IRON RIDGE
RECOVERY
CLARITY. DIRECTION. CONNECTION.

FOR REFERRING CLINICIANS

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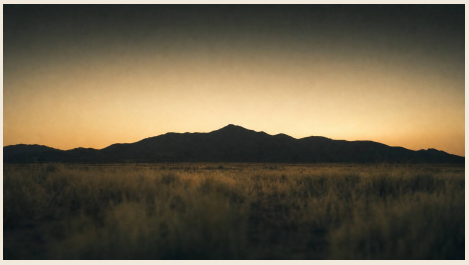
Launching September 7, 2026

A REFERRAL GUIDE FOR THERAPISTS

A clinical program built for the man whose life looks intact while something private is quietly costing him everything.



WHO WE SERVE

Adult men presenting with Compulsive Sexual Behavior Disorder (CSBD, ICD-11 6C72) — pornography and cybersex compulsivity, chronic infidelity patterns, escalating sexual behavior despite clear consequences, and the men who arrive after a discovery event has upended their marriage.

Our operating frame is the outwardly high-functioning man whose family is in distress while his internal life is deteriorating. Weekly therapy has helped many of your clients; this is the man who needs more.

WHAT WE TREAT

CSBD as the clinical spine, distinguished from high libido, OCD sexual intrusive thoughts, bipolar hypersexuality, moral incongruence, and medication-induced presentations.

Co-occurring load we hold alongside CSBD: shame, betrayal aftermath, attachment injury, anxiety and depression, and the somatic disconnection that shows up as "I was fine" while the body was carrying it.

Not a fit: active SUD requiring detox, court-ordered admissions, or clients whose primary presentation is a paraphilic disorder outside our scope.

WHAT MAKES US DIFFERENT

A proprietary 17-chapter, 161-page CSBD workbook operationalizes the 8-week arc as a non-shaming progression from awareness through emotional literacy and connection into structured choice, relapse prevention, and healthy sexuality.

Chapter 6 names the thesis: the opposite of addiction is connection, not abstinence. Chapter 17 names the endpoint: recovery restores healthy sexuality rather than removing it.

Modalities: CBT · ACT · IFS-informed · psychodynamic · attachment work · motivational interviewing · somatic.

THE 8-WEEK CLINICAL ARC

9–12 clinical hours/week · 72–96 total contact hours

WEEKS 1–2

Insight & Awareness

Waking up, the emotional cycle, living two lives, the internal voice. Establishes the presenting problem, motivation, and shame formulation.

WEEKS 3–4

Emotion & Connection

Emotional literacy, connection, help-seeking, and trust. Bridges to attachment repair and the partner/family lane.

WEEKS 5–6

Decision & Structure

Choice-point work, life-structure design, cognitive accuracy. Moves clients from insight into sustained behavior change.

WEEKS 7–8

Relapse Prevention & Healthy Sexuality

The relapse process, decision forks, precision of language, the illusion of control, evolving recovery, reclaiming sexuality.

Continued on reverse — Partner Program, Assessments, Referral Logistics.

THE PARTNER & FAMILY PROGRAM

The partner is treated as a person carrying profound relational trauma, not as codependent, co-addicted, or enabling. She receives care as a clinical patient in her own right on a parallel track, under one roof, with her clinician informing (not merging with) her partner's clinical team.

Framework. APSATS-informed, using the Multidimensional Partner Trauma Model across the emotional, psychological, physiological, relational, sexual, and spiritual dimensions — from safety and stabilization through remembrance and mourning to reconnection and post-traumatic growth.

Structure. Weekly 1:1 individual therapy with a partner-track clinician plus a weekly clinical group with other partners. Bundled at no additional cost with the client's IOP tuition — no separate intake, assessment, or partner-programming fee.

Led by Roxcy Brown, LMFT-Associate (Texas #204940), CCPS-C, supervised by Billy Myers, LMFT-S #201183. Roxcy sets the partner-side clinical standard: validate, explain, normalize, empower, give hope.

ASSESSMENT BATTERY

SAST-R	Sexual Addiction Screening Test — Revised
PATHOS	6-item screener for CSBD-related distress
CSBD-19	Compulsive Sexual Behavior Disorder Scale
HBI-19	Hypersexual Behavior Inventory
PHQ-9	Depression severity
GAD-7	Anxiety severity

Administered at baseline, Week 4, Week 8, and 6-month follow-up.

MODALITIES

CBT · ACT · IFS-informed · psychodynamic · attachment work · motivational interviewing · somatic. We are not an EMDR program.

CLINICAL LEADERSHIP

Ian Birdwell, LPC, CSAT

Roxcy Brown, LMFT-A, CCPS-C

Josh Heater, LMSW
Primary Clinician.

Ian Brown
Founder & CEO (non-clinical operator). CSAT-trained.

REFERRAL LOGISTICS

LEVEL OF CARE

Intensive outpatient (IOP). Not a SUD facility; standard HIPAA governs. Court-ordered admissions are not accepted.

FORMAT & CADENCE

8 weeks · 9–12 clinical hours/week · 72–96 total contact hours. In-person Austin and secure Texas telehealth.

COHORT

Cohort ceiling of 16. Rolling admission; phase-independent group modules paired with 1:1 sessions on the phase arc.

INSURANCE POSTURE

Private pay plus out-of-network PPO superbill. We do not submit claims or contract with carriers. Monthly superbill provided.

PROGRAM INVESTMENT

$30,000 total · billed $15,000/month

Partner & Family Program included at no additional cost.

RECOVERY COACHING (SEPARATE TRACK)

$4,500/month · 6-month commitment

Coaching is not therapy and is not covered by superbill.

TO REFER A CLIENT

Call (512) 877-8616 · email intake@ironridgerecovery.com · or send a secure referral via ironridgerecovery.com/refer