

Course 1: Psychological Approaches To Treating FSD

ISSWSH Annual Meeting Atlanta, 2017

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2017 PERELMAN DISCLOSURES

Company	Applies to	Financial	Relationship Type	Begin Date	End Date
Springer Publications	Self	No	Sexual Health Publishing	01/01/2017	present
	Emeritus Editor in Chief, Current Sexual Health Reports				
Lilly	Self	Yes	Investment Interest	01/03/2000	present
Palatin	Self	Yes	Consultant, Advisor, Investment Interest	02/02/2009	Present
Pfizer	Self	Yes	Investment Interest	01/03/2005	present
Valeant	Self	Yes	Consultant, Advisor, Investment Interest	06/12/2016	present

Psychological Approaches To Treating FSD

AGENDA

1. Describe and illustrate the Sexual Tipping Point® model's integrated approach to understanding the etiology and treatment of FSD.
2. Discuss taking a sex status and how that history is used within a STP framework to treat FSD.
3. Recommend that the knowledge obtained from Drs. Althof & Kingsberg regarding treating FSD be incorporated within a transdisciplinary perspective, not merely a psychological one... despite the title of our course.

The STP Model Helps Optimize The Diagnosis & Treatment Of FSD

Sex therapists distinguish ourselves by asking about sex in minute detail, while maintaining rapport with the patient.

How?

We are sex detectives who ask key focused questions; stepping back and then probing again, depending on the patient's comfort with the inquiry.



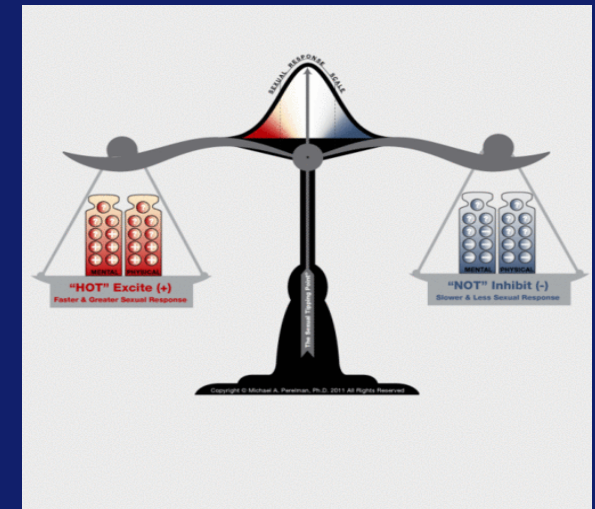
What guides my questions?

The STP Model Helps Optimize The Diagnosis & Treatment Of FSD

ANSWER:

The Sexual Tipping Point® Model

The STP is an easy way to depict both the mental and physical elements of FSD, facilitating an integrated treatment approach.

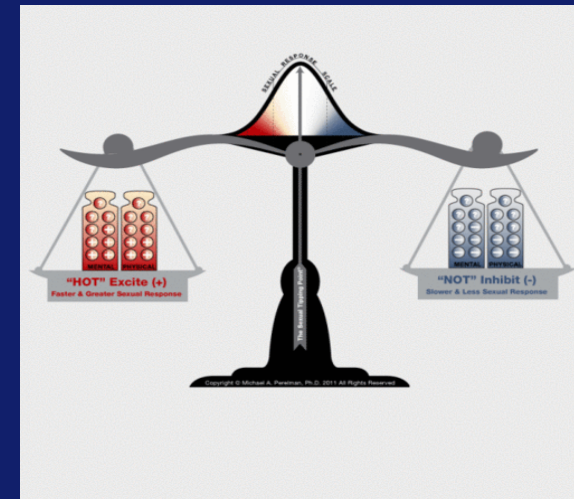


The STP Model Helps Optimize The Diagnosis & Treatment Of FSD

ANSWER:

The Sexual Tipping Point® Model

The STP is an easy way to depict both the mental and physical elements of female sexual function and dysfunction, facilitating an integrated treatment approach.



Because Sex is Always Mental and Physical

The mind can “turn you on” and the mind can “turn you off.”

The body can “turn you on” and the body can “turn you off.”

Positive mental and physical factors increase sexual response.

Negative mental and physical factors inhibit sexual response.

The dynamic combination of all these factors
determines a unique **Sexual Tipping Point®**



Sex is Always Mental and Physical

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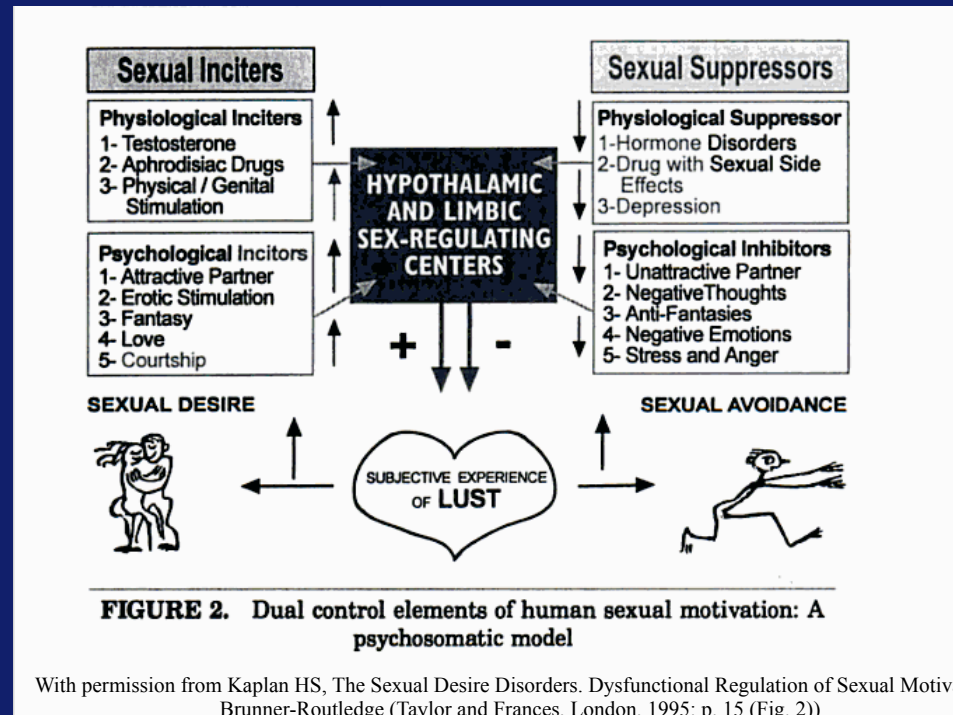
**The dynamic combination of all these factors
determines a unique Sexual Tipping Point®**



BIOPSYCHOSOCIAL DUAL CONTROL MODELS EASILY EXPLAIN SUCH INTERACTIONS

John Bancroft and his Kinsey colleagues skillfully articulated the most well known and researched dual control model, but Helen Kaplan was first to publish a dual control psychosomatic model of sexual motivation in 1995. An artist by training; her illustration is below.

Sexual
Inciters



Sexual
Suppressors

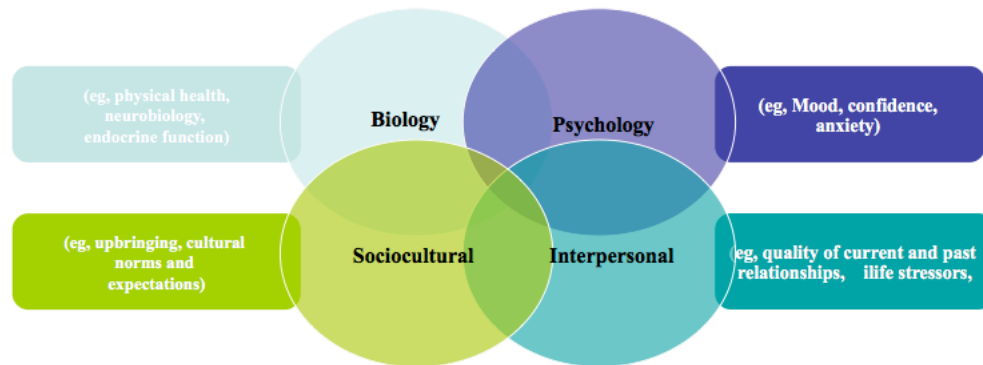
Bancroft et al, 2009

Perelman MA. "The History of Sexual Medicine"
In Eds: Diamond, & Tolman, APA Handbook , 2014

Of Course, There Are Numerous Sexual Response Models

Althof & Rosen illustrate their biopsychosocial model with a simple and elegant Venn diagram.

Biopsychosocial Model of Female Sexual Response

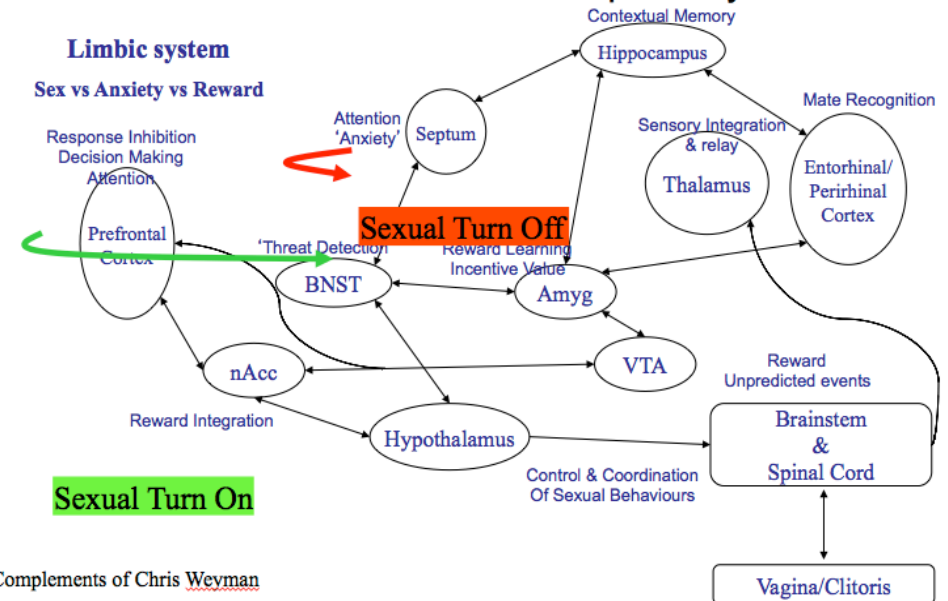


Althof SE, et al. *J Sex Med.* 2005;26:793-800. Rosen RC, Barsky JL. *Obstet Gynecol Clin North Am.* 2006;334:515-526.



Chris Weyman has presented granular diagrams identifying on/off loci of biological pathways.

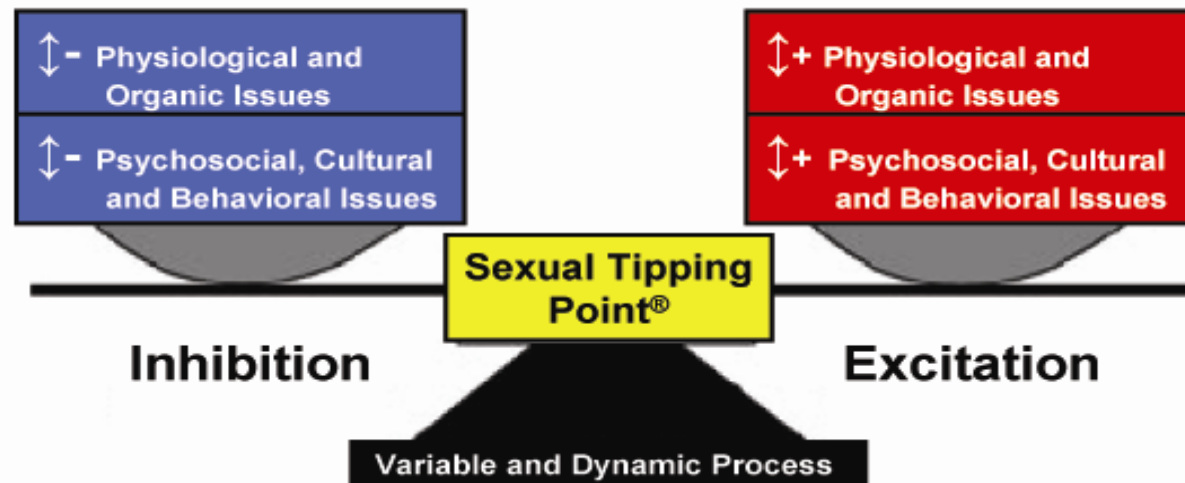
Control of Female Sexual Function
“Prosexual” verses “Antisexual pathways



Complements of Chris Weyman

Jim Pfaus Used STP Model Images
To Help Illustrate The “Exciting” And “Inhibiting” Mechanisms
Underlying Sexual Desire, In His Classic 2009 JSM Article

Dual Control Model



after Perelman (2006) *J Sex Med*, 3, 1004-1012

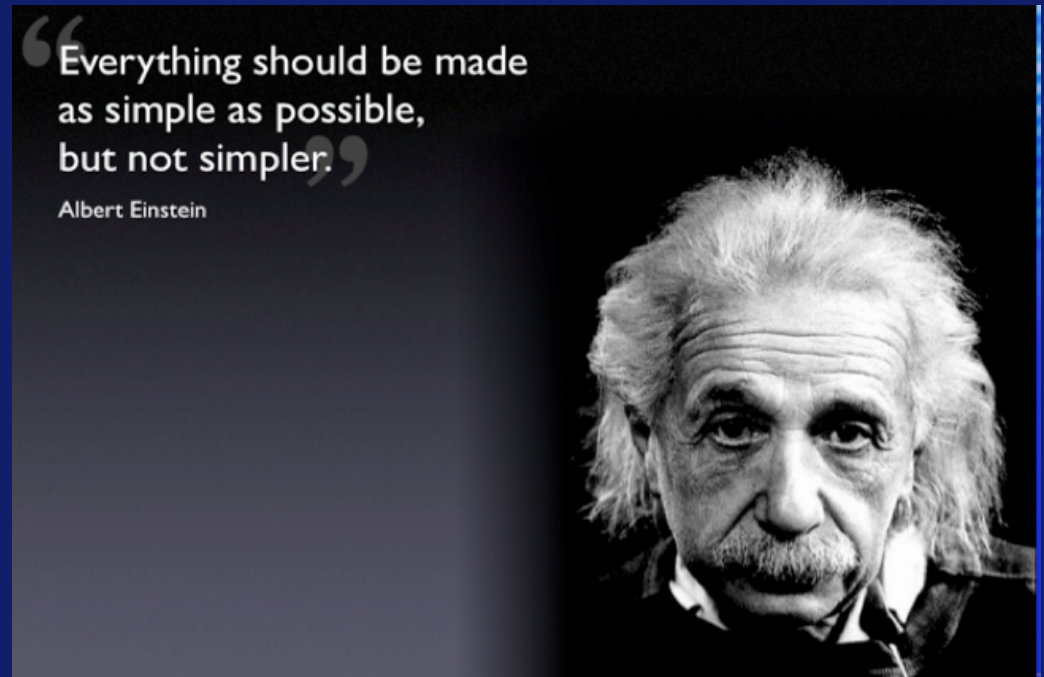
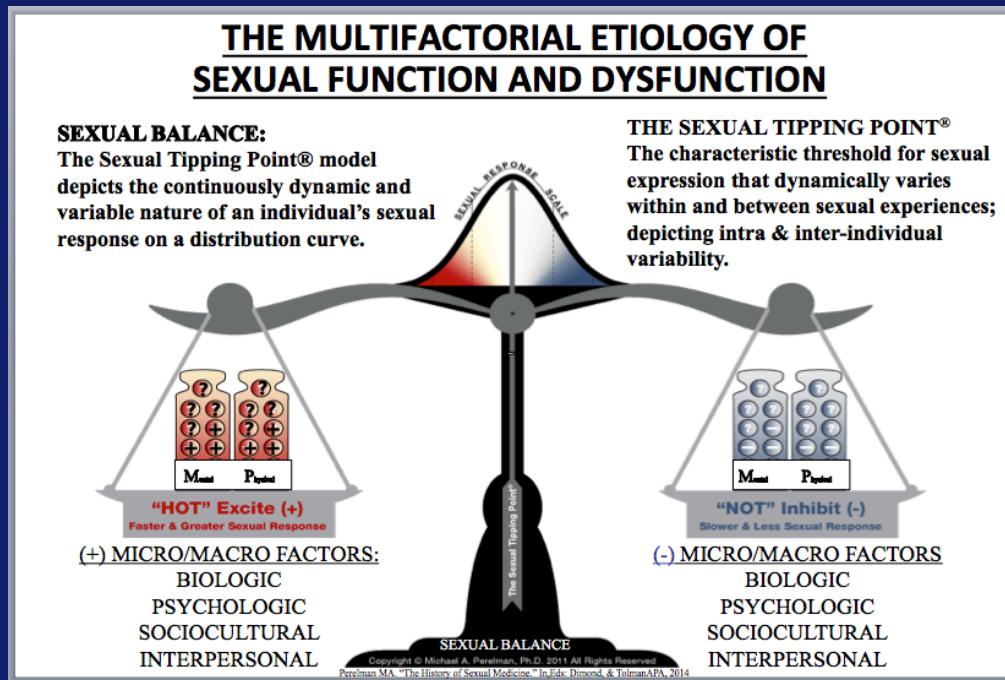
Slide courtesy of Jim Pfaus

Pfaus, JSM, 2009

The Sexual Tipping Point® Model Illustrates The Interaction Of Constitutional Sexual Capacity With Various Biopsychosocial-Behavioral & Cultural Factors

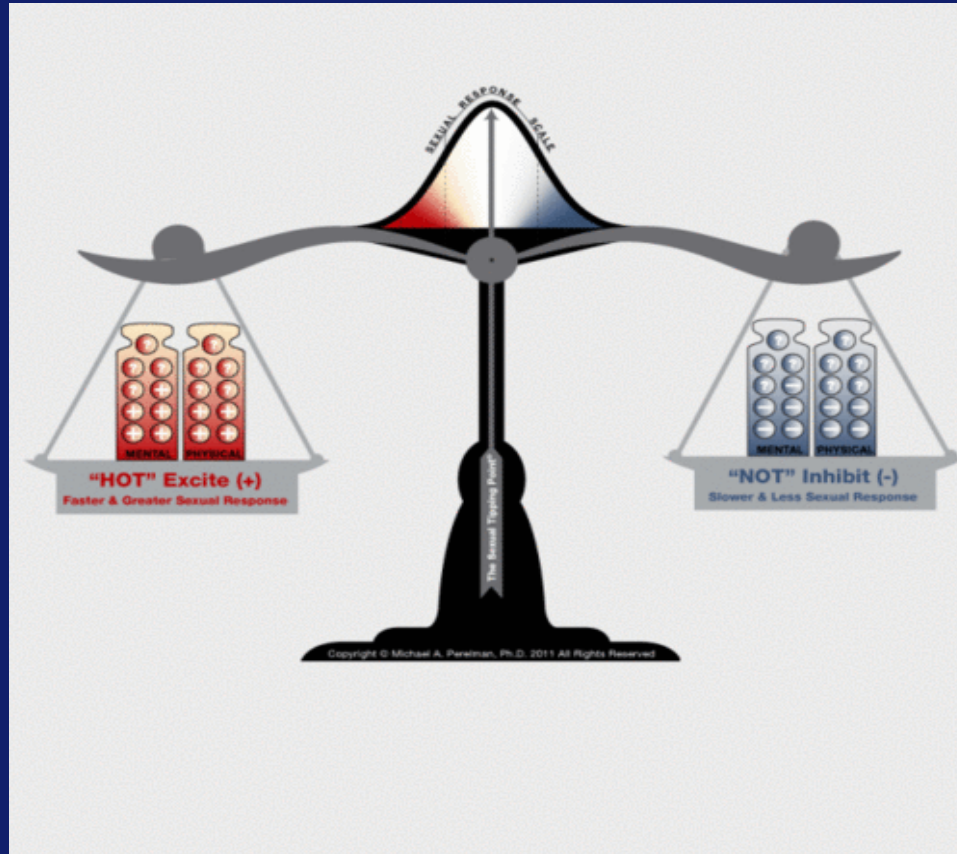
The model has universal applicability and the capacity to illustrate the full range of human sexual response permutations and yet can be distilled into:

“Hot” or “Not” ?



The STP model dynamically illustrates both the intra and inter-individual variability characterizing sexual response and its disorders for both men and women. A person's STP differs from one experience to another, based on the proportional effect of dominating factors, as others recede in importance.

“HOT”

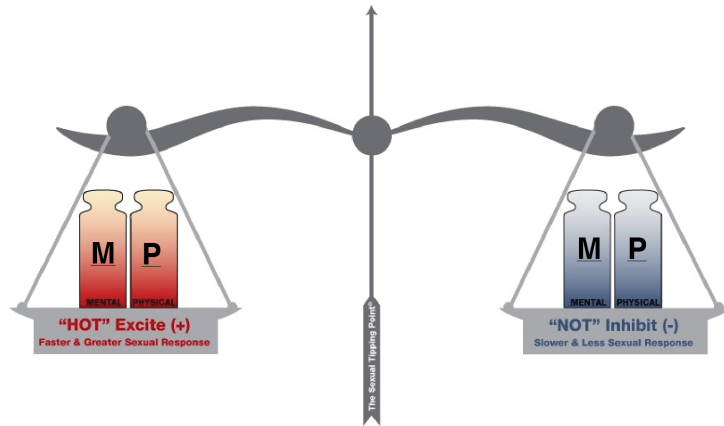


“NOT”

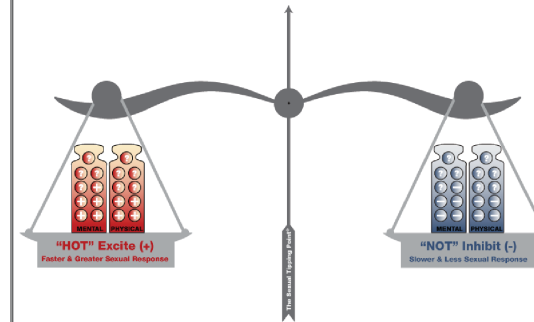


“Cougar” or “Kitty Kat”?

Understanding Sexual Balance: A Key To The Sexual Tipping Point® Model



Two pans hold 2 inter-related weights which contain all known and unknown **M**ental & **P**hysical **factors** regulating sexual response.



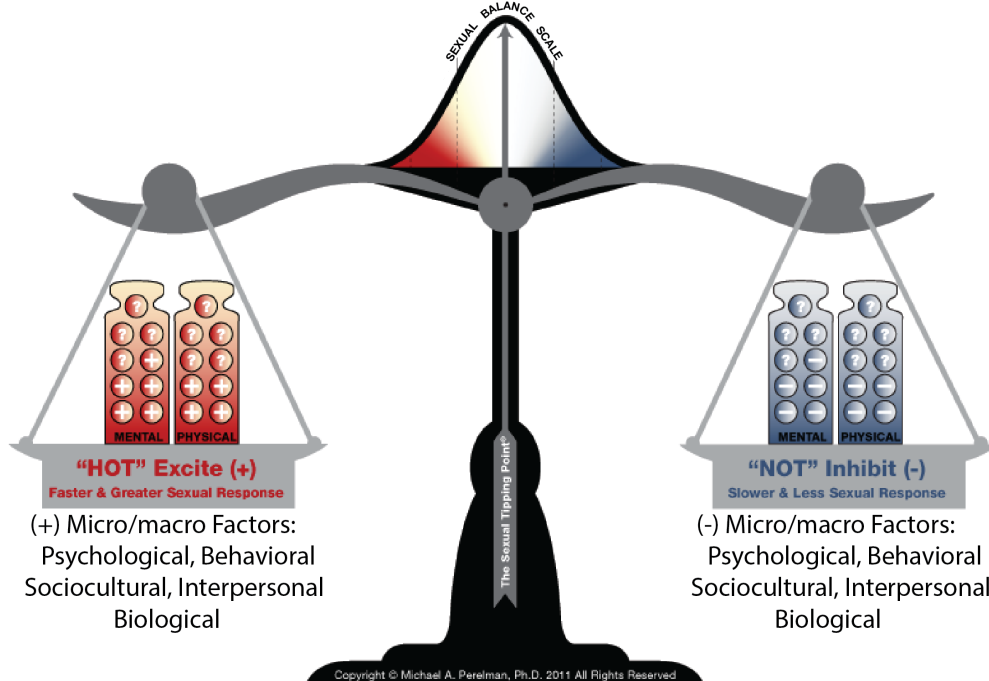
ON HOT	OFF NOT
+	-
?	?

Each circle represents a **factor** which is **HOT** or **NOT**.

Sex Positive (+) or Sex Negative (-)

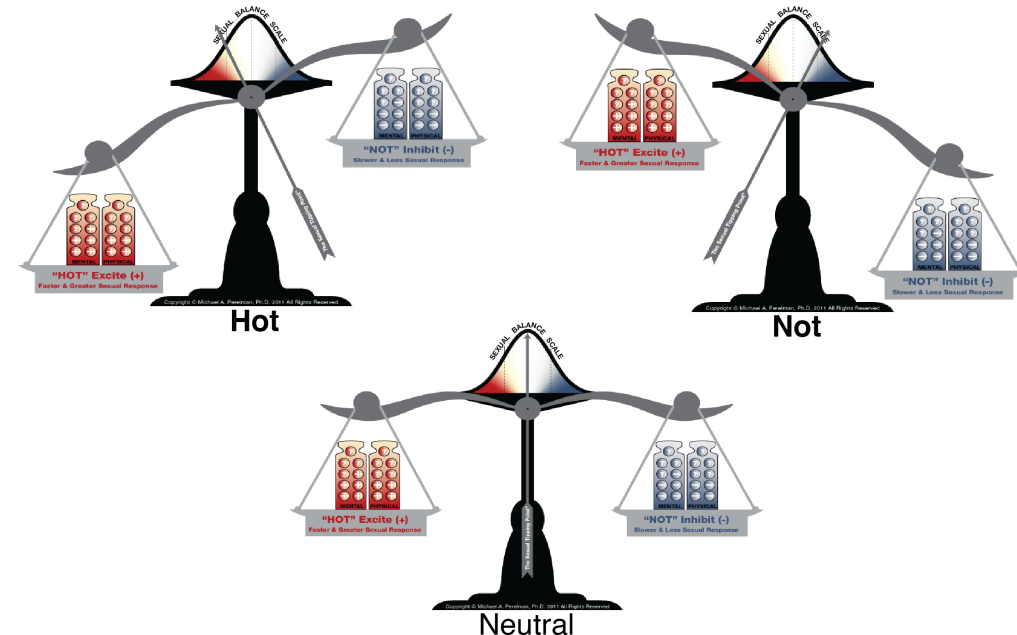
Or currently unknown?

All **factors** that impact sexual response are found within these **M**ental and **P**hysical weights although their relative influence varies between individuals.



Sexual response “at rest” usually balances within a normal range. The STP varies within and between sexual experiences depicting intra & inter-individual variability.

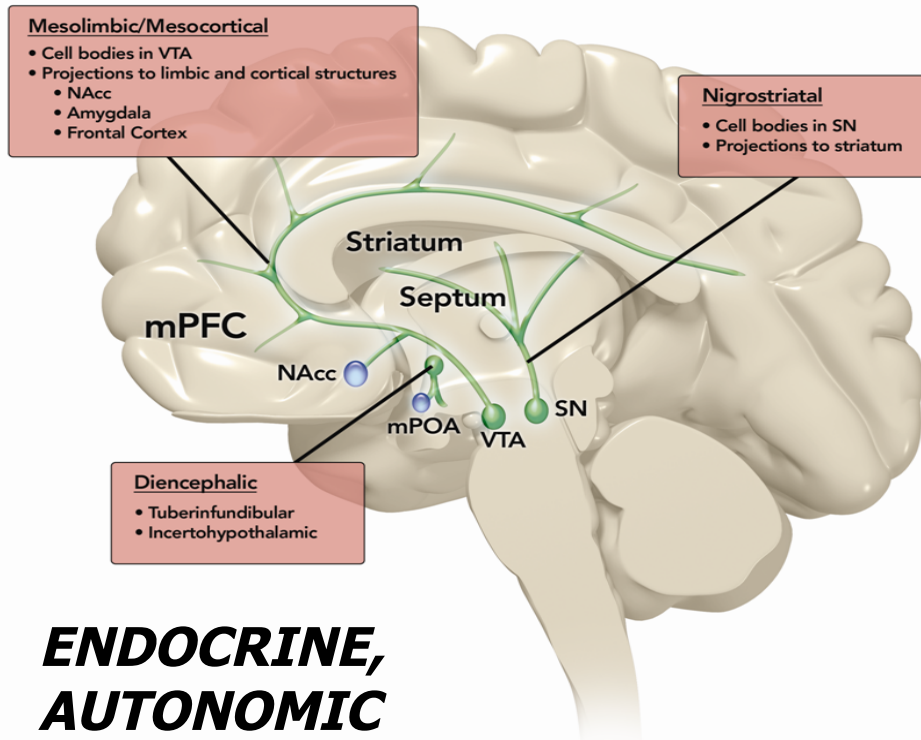
The Sexual Tipping Point® model depicts the continuously dynamic and variable nature of an individual’s sexual response on a distribution curve.



Jim Spoke of Excitatory Systems of the Brain:

+

Dopamine (DA)

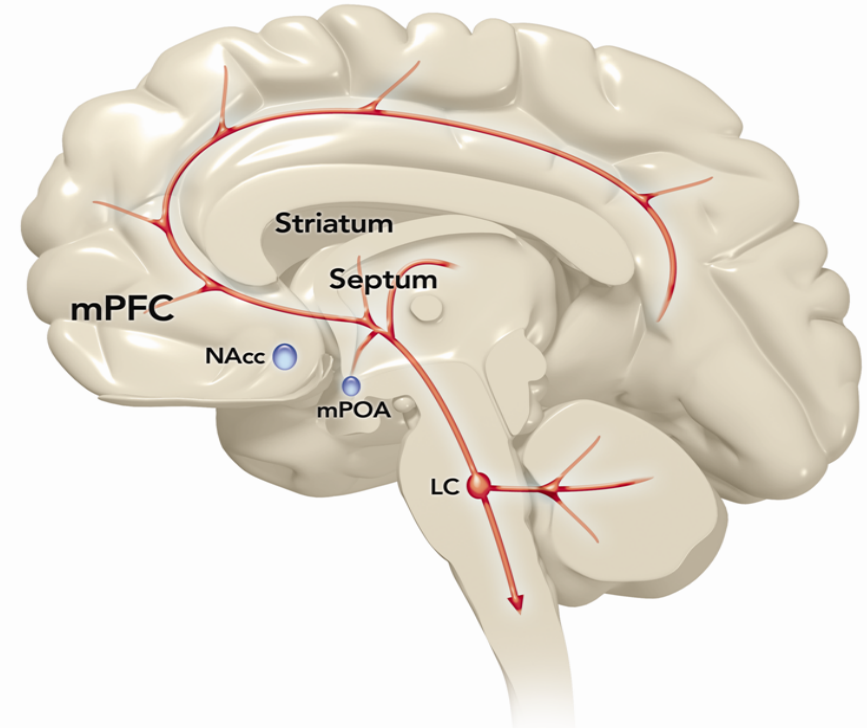


**ENDOCRINE,
AUTONOMIC
REGULATION**

**ATTENTION,
MOVEMENT**

+

Noradrenaline (NA)



Cell bodies in locus coeruleus
Projections to hypothalamic, limbic, and
cortical regions; descending projections to
cerebellum and spinal cord.

AROUSAL

Fantasy or Cognitions

Some Positive Thoughts (+)

1. I feel attracted to the person.
2. I want to experience physical pleasure.
3. It feels good.
4. I want to show my affection for my partner.
5. I want to express my love
6. I feel sexually aroused and want the release.
7. I feel horny.
8. It's fun.
9. I am in love.
10. I love being swept up by the moment.
11. I wanted to please my partner.
12. I want the closeness/intimacy.
13. I want the pure pleasure.
14. I want an **orgasm/orgasm**
15. This is exciting,
16. I wanted to feel connected to the person.
17. The person's physical appearance turned me on.
18. Love this setting.
19. This person really desires me.
20. This person makes me feel sexy.

Some Negative Thoughts -

IMPACT OF FSD ON THE WOMAN



Complements of Eli Lilly

Feelings About the Relationship At That Moment

Interpersonal dimension

- 'there is no such entity as an uninvolved partner in a relationship contending with any form of sexual inadequacy'¹
- the non-sexual part of the relationship suffers and conflicts may arise²⁻⁶



Photograph of Masters and Johnson by Buzz Taylor, courtesy of St. Louis Walk of Fame

¹Masters WH and Johnson VE. Toronto, New York: Bantam Books; 1970: 'Althof SE. Int J Impot Res 2002;14(Suppl 1):S99-S104; 'Dunn ME. J Am Osteopath Assoc. 2004;104(Suppl 4):S6-S10;

²Tomlinson J, Wright D. BMJ 2004;328:1037; 'Dean J, et al. Eur Urol Suppl 2006;5:773-8

³Dunn, Althof, & Perelman, Int J Impot Res. 2007; 19:S99-S104

Meston, CM and DM Buss.

"Why Humans Have Sex," *Archives of Sexual Behavior* (2007) 36:477.

Psychological Approaches To Treating FSD

Based on their valence, you want to identify which of these mental or physical factors should be targeted for intervention and whether their impact on a patient is:

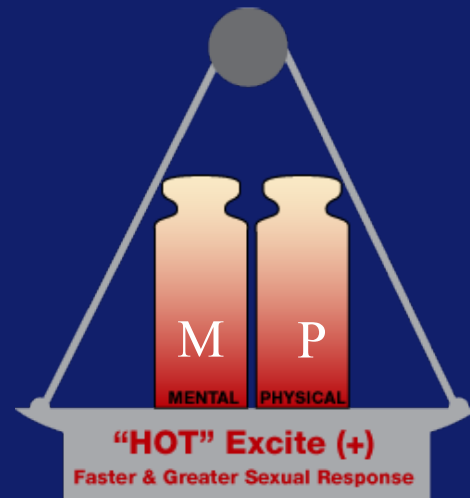
- Predisposing (constitutional, prior life experience)
 - Precipitating, exacerbating and/or
 - Maintaining a sexual dysfunction, disorder or concern.
-
- Yet, the impact of the same factors may vary with the context of the moment.

Althof et al, JSM, 2005; Althof et al, JSM, 2009;
Basson R. JSMT, 2000;
Hawton K. Br J Hosp Med 1985

So What's The Take Away From The 1st Agenda Item?

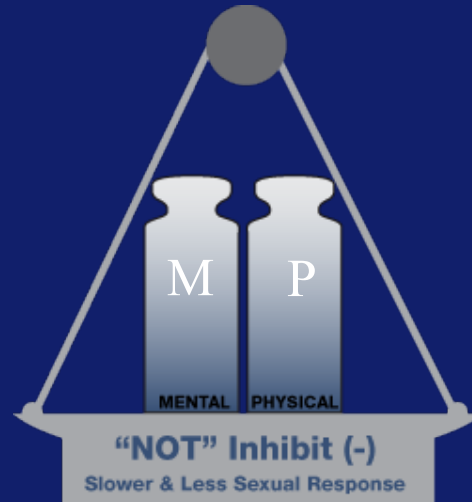
First:

Recognize that SD is always a function of BioPsychosocial & Cultural Factors.



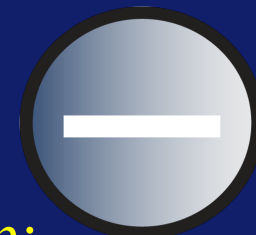
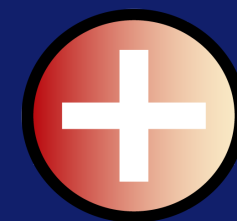
Second

An individual's sexual function at any given moment in time, is determined by the net summary of those factors.



Third:

Identify the key interfering factors as initial treatment targets.



Fourth:

Inspire hope by explaining the STP formulation and the initial treatment targets to the patient.

2nd Agenda Item: The Sex Status Is Key To Success

- My framework for diagnosis & treatment is the STP, but how do I identify all those factors?

Whether a physician with ~ 7 minutes
Or a sex therapist with ~ 45 minutes
The answer is to obtain a **sex status**.



- The sex status is not a questionnaire or test.
- It is a flexible, focused history taking method to uncover the key psychosexual-behavioral & cultural factors.

Kaplan HS, The Sexual Desire Disorders 1995;
Perelman MA. *Int J Impot* 2003; Res (15 Suppl 5):S67-74;
Perelman MA, FSD. In: Goldstein et al, 2005.

STP & Sex Status: Key Concepts to Optimize Diagnosis & Treatment Of Sexual Dysfunction

How do we do that?

By asking focused questions;

stepping back and then probing again,
depending on the patient's comfort
with the inquiry.

What guides my questions?

Key Concepts & Questions To Optimize Diagnosis & Treatment Of Sexual Dysfunction

A good Sexual Status creates a “video picture” in your mind about the **friction, frequency & fantasy** the patient is experiencing, filtered through the lens of identifying factors that are precipitating and maintaining the Chief Complaint and their context.

HOW DO YOU DO THAT?

Althof, Rosen, Perelman, Rubio. SOP for Sex History, JSM, 2013

Perelman MA. *Int J Impot Res*. 2005;15(suppl 50:S67-S74.

Perelman, In Balon & Segraves, 2005

Perelman, In Goldstein, FSD, 2005

Sexual Status Exam:

- “Tell me what you mean by____.” (the CC)
- “What do you think is causing this problem?”

ASK, LISTEN, CLARIFY,

- For me, the best single question you can ask is:
- “Tell me about your last sexual experience”
- That gives me a “video picture” in my mind,
that helps me identify immediate and remote causes.

Perelman MA. *Int J Impot Res.* 2005;15(suppl 50:S67-S74.

Perelman, In Balon & Segraves, 2005

Perelman, In Goldstein, FSD, 2005

Sex Status Exam

What Are The Critical Evaluation Issues?

You want to answer these questions:

1. Does she have a sexual disorder, and what is the diagnosis?
2. What are the key underlying organic and/or psychosocial factors?
 - a. What are the “immediate” maintaining psychosocial causes (current cognitions, emotions, behaviors, etc)?
 - b. Any potential “deeper” psychological causes (predisposing, precipitating)?
3. Do any underlying organic or psychosocial factors require pre-treatment, or can these factors be bypassed, modified, or treated concurrently?

Kaplan, 1983.
Perelman, 2000 2005
Perelman, FSD, In Goldstein, et al 2005
© 2006 Michael A. Perelman, PhD..

Sex Coaching For Physicians:

Optimizing Treatment By Integrating Sex Therapy Techniques

- Physical exam & labs as needed, to ID underlying disease
- **Sex Status:** ID CC and Common Causes of SD
 - Immediate Causes
 - Insufficient stimulation both behavioral and non-sexual cognitions!
 - Rule out substance use/abuse issues
 - Mid-level
 - Assess level and source of anxiety and depression
 - Partner Issues
 - Sexual Scripts and Rx, Tx Options
- Follow-up
 - Therapeutic probe
 - Weaning
 - Relapse Prevention
- Referral

Perelman, IJIR, 2004;
Perelman, In Balon & Segraves, 2005
Perelman, In Goldstein, FSD, 2005

Key Concepts To Optimize The Diagnosis & Treatment Of FSD

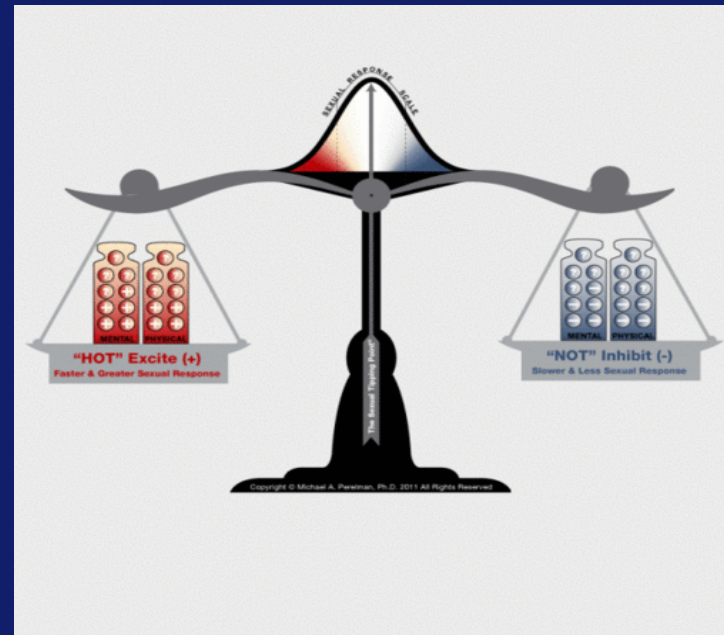
Besides Keeping the STP Model in Mind, How Do You Decide
What Issues To Probe During The Sex Status?

Sex Coaching For Physicians:
Combination Treatment, the Right Risk/Benefit Evaluation

ANY OF YOU CAN DO THIS !

- Integrate Psychological Techniques
 - Coaching
 - Optimize treatment
- Sex Status: Identify Causes of SD
 - Insufficient stimulation
 - Role of Depression in SD
 - Partner Issues
- Sexual Scripts and Rx.
 - Treatment Options
 - Therapeutic probe
- Follow-up
- Referral

Perelman M. *Int J Impot* 2003; Res (15 Suppl 5):S67-74
Perelman M. *Urol Clin N. Am* 2005; ED Issue (32):431-445
Perelman M. *Women's Sexual Function and Dysfunction*: Taylor and Francis, UK, 2005



One issue has received too little attention
regarding its potential etiological role in FSD.

Masturbation: Friction, Fantasy, Frequency!

Relevance of masturbation:

- Insufficient stim...over rehearsed masturbation pattern
- Pay particular attention to the answers to this key question:
“ What exactly feels different between your own touch and your partner’s hand, mouth and penis...”
- Degree of immersion/focus on “arousing” thoughts and sensations during masturbation versus partnered sexual activity including: fantasy, porno, versus intrusive anti-erotic thoughts, e.g. “Taking too long!”.
Is the disparity between her preferred masturbation fantasy(s) and the reality of partnered sex too great?

A Few Tips For Probes During The Sex Status?

For Desire/Arousal Problems:

Identify her sexual frequency and technique (including masturbation).
Is there insufficient friction? Unrealistic, expectations,
Negative feelings about her partner, ... disparate fantasy,
Negative intrusive performance thoughts.

For Orgasm Problems:

Even more attention to negative thoughts...

Does she know how produce exciting sexual thoughts?

Is she aware of her body and how to increase pleasure, eg muscle tension...

If she can masturbate to orgasm herself, but not from a partner's touch...

Suspect an idiosyncratic pattern required for orgasm?

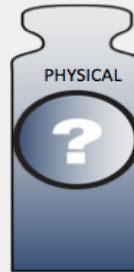
Then pursue: “ **In what way is your partner's touch
(hand, mouth, penis) different from your own touch?**”

Agenda Item 3: Future FSD Treatments

There Will Be New Drugs



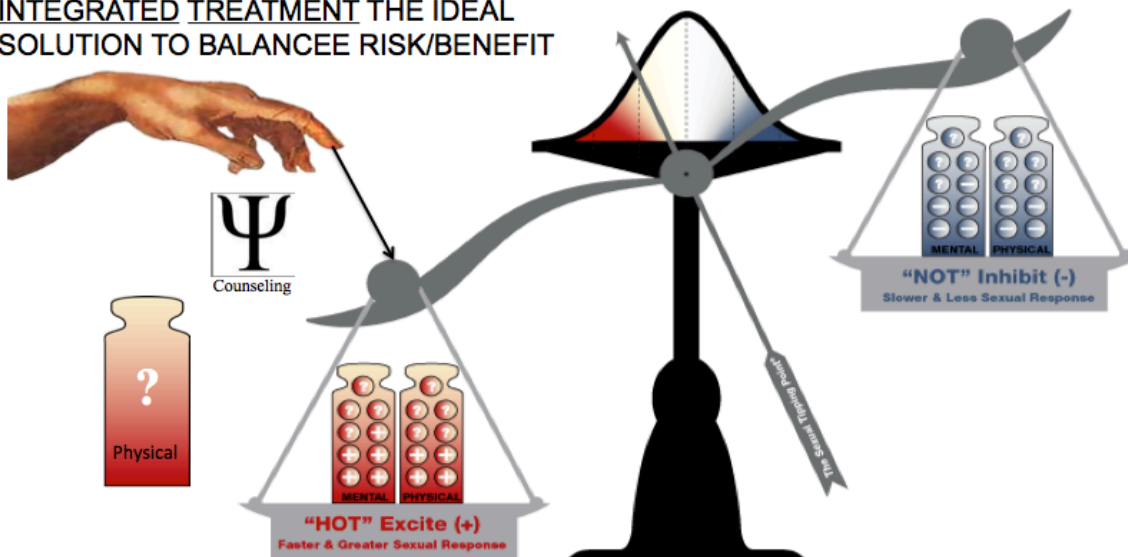
WE WILL BETTER UNDERSTAND HOW THE BRAIN MANAGES TO BOTH INHIBIT AND/OR EXCITE, AND WILL DEVELOP DRUGS AROUND THAT KNOWLEDGE MAKING PERSONALIZED SEXUAL MEDICINE A REALITY!



Transdisciplinary Research

SEXUAL BALANCE: STP, ILLUSTRATING AN INTEGRATED TREATMENT RESULTING IN IMPROVEMENT FOR A METABOLIC SYNDROME PATIENT.

INTEGRATED TREATMENT THE IDEAL SOLUTION TO BALANCE RISK/BENEFIT



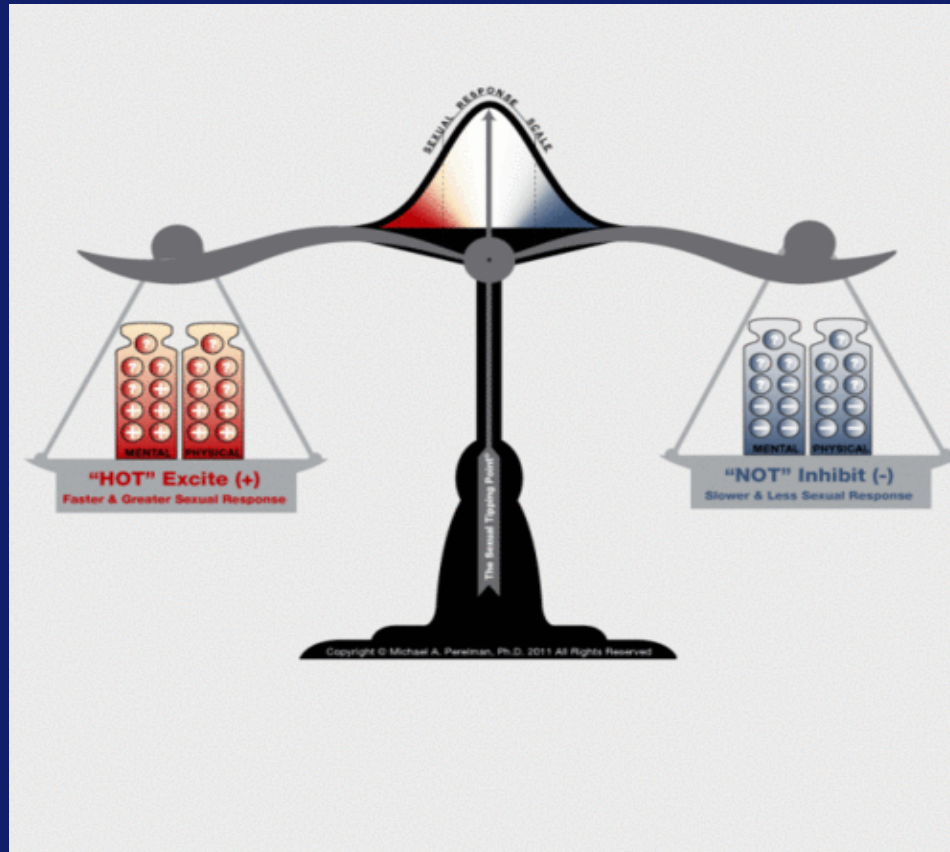
Collaboration in which exchanging information, altering discipline-specific approaches, sharing resources and integrating disciplines achieves a common scientific goal (Rosenfield 1992).

Optimizing The Diagnosis & Treatment FSD

CONCLUSIONS:

- The Sexual Tipping Point[®] model illustrates and provides a conceptual framework for understanding the complex and dynamic intra and interpersonal variability of both sexual function and dysfunction.
- The flexibility of the STP model allows for the incorporation of future advances in our understanding of biologic aspects of sexual response etiology and for the illustration of future novel treatments.
- Obtaining a focused sex history or “sex status” is key to diagnostic and integrated treatment success.
- The STP model can help you optimize the diagnosis & treatment of FSD within the framework of a transdisciplinary approach.

Thank you!



All STP images and publications are available for free download,
for your own teaching, research or practice from:

MAPEDFUND.ORG

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BACK UP SLIDES

SEXUAL DYSFUNCTION MANAGEMENT GUIDELINES BASED ON SEVERITY OF PSYCHOSOCIAL OBSTACLES

	Mild PSO's	Moderate PSO's	Severe PSO's
Physician Sex Coach	Frequently	Sometimes	Rarely
Multidisciplinary Team	Frequently	Frequently	Frequently

PSOs = Psychosocial obstacles

Psychological Approaches To Treating FSD

When asked to do this talk, I asked myself:
“ What is always in my mind when treating FSD? ”

ANSWER:

1. The Sexual Tipping Point[®] Model

2. Something about sex... that starts with “**F**”

Psychological Approaches To Treating FSD

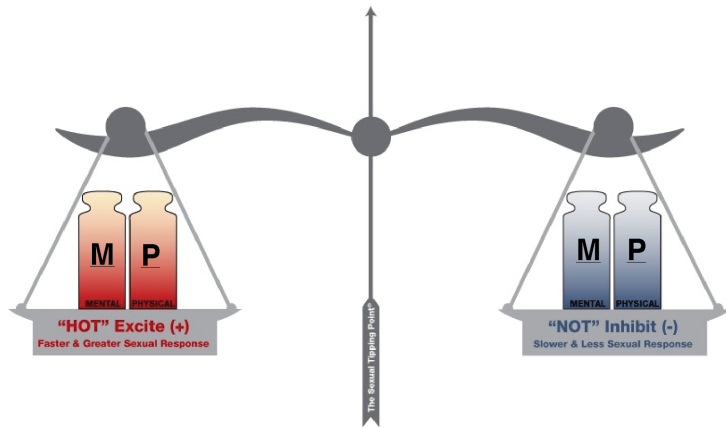
NO, NOT THAT !!!

The “F” is for
Eriction, Fantasy and Frequency

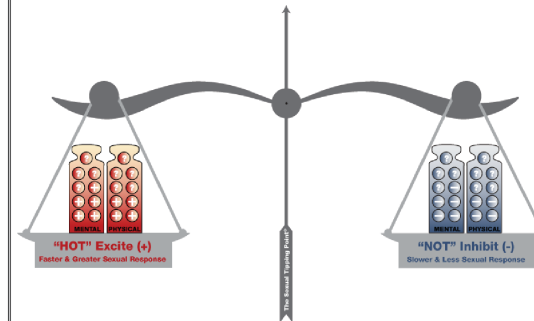
WHY?

That’s some of the most critical information
Needed to diagnose and treat FSD.

Understanding Sexual Balance: A Key To The Sexual Tipping Point® Model



Two pans hold 2 inter-related weights which contain all known and unknown **M**ental & **P**hysical **f**actors regulating sexual response.



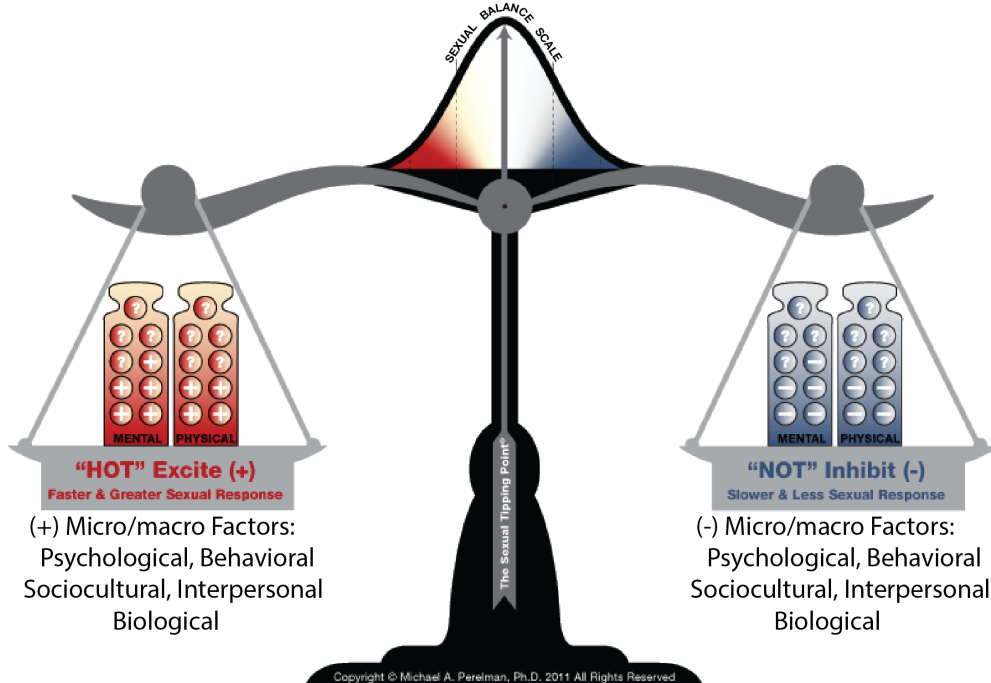
ON HOT	OFF NOT
+	-
?	?

Each circle represents a **factor** which is **HOT** or **NOT**.

Sex Positive (+) or Sex Negative (-)

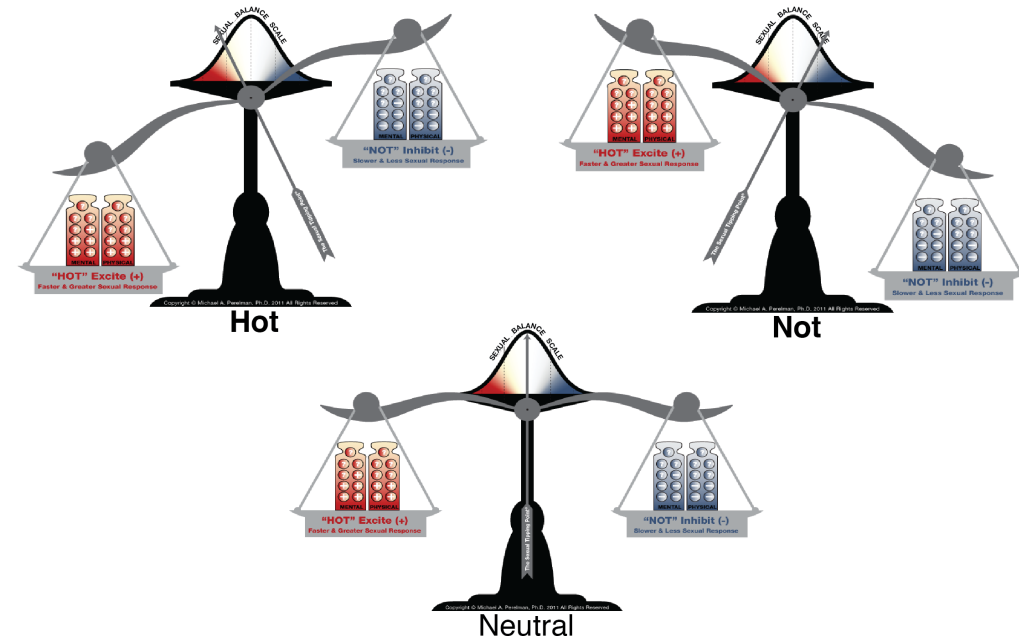
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Sexual response “at rest” usually balances within a normal range. The STP varies within and between sexual experiences depicting intra & inter-individual variability.

The Sexual Tipping Point® model depicts the continuously dynamic and variable nature of an individual’s sexual response on a distribution curve.



Best Possible Practice: DE

Whether conducted by you or by referral, make sure any relevant biological factors are assessed and provide appropriate medical treatment when needed, e.g. testosterone augmentation.

The STP Model Helps Optimize The Diagnosis & Treatment Of Sexual Disorders

- A “**Sex Status**” is key to diagnostic and integrated treatment success.
- **The Sexual Tipping Point®** model illustrates and provides a framework for understanding the complex and dynamic intrapersonal and interpersonal variability of both sexual function and dysfunction.
- The **flexibility** of the **STP model allows for incorporation of future advances** in our understanding of biologic aspects of sexual function/dysfunction etiology and helps illustrate future novel treatments.
- **Teaching STP** to the patient and partner **can reduce their anger and despair, while providing hope** through a simple explanation of how the problem can be diagnosed, and “fixed.”