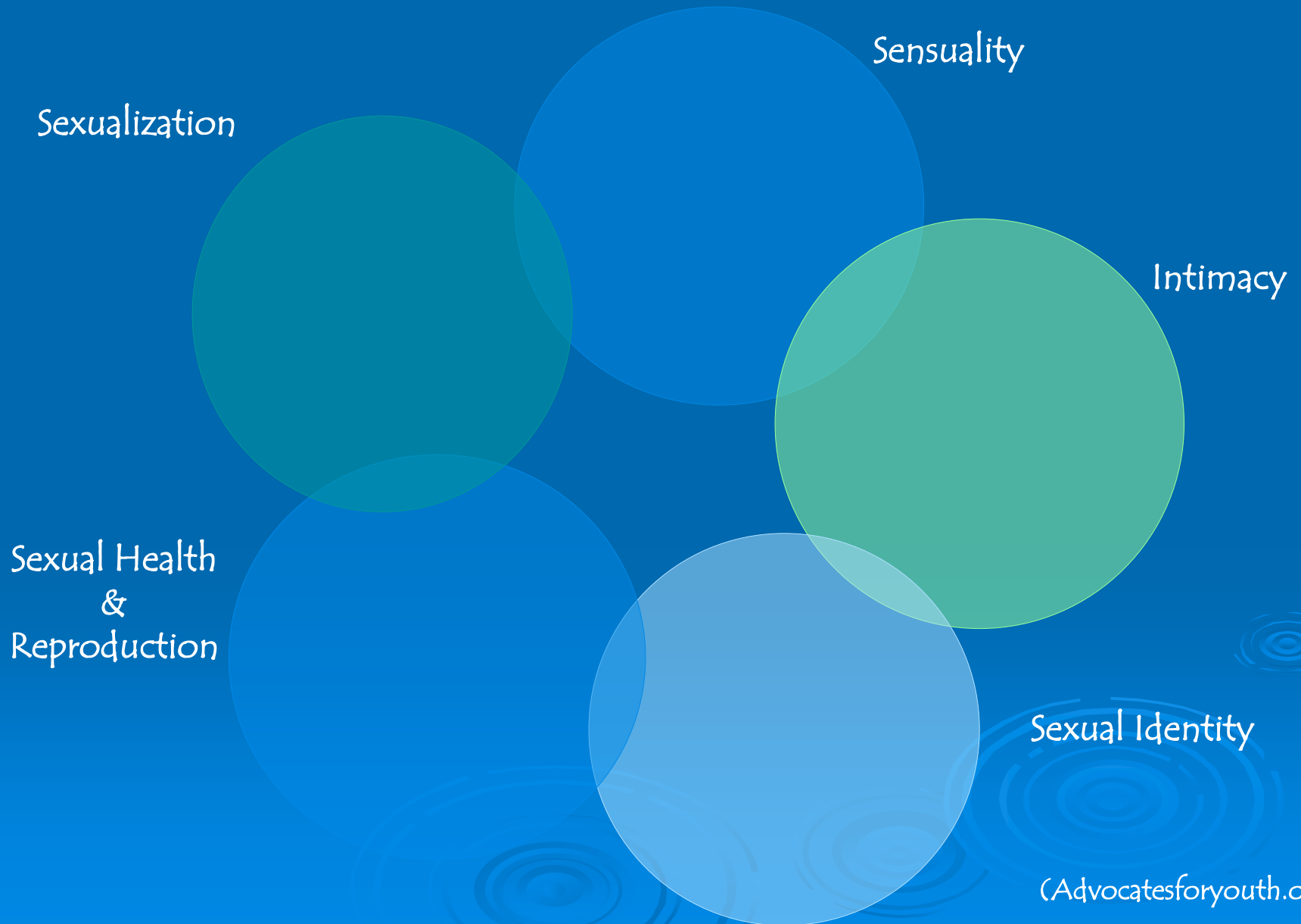


What is Sexual Health?

According to the current working definition, sexual health is:

“...a state of physical, emotional, mental and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence. For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled” (WHO, 2006a).

Sexual Beingness



Sexual Beingness

- **Sensuality** -physiological enjoyment of one's own body and the bodies of others

Sexual Beingness

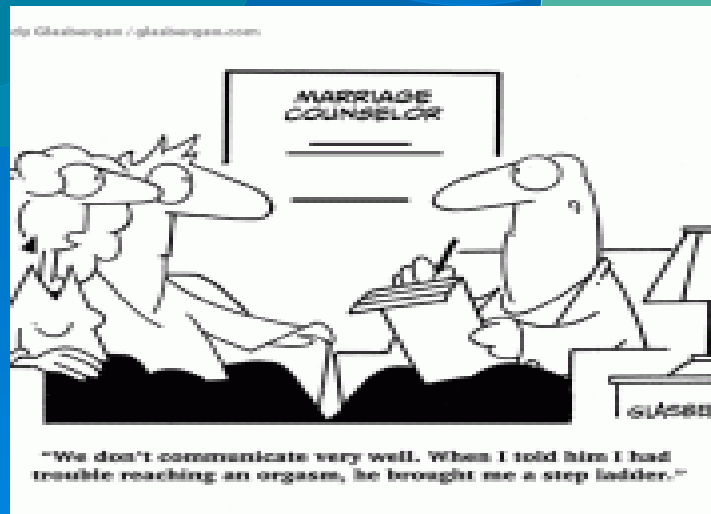
Sexualization

Sensuality

Body Image
Human Sexual
Response
Cycle
Skin Hunger
Fantasy

Intimacy

Sexual Health
&
Reproduction



Sexual Identity

Sexual Beingness

- **Intimacy** – the need to be close to another human being and have that closeness returned



Sexual Beingness

Sensuality

Intimacy

Caring
Sharing
Loving/Liking
Risk Taking
Vulnerability

Sexual Identity

(Advocatesforyouth.org)

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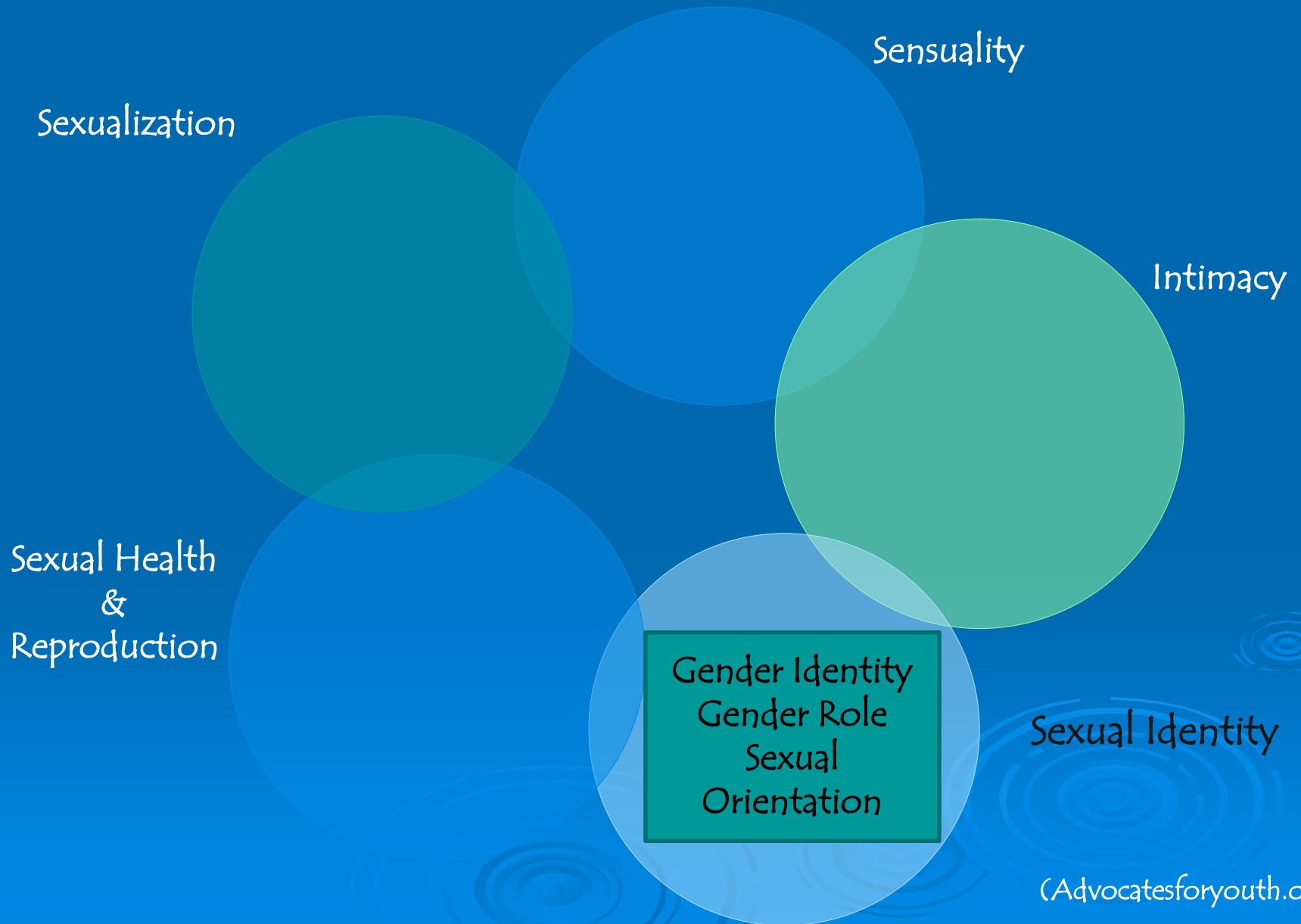


“Are you my knight in shining armor or just another guy with intimacy issues?”

Sexual Beingness

- **Sexual Identity** – a sense of who one is attracted to and a sense of maleness and femaleness

Sexual Beingness

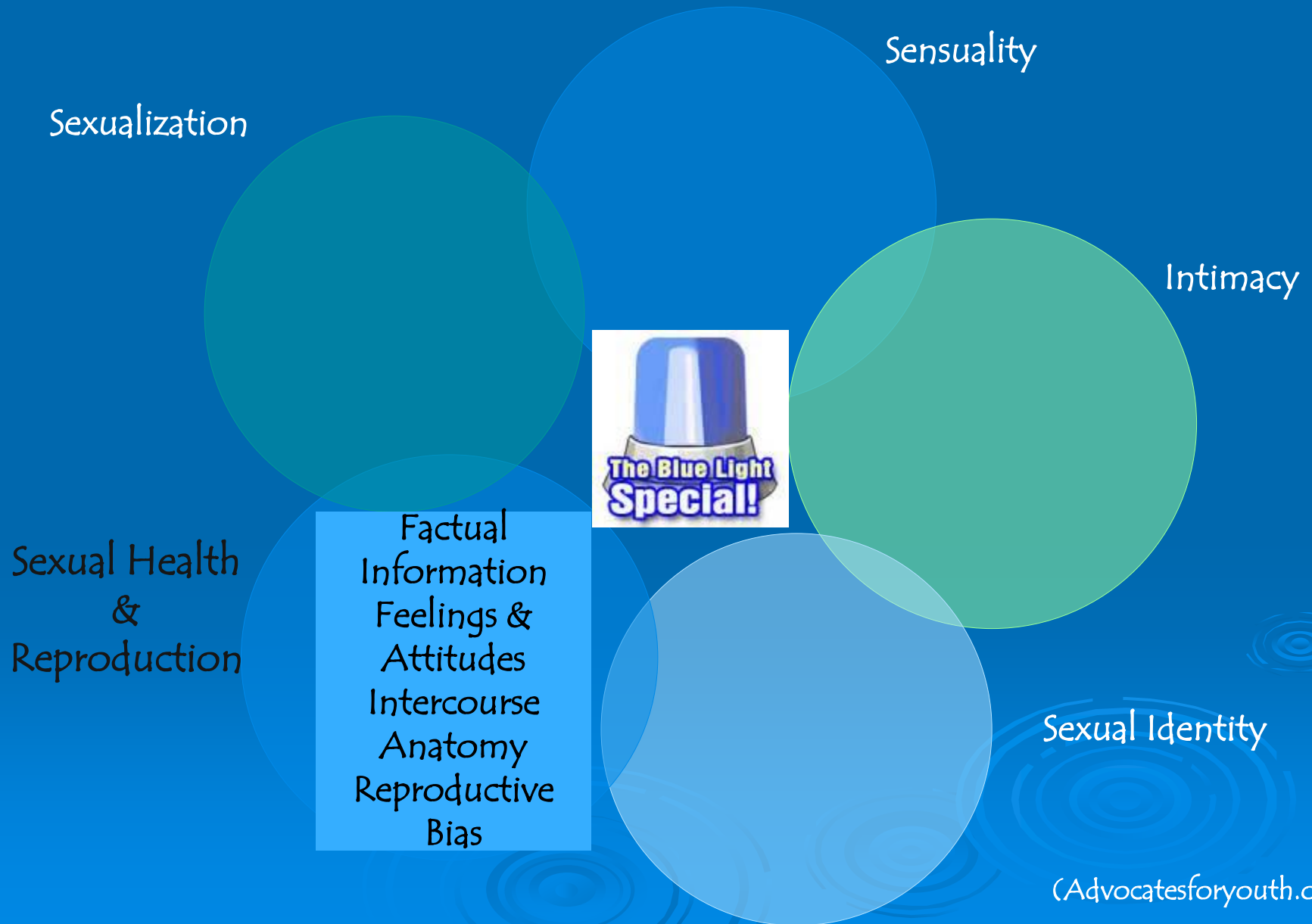


Sexual Beingness

- Sexual Health and Reproduction – anatomy, functioning and care of reproductive organs and systems



Sexual Beingness



Sexual Beingness

- Sexualization – the use of sexuality to manipulate or influence others

Sexual Beingness

Sensuality

Sexualization

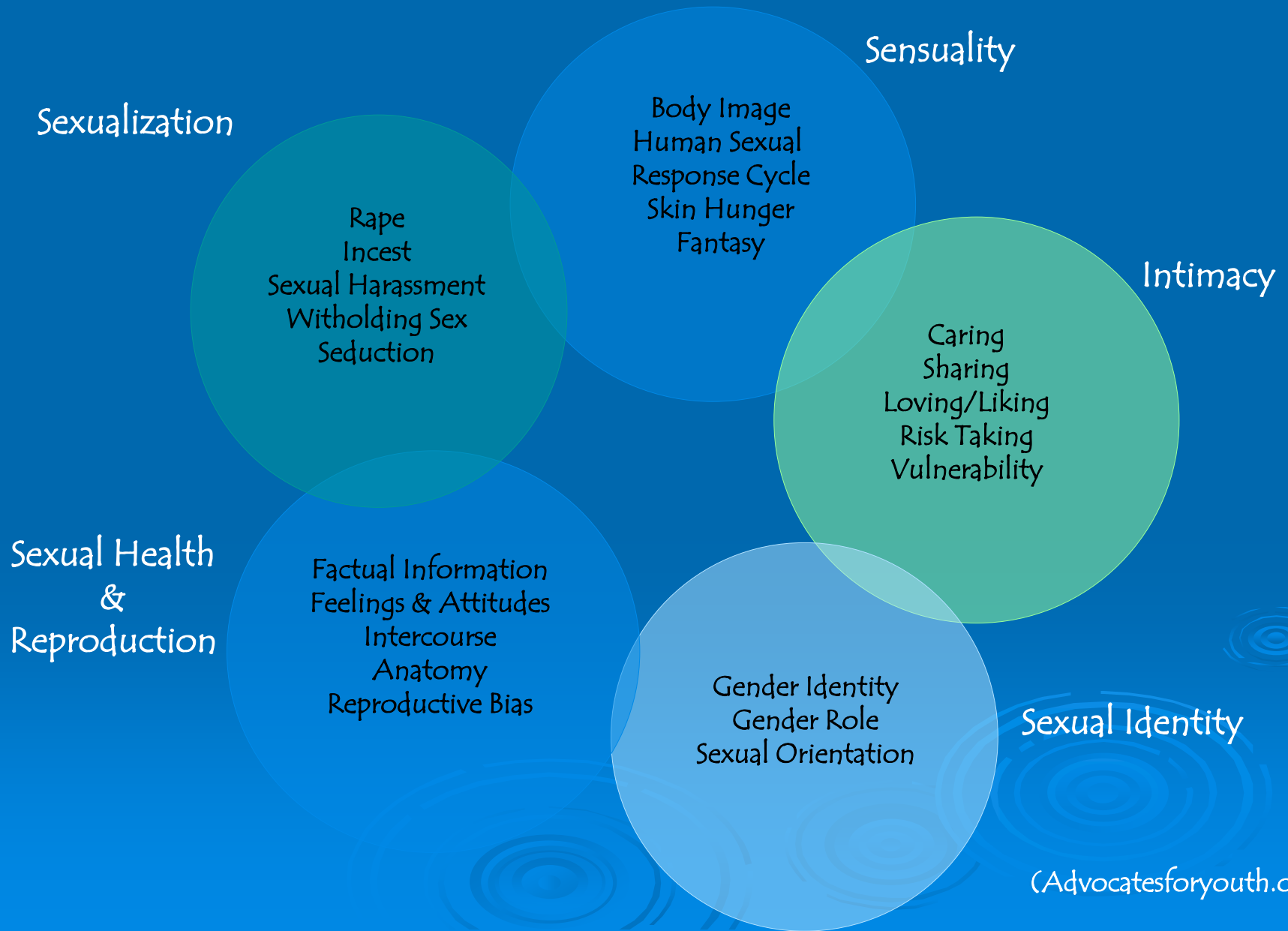
Rape
Incest
Sexual
Harassment
Withholding Sex
Seduction
Flirting

Sexual Health
&
Reproduction



Sexual Identity

Sexual Beingness



Why talk about sex in treatment?

- Substance abusers often have low sexual self-esteem and increased risks for health disparities
- Links to sexuality issues and subsequent substance abuse include:
 - Trauma (including sexual and physical abuse)
 - Sexual dysfunction
 - Reproductive issues
 - **HIV/STIs**
 - Sexual orientation
 - Gender identity
 - Body image
 - Intimacy and relationships

Sexual Self-Esteem

"The tendency to value, versus devalue, one's own sexuality, thereby being able to approach rather than avoid sexual experiences both with self and others (Gaynor & Underwood, 1995)"

"One's affective reactions to one's sexual thoughts, feelings and behaviors (Zeanah & Schwarz, 1996)"

"If individuals have acquired negative sexual self-esteem, this may contribute to their substance abuse, addiction and relapse if not addressed in treatment (James, 2011)"

Existing Data Informs the Need for Theory

- 2001: Stepping Stone of San Diego requests Doug Braun-Harvey to help them change their response to clients sexual behavior problems. 26% of residents complete treatment.
- 2002: California Endowment funds three-year \$430,000 grant to study the phenomenon of sexual behavior linked with addictive drug/alcohol use and treatment failure.
- 2003-2007: 269 participants in study provide outcome data. 52% of residents complete treatment

Evidence Based Outcomes for Sexual Health in Drug and Alcohol Treatment

- Shame measure became closely linked with improvement in client retention and increased client self-efficacy for completing treatment
- High sex/drug linked clients entering treatment had double levels of shame compared with low sex/drug linked clients
- Three months later high sex/drug linked clients measured levels of shame were now similar to the levels of shame for low sex/drug linked clients.
- Client Retention improved over 50% when compared with the three years prior to implementation of the program (Suggests sex/drug-linked behaviors are learned)

Study: Explore Construct of SSE

- Sexual self-esteem and women in SA (James, 2007; 2011)
- N=98; ninety-five percent of sample reported abuse hx
- Physical/sexual abuse group had significantly lower SSE than physically abused women
- Bisexual women (n=15) had significantly lower SSE in moral judgment than heterosexual women
- Women in relationships had higher SSE than women not in relationships
- Regression analysis showed that after controlling for demographic, drug and treatment variables, abuse and sexual orientation accounted for 28% of the variance in SSE moral judgment

Study: Mixed Methods Research Design

Surveys: Demographics, Abuse, Health Belief Model for Sexual Discussion (HBMSD), Self-Efficacy for Limiting HIV Risk Behaviors (LHRB), Sexual Risks Scale – Expectations to Resist Unsafe Sex (SRSE), Self-Efficacy to Refuse Sexual Behavior (RSB) and Brief Sexual Self-Esteem Inventory (BSSEI)

Four organizations agreed to participate in data collection

We collected 223 surveys over a period of 6 months; 8 were eliminated due to missing data (n=215)

Demographics

- Age range 18-64
- 44% African American, 48% White, 7% Latina
- 73.5% heterosexual, 2.7% lesbian, 23.8 bisexual
- 20% Physical Abuse, 65% Phys/Sex/Em. Abuse, 8% Emotional Abuse, 7% No Abuse
- 49% high school or less, 51% some college or Associates/Bachelors degree
- 54% single, 26% living together, 18% div/sep, 13% married
- 27% 1st time in tx, 25% 2nd tx, 17.8% 3rd tx, 15.1% 4th tx, 14.6% 5th time or more
- Perceived problem with SA 6 months to 49 years...

Preliminary Statistical Analyses

- ◊ Women who reported having a history of physical abuse had significantly higher total sexual self-esteem scores $F(5, 184) = 2.68, p < .05$ compared to those women who reported having a history of physical/sexual/emotional abuse
- ◊ Women with a high school education had significantly higher body image scores $t(181) = 2.52, p < .05$ than women with a college education
- ◊ African American women had higher sexual satisfaction $F(6.15) p < .01$, body image $F(12.48) p < .001$, and sexual skill/efficacy $F(3.33) p < .05$ subscale scores compared to Caucasian women
- ◊ In comparison to heterosexual women, lesbian/bisexual women had higher sexual skill/efficacy scores $t(181) = -2.02, p < .05$ and lower sexual shame scores $t(181) = 2.08, p < .05$

Focus Groups

Three organizations participated (One recovery home, one women-only treatment center, one mixed gender service provider)

- 36 women participated in 4 separate focus groups (9 African American, 12 White, 3 Latina)
- Circles of Sexuality introduced
- Seven questions explored
- Minimal interference from facilitators, both investigators conducted groups
- Audio hand-held tape recorder. Recorder passed from person to person as "talking stick"
- Incentives provided for focus group participation

Emerging Themes

Circles of Sexuality



- a. **Intimacy:** Loving/Liking (21), Vulnerability (19), Risk taking (18),
- b. **Sensuality:** Body Image (21), Skin Hunger (17)
- c. **Sexualization:** Rape (10), Sexual Harassment (7), Incest (5)
- d. **Sexual Identity:** Sexual Orientation (9)
- f. **Sexual Health/Reproduction:** Feelings & Attitudes, (13), Intercourse (7)

Themes of Sexual Shame

➤ Related to:

- Being raped
- Being blamed for rape or molestation
- Not being believed about sexual abuse
- Reactions from family and friends
- Religious messages
- Sexual behaviors (prostitution, multiple sex partners, etc.)
- Not feeling comfortable about sex
- Feeling pleasure from sex
- Not feeling comfortable about their bodies
- Not being able to have children
- Getting HIV and STIs
- Inability to orgasm with a partner
- Same sex orientation
- Not feeling "good enough" sexually



Perceptions of Treatment and Sexual Health

- Desire to talk about sex in treatment
- Sex education group
- Being able to incorporate sexuality activities in groups re: boundaries in relationships, increased body image, feelings and attitudes
- Validation of feelings around abuse
- Increased sexual self-esteem
- Decreased feelings of shame
- Permission to talk about sex and sexual abuse
- Self-confidence
- Awareness of sexual relapse triggers

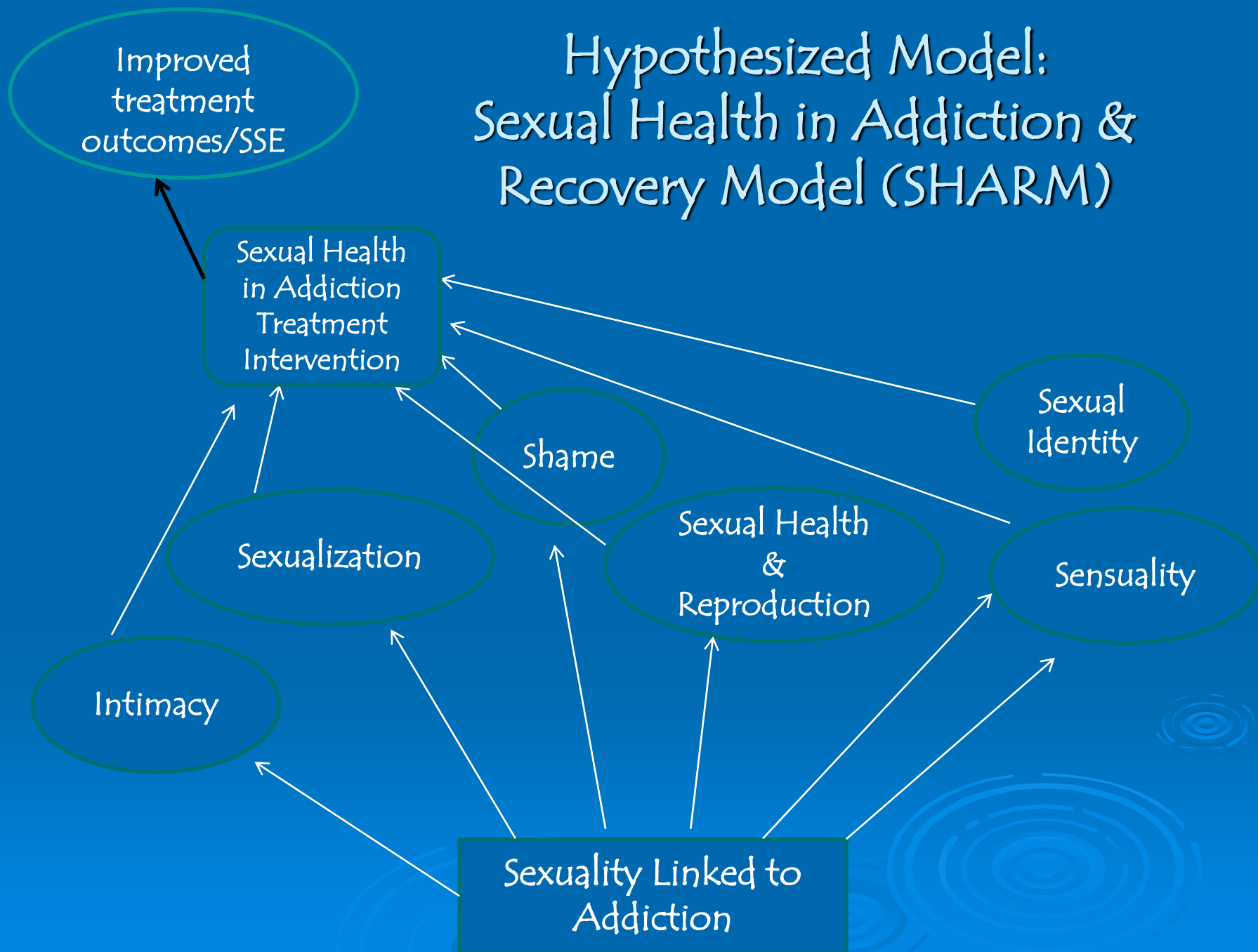
Sexual Health in Addiction Recovery Model (SHARM)

- Sexuality and drug-linked patterns of addiction are well-documented in research, yet both addiction research and sexual science currently lack a theory to elucidate key psychological constructs to undergird drug and alcohol treatment.
- Absence of a theory to ground understanding of substance abuse joined with sex contributes to ineffective addiction treatment for sexuality and drug-linked issues.
- Several recent research and pioneering clinical applications have identified relevant psychological constructs for theory development centered on elevated levels of shame and low sexual self-esteem (Braun-Harvey, 2009 & 2010; James, 2011).

Concept: Increase Treatment Success

- Implement sexual behavior relapse prevention
- Decrease client recidivism
- Decrease HIV infection
- Increase client retention
- Increase awareness of sexual health disparities
- Improve sexual health outcomes

Hypothesized Model: Sexual Health in Addiction & Recovery Model (SHARM)



Intervention & Communication Strategies

- Importance of Language
- Taking a Sexual History (Appendix A)
- Communication Skills
- Creating a Positive, Safe Environment (*How to Ask, Avoid Assumptions, etc.)
- *Addressing Resistance and Personal Bias (personal assessment and training)
- Providing sexual health groups

Sexual Health Groups

- Identify client links to sexuality and substance use
- Groups should be gender specific
- Use a sexual health model as a framework for topics and discussions
- Make sure to connect sexual behaviors and attitudes to substance use and relapse as relevant
- Develop individual relapse prevention plans with clients

Addressing Resistance & Personal Bias

- Counselors should be aware of their knowledge
- Self-awareness of countertransference issues
- Attend sexuality attitude re-assessment training
- Develop comfort in discussing sexuality

****Refer to Appendix B**



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Activist Spotlight

NAME: DANIELLE

"I went to my first protest my sophomore year of college, against a personhood bill, and I've been an active protestor, organizer and organization member since then."



FIND OUT MORE ABOUT DANIELLE

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Quandra Chaffers

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Sexual Health Certificate Program



Overview

Policies

Licensure Requirements

▼ Certificate Programs

Addictions

Integrated Health

Mixed Methods Research

The mission of the University of Michigan Sexual Health Certificate program is to provide comprehensive education and training to professionals about sexual health. The Certificate Program will address the learning needs of sexuality educators, sexuality counselors, and sex therapists. The Sexual Health Certificate Program believes that sexual health is an important part of every individual's general health. Individuals and couples may experience problems in their sexual health related to psychological, environmental, hormonal, medical or relational facets of sexual health. The goal is to provide excellence in the training of professionals in sexual health education, counseling, and therapy.

The Sexual Health Certificate Program provides comprehensive education and training to professionals interested in the field of sexual health in five tracks:

- [Sexuality Education »](#) (for educators)
- [Sexuality Counseling »](#) (for health professionals)
- [Sex Therapy »](#) (for mental health professionals)



Clinical Implications

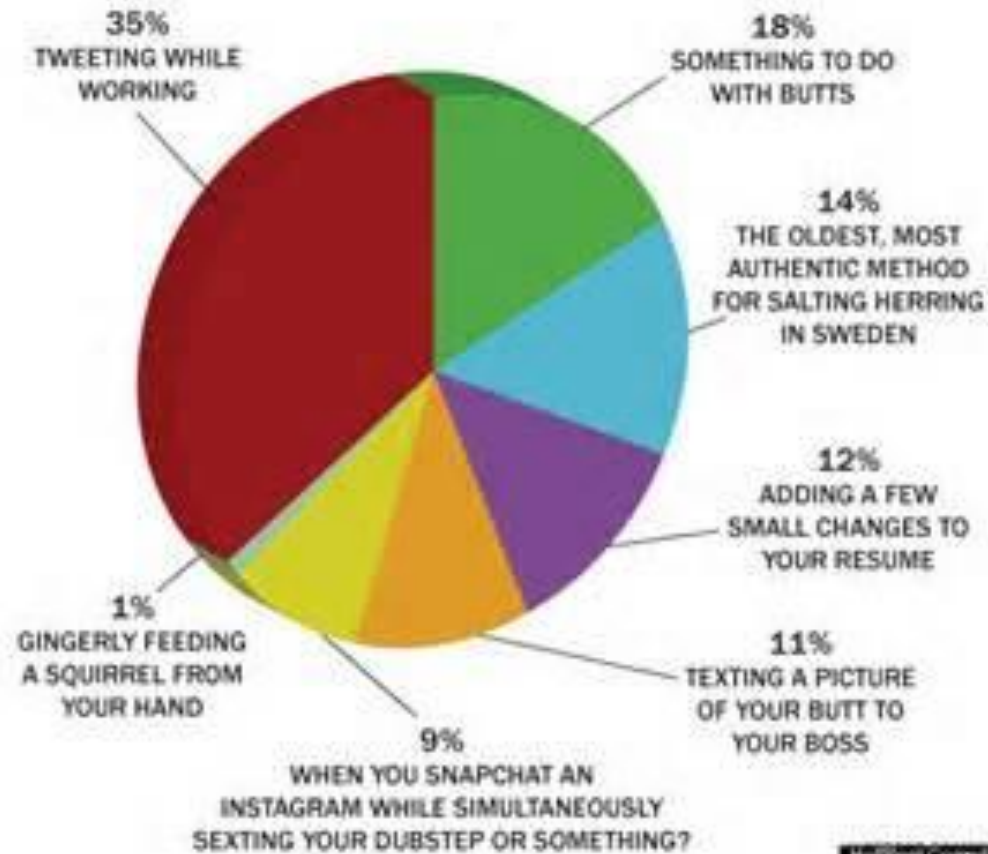
- First, the need for all SA treatment facilities to assess clients for sexuality and SA links.
- Second, SA facilities should create gender specific group sessions *in which sexuality issues are addressed*.
- Tailor treatment plans to address sexuality as needed

Educational Implications

➤ Experiential topic areas recommended based on this studies findings include those to:

- 1) increase body awareness
- 2) examine abusive relationship topics
- 3) develop skills involving dialogue in relationship
- 4) identify personal relapse triggers with regard to sexuality links and sexual behaviors
- 5) re-examine sexuality issues and the messages learned and internalized from them
- 6) incorporate safer sex, masturbation and sexual communication as positive sexual health messages

WHAT IS TWERKING?



HalfPint Comedy

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[professionals/lesson-plans-professionals/198?task=view](http://www.advocatesforyouth.org/for-professionals/lesson-plans-professionals/198?task=view)

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