

Dr. Minwalla Makes Himself Clear... so Don't Get It Twisted:



Minwalla Model Clarification Statement

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MINWALLA MODEL CLARIFICATION STATEMENT

In my 20 years of practice, I have encountered so many beautiful human beings who are well-intentioned psychologists, therapists, and mental health professionals with strong ethical intentions and compassionate, loving hearts. I have also observed that existing and current treatments for infidelity, compulsive sexual behavior, and sex addiction are seriously insufficient.

This is a statement of educational and professional clarification to help my voice and model increase the degree of both interactional and informational justice. This statement is intended for people who want to better understand my work and clinical model related to Deceptive Sexuality and Trauma (DST) and its Treatment (DSTT).

Interactional Justice is the degree to which people impacted by decisions are treated with dignity and respect (Schermerhorn, 2013) and the degree of perceived fairness in how people are treated in interpersonal exchanges (Hailes et al., 2021). Interactional justice focuses on the interpersonal treatment people receive when procedures are implemented, which can be applied, for example, to medicine or psychological treatment.

Informational Justice focuses on explanations that convey information about why procedures were used in a certain way. High levels of informational justice are present when explanations provided to people are thorough and accurate (Fricchione, 2006).

Hence, the following statement is my attempt to provide a thorough and accurate explanation of exactly how the Minwalla Model, DST, and DSTT are different from existing and current models and treatment approaches for infidelity, compulsive sexual behavior, and sex addiction. It is my hope that this statement will allow the model and approach to be more readily distinguished and more clearly understood by people who resonate with my voice. With respect and dignity being held for you all... and all of us...

Vibe In... or not...

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How is the Deceptive Sexuality and Trauma (DST) Model of Treatment Different from Traditional Treatment Models for Infidelity, Compulsive Sexual Behavior Disorder, and Sex Addiction?

Clinical Psychology:

1. Clinical psychology is an integration of science, theory, and clinical knowledge that is used to understand, treat, and prevent psychologically based distress or dysfunction and to promote subjective well-being and personal development.
2. Central to its practice are psychological assessment, clinical formulation, and psychotherapy.
3. Three primary doctoral-level educational models developed in the U.S. include:
 - a. the Ph.D. Clinical Science Model (heavily focused on research)
 - b. the Ph.D. Science-Practitioner Model (integrates scientific research and practice)
 - c. the Psy.D. Practitioner-Scholar Model (focused on clinical theory and practice)

Sexology: The scientific study of human sexuality, including human sexual interests, behaviors, and functions.

Clinical Sexology: The clinical assessment, diagnosis, and psychological treatment of human sexuality, gender, and interpersonal relationships.

Dr. Minwalla's Training in Clinical Psychology and Clinical Sexology:

1. Dr. Minwalla holds a Psy.D. – Doctor of Psychology
2. Dr. Minwalla completed a 2-year Post-Doctoral Research and Clinical Fellowship in Clinical Sexology at the University of Minnesota Medical School, Program in Human Sexuality, Department of Family Medicine and Community Health

Important Clarifications:

1. Dr. Minwalla is a licensed clinical psychologist who is specialized as a clinical sexologist.
2. Dr. Minwalla is not an addictionologist, and his model is not based on a single-concept diagnosis of addiction.

3. Dr. Minwalla's model articulates a specified trauma – referred to as deceptive sexuality trauma (DST), which must not be confused with betrayal trauma, sexual betrayal trauma, partner trauma, betrayed partners, sex addiction-betrayal partner trauma, or partners of sex addicts treatment, models. The DST model and these other concepts/models are not the same in scope, depth, grounded-theory, assessment, diagnosis, or treatment(s).
4. DST subsumes traditional treatment models and expands professional understanding by shining a light on professional blind spots, clinical errors, missing pieces, and ethical deficits in current professional psychological approaches and treatments. The DST model also offers solutions and directions for treatment.

How This Treatment Model/Credentialing Program is Different From Others:

What is the Deceptive Sexuality and Trauma Treatment (DSTT) professional education, training, certification, and clinical credentialing program?

- DSTT subsumes traditional models and advances the assessment, diagnosis, and psychological treatment for infidelity, compulsive sexual behavior disorder, and sex addiction.
- Dr. Minwalla does not endorse staggered and separate credentialing of treatment. DSTT is not a professional training process that educates or trains professionals in progressive compartmentalized certifications, such as: 1) treating the intimate partner certification, then 2) treating the abusive-injured relationship certification, then 3) sex offender certified as separate, compartmentalized trainings that involve additional credentials to “tack on.”
- DSTT is a cohesive, required core curriculum. Dr. Minwalla offers a grounded-theory model, a comprehensive and cohesive clinical psychology and clinical sexology-based learning process, subsuming, as is relevant and as indicated, best practices and the most advanced technology for the treatment of DST.
- This model advances a comprehensive treatment model aimed at helping the many people who seek professional care, including the abusers, victims, and abusive-injured relationship(s), which includes many women, men, children, and families.
- The DST Model is based on Dr. Minwalla's original grounded theory and practice that focuses on the assessment, diagnosis, and treatment of deceptive sexuality and trauma-related stress disorders (DST).

DSTT is different than traditional models and other existing treatments in the following ways:
DSTT may subsume (definition = to include within something larger or more comprehensive, encompass as a subordinate or component element) each of the following, but is...

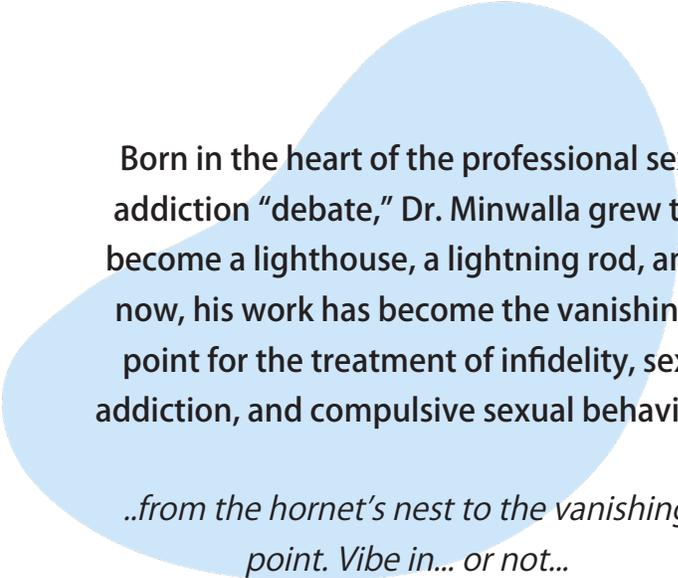
1. Not a traditional infidelity model or post-infidelity trauma treatment model.
2. Not a co-responsibility for infidelity model of clinical intervention.
3. Not the sex addiction model (i.e., it is not a single-diagnosis addiction-based model).
4. Not a model that endorses, but refutes, the concept and the proposed treatment for *sexual anorexia*, and/or *intimacy anorexia*.
5. Not a model that endorses, but refutes, the concepts of *co-sex addiction*, *co-sex addict*, *prodependence*, and/or *codependency* to treat victims of abuse.
6. Not a compulsive sexual behavior or sexual compulsivity and trauma treatment.
7. Not a single-diagnosis impulse control disorder concept.
8. Not a problem sexuality, or problem with control model.
9. Not sex therapy, sex education, or sexual counseling.
10. Not a model that attempts to modify human sexual arousal.
11. Not a model that endorses the application of the *Karpman drama triangle* to treat victims or survivors of abuse.
12. Not a sex-negative versus sex-positive model (beyond that dichotomous debate).
13. Not a substitute for proper sex offender clinical training (in person), formal supervision, and specified-sex offender containment model(s).
14. Not a hybrid model of clinical psychology and therapist/treatment center-religious ideology and theology.
15. Not a clinical-faith-based hybrid treatment model.
16. Not dependent, reliant, or involved in any sort of higher power spiritual programming, but supports and honors patient self determination.
17. Not a model that intentionally avoids the treatment of abuse, victimization, or trauma as indicated, according to the American Psychological Association (APA).
18. Not marriage counseling, couples counseling, affair recovery, or marriage and family therapy.
19. Not an attachment-based model, but is instead a restorative justice model to treat the abusive-injured relationship(s).
20. Not an anti-sex addiction-agenda, addiction-denial-agenda, neutrality-agenda, anti-sexuality agenda, or anti-gender-liberation agenda.

*Dr. Minwalla's voice, teachings, and treatment model are not the same as any of the above. Instead, DST and DSTT may subsume some of these elements, as is indicated or relevant, **in advancing assessment, diagnosis, and treatment** of infidelity, compulsive sexual behavior disorder, and sex addiction.*

How This Treatment Model/Credentialing Program is Different From Others:

- The Institute for Sexual Health (ISH) professional education, clinical training, certifications, and credentialing are designed and reserved only for those who self-invite and self-direct toward the material and education. The teachings are decidedly, intentionally, and explicitly not meant for individuals who do not resonate with Dr. Minwalla's voice and theory.
- Please do not apply if Dr. Minwalla is not speaking to you. Please ensure this point is clear and understood before you proceed.

The Institute for Sexual Health (ISH) and Dr. Minwalla present an alternative resource for professional continuing education, certification, and credentialing for psychologists and related professionals in the treatment for infidelity, sex addiction, and compulsive sexual behavior disorder.



Born in the heart of the professional sex addiction “debate,” Dr. Minwalla grew to become a lighthouse, a lightning rod, and now, his work has become the vanishing point for the treatment of infidelity, sex addiction, and compulsive sexual behavior.

..from the hornet’s nest to the vanishing point. Vibe in... or not...