



S T R O N G S T A R
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Addressing Sexual Dysfunction in CPT and PE

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Las Vegas, NV

The University of Texas Health Science Center at San Antonio
and the STRONG STAR Consortium present

THE STRONG STAR TRAINING INITIATIVE



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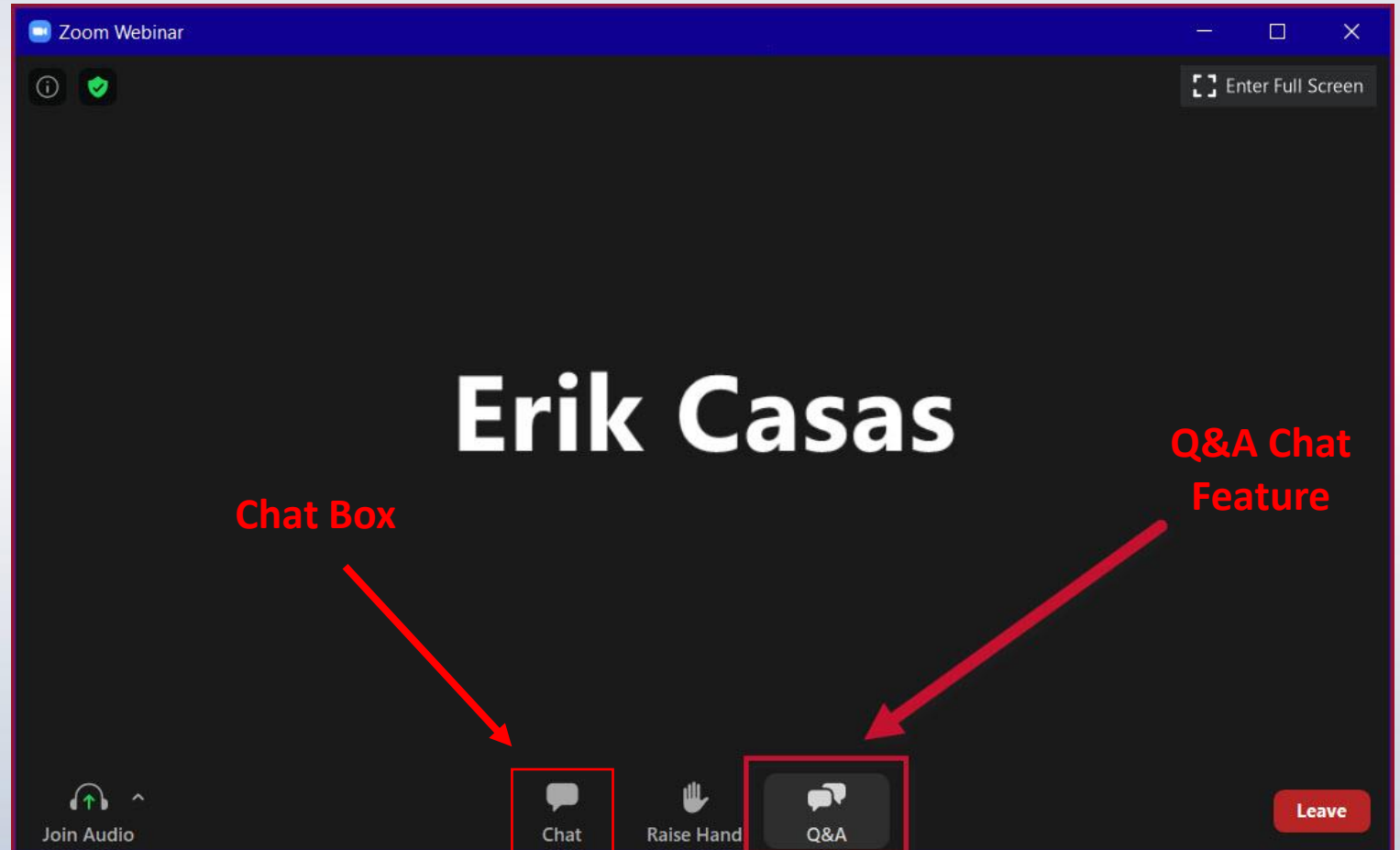
The **STRONG STAR Training Initiative** conducts Learning Communities through competency-based training in evidence-based treatments for **PTSD**, including **Cognitive Processing Therapy** and **Prolonged Exposure**, **Suicide Prevention**, and **Insomnia and Nightmares** to veteran-serving, licensed mental health providers across the country.

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Conflict of Interest Disclosure



The presenter(s) have no conflicts of interests to disclose.



Learning Objectives

- Participants will be able to identify the diagnostic criteria of Sexual Dysfunctions according to the DSM-5
- Participants will be familiar with diversity concerns often impacting sexual health and functioning
- Participants will learn specific interventions to integrate sexual functioning recovery into CPT and/or PE



DSM-5 Sexual Dysfunctions

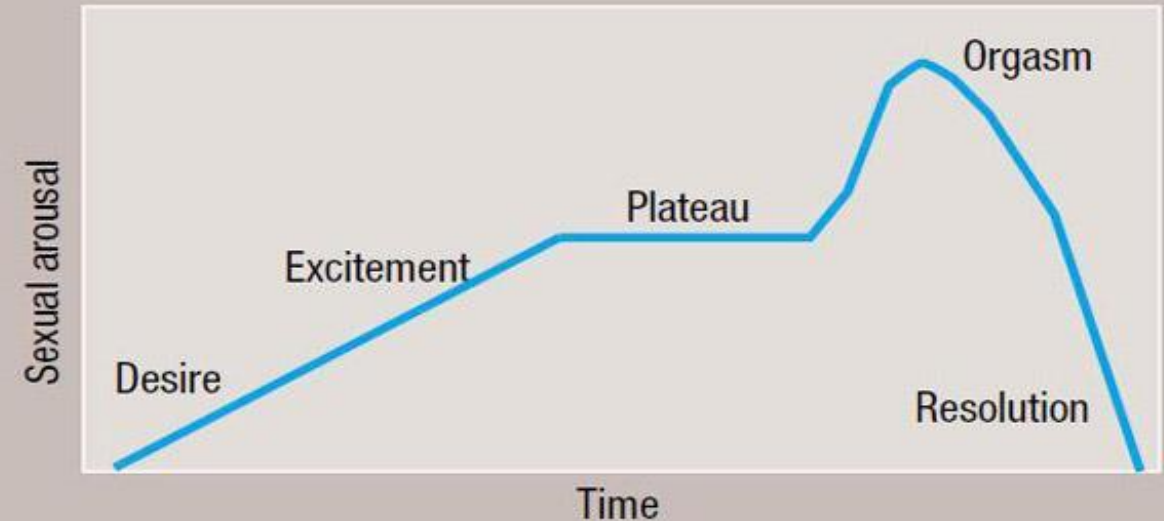
- Disturbances in the sexual response cycle (i.e., Masters and Johnson's linear model), which impacts mood, self-esteem, interpersonal functioning, overall life satisfaction, and one's ability to respond sexually or to experience sexual pleasure
- The DSM-5 focuses on biological sex and genitalia when defining sexual dysfunctions
- An area of growth for the DSM is identification and inclusion of multicultural variables associated with diagnoses



Sexual Dysfunctions

- Disturbances in the sexual response cycle, which impact mood, self-esteem, interpersonal functioning, overall life satisfaction, and one's ability to respond sexually or to experience sexual pleasure

Figure 1: The sexual response cycle.



Sources: Masters WH, Johnson VE. *Human Sexual Response*. Little, Brown and Co, Boston, 1966.
Kaplan HS. *Disorders of Sexual Desire and Other New Concepts and Techniques in Sex Therapy*.
Brunner/Hazel Publications, New York, 1979.



Male Sexual Dysfunctions

- Delayed Ejaculation
- Premature (Early) Ejaculation
- Erectile Disorder
- Sexual Desire Disorder
- Male Sexual Pain Disorder



Female Sexual Dysfunctions

- Female Orgasmic Disorder
- Female Sexual Interest/Arousal Disorder
- Genito-Pelvic Pain/Penetration Disorder
- Persistent Genital Arousal Disorder



Sexual Difficulties in PTSD

- Concerns about sexual desire, interest, or arousal
- Concerns about sexual interests or sexual orientation
- Compulsive sexual behavior
- Trouble reaching orgasm
- Painful intercourse/penetration
- Intimacy issues related to a disability or chronic condition
- Concerns regarding past sexual trauma
- Sexual communication concerns
- Sexual identity concerns



Integrating Sexual Questions into CPT & PE

- Does your anxiety have an impact on your interest in sex?
- Do you utilize sexual content (e.g., masturbation, porn, sex with others) to manage your anxiety?
- Are you on any medications that may impact your sexual functioning?
- In what ways, if any, has your trauma impacted your sexual functioning?
- Do you experience unwanted intrusions during sex both with yourself and others?
- (If trauma is CSA/SA) Did you experience any unwanted sexual arousal or orgasm during your traumatic event?

CPT Integration Examples



- When explaining PTSD symptoms, sexual avoidance can be listed as an avoidance behavior
- Identify the ways in which PTSD impacts intimacy sexually and emotionally with self and others (ask about masturbation)
- Do an ABC Worksheet on sexual activating events
- Identify and challenge any sexually-related stuck points such as “sex is dangerous”
- Integrate sexually-related stuck points as they relate to the CPT modules
- Challenge unhelpful stuck points associated with sex and use cognitive challenging to dispel myths about sex, arousal, intimacy, etc.



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Example Challenging Beliefs Worksheet



Challenging Beliefs Worksheet

A. Situation	B. Thought/Stuck Point	D. Challenging Thoughts	E. Problematic Patterns	F. Alternative Thought(s)
Describe the event, thought or belief leading to the unpleasant emotion(s).	Write thought/stuck point related to Column A. Rate belief in each thought/stuck point below from 0-100% (How much do you believe this thought?)	Use Challenging Questions to examine your automatic thought from Column B. Consider if the thought is balanced and factual or extreme.	Use the Patterns of Problematic Thinking Worksheet to decide if this is one of your problematic patterns of thinking.	What else can I say instead of Column B? How else can I interpret the event instead of Column B? Rate belief in alternative thought(s) from 0-100%
Having sex w/ my boyfriend	<p data-bbox="746 761 988 796">He isn't going to stop</p> <hr/> <p data-bbox="772 1003 963 1039">C. Emotion(s)</p> <p data-bbox="746 1046 988 1132">Specify sad, angry, etc., and rate how strongly you feel each emotion from 0-100%</p> <p data-bbox="746 1246 963 1282">scared, angry, sad</p>	<p data-bbox="1014 582 1141 604">Evidence For?</p> <p data-bbox="1014 618 1332 646">a man has done it before</p> <p data-bbox="1014 675 1179 696">Evidence Against?</p> <p data-bbox="1014 711 1332 739">he has never done it before</p> <p data-bbox="1014 761 1128 782">Habit or fact?</p> <p data-bbox="1014 796 1077 818">habit</p> <p data-bbox="1014 832 1268 853">Not including all information?</p> <p data-bbox="1014 868 1319 889">yes, people have stopped</p> <p data-bbox="1014 903 1116 925">All or none?</p> <p data-bbox="1014 939 1052 961">yes</p> <p data-bbox="1014 975 1230 996">Extreme or exaggerated?</p> <p data-bbox="1014 1011 1052 1032">yes</p> <p data-bbox="1014 1046 1256 1068">Focused on just one piece?</p> <p data-bbox="1014 1082 1205 1103">the assault only</p> <p data-bbox="1014 1118 1192 1139">Source dependable?</p> <p data-bbox="1014 1153 1141 1175">yes and no</p> <p data-bbox="1014 1189 1281 1210">Confusing possible with likely?</p> <p data-bbox="1014 1225 1052 1246">yes</p> <p data-bbox="1014 1260 1256 1282">Based on feelings or facts?</p> <p data-bbox="1014 1296 1307 1318">both, but mostly feelings</p> <p data-bbox="1014 1332 1268 1353">Focused on unrelated parts?</p> <p data-bbox="1014 1368 1128 1389">not really</p>	<p data-bbox="1378 582 1587 604">Jumping to conclusions:</p> <p data-bbox="1378 632 1727 661">just because it happened once</p> <p data-bbox="1378 689 1625 718">Exaggerating or minimizing:</p> <p data-bbox="1378 746 1727 775">focusing only on assault exp.</p> <p data-bbox="1378 803 1587 832">Ignoring important parts:</p> <p data-bbox="1378 861 1714 889">all the times he has stopped</p> <p data-bbox="1378 918 1523 946">Oversimplifying:</p> <p data-bbox="1378 975 1421 1003">yes</p> <p data-bbox="1378 1032 1536 1061">Over-generalizing:</p> <p data-bbox="1378 1089 1714 1118">not all sex is like the assault</p> <p data-bbox="1378 1146 1498 1175">Mind reading:</p> <p data-bbox="1378 1203 1702 1232">I'm assuming he won't stop</p> <p data-bbox="1378 1260 1561 1289">Emotional reasoning:</p> <p data-bbox="1378 1318 1727 1346">I feel like he won't stop, so I</p>	<p data-bbox="1753 753 2046 782">He would stop if I asked</p> <hr/> <p data-bbox="1765 989 2071 1046">G. Re-rate Old Thought/Stuck Point</p> <p data-bbox="1753 1061 2071 1125">Re-rate how much you now believe the thought/stuck point in Column B from 0-100%</p> <p data-bbox="1753 1153 1816 1175">25%</p> <hr/> <p data-bbox="1829 1218 2007 1246">H. Emotion(s)</p> <p data-bbox="1753 1260 2033 1282">Now what do you feel? 0-100%</p> <p data-bbox="1753 1318 1816 1339">10%</p>



PE Integration Examples

- During the trauma interview, integrate sexual health and functioning questions such as “have you noticed a change in your sex life since the trauma” or “in what ways has the trauma impacted your beliefs and behaviors associated with sex”
- Review sexual avoidance as a common reaction to trauma
- Identified specific avoidance patterns associated with trauma including solo and partnered sex
- During exposure, if trauma is sexual in nature, do not have patients avoid describing physiological sensations associated with behaviors
- Make sure to assess for and normalize arousal non-concordance with patients



Example Sexual Hierarchies

Item	SUDS (Pre)
Imaginal of PDA with wife	40
Being more nude in the bedroom	40
Looking at self in the mirror not nude	50
Touching penis above and under clothes non-sexually	50
Smelling alcohol on wife's breath	60
Touching penis while urinating	70
PDA with wife	75
Looking at self in the mirror nude	80
Experiencing/receiving aftercare	80
Masturbation without intent to orgasm	85
Looking at penis	90
Wife touching testicles in non-sexual context	90
Wife touching testicles in sexual context	90
Moving on bed during sexual encounter	90
Opening eyes and looking wherever during sexual encounter	95
Watching while receiving oral sex	100

Item	SUDS (Pre)
Receiving a massage	0
Touching husband sexually with clothes on	0
Vaginal penetration with dilator	0
Talking about general sexual topics	15
Talking about personal sexual topics	20
Watching intimate scenes in movies/TV (Outlander, True Blood, Sex Education, Masters of Sex, What's Your Number, Zach and Miri Make a Porno, Dirty Dancing)	25
Touching husband sexually with clothes off	30
Solo masturbation	30
Receiving digital (finger) play from husband	30
Husband using toys on you	40
Receiving oral sex from husband	50
Mutual masturbation w/ husband	60
Vaginal penetration (from husband)	60

Case Example



- Korben - 26 year-old, multiracial, heterosexual, trans male, Army Veteran and Leeloo - 33 year-old, multiracial, female who had been married for one year after dating for 6 months
- Korben experienced a single index sexual assault while in the Army perpetrated by a cisgender male that resulted in high levels of distress associated with any sexual contact with Leeloo as well as decreased solo sex
- They presented approximately 6 months after the assault and identified goals as re-engagement with sexual activity together and re-engagement with kink activities such as bondage
- A baseline of symptoms was gathered which showed subclinical PTSD symptoms in Korben, focused on sexual avoidance and re-experiencing in situations related to sexual content



Case Example Outcome

Item	SUDs
Non-sexual physical touch (playful touch over clothes) <ul style="list-style-type: none">• Touch on chest• Hugging• Thigh touch	15
Oral stimulation (providing)	37
Kissing (longer w/ no tongue)	40
Digital stimulation anal (receiving)	59
Penetrative sex anal (receiving)	60
Oral stimulation anal (receiving)	64
Kissing (passionate w/ tongue)	70
Hip & belly touching (receiving)	70
Digital stimulation (receiving)	74
Penetrative sex (receiving)	77
Oral stimulation (receiving)	78
Hip & belly touching (her providing)	85
Restrictive touch (pushed against a wall)	100

- All items were completed over the course of treatment from May 2020 to August 2020 with significant reductions in SUD ratings for Korben down to 0 on all items.



Specific Interventions

- Psychoeducation
- Challenge performance myths
- Sexual script
- Sensate focus exercises
- Mindfulness
- Exploring alternate forms of sexual expression
- Dilators, vibrators, and other tools
- Behavioral techniques
- Medications



Considerations in Treatment

- Neurological
- Hormonal
- Vascular
- Pharmacological
- Pelvic problems
- Culture
- Gender
- Religion
- Family of origin
- Sex education
- Language
- Sexual & gender identity
- Media & porn consumption
- Alternative sexual interests/communities



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Resources



- A Headache in the Pelvis, a New, Revised, Expanded and Updated 6th Edition: A New Understanding and Treatment for Chronic Pelvic Pain Syndromes by David Wise and Rodney Anderson
- Sex Made Simple: Clinical Strategies for Sexual Issues in Therapy By Barry McCarthy
- Enhancing Sexuality: A Problem-Solving Approach to Treating Dysfunction Therapist Guide Therapist Guide by John Wincze
- Expanding the Practice of Sex Therapy: An Integrative Model for Exploring Desire and Intimacy by Dr. Gina Ogden
- What Every Mental Health Professional Needs to Know About Sex by Dr. Stephanie Buehler
- Sensate Focus in Sex Therapy: The Illustrated Manual by [Linda Weiner](#) and [Constance Avery-Clark](#)
- Enhancing Sexuality: A Problem-Solving Approach to Treating Dysfunction, Workbook Workbook by [John Wincze](#)
- Why Men Stop Having Sex: Men, the Phenomenon of Sexless Relationships, and What You Can Do About It by [Bob Berkowitz](#) and [Susan Yager-Berkowitz](#)
- Sexual Dysfunction, Third Edition: A Guide for Assessment and Treatment by [John P. Wincze](#) and [Risa B. Weisberg](#)
- Sex Made Simple: Clinical Strategies for Sexual Issues in Therapy by [Barry McCarthy](#)
- Quickies: The Handbook of Brief Sex Therapy by [Douglas Flemons](#) and Shelley Green
- Sexual Dysfunction in Women in the series Advances in Psychotherapy, Evidence Based Practice by [Marta Meana](#)
- Sexual Dysfunction in Men in the series Advances in Psychotherapy, Evidence-Based Practice by [David L. Rowland](#)
- Systemic Sex Therapy by [Katherine M. Hertlein](#), [Gerald R. Weeks](#), and [Nancy Gambescia](#)



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Q&A

- Please type your questions in the Q&A feature at the bottom of the screen.





Next Month's Webinar



Strategies for Integrating Suicide Risk Assessment and Management into Evidence-Based Treatments for PTSD

- **Presented by** Brooke Fina, LCSW, BCD
- **Thursday, September 8, 2022**
- **1 pm CDT/2 pm EDT**