

The secret life of

urology patients

DSM

- Diagnostic and Statistical Manual of the American Psychiatric Association
- Now using edition IV
- Edition V has been completed and is in the process of being reviewed in preparation of adoption.

Sexual diagnoses

DSM groups sexual dysfunctions as follows

- Pain
- Desire
- Arousal
- Orgasm

Sexual Pain disorders

- Dysparunia: Painful intercourse
 - Most common in women
 - But can occur in men
 - Can be psychogenic, "biological," or a combination
- Vaginismus: vaginal spasms
- Vulvodynia: inflammation & irritation of vulva
 - Often co-occurs with recurrent UTI
 - Not in DSM but often is a differential dx we seek
- Somatoform pain disorder
 - Can take many different forms

Desire Disorders

- Hypoactive desire disorder
 - "persistently or recurrently absent sexual fantasies and desire for sexual activity"
 - The judgment of deficiency is made by the clinician taking into account factors that affect sexual functioning such as age, sex, and the context of the person's life.
- Sexual Aversion disorder

Desire Disorders: Paraphilias

- Exhibitionism
- Fetishism
 - Involves the use of a non-living object not designed for sexual purposes (ie. not vibrators/toys)
- Frotteurism
- Pedophilia
- Sexual Masochism
- Sexual Sadism
- Transvestic Fetishism
- Voyeurism

Arousal Disorders

- Too Little:
 - Female sexual arousal disorder (FSAD)
 - Erectile disorder (ED)
- Too Much:
 - Persistent genital arousal (PGA)
 - Priapism

Orgasm Disorders

- Female inhibited orgasm
- Male inhibited orgasm (often referred to as RE)
- Premature ejaculation
- Release without subjective sense of pleasure
 - More obvious in men
 - Passes for anorgasmia in women

Urology patients:

- Can have all kinds of problems related to sex
 - Desire/arousal/orgasm problems related to medical issues
 - Desire/arousal/orgasm problems resulting from meds
 - Desire /arousal/orgasm problems not related to the reasons they seek tx
 - Example patient with peyronies and diabetes who comes seeking treatment for ED but who has a SCAT fetish
 - Medical problems heavily influenced by psychological and/or relationship issues.

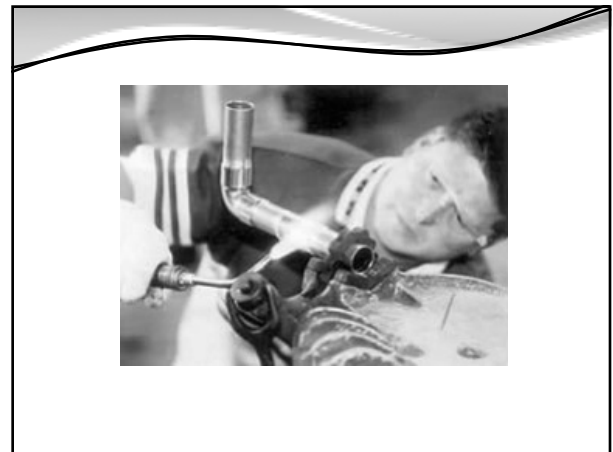
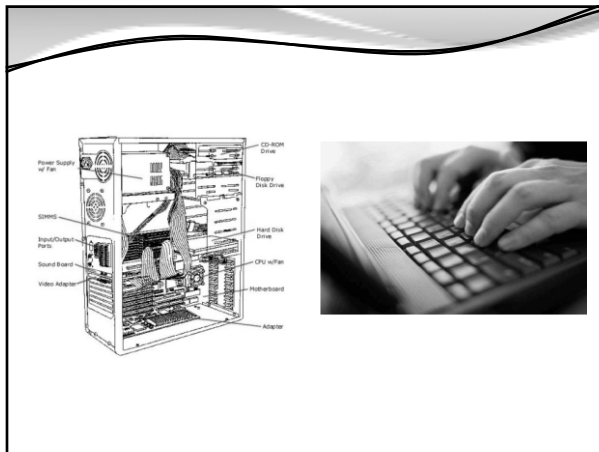
Case examples

- Testicular cancer patient
- Woman born with bladder outside body
- Fertility patient unable to ejaculate intra-vaginally
- Husband of fertility patient who gets ED
- Couple with desire discrepancy
- Adolescent with ED due to sports injury
- Caregiver who loses desire after too much caretaking
- Cancer patient with sexual difficulties post treatment
- Patient with pelvic pain due to radiation therapy

Art vs Mechanics

- Mechanical solution to a mechanical problem
- Chemical solution to a chemical problem
- Complex solution to a complex problem





Example

- Prosthesis in a man in an emotionally abusive relationship
- Botox for vaginismus
- Injectable medication for a man struggling to deny homosexuality and live into marital vows
- Meds and surgery for a man with fetish

What is “sex therapy?”

- Defined by the *diagnosis* being treated *not* the procedure
- Psychotherapy—talk therapy
- Variety of different theoretical perspectives
- Ideally would require combined knowledge of
 - Sexual response cycle
 - Medical conditions
 - How medical conditions and medications affect sex responses
 - Individual approaches to psychotherapy
 - Family/couple therapy

Qualifications of “sex therapist”

- AASECT only certifying body at present
- American Association of Sex
 - Educators, Counselors, and Therapist
- Multi-disciplinary
 - RNs
 - Mas
 - LPAs
 - LPCs
 - Etc.

Clinical Health Psychologist

- Ph.D. in Clinical Psychology
- 4 years of coursework with practica in psychotherapy
- 2 + years of research (thesis and dissertation)
- 1 year residency
- 1+ years of post doctoral supervision
- Medical setting
- Knowledge of medical conditions
- Knowledge of reciprocal influence of illness & meds with health behaviors, psychology, relationships etc.

ABPP

- American Board of Professional Psychology
- Specialty boards since 1947
- There are 14 recognized specialty areas within psychology
- Not required for licensure
- Not well known by the consuming public
- Not well known by other physician specialties

ABPP in Clinical Health Psychology

- *Clinical Health Psychology is the specialty that applies scientific knowledge of the inter-relationships among behavioral, emotional, cognitive, social and biological components in health and disease to the promotion and maintenance of health; the prevention, treatment and rehabilitation of illness and disability; and the improvement of the health care system. It is dedicated to the development of knowledge regarding the interface between behavior and health, and to the delivery of high quality services based on that knowledge to individuals, families, and health care systems.*

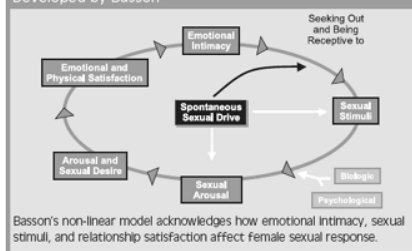
Models of sexuality

Masters and Johnson
Rosemary Basson
Information Processing

Masters & Johnson's model

- Desire → Arousal → Climax → Resolution

FIGURE 3. Non-linear Model of Female Sexual Response
Developed by Basson⁶

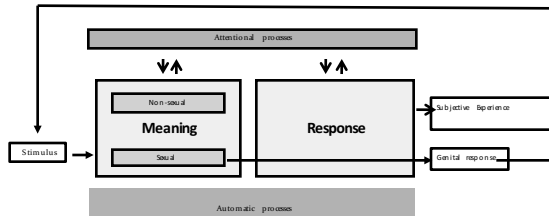


Information processing model

- Janssen et al. (2000) hypothesized that
- Sexual excitement begins with a relevant stimulus
- proceeds through two information processing stages:
 - Appraisal
 - Response generation

Janssen E, Everaerd W, Spiering M, Janssen J. Automatic process and the appraisal of sexual stimuli: toward an information processing model of sexual arousal. *Journal of Sex Research* 2000;37(1):8-23.

Information Processing Model of Sexual Response



Janssen E, Everaerd W, Spiering M, Janssen J. Automatic process and the appraisal of sexual stimuli: toward an information-processing model of sexual arousal. *Journal of Sex Research* 2000;37(1):8-23.

Appraisal

- Gives stimulus event emotional meaning
- Involves encoding and matching stimuli in memory
- Match with sexual elements in memory primes genital responses
 - How negative emotional experiences associated with sex can dampen sexual responses
 - How relationship conflict can dampen sexual responses
 - How early learned associations can create deviant response patterns

Non sexual meanings and negative associations can dampen or alter sexual response.

Janssen E, Everaerd W, Spiering M, Janssen J. Automatic process and the appraisal of sexual stimuli: toward an information processing model of sexual arousal. *Journal of Sex Research* 2000;37(1):8-23.

Attentional processes
(which are under conscious control)

- both affect

and

- are affected by

the central processes
(which are automatic & unconscious)

Janssen E, Everaerd W, Spiering M, Janssen J. Automatic process and the appraisal of sexual stimuli: toward an information processing model of sexual arousal. *Journal of Sex Research* 2000;37(1):8-23.

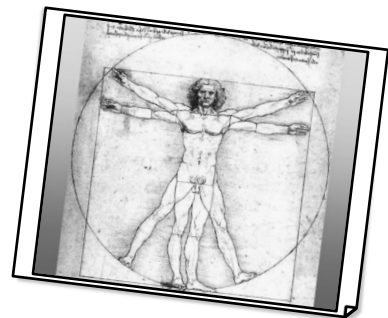
Bridges to desire

- Visual
- Erotic imagination (thoughts)
- Emotional/relational
- Sensate focus (through the senses)



Art

Art is something that stimulates an individual's thoughts, emotions, beliefs, or ideas through the senses.



Sex therapy...

- Evaluates these complex patterns of memory and patterns of associations
- Evaluates emotional valence of sexual stimuli
- Assesses how associations came to be in order to:
 - Strategically target valence of emotional associations for change
- May use hypnosis and experiential exercises to create new associations or alter existing ones and...
 - To change expectancies...

Elements of Intimacy: Self-Self

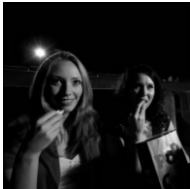
- Sexual self schema
- Sexual self esteem
- Body awareness



The power of expectancies

HSDD/FSAD

Vaginal Plethysmograph



Middleton LS, Kuffel SW, Heiman JR. Effects of experimentally adopted sexual schemas on vaginal response and subjective sexual arousal: A comparison between women with sexual arousal disorder and sexually healthy women. Archives of Sexual Behavior 2008.

Power of expectancies

- Search for relief
- Expectation of relief
- Cultural context which gives meaning
- Behavioral change
- Resulting in different outcomes than expected
- Is increased when there are side effects (intervention is more believable)

Bradford A, Meston CM. Behavior and symptom change among women treated with placebo for sexual dysfunction. The Journal of Sexual Medicine 2001;8(1):192-201.

Illustrates

- Apparent automaticity of genital response
- Reciprocal influence of consciously held beliefs and
- Non consciously produced physical responses

Back to cases:

- Two patients with low desire
 - A man with passive-aggressive tendencies
 - Learn to identify own emotion states
 - Learn to communicate own emotions assertively
 - CODE: Clear, Own the message, Direct, Evaluate
 - A woman who has high trait anxiety
 - Learn to identify relation between thoughts & feelings
 - Learn to redirect thoughts to reduce anxiety
 - Learn to self soothe

Back to cases

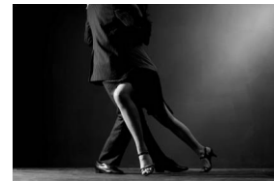
- Man with ED unable to ejaculate intra-vaginally
 - Ambivalence about pregnancy
 - Abuse history
 - Desensitize & Change valence of touch
 - Find own passions and own "voice" in relationship
 - Tune in to own body

Back to cases

- Typical man with PE
 - Learn to identify point of ejaculatory inevitability
 - Learn to identify points prior to
 - Learn to tolerate sensory saturation—lingering
 - Learn to move body so as to slow down acceleration toward point of ejaculatory inevitability
 - Learn to focus on and linger over pleasure
 - Learn to shut out anxiety

Intimacy: Self-Other

- Boundaries:
 - Distinguish between self & other
 - Delight in otherness of other
 - Share own feelings with other
 - Be clear & own the message
 - Receive feelings of other
 - Validating self & other
 - Honoring self & other
- Attunement
 - Accurately detects & interprets signals



Couple therapy: tango lessons

- Clear boundaries– asking and refusing
 - Asking for what you need
 - Saying "no"
- Clear communication
 - Own the message
 - Be clear and direct
- Managing disappointment/frustration
 - Allow the other to have their feelings
 - Let it be known that you manage yours
- Embrace the paradox of attunement
 - Sensitivity to other without loss of self
 - Giving and receiving influence

Art of Seduction

- Interrupt pattern of demand expectancy
 - Increase non demand touch & affection
- Change valence of ambiguity
 - Flying under the radar
- Prime sexual responses
 - Keep the embers stirred
- Meet the secret needs of partner
 - Maintain some unpredictability & mystery

Back to cases

- Adolescent with ED due to sports injury
 - Focus on relationship skills
 - Identify own strengths and weaknesses
 - Become a better listener
 - Clarify purpose of dating
 - College dating as practice in interpersonal skills
 - Observing others
 - Knowing self
 - Communicating well
 - Breaking up well

Back to cases

- Testicular cancer patient
 - Abuse history manifesting in relationship
 - Unclear communications
 - Double messages—switching complaints
 - Not being emotionally present
 - Difficulty anticipating other person's perspective

Back to cases

- Woman born with bladder exstrophy
 - Long history of being center of attention
 - Of being taken care of
 - Passive role as patient later as the one courted
 - Enmeshed relationship with husband caretaker
 - Difficulty pursuing
 - Needs to cultivate own interests (separateness/mystery)
 - Needs to study husband
 - Identify his needs and address them
 - Identify his expectancies and surprise him

Back to cases

- Husband of fertility patient who gets ED
 - Take focus off of goal
 - Consider 'taking a break'
 - Compartmentalize sex for pleasure vs for conception
 - Different bedrooms for each
 - Have fun again
 - Restore playfulness and spontaneity
 - Protect conversation
 - Compartmentalize conception talk

Back to cases

- Caregiver fatigue
 - Work with the medical patient to switch roles
 - Attending to the emotional needs of partner
 - Focusing on sensuality & affection
 - Using observational skills to create connection
 - Cultivating erotic imagination to connect

Chronic pain

- Emotional and social pain pathways
 - Parallel
 - Overlap
 - Intertwine
- Pain cycle
 - Over-activity
 - over rest
 - reduced energy and resilience

Treating chronic pain

- Activity/Rest cycle
 - Time contingent rest
 - Time contingent analgesics
- Increased social support
 - Expectancies match reality
 - Assertive communication
- Increased emotional resiliency
 - Taking responsibility for taking care of self
 - Self soothing with 5 senses

Conclusion

- Everyone has secrets
- You don't know what you don't know
- What you don't know *can* hurt
 - Or at least diminish your effectiveness

A noteworthy attempt at health care reform was the 1992 Colorado workers' compensation reform bill, which led to the creation of what has been called "biopsychosocial laws." These laws mandated the use of treatment guidelines for patients with injury or chronic pain, which advocated a biopsychosocial model of rehabilitation, and aspired to use a "best practice" approach to controlling costs.

In the 15 years following the implementation of the reform, the inflation of medical costs in Colorado workers' compensation was only one third that of the national average, saving an estimated \$89 million on patients injured in 2007 alone.

Bruce D. Muller, E., & Wynn, P. A. (2002). Biopsychosocial law, health care reform, and the control of medical inflation in Colorado. *Rehabilitation Psychology*, 55(1), 8-17.



Integrative care

Is also more cost effective

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