



Informed Consent and Disclosure for Treatment of Sex Addiction

Popular media, some health care professionals, as well as patients seeking clinical support for a pattern of repetitive and intense preoccupation with sexual thoughts, urges, and behaviors have utilized the term “sex addiction” (also referred to as “hypersexual behavior”, “compulsive sexual behavior”, or “problematic sexual behavior”). Sexually addicted patients often report using ongoing impulsive or compulsive sexual behaviors to frequently cope with stressful experiences in their lives or to escape unpleasant mood states, such as feeling lonely, anxious, bored, 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 “sex addiction” reported difficulties experiencing healthy sex (11%), losing jobs (15.7%), legal problems (16.5%), various mental health challenges (20.5%), hurting a loved one emotionally (22%), contracting sexually transmitted diseases (22%), ending romantic relationships (22.8%), or unwanted financial losses (23.6%). Despite such consequences, some people report feeling unable to control or reduce the frequency of their sexual fantasies, urges, and unwanted behaviors, and they continue to participate in sexual activities that place themselves and their loved ones at risk for physical and/or emotional harm. These patterns of behavior can contribute to feelings of guilt, shame, sadness, regret, or worry about being caught and exposed. Furthermore, significant problems with personal relationships, social activities, work, and other important areas of life can be impacted adversely.

Labeling these symptoms as a “sex addiction” may help provide a framework for understanding the challenges and problems experienced by these individuals struggling to understand their behaviors and the reasons behind them. These labels can also help researchers understand the issues associated with sex addiction, and they can allow health care professionals 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 client before you decide to participate in therapy:

- I. While labels such as “sex addiction” and “hypersexuality” are now more routinely used and have some value in clinical work as described above (e.g., case conceptualization, treatment planning), the concept of sex addiction has not yet been recognized as a psychiatric disorder by

the American Psychiatric Association, nor is it included in the Diagnostic and Statistical Manual of Mental Disorders—Fifth Edition as a psychiatric diagnosis. Therefore, if these labels are used in our therapeutic work together, they do not refer to a mental health disorder or an official psychiatric diagnosis as of this date.

2. At the present time, mental health professionals and researchers are still seeking to understand how best to define sex addiction (or hypersexuality), its associated features, its origins, and the most effective treatments. Ongoing 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 individuals struggling with sex addiction is that this will be recognized as a diagnosis in the future.
3. Although sex addiction (or hypersexuality) is not yet recognized as a psychiatric disorder, researchers have reported that patients seeking help for sexual addiction frequently present for treatment with co-occurring mental health diagnoses predominantly consisting of mood disorders, anxiety disorders, substance related disorders, and attention-deficit disorders. As such, our work may include a diagnostic evaluation or assessment to determine any other potential psychiatric symptoms or disorders (e.g., anxiety, depression) that you may be experiencing and that may be contributing to your current experiences. Furthermore, we will address sex addiction concurrently with any comorbid psychiatric disorder(s) during the course of your treatment.

I have read and understood this document. I have been given the opportunity to ask questions regarding this consent and disclosure about treatment for sex addiction. I understand that I am welcome and encouraged to ask questions about my treatment. I, hereby, consent to treatment under the conditions outlined above.

Client Name Client Signature Date

Therapist/Witness Name Therapist/Witness Signature Date



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MINDFUL LIFE INSTITUTE

Informed Consent Regarding Disclosure of Sexual Exploitation

Please be advised that California's governor signed Assembly Bill 1775 into law on August 22, 2014. This legislation revises the definition of "Sexual Exploitation" to include the intentional viewing or exchange of pornography (in any form) that involves a minor (meaning a person under the age of 18).

This change to the legal definition of "Sexual Exploitation" affects client confidentiality by requiring all therapists to report to the proper authorities when a client discloses intentionally viewing pornography depicting minors. Therefore, if you tell a therapist that you have intentionally viewed pornographic material that depicts minors, please be aware that we will likely be required to break confidentiality and report this to the proper agencies. This is similar to therapists' obligation to report incidents involving child, elder, or dependent abuse or situations in which you are a danger to yourself or others.

In California, all therapists are impacted by this change and mandated to report the relevant information. Therapists include Licensed Clinical Social Workers (LCSWs), Licensed Marriage and Family Therapists (LMFTs), Licensed Professional Clinical Counselors (LPCCs), Marriage and Family Therapist Interns (IMFs), Associate Clinical Social Workers (ACSWs), and Professional Clinical Counselor Interns (PCCIs), as well as all Psychologists (Clinical, Counseling, School, and Educational). Compliance with laws against child sexual exploitation is an important and challenging responsibility for therapists. If therapists neglect to file a report when applicable, they can be charged with a misdemeanor, which could impact their licensure and their ability to continue practicing.

At Novus, we believe that treatment, including individual and group psychotherapy, is the best option when seeking help for compulsive sexual behavior. This issue regarding sexual exploitation, however, has been taken out of our control. We urge you to continue your efforts to seek help, whether it is here at Novus or elsewhere; we simply ask that you remain diligent regarding your disclosure of this sensitive information.

Thank you for allowing us to work with you. Please ask any questions that you might have regarding this consent and only sign when you are satisfied that you understand how such disclosure might impact your treatment. Then, sign below to acknowledge that you have read this document and understand the information it contains.

Client Name _____ Client Signature _____ Date _____

Therapist/Witness Name _____ Therapist/Witness Signature _____ Date _____