FEMALE SEXUAL DYSFUNCTION

BEHAVIORAL DEFINITIONS

1. Describes consistently very low or no pleasurable anticipation of or desire for sexual activity.
2. Strongly avoids and/or is repulsed by any and all sexual contact in spite of a relationship of mutual caring and respect.
3. Recurrently experiences a lack of the usual physiological response of sexual excitement and arousal (genital lubrication and swelling).
4. Reports a consistent lack of a subjective sense of enjoyment and pleasure during sexual activity.
5. Experiences a persistent delay in or absence of reaching orgasm after achieving arousal and in spite of sensitive sexual pleasuring by a caring partner.
6. Describes genital pain experienced before, during, or after sexual intercourse.
7. Reports consistent or recurring involuntary spasm of the vagina that prohibits penetration for sexual intercourse.

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LONG-TERM GOALS

1. Increase desire for and enjoyment of sexual activity.
2. Attain and maintain physiological excitement response during sexual intercourse.

3. Reach orgasm with a reasonable amount of time, intensity, and focus to sexual stimulation.
4. Eliminate pain and achieve a presence of subjective pleasure before, during, and after sexual intercourse.
5. Eliminate vaginal spasms that prohibit penile penetration during sexual intercourse and achieve a sense of relaxed enjoyment of coital pleasure.

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SHORT-TERM OBJECTIVES

1. Provide a detailed sexual history that explores current problems and past experiences that have influenced sexual attitudes, feelings, and behavior. (1, 2, 3)

THERAPEUTIC INTERVENTIONS

1. Conduct a thorough biopsychosocial sexual history that examines the client's current adult sexual functioning as well as childhood and adolescent sexual experiences, level and sources of sexual knowledge, typical sexual practices and their frequency, medical history, drug and alcohol use, and lifestyle factors.
2. Assess the client's attitudes and fund of knowledge regarding sex, emotional responses to it, and self-talk that may be contributing to the dysfunction.
3. Explore the client's family of origin for factors that may be contributing to elements of the dysfunction such as negative attitudes regarding sexuality, feelings of inhibition, low self-esteem, guilt, fear, or repulsion (or assign "Factors Influencing Negative Sexual Attitudes" in

the *Adult Psychotherapy Homework Planner* by Jongsma).

2. Discuss any feelings of and causes for depression. (4)

4. Assess the role of depression in possibly causing the client's sexual dysfunction and treat if depression appears causal (see the Unipolar Depression chapter in this *Planner*).

3. Participate in treatment of depressive feelings that may be causing sexual difficulties. (5)

5. Refer the client for an antidepressant medication prescription to alleviate depression.

4. Honestly report substance abuse and cooperate with recommendations by the therapist for addressing it. (6)

6. Explore the client's use or abuse of mood-altering substances and their effect on sexual functioning; refer for focused substance abuse counseling.

5. Provide behavioral, emotional, and attitudinal information toward an assessment of specifiers relevant to a *DSM* diagnosis, the efficacy of treatment, and the nature of the therapy relationship. (7, 8, 9, 10)

7. Assess the client's level of insight (syntonic versus dystonic) toward the "presenting problems" (e.g., demonstrates good insight into the problematic nature of the "described behavior," agrees with others' concern, and is motivated to work on change; demonstrates ambivalence regarding the "problem described" and is reluctant to address the issue as a concern; or demonstrates resistance regarding acknowledgment of the "problem described," is not concerned, and has no motivation to change).

8. Assess the client for evidence of research-based correlated disorders (e.g., oppositional defiant behavior with ADHD, depression secondary to an anxiety disorder) including vulnerability to suicide, if appropriate (e.g., increased

suicide risk when comorbid depression is evident).

9. Assess for any issues of age, gender, or culture that could help explain the client's currently defined "problem behavior" and factors that could offer a better understanding of the client's behavior.

10. Assess for the severity of the level of impairment to the client's functioning to determine appropriate level of care (e.g., the behavior noted creates mild, moderate, severe, or very severe impairment in social, relational, vocational, or occupational endeavors); continuously assess this severity of impairment as well as the efficacy of treatment (e.g., the client no longer demonstrates severe impairment but the presenting problem now is causing mild or moderate impairment).

6. Honestly and openly discuss the quality of the relationship including conflicts, unfulfilled needs, and anger. (11)

11. Assess the quality of the relationship including couple satisfaction, distress, attraction, communication, and sexual repertoire toward making a decision to focus treatment on sexual problems or more broadly on the relationship (or assign "Positive and Negative Contributions to the Relationship: Mine and Yours" in the *Adult Psychotherapy Homework Planner* by Jongsma).

7. Cooperate with a physician's complete medical evaluation; discuss results with therapist. (12)

12. Refer the client to a physician for a complete medical evaluation to rule out any general medical or substance-related causes of the sexual dysfunction (e.g., vascular,

endocrine, medications), including a gynecological exam and assessment of pelvic floor musculature, if indicated (e.g., for a sexual pain condition).

8. Cooperate with physician's recommendation for addressing a medical condition or medication that may be causing sexual problems. (13)

13. Encourage the client to follow her physician's recommendations regarding treatment of a diagnosed medical condition or use of medication that may be causing the sexual problem.

9. Verbalize an understanding of the role that physical disease or medication has on sexual dysfunction. (14)

14. Discuss the contributory role that a diagnosed medical condition or medication use may be having on the client's sexual functioning.

10. Participate in sex therapy with a partner or individually if the partner is not available. (15)

15. Encourage couples sex therapy or treat individually if a partner is not available (see *Enhancing Sexuality—Therapist Guide* by Wincze).

11. Participate in couples/marital therapy as part of addressing sexual problems. (16)

16. For hypoactive desire or if problem issues go beyond sexual dysfunction, conduct sex therapy in the context of couples therapy (see "Does Marital Therapy Enhance the Effectiveness of Treatment for Sexual Dysfunction?" by Zimmer and the Intimate Relationship Conflicts chapter in this *Planner*).

12. Demonstrate healthy acceptance and accurate knowledge of sexuality by freely learning and discussing accurate information regarding sexual functioning. (17, 18)

17. Disinhibit and educate the couple by encouraging them to talk freely and respectfully regarding her sexual body parts, sexual thoughts, feelings, attitudes, and behaviors.

18. Reinforce the client for talking freely, knowledgeably, and positively regarding her sexual thoughts, feelings, and behavior.

13. State a willingness to explore new ways to approach sexual relations. (19, 20)

19. Direct conjoint sessions with the client and her partner that focus on conflict resolution, expression of feelings, and sex education.

20. Assign books (e.g., *Sexual Awareness: Your Guide to Healthy Couple Sexuality* by McCarthy and McCarthy; *The Gift of Sex* by Penner and Penner; *For Each Other: Sharing Sexual Intimacy* by Barbach) that provide the client with accurate sexual information and/or outline sexual exercises that disinhibit and reinforce sexual sensate focus.

14. List conditions and factors that positively affect sexual arousal such as setting, time of day, atmosphere. (21)

21. Assign the couple to list conditions and factors that positively affect their sexual arousal; process the list toward creating an environment conducive to sexual arousal.

15. Identify and replace negative cognitive messages that trigger negative emotional reactions during sexual activity. (22, 23, 24)

22. Probe automatic thoughts that trigger the client's negative emotions such as fear, shame, anger, or grief before, during, and after sexual activity.

23. Assist the client in identifying healthy alternative thoughts that can replace dysfunctional automatic thoughts and will mediate pleasure, relaxation, and disinhibition.

24. Assist the client in making behavioral changes that challenge dysfunctional beliefs and emotions; if necessary, improve the client's understanding of developmental influences that have led to current dysfunctional sexual beliefs and/or discuss pros and cons of change.

16. Practice directed masturbation and sensate focus exercises alone and with partner and share feelings associated with activity. (25, 26, 27)

25. For anorgasmia, direct the client in masturbatory exercises designed to maximize arousal; assign the client graduated steps of sexual pleasuring exercises with partner that reduce her performance anxiety, and focus on experiencing bodily arousal sensations (see *Enhancing Sexuality—Therapist Guide* by Wincze or assign "Journaling the Response to Nondemand, Sexual Pleasuring [Sensate Focus]" in the *Adult Psychotherapy Homework Planner* by Jongsma).

26. For hypoactive desire, conduct Orgasm Consistency Training involving masturbatory training, sensate focus, male self-control techniques, and the coital alignment technique (see *Orgasm Consistency Training* by Hurlbert, White, and Powell).

27. Assign readings to supplement education and technique training done in session (e.g., *Enhancing Sexuality—Client Workbook* by Wincze; *Rekindling Desire* by McCarthy and McCarthy; *Becoming Orgasmic: A Sexual and Personal Growth Program for Women* by Heiman and LoPiccolo; *Because It Feels Good: A Woman's Guide to Sexual Pleasure and Satisfaction* by Herbenick).

17. Report progress on graduated self-controlled vaginal penetration with a partner. (28, 29, 30)

28. Assign the client body exploration and awareness exercises that reduce inhibition and desensitize negative emotional reactions to sex.

29. Direct the client's use of masturbation and/or vaginal

dilator devices to reinforce relaxation and success surrounding vaginal penetration. ▽

30. Direct the client's partner in sexual exercises that allow for client-controlled level of genital stimulation and gradually increased vaginal penetration (or assign "Journaling the Response to Nondemand, Sexual Pleasuring [Sensate Focus]" in the *Adult Psychotherapy Homework Planner* by Jongsma). ▽

18. State an understanding of how family upbringing, including religious training, negatively influenced sexual thoughts, feelings, and behavior. (31, 32)

31. Explore the role of the client's family of origin in teaching her negative attitudes regarding sexuality (or assign "Factors Influencing Negative Sexual Attitudes" in the *Adult Psychotherapy Homework Planner* by Jongsma); process toward the goal of insight and change.

32. Explore the role of the client's religious training in reinforcing her feelings of guilt and shame surrounding her sexual behavior and thoughts; process toward the goal of insight and change.

19. Verbalize a resolution of feelings regarding sexual trauma or abuse experiences. (33, 34)

33. Probe the client's history for experiences of sexual trauma or abuse.

34. Process the client's emotions surrounding an emotional trauma in the sexual arena (see the Sexual Abuse Victim chapter in this *Planner*).

20. Verbalize an understanding of the influence of childhood sex role models. (35)

35. Explore sex role models the client has experienced in childhood or adolescence and how they have influenced the client's attitudes and behaviors.

21. Verbalize connection between previously failed intimate relationships and current fear. (36)

36. Explore the client's fears surrounding intimate relationships and whether there is evidence of repeated failure in this area.

22. Discuss feelings surrounding a secret affair and make a termination decision regarding one of the relationships. (37, 38)

37. Explore for any secret sexual affairs that may account for the client's sexual dysfunction with her partner.

38. Process a decision regarding the termination of one of the relationships that is leading to internal conflict over the dishonesty and disloyalty to a partner.

23. Openly acknowledge and discuss, if present, homosexual attraction. (39)

39. Explore for a homosexual interest that accounts for the client's heterosexual disinterest (or assign "Journal of Sexual Thoughts, Fantasies, Conflicts" in the *Adult Psychotherapy Homework Planner* by Jongsma).

24. Discuss low self-esteem issues that impede sexual functioning and verbalize positive self-image. (40)

40. Explore the client's fears of inadequacy as a sexual partner that led to sexual avoidance.

25. Communicate feelings of threat to partner that are based on perception of partner being too sexually aggressive or too critical. (41)

41. Explore the client's feelings of threat brought on by the perception of her partner as too sexually aggressive.

26. Verbalize a positive body image. (42, 43)

42. Assign the client to list assets of her body; confront unrealistic distortions and critical comments (or assign "Study Your Body—Clothed and Unclothed" in the *Adult Psychotherapy Homework Planner* by Jongsma).

43. Explore the client's feelings regarding her body image, focusing on causes for negativism.

27. Implement new coital positions and settings for sexual activity that enhance pleasure and satisfaction. (44, 45)

44. Assign books (e.g., *Sexual Awareness* by McCarthy and McCarthy; *The Gift of Sex* by Penner and Penner; *For Each Other: Sharing Sexual Intimacy* by Barbach) that provide the client with accurate sexual information and/or outline sexual exercises that disinhibit and reinforce sexual sensate focus.

45. Suggest experimentation with coital positions and settings for sexual play that may increase the client's feelings of security, arousal, and satisfaction.

28. Engage in more assertive behaviors that allow for sharing sexual needs, feelings, and desires, behaving more sensuously and expressing pleasure. (46, 47)

46. Give the client permission for less inhibited, less constricted sexual behavior by assigning body-pleasuring exercises with partner.

47. Encourage the client to gradually explore the role of being more sexually assertive, sensuously provocative, and freely uninhibited in sexual play with partner.

29. Resolve conflicts or develop coping strategies that reduce stress interfering with sexual interest or performance. (48)

48. Probe stress in areas such as work, extended family, and social relationships that distract the client from sexual desire or performance (see Anxiety, Family Conflict, and Vocational Stress chapters in this *Planner*).

30. Verbalize increasing desire for and pleasure with sexual activity. (49, 50)

49. Reinforce the client's expressions of desire for and pleasure with sexual activity.

50. Explore if there are areas of healthy sexual activity that the client may like to engage in but has been reluctant to request or discuss; encourage openness and

honesty in bringing these activities up in session and/or with her partner.

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DIAGNOSTIC SUGGESTIONS

Using DSM-IV/ICD-9-CM:

Axis I:	302.71	Hypoactive Sexual Desire Disorder
	302.79	Sexual Aversion Disorder
	302.72	Female Sexual Arousal Disorder
	302.73	Female Orgasmic Disorder
	302.76	Dyspareunia
	306.51	Vaginismus
	995.53	Sexual Abuse of Child, Victim
	625.8	Female Hypoactive Sexual Desire Disorder Due to Axis III Disorder
	625.0	Female Dyspareunia Due to Axis III Disorder
	302.70	Sexual Dysfunction NOS
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Using DSM-5/ICD-9-CM/ICD-10-CM:

ICD-9-CM	ICD-10-CM	*DSM-5* Disorder, Condition, or Problem
302.71	F52.22	Female Sexual Interest/Arousal Disorder
302.73	F52.31	Female Orgasmic Disorder
302.76	F52.6	Genito-Pelvic Pain/Penetration Disorder
995.53	T74.22XA	Child Sexual Abuse, Confirmed, Initial Encounter
995.53	T74.22XD	Child Sexual Abuse, Confirmed, Subsequent Encounter
302.70	F52.9	Unspecified Sexual Dysfunction

Note: The ICD-9-CM codes are to be used for coding purposes in the United States through September 30, 2014. ICD-10-CM codes are to be used starting October 1, 2014. Some ICD-9-CM codes are associated with more than one ICD-10-CM and *DSM-5* Disorder, Condition, or Problem. In addition, some ICD-9-CM disorders have been discontinued resulting in multiple ICD-9-CM codes being replaced by one ICD-10-CM code. Some discontinued ICD-9-CM codes are not listed in this table. See *Diagnostic and Statistical Manual of Mental Disorders* (2013) for details.

EB indicates that the Objective/Intervention is consistent with those found in evidence-based treatments.