Basic sexual therapy for physicians. SIAD in women.

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INTRODUCTION
Efficacy of Psychosocial Interventions in Men and Women With Sexual Dysfunctions—A Systematic Review of Controlled Clinical Trials

Part 1—The Efficacy of Psychosocial Interventions for Male Sexual Dysfunction

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ABSTRACT

Introduction. As yet, a summary of the research evidence concerning the efficacy of psychological treatment in male sexual dysfunction is lacking. Aim. Our systematic review gives an overview of the efficacy of psychosocial interventions in all male sexual dysfunctions.

Main Outcome Measures. Main outcome measures included, for example, psychologically validated scales, interviews, and clinical assessment by an independent rater. The efficacy of psychosocial interventions was measured, for example, by the frequency of and satisfaction with sexual activity and sexual functioning.

Methods. The systematic literature search included electronic database search, hand search, contact with experts, and an internet approach. Studies were included if the man was given a formal diagnosis of a sexual dysfunction (International Statistical Classification of Diseases and Related Health Problems [ICD]-10-I); Diagnostic and Statistical Manual of Mental Disorders [DSM]-IV-III-R) and when the intervention was psychosocial or psychotherapeutic.

Results. We identified 19 RCTs and one CBT study investigating efficacy in male sexual dysfunction and two further studies that examined male and female sexual dysfunction together. Twelve out of 20 trials in men used either a concept derived from Masters and Johnson or a cognitive-behavioral treatment program. Overall, psychosocial interventions improved sexual functioning. While one study found that psychotherapy is superior to placebo, another study found the opposite. In men with premature ejaculation, behavioral techniques proved to be effective.

Conclusions. Most of the compared interventions proved to be similarly effective. Possibly, there are underlying constructs throughout all therapies that have an effect on the outcome. Bener M and Günzler C. Efficacy of psychosocial interventions in men and women with sexual dysfunctions—A systematic review of controlled clinical trials. J Sex Med 2012;9:3108–3117.

Key Words. Sexual Dysfunction; Erectile Dysfunction; Systematic Review; Randomized Controlled Trial; Psychotherapy; Psychosocial Interventions of Male Sexual Dysfunction

Efficacy of Psychosocial Interventions for Female Sexual Dysfunction

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ABSTRACT

Introduction. As yet, a summary of the research evidence concerning the efficacy of psychological treatment in female sexual dysfunction is lacking. Previous reviews were often non-systematic or explored one specific sexual dysfunction.

Aim. Our systematic review provides an overview of the efficacy of psychosocial interventions in all female sexual dysfunctions.

Main Outcome Measures. Main outcome measures included, for example, psychometrically validated scales, diary notes, interviews, and sexual diaries. The efficacy of psychosocial interventions was measured, for example, by the frequency of and satisfaction with sexual activity and sexual functioning. Safety and acceptability were evaluated on the basis of adverse events and dropout rates.

Methods. The systematic literature search included electronic database search, hand search, contact with experts, and an internet approach. Studies were included if the woman was given a formal diagnosis of a sexual dysfunction (International Statistical Classification of Diseases and Related Health Problems—ICD-10-I; Diagnostic and Statistical Manual of Mental Disorders [DSM]-IV-III-R) and when the intervention was psychosocial or psychotherapeutic.

Results. We identified 15 RCTs that investigated efficacy in female sexual dysfunction and two further studies that examined male and female sexual dysfunction together. More trials explored sexual pain disorders. About half of all studies in women used either a concept derived from Masters and Johnson or a cognitive-behavioral treatment program. Both approaches showed significant improvements compared with a control group. Benefits were not always maintained over the (variable) follow-up period.


Key Words. Female Sexual Dysfunction; Systematic Review; Randomized Controlled Trial; Psychotherapy; Psychosocial Intervention

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COUPLES THERAPY - SYSTEMIC
A clinical protocol and interventions for women and couples

- Couples therapy – systemic
- Clinical situations
- Clinician facilitated
  - The Horticultural View of Therapy
  - Other integrated models
- Self help
- Resources

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Systems couples therapy

- Systems theory was developed in relation to sciences, particularly biological sciences.
- In the area of human behavior has had a mixed reception, appealing more to those interested in groups and relationships than those with a more individualistic stance.

*(courtesy Daines & Fitter, Sheffield)*
Systems couples therapy (2)

- In systems theory the emphasis is on:
  - cybernetic rather than linear causality
  - groups rather than individuals
  - process rather than content
  - prescriptions rather than interpretations
Systems couples therapy (3)

- Core Concept 1: Organization
Systems couples therapy (4)

- Core Concept 2: Control
Systems couples therapy (5)

- Systems theory is not a monolithic body of ideas. It encompasses a number of approaches, and in each of these there is a collection of concepts rather than a coherent theory.
- Because of this it is hard to describe how systems therapists work.
- Some therapist work on the here-and-now whereas others emphasise the developmental process.
Examples of Approaches and Interventions

Structural techniques: most closely associated with Minuchin
Structural techniques
Examples of Approaches and Interventions

Strategic techniques:
Palazzoli and colleagues
Strategic techniques
Examples of Approaches and Interventions

Communications Theory: Milan School 1970s
Communications Theory
Haley, 1970
Examples of Approaches and Interventions

Calgary model
Calgary model
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CLINICAL SCENARIO
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CHANGING THE STABILITY OF THE SYSTEM – role of the therapist
Providing Opportunities for Change
Strategies for Helping Move Forwards
The Paradoxical Position

- A couple is placed in this situation if they continue distressing behaviour when undergoing couple therapy.
- A conflict of messages occur.
- The therapist offers benevolent help to a couple and yet requires them to go through an ordeal which they can feel as punishing.
- The therapist can encourage them to continue in distress whilst communicating at another level that he is helping them over the distress.
- The therapist assumes the posture of an “expert” and often declines to directly advise the couple as an expert would.
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CLINICIAN FACILITATED
Preliminary Assessment

- Couple
- Individual
- Biopsychosocial
- Integrative

Psychological, relational, psychosexual, medical, sexual medicine, physical examination, investigations: blood & physiology
Inhibited Arousal in Women

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Female sexual arousal disorder (FSAD) is a common condition in women that frequently coexists with hypoactive sexual desire disorder (HSDD). Although some of the principles and practice within clinical management of these 2 conditions is similar, it is essential that as accurate a diagnosis and assessment as possible is made to clarify the thinking and formulation of the problem(s) for the clinician, woman, or her partner. The clinician needs to have a wide range of tools and knowledge in order to integrate the physical, relational, and psychological interventions that are needed for the individual to understand the diagnosis and what options are available. Various assessments and treatment options are presented along with a case example.

KEYWORDS  female sexual arousal disorder, hypoactive sexual desire disorder, assessment

INTRODUCTION

Female sexual arousal disorder (FSAD) is a common condition in women that frequently coexists with hypoactive sexual desire disorder (HSDD). In all circumstances a careful sexual history must be taken to identify whether the arousal disorder has come about as a consequence of HSDD or whether any desire disorder has come about secondary to FSAD. Although some of the principles and practice within clinical management of these two conditions is similar, it is essential that as accurate a diagnosis as possible is made to clarify the thinking and formulation of the problem(s) for the clinician, woman, or her partner.

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Sexual Dysfunction (page 423)

The following specifiers apply to Sexual Dysfunctions where indicated:

a Specify whether: Lifelong, Acquired
b Specify whether: Generalised, Situational

302.74 (F52.32) – Delayed Ejaculation
302.72 (F52.21) – Erectile Disorder
302.73 (F52.31) – Female Orgasmic Disorder
302.72 (F52.22) – Female Sexual Interest/Arousal Disorder
302.76 (F52.6) – Genito-Pelvic Pain/Penetration Disorder
302.71 (F52.0) – Male Hypoactive Sexual Desire Disorder
302.75 (F52.4) – Premature (Early) Ejaculation
___.__ (___._) – Substance/Medication-Induced Sexual Dysfunction
302.79 (F52.8) – Other Specified Sexual Dysfunction
302.70 (F52.9) – Unspecified Sexual Dysfunction
Example: The Horticultural View of Therapy

- Initial review of motivation to grow
- Diagnostic introductory check of ability to grow
- More detailed (and perhaps complex) tools to measure/assess garden growth
The Horticultural View of Therapy

- Tree Climbing.
- Reviewing the Relational Roots.
- Genogram of growth
- Body Image or Plant Diagrams.
- Beliefs About Sexual Issues and Reasons for Healthy Growth.
- Reviewing Past Storm Damage
- Knowledge of Gardening
- Re-looking at the Flowerbed
Couple Sex Therapy Treatment Tools in FSAD (1)

- **Behavioural**
- **Systemic 1. The interdependence (of the garden couple)**
- **Systemic 2. Breaking the Weed Power Chain**
- **Systemic 3. Complex Integration work**
- **Systemic 4 Replanting the Healthy Growth**
Couple Sex Therapy Treatment Tools in FSAD(2)

- Systemic 5. Retraining the vine. Package of individual sexual growth programme ISG.
- Systemic 6. Re-planning the Touch – Vulval Massage & desensitisation
- Systemic 8. Connecting the Vines Together [Sensate focus - SF0 and ISG]
- Systemic 9a/b/c. Feeding Both Plants - Male related activities
Couple Sex Therapy Treatment Tools in FSAD(3)

- Systemic 10. Attaching the walkways or talking to flowers
- Systemic 11. Reestablishing the plants
- Systemic 12. Limiting movement—restricting the sexual activity
- Systemic 13. Prescribing or alternating symptoms
- Systemic 14. Spelling out the cost of no growth
Couple Sex Therapy Treatment Tools in FSAD(4)

- Systemic 15. Reversing plant positions–roles
- Systemic 16. Accepting the stunted plant–adapting to reality or loss–or using it as a new focus
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RESOURCES
Resources


As people grow older, sex may not be the same as it was at a younger age. Accepting and understanding these changes in how the body functions is important, as it can allow a couple to continue to have a fulfilling and rewarding sex life.

Get Help!

This booklet aims to help individuals and couples to deal with the physical and emotional effects of ageing. Don’t forget, you can always talk to your doctor about changes in your body that can affect your sex life.
22nd Congress of the World Association for Sexual Health: 25-28 July 2015

See You in Singapore in 2015!

Contact: was.sg2013@gmail.com