The Untouchables: Assessing and Managing Deviant Sexual Arousal

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Objectives

• Assessing sexual arousal
• Describe the role of sexual deviancy in regard to risk
• Behavioral interventions to modify arousal

What Exactly is a PPG
Setting Up The Client

- Headset & Microphone
- PPG gauge
- Respiration Belt
- Galvanic Skin Electrodes

Reasons To Assess Arousal

- Initial Assessment
- Determine treatment needs
- Confronting denial
- Helps to "open up communication" between client and his penis
- Assess risk

Reasons To Use The PPG

- The strongest predictors of sexual offense recidivism were measures of sexual deviancy. Sexual interest in children as measured by phallometric assessment was the single strongest predictor of recidivism found in the meta-analysis.

Hanson and Bussiere (1998)
n=28,972
Reasons To Assess Arousal

• **Deviant sexual interests** and **antisocial orientation** are important recidivism predictors for sexual offenders.
• Those individuals with identifiable interests in deviant sexual activities were among those **most likely to continue sexual offending**.
• Most significant recidivism noted in those showing interests in children and general paraphilias (exhibitionism, voyeurism, cross-dressing).

Hanson and Morton-Bourgon (2004)

n=31,000+

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Measuring Arousal and Sexual Interest

• **Penile Plethysmograph (PPG)**
• Review of index offense and prior sexual offenses
• Sexual History and Polygraph for verification
• Viewing Time Measure (Abel Assessment)
• Visual Sexual Preference Assessment (Limestone VSP, LOOK)
• Discussion of masturbation practices

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If Not Utilizing the PPG or Assessing Arousal...

• BNR Model
• Is it irresponsible for a treatment provider not to target sexual deviance?
So...What Can The PPG and Other Assessments Tell You

- Gender Preference
- Age Preference
- Preference in regards to
  - Consensual Sex
  - Persuasive Sex
  - Coercive Sex

Reasons for Flat Response Pattern or Minimal Clinical Information Obtained

- Anxiety
  - General Anxiety Disorder
  - Performance Anxiety
  - Fear of how results will be used
- Environment of testing
- Impression Management
- Weak stimuli
- Failure to attend to stimuli
- Manipulation of penis or gauge
- Medical issues (diabetes, erectile dysfunction)
- Medications (SSRIs, blood pressure medication)

Behavioral Interventions
Reasons for Behavioral Work

- Decrease client’s risk to the community
- Help client to be able to actually **SEE** changes he is making – sense of accomplishment
- Teach client what works to control his arousal

Preparing the Client

- Review results of PPG and sexual interest assessments
- Solicit feedback from client about results of assessments
- Process sexual habits
  - Sexual partners
  - Masturbation practices (content, hands-on vs. hands-off)
    - Education about role of fantasies preceding masturbation
    - Client’s assertion that he masturbates “to nothing” in his mind
    - Client that masturbates in mirror or enamored by his penis
- How did I develop my deviant arousal?
  - Help client understand the BENEFITS of controlling deviant arousal
    - Reinforce that most of the work will be done by client outside of the lab
  - Conditioning/Lab work may continue for 3-4 months
  - Different behavioral exercises work for different clients

Behavioral Interventions

- Aversive Conditioning
- Covert Sensitization
  - Creating a **STRONG** association between the behavior you want to change and a **HIGHLY UNPLEASANT** stimulus

*(Laws, 2001)*
Behavioral Interventions

- Aversive Conditioning
- Covert Sensitization
  - Creating a STRONG association between the behavior you want to change and a HIGHLY UNPLEASANT stimulus
  - In order for the stimulus to be effective, it has to be VERY UNPLEASANT
  - In fact, the more uncomfortable, painful, or disgusting it is, the more effective it will be
  - Must create a powerful association (Laws, 2001)
- Assisted Covert Sensitization (rotten meat paired with unpleasant thought)

What Goes On Inside A PPG Lab?

- Clinician is able to observe current arousal to the stimuli presented
- Clinician can give client real-time feedback (verbal or lights) of his arousal as it is being observed/measured
- Client and clinician can process what visual and/or audio stimuli are most arousing to the client, as well as some particular words/phrases that are arousing to the client.
Case Study 1 – Deviant Responder (JL)

• 30 y/o W/M
• Federal Probation
• Possession of Child Pornography
• Children ages 3-17
• Including S&M involving children
Case Study 1 – Deviant Responder (JL)

- 3 months of lab work
- Helped client develop insight into the words and phrases that were very arousing to him: “I’m gonna cut you”
- Initially used weak covert scenes, though he said they were “strong”
- Olfactory conditioning with ammonia
- Had client view his PPG trace to monitor his own arousal as he listened to stimuli

At the end of the 2nd month, client said that since beginning to see some changes with the work he is doing outside of lab, he is committed to make more significant changes.

With a new found commitment, his lab sessions showed significant improvements between lab sessions.

But if the client becomes complacent, does not continue to use these negative associations in life, returns to viewing pornography or sexual violence...
Case Study 2 (JC)

- 81 y/o male
- Probation for sxab of his granddaughters, ages 8 and 9
- No sex with wife for 10 years due to no interest
- Last masturbation was a year ago

Case Study 2 (JC)

- Discussed results with client and not aware of any arousal
  - Biofeedback to help him become aware of his arousal
  - Internal Controls that client thinks would be helpful
    - Thoughts of jail...
    - Thoughts of past even of cow stepping on broken foot...
  - External Controls that client thinks would help
    - Pushing heel into floor to experience
  - Olfactory Conditioning (rotten ground beef)
    - Client to look at it CLOSED during deviant stimuli...
    - Ct had to open container and...

Case Study 2 (JC)

- Olfactory Conditioning (rotten ground beef)
  - Client to look at it CLOSED during deviant stimuli...
  - Ct had to open container and...
  - Next session...client able to just look at bottle and it helped control arousal
Olfactory Conditioning

- A nauseating smell is a sexual turn-off, producing a “direct unlinking of sexual arousal previously bonded to a deviant...stimulus” (Maletzky, 1991)
- The nauseating smell is more portent than a mere burning sensation (i.e, ammonia)

Olfactory Conditioning

- Get a prescription bottle that has a cap on it. Put some ground beef in the prescription bottle, just enough to cover about the bottom inch of the bottle. Leave the prescription bottle outside for a week with the lid off. After a week, put the lid on it and that will be what you will use to help better control your deviant arousal.
- The week after the above is complete, you will start on your behavioral work. Every day, for 10 minutes, you will participate in a behavioral exercise that will include the following:

  - Find a time and place at home that is quiet and free of distraction. Make sure that you will be able to be free of distractions for 10 minutes.
  - Use a deviant fantasy, such as the one you discussed with your treatment provider. While thinking of the fantasy, be sure not to allow your fantasy to progress to the point to where you touch the other person. You should imagine what you see, what you hear, what you smell, what you'd like to do, what you find attractive about the child and/or behavior, etc.
  - As soon as you begin to feel some arousal, open the prescription bottle and smell the ground beef until your arousal decreases to no arousal. Then begin the exercise over, doing the same thing. Continue this for 10 minutes each day.
Olfactory Conditioning

- After each 10 minute scenario each day, write down about a ½ page of your experience with the behavioral exercise. Each entry should include at least the following:
  - Day of week, date, time began, time ended
  - 1-2 sentence description of the deviant fantasy you used
  - How long it took to feel the first signs of arousal
  - How many times you had to open the prescription bottle to smell the ground beef during the 10 minutes
  - How you felt after smelling the ground beef
  - Any other information that you think is important to discuss
- Bring this assignment and the prescription bottle with you to your next clinical session.

Case Study 3 – Pan Arousal (CP)

- 63 y/o W/M
- Parole
- Sexually abused 4 y/o girl
- "I thought she was 10 y/o"
Case Study 3 – Pan Arousal (CP)

- Was not aware of his sexual response/arousal
- Had him say “STOP” during lab when he thought that he was beginning to show minimal arousal
- Covert sensitization work outside of lab

...but our work here is not yet done

Case Study 4 – Building Healthy Arousal

- 45 y/o
- Federal Probation
- Traveled out of state to meet a 13 y/o girl
- Sexually abused the girl he met
Case Study 4 – Building Healthy Arousal

• Take time discussing with client his current sexual outlets
• Relationship
• Frequency and content of sex and masturbation
• Stimulus (mental or physical) used to become aroused
• How long it takes to become physically aroused
• Arousal Template (senses and environment)

Case Study 4 – Building Healthy Arousal

• Healthy Sexual Fantasy Script
Increasing Appropriate Arousal

- What makes a fantasy "HEALTHY"?
- Identify HEALTHY and UNHEALTHY relationships from client’s past
- “Hands-off” fantasizing
- Charting/Journaling work done outside of clinical setting
  - Date/Time of masturbation
  - Fantasy used
  - Length of time to begin erection

Healthy Sexual Script

- **Purpose:** Your main goal with this exercise is to increase your appropriate sexual arousal preference. Additional goals include:
  - To emphasize mutually consenting adult sexual behavior
  - To encourage you to spend a great deal of time in sexual but not intercourse behavior (foreplay and afterplay)
  - To focus on appropriate sexual behaviors that bring pleasure to both partners
  - To stress that even though intercourse is last it can be intense, imaginative, fun, and healthy
  - Remember that the initial general behavior (two-way talk and interaction that is non-genital) part of the exercise is to last about ¼ of the whole time.

Healthy Sexual Script

- **Instructions:** Write a Healthy Sexual Script that includes the following components. This is to be an elaborate and healthy sexual fantasy with a consenting adult.
Healthy Sexual Script

- Begin your fantasy by imagining and describing an encounter with a prospective sexual partner (wife, girlfriend, etc.)
- Two-way talk about mutually interesting issues.
- Imagine and describe you and your partner discussing attributes (what you like) of your partner and of you — healthy sexual things you both like, but not what you can do for each other.
- Then move on to some general form of consenting physical contact. Include clear verbal permission from both of you.
- Next progress to a more specific but non-genital sexual contact (like caressing hands, embraces, hugging, etc.). In the next phase you need to imagine and describe a more intense sexual contact but still not genital: e.g. kissing, caressing and kissing breasts, massaging bodies, etc.
- In this following phase of the exercise you would involve yourself and your partner in some gentle form of genital fondling.
- The last part of the exercise is where some type of oral/genital sexual activity, to the point of orgasm, takes place. Do not fantasize that you both climax at the same time. Keep your fantasy realistic.
- Describe the afterglow of your fantasy, including more two-way dialogue and attributes of your partner and you — what you like about each other.

Case Study 4 – Building Healthy Arousal

- Healthy Sexual Fantasy Script
- Review and Rehearse Healthy Sexual Fantasy Script in group
- Hands-off arousal
- Spoke fantasy out loud during lab to ensure that he was using a healthy fantasy
- Other appropriate visual and audio stimuli
Remember...

- Clients are able to modify and control their arousal; **HOWEVER**, they must continually work toward keeping their deviant arousal in check.
- Just because you are at your ideal weight does not mean that you are done. You must maintain healthy habits for the rest of your life!

Thank you
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