Stark, R. et al.: The PornLoS Treatment Program: Study protocol of a new psychotherapeutic approach for treating pornography use disorder

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Supplementary material

Session description of the individual psychotherapy of the PornLoS Treatment Program

Session 1: Therapy goals, costs of the pornography use, and introduction of the web-based digital application (PornLoS App). Patients learn to see the advantages of either abstinence from pornography or reduced use of pornography. They also analyze the negative consequences of their pornography use and visualize its related costs. The PornLoS-App is introduced supporting the patients in self-observation regarding their pornography use on a daily basis.

Session 2: Trigger identification and diathesis-stress model. Patients are guided to identify their individual triggers for pornography use (e.g., feelings of loneliness, boredom, sexual stimuli). The diathesis stress model is used to explain how individual vulnerabilities interact with situational stressors to raise awareness of high-risk situations for problematic pornography use.

Session 3: Individual etiological model and I-PACE model. Here, the I-PACE model (Brand et al., 2016; Brand et al., 2019) is introduced explaining the interactions of individual vulnerabilities and reinforcement mechanisms, which are essential for the development and maintenance of PUD.

Session 4: Craving and stimulus control. Craving and the relevance of pornography-related cues are explained. Different intensities of craving demand different strategies to resist

pornography use. Stimulus control techniques are trained to prevent easy access to pornography.

Session 5: Functionality of pornography use and alternative behaviors. In this session, the functionality of pornography use is discussed. Once the motives have been identified, alternative functional strategies that satisfy one's needs in the future are discussed and implemented.

Session 6: Impulse control techniques and skills training. The aim of this session is to give an overview about impulse control and how impulse control can be increased by using various skills. Stress tolerance skills from Dialectic Behavioral Therapy (Linehan, 2015) are explained and trained.

Session 7: Individual emergency plans. Under consideration of the information gained by the app's diary cards via individual strategies are planned for situations with medium and high craving. Individual emergency plans are created.

Session 8: Psychoeducation of cue exposure and time course of craving. The patients are informed about the rationale of the cue exposure. Patients create an individual self-affirmation, which includes the reasons for stopping/reducing pornography use, the resulting benefits and self-encouragement. An emergency plan with concrete action steps for exposure to a proximal cue (e.g., start page/screenshot of a pornographic homepage) is then developed, which is to be practiced in the following session. This procedure was proposed and sufficiently tested for Gaming Disorder and further Internet related disorders (Wölfling, Müller, Dreier, & Beutel, 2015).

Session 9: Cue exposure and the use of individual emergency plan. In this session the patients are confronted with pornography-related cues such as home pages or screenshot of their

preferred pornography platform. During guided exposure with cues patients practice the use of their emergency strategies in this high craving situation.

Session 10: Commitment to the therapeutic goal and therapy contract. Based on the aspired goal of the therapy (abstinence or reduced use), a commitment is developed by motivational interviewing. The commitment to abstinence is documented by a therapy contract. If the goal is reduced use, the patients are supported in setting individual rules about when they can and cannot safely use pornography.

Session 11: Behavioral analysis of relapses. Patients are instructed to analyze former or actual relapse situations by differentiation between trigger situations (S), organism variables (O), responses (R: cognitions, emotions, behaviors), contingency arrangement (K), and consequences (C) based on the behavioral analyses by Kanfer and Phillips (1970).

Session 12: Cognitive restructuring of pornography-based dysfunctional thinking. Based on the ABC model by Ellis (1993) patients learn to understand the meaning of their cognitive processing/beliefs (B) for the consequences (C) of activating events (A). They reflect their dysfunctional thinking for the maintenance of their pornography use.

Session 13: Emotion regulation. The meaning of emotion regulation for the problematic behavior is discussed. The patients learn to use emotion regulation strategies in high-risk situations for relapse.

Session 14: Basic needs and value-based considerations. In this session, patients reflect their actual life concerning their values and personal goals. The conceptualization of the consistency theory and basic needs is based on the psychological therapy by Grawe (2001).

Session 15–22: Individualized therapeutic sessions. While the first fourteen sessions are highly standardized, the next eight sessions allow focusing on individually important themes.

This might include in-depth analyses of relapses, actual crises, or sexual topics. Also, the sessions can be used to consolidate knowledge from previous sessions. Depending on the individual deficits, sessions might include training of social competences, resolving relationship conflicts, joint sessions with partners, or individual relapse prevention with contact to self-help groups.

Session 23: Summarizing the therapy and relapse prevention. Together with the patients, the milestones of the therapy are summarized. A particular focus is on tools which were successful in relapse prevention.

Session 24: Repetition of the emergency plans and end of therapy. In the last session, the emergency strategies are repeated and the therapy is ended.

Session description of the group psychotherapy of the PornLoS Treatment Program

Group session 1: Pornography and partnership. The distinction between normal and problematic pornography use is discussed. The impact of intensive pornography use on the sexuality in partnership is reflected (e.g., limited sexual resources, dissatisfaction with the sexuality in partnership) and communication rules for improving sexuality in partnerships are presented.

Group session 2: PUD as a form of CSBD – development and maintenance. The diagnostic criteria of CSBD are explained. Based on a simplified version of the I-PACE model (Brand et al., 2016; Brand et al., 2019) an etiological model is offered. Especially, the meaning of learning processes (classical and instrumental conditioning) and craving are highlighted.

Group session 3: Triggers of problematic behavior, and leisure time. The goal of this session is to foster awareness of individual triggers leading to PUD. The group reflects on how

pornography use changed their leisure time behavior. The concept of self-help groups is explained and patients are encouraged to think about it up to group session 4.

Group session 4: Regaining impulse control and self-help group. The psychological construct of impulse and impulse control is explained. It will be demonstrated how strong impulses can be controlled by stress tolerance skills. These cognitive (e.g., distraction) or sensory (e.g., strong sensory input by intensive tactile, odorous, or flavorful stimuli) strategies are known from the Dialectic-Behavior Therapy (Linehan, 2015). Furthermore, patients will be supported in setting up their own self-help group alongside the PornLoS Treatment Program, if desired.

Group session 5: Mindfulness and emotion regulation. Further coping strategies for daily-life stressors are introduced. The group members are instructed in applying mindfulness and emotion regulation techniques. The relationship between emotions, cognitions, and behavior are exemplarily analyzed using personal examples from the group members.

Group session 6: Relapse management. In the last group session, relapse management is the central topic. Relapse management includes an awareness of potentially critical triggers of the problematic behavior. Furthermore, emergency tools such as motivational self-affirmations on the smartphone or in the purse and the usefulness of a personal emergency tool-kit with emergency cards, and strong sensory stimuli like chili pepper are proposed. Finally, constructive ways of dealing with potential relapses are discussed.