



Sex, Drugs, Rock & Recovery

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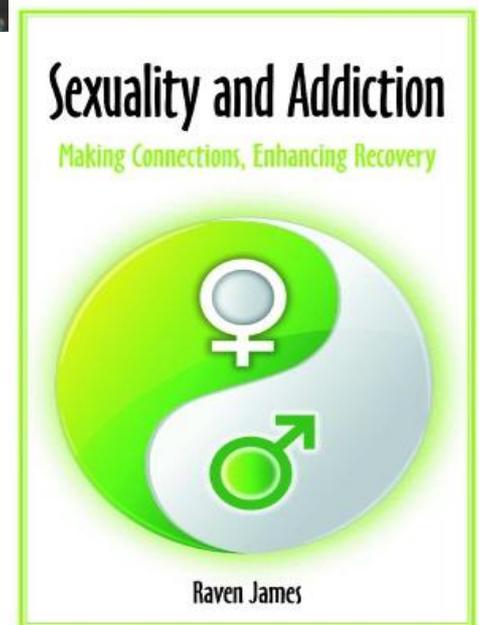
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Some Background

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

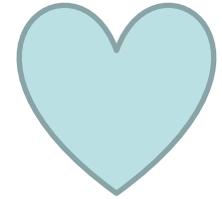
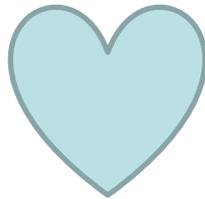


Overview

- ◇ Why sex?
- ◇ Sexual health, an overview
- ◇ Connections between sexuality and addiction
- ◇ Sexual Health and Addiction Treatment Model – theoretical development
- ◇ Intervention Strategies
- ◇ Future steps...



What is Sex? Sexuality? Sexual Self-Esteem?



FOR EVERY GIRL WHO IS TIRED OF ACTING WEAK WHEN SHE IS STRONG, THERE IS A BOY TIRED OF APPEARING STRONG WHEN HE FEELS VULNERABLE. FOR EVERY BOY WHO IS BURDENED WITH THE CONSTANT EXPECTATION OF KNOWING EVERYTHING, THERE IS A GIRL TIRED OF PEOPLE NOT TRUSTING HER INTELLIGENCE. FOR EVERY GIRL WHO IS TIRED OF BEING CALLED OVER-SENSITIVE, THERE IS A BOY WHO FEARS TO BE GENTLE, TO WEEP. FOR EVERY BOY FOR WHOM COMPETITION IS THE ONLY WAY TO PROVE HIS MASCULINITY, THERE IS A GIRL WHO IS CALLED UNFEMININE WHEN SHE COMPETES. FOR EVERY GIRL WHO THROWS OUT HER E-Z-BAKE OVEN, THERE IS A BOY WHO WISHES TO FIND ONE. FOR EVERY BOY STRUGGLING NOT TO LET ADVERTISING DICTATE HIS DESIRES, THERE IS A GIRL FACING THE AD INDUSTRY'S ATTACKS ON HER SELF-ESTEEM. FOR EVERY GIRL WHO TAKES A STEP TOWARD HER LIBERATION, THERE IS A BOY WHO FINDS THE WAY TO FREEDOM A LITTLE EASIER.

What is Sexuality?

Sexual health cannot be defined, understood or made operational without a broad consideration of sexuality, which underlies important behaviors and outcomes related to sexual health. The (WHO) working definition of sexuality is:

- ◇ "...a central aspect of being human throughout life encompasses sex, gender identities and roles, sexual orientation, eroticism, pleasure, intimacy and reproduction. Sexuality is experienced and expressed in thoughts, fantasies, desires, beliefs, attitudes, values, behaviors, practices, roles and relationships. While sexuality can include all of these dimensions, not all of them are always experienced or expressed. Sexuality is influenced by the interaction of biological, psychological, social, economic, political, cultural, legal, historical, religious and spiritual factors." (WHO, 2006a)



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 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)"

Why talk about sex?

- ◇ 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





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

Sexual Beingness

Sexualization

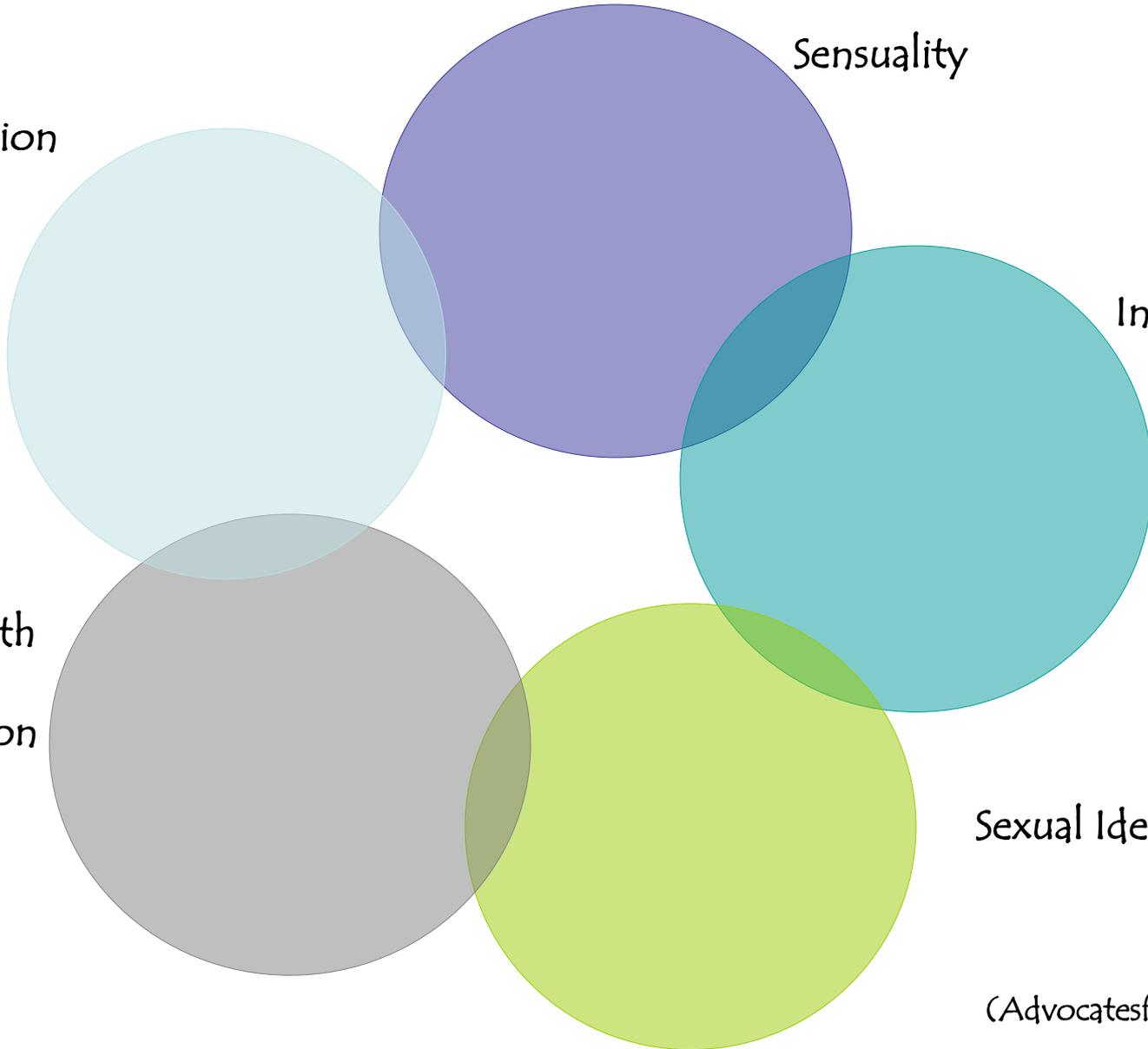
Sensuality

Intimacy

Sexual Health
&
Reproduction

Sexual Identity

(Advocatesforyouth.org)



Sexual Beingness

- ◇ **Sensuality** – physiological enjoyment of one's own body and the bodies of others
- ◇ **Intimacy** – the need to be close to another human being and have that closeness returned
- ◇ **Sexual Identity** – a sense of who one is attracted to and a sense of maleness and femaleness
- ◇ **Sexual Health and Reproduction** – anatomy, functioning and care of reproductive organs and systems
- ◇ **Sexualization** – the use of sexuality to manipulate or influence others

Sexual Beingness

Sexualization

Rape
Incest
Sexual Harassment
Withholding Sex
Seduction

Sensuality

Body Image
Human Sexual
Response Cycle
Skin Hunger
Fantasy

Intimacy

Caring
Sharing
Loving/Liking
Risk Taking
Vulnerability

Sexual Health
&
Reproduction

Factual Information
Feelings & Attitudes
Intercourse
Anatomy
Reproductive Bias

Gender Identity
Gender Role
Sexual Orientation

Sexual Identity





Grounded Theory Methodology: Focus Groups

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- ◇ Three organizations participated (One recovery home, one women-only treatment center, one mixed gender service provider)
 - 36 women participated in 4 separate focus groups
 - Circles of Sexuality introduced as a framework
 - 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"

Emerging Themes from Data

- ◇ **Intimacy:** Loving/Liking (21), Vulnerability (19), Risk taking (18)
- ◇ **Sensuality:** Body Image (21), Skin Hunger (17)
- ◇ **Sexualization:** Rape (10), Sexual Harassment (7),
◇ Incest (5)
- ◇ **Sexual Identity:** Sexual Orientation (9)
- ◇ **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

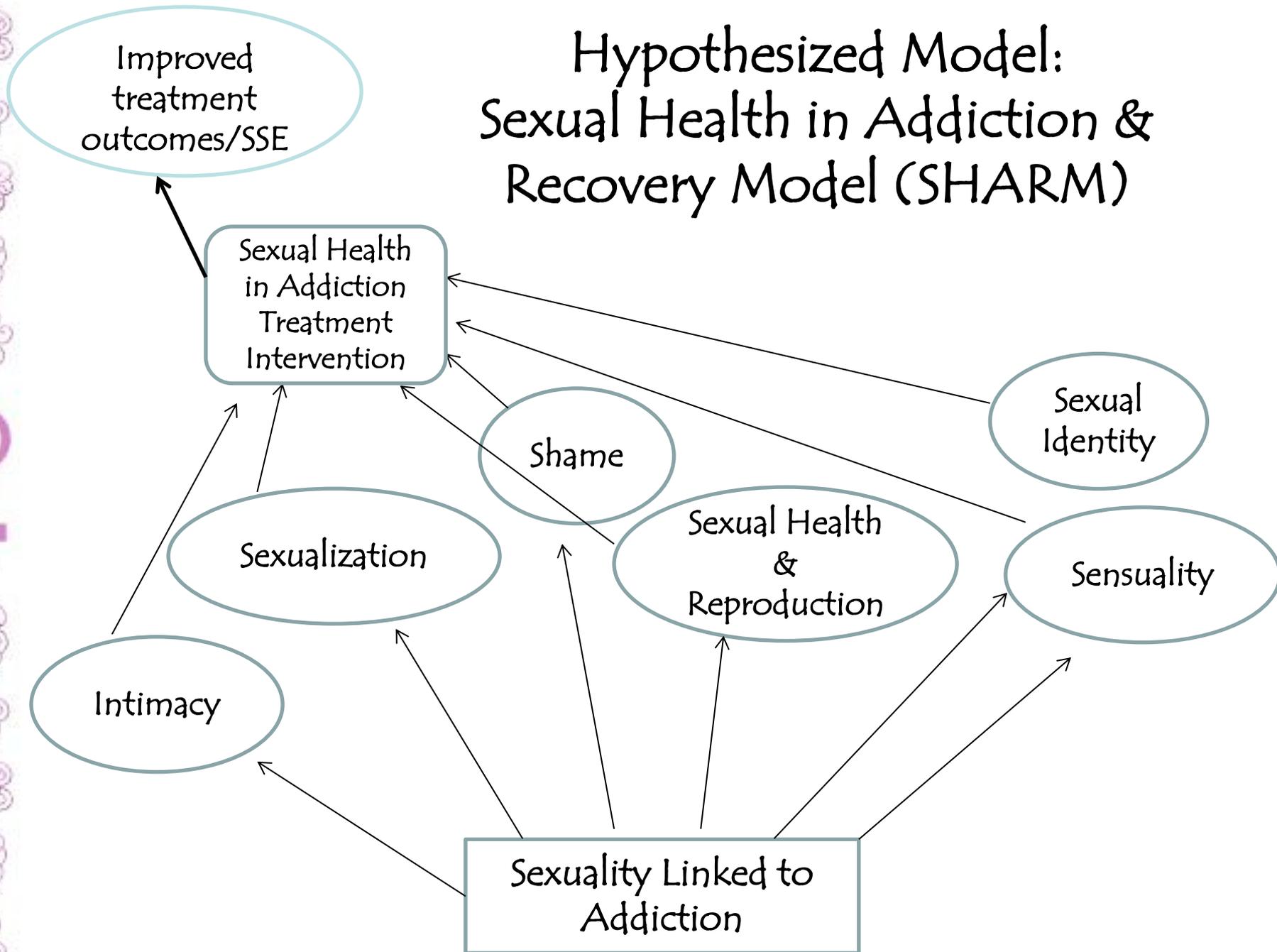




Sexual Health in Addiction Recovery Model (SHARM)

- ◇ 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).

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



Intervention & Communication Strategies

- ◇ Importance of Language
- ◇ Taking a Sexual History
- ◇ 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



Taking a Sexual History

- ◇ Allergies (some people have latex allergies and cannot use latex condoms)
- ◇ Recent medication(s)
- ◇ Recent illness or surgeries
- ◇ Past STIs
- ◇ Women: brief gynecological history
- ◇ HIV risk factors (injection drug use and partner's status)
- ◇ HIV testing history
- ◇ Past and current sexual practices

* Refer to Appendix A

Taking a Sexual History

- ◇ General health history
- ◇ Gender of partners
- ◇ Number of partners
- ◇ Most recent sexual exposure
- ◇ New sex partners
- ◇ Patterns of condom use
- ◇ Partner's condition
- ◇ Substance abuse associated with sexual behavior
- ◇ Domestic violence issues

* Refer to Appendix A



Creating a Safe Environment: Guidelines

- ◇ Have sexual health material in waiting rooms, offices, and so on
- ◇ Have welcoming, diverse individuals on staff
- ◇ Do not make assumptions about client behaviors, sexual orientation, sexual identity, relationship status, or health status
- ◇ Do not assume that there is only one issue or that the presenting issue is necessarily what the client really wished to discuss
- ◇ Use nonjudgmental language and monitor nonverbal responses
- ◇ Do not judge clients for engaging in behavior that is not in line with your moral values or beliefs
- ◇ Use open-ended questions; let the client take the lead and encourage further exploration of issues
- ◇ Meet the client where they are at; do not force them to a solution that they do not want or agree on
- ◇ Explore the pros and cons of situations; let the client experience or struggle with their ambivalence over decisions (this can aid them in moving toward change)
- ◇ Ask about their expectations of the session and what they hope to achieve



Creating a Safe Environment: Guidelines

- ◇ Be understanding and supportive
- ◇ Use language that the client understands
- ◇ If you do not understand terminology your client is using, ask him or her to explain it to you
- ◇ Be confident
- ◇ Respect clients' nondisclosure and privacy
- ◇ Be youth and "queer" positive: respect who the client is as an individual
- ◇ Use inclusive language (be familiar with terms of sexual diversity)
- ◇ Do not push your views on clients (i.e., abortion, abstinence, or religion)
- ◇ Make sure that the client knows that the support being provided is part of a collaborative process but that the final decision belongs to them
- ◇ Assist clients in developing plans for risk reduction and so on
- ◇ Provide relevant services, including referrals (adapted from Canadian Federation for Sexual Health, 2011)



Addressing Resistance & Personal Bias

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

****Refer to Appendix B**

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





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



References

Advocates for Youth. <http://www.advocatesforyouth.org/for-professionals/lesson-plans-professionals/198?task=view>

Braun-Harvey, D. (2009). *Sexual Health in Drug and Alcohol Treatment: A Group Facilitators Manual*. New York: Springer Publishers.

Braun-Harvey, D. (2010). *Sexual Health in Recovery: A Professional Counselor's Manual*. New York: Springer Publishers.

Gaynor, P. & Underwood, J. (1995). Conceptualizing and measuring sexual self-esteem. In Shrout, P., Fiske, S., *Personality research, methods and theory: a festschrift honoring Donald W. Fiske*. N.J.:Hillsdale.

James, R. 2007. Sexual self-esteem and women in substance abuse treatment (Doctoral dissertation). Available from ProQuest Dissertations and Theses database. (UMI No. 3269298)

James, R. (2011). Correlates of sexual self-esteem in a sample of substance-abusing women. *Journal of Psychoactive Drugs*, 43(3), 220-228.

World Health Organization (2006). Defining sexual health.

http://www.who.int/reproductivehealth/topics/sexual_health/sh_definitions/en/index.html

Zeanah, P. & Schwartz, J. (1996). Reliability and validity of the sexual self-esteem inventory for women. *Psychological Assessment*, 3 (1), 1-15.

