



Informed Consent and Disclosure Regarding Treatment for Hypersexual Behavior

It takes courage to reach out for support for compulsive pornography use and/or hypersexual behaviors that are creating difficult emotions, as well as challenging, shameful or frightening consequences in your life and relationships. We look forward to supporting you in your healing journey as you learn new ways of managing your life and your unwanted sexual urges and behaviors.

Before we begin, it is important that you read the following information. We are happy to discuss and answer any questions you may have. Please bring this form, along with the other client paperwork to your first session with your Growth Counseling Services therapist.

Popular media, some health care professionals, as well as patients seeking clinical support for sexually compulsive acts have utilized the term “sex addiction” or “hypersexual behavior” to describe a pattern of repetitive and intense preoccupation with sexual thoughts, urges, and behaviors.

Hypersexual patients (sometimes referred to as “sex addicts”) often report using various ongoing impulsive or compulsive sexual acts to frequently cope with stressful experiences in their lives, or to escape unpleasant mood states such as feeling lonely, anxious, bored, sad, 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 hypersexual behavior sometimes referred to as “sex addiction” reported losing jobs (15.7%), having romantic relationships end (22.8%), contracting sexually transmitted diseases (22%), legal problems (16.5%), unwanted financial losses (23.6%), emotionally hurting a loved one (22%), difficulties experiencing healthy sex (11%), or various mental health challenges (20.5%).

Despite such consequences, some people report feeling unable to control or reduce the frequency of their unwanted sexual fantasies and sexual urges, and unwanted sexual behaviors as they continue to participate in sexual activities (for example sex with prostitutes, sexual massage, advertising for sex, kink sex, group sex, pornography that

feels shameful, ongoing affairs, secret sexual lives, etc.) that place themselves and loved ones at risk for physical and/or emotional harm. These patterns of behavior can contribute to feelings of guilt, shame, sadness, regret, or constant worry about being caught or exposed. Furthermore, significant problems with personal relationships, social activities, work, and other important areas of life can be adversely impacted.

Labeling these symptoms as a “sex addiction” or “hypersexual behavior” may help provide a framework for understanding the challenges and problems experienced by these hurting individuals struggling to understand why they do what they do. These labels can also help researchers understand the issues associated with hypersexual behavior or allow health care professionals and therapists 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 patient before you decide to participate in therapy:

1. While labels such as “sex addiction” or “hypersexuality” are now routinely used and have some value in clinical work as described above, the concept of sex addiction had not yet been included in the Diagnostic Statistical Manual of Mental Health Disorders – Fifth Edition as a psychiatric diagnosis. Thus, if these labels are used in our clinical work together, they do not yet refer to a mental health disorder, or an official psychiatric diagnosis as of this date.
2. At present, mental health professionals and researchers are still seeking to understand how to best define hypersexuality, its associated features, its origins, what treatments might be most effective. 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 individual struggling with “sex addiction” is that this will be recognized as a diagnosis in the future.
3. Although hypersexuality is not yet an officially sanctioned psychiatric disorder, several research studies (1,2,3 below) have noted that patients seeking help for hypersexual behavior frequently present for treatment with co-occurring mental health disorders predominantly consisting of mood disorders, anxiety disorders, substance-related disorders, and attention-deficit disorders.

Subsequently, our work together will begin with an assessment to determine what, if any, other disorders you may have (for example anxiety or depression). Moreover, we will address hypersexuality or “sex addiction” concurrently with any co-occurring psychiatric disorders during the course of your treatment.

4. You and your therapist will discuss all aspects of your therapy program each step of the way. You are welcome and encouraged to ask questions at any point. And while clinical support is often a valuable part of addressing your current challenges, please understand that you are under no obligation to attend therapy, and may

terminate therapy at any time, as Growth Counseling Services does not work with court mandated patients.

5. If you are seeking treatment support for sex and/or pornography addiction with GCS, please be advised if you disclose that you are viewing underage pornography or engaging sexually with minors, you will be referred out to a higher level of care and GCS is legally mandated to report this to the authorities. (See the following section for limits of confidentiality).

Limits of Confidentiality

The therapists and staff at Growth Counseling Services take confidentiality very seriously. Your information is confidential, with the exception of information relating to child abuse, or suspected child abuse, child pornography, elder abuse, dependent adult abuse, or intent to harm self or others, or **unless mandated by a court of law**. Legally, therapists are mandated reporters of abuse or intent to harm another. If you are suicidal or homicidal, your therapist with Growth Counseling Services will take all reasonable steps to prevent harm to you or another.

Legal exceptions to confidentiality are in place to protect your safety and the safety of others. This includes: when there is a reasonable **suspicion** of child abuse (physical, sexual, emotional, neglect), or adult dependent care abuse, elder abuse/neglect; and where a client threatens to harm or kill other(s) (homicide), or threatens to damage another person's property.

If you are homicidal and make a serious threat to hurt another person(s), your therapist will contact 911 and make every attempt to warn the intended victim or victims. Additionally, if court ordered to release records (for example a divorce hearing or custody hearing), your therapist must abide by the court order and may be compelled by court order to testify under oath and thus must answer all questions honestly.

Mandated Reporting of Incidents Involving Minors

A minor is defined as any person who is legally under the age of 18.

Your therapist is obliged under California law to report to the appropriate authorities any instance where a client discloses that they have accessed, streamed, or downloaded material through any electronic or digital media depictions where a child is engaged in an obscene sexual act.

Should you choose to disclose that you have accessed child pornography of any kind (currently, recently, or in the past) during any of the following:

- a session with any therapist employed at GCS
- via your client consent forms

- an assessment tool that is administered as part of your treatment, such as the SDI (Sexual Dependency Inventory), or via other assessment tools (such as the SAST or Sex Addiction Assessment Tool) that are administered by therapists with Growth Counseling Services
- during an individual, group, or couples session in the office
- via email, text, phone, regular mail
- or by any other means in or out of session

it is important for you to understand that **all therapists employed at Growth Counseling Services are mandated to report this to legal authorities.**

The therapists at Growth Counseling Services do not work with minors as clients.

However please understand that we are mandated reporters of any sexual acts involving minors. This means that if any of the therapists or staff at GCS learns of any incident involving minors and illegal sexual activity or abuse, **we are legally required to report this to the proper authorities.**

If you are a parent seeking therapy at GCS, and discuss with your therapist your concern over your minor teenager sexting OR exchanging nude or sexual pictures of herself/himself to her teenaged minor boyfriend/girlfriend, your GCS therapist is mandated by law to report both minors to authorities under AB1775 for “knowingly accessing, streaming, or downloading material where a child is engaged in an obscene sexual act.”

Additionally, if you share with your therapist that your adult child or any identifiable adult (18 years or older) that you are in relationship with is sexting or texting sexual or nude images to a minor (for example an 18 year old son texting sexual images to his 16 year old girlfriend) your therapist is mandated by law to report this to the authorities.

If you are a spouse or partner seeking support in our women’s group and you disclose that your spouse or partner has accessed child pornography, or your minor child or minor teen has texted nude photos with other minors **please know that anything disclosed around offending behaviors with minors (a person under the age of 18 years old) is a reportable offense and your therapist is mandated to report you, your spouse or partner, or your minor child to the proper authorities.**

Please sign and date here if you understand the above stated limits of confidentiality and mandated reporting responsibilities of all therapists and staff at Growth Counseling Services.

Client’s signature: _____ **Date:** _____

Patient signature below indicates that this document has been read, understood, and constitutes consent to treatment under the conditions outlined above. Patient also agrees

they have been given the opportunity to ask any questions regarding this consent and disclosure about treatment for hypersexual behavior sometimes referred to as “sex addiction.”

Client’s signature: _____ Date: _____

Client’s name (printed): _____

A review of pharmacological treatments for hypersexual disorder. *Sexual Addiction & Compulsivity*, 20(1-2), 139-153. 1Kafka, M. P., & Prentky, R. A. (1994). Preliminary observations of DSM-III-R axis I comorbidity in men with paraphilias and paraphilia-related disorders. *Journal of Clinical Psychiatry*, 55(11), 481-487.2Raymond, N. C., Coleman, E., Miner, M. H. (2003). Psychiatric comorbidity and compulsive / impulsive traits in compulsive sexual behavior. *Comprehensive Psychiatry*, 44(5), 370-380.3Rinehart, N. J. & McCabe, M. P. (1998). An empirical investigation of hypersexuality. *Journal of Sex & Marital Therapy*, 13(4), 369-384.