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SUPPLEMENTAL MATERIAL

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GUIDE TO SHORT-TERM PSYCHODYNAMIC GROUP PSYCHOTHERAPY (STPGP) FOR TREATMENT OF SEXUALLY COMPULSIVE INDIVIDUALS

Considerations regarding the assumptions of Short-Term Psychodynamic Group Psychotherapy (STPGP) developed for this research

The phase of individual interviews

STPGP was preceded by four to six psychological interviews. These interviews investigated psychological problems, established therapeutic alliance, assessed appropriateness for psychotherapy in a psychodynamic base group, and identified motivation for change (Mann, 1981; Lowenkron, 2008). After the interviews, the therapist completed the Interview Protocol form, assessing the constructs above and a scale confirming patients' suitability for brief psychodynamic psychotherapy (Høglend, Sørbye, Sørlie, Fossum, & Engelstad, 1992).

STPGP Concepts

The STPGP relies on the foundations of psychodynamic psychotherapy of limited time. Specifically, the therapeutic alliance is one of the important aspects. STPGP also considers relevant the dynamic interaction between the therapist and the patient, uses the concepts of transference and countertransference, establishes a therapeutic focus, engages in active interventions, notes and points out links between parental and transference issues, considers the psychotherapeutic process as a corrective emotional experience, and discloses the short-term nature of therapy at the outset (Davanloo, 1980; Mann & Goldman, 1982; Sifneos, 1984). All of the aforementioned fundamental principles of short-term psychodynamic therapy are amplified when it is applied in a group context since it allows multiple identifications and transfers between participants in group and with the therapist (Bechelli & Santos, 2006; De Grupo, 2006). The group process also allows for the sharing of reactions, as well as the observation of immediate feedback of other participants and the therapist. This increases the sense of

responsibility based on the expectations of performance and behavior that come to exist between group members. The bond established between the group members favors the potential for change (Bechelli & Santos, 2004; Grinberg, 1985; Vinogradov & Yalom, 1989).

Psychoeducational and supportive approaches

We added to the STPGP, psychoeducation on compulsive sexual behavior (e.g., diagnostic criteria, prevalence) and the progress of STPGP. This was done in order to enhance participants understanding of STPGP and CSB, given these topics are not well known by the lay public.

Goals of therapy

• Improvements in symptoms of psychopathology such as increased control of compulsive sexual behaviors, as well as reductions in symptoms of anxiety and depression.

• Improvement in decision making regarding sexually impulsive behaviors.

• A greater understanding of the psychodynamic relationships between internal conflicts (related to stressful experiences in childhood/adolescence) and compulsive sexual behavior.

Technical aspects

1. Format: STPGP was developed to be delivered in 16 weekly sessions of 90-minute duration. Each group consists of on average of 10 participants.

2. Group norms: In the first group session, group norms are discussed. The norms include: not contacting group members outside the group, informing participants the total duration of the therapy (16 sessions) and that the participants can speak freely

toward the therapist or the other members. From the beginning, it was explained that there was no previous theme selected for discussion in the group. On the other hand, participants were able to talk freely about any subject related to compulsive sexual behavior (CSB).

3. Therapist Role:

a) Active attitude: actively ask questions, encourage dialogue between group members, point out similarities and differences between group members responses.

b) Therapeutic focus: the therapist seeks to keep the patient's focus on the connections between symptoms (compulsive sexual behavior) and internal psychic conflicts, points out links between problematic experiences of early life (childhood/adolescence) and the genesis and maintenance of CSB symptoms. In this sense, the following aspects may receive more attention from the therapist: stressful experiences in childhood and adolescence (emotional, physical and sexual abuse), positive reinforcing nature of pathological behavior, deficits in emotional awareness, executive functioning related to sexual behavior, risky sexual behavior, problematic sexual behavior, comorbidities with other disorders characterized by impulsivity (e.g. substance use, behavioral addictions, compulsive behaviors), altered mood states, negative moods that may act as triggers, negative consequences of CSB, negative feelings that may emerge after engaging in CSB, historical aspects of CSB, and dysfunctional romantic and / or family relationships.

c) Individual management within the group: the therapist may sometimes give more time to one participant within the group when it is aligned with the purpose of seeking connections between internal conflicts related to early experiences with the current symptoms. This is done because the participant may have a mirror role for other group members, and in this sense, encourages those who are listening to process their own

conflicts while identifying partially or fully with the experience of the group member who is sharing.

d) Group management: The therapist seeks to stimulate communication among group members in order to examine interpersonal relationships patterns in group, allowing for an opportunity for the therapist to intervene (Caligor, 2005), which is particularly favorable as individuals with CSB usually present difficulties in interpersonal relationships (McBride, Reece, & Sanders, 2007). The stimulation of inter-participant interaction also aims to foster and enhance group cohesion, resulting in a sense of group identity. Cohesion has a positive force resulting in greater adherence and commitment to treatment. In this sense, the therapist will sometimes develop group interventions rather than addressing the participants individually.

e) Interpretations and interventions with an emphasis on psychodynamics: The therapist makes explicit the resistance to the psychotherapeutic process, points out and interprets defense mechanisms, as well as transference dynamics. As for the identification and intervention on the transference, we used Caligor (2005) conceptualization, in which the transference is expressed as successive maladaptive pattern of relationships, in which it is possible observe the Core Conflictual Relationship Theme (CCRT), a central theme in patients' discourse. The CCRT involves two components: a desire or intention in relation to another and an expectation of response (which is broken down into two; the self and the other. For example, "I want to find an attractive person (my desire), but if I do, I will be rejected (the response of the other), because of this I do not even try (response of the self)." (Davanloo, 1980, Luborsky, Barber, & Crits-Christoph, 1990; Mann & Goldman, 1982).

f) Psychoeducational Interventions: the therapist provides information and education regarding CSB (e.g., diagnostic criteria for compulsive sexual behavior) and the

psychotherapeutic process. The therapist explains that STPGP is based on the assumption that the genesis and maintenance of symptoms are connected to conflicting thoughts or feelings related to difficult experiences in childhood or adolescence, such as sexual abuse, emotional neglect or stigmatization.

g) Incentive or supportive interventions: the therapist develops supportive interventions primarily at times of increased vulnerability within the psychodynamic process, as well as encouraging positive responses and actions, such as successful attempts to control CSB.

4. Observations and evaluations of the therapist on the progress of the groups:
The therapist observes the growth of the group and evaluates progress.
a) Resistance to the growth of the group: The emergence of resistance signifies that there is an effect in favor of change and this is the reason why the resistance emerges as a movement against change and seeks to maintain status quo. The resistance can occur through several forms: a1) Activated defense mechanisms: the group dissociates and the session becomes a festival of fantastic sexual narratives. The session consisted of sexual narratives providing little or no room for psychotherapeutic work; a2) Minimizing or questioning the concept of CSB, seeking to generalize the question, with speeches such as "everyone has a sexual compulsion;" a3) An increase in group members absence. Unfortunately, resistance can appear in a negative and threatening way to the continuity of the group such as when a group member starts to trigger CSBs of the other participants, which may be due to personality issues.

b) The positive reaction to intervention or insight: following an intervention from the therapist, the participants formulate an understanding or express positive feeling about the intervention.

c) Interaction and group cohesion: The spontaneous interaction between group members within the session is understood as a positive sign of group dynamics. At times, participants can take on the role of therapist. This can occur during the session, revealing the ongoing transference, which may involve not only the therapist but other group members. The cohesion expressed by statements that refer to a commitment to the group is extremely conducive to reflective psychodynamic work.

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