



Addressing Sexual Dysfunction in CPT and PE

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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.

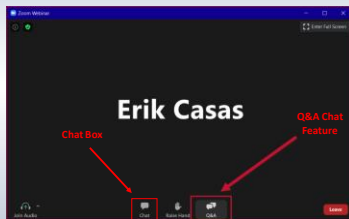
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- Place questions in the "Q&A" chat feature – questions will be answered at the end of the presentation.
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Conflict of Interest Disclosure



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

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Learning Objectives



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

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DSM-5 Sexual Dysfunctions



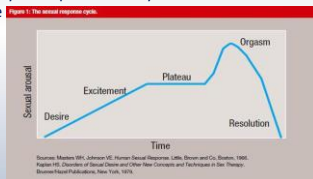
- o Disturbances in the sexual response cycle (i.e., Masters and Johnson's linear model), which impacts mood, self-esteem, interpersonal functioning, overall life satisfaction, and one's ability to respond sexually or to experience sexual pleasure
- o The DSM-5 focuses on biological sex and genitalia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

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Sexual Dysfunctions




- o 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



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Male Sexual Dysfunctions

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



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Female Sexual Dysfunctions


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



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Sexual Difficulties in PTSD

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



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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?

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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



A. Situation	B. Thought/Back Panel	C. Emotions(s)	D. Challenging Thoughts	E. Problematic Patterns	F. Alternative Thought(s)
Hugging me w/ my boyfriend?	He isn't going to stop	scared, angry, sad	<p>Evidence for?</p> <p>Evidence against?</p> <p>What's the best of both worlds?</p> <p>What's the worst of both worlds?</p>	<p>Jumping to conclusions</p> <p>Not all men are like the sexual</p> <p>Not all men are like the sexual</p> <p>Not all men are like the sexual</p>	<p>He would stop if I asked</p>

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PE Integration Examples



- o 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"
- o Review sexual avoidance as a common reaction to trauma
- o Identified specific avoidance patterns associated with trauma including solo and partnered sex
- o During exposure, if trauma is sexual in nature, do not have patients avoid describing physiological sensations associated with behaviors
- o Make sure to assess for and normalize arousal non-concordance with patients

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Example Sexual Hierarchies



Item	SUDS (Pre)	Item	SUDS (Post)
Reception of FDA with wife	40	Receiving a message	0
Seeing wife walk in the bathroom	40	Touching husband sexually with clothes on	0
Looking at self in the mirror out loud	30	Verbal penetration with vibrator	0
Touching penis above and under clothes non-sexually	50	Talking about general sexual topics	15
Smelling alcohol on wife's breath	60	Talking about personal sexual topics	20
Touching penis while urinating	70	Watching intimate scenes in movies/TV (Outlander, True Blood, Sex Education, Masters of Sex, What's Your Number, Zach and Mick Make a Porno, Dirty Girl)	25
FDA with wife	75	Touching husband sexually with clothes off	30
Looking at self in the mirror/ nude	80	Solo masturbation	30
Experiencing/feeling pleasure	80	Reaching digital (finger) play from husband	30
Masturbation without intent to orgasm	85	Husband using toys on you	40
Looking at penis	90	Receiving oral sex from husband	50
Wife touching genitals in non-sexual context	90	Oral masturbation w/ husband	50
Wife touching genitals in sexual context	90	Verbal penetration (from husband)	60
Moving on bed during sexual encounter	95		
Opening eyes and looking whenever during sexual encounter	95		
Watching while touching oral sex	100		

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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

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Case Example Outcome



Item	SUDs
Non-sexual physical touch (friendly touch over clothes)	15
• Touch-up chest	
• Hugging	
• Thigh touch	
Oral stimulation (providing)	37
Oral stimulation (receiving)	40
Digital stimulation anal (receiving)	59
Penetration sex anal (receiving)	60
Oral stimulation anal (providing)	64
Kissing (passionate w/ tongue)	70
Hip & butt touching (receiving)	70
Digital stimulation (receiving)	76
Penetration sex (receiving)	77
Oral stimulation (receiving)	78
Hip & butt touching (not 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.

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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

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Considerations in Treatment



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

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Resources



- o *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
- o *Sex Made Simple: Clinical Strategies for Sexual Issues in Therapy* by Barry McCarthy
- o *Enhancing Sexuality: A Problem-Solving Approach to Treating Dysfunction Therapist Guide* by John Wincoz
- o *Expanding the Practice of Sex Therapy: An Integrative Model for Exploring Desire and Intimacy* by Dr. Gina Ogden
- o *What Every Mental Health Professional Needs to Know About Sex* by Dr. Stephanie Buehler
- o *Sensate Focus in Sex Therapy: The Illustrated Manual* by [Linda Weizer](#) and [Constance Avery-Clark](#)
- o *Enhancing Sexuality: A Problem-Solving Approach to Treating Dysfunction, Workbook* by [John Wincoz](#)
- o *Why Men Stop Having Sex: Men, the Phenomenon of Sexless Relationships, and What You Can Do About It* by [Bob Berkowitz](#) and [Suzanne Berkowitz](#)
- o *Sexual Dysfunction, Third Edition: A Guide for Assessment and Treatment* by [John P. Wincoz](#) and [Bisa B. Weisberg](#)
- o *Sex Made Simple: Clinical Strategies for Sexual Issues in Therapy* by [Barry McCarthy](#)
- o *Quickies: The Handbook of Brief Sex Therapy* by [Douglas Fleming](#) and Shelley Green
- o *Sexual Dysfunction in Women in the series Advances in Psychotherapy, Evidence-Based Practice* by [Maria Morata](#)
- o *Sexual Dysfunction in Men in the series Advances in Psychotherapy, Evidence-Based Practice* by [David L. Rowland](#)
- o *Systemic Sex Therapy* by [Katherine M. Hertlein](#), [Gerald R. Weeks](#), and [Nancy Gambaccia](#)

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Q&A



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



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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
