

A New Approach to EMDR and the Treatment of Problematic Sexual Behavior



Ronald J. Ricci, Ph.D.



Introduction

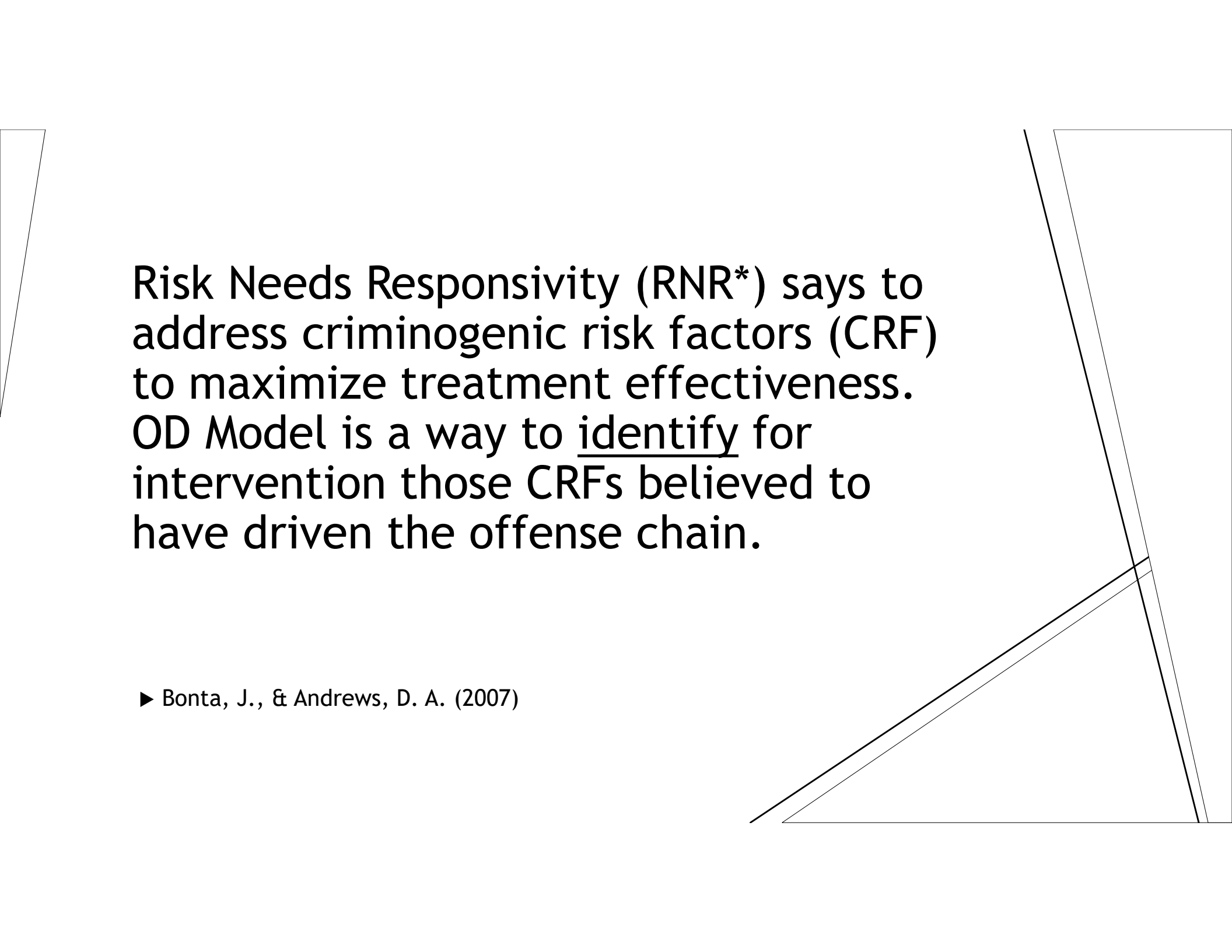
- ▶ What is the Offense Driver Model?
- ▶ How to Select Relevant Treatment Targets
- ▶ Case Studies - Implementing the Offense Driver Model using an EMDR Therapy Approach

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A Word About the Offense Driver Model...

The OD Model is a systematic way to identify and address relevant treatment targets.

How you do that is up to you: e.g., CBT, TF-CBT, EFT...today's focus will address targets with EMDR therapy which is one of many therapeutic approaches.



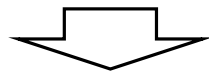
Risk Needs Responsivity (RNR*) says to address criminogenic risk factors (CRF) to maximize treatment effectiveness. OD Model is a way to identify for intervention those CRFs believed to have driven the offense chain.

► Bonta, J., & Andrews, D. A. (2007)

Proposed Path Model to Hypersexuality

Marshall & Marshall 2000

Early Adverse Experiences



Disrupts Attachment, Security



Creates Attachment Vulnerability



Sexual Behavior- Highly Rewarding in an Unrewarding Environment



Conditioning Processes Enhance & Direct Sexual Expression



Poor Relationship & Coping Skills Further Need to Seek/Use Sex

► STABLE 2007 Dynamic Risk Factors for ISOs

(Hanson, Harris, Scott, & Helmus (2007))

- Significant Social Influences
- Capacity for Relationship Stability
- Emotional ID with Children
- Hostility Towards Women
- General Social Rejection
- Lack of Concern for Others



STABLE 2007 Dynamic Risk Factors for ISOs

- ▶ Impulsivity
- ▶ Poor Problem-Solving Skills
- ▶ Negative Emotionality
- ▶ Sex Drive/Sexual Preoccupation
- ▶ Sex as Coping
- ▶ Deviant Sexual Preference
- ▶ Cooperation with Supervision



Self- Regulation Model:

Ward & Siegert 2002

ETIOLOGICAL PATHWAYS TO OFFENDING

- ▶ Deviant-Distorted Sexual Scripts
- ▶ Criminal Attitudes
- ▶ Emotional Dysregulation
- ▶ Intimacy Deficits
- ▶ All the above PLUS Deviant Sexual Interests (oftentimes from childhood sexual victimization)

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Implicit Theories of Child Molesters

Ward (2000)

- ▶ Uncontrollability of sexuality
- ▶ Sexual entitlement bias
- ▶ Children as sexual beings
- ▶ Nature of harm
- ▶ Dangerous world (Revenge or Children are Trustworthy)

Abstract geometric lines in the background, consisting of several thin, dark grey lines that intersect to form various triangular and quadrilateral shapes. Some lines are solid, while others are lighter and more transparent.

Implicit Theories of Rapists

Polascheck & Gannon (2004)

- ▶ Women are unknowable
- ▶ Women are sex objects
- ▶ Male sex drive is uncontrollable
- ▶ Entitlement
- ▶ Dangerous world

Implicitly Held Distorted World View

Adler & Dreikurs Mistaken Beliefs for Goals of Belonging & Significance
(beliefs that can support manipulation)

a. I count or belong because you notice me or I can keep you busy with me. (attention)

b. I count or belong because I control you. (power)

c. I don't count or belong., and I'm going to make you feel that way too. (revenge)

d. I'm worthless. I give up. Nothing I do will make me feel like I count or belong. (inadequacy)

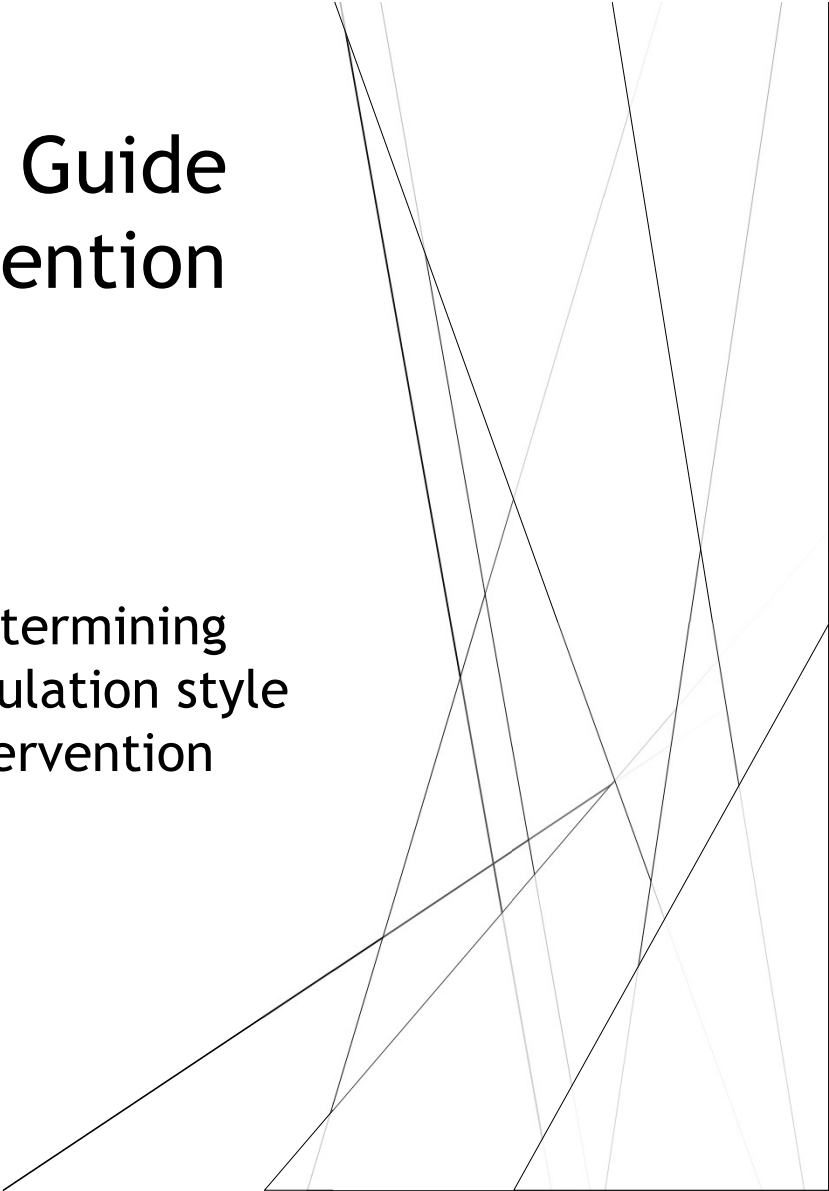
Toward Offense Goal

Self-Regulation Style....

Avoidant-	Passive	(Under-regulated)
Avoidant-	Active	(Mis-regulated)
Approach-	Automatic	(Under-regulated)
Approach-	Explicit	(Regulated)



SRM as a Guide to Intervention

- Accurately determining the client's regulation style provides an intervention roadmap
- 

How Self-Regulation Style Might Develop

Avoidant- Passive

- ▶ A client raised in an environment wherein sexual talk and activity is prevalent and pervasive, while at the same time the topic is denied and ignored, may develop underregulated strategies in terms of how to deal with sexual urges when they arise.

How Self-Regulation Style Might Develop

► Approach Automatic

► A different child raised in a similar environment, but one in which hypersexuality is supported and encouraged, may develop implicit beliefs which express when opportunity presents.

► Approach Explicit

► While another child raised in a similar environment may develop regulated strategies to pursue any or all sexual opportunities while being driven by a perception that doing so is normal and acceptable behavior, thus ego-syntonic.

“Courtship Gone Awry”

Ten Types of Sex Addicts

- ▶ “Implicit in most compulsive sexual patterns is a distortion of normal courtship.”
- ▶ Patrick Carnes (2001) refers to this as *Courtship Disorder*.
- ▶ He delineated **ten types of sex addicts**. They are:



1. Courtship Deficit as Fantasy Sex



- ▶ Fantasy is safer and easier than interpersonal relations
- ▶ Provides an escape from loneliness, anxiety, reality
- ▶ Fantasy becomes a substitute for adaptive coping methods
- ▶ Consider all maladaptive attachment styles
- ▶ An individual who has been bullied or ostracized may come to rely on fantasy as a means of satisfying intimacy needs and satisfying needs of relationship, community, agency, inner peace.

2. Courtship Deficit as Seductive Role Sex

- ▶ Provides a way to be someone other than self
- ▶ Provides a way to have power and conquest
- ▶ Provides safeguard against rejection or abandonment
- ▶ Consider needs of happiness, creativity, relatedness, community, excellence, agency, purpose, productivity
- ▶ Consider Anxious-Ambivalent attachment style
- ▶ Individual who experienced traumatic rejection may develop SRS coping



3. Courtship Deficit as Voyeurism

- ▶ Voyeurism takes fantasy a step further
- ▶ Provides a means to engage sexually without risk of rejection
- ▶ Provides a means to engage in sex without complications of intimacy
- ▶ “You show me yours and I’ll just watch”
- ▶ Consider needs of happiness, relatedness, excellence, agency
- ▶ Consider Anxious Ambivalent or Fearful/Avoidant attachment styles
- ▶ Someone who was repeatedly rejected, hurt, or abandoned by their objects of desire may adopt this safer means of sexual satisfaction.



4. Courtship Deficit as Exhibitionism

- ▶ Provides a means to feel valued
- ▶ Provides a means to grab power or control over other
- ▶ Provides a means to feel sexually desirable
- ▶ Provides a means to feel seen
- ▶ Consider needs of creativity, purpose, agency, excellence, happiness
- ▶ “I’ll show you mine”
- ▶ An individual with CSA may equate self-worth with gaining sexual attention while now trying to maintain interactional control.

5. Courtship Deficit as Paying for Sex

- Purchasing of sexual services in lieu of the “hassle” of being in a real relationship
- Sex is substituted for intimacy
- Can justify usage due to “partner inadequacy”
- Sexually anorexic in relationship due to an inability to communicate their feelings to their partner and to put intimacy and sex together
- Arousal is connected to payment for sex, and with time the arousal actually becomes connected to the money itself.



Courtship Deficit as Paying for Sex

continued...

- ▶ Consider needs of happiness, creativity, knowledge, excellence, agency, relatedness, community
- ▶ An individual who feels powerless and worthless from repetitive emotional abuse/neglect may choose to pay for sex in order to feel in control and wanted
- ▶ Consider all maladaptive attachment styles

6. Courtship Deficit as Sex Trading

- ▶ Provides means of artificial intimacy
- ▶ Provides means of feeling of control
- ▶ Provides means of feeling desired
- ▶ Provides feeling of worth
- ▶ Provides way to separate sex from caring
- ▶ Consider needs of happiness, creativity, knowledge, relatedness, excellence, agency, purpose, productivity
- ▶ Individual with childhood abuse or neglect may learn to satisfy needs in the emotionally safer way of trading for sex



7. Courtship Deficit as Intrusive Sex

- ▶ Provides safer way to achieve foreplay and touch
 - ▶ Provides means for self-protection
 - ▶ Provides means to enact blurring of boundaries
 - ▶ Provides a means to express anger
 - ▶ Provides a means to gain control
-
- ▶ Consider needs of creativity, knowledge, relatedness, excellence, agency
 - ▶ Consider Avoidant or Fearful attachment styles
 - ▶ Male child with emotional incest relationship with mother carries rage at females.

8. Courtship Deficit as Anonymous Sex

- ▶ Provides a means to instill risk and fear into sex
- ▶ Provides a means to ward off loneliness
- ▶ Provides a means to avoid need for intimacy/caring
- ▶ Consider needs of happiness, creativity, knowledge, relatedness, community, excellence, agency, purpose
- ▶ Consider all maladaptive attachment style
- ▶ Individual with CSA history may associate fear and risk with sexual pleasure



9. Courtship Deficit as Pain Exchange

- ▶ Provides means to reenact trauma bonded abuse
- ▶ Provides means to supersede less exciting touching, foreplay, intercourse
- ▶ Provides means to gain control over pain
- ▶ Consider needs of creativity, relatedness, excellence, agency, purpose
- ▶ Consider Anxious or Fearful attachment styles
- ▶ Individual with violent CSA may connect pain with pleasure



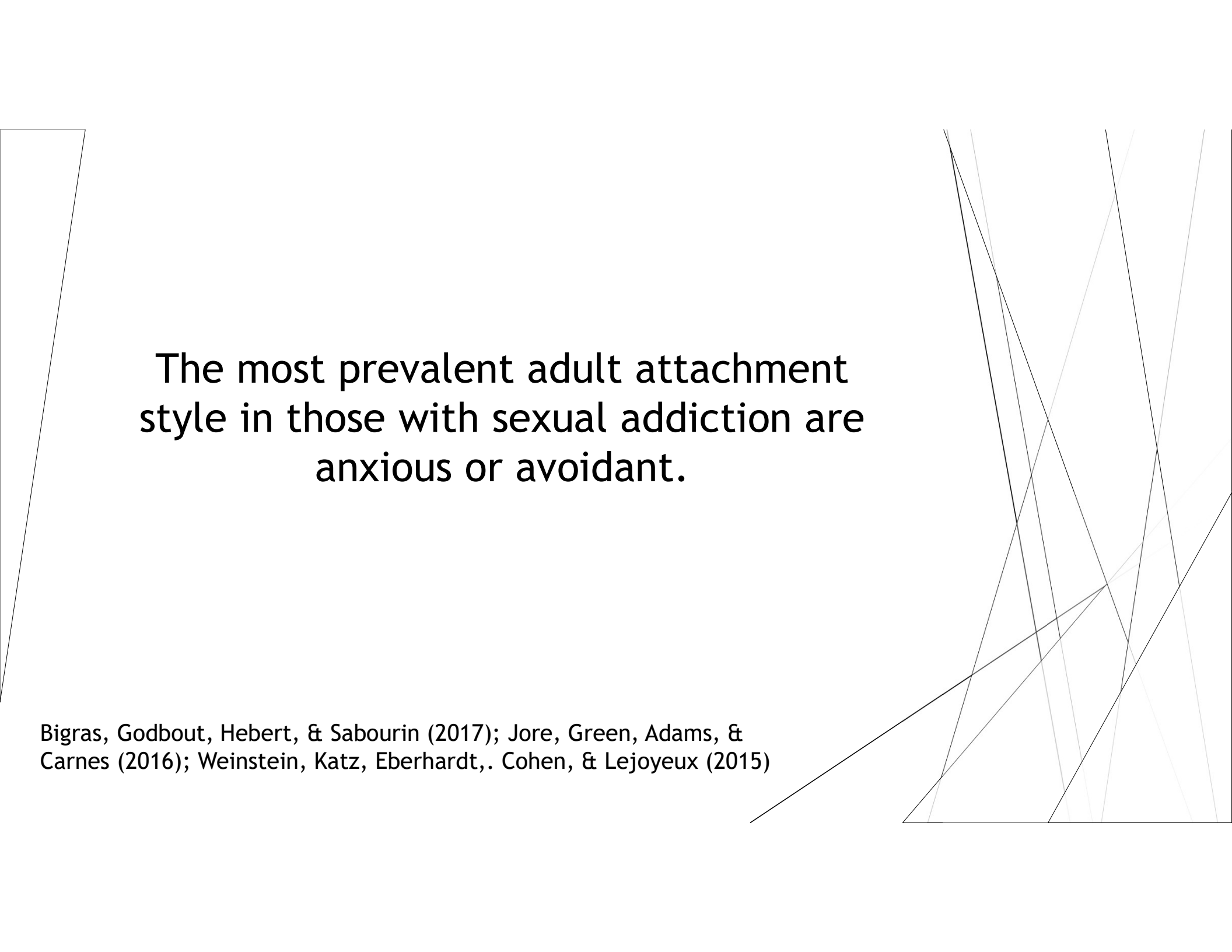
10. Courtship Deficit as Exploitive Sex

- ▶ Provides means of exploiting vulnerability of others
 - ▶ Provides means of protecting own vulnerability
 - ▶ Provides means to discharge anger or rage
 - ▶ Provides means to feel in control
 - ▶ Provides means of reinforcing masculinity
-
- ▶ Consider needs of creativity, relatedness, excellence, agency, purpose
 - ▶ Consider Anxious, Avoidant or Fearful attachment styles
 - ▶ Male who was shamed, humiliated, disregarded by mother may enact rage onto victims and take what couldn't be had from mother

A correlation analysis showed “sex addiction was positively associated with...adverse childhood experience, anxious adult attachment, narcissism, external regulation, and amotivation while negatively associated with close adult attachment, self-compassion, and internal regulation.”

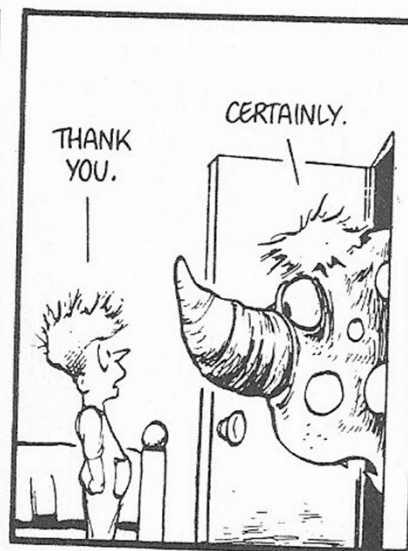
Pathways to Sex Addiction: Relationships with Adverse Childhood Experience, Attachment, Narcissism, Self-Compassion and Motivation in a Gender Balanced Sample (53 men, 51 women)

Kotera, Y. & Rhodes, C. (2019)

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The most prevalent adult attachment style in those with sexual addiction are anxious or avoidant.

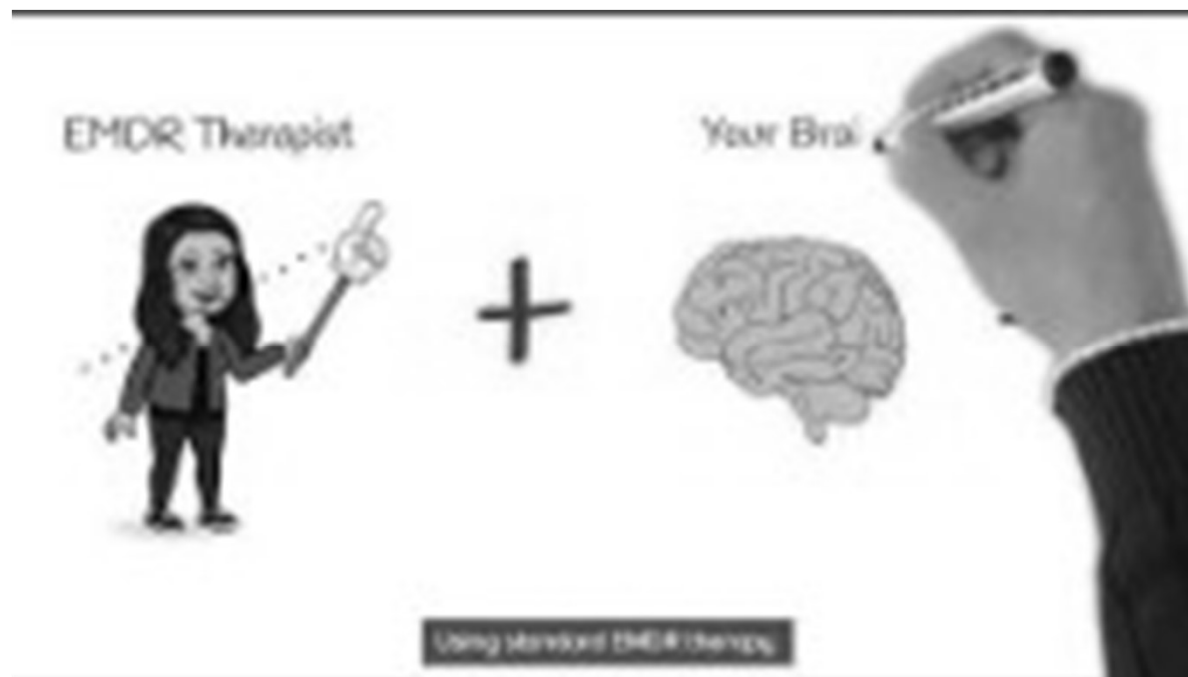
Bigras, Godbout, Hebert, & Sabourin (2017); Jore, Green, Adams, & Carnes (2016); Weinstein, Katz, Eberhardt, . Cohen, & Lejoyeux (2015)



Where does OD Model and Trauma Therapy Fit?

- ▶ The OFFENSE DRIVER MODEL is a systematic way to guide conceptualization, treatment formulation, and implementation of treatment with ISHs
- ▶ Trauma resolution work, e.g., EMDR therapy, is an ADJUNCT TO, not a replacement for standard therapy for ISHs

Brief Overview of Eye Movement Desensitization and Reprocessing (EMDR)



The Adaptive Information Processing Model...



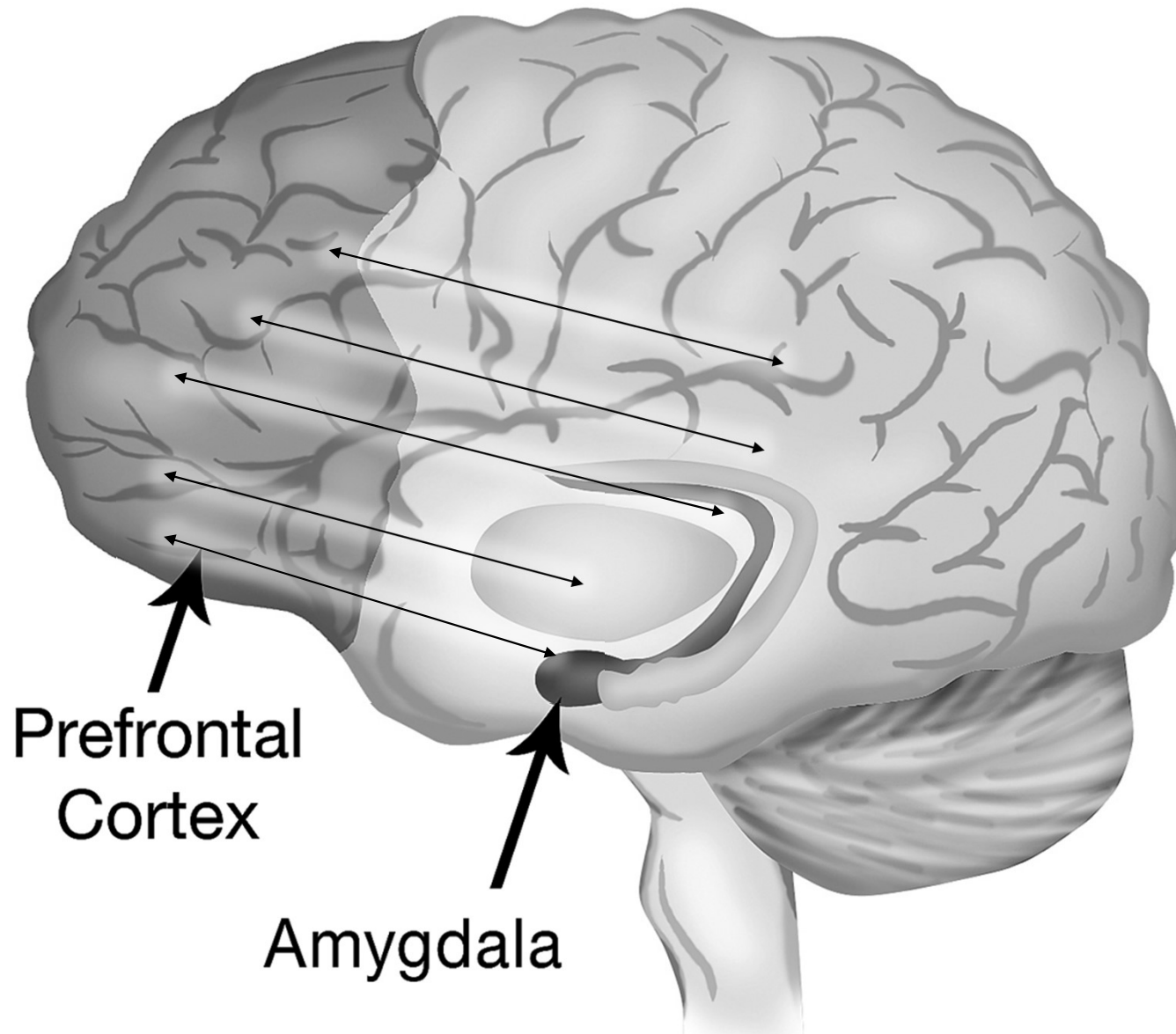
...is an efficient way to restructure the elements contributing to offending behavior.



...hypothesizes that maladaptively stored memories create obstacles to rational, pre-frontal cortex processing of information.



...asks how do these memories/experiences affect current behaviors. “The past becomes the present.”



What is an *Offense Driver* ?

- ▶ Offense drivers as those emotions/affect, personality features, reactive dynamics or unconscious elements, and cognitions that, when exposed to environmental or situational cues, are conceptualized as having driven the individual to cross the line between pro-social and antisocial or legal and illegal sexual behaviors. The offense drivers are a compilation of elements taken from extant theories in the sex addiction and sex offender field.



Offense Driver Parallel Process...

...is always at work when processing offense driving material. When vulnerability factors (affective states, values, attitudes, beliefs deficits) and Achille's Heels are forged from adversity, and later projected upon others, the process of detangling and restructuring them must be accomplished with awareness of and attention to BOTH victims.



Precept 1: If a therapist wouldn't employ it in SOS treatment, it should not be used in EMDR therapy.



Precept 2: The primary goal of EMDR therapy in the offense driver model **IS** resolving the offense driver. It is **NOT** necessarily addressing “trauma,” and it most definitely is not about making the client feel better about wrongdoing.



Precept 3: The clinician conceptualizes the offense driver(s) and guides the client towards target selection.

Resiliency- Good Lives/Healthy Living Plan

Achilles Heel Factors

Attachment Deficits
Anxious
Dismissive
Disorganized

Core World View

Deviant Sexual
Preference

Needs Deprivation
ACE

Abstract Goals

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Etiological Pathway

Deviant Sexual Scripts

Antisocial
Criminal Attitudes

Intimacy Deficits

Emotional Dysregulation

All of the above plus
deviant sexual interests

Vulnerability Factors

Skills Deficits

Social
Critical Thinking
Emotional IQ

Values, Attitudes or Beliefs
Deficits

Lack Motivation
Cognitive Distortions
Implicit False Beliefs
Toxic Masculinity
Misogyny

Preference Deficits

Children
Violence
Sexual Preoccupation
Substance Use
Counterculture
Risk Seeking

Core Goods

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Happiness
Creativity
Spirituality
Knowledge
Relatedness
Community
Excellence
Agency
Inner Peace
Purpose
Productivity

Expanded, Client-generated List of Core Human Goals

Safety

Health

Trust

Love

Relationship

Community/Connection

Companionship

Acceptance

Attention

Approval

Happiness

Pleasure

Sex

Self-Worth

Self-Esteem

Power/Control

Independence

Agency

Self-Directedness

Opportunity for learning

Purpose/Productivity

Creativity

Spirituality

Inner Comfort/Inner Peace



Achilles Heel Factors

Require ongoing awareness and management, can address the things which perturb them, but likely cannot wholly change the susceptibility to them without targeted intervention e.g., EMDR Therapy

- ▶ Attachment Disorder
- ▶ Core World View
- ▶ Deviant Sexual Preference
- ▶ Needs Deprivation (caused by ACE)
- ▶ Abstract Goals

Adult Attachment/Relationship Styles (Bartholomew &, Horowitz, 1991)

+	VIEW OF	SELF
VIEW OF	<p>Secure Attachment ++</p> <ul style="list-style-type: none"> • High level of intimacy 	<p>Anxious/Ambivalent -+</p> <ul style="list-style-type: none"> • Intimacy fluctuates but never satisfactory • Preoccupied with relationships • Easier to connect with children less judgmental • Tries to please child/victim
OTHER	<p>Avoidant II/Dismissive +-</p> <ul style="list-style-type: none"> • Low level of intimacy • Aloof, hostile, independent • Sex is impersonal • Sadistic • Aggressive • Overt offending 	<p>Avoidant I / Fearful - -</p> <ul style="list-style-type: none"> • Superficial intimacy • Indirectly aggressive • Sex is impersonal but non-hostile • Sneaky voyeurism, exhibitionism • Covert offending

☒ Sexual Compulsion - Relationship with sex, attachment, and sexual orientation

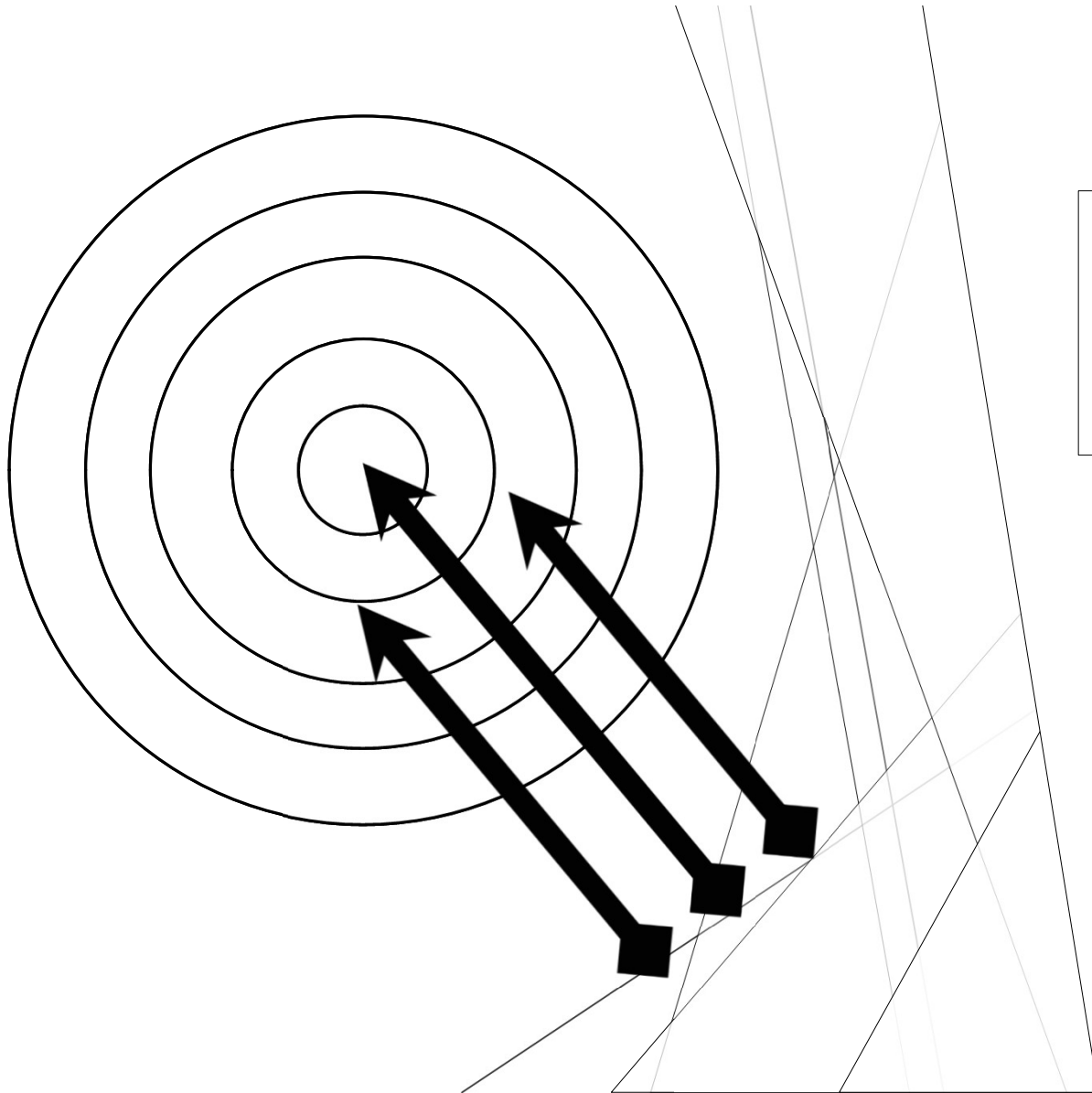
Weinstein, Katz, Eberhardt, Cohen, & Lejoyeux (2015)

The association between avoidant attachment, anxious attachment and sexual compulsivity was tested by a Pearson correlation analysis which showed a positive correlation between anxious attachment and sexual compulsivity ($r = 0.46$; $p < 0.01$) and a positive correlation between avoidant attachment and sexual compulsivity ($r = 0.39$; $p \leq 0.01$).

The Guiding Light



- ▶ What is the **FUNCTION** of the sexual acting out?
- ▶ Was the client trying to:
- ▶ **REWRITE to MASTER**: e.g., identify with the aggressor. This time I'm in control.
- ▶ **RECREATE**: e.g., this was a way that I could intermittently get my needs met.



Questions to Inform the EMDR Target

The chosen EMDR target should be consistent with the answers to one of more of these questions:



Questions to Inform the EMDR Target

What is the Achille's
Heel factor believed to
have been perturbed?

Questions to Inform the EMDR Target

What self-regulation
style did he employ in
the offense chain to
attempt to pursue
valued human goals?



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What Offense Pathway did the client follow?

Distorted Sexual Scripts

Antisociality

Intimacy Deficits

Emotional Dysregulation

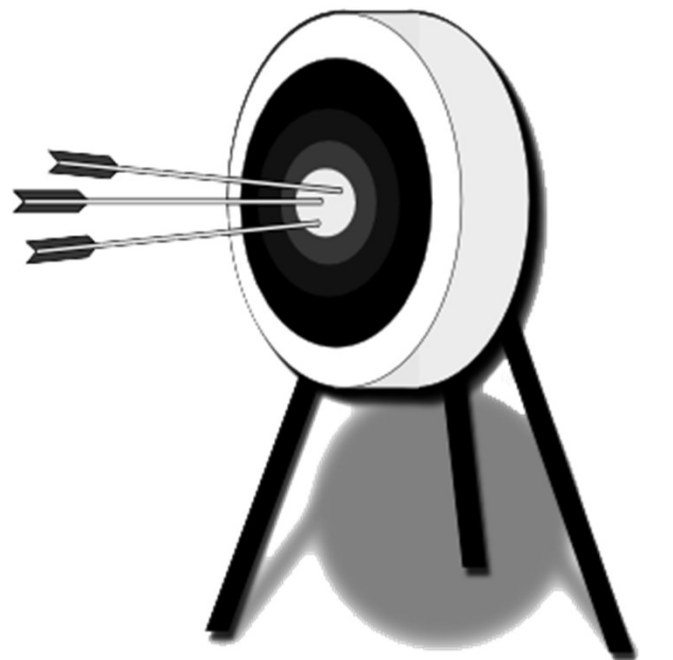
Multi-Mechanism/Deviant
Sexual Preference



Questions to Inform the EMDR Target

- ▶ What is the misguided belief, value, or attitude OR the dissociated or disrupted affect regulation that he carries for having lived through that event?





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Questions to Inform the EMDR Target

- What is the misguided/harmful belief, value or attitude OR misguided emotions he may be projecting onto his victim or into his offense as a result of having lived through that event?

Questions to Inform the EMDR Target



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- ▶ What is the more functional belief that, had he had access, might have prevented the offense?

Questions to Inform the EMDR Target



- What is the more adaptive skill that, had he had access, might have interrupted the offense chain?



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Questions to Inform the EMDR Target

- What are the human goods he was trying to meet through the offense? (e.g., relationship, mastery, pleasure, inner peace)



Eight Phases of EMDR Therapy

1. Client History and Treatment Planning
2. Preparation
3. Assessment
4. Desensitization
5. Installation
6. Body Scan
7. Closure
8. Reevaluation

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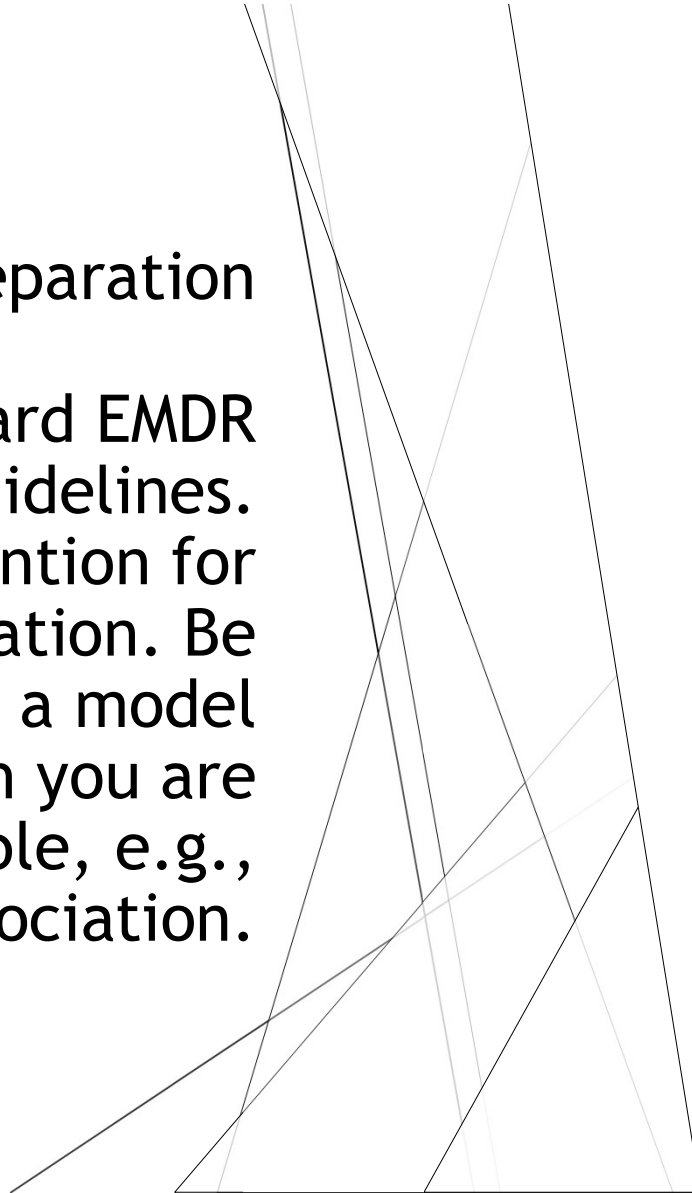
Phase I: Client History & Treatment Planning

While listening to the client's history, listen for and document those events or touchstone memories which appear to have formed the foundation for the offense driver(s). It's useful to collaborate with primary SOS treatment provider.

Phase II: Preparation

Follow standard EMDR therapy protocol guidelines.

Pay particular attention for evidence of Dissociation. Be prepared to employ a model with which you are comfortable, e.g., Structural Dissociation.

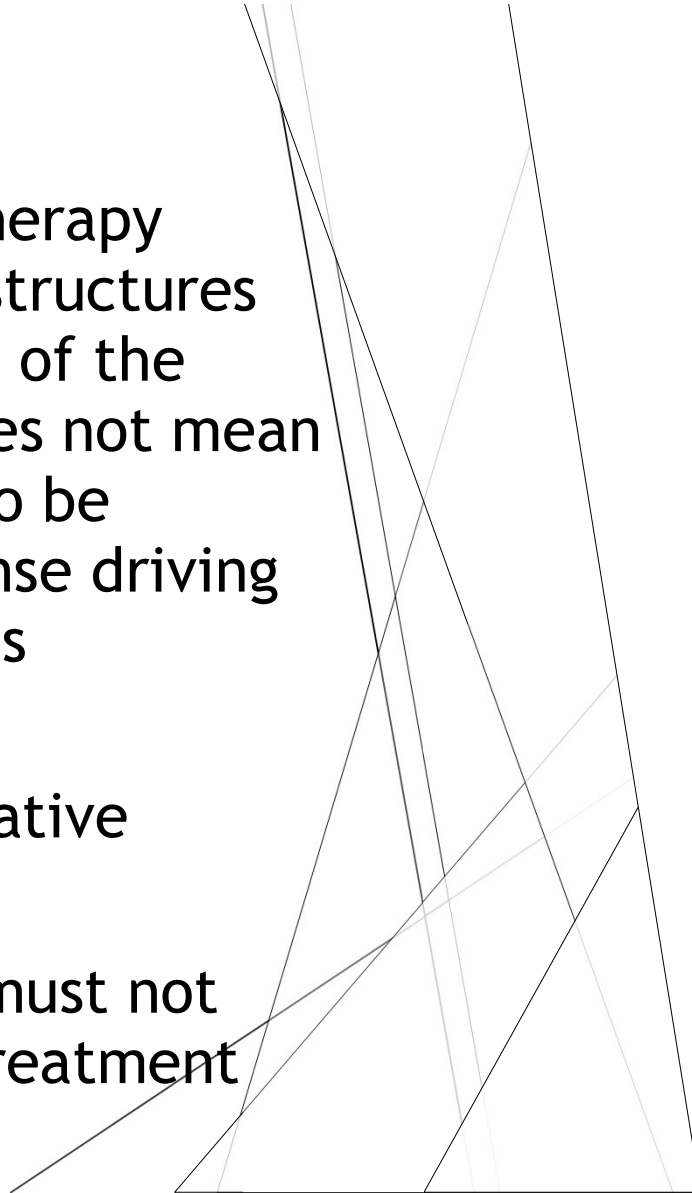


Phase III: Assessment

Unlike standard EMDR therapy protocol, the therapist structures and guides the selection of the relevant target. This does not mean other targets cannot also be addressed, but the offense driving target is the focus of this intervention.

There may **not** be a negative cognition (NC).

Positive Cognition (PC) must not conflict with standard treatment principles for ISOs.



Phase IV: Desensitization

Special attention should be paid to Cognitive Interweaves (CI) to ensure they do not conflict with standard treatment principles for ISOs. As with the PC, caution the CI will not support offense-supportive beliefs or offense drivers.

Permissive allowance for ecologically sound residual SUD based on client's explanation.

Employ Internal Family Systems or Structural Dissociation when looping or “stuckness” occurs.



Potential Blocks to Engagement

- Fear of not being able to handle strong emotions. Assess and if required, develop self-soothing skills.
- Fear of going crazy or fears of losing control.
- Fear of disclosure of information.
- Shame or guilt associated with past events.
- Fear of success
- Fear of failure
- Fear of the unknown
- Fear of loss of control
- Fear of letting go of therapy or the therapist.
- Fear around betrayal of parental injunctions, being disloyal to them by changing.

(With gratitude to Graham Taylor, EMDRAA Accredited Trainer, Australia)

- Fear of losing good memories
- Fear of change
- Fear of loss of identity
- Fear that you may not be believed.
- Fear to lose your "old Self".
- Fear the trauma is too much for the therapist.
- Fear to violate a vow of silence, or punishment for revealing
- Fear of who or what will need to be confronted if therapy is successful?

(

(With gratitude to Graham Taylor, EMDRAA Accredited Trainer, Australia)

Degrees of Consciousness

Cece Skyes, LCSW

Dissociation

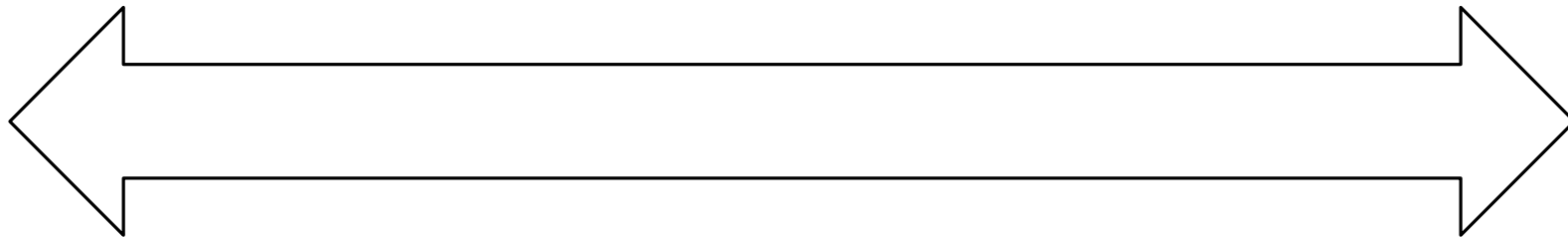
Flooded

Blended

Self-Led

Self

Transcended



With Gratitude to Ceci Sykes, LCSW

Internal Family Systems

Richard Schwartz

MANAGER

- Future Oriented
- Proactive
- Taskmaster
- Pessimist
- Cautious
- Critical/Controlling



DISTRACTOR/Firefighter

- Avoid/Soothe
- Self-harm
- Reactive
- Reject/Concealed

VULNERABLE PARTS/Exiles

- Absorb Energy
- Past Oriented
- Carry Pain, fear, shame, trauma
- Overwhelming
- Repress-Ignore



Example from group consultation

An offender sexually molested his daughter. NC: I am an evil person. PC: I am a good person. Stuck point: the offender was looping and not progressing because he felt too guilty/shameful about what he did.

?? cognitive interweave: “Do you think your daughter would want you to feel bad for the rest of your life about what you did to her?”

Check Your Work!!!

Before considered complete,
process an offense and
monitor for offense driver
dynamics.

Have all that arise been addressed?

Have any that arise still seem active/energy?

Does client notice parallel dynamics?



Future Template



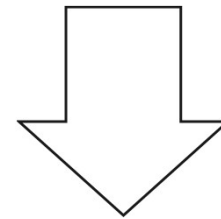
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Key Practice Points with Individuals who have Committed Sexual Offenses

1. Your new client's acting out hurts others.
\\ |
2. You are part of a larger team.
/ \ / |
3. Goals need to complement not compete.

Key Points *continued*

4. Given that sexual offending occurs within the context of secrecy full and open information sharing between members of the larger team is essential.



5. Use sex offense as target to uncover underlying dynamics.

Key Practice Points

6. Clients are often mandated to treatment because they've been caught by their spouse. Initially, rapport building can be a challenge. Eventually, the client recognizes that s/he wants to be there for themselves. Be clear with client about what treatment is and isn't during **informed consent**. Use frequent feedback measures to document client is willing participant in change.

7. Compulsive sexual behavior should be targeted first to moderate processing blocks.



Feeling State Protocol Robert Miller, Ph.D.

- ▶ 1. Explain FSP to the client
 - ▶ 2. Identify the problem/compulsive behavior
 - ▶ 3. Flesh out the behavioral chain
 - ▶ 4. Identify the most intensified part, enhance
 - ▶ 5. Identify the Feeling State(s) (essential, may be time consuming)
 - ▶ 6. Visualize the behavioral chain and enhance intensity of feeling
 - ▶ 7. Assess Positive Feeling State (scale 0 - 10)
 - ▶ 8. Locate the sensation in the body
 - ▶ 9. Process with bi-lateral stimulation the “need” for the feeling
-
- Identify Negative Cognition (that has blocked attaining the positive feeling)
 - Float Back
 - Process using standard EMDR protocol

Key Practice Points



8. Client may see target as non-issue or is mostly upset because they've been caught. As such, beginning SUDS may be low or non-existent.

Key Points

continued

9. Denial is prevalent so:

- ▶ When working on S.O. issues EMDR therapist chooses the target(s).
- ▶ Target chosen should be informed by offense drivers (identified by S.O. therapist).
- ▶ Therapist may need to liberally apply cognitive interweaves.
- ▶ Interweaves are informed by the offense drivers.
- ▶ Don't use cognitive interweaves that inadvertently support offense driving factors.

Key Practice Points

10. SO is one of the targets.

11. The client may be hesitant to reveal thoughts as they may be counter to what they are learning in group treatment (e.g., distorted thoughts, fantasies).

12. Future template should target an offense driver rather than future SO resistance (don't want behavioral rehearsal of acting out.)



Key Practice Points



EXPLORE THE TIMELINE

13. May be several targets, consider chronology.

14. Consider lapse behaviors as indicators of progress or non-progress.

15. Clinicians need to be prepared to hear graphic sexual content from the sex addict's perspective.

Key Practice Points

16. It's important to follow the lead of the primary therapist so as not to undermine treatment. Some interventions may appear counter-intuitive.

17. Self-report measures of progress should be considered with caution, verified with primary therapist and with Partner and/or Partner's therapist when possible.



Resiliency- Good Lives/Healthy Living Plan

Achilles Heel Factors

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Dismissive
Disorganized

Core World View

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Needs Deprivation
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Etiological Pathway

Deviant Sexual Scripts

Antisocial
Criminal Attitudes

Intimacy Deficits

Emotional Dysregulation

All of the above plus
deviant sexual interests

Vulnerability Factors

Skills Deficits

Social
Critical Thinking
Emotional IQ

Values, Attitudes or Beliefs
Deficits

Lack Motivation
Cognitive Distortions
Implicit False Beliefs
Toxic Masculinity
Misogyny

Preference Deficits

Children
Violence
Sexual Preoccupation
Substance Use
Counterculture
Risk Seeking

Core Goods

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Happiness
Creativity
Spirituality
Knowledge
Relatedness
Community
Excellence
Agency
Inner Peace
Purpose
Productivity

OFFENSE DRIVER CHECKLIST	Present	Brief Description/Touchstone Event
Achilles HEEL		
Attachment Disorder		
Deviant Sexual Preference		
Core World View		
Needs Deprivation (ACES)		
Abstract Goals		
PATHWAY		
Deviant Sexual Scripts		
Antisociality/Rationalization		
Intimacy Deficits		
Emotional Dysregulation		
VULNERABILITY FACTORS		
Skills Deficits (social, thinking, emotions)		
Values, Attitudes, Beliefs Deficits		
Lack Motivation		
Distorted Beliefs, implicit/explicit		
Hypermasculinity/Misogyny		
PREFERENCE DEFICITS		
Children		
Violence		
Other:		

Thank you!

Where to find us...

Ronald J. Ricci, Ph.D.

- ▶ ron@radfordcounseling.com
- ▶ 856-649-6476
- ▶ Radfordcounseling.com
- ▶ Radford, Virginia

Alexandra Katehakis, Ph.D.

- ▶ alex@centerforhealthysex.com
- ▶ 310-843-9902
- ▶ Centerforhealthysex.com
- ▶ Los Angeles, California

- ▶ Note: Discussions with Dr. Katehakis were instrumental in the development of this presentation