

Sexual Dependency Inventory - Revised SDI-R (3.0)

Therapist Report

Patient: Nan King

Overview

The Sexual Dependency Inventory (SDI) evolved out of an initial long term study of 932 sex addicts and their partners. Data were gathered over seven years tracing the recoveries of study participants. Sexual behavior data was collected in 170 categories. A series of factor analyses revealed ten typologies that seemed to consistently relate the behaviors. Thus, within a specific typology, if one behavior was present, high probabilities exist that others would be associated as well. Clinicians have found the SDI invaluable to diagnose etiology, assess the range and scope of problematic sexual behavior, and help patients understand their own arousal templates. Materials were developed to support therapists and their clients in this exploration of patient sexuality.

This particular version of the SDI-R (3.0), represents a new generation of reporting. It reflects significant increases in items added to various scales plus new scales. Also while most formats remain the same, earlier calculations were based on an algorithm which combined both frequency and power. With version 3.0 new clinical scales were developed based on power ratings alone. The results reveal patterns of preoccupation and eroticized rage. This improvement we feel will help the clinician to match obsessional thinking versus actual behavior. Moreover matching co-morbid personality issues becomes easier. Finally larger data sets dramatically further define emerging typologies plus reflect changes in behavior due to the internet. Nineteen separate constructs now parse behaviors in very defined ways. If you are unfamiliar with this new generation you can download a map to the changes of the scales and the meaning of each scale by going to www.recoveryzone.com/therapists/SDIscales.html.

Clinicians should also be familiar with the Sexual Addiction Screening Test (SAST-R) and diagnostic data used within the SDI. They are included to assist you in your assessment. To some degree they also appear to be measures of severity. Clinical outpatient versus inpatient norms are included in these assessments. Also the ECR (Encounters in Close Relationships) by Fraley, et.al. is included since basic attachment issues are so prevalent in most clinical populations appropriate for the SDI. For information on all of these issues contact Marianne Harkin at mharkin@recoveryzone.com or call 480-488-0150.

For example, if the patient reports frateurism, the probability is high they also would make obscene phone calls, insert inappropriate sexual comments into conversations, and use professional roles (clergy, physicians, psychotherapists) to "inadvertently" touch patients. The critical arousal template in this example is that all the behaviors involve sexual contact without permission in ways difficult to identify or hold accountable. By having a profile of the common arousal pattern, the clinician can work with the patient to determine the origin of this common arousal scenario. The typology evolved although the basic patterns remained the same. For example, a recent permutation of this "type" is the insertion of sexual pictures in the computers of others without their knowledge. Thus, subsequent studies have refined the typologies as well as added specific behaviors to the original ten constellations of behaviors. We have used the framework of courtship disorders, to organize the types into more clinically accessible terminology.

The SDI also gathers data on various aspects of problematic sexual behavior including typical patterns of consequences, evolution and timing of behavior patterns, as well as therapy readiness. Data is compared with normal populations and clinical populations. Within specific typologies, respondent scores are compared with controls and clinical populations. Two printouts are prepared. The first is a client printout which specifies the data with brief explanations in non-clinical language. It also provides tasks and exercises to expand the addict's learning and awareness. The second report presents the same data within a clinical context, identifying areas of concern and focus for the treatment provider. Specific suggestions are provided to explore therapeutically. Relevant recent literature is available at RecoveryZone.com to aid the therapist in addressing specific areas of sexual concern. We encourage you to review the client version as well as the therapist version as part of your session preparation. For questions, suggestions, or further references please contact the Recovery Zone office at (480) 488-0150.

Demographic Summary

Patient Results For: Nan King

The patient reports the following demographic data:

State: Guangdong

Age: 2250

Gender: Female

You Identify Yourself As: Asian

Relationship Status: Widowed, Involved in primary relationship, Married, Divorced

Biological Children: more than 10

Step Children: more than 10

Adopted Children: more than 10

Sexual Orientation: Unsure

On the Homosexual-Heterosexual Scale (1-7), Select Where You Feel You Fit Best: 4

Highest Level of Education Completed: Post Graduate

Present Occupation: Industrial hub

Current Annual Income: Over \$ 500,000

Present Religious or Spiritual Preference: Belief in a higher power without a religious affiliation

Patient Results Summary

SAST Scores:

- Core: 12*
- Internet Items: 1
- Men's Items: 1
- Women's Items: 4*
- Homosexual Men: 4*
- Preoccupation: 0
- Loss of Control: 2*
- Relationship Disturbance: 3*
- Affective Disturbance: 4*

* Patient score meets or exceeds clinical threshold.

Diagnostic Criteria Met: 4

Eroticized Rage Score: 50

Entitlement Score: 12

Exaggeration Score: 4 of 20
(Score of 10 or more is likely exaggerated)

Consistency Score: 0 of 10
(Score of 5 or more is likely invalid due to inconsistency)

Consequences:

- Spiritual: 4 of 6 (66.7%)
- Preoccupation/Loss of Control: 5 of 10 (50%)
- Affective: 10 of 16 (62.5%)
- Physical: 12 of 17 (70.6%)
- Legal: 1 of 6 (16.7%)
- Financial/Business: 4 of 15 (26.7%)
- Family/Friendships: 1 of 9 (11.1%)

Co-Morbidity:

- Alcohol or other drug dependency
- Co-dependency

Critical Items

Patient responded in the affirmative to the following questions:

Abuse, Self and Others

- Were you sexually abused as a child or adolescent?
- Have you stayed in romantic relationships after they became emotionally or physically abusive?
- Masturbating to the point of physical injury or infection

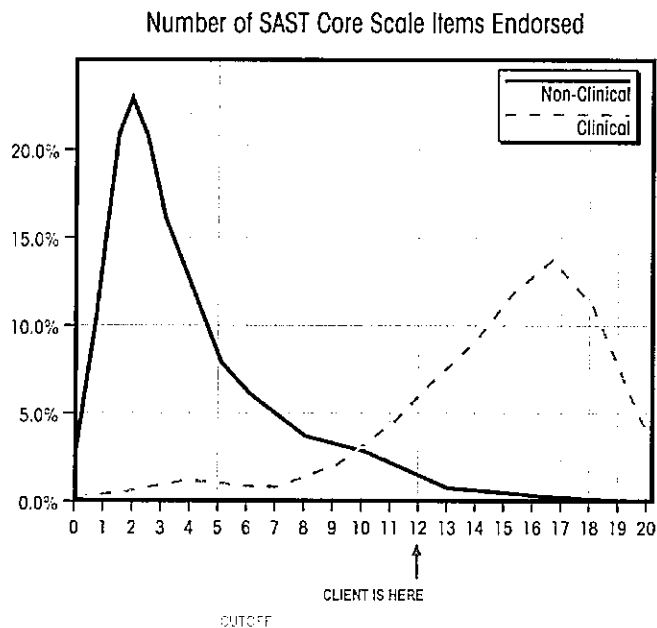
Illegal

- Are any of your sexual activities against the law?
- Have you been sexual with minors?
- Has your sexual behavior put you at risk for arrest for lewd conduct or public indecency?
- Watching or looking at child pornography
- Engaging in sexual activity with a consenting minor
- Engaging in sexual activity with animals

Client Assessment Profile: SAST Core Items

As part of this inventory, the SDI begins with the revised SAST (V3.1). First used in 1983, the SAST was updated in 2006 to reflect changes in sexual behaviors from over 20 years ago. The SAST database is composed of thousands of assessments, both clinical and non-clinical. As a preliminary screening tool, it will help you to sort out whether or not a problem exists. This test has proven 96.5% accurate in identifying a clinical population. For more information on scoring the SAST, visit www.RecoveryZone.com.

We have compared your patient's answers with people who have been diagnosed with sexual addiction. The threshold for the core scale to suggest a sex addiction problem is likely is endorsement of six or more items. This patient has endorsed twelve. The graph below plots your patient's score in relation to the scores of others. The figures on the left side of the graph indicate the percent of clinical or non-clinical sample endorsing that many SAST core scale items. For example, about 23% of the non-clinical sample endorsed two items.



Additionally, the subscales of the SAST further confirm that a problem exists. The following patterns emerged in your patient's answers:

<u>Subscale</u>	<u>Patient Score</u>	<u>Clinical Threshold</u>
Internet Items	1	3
Men's Items	1	2
Women's Items	4*	2
Homosexual Men	4*	2
Preoccupation	0	2
Loss of Control	2*	2
Relationship Disturbance	3*	2
Affective Disturbance	4*	2

*Patient score meets or exceeds clinical threshold.

Diagnostic Criteria

Below are listed two criteria often used to denote the presence of addiction. Three criteria indicate the presence of addiction and the average response is five. Your patient self identified four. All ten criteria have been listed below. The ones your patient identified are marked by the checks in the column marked "patient." A column has been provided for your assessment of each criterion. Mark the criteria that reflect your assessment of the patient based on your clinical experience. Space has been provided for you to make notes. Experience has shown that the discussion of the divergences and similarities between the patient's self-perceptions and the therapist's clinical perceptions can be quite fruitful. It is very useful in this discussion together to see if you can agree on as many items as possible.

Question	Patient	Therapist	Agreed
1. Have you repeatedly failed to resist sexual impulses to engage in specific sexual behavior?			
2. Have you frequently engaged in those behaviors to a greater extent or over a longer period of time than intended?			
3. Do you have a long-standing desire, or a history of unsuccessful efforts to stop, reduce, or control those behaviors?	X		
4. Have you spent too much time in obtaining sex, being sexual, or recovering from sexual experiences?			
5. Do you become preoccupied with preparing for sexual activities?	X		
6. Have you frequently engaged in sexual behavior at times when you were expected to be fulfilling occupational, academic, domestic, or social obligations?			
7. Have you continued your sexual behavior despite knowing it has caused or exacerbated persistent or recurrent social, financial, psychological or physical problems for you?	X		
8. Do you need to increase the intensity, frequency, number or risk of sexual behaviors to achieve the desired effect, or do you experience diminished effect when continuing behaviors at the same level of intensity, frequency, number, or risk?			
9. Have you given up or limited social, occupational, or recreational activities because of your sexual behavior?	X		
10. Do you become upset, anxious, restless, or irritable if you are unable to engage in sexual behavior?			

Sexual Anorexia

Criteria for sexual aversion have evolved over the last decade. Early research indicates that three of the criteria indicates the presence of sexual aversion (sexual anorexia). Your patient identified eight. Similar to the addiction criteria, a framework is provided for you to consider your patient's responses as well as your own.

Question	Patient	Therapist	Agreed
1. Do you recurrently resist or experience aversion to any sexual activity, initiative, or behavior?	X		
2. Do you experience persistent aversion to sexual contact even though it is self-destructive or harmful to relationships?	X		
3. Do you make extreme efforts to avoid sexual contact or attention, including self-mutilation, distortions of body appearance or apparel, and aversive behavior?			
4. Do you have rigid, judgmental attitudes towards your sexuality or the sexuality of others?	X		
5. Do you experience extreme shame and self-loathing about sexual experiences, body perceptions, and sexual attributes?	X		
6. Does sexual aversion affect your work, hobbies, friends, family and primary relationships?			
7. Are you preoccupied and obsessed with avoiding sexual contact or with concern over the sexual intentions of others?	X		
8. Do you experience despair about sexual adequacy and functioning?	X		
9. Do you avoid intimacy and relationships out of fear of sexual contact?	X		
10. Do you experience distress, anxiety, restlessness or irritability because of sexual contact or potential sexual contact?	X		

Sexual Bingeing And Purging

Understanding of criteria for sexual bingeing/purging is relatively recent. Early research indicates that endorsing three of the criteria signifies the presence of sexual bingeing/purging. Your patient identified four. As with Sexual Anorexia, a framework is provided for you to consider your patient's responses as well as your own.

Question	Patient	Therapist	Agreed
1. Do you experience relief at the time of sexually acting out, but despair afterward?	_____	_____	_____
2. Are there times when all of your sexual interests and behaviors cease?	_____	_____	_____
3. Do you have a pattern of sexual bingeing followed by periods of being compulsively non-sexual?	_____	_____	_____
4. Are you sexually excessive in some areas while simultaneously being compulsively non-sexual in others?	_____	_____	_____
5. Do you take extreme measures, such as self-mutilation, as an attempt to disrupt the acting out cycle?	_____	_____	_____
6. Do you have other family members who are sexually addicted?	X	_____	_____
7. Do you have other family members who are sexually anorexic?	X	_____	_____
8. Do you have a significant other who is a sex addict?	X	_____	_____
9. Do you have a significant other who is sexually anorexic?	X	_____	_____
10. Do both you and your significant other have sexual binge-purge patterns?	_____	_____	_____

Collateral Indicators

Research has shown certain characteristics in the profile of most sex addicts. The average sex addict has six of these "collateral indicators". The patient reports matching seventeen of these characteristics. The specific issues identified by the patient are:

- I have had severe consequences because of my sexual behavior.
- I feel down much of the time because of my sexual behavior.
- I have been sexually abused as an adult or child.
- I have been physically and emotionally abused as an adult or child.
- I do sexual things that are dangerous or self-destructive.
- I have a number of addictions in my life.
- There are a number of addicts in my family.
- Often, I do not like who I am because of my sexual behavior.
- My life is in crisis because of sexual problems.
- I have had a number of crises in my life because of sex.
- I find less pleasure now than before in the same sexual things.
- My mood can shift dramatically around sex.
- I come from a family that was controlling and rigid about rules.
- I come from a family that was not very intimate or close.
- After my sexual behavior, I often feel sad because I hurt people I love.
- After my sexual behavior, I feel despair because of my inability to stop my behavior.
- After my sexual behavior, I often feel embarrassed and ashamed about my behavior.

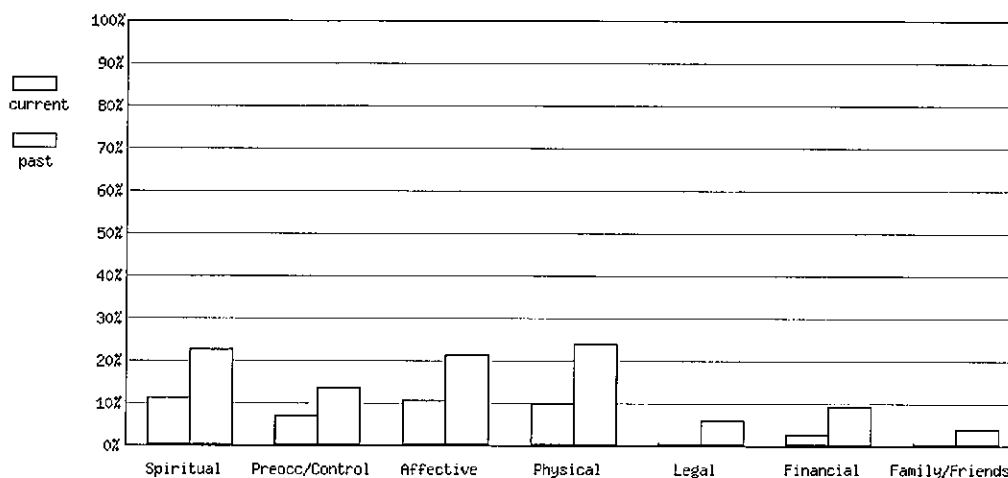
Co-Morbidity

Your patient reports that she perceives herself as having additional addictions or compulsive behaviors including:

- Alcohol or other drug dependency
- Co-dependency

Consequences

Summary for Disturbance in Each Domain of Consequence



Spiritual

Total Current: 2

Total Past: 4

Current	Past
X	X
	X
	X
X	X

- Strong feelings of spiritual emptiness
- Feeling disconnected from yourself and the world
- Feeling abandoned by God or higher power
- Anger at your higher power or God
- Loss of faith in anything spiritual
- Other spiritual consequences:

Preoccupation/Loss of Control

Total Current: 2

Total Past: 4

Current	Past
X	
	X
X	X
	X
	X

- Periods of celibacy because of shame
- Self-mutilation of body or genitals to stop having sex
- Vows to stop behavior
- Setting up consequences for sexual misbehavior
- Setting up rewards for good sexual behavior
- Picking dates after which you would change behavior
- Punishing yourself for sexual behavior
- Using religion to control behavior
- Using fear of disease to control behavior
- Using fear of arrest to control behavior

Consequences – Continued

Affective

Total Current: 5		Total Past: 10
Current	Past	
	X	Attempted suicide
X	X	Suicidal thoughts or feelings
		Homicidal thoughts or feelings
X	X	Feelings of extreme hopelessness or despair
		Failed efforts to control sexual acting out
		Feeling like two people (i.e. living a public life and a secret life)
	X	Emotional instability (depression, paranoia, fear of going insane)
		Loss of touch with reality
X	X	Loss of self esteem
	X	Loss of life goals
	X	Acting against your own values and beliefs
X	X	Strong feelings of isolation and loneliness
X	X	Strong fears of guilt and shame
	X	Strong fears about your future
		Emotional exhaustion
		Other emotional consequences:

Physical

Total Current: 5		Total Past: 12
Current	Past	
		Continuation of sexual behaviors despite the risk of disease or infection to yourself or another person
	X	Venereal diseases
	X	HIV, AIDS, or AIDS-Related Complex
		Risking unwanted pregnancy because of inadequate or lack of birth control (self or partner)
	X	Unwanted pregnancy (self or partner)
	X	Abortion (self or partner)
	X	Physical injury to genitals, breasts, colon, etc.
		Extreme weight loss or gain
X	X	Physical problems (e.g. ulcers, high blood pressure, etc)
X	X	Sleep disturbances (e.g. not enough sleep, too much sleep)
X	X	Victim of rape
	X	Self abuse (e.g. cutting, burning, bruising, etc)
X	X	Victim of physical abuse by another person
		Involvement in potentially abusive or dangerous situations
X	X	Vehicle accidents (e.g. automobile, motorcycle, bicycle)
	X	Physical exhaustion
		Other physical consequences:

Consequences – Continued

Legal

Total Current: 0		Total Past: 1
Current	Past	
_____	_____	Engaging in illegal sexual activities (could have been arrested or near arrests)
_____	_____	Court or legal involvement due to sexual acting out
_____	_____	Lawsuits
_____	_____	Prison or work house
_____	_____	Stealing or embezzling to support behavior
_____	X	Other legal consequences: Sued for war compensation

Financial/Business

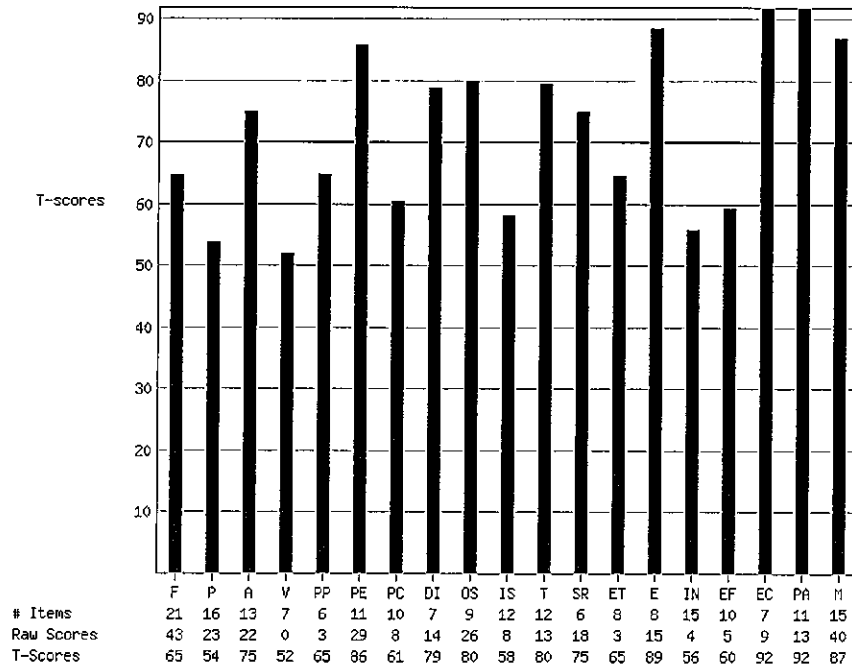
Total Current: 1		Total Past: 4
Current	Past	
_____	_____	Demotion at work
_____	_____	Loss of co-worker's respect
_____	_____	Loss of the opportunity to work in the career of your choice
_____	_____	Failing grades in school
_____	_____	Dropping out of school
_____	X	Loss of educational opportunities
_____	X	Loss of business
_____	_____	Forced to change careers
X	X	Not working to capability
_____	_____	Termination from job
_____	_____	Loss of important friendships
_____	_____	Loss of interest in hobbies or activities
_____	_____	Few non-sexual friends
_____	_____	Financial problems
_____	X	Other career or educational consequences: occupied by Japanese

<p>Cost Estimate Summary</p> <p>Direct Spending: \$50.00</p> <p>Business and Career Costs: \$5000000.00</p> <p>Medical Expenses: \$50000.00</p> <p>Divorce or Family Support: \$10000.00</p> <p>Legal Problems: \$100000.00</p> <p>Total Spending: \$5160050.00</p>
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Family/Friendships

Total Current: 0		Total Past: 1
Current	Past	
_____	_____	Risking the loss of partner or spouse
_____	_____	Loss of partner or spouse
_____	_____	Increase in marital or relationship problems
_____	_____	Jeopardizing the well-being of your family
_____	X	Loss of your family's or partner's respect
_____	_____	Increase in problems with your children
_____	_____	Loss of right to be with your children
_____	_____	Loss of your family of origin
_____	_____	Other family or partnership consequences:

SDI Behavioral Scales



Legend

- F Fantasy *
- P Pornography
- A Anonymous Sex **
- V Voyeurism
- PP Paying for Sex (Power) *
- PE Pain Exchange **
- PC Paying for Sex (Commercial) *
- DI Drug Interaction **
- OS Object Sex **
- IS Intrusive Sex
- T Trading Sex**
- SR Secutive Role Sex**
- ET Exploitive Sex (Trust)*
- E Exhibitionism**
- IN Internet Sex
- EF Exploitive Sex (Force)
- EC Exploitive Sex (Child)**
- PA Paraphilia**
- M Masturbation**

* = "At-Risk" (Tscore 60 or greater) ** = "Severe Risk" (Tscore 70 or greater)

Behavioral Category Responses

Severe Risk Behaviors

The following endorsements were made at a level of 3 or greater for behaviors with T-scores of 70 or more.

Anonymous Sex (A)

- Masturbating in public places such as movie theaters, tanning salons, or store dressing rooms
- Engaging in sexual experiences in public restrooms with unknown partners
- Engaging in sex with anonymous partners
- Participating in group sex
- Having a partner insert his/her fist into your rectum as a way to increase sexual pleasure ("fisting")

Pain Exchange (PE)

- Willingly giving up power or acting out the victim role in your sexual activity
- Receiving physical harm or pain during your sexual activity to intensify your sexual pleasure
- Seeking humiliating or degrading experiences as part of sex
- Having a partner hit or spank you to increase the intensity of the sexual experience
- Having a partner restrict your mobility (with ropes, handcuffs, etc) in order to increase the intensity of the sexual experience

Drug Interaction (DI)

- Receiving drugs in exchange for sexual activity
- Using drugs to enhance your sexual experience
- Using other drugs to increase the intensity of a sexual experience

Object Sex (OS)

- Masturbating a sexual partner
- Masturbating with objects
- Masturbating with mechanical or electrical devices.
- Using sexual aids to enhance your sexual experience (e.g. vibrators, artificial vaginas)
- Inserting objects into your vagina while masturbating or engaging in sexual activity to increase sexual pleasure
- Using sexual aids to enhance your sexual experience.

Trading Sex (T)

- Swapping partners
- Hosting or attending parties/events for the specific purpose of engaging in sexual activity
- Participating in groups or organizations whose primary purpose or focus is sexual contact

Secutive Role Sex (SR)

- Having many relationships at the same time
- Having successive relationships one right after the other
- Having one night stands
- Having affairs outside your primary relationship

Exhibitionism (E)

- Exposing yourself in public places such as parks, streets, school yards, etc.
- Exposing yourself from your home
- Exposing yourself for home videos or photographs

Exploitive Sex (Child) (EC)

- Watching or looking at child pornography
- Engaging in sexual activity with a consenting minor
- Exposing children to your sexual activities (e.g. engaging in sexual activity with open doors, inappropriate nudity)

Paraphilia (PA)

- Receiving money in exchange for sexual activity
- Engaging in sexual activity outside your sexual orientation in pursuit of new sexual high
- Engaging in sexual activity with animals

Masturbation (M)

- Masturbating a sexual partner
- Masturbating with objects
- Masturbating in cars
- Masturbating with mechanical or electrical devices.
- Making sexually explicit videos
- Exposing yourself from your home
- Exposing yourself for home videos or photographs
- Using sexual aids to enhance your sexual experience (e.g. vibrators, artificial vaginas)
- Inserting objects into your vagina while masturbating or engaging in sexual activity to increase sexual pleasure
- Using sexual aids to enhance your sexual experience.

At-Risk Behaviors

The following endorsements were made at a level of 3 or greater for behaviors with T-scores between 60 & 70.

Fantasy (F)

- Fantasizing about past or future sexual experiences
- Thinking that next time things will be different (e.g. "I'll find the right lover next time")
- Denying or suppressing your sexuality and sexual feelings for periods of time
- Dramatizing a particular role (e.g. the "virgin", the "hurt little boy", the "intellect") as part of your ritualizing behavior
- Rationalizing or denying consequences of your sexual addiction (e.g. "Everyone is sexual", "I just need a little more than others need")
- Thinking deluded thoughts (e.g. "Women just need to be warmed up", "I only masturbate to fall asleep")
- Feeling depressed, hopeless, or unworthy following a sexual encounter
- Being sexual because someone spent money on you
- Recording your sexual fantasies in order to regain your arousal level when re-read

Paying for Sex (Power) (PP)

- Pimping others for sexual activity

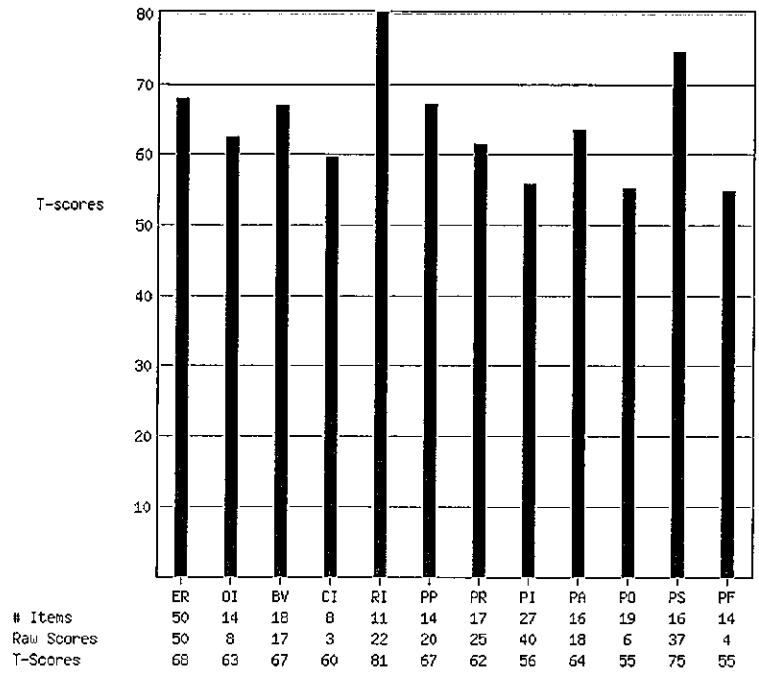
Paying for Sex (Commercial) (PC)

- Watching strip or peep shows
- Patronizing saunas, massage parlors, or "lap" lounges

Exploitive Sex (Trust) (ET)

- Engaging in some form of sexual activity with customers who frequent your place of employment

SDI Clinical Scales



Legend

- ER Eroticized Rage*
- OI Overt Invasion*
- BV Boundary Violation*
- CI Covert Invasion
- RI Reverse Invasion**
- PP Preoccupation (Personal) *
- PR Preoccupation (Relational) *
- PI Preoccupation (Isolated)
- PA Preoccupation (Public Anonymous) *
- PO Preoccupation (Online Anonymous)
- PS Preoccupation (Sadomasochism) **
- PF Preoccupation (Financial)

* = "At-Risk" (Tscore 60 or greater) ** = "Severe Risk" (Tscore 70 or greater)

Clinical Category Responses

Severe Risk Behaviors

The following endorsements were made at a level of 3 or greater for behaviors with T-scores of 70 or more.

Reverse Invasion (RI)

- Receiving money in exchange for sexual activity
- Receiving drugs in exchange for sexual activity
- Being sexual because someone spent money on you
- Having a partner choke you while engaged in sexual relations in order to increase the arousal of the sexual experience
- Sending photos of yourself to people who did not ask for them, such as in an email or a website link.

Preoccupation (Sadomasochism) (PS)

- Dramatizing a particular role (e.g. the "virgin", the "hurt little boy", the "intellect") as part of your ritualizing behavior
- Engaging in sexual activity outside your sexual orientation in pursuit of new sexual high
- Using urine while engaged in sexual acts (giving or receiving "Golden Showers", drinking urine, etc)
- Willingly giving up power or acting out the victim role in your sexual activity
- Receiving physical harm or pain during your sexual activity to intensify your sexual pleasure
- Seeking humiliating or degrading experiences as part of sex
- Having a partner hit or spank you to increase the intensity of the sexual experience
- Having a partner restrict your mobility (with ropes, handcuffs, etc) in order to increase the intensity of the sexual experience

At-Risk Behaviors

The following endorsements were made at a level of 3 or greater for behaviors with T-scores between 60 & 70.

Eroticized Rage (ER)

- Watching or looking at child pornography
- Engaging in sexual activity with a consenting minor
- Exposing children to your sexual activities (e.g. engaging in sexual activity with open doors, inappropriate nudity)
- Pimping others for sexual activity
- Engaging in sexual activity with animals
- Recording your sexual fantasies in order to regain your arousal level when re-read
- Having a partner insert his/her fist into your rectum as a way to increase sexual pleasure ("fisting")
- Performing, modeling, or being a subject of a sex-related website.
- Engaging in some form of sexual activity with customers who frequent your place of employment
- Receiving money in exchange for sexual activity
- Receiving drugs in exchange for sexual activity
- Being sexual because someone spent money on you
- Having a partner choke you while engaged in sexual relations in order to increase the arousal of the sexual experience
- Sending photos of yourself to people who did not ask for them, such as in an email or a website link.

Overt Invasion (OI)

- Watching or looking at child pornography
- Engaging in sexual activity with a consenting minor
- Exposing children to your sexual activities (e.g. engaging in sexual activity with open doors, inappropriate nudity)

Boundary Violation (BV)

- Pimping others for sexual activity
- Engaging in sexual activity with animals
- Recording your sexual fantasies in order to regain your arousal level when re-read
- Having a partner insert his/her fist into your rectum as a way to increase sexual pleasure ("fisting")
- Performing, modeling, or being a subject of a sex-related website.

Preoccupation (Personal) (PP)

- Disclosing information about your past life at inappropriate times in order to shock, embarrass, or harm someone
- Disclosing information about your past life to inappropriate people to shock, embarrass or harm someone
- Disclosing information about others in order to cause discomfort in their lives
- Acting on a fantasy which turned out to not be true.

Preoccupation (Relational) (PR)

- Having many relationships at the same time
- Having successive relationships one right after the other
- Having one night stands
- Having affairs outside your primary relationship
- Swapping partners
- Falling "in love" repeatedly

Preoccupation (Public Anonymous) (PA)

- Masturbating in public places such as movie theaters, tanning salons, or store dressing rooms
- Engaging in sexual experiences in public restrooms with unknown partners
- Engaging in sex with anonymous partners
- Participating in group sex
- Exposing yourself in public places such as parks, streets, school yards, etc.

Entitlement:

Patient endorsed the following 12 of 20 items.

- My partner ignores my needs but insists on his (hers).
- I will have sex when things are not going well.
- When it comes to meeting my sexual needs, at times I feel like all the odds are against me.
- I feel sexually inadequate at times.
- Sometimes I am simply desperate sexually.
- I hate it when people dress or act in provocative ways, with no intention of being available.
- I hate it when people act superior to me sexually.
- It is very difficult to be close to others and not act on my sexual feelings.
- I feel I would be judged by everyone if my sexual desires were known.
- Few would accept what I most desire sexually.
- I like doing the unusual.
- In many ways, I am unconventional.

