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# Managing Unhealthy Sexual Arousal: A Sex-Positive Approach to Treatment

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Alternate Title:

Bud & Ted's



**EXCELLENT  
ADVENTURE**

**(Arousal Management)**

# Who We Are

- Ted Jackson
  - Licensed Clinical Social Worker with the NYS Office of Mental Health
  - History working with Child Protective Services and providing individual and group therapy
  - Formerly provided treatment at Marcy Correctional Facility (PBSOTP)
  - Research projects include unhealthy sexual behaviors including sexual interest in minors




# Who We Are

- Bud Ballinger
  - Licensed Clinical/Forensic Psychologist
  - 25-year career in forensic evaluation and treatment of mandated clients in inpatient, outpatient, correctional, and civil commitment.
  - Director of Treatment Services for Secure Treatment and Rehabilitation Center (STARC) – New York State’s civil commitment program
  - Quirky sense of humor, able to make myself laugh consistently, other people occasionally.



# Disclaimer

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- Opinions and suggestions in this presentation are those of the authors alone, and not necessarily representative of the views of the NYS Office of Mental Health.



***Immature is  
a word that  
boring people  
use to describe  
fun people.***

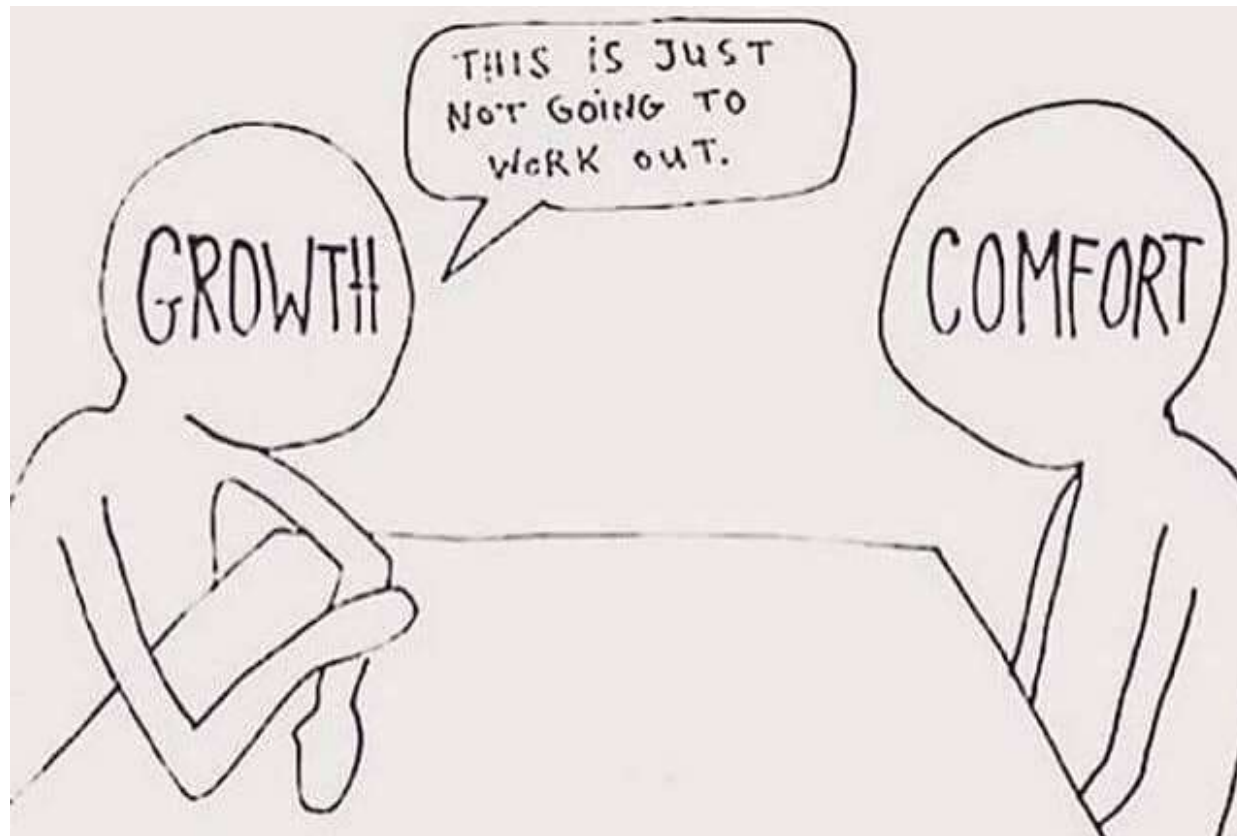
Will Ferrell

Fair Warning:  
May contain  
offensive or  
irreverent  
content



# Discomfort

- People perceive discomfort as a sign that something is wrong. This is a valuable survival skill in some situations.
- People experience an impulse to avoid, attack, or otherwise mitigate the perceived source of the discomfort.
- Acting on those impulses can come at a cost.



Embracing  
Discomfort



## Embracing Discomfort

- Helpful Perspective- Discomfort can be endured.
- Transformative Perspective – Discomfort is an essential part of growth.



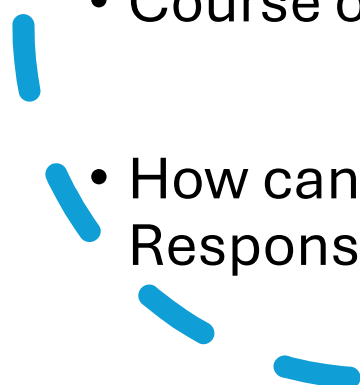
## Invitation to embrace discomfort

- Making a commitment to embrace discomfort and welcome it as a sign of learning and growth has been supported in research as promoting better performance on tasks, greater openness to new ideas, and improved integration of information.
- Observe discomfort with curiosity and learn what it can teach.



# Agenda

- General Discussion about Arousal Management
- Discussion about the research on Arousal Management
- Course of treatment, materials, etc.
- How can this type of treatment be adapted to meet different Responsivity needs and learning styles





## What is Arousal Management?

- Any interventions that target:
  - Unhealthy / Deviant sexual behaviors
  - Sexual Compulsivity / Hypersexuality
- Includes but is not limited to behavioral interventions.
- Goal is to manage, not necessarily to extinguish unhealthy arousal and attractions.

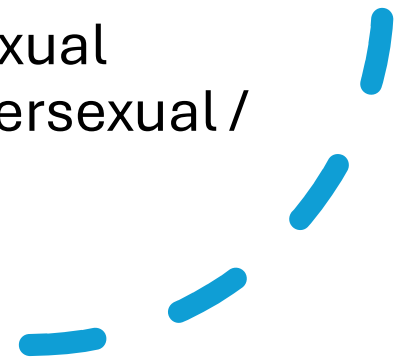


# What Arousal Management *Isn't*

- Conversion therapy!
  - Conversion therapy has used behavioral techniques, at times using electric shock as an aversive.
  - The goal of conversion therapy is to change someone's sexual orientation or identity. That is not the goal of arousal management.
  - Historically, conversion therapy has been faith-based and abusive.
- At the core of Arousal Management, we are not trying to change someone's orientation or identity.

# Who is appropriate for Arousal Management?

- People who have committed sexual offenses that involve unhealthy sexual interests.
  - Violence
  - Pedophilia and \*Hebephilia
  - Other paraphilias that may have been involved with offending.
    - Fire, voyeurism, etc.
- Those who have committed sexual offenses and appear to be hypersexual / sexually compulsive



# Who is appropriate for Arousal Management?

- Self-referrals
  - NOMAPs (depending on individual goals)
- People with other paraphilias that may interfere with functioning
- People who self-report hypersexual thoughts and behaviors



# The Importance of Motivation

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A high level of motivation is a prerequisite for managing arousal.

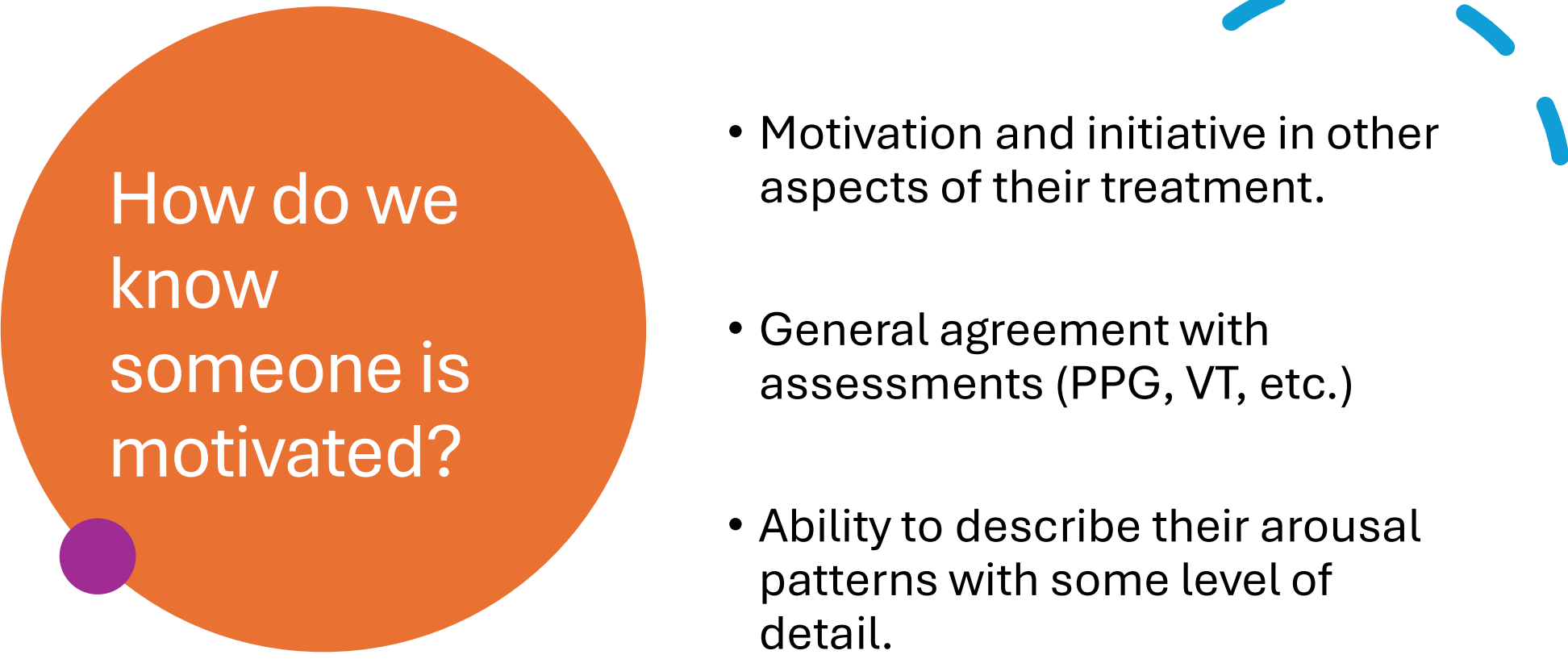
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We may be asking people to give up or manage a significant part of their sexual identity.

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Some may experience a sense of grief or loss.

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## How do we know someone is motivated?

- Motivation and initiative in other aspects of their treatment.
- General agreement with assessments (PPG, VT, etc.)
- Ability to describe their arousal patterns with some level of detail.

Things  
people say  
that might  
indicate a  
lack of  
readiness

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“My attorney said I need this group.”

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“I must be attracted to kids because it’s in the records.”

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“I used to think like that, but I don’t anymore.”

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“I’m older now and don’t have a sex drive.”

# What is Sex Positive?

Cultivating a belief that other people can have sex any way they want with whoever they want, so long as there is full, informed consent.

Removing shame and judgment from discussions of sexual interests and consensual sexual behaviors.

Considering sex a beneficial and healthy part of being human.

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# Self Assessment

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Have I processed my own thoughts,  
feelings, and beliefs about sex?

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About masturbation?

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About porn?

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About kink?

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About alternative relationship  
structures?



## Self Assessment

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Do I know where my beliefs about sex come from and why I have them?

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Do I think that my beliefs are “right”?

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How comfortable am I discussing sex outside of the context of problematic sexual behavior?

# What is sex negativity?

- Assuming that human sexuality (or certain legal, consensual types) is inherently:
  - dirty
  - dangerous
  - disgusting
  - unnatural
  - uncontrollable
  - harmful
  - risky



# Sources of Negativity

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- 1) The nature of our work.
- 2) Training and history of our field
- 3) Culture



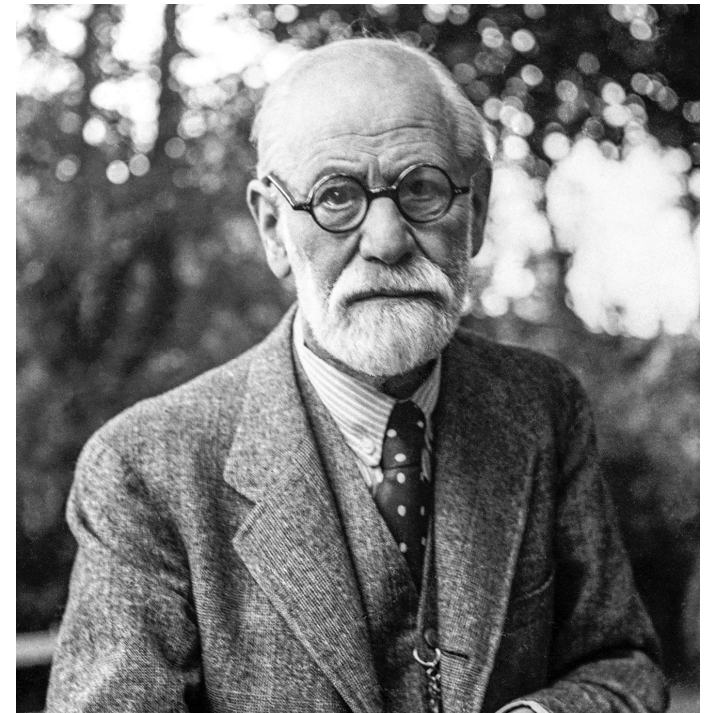
# Sources of Negativity: History

- Kraft-Ebbing - Psychopathia Sexualis
  - Advanced the cause of treatment for people with sexual behavior problems (moving away from moral/religious solutions)
  - BUT being steeped in Victorian sexual viewpoints, it essentially avoided talking about healthy sexuality, pathologized homosexuality, and focused on pathological (a.k.a. “perverse”) sexual behavior

# Sources of Negativity: History

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- Freud
  - Advanced for the time and contributed to the acceptance of psychotherapy
  - BUT theories codified the idea that there is one ideal way to function sexually and that anything outside of that way of functioning is pathology that can be understood and treated to bring a person into “the norm.”
  - Sexual impulse is primitive and needs to be controlled.



# Sources of Negativity: History

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- Psychological research
  - Hargons et al. (2017) reviewed a sample of 61 years' worth of published work about sexuality (1954-2015) in two major counseling psychology journals.
  - Out of 188 human sexuality studies that met inclusion criteria, only 5% used a sex-positive perspective.
  - 70% were categorized as sex-negative (i.e. using “disease” or “problem” models).

# Sources of Negativity: History

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- Forensic Sexology vs. Human Sexology (Miner, 2006)
- Forensic sexology seeks to eliminate deviant fantasies, while human sexology seeks to understand them.
- Human sexology views the shame associated with “deviant” fantasies as potentially contributing to unhealthy sexual behavior and would therefore see safe and open communication as a necessity.

# Sources of Negativity: History

- Forensic Sexology vs. Human Sexology (Miner, 2006)
- Forensic sexology requires polygraph because offenders are not seen as trustworthy. Human sexology assumes that people who sexually abuse can be motivated, and the treatment process can be trusted.
- Forensic sexology emphasizes treatment techniques. Human sexology perspective emphasizes therapeutic relationship to produce positive outcomes.



# Sexual Wellness

(World Health  
Organization, 2006)

- “...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.”

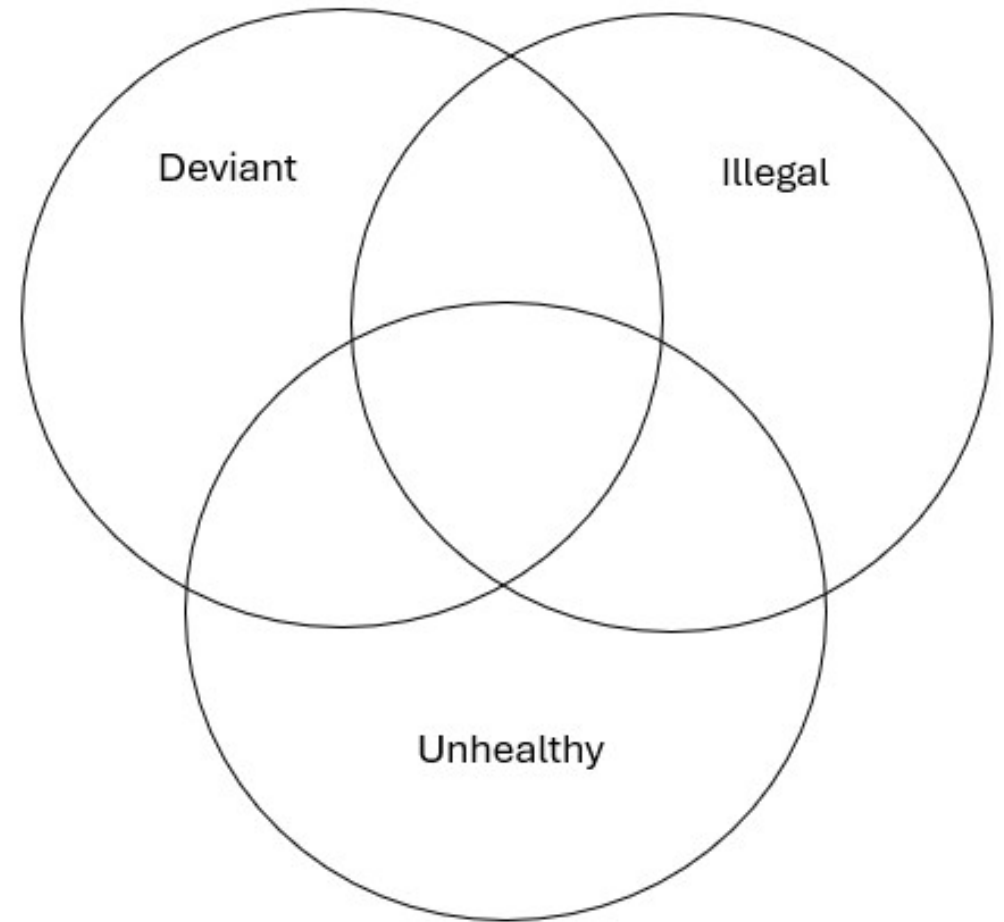


# Sex Positivity

- Participants should be encouraged to explore ALL of their sexual interests in an atmosphere free of judgment.
- Interests in unusual or low frequency sexual behaviors or interests in sexual behaviors which are not societally seen as “normal” are NOT the problem we are treating. We are treating behavioral problems.
- Conversations about the extent to which a person can explore and engage in their sexual interests in a healthy way are **just as important** as discussing the problems that sexual behaviors may have caused.

# Sex Positivity

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- Conversations about interests being unhealthy, illegal or deviant and the nuanced differences between these are important because some unhealthy and exploitive behaviors are not illegal, and some socially discouraged interests/behaviors might not be illegal OR unhealthy.



## A note on language

- To be person-centered in treatment, it can be helpful to use person-centered language.
  - Calling something an unhealthy interest might be preferable to labeling someone as “deviant”
  - Saying that someone has an “interest in children” or “pedophilic interests” might be preferable to labeling someone a “pedophile”
  - People are not their diagnosis

# Management vs. Reconditioning

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Management refers to anything that allows a person to keep something under control

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Reconditioning is about modifying behavioral responses to internal or external stimuli.

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Reconditioning does fall under the umbrella of management, but not all management techniques are reconditioning.

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These terms are often conflated; focus is often placed on reconditioning.

# Things we can learn from “NOMAPs”

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There are people in the world who are attracted to children and teenagers who have remained offense-free.

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A big reason for this is commitment to doing no harm and / or commitment to staying out of the justice system.

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Motivation is important.

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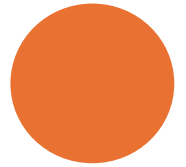
Some have used skills and techniques that mirror some of the skills and techniques used in Arousal Management.



Research

# Research on Arousal Reconditioning

- Some studies have demonstrated that sexual arousal, including kinks, paraphilias and fetishes can be conditioned:



# Research on Arousal Reconditioning

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- Pfaus et al. (2013) demonstrated that kinks could be developed in rats; paired sexual behavior with a rodent jacket.



# Research on Arousal Reconditioning

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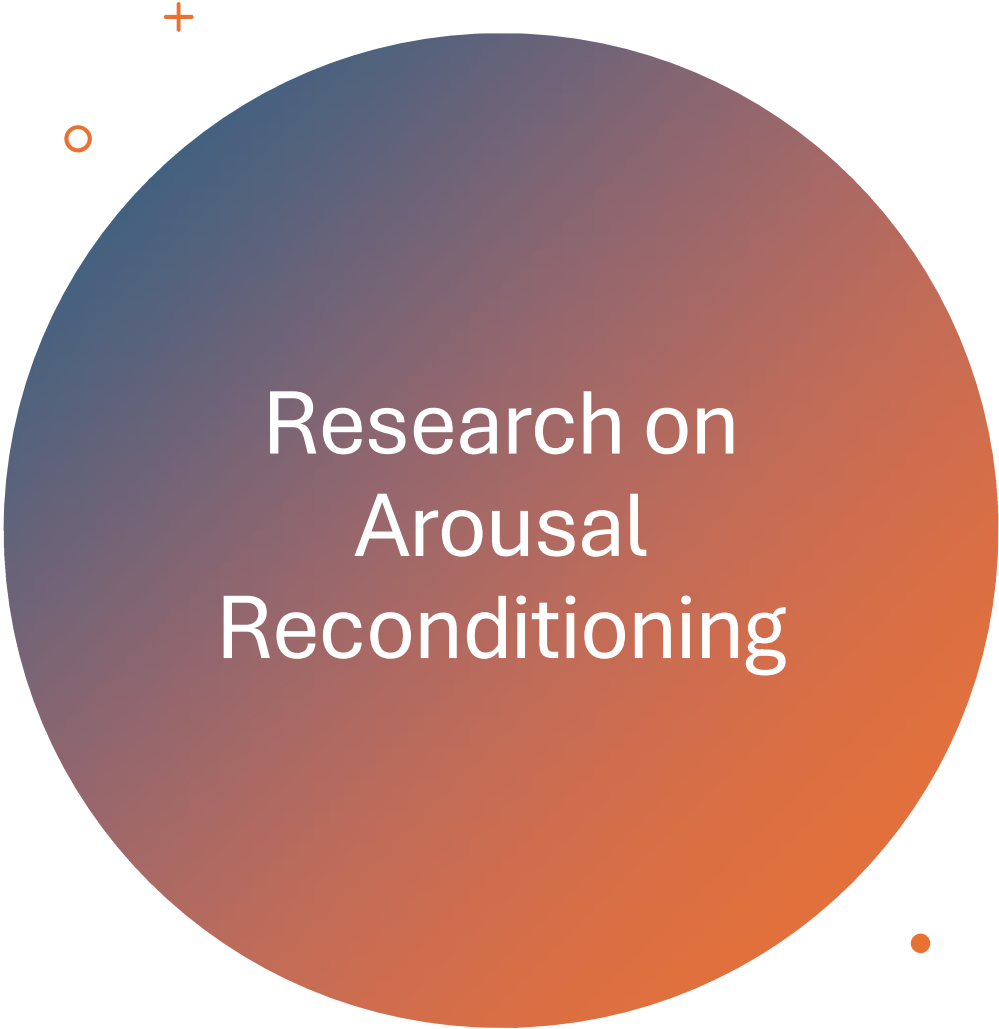
- Koksal et al. (2004) showed that quails were able to pair copulation behavior with a piece of terrycloth.




# Research on Arousal Reconditioning

- Research on humans has had promising results but much of it is older and some is controversial by today's standards.
  - MacCulloch & Feldman (1967) reported an ability to change a person's sexual orientation by allowing them to avoid a shock by pushing a button when a person viewed an image of a male, changing the image to that of a woman.
  - Barlow & Agras (1973) used a "fading" technique to increase arousal to women in homosexual participants.





## Research on Arousal Reconditioning

- Gray (1995) studied Minimal Arousal Conditioning and Masturbatory Satiation
    - Pre-test and post-test with a PPG showed a significant reduction in unhealthy arousal.
  - Small sample size
  - MAC and Masturbatory satiation recommended as a viable method of managing unhealthy arousal patterns.
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## Research on Arousal Reconditioning in Sex Offense- Specific Treatment

- Perhaps the most important paper is Gannon et al. (2019).
  - Meta-analysis that showed that sex offense-specific programs that incorporate arousal reconditioning lead to lower rates of sexual recidivism.
  - Other older studies have supported the idea that behavioral techniques can be used as a viable treatment option for people with unhealthy sexual interests (Maletsky, 1974).

- +
  - • Assessment and Treatment



# Assessing Unhealthy Arousal Patterns

**Record Review** – Including criminal and medical history, prior treatment, etc.

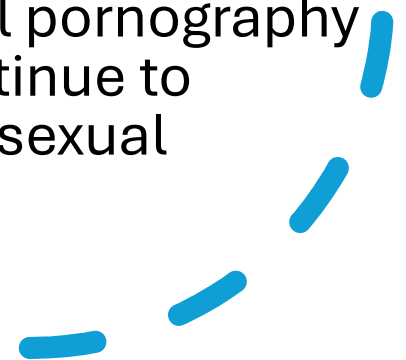
**Self-Report** – Some people have insight into their arousal patterns and how and why it is unhealthy.

**Penile Plethysmograph** – Measures changes in circumference of penis when exposed to different stimuli.

**Visual Measures** – Affinity, Abel, LOOK

## Ensuring Healthy Sexuality is Encouraged

- It is important to allow people space to explore their sexuality as long as they aren't engaging in harmful behaviors.
- Managing arousal does not mean attempting to reduce *all* arousal, just arousal to unhealthy stimuli and unhealthy behavior patterns.
- Masturbation and use of ethical pornography are ways that a person can continue to explore their individual healthy sexual interests.



## Arousal Management Should:

Be voluntary and administered only after the client understands and provides consent


Be implemented in the context of the therapeutic relationship after developing motivation and a strong working alliance

Be implemented in the service of the client's long-term goals of living a life they can be proud of

Be integrated into a comprehensive treatment program that follows RNR principles, includes cognitive behavioral interventions, and identifies/treats risk relevant treatment needs



## Encouraging Healthy Sexuality

- Sexual Stimuli that should be encouraged will:
    - Depict consent
    - Ideally be ethical pornography if pornography is used.
    - Depict some sense of realism but may also include fantasy.
    - May include sexual interests that some find unusual but are otherwise unharmed.
- 



## Suggested Course of Treatment

- Arousal Management should be integrated into a treatment program but not *be* the treatment program.
- Addresses a few risk factors but participants should have the opportunity to look at other areas of risk as well.

# Suggested Course of Treatment

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- Sexual Education – Basic biological knowledge, sexual health and safety, sexual decision making, pornography literacy
- Sexual Identity Exploration – Allow participants space to discuss their own sexual identities, interests, etc. Focus is not necessarily on unhealthy behaviors and deviance as much as understanding of an individual's sexual landscape.
- Exploring Unhealthy Sexuality – Group focused on unhealthy sexual interests and hypersexuality and their impact.

# Suggested Course of Treatment

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- Group Focused on Skills and Techniques – People are presented with a number of options and asked to think about which skill / technique might work best for them and to try out different ones.
- Maintenance Support Group – For those who have practiced skills for some time.

# Sexual Education




What's your  
comfort level?



+  
o • Exploring Sexual  
Identity





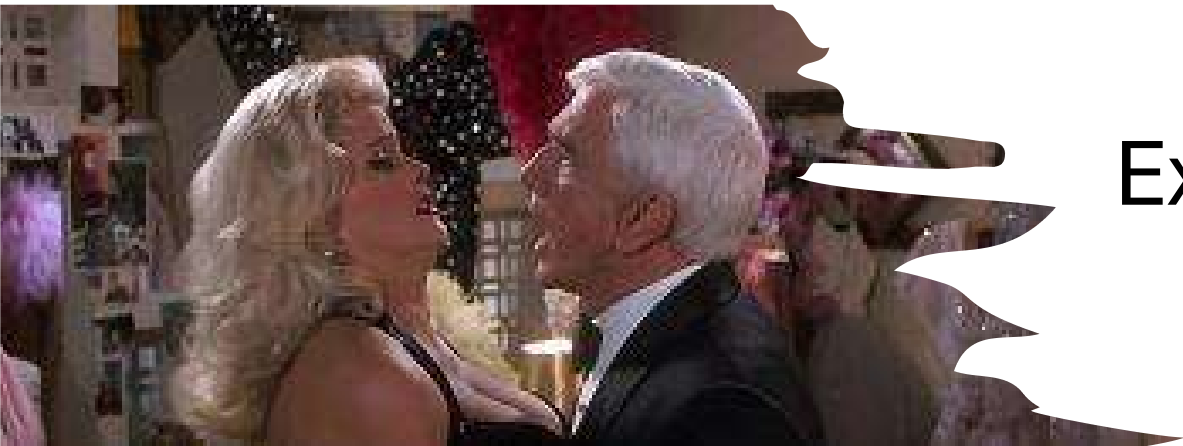
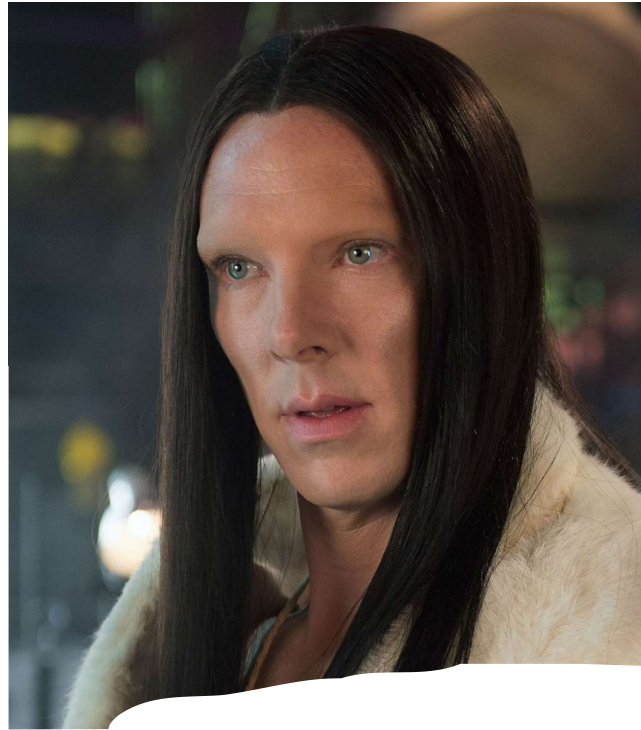
## Re-Learning what we know about sex

- Popular culture hasn't typically done a good job of depicting healthy sexual relationships.
- Sexual assault has historically been treated as a joke in comedies.
- Diverse body types and LGBTQI+ people typically haven't been treated fairly in movies.



# Examples

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Examples

## Consequences of Messages in the Media

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People don't know what healthy sex and sexuality looks like.

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People don't know how to communicate about gender.

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Biases develop about what is normal and what is abnormal

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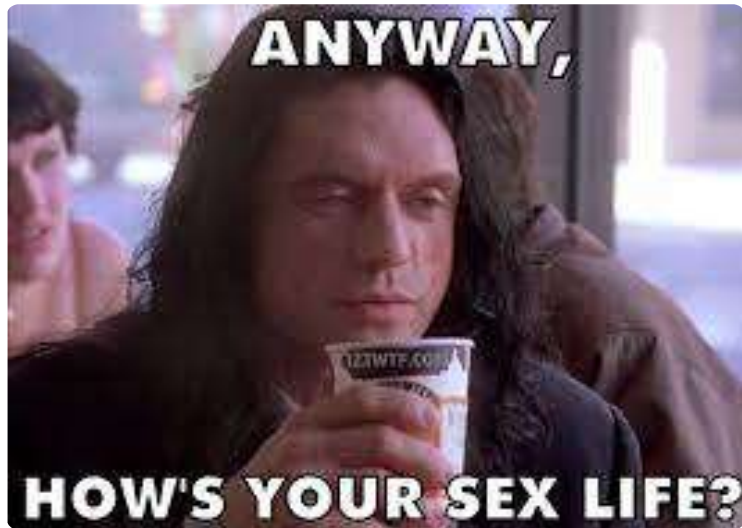
Unwillingness to explore sexual interests because they have been unfairly labeled.



# Exploring Sexual Identity

- Sexual Flexibility
  - Variability of interests
  - Willingness to try new things
  - Preference for age, gender and sexual behaviors
  - Willingness to deviate from preferences





# Sexual Openness

# Exploring Sexual Identity

- Sexual Openness
  - Willingness to talk about sex
  - Do you see sex as being dirty, shameful, etc.?
  - Are you more open with some people than with others?




# Sexual Self-Esteem and Anxiety





# Exploring Sexual Identity

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- Sexual Self-Esteem and Anxiety
    - How do you feel about your ability to be sexual with others?
    - Are you confident in your ability to be a pleasurable partner?
    - How do you feel about your own body and sex organs?
    - Do you tend to shy away from sexual relationships?

# Sexual Motivation and Drive

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# Exploring Sexual Identity

- Sexual Motivation and Drive
  - The strength of a person's sexual urge or interest
  - Influenced by biology, psychology and social factors
  - Not to be conflated with hypersexuality, sexual compulsivity, etc.

## Hypersexuality vs. High Sex Drive

- A lot of people have a high sex drive and can control their behavior.
- Hypersexuality is usually indicative of an inability to control sexual behaviors
- Some people are better equipped to control their behaviors
- Hypersexuality is not the same as attraction to unhealthy stimuli (minors, violence, etc.)



# Hypersexuality vs. Unhealthy Interests

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*Imagine you get on a bus, and someone is on the bus who you find to be incredibly attractive. Depending on your preferences, they may be men, women, children, or anyone else who you know you have a sexual attraction to. Think about what thoughts you might have about some of these people. Now, honestly think about whether you might act on these thoughts.*

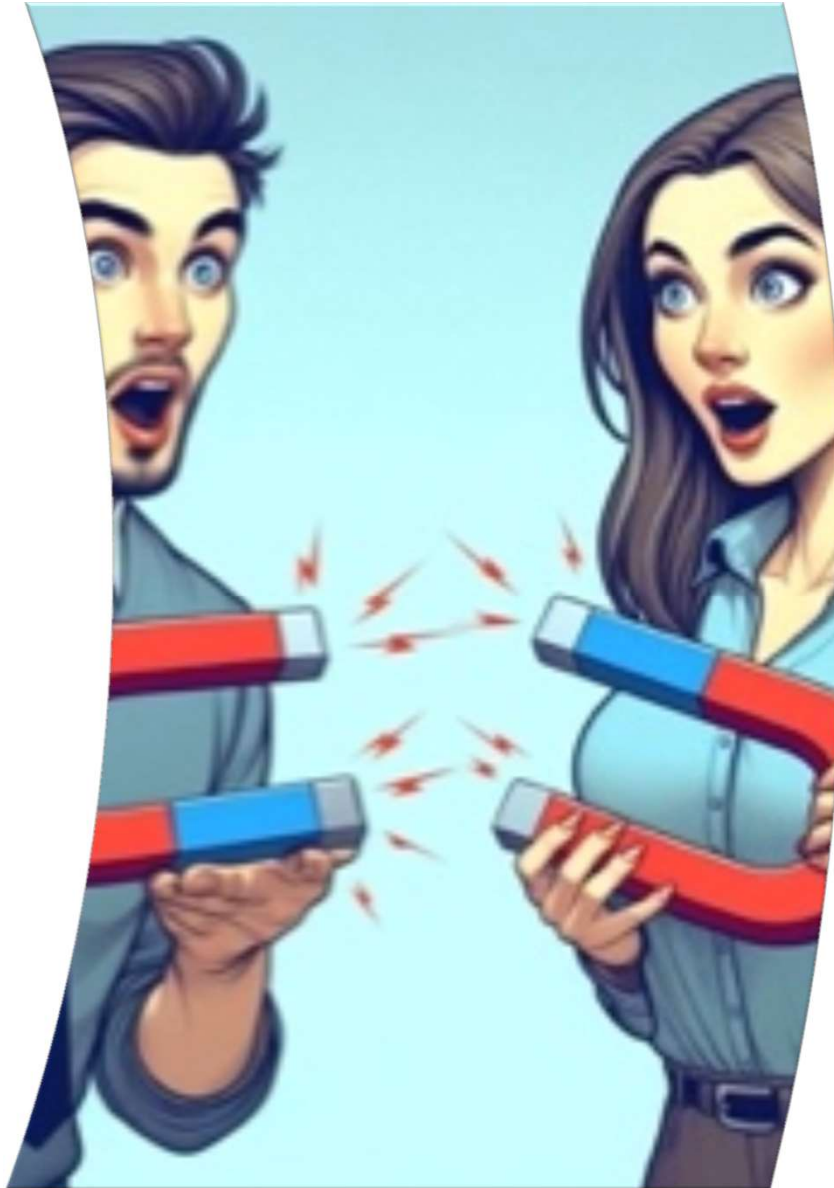


# Healthy Attraction vs. Objectification

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- “I was having fantasies about her but it’s unhealthy because she’s staff, so I was objectifying her.”
  - Attraction – Speaks to being drawn to another person because they possess some characteristic that you find appealing.
  - Objectification – Speaks to the inability to see a person as more than something sexual being; unable to respect the fact that someone is a human being.



# Attraction



- Have you ever had a sexual relationship with or been drawn to someone who isn't someone you would typically be attracted to?
- Think about what drew you to the person
  - Physical Attraction
  - Emotional Attraction
  - Romantic Attraction
  - Social Attraction

# Arousal Template Activity

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# Arousal Template Activity

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*“Imagine that when you’re born, you’re given a plot of rich and fertile soil, that is different from everyone else’s. From that moment, your family, culture, friends, and religion start to plant things in the garden for you until you become old enough to take care of the garden yourself. They plant language and attitudes and knowledge about love and safety and bodies and sex. And they teach you **how** to tend to your garden, because as you transition through adolescence into adulthood, you’ll take on full responsibility for its care.*

*And you didn’t choose any of that. You didn’t choose your plot of land, the seeds that were planted, or the way your garden was tended in the early years of your life.*

*As you reach adolescence, you begin to take care of the garden on your own. And you may find that your family and culture have planted some beautiful, healthy things that are thriving in a well-tended garden. And you may notice some things you want to change. Maybe the strategies you were taught for cultivating the garden are inefficient, so you need to find different ways of taking care of it so that it will thrive... Maybe the seeds that were planted were not the kind of thing that will thrive in your particular garden, so you need to find something that’s a better fit for you...*

*Some of us get lucky with our land and what gets planted. We have healthy and thriving gardens from the earliest moments of our awareness. And some of us get stuck with some pretty toxic crap in our gardens, and we’re left with the task of uprooting all the junk and replacing it with something healthier, something we choose for ourselves.”*

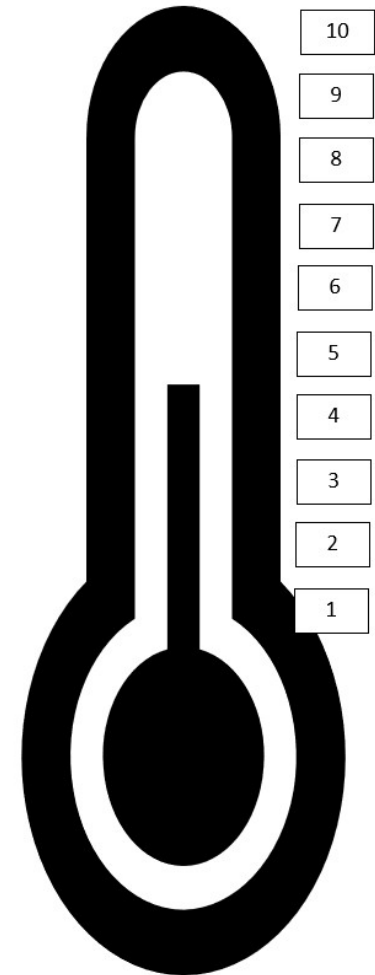
# Arousal Template Activity

- Ideally participants will be able to answer:
  - Physical features I am attracted to
  - Emotional characteristics I am interested in (how does a person express themselves to others?)
  - Places and times I am more likely to be aroused
  - Behaviors that are a turn on
  - Sexual behaviors that I enjoy



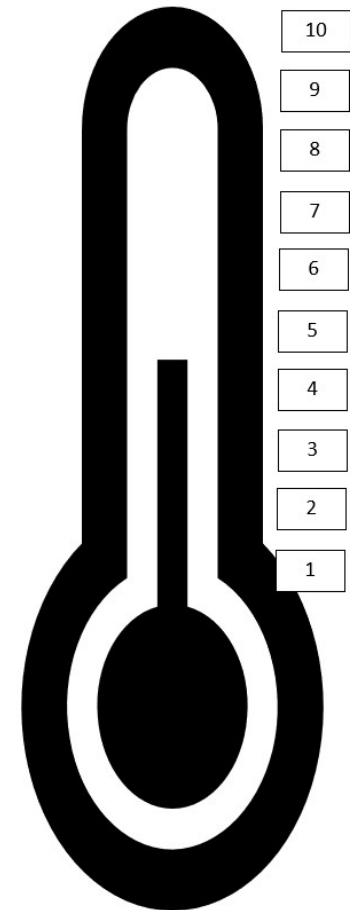
# Arousal Thermometer Activity

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# Arousal Thermometer Activity

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- The goal of this activity is for participants to reflect on what a “10” feels like opposed to a “1”
  - The other goal is for participants to think about what stimuli will get them to a 10 the fastest
    - A person may be bisexual but has a preference for men
    - A person may be attracted to adults and children but has a preference for children



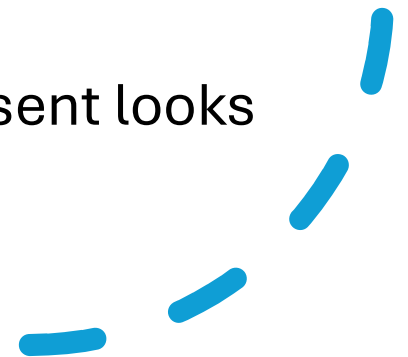
# Consent

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# Discussing Consent

- People should give themselves permission to engage in sexual activities that interest them, even if some people might find them to be unusual.
- Consent and how to have a conversation about consent should be involved in engaging in any sexual activity.
- Not everyone knows what consent looks like.





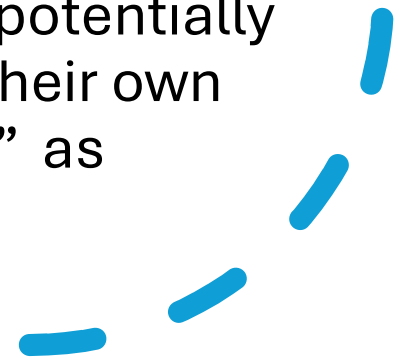
# Arousal Management: Skills and Techniques

# Tracking Sexual Thoughts

- Prior to practicing skills and while exploring their sexuality, participants should begin tracking and logging their sexual thoughts.
- Initial logs can include:
  - When thoughts are happening.
  - Content of the thoughts.
  - Duration of the thought.
  - Whether or not a person tried an intervention.
  - How aroused the person was (Scale of 1 to 10).
- As participants progress, logs should become more detailed and be used to track specific interventions that they're using.

# Tracking Sexual Thoughts

- Note: participants should NOT continuously log thoughts.
- Over time, the information will get more routine and less useful.
- They should track before practicing techniques and after they have been practicing techniques for a reasonable period of time (6-8 weeks).
- Ultimately, the goal is for them (post-treatment) to have awareness of potentially problematic sexual thoughts on their own and to initiate practice “boosters” as necessary.





# Writing Fantasies

Participants are asked to write a few different fantasies or scripts to assist them with some skills and techniques.

Fantasies should engage all of the senses; keep in mind they take place in a person's head and not on paper.

Some fantasies may be unhealthy and if possible, it may benefit some participants to not keep their fantasies in their possession when practicing with them.

# Healthy Fantasy

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- A healthy fantasy will be used both for some of the techniques related to hypersexuality and to encourage people to masturbate to healthy stimuli.



# Healthy Fantasy

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- It should engage all of the senses and must be sexually arousing to the participant.
- It must involve people consenting and no content related to coercion, children, etc.



# Unhealthy Fantasy

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- This will be a script or story about something that involves a deviant or problematic sexual interest that the participant has.
- They should write it in a way that allows them to visualize what's happening and that is sexually arousing to them.



# Unhealthy Fantasy

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- This should be connected to offending behavior, PPG results, etc. in terms of age of the people in the fantasy, activities, etc.
- Participants should not be masturbating to this.



# Unhealthy Fantasies

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- Keep in mind that not all people who are the same age look or act the same.
- Different people develop at different rates.
- Physical features and behaviors are more important.



# Escape Scenario

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An escape scenario is a fantasy that a person will use at certain points of some of the techniques.

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The intent is for this to interrupt an unhealthy fantasy with something positive.

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It involves a person realizing that by not acting on the thing that they're fantasizing about, that it will likely lead to a better outcome.

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For example, a person might think about his family being proud of him for the progress he made and effective use of skills.

# Aversive Script / Fantasy

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This is something that a person will be asked to fantasize about that is not compatible with sexual arousal.

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It is individualized and may involve fear, pain or something that might be vomit-inducing or cause a gag reflex.

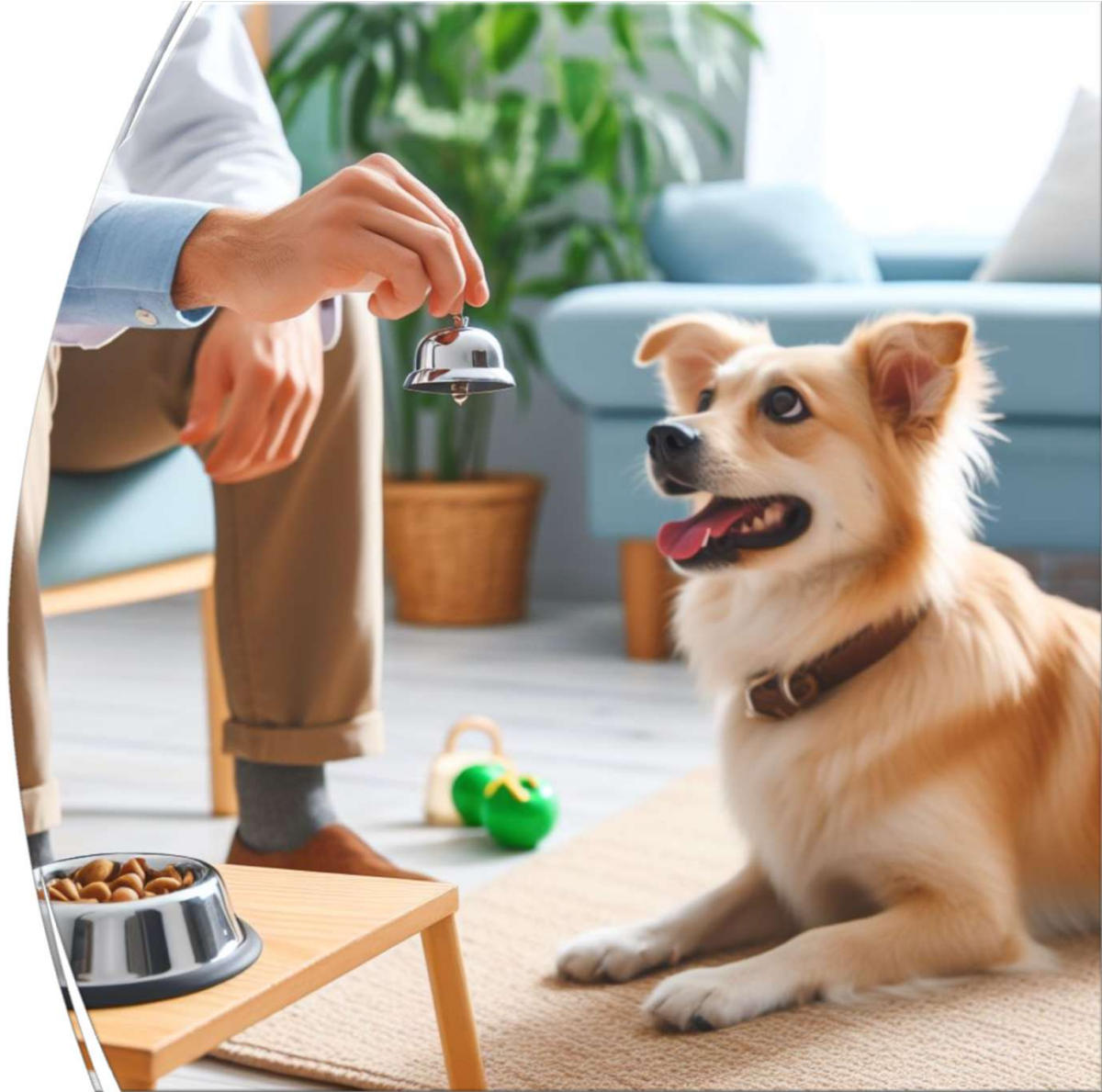
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This fantasy will be paired with an unhealthy arousal pattern for some of the behavioral skills and techniques.



# Behavioral Skills and Techniques

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# Covert Sensitization

- Steps to this technique
  - Participant will write an aversive fantasy using the previously discussed guidelines.
  - Participant will write an unhealthy sexual fantasy that will end *before* a description of sexual abuse taking place.
  - Participant will read or listen to a recording of their fantasy and identify the point that they first become aroused.

# Covert Sensitization

- Steps to this technique (cont'd)
  - Participant will identify a “point of no return” in their fantasy.
  - Participant will identify a “second chance” line in the fantasy.
  - Participant will write an “escape scenario.”
  - Participant will read or listen to the fantasy.

# Covert Sensitization

- Steps to Covert Sensitization (cont.)
  - Participant will switch to their aversive scenario at their identified first point of arousal.
  - Participant will take a break.
  - Participant will repeat but will switch to their escape scenario when reaching the second chance line or point of no return.
  - Participant will reward themselves.

# Assisted Covert Sensitization

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- Steps to Assisted Covert Sensitization
- Nearly the same as Covert Sensitization.
- The difference here is that when the person reads their aversive scenario, they will also either sniff an aversive smell or taste something aversive.



# Minimal Arousal Conditioning (MAC)

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- Steps to MAC
  - Participant will break their unhealthy fantasy into smaller chunks.
  - Participant will read or listen to their story until they feel even the slightest bit of arousal.



# Minimal Arousal Conditioning (MAC)

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- Participant will inhale their aversive smell at the slightest feeling of arousal.
- Participant will repeat this until they get to the point that they are able to get through the entire thing without becoming aroused.
- Participant will reward themselves after practicing successfully.



# Masturbatory Satiation

- Participant will masturbate to a healthy fantasy to ejaculation.
- Participant will then masturbate to an unhealthy fantasy during their refractory period.
- Participant will feel the displeasure that comes with masturbating during the refractory period with their unhealthy fantasy.
- Participant will give themselves a reward.
- \*Participants with short refractory periods and / or who are multi-orgasmic may not be the best candidates for this technique.

## “Sexual Impulse Control Training”

- Adapted from *Changing Me* workbook.
- Intended to help with sexual compulsivity / hypersexuality.
  - Participant will read a fantasy until achieving 10% arousal and then walk away from it and do something non-sexual.
  - Participant will continue doing this until they feel comfortable and confident that they can manage their arousal at 10% and then move on.
  - The goal is to eventually get to a point that the person can choose not to act when they are at full arousal.

# Cognitive Skills

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- Some CBT skills may be used to help a person manage their arousal.
  - Thought stopping and rational disputing
  - Consequential thinking



# Cognitive Skills

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- ACT may be a viable form of therapy as well.
  - Consider discussing a person's values with them.
- Does engaging with unhealthy sexual thoughts mean a value-driven life for that person?



# Responsivity Needs and Arousal Management

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# RNR Model Andrews & Bonta (1990)

- Framework used for providing treatment in corrections settings
- Risk – Intensity of programming
- Needs – Focus on needs specific to the individual
- Responsivity – Tailoring interventions to a person's learning style, motivation and abilities

# What are Responsivity Needs?

- Physical Ability – Tailoring treatment to ensure people who may have difficulty hearing, difficulty seeing, use a wheelchair, etc. receive the same treatment as all other participants.
- Motivation – Finding ways to build motivation and to still help a person address areas of risk even if there is a lack of outward motivation.
- Learning Style and Ability – Ensuring that all people get the same treatment and the opportunity to address the same areas of risk regardless of reading ability, writing ability or intelligence.

# Treatment Delivery

- In most groups, materials can be easily modified
  - Checking and modifying language on handouts
  - Shorter sentences and bigger print
  - Use of simple / “universal” language during discussions
  - Social Stories
  - Metaphors
  - Adding visuals
  - Acronyms
  - Allowing people to draw
  - Slower pace

# Example: Strengths

**Strengths:** What am I good at?



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## **Physical Strengths**



## **Intelligence**



# Example: Cognitive Distortions

## Cognitive Distortions / Thinking Errors



- What do you see in this picture?
- What is the difference between the man and what he sees in the mirror?
- Is what he sees in the mirror the truth?
- Why do you think he sees what he sees in the mirror?
- What do you think the man will do if he thinks he looks like the man in the mirror?

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- How do you think this person sees himself?
- How do you think he will act if he sees himself this way?

# Example: Cognitive Distortions

## **Blaming**



## **Mind Reading**



## **Ignoring Evidence**



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- The Challenge:
  - If the goal is to write a fantasy, how do you do that with someone who doesn't have strong reading or writing abilities?
  - How can we adapt treatment in the same way that we would in other groups?
  - Does this mean that some people just don't get the chance to address these areas of risk?

# Possible Solutions

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- Some modifications may be the same as they would in any other group.
- Fantasies may need to be approached differently
  - Story that uses visual cues
  - AI images to tell a story
  - Erotic or pornographic images
- Testing fantasies with a PPG can be helpful
  - Ensure they're arousing
  - Ensure that they're being used as they should be

## Consideration for Responsivity Needs

- Reading, writing and comprehension appear to be the most prevalent Responsivity concerns that need to be addressed with this work. Some solutions include:
  - Modifying written work and assignments
  - Speaking/audio recording assignments rather than writing.
- Providing visuals (including AI generated)
  - Unhealthy stimuli
  - Aversive Scenarios
  - Healthy stimuli



## Consideration for Responsivity Needs

- Physical Ability may need to be considered:
  - Some people may benefit from use of charts and other visuals.
  - Provide people with the opportunity to sit in different places in the room where they can see or hear better.
  - Consider large print if needed.
- Think about who is facilitating a group
  - Does the person have experience with diverse Responsivity needs?
  - Does the person also have experience facilitating Arousal Management groups?

# Examples of Aversive Images using AI



Be excellent to each other!





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