SENSATE FOCUS

PARASKEVI-SOFIA (EVIE) KIRANA, MSC, PHD

Format Memory

Sex= Danger or Fear

Sex = Calmness (and later on pleasure)

3 main purposes?

- To provide a structured approach which allows the couple to rebuild physical intimacy and gradually rebuild their sexual relationship
- To identify the specific maintaining factors of the sexual dysfunction.
- To provide specific techniques to deal with particular sexual problems

General guidelines

- Give clear instructions
- Ask about anticipated difficulties
- Obtain detailed feedback
- View failures or difficulties as offering a chance to increase understanding
- Adjust the pace to progress
- Avoid introducing uncertainty (e.g. to leave to them the option to move to next stage)
- Make predictions
- Have regular ‘review’ sessions

3 stages

- Non- genital
- Genital
- Vaginal containment

Non genital sensate focus

Rules

- Agree not to have intercourse, nor touch breasts and genitals- explain why- see responses
- If positive or neutral continue, if negative abstain
- If during the exercise bother is caused, the receiver must show or tell, if nothing is said it should be assumed by the provider that it is ok.
- Masturbation is aloud only in private

Instructions

- Start with no clothes on (unless otherwise needed), place to be chosen by the couple, low lightning (rationale)
- The receiver on tummy. The provider explores and caresses the receiver (except the no parts)- attention on sensations
- The provider does what he/she likes.
- *The receiver may show what he/she likes*

Non genital sensate focus

- Encouraged to use ‘I’
- Lotion
- 3 times a week is reasonable- decision at the beginning
- During session- detailed feedback- worries, benefits, attention, obstacles etc

Genital Sensate Focus 1

Rules

- Agree not to have intercourse
- If positive or neutral continue, if negative abstain
- If during the exercise bother is caused, the receiver must show or tell, if nothing is said it should be assumed by the provider that it is ok.
- Masturbation is aloud only in private

Instructions

- As previously, but breasts and genital touching is aloud **but not concentrate** on genitals

- Specific- eg, touch lightly on clitoris, stroke around the vagina, also thighs etc
- Specific- penis and scrotum, also other parts of the body, thighs etc
- Hand-on-hand?

Genital Sensate Focus 2

Rules

- Agree not to have intercourse
- If positive or neutral continue, if negative abstain
- If during the exercise bother is caused, the receiver must show or tell, if nothing is said it should be assumed by the provider that it is ok.
- Orgasm is aloud

Instructions

- As previously, **but may concentrate** on genitals
- Focus on self and sensations

Genital Sensate Focus 3

Rules

- Agree not to have intercourse
- If positive or neutral continue, if negative abstain
- If during the exercise bother is caused, the receiver must show or tell, if nothing is said it should be assumed by the provider that it is ok.
- Orgasm is aloud and masturbation

Instructions

- As previously, **but may caress simultaneously**
- They can keep the taking turns at the beginning
- Braking the ban
- Negative feelings

Vaginal Containment 1

- Remember: Vaginal penetration is the main source of anxiety

Rules

- ***Intercourse is aloud as long as it done in intervals***
- If positive or neutral continue, if negative abstain
- If during the exercise bother is caused, the receiver must show or tell, if nothing is said it should be assumed by the provider that it is ok.
- Orgasm is aloud and masturbation extravaginally

Instructions

- Choose position- illustration
- 3 times per session-duration gradually increased
- Introduce movement to containment
- Movement must be slow and after mastering can be faster

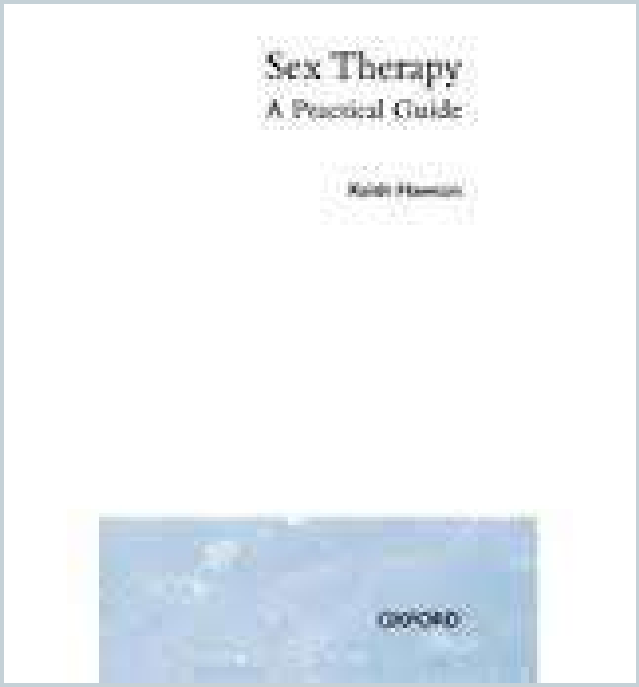
Vaginal Containment 1

- Remember: Vaginal penetration is the main source of anxiety

Rules

- If positive or neutral continue, if negative abstain
- If during the exercise bother is caused, the receiver must show or tell, if nothing is said it should be assumed by the provider that it is ok.
- Orgasm is aloud in vagina and masturbation
- **Instructions**
- Change positions
- The programe is complete!

Sex Therapy: A Practical Guide (Oxford Medical Publications), 1985, Keith Hawton



Decision making issues in clinical practice

Effective treatment requires the ability to *synthesize* techniques and appropriately adjust them to the needs of the patient and the couple.

Personal experience aiming to trigger critical thinking- NOT recommendation

Drug therapy alone- when is it an option for non organic ED?

- lack of available services,
- cost issues and duration of psychosexual therapy,
- as well as patients' negative perceptions about psychological treatments

may in some cases impede such integrated treatment strategies.

Prescription of medication must always be accompanied with the following

- Instructions on ho to use medication
- What to expect from the treatment proposed? (not aphrodisiacs)
- dangers and unreliability of oral agents sold through the internet
- easy access to resources, such as self help material, telephone help-lines and websites for sexual health
- Follow-up and info on how to gradually stop PDE-5i

Psychotherapy without oral medication- when is it an option for psychogenic ED

- It's very common to see patients or partners feeling reluctant to use oral medication. Still, need to explain benefits and dispel myths
- The couple has salient interpersonal problems
- The partner also has an untreated sexual dysfunction
- When the patient is vulnerable to misuse of oral therapy
- When the man complains of low confidence despite having normal erectile functioning

At which stage of psychotherapy should use of oral medication be initiated?

- When the therapeutic strategy chosen is CBT including sensate focus exercises, oral medication may be initiated after the couple has progressed to the middle stages of sensate focus
- When CBT is provided without sensate focus exercises, and the couple has sexual encounters without specific bans, oral therapy may be suggested during the initial stages of psychotherapy

Should sensate focus exercises always be part of CBT?

a) the couple has a long distance relationship or has infrequent common time,

b) there is lack of appropriate private space,

c) the duration of the problem is short and the level of distress is low,

d) the relationship is new and not stable,

e) the partner doesn't participate in therapy,

f) the couple finds the strategy too intervening and structured,

g) the couple is trying to conceive,

h) the couple has severe relationship problems.

What indicates progress in treatment for ED patients following CBT combined with oral medication?

- 1) How much fear does the patient feel in front of a hypothetical case of erectile failure. Subjective ratings of the level of fear usually decrease ***gradually*** and not abruptly. Such gradual lessening may be an indication of positive progress.

- 2) How is the patient prepared to cognitively and behaviorally respond to current or future sporadic ED failure? (does he catastropize, does he continue sexual activity?)

When should attention exercises be introduced?

Simple exercises on non sexual situations that teach the patient to gently direct attention towards specific sensations and when distracted by various automatic thoughts, to gently redirect attention on sensations, may be suggested at initial stages of therapy.

Can couple problems be 'bypassed' in treating sexual problems?

- It is quite rare to see men acknowledging the role of partner and relationship issues in their ED, because they usually attribute their problem to their personal incapacity or medical factors
- Couple issues are always involved in the therapeutic process. The therapist will have to estimate the *level* of intervention needed

An explanation of:

- circular processes between couples,
- the natural evolution of relationships from the initial phase of being in love to phases where differences arise,
- of the importance of these differences for the relationship
- skills to bridge them may always be provided to the couple

LOVE!

- The level of general relationship satisfaction, quality of caring and intimacy are usually good predictors of the need for further couple therapy interventions

Single patients: is there really a solution?

- are likely to systematically avoid any attempt to initiate a relationship or even to flirt, unless their erectile problem is first resolved
- Besides cognitive (e.g. cognitive restructuring of sexual schema) and behavioral interventions (e.g. masturbation exercises, attention exercises), and oral medication, these patients may also need interventions that will help them gradually move towards initiating sexual relationships

Single patients

- In a way, which is analogous to the 'basic logic' of sensate focus exercises, these men may be instructed to follow a staged approach.
- In the initial stages they may be instructed to flirt but with a ban to have any sort of physical intimacy.
- In later stages, physical intimacy (above clothes) restricted to non-private places (e.g. in a bar, outdoors etc) may be permitted
- then physical intimacy in a private environment but without intercourse and eventually,
- they may be permitted to have intercourse if they feel would like to.

These stages need to be tailored to the particular characteristics and needs of the individual patient.

Treatment of single patients usually requires a longer duration but with longer intervals between sessions.

45% less car accidents!!!

Thank you very much!!!!