Assessing Sexual Status Within The Framework of The Sexual Tipping Point® Model

ISSM World Meeting
Sao Paolo, 2014

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Assessing Sexual Status Within The Framework of The Sexual Tipping Point® Model

AGENDA

• Present the Sexual Tipping Point® (STP) model as a conceptual framework for understanding intra and interpersonal variability in sexual function, etiology, diagnosis, and treatment of sexual disorders for men and women.

• Discuss how assessing a “sexual status” within the framework of the STP model, focuses the critical sex history process.

• Dr. Parish will present her structured interview overview style, and video taped example.

• Take questions from the audience regarding their difficulties in obtaining the sex histories they need to adequately diagnose and treat their patients.
The Sexual Tipping Point® provides an easy to use and understand model to conceptualize etiology of female and male sexual dysfunction, which will enhance your ability to diagnose and treat sexual disorders using a combination treatment approach.
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BECAUSE BEING “TURNED ON” IS MENTAL & PHYSICAL, AND SO IS BEING “TURNED OFF.”

- 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.

All these factors combine dynamically to determine a unique variable threshold, or Sexual Tipping Point®

This mind/body concept is older than Descartes!

BIO-PSYCHOSOCIAL-CULTURAL DUAL CONTROL MODELS EASILY EXPLAIN SUCH INTERACTIONS!

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DUAL CONTROL MODELS EASILY EXPLAIN SUCH INTERACTIONS

Kaplan first published this dual control “psychosomatic” model in 1995, but Bancroft and colleagues’ dual control model is the most well known & researched.

Earlier (1995), Kaplan had also published a dual control “psychosomatic” model of sexual regulation and dysregulation.* The history of science is of course, replete with examples of simultaneous discovery.

In 1999, Bancroft and Janssen provided important insight into the neurobiological basis of erectile function, by describing central mechanisms of arousal and inhibition. Eusebio shared this dual control model slide with me in 2006 when we taught a workshop together at the ISSM meeting in Egypt.

Concurrently developed for clinical purposes (yet complementary to Bancroft et al’s important research) Perelman’s Sexual Tipping Point® model (evocative of Kaplan’s 1995 cartoon) provides a convenient heuristic device to demonstrate both intra and inter individual variability; key to illustrating each individual’s psychosocial–cultural and biological predispositions and thresholds.

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The Sexual Tipping Point® Model

• PFAUS’ 2009 JSM “DESIRE” ARTICLE, LED TO A BIPI EDUCATIONAL FILM.

THE NEXT SLIDE SHOWS AN EARLY STP ILLUSTRATION, FOLLOWED BY A SLIDE SHOWING THE CURRENT IMAGES WITH A “KEY” THAT EXPLAINS THE INDIVIDUAL SYMBOLS.

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THE MULTIFACTORIAL ETIOLOGY OF SEXUAL FUNCTION AND DYSFUNCTION

Sexual response, at rest, is balanced within a normal range, which is subsequently influenced by numerous mental and physical factors, which may vary within and between experiences.

- Physiological & Organic Factors
- Psychological & Social Factors
- Cultural Factors

SEXUAL RESPONSE

The Sexual Tipping Point Dynamic Process

Asexual Balance

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Excite (+): Faster & Greater Sexual Response, "Hot"
Inhibit (-): Slower & Less Sexual Response, "Not"

"Turn On" + Physiological & Organic Factors
+ Psychological & Social Factors - Cultural Factors

"Turn Off"
SEXUAL BALANCE: The MAP Educational Fund’s Sexual Tipping Point® Model

**THE MULTIFACTORIAL ETIOLOGY OF SEXUAL FUNCTION AND DYSFUNCTION**

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

**THE SEXUAL TIPPING POINT®**

The characteristic threshold for sexual expression that dynamically varies within and between sexual experiences; depicting intra & inter-individual variability.

**(+ MICRO/MACRO FACTORS:**

- BIOLOGIC
- PSYCHOLOGIC
- SOCIOCULTURAL
- INTERPERSONAL

**(— MICRO/MACRO FACTORS:**

- BIOLOGIC
- PSYCHOLOGIC
- SOCIOCULTURAL
- INTERPERSONAL

**KEY TO THE SEXUAL TIPPING POINT® MODEL**

1. **Represents: Mental & Physical “Causes”**
2. **Represents: Factors**
3. **Represents: Positive (+) or Negative (-) Factors,**
4. **Represents: Currently Unknown (?) Factors, hopefully to be discovered in the future.**

Adding the factors results in a dynamic representation of an individual’s sexual response at any moment in time; the SEXUAL TIPPING POINT is displayed on a normal distribution curve, incorporated into a balance scale.

Neutral  Hot  Not

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THE MULTIFACTORIAL ETIOLOGY OF SEXUAL FUNCTION AND DYSFUNCTION

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(+ ) MICRO/MACRO FACTORS:
BIOLOGIC
PSYCHOLOGIC
SOCIOCULTURAL
INTERPERSONAL

“HOT” Excite (+)
Faster & Greater Sexual Response

(-) MICRO/MACRO FACTORS
BIOLOGIC
PSYCHOLOGIC
SOCIOCULTURAL
INTERPERSONAL

“NOT” Inhibit (-)
Slower & Less Sexual Response

SEXUAL BALANCE
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Representing Mental & Physical “Causes”

Representing Factors

Representing Positive (+) or Negative (-) Factors,
Representing Currently Unknown (?) Factors, hopefully to be discovered in the future.

Adding the factors results in a dynamic representation of an individual’s sexual response at any moment in time; the SEXUAL TIPPING POINT is displayed on a normal distribution curve, incorporated into a balance scale.

Neutral

Hot

Not
SEXUAL BALANCE: THE SEXUAL TIPPING POINT® MODEL CAN DEPICT FUTURE UNDERSTANDINGS OF SEXUAL FUNCTION AND DYSFUNCTION
The Sexual Tipping Point® Model: Past, Present & Future

GENETIC MARKERS FOR IELT

“HOT” Excite (+)
Faster & Greater Sexual Response

“NOT” Inhibit (-)
Slower & Less Sexual Response

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

COMBINATION TREATMENT THE IDEAL SOLUTION TO BALANCE RISK/BENEFIT
FUTURE UNDERSTANDINGS & TX?

NEW DRUGS IN DEVELOPMENT
STEM CELL RESEARCH
GENETIC MARKERS
HORMONES
NEUROTRANSMITTERS

EXCITE

PHYSICAL

INHIBIT

PHYSICAL

DISEASE
MEDICATION SIDE-EFFECTS
NEUROTRANSMITTERS
GENETIC MARKERS
RECEPTOR SENSITIVITY

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FUTURE?

- We will better understand how the brain manages to both inhibit and/or excite.
- We will develop drugs that can both selectively inhibit and excite, as it was hoped Flibanserin would do.

Stahl et al, JSM, 2011

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Perelman spent the last 15 years delivering over 150 lectures on combination treatment for male and female sexual disorders, incorporating “sexual status” assessment, and “sex coaching,” all within the Sexual Tipping Point® Model framework.

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

Sexual Status Examination

- One question helps pin down many of the immediate and remote causes:
- “Tell me about your last sexual experience”
- Get a “video picture” in your mind

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But, Patients Usually Do Not Bring Up Sexual Concerns

Poll of 500 US adults aged >25 years; percentages do not add up due to rounding

Poll of 500 US adults aged >25 years; percentages do not add up due to rounding
Focused history to grasp key psychosexual and medical factors is the most critical tool to diagnose and treat SD. **AUA guidelines, note history as the most important intervention!**

**Primary goal of an evaluation session:** Obtain as much information as possible to assess the nature of the sexual dysfunction and begin developing a treatment plan while maintaining rapport.

**Using a flexible and adaptable method:**

- PHYSICIAN — 7 minutes
- Sex therapist — 45 minutes
SEX COACHING FOR PHYSICIANS
TREATMENT MODEL

- 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

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What Are The Issues?

The history must answer 3 questions:

1. Does the patient have a sexual disorder, and what is the diagnosis?
2. What are the underlying organic and/or psychosocial factors?
   a. What are the “immediate” maintaining psychosocial causes (eg, current cognitions, emotions, and behaviors)?
   b. What are “deeper” psychosocial causes (predisposing, precipitating)?
3. Do the underlying organic and psychosocial factors require direct pretreatment, or can these factors be bypassed, modified, or treated concurrently?
Numerous Complementary Perspectives to the STP Model Emphasize Investigating the Below 4 Key Factors, But a “Sex Status” History Concentrates on the last 3!

- **Predisposing**
  - Constitutional factors
  - Prior life experiences
- **Precipitating**
  - Immediate triggers for sexual problems
- **Maintaining**
  - Factors that reinforce or worsen the dysfunction
- **Contextual**
  - Immediate conditions that affect the outcome of a sexual encounter

What distinguishes sex therapists from almost any other healthcare specialty is our ability to explicitly and comfortably ask about and discuss sex in minute detail, while maintaining rapport with the patient.

How do we do that? By keeping some key concepts like the STP model in mind. Then focusing in, and stepping back depending on the patient’s comfort level with the inquiry.
Sex Status:

• What is Critical to know and how do you quickly and sensitively find out?

  • KEY: Obtaining the critical information while maintaining rapport and your own comfort level. You can only practice to your own comfort level, which will gradually grow broader with experience discussing sex explicitly with your patients.

  • Your approach will vary with new patients versus established patients who have been in your practice for years.

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

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• “Tell me about your last sexual experience”

• Get a “video picture” in your mind

Perelman, In Balon & Segraves, 2005
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THE SEXUAL TIPPING POINT®:
ETIOLOGY, DIAGNOSIS & COMBINATION TX.

Sexual Status Examination

- **Create Follow-Up Opportunity!**

- **Get Another Sex Status at Follow-Up**
  - Explore the most recent sexual experience
  - Was the sexual pharmaceutical used properly?

Perelman, In Balon & Segraves, 2005
Perelman, In Goldstein, FSD, 2005

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THE SEXUAL TIPPING POINT®:
ETIOLOGY, DIAGNOSIS & COMBINATION TX OF SD

Sexual Status Examination
Therapeutic Probe

– Follow-Up Examination Reveals Initial Treatment Failure

– Pharmaceutical also Acts as a Therapeutic Probe

Weaning & Relapse Prevention

• USING THIS APPROACH, PATIENTS MAY BE WEANED FROM THE DRUG OR THEIR MEDICATION CAN BE REDUCED, FURTHER IMPROVING the RISK / REWARD RATIO.

• FOR INSTANCE, WHEN GREATER ILLNESS OR STRESS CHANGES “THE EJACULATORY TIPPING POINT” MORE MEDICATION AND/OR COACHING MAY BE ADDED TO THE EQUATION.
COMBINATION TREATMENT FOR PE

ORIGINAL RESEARCH—PSYCHOLOGY

A New Combination Treatment for Premature Ejaculation: A Sex Therapist’s Perspective

Michael A. Perelman, PhD

Sexual Medicine

Figure 3: Combination treatment for premature ejaculation should optimize the response to therapy, as it addresses both types of factors while focusing on fixing the predominant factors in each case, to create a better balance of function. ©2005 Michael A. Perelman, PhD (adapted with permission).

COMBINATION TREATMENT: INTEGRATING SEX THERAPY SEX PHARMACEUTICALS

TEACH HIM HOW TO “DIAL” HIS AROUSAL UP AND DOWN, AUGMENTED BY PHARMA WHEN NECESSARY

Combination Treatment: Integrating Cognitive-Behavioral Psychosexual Strategies with Pharmaceuticals to Manage Premature Ejaculation

- Pharmaceuticals plus psychosocial education
  - Individual procedures
    - Physiologic relaxation training
    - The pubococcygeal muscle control technique
    - Cognitive and behavioral pacing technique
    - Behavioral stop-start technique
    - Sensual awareness training: entrainment arousal vs. partner involvement
    - Cognitive arousal continuum technique
  - Pharmaceuticals plus psychosocial education
- Couple procedures
  - Couples sensate focus pleasing exercises
  - The partner genital exploration relaxation exercise
  - Couple use of the behavioral pacing method: stop-start technique
  - The intercourse acclimatization technique, eg, “quiet vagina”
The Sexual Tipping Point® Model

CONCLUSIONS:

• The Sexual Tipping Point® model illustrates and provides a conceptual 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 the incorporation of future advances in our understanding of biologic aspects of sexual function/dysfunction etiology and for the inclusion of future novel treatments.

• The STP model can also be used to illustrate how sexual counseling can be integrated with current and future medical/surgical treatments to provide a combination therapy with optimized risk/benefit.

• Obtaining a focused sex history or “sex status” is key to diagnostic and treatment success.