



You Don't Have to be a Sex Therapist To Address the Sexual Health of Clients

Jordan Rullo, PhD, ABPP
Women in Private Practice
November 1, 2018

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Disclosures

- None

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Learning Objectives

- Recall the sexual response cycles
- Describe the Dual Control Model
- Explain how to ask patients about sexual health
- Explain what you can do, in office, to address sexual health concerns

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For most women, their sexual response begins with:

- Desire
- Arousal
- Orgasm
- Feigned headache

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The concordance between women's mind and body sexual arousal is:

- .72
- .66
- .34
- .26

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Sexual dysfunction is most commonly caused by:

- Not enough excitement
- Pets in the bedroom
- Too much inhibition
- Lack of novelty

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“I haven’t had sexual desire in 5 years.”

44 yo, heterosexual, married woman

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“For the past two years, I can’t reach orgasm.”

67 yo, heterosexual, married man

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Kinsey: Pioneer of Human Sexual Behavior



• Normal = diverse

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Brown & Fox, 2001

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Masters and Johnson: Pioneers of Human Sexual Response



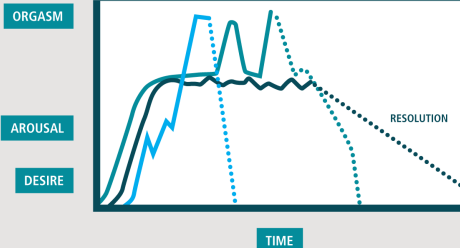
• Sexual response cycle

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Brown & Fox, 2001

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LINEAR MODEL



Adapted from Masters & Johnson. Human Sexual Inadequacy. 1970; Kaplan. The New Sex Therapy. 1974

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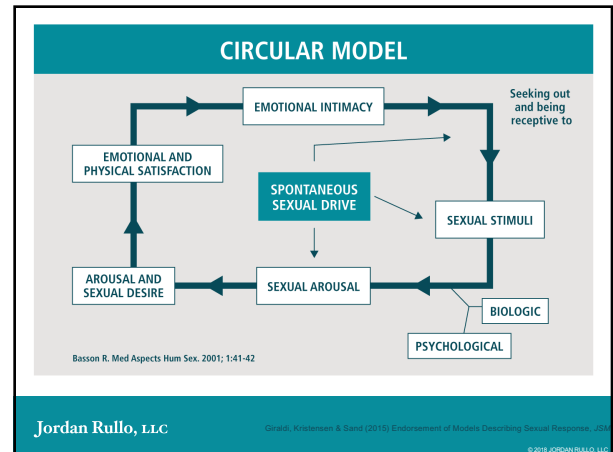
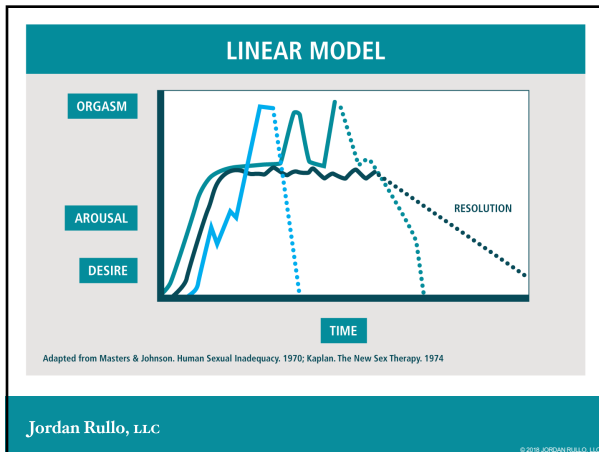
Modern Pioneers

• Basson (2000): female sexual response cycle

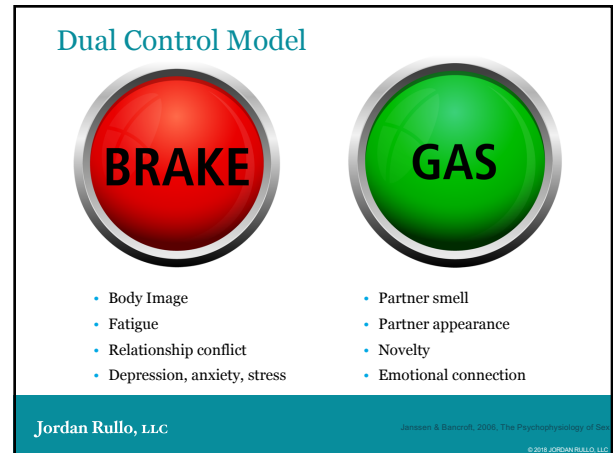
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Barnhardt & Janssen (2004)
Basson (2000)

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- ### Modern Pioneers
- Basson (2000): female sexual response cycle
 - Bancroft & Janssen (2000): Dual Control Model
 - A way to determine why sexual response isn't responding
- Bancroft & Janssen (2000) Basson (2000)
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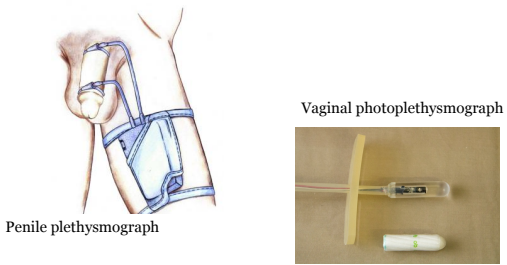
- ### What does this tell us?
- A sensitive brake pedal/high inhibition
 - “If I am distracted by hearing music, television, or a conversation, I am unlikely to stay aroused.”
 - “If I can be heard by others while having sex, I am unlikely to stay sexually aroused.”
 - SIS/SES: <http://www.indiana.edu/~sexlab/sisses.htm>
 - Mindfulness
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Mindfulness & a sensitive brake pedal

- Two Types:
 - Physiological (body)
 - Psychological (mind)
- Measured in two ways:
 - Plethysmography (body)

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Sexual Arousal




Penile plethysmograph Vaginal photoplethysmograph

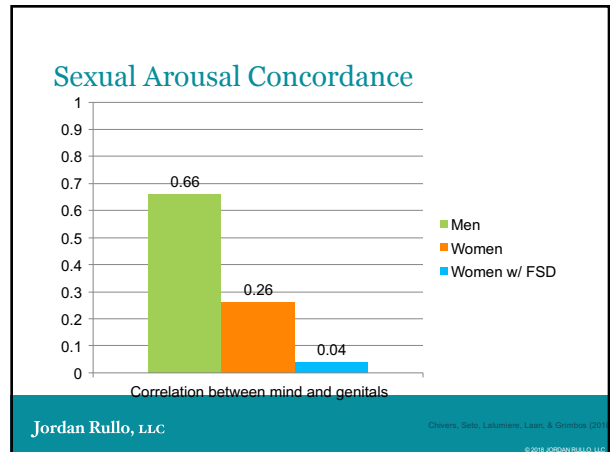
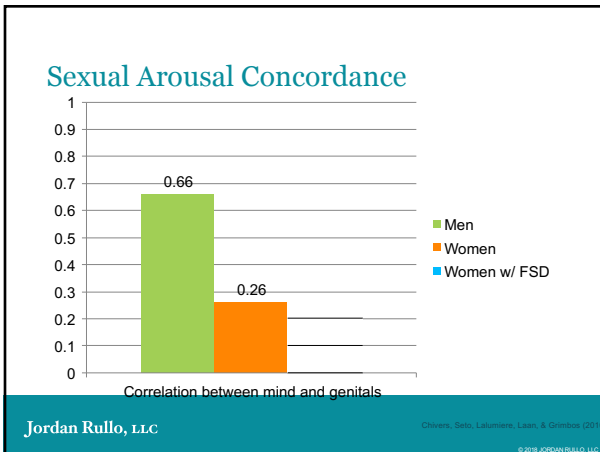
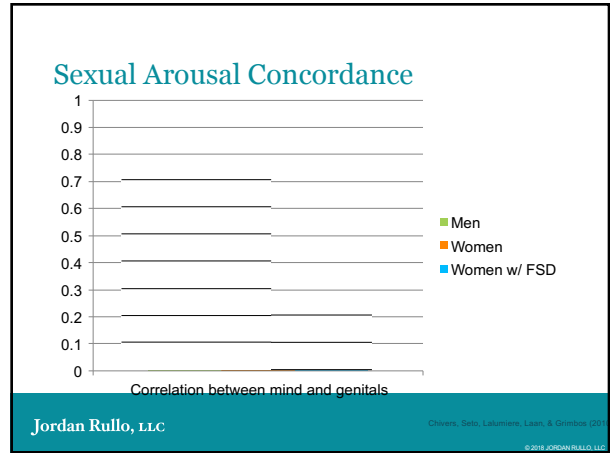
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Sexual Arousal

- Two Types:
 - Physiological (body)
 - Psychological (mind)
- Measured in two ways:
 - Plethysmography (body)
 - Continuous self report lever (mind)



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Mindfulness & a sensitive brake pedal

- Mindfulness is an evidence-based treatment to increase concordance
 - Increases women’s desire, arousal, orgasm
 - Reduces sexual pain

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Chivers, Seto, Latham, Laan, & Grimbos (2011) *British Journal of Psychology*, 92, 101-110

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Mindfulness Resources

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Andy Puddicombe

All it takes is 10 mindful minutes

6,184,841 Total views

When is the last time you did absolutely nothing for 10 whole minutes? Not texting, talking or even thinking? Mindfulness expert Andy Puddicombe describes the transformative power of doing just that: Refreshing your mind for 10 minutes a day, simply by being mindful and experiencing the present moment. (No need for incense or sitting in uncomfortable positions.)

Public speaking is terrifying. THE ANTIDOTE?

Andy Puddicombe
Mindfulness expert Andy Puddicombe wants to make meditation accessible to everybody; for a happier, healthier you. [Full bio](#)

Similar topics: Buddhism, Early language, Culture, Happiness, Health, Meditation

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What does this tell us?

- A sensitive brake pedal/high inhibition
- Too much pushing on the brake pedal
 - Help client reduce the pressure on pedal
 - Awareness
 - Problem-solving

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Brotto, L., Berman, R., Smith, K., Dicono, M., Suckermil, L., 2015, 6, 417-432
Brotto, L.A., Berman, R., Behaviour Research and Therapy, 2014, 57 (1), 43-64
Brotto, L.A., Berman, R., Carey, M., et al., Gynecol. Obstet. 2014, 129, 285-9

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How do I use the Dual Control Model, in office, to treat sexual dysfunction?

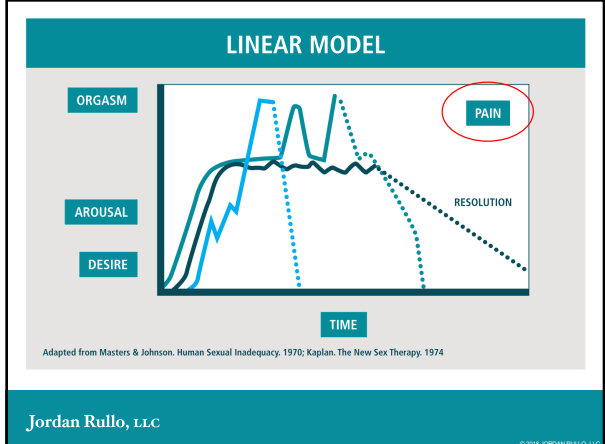
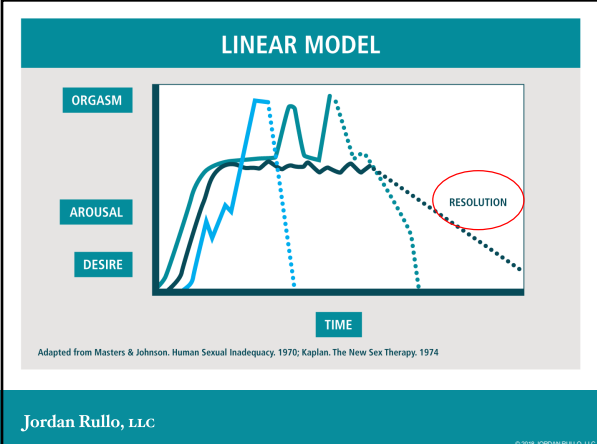
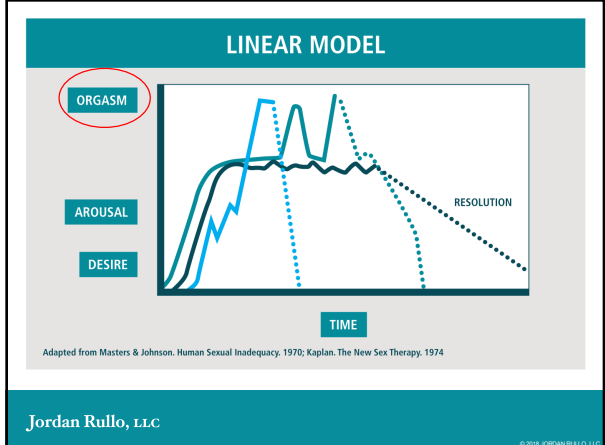
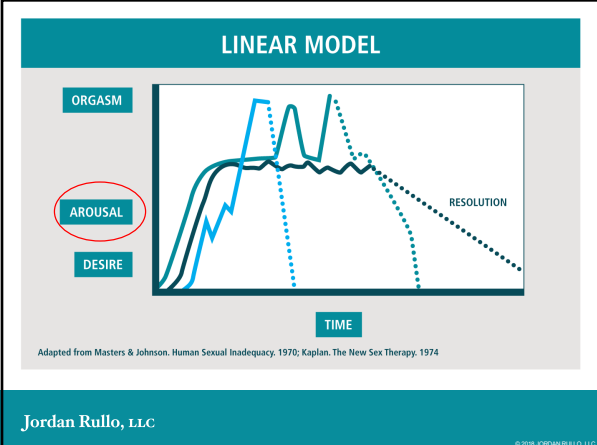
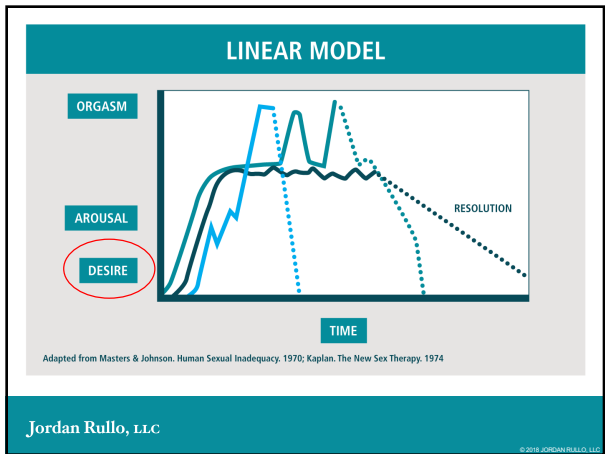
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Do you have any sexual health concerns?

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Assess for Sexual Dysfunction

- Have you noticed a change in:
 - Your desire/interest in sexual activity?
 - Your willingness to be sexual?
 - Your ability to become sexually aroused (vaginal lubrication, blood flow/warmth/tingly feelings in vagina, obtain/maintain erection)?
 - Your ability to reach orgasm?
 - Pain or discomfort during sexual activity?
- Any difficulties in your sexual relationship?

Jordan Rullo, LLC ASEX questionnaire copyright 1997 the Arizona Board of Regents, University of Arizona (1997). All rights reserved. © 2018 JORDAN RULLO, LLC

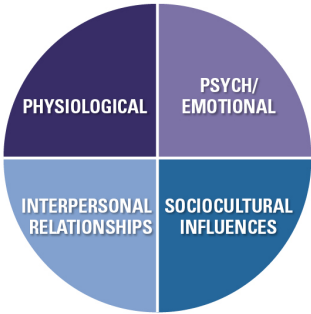
Dual Control Model



- Identify all things pushing on brake pedal
 - Triggers
 - Maintainers
- Assess sensitivity of brake pedal

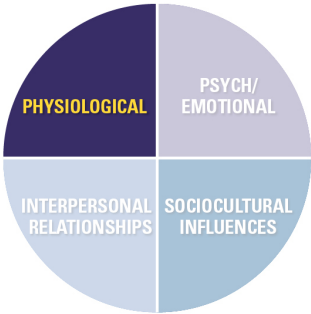
Jordan Rullo, LLC Janssen & Bancroft, 2006, The Psychophysiology of Sex. © 2018 JORDAN RULLO, LLC

Biopsychosocial Model



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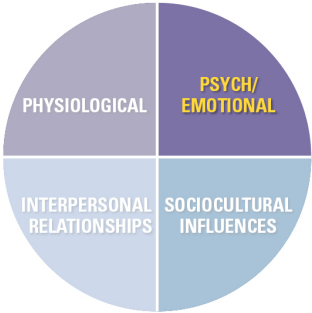
Biopsychosocial Model



- Medications
- Hormones
- GSM
- Aging
- Illness
- Fatigue

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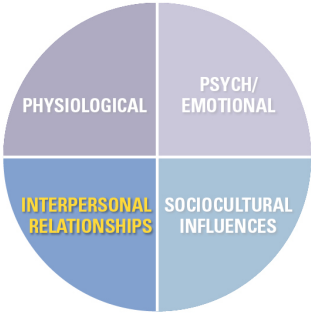
Biopsychosocial Model



- Anxiety
- Poor body image
- Hx of sexual abuse/trauma
- Distraction
- Depression
- Substance abuse

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Biopsychosocial Model



- Discord
- No emotional intimacy
- Partner dysfunction
- Inadequate stimulation
- Lack of privacy

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Biopsychosocial Model

- Limited sex education
- Conflict with religious, personal, or family values
- Societal taboos

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Biological	Psychological	Relationship	Life Stuff

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Let's practice!

- 44 yo woman
- Chief concern: low sexual desire for 5 years
- Married 19 years
- Sexual activity 3-4x in past 5 years
- No hx of depression or anxiety
- Recent ultimatum from husband: I cannot be in a sexless marriage

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44 yo woman; low desire 5 years

Biological	Psychological	Relationship	Life Stuff
		No longer in honeymoon phase	

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44 yo woman; low desire 5 years

Biological	Psychological	Relationship	Life Stuff
Lost 70lbs past 3 years	Poor body image I can never live up to the pornography he watches Anger when he initiates – he doesn't deserve sex	No longer in honeymoon phase 5 years ago, discovered his infidelity Couples therapy 5 years ago, for 6 mos Continues to be dishonest about pornography use	Three kids

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Let's practice again!

- 67 yo man, hx of prostate cancer (prostatectomy)
- Chief concern: anorgasmia
- Married 38 years
- Little to no sexual activity in 2 years
- Self-stimulates on a weekly basis
- No hx of depression or anxiety
- "This is our retirement. We should be enjoying it."

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67 yo man; anorgasmia 2 years

Biological	Psychological	Relationship	Life Stuff
Prostate cxr 2016, prostatectomy		No longer in honeymoon phase	

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67 yo man; anorgasmia 2 years

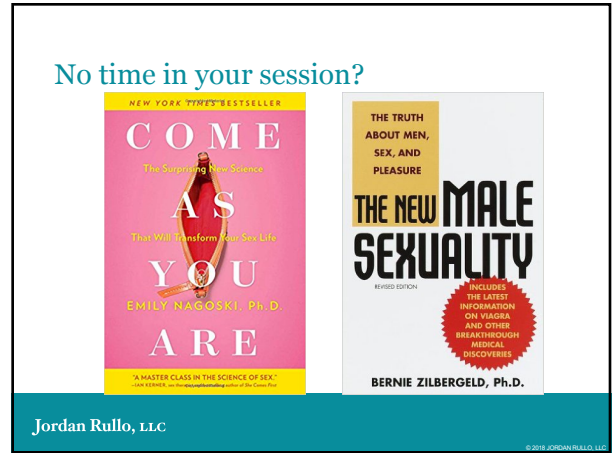
Biological	Psychological	Relationship	Life Stuff
Prostate cxr 2016, prostatectomy	Can orgasm with self-stim. Not worried about "making a mess."	No longer in honeymoon phase	Pressure from his expectations of what retirement was supposed to look like
Climacturia	Worry that wife is only pleased with penile-vaginal penetration	Difficulty with sexual communication, has not told her about climacturia	
Orgasm is less intense, and takes longer to reach	Worry wife will be "grossed out."		
	Feeling less "like a man" because of this		

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Next Steps

- Identify the heaviest items on the brake pedal
- Use these to guide the treatment plan

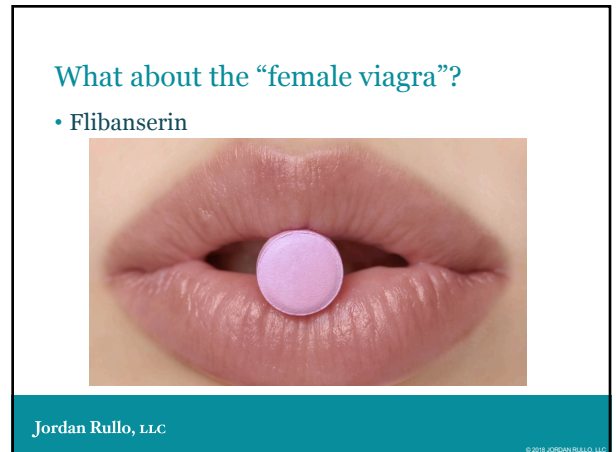
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Take Home Message

- Use Dual Control model to identify factors pushing on the brake pedal
 - Help remove things from brake pedal (bio-psy-soc)
 - Teach how to cope with a sensitive brake pedal (mindfulness)

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Female Viagra

- Flibanserin (Addyi)
- Female Viagra is a misnomer
- 5-HT1A agonist and 5-HT2A antagonist
- Rationale for use:
 - Elevates dopamine and norepinephrine which offsets inhibitory serotonergic activity
 - Serotonin plays a role in low desire by acting as sexual satiety signal

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Who is a candidate for flibanserin?

- PREmenopausal women
- Hypoactive sexual desire disorder (HSDD) with nothing pushing on brake pedal



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Efficacy of Flibanserin in Three Phase 3 Trials*

Endpoint	Mean baseline	Improvement over baseline
Satisfying sexual events	2–3/mo	0.5–1.0/mo (median)
FSFI desire (r 6.0)	Modest Effect	
Daily desire (range, 0–84)	10–12	1.7–2.3
Distress (range, 0–4)	3.2–3.4	0.3–0.4

*Improvement data represent least-square means, unless otherwise noted. The improvement in daily desire was not statistically significant. FSFI denotes Female Sexual Function Index. For the FSFI and daily desire scales, the higher the number, the greater the sexual desire. For the distress scale, the higher the number, the greater the distress.

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Take Home Message

- Ask: Do you have any sexual health concerns?
- Assess desire, arousal, orgasm, relationship, pain
- Use Dual Control model to identify factors pushing on the brake pedal
 - Help remove things from brake pedal (biopsychsoc)
 - Teach how to cope with a sensitive brake pedal (mindfulness)
- Nothing on the brake pedal? Think Flibanserin for premenopausal women

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For most women, their sexual response begins with:

- Desire
- Arousal
- Orgasm
- Feigned headache

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The concordance between women’s mind and body sexual arousal is:

- .72
- .66
- .34
- .26

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Sexual dysfunction is most commonly caused by:

- A. Not enough excitation
- B. Pets in the bedroom
- C. Too much inhibition
- D. Lack of novelty

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JR

THANK YOU!

Any questions?

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