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# *Effective Intimacy?*

*Evaluating Intimacy Focused Therapy for 'Out-of-Control' Sexual Behaviour*

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A thesis presented in partial fulfilment of the requirements for the degree of  
Doctor of Clinical Psychology  
At Massey University, Manawatu Campus  
New Zealand.

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*This thesis is dedicated to Robyn Salisbury who allowed her therapy approach to be evaluated and enabled this research to be developed.*



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## ABSTRACT

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Difficulties with intimacy are considered to be important to the development and maintenance of 'out of control' sexual behaviours (OCSB) yet the small body of research into OCSB therapies has not included an intimacy-based therapy approach (Reid & Woolley, 2006). Specialist service Sex Therapy New Zealand (STNZ) uses such an approach which was formalised by the researcher and termed 'Intimacy Focused Therapy' (IFT) for the purposes of being evaluated in the current study. A single-case design with non-concurrent multiple baseline across participants was used with 12 volunteer men with OCSB who completed up to 12 sessions of IFT with STNZ therapists. Participants rated their sexual behaviour, negative consequences of sex, adult attachment, and fear of intimacy at baseline, post-therapy, and over a three-month follow-up phase. Weekly self-report data was collected on the duration and frequency of sexual activity as well as associated distress. Compared to baseline, there were improvements in participants' control over their sexual behaviour, reductions in negative consequences experienced, as well as reduced distress regarding sexual behaviour post-treatment. Changes in fear of intimacy and attachment were less obvious, although dismissing and preoccupied attachment each slightly reduced or increased for several participants. Secure and fearful attachment showed limited change in either direction. Weekly sexual behaviour did not follow a clear pattern of change, although some behaviour's reduced for some participants over therapy while others stayed the same or increased. Follow-up data showed that changes at the end of therapy were largely maintained or continued over three months post-therapy. These individual outcomes support the potential effectiveness of IFT as a treatment for OCSB, but do not support the notion that improvements to fear of intimacy or attachment are affected by this approach. Future research that examines IFT over a longer duration of time, utilising measures that capture the mechanisms that effect change in this therapy approach, are recommended to establish the role of intimacy and attachment in therapy for OCSB.



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Several letters of support were written for me in 2009 when I applied for this doctorate programme and in one of these my cousin wrote “no individual stands in isolation and our family will awahi and support Karen all the way”. I did not quite fathom the challenge that lay ahead but the knowledge of this support base was always comforting as I progressed along this lengthy, and at times steep, journey. I now offer my thanks to all those who made it possible for me to do so.

My appreciation goes first to the men who volunteered their time and intimate details by participating in this study, which required great courage on their part. I also wish to acknowledge the financial support from the Oakley Mental Health Foundation and Massey University Post-graduate Research Fund, which subsidised the cost of therapy and made the project viable. My thanks also to Te Rau Matatini and the Massey University Doctoral Completion Bursary for their scholarship support.

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providers in the study. My association with you has been a vital part of this research and I look forward to continued collaboration. I extend my thanks also to my psychology teachers, including Ann Flintoft who taught me about working with people experiencing addiction, and Jan Dickson who is a strong role-model to all clinical students. My psychology peers kept up my morale and without this the research process would have been formidable. I specifically owe thanks to Jess McIvor who helped me with certain elements of the data analysis method and my friends and now colleagues across the various years of the DClin programme, particularly my fellow interns Rachael and Amber who worked hard alongside me during that mammoth year.

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## PREFACE

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It is good to have an end to journey toward; but it is the journey that matters, in the end. (Le Guin, 1994, pp. 220)

### *The Research Journey*

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I was a young 18 year old enrolled in a year of early childhood training when I was first exposed to theories of human development and psychology. It was this initial training, and my interest in working with people experiencing substance use disorders, that led me to a careers advisor to find out my training options in this field. I selected clinical psychology over an alcohol and drug qualification because it provided evidence-based mental health training that I saw as vital in such a job, and, in 2002, embarked on a BA majoring in psychology with the equivalent of a minor in rehabilitation.

With my career goal underway, I also took the initiative to contact local Clinical Psychologist and Sex Therapist Robyn Salisbury to ask her for a job. Uncannily she had been just about to place an advert looking for an Administrator to a company she was about to launch. The new company was Sex Therapy New Zealand (STNZ<sup>1</sup>) and Robyn had entrepreneurially developed the service from having seen the lack of such services for people experiencing sexual concerns, and the lack of training for clinicians to be able to provide these specialist services. After a meeting with Robyn I was hired as STNZ's part-time administrator and thrived in the role for five years, while STNZ became established as a therapy service and training institute that continues to this day in an evolved form.

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<sup>1</sup> STNZ is a team of sex therapists that provide a nation-wide service for individuals or couples experiencing any sexual concern, including OCSB. It is also a training institute for therapists wishing to develop competency in working with sexuality issues. In 2002 STNZ was founded by Robyn Salisbury, clinical psychologist (New Zealand Psychological Society, New Zealand Association of Psychotherapists), certified sex therapist (American Association of Sexuality Educators, Counsellors, and Therapists), author of a published case study on OCSB (Salisbury, 2008) and the book 'Staying in Love' (2009). Currently, STNZ is operated by four regional directors. STNZ's training is now available via the University of Auckland.



Once my undergraduate qualification was complete, I also started volunteer work at a local 12-step residential centre for people recovering from substance use disorders and began an Honours degree in Psychology. Here I found a way to combine my interests in both 'addiction' and sexuality by researching what I first understood as 'sexual addiction' as my Honours research project (Faisandier, 2010). In this, I used the term out of control sexual behaviours (OCSB) which encompasses sexual behaviours that have been called sexual addiction, sexual compulsivity, hypersexuality and various other terms by researchers. Robyn and I developed the idea for this project, as she had published a case study about her developing practise model for treating OCSB (Salisbury, 2008).

Through my research, I discovered that Robyn's work in this area was an important development in the OCSB treatment field; however she had not yet had an opportunity to empirically evaluate the effectiveness of her approach. As I was required to conduct further research for the last qualification in my psychology training, a Doctorate in Clinical Psychology, the current study emerged as a step towards evaluating the effectiveness of existing therapies for OCSB.

Chapter One provides a brief introduction to treatment outcome research and a rationale for the current study methodology and the aim of the study.

Chapter Two tackles the ongoing issue of nosology and definition for OCSB. A review of the nosological debate, epidemiological information, and current theories on etiology are presented.

Chapter Three focuses on the existing treatment approaches for OCSB reported in the literature, accompanied by a critical discussion of the effectiveness of these approaches based on the nine studies conducted to date. The gaps in the treatment outcome literature will be highlighted and provide the basis for the current study's rationale.

Chapter Four covers the method that this study utilised. Here the participants of the study are described, the outcome and treatment integrity measures are introduced, and the overall stages of the study are explained. In addition, the data analysis process is discussed including a description of the relevant ethical issues that were considered.

The purpose of Chapter Five is to present the results of the therapy evaluation. This includes the individual results for each participant in terms of changes in sexual behaviours and related variables over time, as well as therapist adherence.

The concluding chapter, Chapter Six, discusses the research outcomes in terms of the study's overall aims. The limitations of the study as well as implications of the findings for both research and practice are identified and discussed.