

recovery plus

how to help addicts into long-term enriched recovery

Sex/porn recovery

Paula Hall guest edits our first issue dedicated to recovery from sex/porn addiction.

COMPULSIVE SEX IS OFFICIALLY DIAGNOSED
The World Health Organisation adopted the ICD-11 diagnostic manual - including Compulsive Sexual Behaviour Disorder. Robert Weiss updates us.

GET STATISTICS ON SEX & LOVE ADDICTIONS
Love and sex addiction have similarities but do differ. We bring you available figures.

WHAT'S SO SPECIAL ABOUT SEX AND PORN?
... addiction, that is. Nick Turner describes the shame that acts as a barrier to seeking help.

GROUPWORK FOR SEX/PORN ADDICTION
Psychoeducational groupwork is effective but there is an ongoing journey. Paula Hall explains.

THE NAMING OF A PHENOMENON
We must allow clients to use the language they feel is most fitting. Geoly Christine advocates.

FROM AA TO SAA
Mf Beavry shares his personal journey from acting out sex addiction through to recovery.

SADNESS IS AN ADDICTION & RELAPSE TRIGGER
Harvard researchers have found a link between emotion and addictive substance use.

PLUS
Russell Webster summarises drug health harms. How to find recovery groups. Where to find what and will help groups. News.



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Psychoeducational Groupwork for Sex Addiction

Paula Hall

Most addiction specialists agree that group work is an essential component of achieving lifetime recovery from addiction, but for many people with sex and porn addiction, this can be particularly daunting. Whilst as professionals we know that joining a group is usually the most effective way of reducing shame, it is often the shame that stops people from seeking the help they need.

It is outside of the scope of this article to discuss the role of shame in addiction, particularly sex addiction, but as most of us know, shame continues the cycle of addiction and for many clients it is both a cause and a consequence of their sexual acting out. Being able to break through shame is essential for healing and whilst individual therapy can go some way to achieve this, nothing can compete with being in a group with others who have experienced the same embarrassment and self-loathing that so often accompanies sex and porn addiction. As one client recently said, *"Shame is destructive and keeps you isolated. Bringing it into the group environment was the single most important thing I did."* Another said *"They understand me and don't judge me."*

At the Laurel Centre, we have been providing a psycho-educational group work programme, called the Hall Recovery Course, for over ten years. The programme has evolved as our understanding, and experience, of sex and porn addiction has developed, but the core precept of psycho-educational groups, namely 'growth through knowledge' (Erford, 2018) has continued. The programme is currently delivered in two formats; a workshop/evening intensive in London and a six-day residential in Leamington Spa. All groups are limited to a maximum of eight same-sex clients and groups are delivered by two therapists who are trained both in group work and sex addiction.

For psycho-educational groups to be effective, they need to build a recovery community that will provide long-term emotional and psychological support as well as deliver practical information and tools for recovery. Group facilitators need to

juggle both content and process, ensuring that neither is drowned out by the other. In a recent paper analysing client's experiences of our programme (Hall, 2020) and comparing them with Yalom's 11 therapeutic factors (Yalom and Leszcz, 2005), 'universality' and 'group cohesiveness' were the two most often cited as important. In other words, knowing you're not alone and feeling safe enough to share. One client who attended a residential said "*Showing your vulnerability with strangers over several days meant they soon became like brothers.*". The factor that was cited second in our research was 'imparting information'. For many people, resolving a problem is easier once you're able to understand it and hence we focus on helping clients understand sex addiction from a biological, psychological and social perspective, as well as providing practical relapse prevention techniques and strategies for healthy self-care.

But does it work?

I am regularly asked how effective our treatment approach is and my response has always been the same. Our success rate is 100%, unless you relapse!! Measuring the efficacy of addiction treatment is almost impossible, partly because we know that slips and relapses are a common part of recovery, and in the field of sex addiction particularly, it's hard to define sobriety. Nonetheless, that doesn't stop clients, referrers and funders from asking.

Over the past two years we have been using CORE OM and a tailor-made supplement for sex addiction with our psycho-educational groups (results waiting publication). The study which followed 119 clients from the beginning of a psycho-educational groupwork programme and then again at three-month follow-up highlighted the challenge of measuring efficacy in addiction. In short, whilst we were delighted to see that most of our sample group had a significant reduction in acting out, with over half maintaining total sobriety, when it came to 'clinical distress', as measured by CORE OM, a significant minority felt more distressed. Hence it appears that whilst the Hall Recovery Course is effective in helping people stop their unwanted behaviours and thinking patterns, for an important minority, life may feel worse, at least at the three-month mark. But for those of us in the recovery field, perhaps this is not a surprise.

Previous research has shown that in the field of chemical recovery, especially during the first six months, things often get worse before they get better (Kelly et al, 2018). Like addictive substances, we know that compulsive sexual behaviours are more than just a recreational pleasure, but also an anaesthetic used to manage life; and hence, when the anaesthetic wears off, life's problems are likely to come back into full focus. What's more, for many struggling with sex and/or porn addiction, there are significant negative impacts on relationships that needs to be resolved. So, our research affirms that psycho-educational group work is effective in recovering from sex and porn addiction, but like chemical addiction, there is an ongoing journey beyond the programme.

I hope to be able to expand on the full results of our outcome measures at our conference in June, once the paper has been published, but in the meantime, this further highlights the importance of addiction professionals working together to

secure long-term recovery for our clients. There is no one-size fits all, but a combination of tailor-made programmes, 12-step community and therapy is perhaps the optimal combination for ensuring our clients maintain recovery and build a fulfilling and rewarding life.

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