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A Cognitive-Behavioral Therapy Group Intervention for Hypersexual Disorder: A Feasibility Study

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ABSTRACT

Background: The proposed criteria of the *Diagnostic and Statistical Manual for Mental Disorders, Fifth Edition* for hypersexual disorder (HD) included symptoms reported by patients seeking help for excessive and out-of-control non-paraphilic sexual behavior, including sexual behaviors in response to dysphoric mood states, impulsivity, and risk taking. Although no prior studies of cognitive-behavioral therapy (CBT) for the treatment of HD have been performed, CBT has been found effective for dysphoric mood states and impulsivity.

Aim: To investigate the feasibility of a CBT manual developed for HD explored through symptom decrease, treatment attendance, and clients' treatment satisfaction.

Methods: Ten men with a diagnosis of HD took part in the CBT group program. Measurements were taken before, during, and at the end of treatment and 3 and 6 months after treatment.

Outcomes: The primary outcome was the Hypersexual Disorder: Current Assessment Scale (HD:CAS) score that measured the severity of problematic hypersexual symptoms and secondary outcomes were the Hypersexual Disorder Screening Inventory (HDSI) score, the proportion of attended sessions, and the Client Satisfaction Questionnaire (CSQ-8) score.

Results: Main results were significant decreases of HD symptoms from before to after treatment on HD:CAS and HDSI scores and a decrease in the number of problematic sexual behaviors during the course of therapy. A high attendance rate of 93% and a high treatment satisfaction score on CSQ-8 also were found.

Clinical Implications: The CBT program seemed to ameliorate the symptoms of HD and therefore might be a feasible treatment option.

Strengths and Limitations: This study provides data from a CBT program for the treatment of the specific proposed criteria of HD. Because of the small sample and lack of a control group, the results can be considered only preliminary.

Conclusion: Although participants reported decreased HD symptoms after attending the CBT program, future studies should evaluate the treatment program with a larger sample and a randomized controlled procedure to ensure treatment effectiveness. **Hallberg J, Kaldo V, Arver S, et al. A Cognitive-Behavioral Therapy Group Intervention for Hypersexual Disorder: A Feasibility Study. J Sex Med 2017;XX:XXX–XXX.**

Key Words: Hypersexual Disorder; Sexual Addiction; Cognitive-Behavioral Therapy; Hypersexual Disorder Screening Inventory; Hypersexual Disorder: Current Assessment Scale; Client Satisfaction Questionnaire; Treatment Satisfaction

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INTRODUCTION

Hypersexual disorder (HD) is defined as a non-paraphilic sexual desire disorder, including excessive sexual behaviors, in relation to various depression, anxiety, and stress-oriented mood states, combined with a sexual impulsivity component and loss of control. The proposed diagnostic criteria (Table 1)[1] have demonstrated high reliability and validity in multicenter field

Table 1. Diagnostic criteria for hypersexual disorder proposed for inclusion in the *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition*

A	Over a period of ≥6 mo, recurrent and intense sexual fantasies, sexual urges, or sexual behaviors in association with ≥4 of the following 5 criteria:
A1	Time consumed by sexual fantasies, urges, or behaviors repetitively interferes with other important (non-sexual) goals, activities, and obligations
A2	Repetitively engaging in sexual fantasies, urges, or behaviors in response to dysphoric mood states (eg, anxiety, depression, boredom, irritability)
A3	Repetitively engaging in sexual fantasies, urges, or behaviors in response to stressful life events
A4	Repetitive but unsuccessful efforts to control or significantly decrease these sexual fantasies, urges, or behaviors
A5	Repetitively engaging in sexual behaviors while disregarding the risk for physical or emotional harm to self or others
B1	There is clinically significant personal distress or impairment in social, occupational, or other important areas of functioning associated with the frequency and intensity of these sexual fantasies, urges, or behaviors
B2	These sexual fantasies, urges, or behaviors are not due to the direct physiologic effect of an exogenous substance (eg, a drug of abuse or a medication)
Specify	Masturbation, pornography, sexual behavior with consenting adults, cybersex, telephone sex, venues for sexual entertainment, other

trials.[2,3] HD is associated with an increased risk of sexually transmitted infections, unwanted pregnancy, and psychiatric comorbidity. It also has been found to be a predictor of sexual crime recidivism.[4] Presented with subjective distress and impairment in everyday life,[1,5,6] hypersexuality is seen in an increasing number of help-seeking patients.

To our knowledge, no studies on treatment approaches for the specific criteria of HD[1] have been performed. However, in line with a review by Hook et al,[7] we found 14 studies on psychological treatment for conditions *resembling* HD, such as sexual dysregulation, sexual addiction, and compulsive sexual behavior. Of these, only one study was performed as a randomized controlled trial.[8] When treated with acceptance and commitment therapy (ACT), a 93% decrease in compulsive pornography use was found in the ACT group compared with a 21% decrease in the control group. In another study, the frequency of pornography engagement decreased by 85% in six men after ACT treatment.[9] Klontz et al[10] conducted a trial of a brief multimodal experiential therapy for sexual addiction. On average, the 38 participants reported significant decreases in anxiety, intrapsychic conflict regarding sexual desire, and shame as a result of acting out on sexual desires after 6 months. In general, cognitive-behavioral therapy (CBT) interventions have been proved effective for the proposed core HD criteria[1] (eg, behavioral activation for depression,[11] exposure and problem-solving strategies for anxiety,[12] and mindfulness practice for impulse control disorders and stress[13,14]).

Further, Naficy et al[15] reported attenuated hypersexual problems as a result of pharmacologic treatment but concluded that the results should be interpreted with caution because of the use of un-validated measuring instruments.

The aim of this study was to evaluate the feasibility of a CBT program for HD. Feasibility in the present study was defined by the participants' decreased HD symptoms, their attendance rate, and their satisfaction with treatment.

METHODS

Setting

The study took place at the ANOVA at Karolinska University Hospital (Karolinska, Sweden), a multidisciplinary clinic for research, assessment, and treatment in andrology, sexual medicine, and trans-medicine.

Procedure

Participants were recruited through advertisements in a daily national newspaper. The target sample was composed of women and men with self-identified problematic "hypersexual behavior" and "out-of-control sexual behaviors" who were interested in participating in a group CBT intervention at the ANOVA.

Potential participants for the treatment program submitted their applications on a secure internet platform and provided their informed consent and contact information (Figure 1). A screening battery containing the introductory part of the study was administered on the platform. The introductory internet survey included 14 structured questionnaires on sociodemographics, paraphilic interests, and psychiatric well-being and included the Hypersexual Disorder Screening Inventory (HDSI).

Of 71 participants contacted, 43 were assessed in a clinical interview at the ANOVA and a final group of 15 participants were included in the treatment program. HD was preliminarily assessed with the HDSI and then verified through the clinical assessment conducted by a psychiatrist and a psychologist and licensed sexologist. Inclusion criteria for the treatment program were (i) age older than 18 years, (ii) fulfillment of the proposed criteria for HD according to Kafka[1] and the American Psychiatric Association[16] and the clinical assessment, and (iii) willingness to take part in the group treatment. Exclusion criteria were (i) paraphilias of pedophilia, voyeurism, exhibitionism, and frotteurism; (ii) severe depression, anxiety, or other contraindicating psychiatric conditions as assessed by a psychiatrist