38TH ANNUAL MEETING PROGRAM

SEX RESEARCH AND THERAPY IN TRANSITION:
Advances and Developments

Hyatt Regency Baltimore on the Inner Harbor
Baltimore, MD
April 4 – 7, 2013

Continuing Medical Education credit is provided through joint sponsorship with The American College of Obstetricians and Gynecologists.
SSTAR would like to thank

ROUTLEDGE TAYLOR & FRANCIS GROUP
for their generous support of the

SANDRA R. LEIBLUM
STUDENT RESEARCH AWARD
Welcome to the 38th Annual SSTAR Meeting at the beautiful Baltimore inner harbor! SSTAR has not been back to this marvelous city for a long time and we are excited about being here with friends and colleagues, new and old. Scientific Program Chair Anne Katz has worked hard to bring us a collection of invited talks, workshops, peer-reviewed papers and posters that reflect advances and developments in sex therapy and research. Local Program Chair Chris Kraft has organized a tour of the American Visionary Art Museum on Friday to be followed by our traditional fellowship dinners. Everyone is looking forward to the Baltimore Crab Cake Social on Saturday night where we can mill about, meet new colleagues, reunite with old friends and, maybe even dance!

This year also brings the recognition of exceptional contributions from students (Jackie Huberman receiving the Sandra R. Leiblum Student Research Award), book authors (Sallie Foley and colleagues receiving the SSTAR Consumer Book Award), and a giant in the field of sex research (Beverly Whipple receiving the Masters & Johnson Award). It bodes well for SSTAR and for sexology that we have so much to celebrate.

This meeting's program truly reflects the bio-psycho-social nature of our discipline and the interdisciplinary spirit that characterizes SSTAR. Our meetings are made excellent not just by the presenters but by a sophisticated audience that never fails to keep the discussion at the highest level. Welcome back to the many colleagues and friends who make the annual SSTAR meeting a yearly highlight of their continuing professional development and networking. This year I am personally asking you to reach out to new members or to attendees who you have not yet met. We want everyone to feel included in SSTAR's embrace and to make this the start of a yearly tradition for those who have never attended before.

We also hope you will join us (and register early) at our Fall Clinical Meeting on Friday, September 27, 2013 at the Penn Club in New York City. Pittsburgh will be the location for our next Annual meeting so don't forget to save the date - April 3-5, 2014. In order to join SSTAR, please go to our website, www.sstarnet.org and complete the on-line application for membership.

I am thrilled to be here in Baltimore and hope to speak with as many of you as possible in the next couple of days!

Warm regards,

Marta Meana, Ph.D.
President, Society for Sex Therapy and Research
Dean of the Honors College and Professor of Psychology
University of Nevada, Las Vegas
2012 – 2013 SSTAR EXECUTIVE COUNCIL

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Chris Kraft, PhD

SSTAR Staff
Linda Getty

2013 AWARD RECIPIENTS

Masters and Johnson Award
Beverly Whipple, PhD

Service Award
Richard Carroll, PhD

Consumer Book Award
Sallie Foley, MSW, Sally A. Kope, MSW and Dennis P. Sugrue, PhD

Sandra R. Leiblum Student Research Award
Relationship Between Impression Management and Three Measures of Women's Self-Reported Sexual Arousal
Jackie S. Huberman, BSc
ACKNOWLEDGEMENTS, CONTINUING EDUCATION
ACCREDITATIONS & APPROVALS

The SSTAR 2013 Annual Meeting is fully accredited or approved toward continuing education credits for psychologists, sexologists, physicians, social workers, and marriage and family therapists. Participants of SSTAR meetings are responsible for knowing and adhering to their state-specific CE requirements. For questions or concerns about continuing education credits, please contact the SSTAR Continuing Education Officer, Anne Katz, RN, PhD at (204) 787-4495 or anne.katz@cancercare.mb.ca.

1. ACCME ACCREDITATION
This activity has been planned and implemented in accordance with the Essential Areas and policies of the Accreditation Council for Continuing Medical Education through the joint sponsorship of The American College of Obstetricians and Gynecologists and the Society for Sex Therapy and Research. The American College of Obstetricians and Gynecologists is accredited by the ACCME to provide continuing medical education for physicians.

AMA PRA CATEGORY 1 CREDIT(S)™
The American College of Obstetricians and Gynecologists designates this live activity for a maximum of 22 AMA PRA Category 1 Credit(s).™ Physicians should only claim credit commensurate with the extent of their participation in the activity.

COLLEGE COGNATE CREDIT(S)
The American College of Obstetricians and Gynecologists designates this live activity for a maximum of 22 Category 1 College Cognate Credit(s). The College has a reciprocity agreement with the AMA that allows AMA PRA Category 1 Credit(s)™ to be equivalent to College Cognate Credits.

DISCLOSURE OF FACULTY AND INDUSTRY RELATIONSHIPS
In accordance with College policy, all faculty and planning committee members have signed a conflict of interest statement in which they have disclosed any financial interests or other relationships with industry relative to topics they will discuss at this program. At the beginning of the program, faculty members are required to disclose any such information to participants. Such disclosure allows you to evaluate better the objectivity of the information presented in lectures. Please report on your evaluation form any undisclosed conflict of interest you perceive.

2. AMERICAN ASSOCIATION OF SEXUALITY EDUCATORS, COUNSELORS AND THERAPISTS
SSTAR is an approved Individual Provider of Continuing Education credits. This program meets the requirements of American Association of Sexuality Educators, Counselors and Therapists (AASECT) and is approved for up to 24 CE credits. These CE credits may be applied toward AASECT certification and renewal of certification.

3. AMERICAN PSYCHOLOGICAL ASSOCIATION
SSTAR is approved by the American Psychological Association (APA) to sponsor continuing education for psychologists. SSTAR maintains responsibility for this program and its content. This program qualifies for up to 24 CE credits.

4. CALIFORNIA BOARD OF BEHAVIORAL SCIENCES
The State of California Board of Behavioral Sciences (CBBS) has approved SSTAR as a Continuing Education Provider (PCE #1719) for Licensed Marriage and Family Therapists (LMFT) and Licensed Clinical Social Workers (LCSW). This program qualifies for up to 24 credits.

The breakdown of the number of credits is as follows:

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<thead>
<tr>
<th></th>
<th>CME Credits</th>
<th>CE Credits</th>
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<tbody>
<tr>
<td>Thursday workshop(s)</td>
<td>up to 6</td>
<td>up to 8</td>
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<tr>
<td>Friday/Saturday Meeting</td>
<td>up to 13</td>
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<tr>
<td>Sunday workshop</td>
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<td>TOTAL</td>
<td>up to 22</td>
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THURSDAY, APRIL 4, 2013

FULL-DAY WORKSHOP:

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
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<tbody>
<tr>
<td>7:30 am</td>
<td>Meeting Registration</td>
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<tr>
<td>7:30-8:15 am</td>
<td>Continental Breakfast</td>
</tr>
<tr>
<td>8:15-8:30 am</td>
<td>Welcome</td>
</tr>
<tr>
<td>8:30-9:30 am</td>
<td>Talking About Sex in Clinical Practice</td>
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<tr>
<td>9:30-10:30 am</td>
<td>The Nature, Etiology and Treatment of Male Sexual Dysfunctions</td>
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<tr>
<td>10:30-10:45 am</td>
<td>Break</td>
</tr>
<tr>
<td>10:45-11:45 am</td>
<td>Assessment, Diagnosis and Treatment of Female Sexual Disorders</td>
</tr>
<tr>
<td>11:45 am-1:00 pm</td>
<td>Lunch (on your own)</td>
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<tr>
<td>1:00-2:00 pm</td>
<td>So Called Sexual Pain: “New” Approaches to the Diagnosis and Treatment of Dyspareunia and Vaginismus</td>
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<tr>
<td>2:00-3:00 pm</td>
<td>The Role of Medications in the Etiology and Treatment of Sexual Dysfunctions</td>
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<tr>
<td>3:00-3:15 pm</td>
<td>Break</td>
</tr>
<tr>
<td>3:15-4:15 pm</td>
<td>Question and Answer Period With all workshop presenters</td>
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HALF-DAY WORKSHOP #1: (2:00-5:00 pm)

Mindfulness and Body-Oriented Exercises for Treating Women's Sexual Health Concerns in Group and Couples Therapy: An Experiential Workshop
Presenter: Sara J.S. Mize, PhD, LP

HALF-DAY WORKSHOP #2: (2:00-5:00 pm)

Sexual Pharmacology
Presenters: Richard Siegel, MS, LMHC, CST, AASECT and Lawrence Siegel, MA, CSE, AASECT

THURSDAY EVENING ACTIVITIES

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
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<tbody>
<tr>
<td>6:00-7:00 pm</td>
<td>Welcome Cocktail Reception</td>
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<tr>
<td>6:30 pm</td>
<td>Presentation of Consumer Book Award</td>
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<td></td>
<td>Presented by Stephen Snyder, MD, Consumer Book Award Committee Chair</td>
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<tr>
<td></td>
<td><em>Sex Matters for Women - A Complete Guide to Taking Care of Your Sexual Self -- Second Edition</em></td>
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<tr>
<td></td>
<td>by Sallie Foley, MSW, Sally A. Kope, MSW and Dennis P. Sugrue, PhD</td>
</tr>
<tr>
<td>6:00-8:00 pm</td>
<td>New Research Trends: Poster Presentations</td>
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</tbody>
</table>
7:30 am-5:00 pm  Meeting Registration

7:30-8:15 am  Continental Breakfast

8:15-8:30 am  Welcome
SSTAR President: Marta Meana, PhD
In Memoriam
Scientific Program Chair and Continuing Education Officer: Anne Katz, PhD, RN,
Local Program Chair: Chris Kraft, PhD

8:30-9:30 am  Invited Talk #1: A Billion Wicked Thoughts: What the Internet Reveals About Sexual Desire
Moderator: Marta Meana, PhD
Presenter: Ogi Ogas, PhD

9:30-10:30 am  Invited Talk #2: A Compendium of Love’s Pathologies
Moderator: Lisa Anllo, PhD
Presenter: Stephen B. Levine, MD

10:30-10:45 am  Break

10:45-11:30 am  Paper Session #1: Aspects of Asexuality
Moderator: Anne Katz, RN, PhD

Lack of Desire or Lack of Attraction? Asexuality, Sexual Desire Disorder, and the Spaces Between
Presenters: Lori A. Brotto, PhD, Morag A. Yule, MA and Boris B. Gorzalka, PhD

Development of the Asexuality Identification Scale (AIS)
Presenters: Morag A. Yule, MA, Lori A. Brotto, PhD and Boris B. Gorzalka, PhD

11:30 am-1:00 pm  Lunch (on your own)

1:00-2:00 pm  Invited Symposium #1: What’s New in Sexual Pharmacology?
Moderator: Michael Perelman, PhD

Hormone Therapy for Women and Sexual Effects
Presenter: Sharon J. Parish, MD

Sexual Pharmacology in Men
Presenter: Arthur L. Burnett, MD, MBA, FACS

2:00-2:45 pm  Paper Session #2: Aspects of Provoked Vestibulodynia
Moderator: Richard Carroll, PhD

The Influence of Partner Responses on Sexual Function in Women with Provoked Vestibulodynia and Their Partners: A Daily Experience Study
Presenters: Natalie O. Rosen, PhD, Sophie Bergeron, PhD, Gentiana Sadikaj, BSc, Maria Glowacka, BSc, Mary Lou Baxter, MD and Isabelle Delisle, MD

Brief Mindfulness-Based Group Cognitive Therapy for Provoked Vestibulodynia
Presenters: Kelly B. Smith, PhD, Lori A. Brotto, PhD and Rosemary Basson, MD

Comparing the Effectiveness and Predictive Change Models of Cognitive Behavioral Therapy and Pelvic Floor Rehabilitation for Provoked Vestibulodynia
Presenters: Corrie Goldfinger, MSc, Caroline F. Pukall, PhD, Stephanie Thibault-Gagnon, MSc, Linda McLean, PhD and Susan Chamberlain, MD

2:45-3:00 pm  Break

3:00-4:00 pm  Invited Talk #3: Sex after Social Security
Moderator: Lisa Anllo, PhD
Presenter: Lonnie Barbach, PhD

5:00–6:00 pm  American Visionary Art Museum Tour
Pre-registration required. Limited spots may be available. Check with registration desk.

7:30-9:00 pm  Fellowship Dinners at Local Restaurants
Sign up for this special networking event at the registration desk.
<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
<th>Details/Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>7:30 am-5:00 pm</td>
<td>Meeting Registration</td>
<td></td>
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</tbody>
</table>
| 7:30-8:30 am | Meet the Experts: Breakfast Roundtables                             | 1. Ogi Ogas, PhD  
2. Ken Zucker, PhD  
3. James Cantor, PhD  
4. Stephanie Beuhler, MPW, PsyD, CST-S  
5. Richard Siegel, MS, LMHC, CST, AASECT and Lawrence Siegel, MA, CSE, AASECT |
| 8:30-9:30 am | Invited Talk #4: Asperger’s Syndrome and Sexuality: Understanding and Helping Couples Affected by AS | Moderator: Anne Katz, RN, PhD  
Presenter: Stephanie Buehler, MPW, PsyD, CST-S                                       |
| 9:30-9:45 am | Sandra R. Leiblum Student Paper Award: Relationship Between Impression Management and Three Measures of Women’s Self-Reported Sexual Arousal | Moderator: James Cantor, PhD  
Recipient: Jackie S. Huberman, BSc                                                   |
| 9:45-10:30 am | Paper Session #3: Aspects of Long Term Relationships                | Moderator: Michael Perelman, PhD  
The Legacy of Mike Metz - Good Enough Sex and Enduring Desire  
Presenter: Barry McCarthy, PhD  
The State of Affairs - Rethinking Our Clinical Attitudes About Infidelity  
Presenter: Esther Perel, MA, LMFT                                                   |
| 11:30 am-12:15 pm | Masters and Johnson Award Presentation                          | Moderator: Eli Coleman, PhD  
and Marta Meana, PhD  
Recipient: Beverly Whipple, PhD                                                        |
| 12:15-1:30 pm | Business Meeting & Lunch (Members Only)                          | Announcement of the Poster Award                                                      |
| 1:30-2:45 pm | Invited Symposium #2: DSM-5 and the Sexual and Gender Identity Disorders: The Verdict | Moderator: Chris Kraft, PhD  
Presenters: Kenneth J. Zucker, PhD, Yitzchak M. Binik, PhD and Richard B. Krueger, MD |
| 2:45-3:30 pm | Invited Talk #6: The Neurobiology of Pedophilia and Its Implications for Assessment, Treatment and Public Policy | Moderator: Eli Coleman, PhD  
Presenter: James M. Cantor, PhD                                                        |
| 3:30-3:45 pm | Break                                                               |                                                                                      |
| 3:45-5:15 pm | Clinical Case Presentation: The Relationship Between Death Anxiety and Sexual Behavior: An Alternative View of Sexual Addiction | Moderator: Anne Katz, RN, PhD  
Presenter: Daniel N. Watter, EdD                                                         |
| 5:15 pm      | Closing Remarks                                                     |                                                                                      |
| 7:30 pm      | Baltimore Crab Cake Social                                         | Sign up for this special networking event at the registration desk.                  |

**SUNDAY, APRIL 7, 2013**

Breakfast on your own

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<tr>
<th>Time</th>
<th>Event</th>
<th>Details/Participants</th>
</tr>
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</table>
| 9:00am-12:00 pm | Ethics Workshop: Professional-Client Boundary Issues: Managing the Challenges We Face Every Day | Moderator: Ursula Ofman, PsyD  
Presenter: S. Michael Plaut, PhD                                                   |
1. Improving Female Sexual Health: A Quantitative Evaluation of an Educational Intervention for Healthcare Professionals
Britney Blair, PsyD, Bruce Arnow, PhD, Amie Haas, PhD and Leah Millheiser, MD

2. What is Adult Hypersexualization and How is it Related to Sexual Functioning Among Emerging Adults?
Audrey Brassard, PhD

3. Attention to Sexual Stimuli During Habituation of Sexual Responses: Causal or Correlational?
Samantha Dawson, MSc, Martin Lalumière, PhD, Scott Allen, PhD, Paul Vasey, PhD and Kelly Suschinsky, PhD

4. Effects of Vulvo-Vaginal Aesthetic (VVA) Surgery on Sexual Health and Well-Being
Robyn Jackowich, BA, Michael Goodman, MD, Yvonne Erskine, MED, Susan Hardwick-Smith, MD, David Matlock, MD, Otto Placik, MD, Alex Simopoulos, MD and Lori Brotto, PhD

5. Medical Students’ Attitudes and Experiences Related to Disability and Sexuality
Kathryn R. Macapagal, MED, Abbey Valvano, PhD, Lauren M. Penwell, PhD, Christina K. Wilson, PhD, Lindsey West, PhD and Lara M. Stepleman, PhD

6. Predicting Sex Offender Treatment Outcome for Adolescents
Julia E. Mackaronis, MS and Donald S. Strassberg, PhD

7. The Effects of Social Networking on Relationships
Rachel Needle, PsyD, Stanley Althof, PhD and Samantha Daniel, PhD

8. The Anxiety of Bisexuality: The Unique Psychological Profile of Bisexual Women
Tonje J. Persson, MSc, Jim Pfaus, PhD and Maria Santaguida

9. Sensate Focus as Touching vs. Pleasuring: Implications for Therapy
Linda Weiner, MSW, LCSW and Constance Avery Clark, PhD
Thursday, April 4, 2013

Full-Day Workshop

ABSTRACTS
The frequency of sexual difficulties among both men and women is high, and yet few clinicians have much training in talking directly with their patients about sex. The view that patients will spontaneously discuss concerns if they have any, is often a reason given for the clinician's silence. Yet the shame and embarrassment many people feel when they have a sexual problem often makes raising the issue with the therapist difficult.

There is much to be learned in asking patients about their sexuality. For many, this is the first opportunity to have a conversation with an informed adult about the topic. Sexual difficulties have profound effects on an individual's sense of self and almost always has an impact on the partners with whom they are involved.

The pattern of the sexual script often provides a valuable understanding of the dynamics of the couple relationship. The sexual arena in many instances reflects the subtle and yet powerful cues that may affect the nature of the relationship.

This lecture will provide a model for introducing the subject of sex and an outline of the questions that comprise a complete sexual history. A brief overview of the sexual dysfunctions with specific focus on the questions to be asked to understand the nature of the problem will be provided.

**Behavioral Learning Objectives:**

After attending this presentation, participants will be able to:

1. Introduce the topic in a sensitive way.
2. Ask questions related specifically to sexual development, knowledge and behavior.
3. Elicit information that defines accurately the nature of any sexual difficulty affecting a particular patient.

**Biography:**

Derek Polonsky is a Clinical Instructor in the Department of Psychiatry at Harvard Medical School where he has been on the faculty for the past 35 years. He has a private practice in Brookline, MA., where he sees individuals and couples. He has been a member of SSTAR since 1982 and has served on its Executive Council as Treasurer, Local Events Chair in 1999, 2005 and 2010.
Men can encounter difficulty at any stage of a sexual experience. They may have (1) diminished or absent sexual interest, (2) difficulty obtaining or maintaining an adequate erection, (3) problems in reaching orgasm despite significant sexual arousal, (4) difficulty sustaining high levels of sexual arousal for more than a brief period before reaching orgasm, or (5) experience pain associated with arousal or orgasm. These conditions can be the result of psychological factors, medical/organic factors, or (quite commonly) the interaction of both.

The introduction of Sildenafil (Viagra) and the other oral ED drugs has, more than any single event in history, made more people more aware than ever before of male sexual dysfunctions. Despite the current availability of effective treatments for many of these dysfunctions, men with these problems often still fail to seek treatment, and those seeking treatment may still not receive the most effective intervention(s) available.

This workshop will consider the nature and etiology of each of the male sexual dysfunctions. In addition, the role of sex therapy, psychotherapy, pharmacology, and their combination, as interventions will be discussed.

Behavioral Learning Objectives:
After attending this presentation, the participants will be able to:
1. Identify and distinguish among the most common male sexual dysfunctions.
2. Understand the psychological, biological, and interpersonal factors underlying the etiology and maintenance of male sexual dysfunctions.
3. Describe the primary psychological and pharmacological approaches, and particularly their combination, in the treatment of male sexual dysfunctions.

References:

Biography:
Donald Strassberg, Ph.D., ABPP, is Professor in the Department of Psychology at the University of Utah (Salt Lake City) where he has been a faculty member for over 37 years. His research focuses on various aspects of normal, dysfunctional, and deviant sexuality. He serves, or has served, on the editorial boards of Archives of Sexual Behavior, the Journal of Sex and Marital Therapy, Sexual Abuse: A Journal of Research and Treatment, and The Journal of Sex Research. He maintains a part-time private practice as a clinical psychologist, specializing in the treatment of sexual dysfunctions, and often offers workshops and classes in the diagnosis and treatment of sexual problems.
Since the Victorian era discovery that female orgasm was not necessary for conception, female sexuality has, at best been ignored, and often demonized. Women have had a long slow struggle against cultural taboos to reclaim their right to a satisfying sexual life. In 2009, the concept of healthy sexuality has, in theory, become an accepted entitlement of women and sexual problems have become more widely discussed. Further, epidemiologic research has now confirmed a high prevalence (12%) of female sexual disorders. Yet, for a myriad of reasons, such as lack of time, patient or provider embarrassment, lack of FDA approved treatments, healthcare providers and their patients continue to evade the topic in clinical visits which results in a significant void in comprehensive healthcare.

Although varying models for understanding the female sexual response have been proposed, all generally include the elements of desire, arousal, orgasm, and resolution and current research also emphasizes the importance of evaluating pain as a source of sexual problems. Current models reflect the biopsychosocial and multifactorial nature of the female sexual response. Basson’s model of female sexual function acknowledges the importance of emotional intimacy, psychological factors, and sexual stimuli and posits that in women arousal often precedes desire. This description updates the traditional linear models of Masters and Johnson as well as Kaplan, in which desire precedes arousal. Levine suggests that desire has 3 distinct but interrelated components—drive (spontaneous biologically driven sexual interest), cognitive factors (expectations, beliefs, and values about sex), and motivation (emotional and interpersonal factors)—further emphasizing the complexity of female sexuality.

In this workshop, I will provide an overview of the female sexual disorders, how to assess and diagnose female sexual disorders, provide treatment options and review patient related outcome measures for screening and diagnosis.

**Learning Objectives:**

1. Define the Female Sexual Disorders
2. Outline techniques for assessment and diagnosis of sexual disorders
3. Identify treatment options for each of the sexual disorders

**References:**


Until recently there has been little new research interest or therapeutic innovation concerning dyspareunia and vaginismus. This stagnation has probably occurred for at least two reasons. First, the DSM-IV-TR definitions of dyspareunia and vaginismus have been accepted with little discussion for almost 150 years. Second, Sex Therapy based treatment has been considered highly efficacious. Recent research has challenged both of these ideas. Recent diagnostic (including the DSM-5 proposals) and therapy outcome research will be reviewed with a view to suggesting new diagnostic definitions and a more comprehensive treatment program.

Behavioral Learning Objectives:
1. Review the history of and problems with the diagnosis of dyspareunia and vaginismus.
2. Review the treatment outcome literature for dyspareunia and vaginismus.
3. Suggest a new diagnostic formulation and more comprehensive treatment strategy.

References:

Biography:
Dr. Binik received his Ph.D. in clinical psychology from the University of Pennsylvania in 1975. He is professor of psychology at McGill University and the Director of the Sex and Couple Therapy Service at the McGill University Health Center (RVH). He is the recipient of the Masters and Johnson award from SSTAR for lifetime achievement and a member of the DSM-5 workgroup on sexual and gender identity disorders.
THE ROLE OF MEDICATIONS IN THE ETIOLOGY AND TREATMENT OF SEXUAL DYSFUNCTIONS

Bonnie R. Saks, MD
Bonnie R. Saks, MD and Associates, LLC
3333 W. Kennedy Blvd., Suite 106
Tampa, Fl. 33609 Phone: (813) 354-9444
brs331@gmail.com

A great deal has been written about medications causing or contributing to sexual dysfunction. Medications that decrease vascular flow, interfere with sex hormones, or neurologically influence dopamine, serotonin, prolactin, prostaglandin synthetase and oxytocin receptors can cause sexual problems. At the same time, “The Perfect Pill” has been sought by researchers to enhance sexual function.

This talk will review the psychopharmacology of sexual dysfunction as well as follow the quest for this “Holy Grail” of perfect sexual chemistry. A case will be presented to illustrate how tweaking medications can lead to successful function.

References:
2. Saks, BR and M A Gillespie
   a. Psychotropic medication and sexual function in women: an update
   b. Archives of Women’s Mental Health (2002) 4:139-144
   c. Springer-Verlag 2001 Printed in Austria

Biography:
Dr. Saks received undergraduate and medical degrees from Brown University. She completed an internship in medicine at Montefore Hospital in New York and did residency training in obstetrics/gynecology and then psychiatry at Yale University. She was subsequently a clinical instructor at Yale in both departments. She also completed a sex therapy fellowship at Yale sponsored by the National Institute of Mental Health. Dr. Saks is now a Clinical Professor of Psychiatry at the University of South Florida in Tampa where she teaches residents and medical students in Human Sexuality. She is also an analytic supervisor. She is a Distinguished Fellow of the American Psychiatric Association, a Founding Fellow of the American Board of Sexology. She has been President of the Society for Sex Therapy and Research and on the editorial board of the Archives of Women’s Mental Health. She has published and lectured extensively. She was a Commencement Speaker for Brown University Medical School on May 28, 2005. She has chaired several symposia at the World Association of Sexual Health.
Thursday, April 4, 2013

Half-Day Workshops

ABSTRACTS
Participants should dress comfortably as we will be experimenting with body-oriented exercises! Don’t let this scare you away! Attendees will be free to participate at their comfort level.

Introduction:
Many women seeking help for sexual functioning issues report experiencing physical reactions when talking about sex. These reactions are often linked to histories of trauma, as well as to general negative messages many women have received about their sexuality during the life course. Prevalent therapeutic approaches, such as Cognitive Behavioral Therapy (CBT), can be helpful in increasing clients' intellectual understanding of the sexual challenges and in providing them with behavioral management tools.

Nevertheless, despite these insights and tools, often clients' bodies are still in a state of alarm when talking about sex and sexuality, thus inhibiting behavioral changes. The authors decided to conduct a pilot study to investigate and evaluate the use of body-oriented group therapy interventions to address the integration of women's body reactions into the healing process. Mindfulness, being present with curiosity and without judgment, was foundational to both the development and delivery of this intervention. The clinical exercises that were part of the intervention (in addition to other mindfulness and body-oriented exercises) are the focus of this workshop.

Content of Workshop:
We will discuss the rationale for body-oriented approaches to sex therapy and provide some background about the particular approaches included here. Results from our pilot study will be briefly reviewed. The majority of the time will be spent actively participating in and processing mindfulness and body-oriented exercises. Sensorimotor Psychotherapy, InterPlay, and Narrative therapy exercises (among others) will be demonstrated. The exercises will be geared for use in group and/or couples therapy for sexual dysfunctions. The focus will be to teach the participant how to help their clients develop: mindfulness skills, a “felt sense” of a boundary in one’s body, somatic resources for use in modulating affect around sexual issues, methods of increasing intimacy and mindfulness using the wisdom of the body, and a playful, curious attitude.

Utility/Limitations/Risks:
The focus will be on exercises for use in group or couples therapy, although many exercises can be adapted for individual work. The focus will also be on exercises used in our work with women with sexual dysfunctions, but many of the exercises are equally appropriate for use with other genders. The pilot study included women only and was a very small sample.

Behavioral Learning Objectives:
After attending this workshop, participants will be able to:
1. Provide one definition of mindfulness.
2. Describe one exercise designed to help clients identify a “felt sense” of a boundary in the body.
3. Describe one exercise designed to increase intimacy and a sense of play.

References:

Biography:
Dr. Mize is a licensed psychologist and assistant professor at the University of Minnesota's Program in Human Sexuality (PHS). She has been on the faculty since 1998. She is actively involved in clinical work, as well as teaching and research. She is a Sensorimotor Psychotherapy Certified Advanced Practitioner. She is passionate about working with clients using body-oriented approaches. In 2012, she began the first Body-Oriented and Mindfulness (affectionately called Da BOM!) Women's Sexual Health Group at PHS.

Dr. Mize is a reviewer for Sexual and Relationship Therapy. She and her colleague, Alex Iantaffi, PhD, LMFT, have completed a study entitled, "Women's Sexual Health and Sensorimotor Approaches to Therapy" and are in the process of compiling the results for publication. She and Dr. Iantaffi have received a grant to study sexuality, mindfulness, and the body in aging women.
Introduction:
According to the National Center for Health Statistics, approximately 50% of Americans use at least one prescription drug monthly, while other estimates put the number closer to 80%. In addition, according to a study in the Lancet, over 200 million people use some type of illegal drug, worldwide. Furthermore, according to the WHO, worldwide per capita consumption of alcoholic beverages in 2005 equaled 6.13 liters of pure alcohol consumed by every person aged 15 years or older; approximately 30% of these include homemade or illegally produced (unrecorded) alcohol. Suffice it to say, drug and alcohol use, both in the U.S. and around the world, is pervasive and most clinicians are working with patients who regularly use a variety of substances, whether they report it or not. Regardless of the reasons people use drugs and alcohol, many report experiencing a range of sexual effects; some positive but most negative.

The problem is often exacerbated by the fact that treatment of both sexual dysfunctions and problematic substance use usually begins with prescribing even more drugs.

Abstract:
This workshop session will address a number of important aspects of sexual pharmacology about which all professionals working with sexual issues need to be informed. The session will begin with an overview of the physiological and neurohormonal bases of sexual response and how those responses are theoretically mediated. This will then carry into a review and overview of the chemotherapeutic interventions currently available for the treatment of sexual dysfunctions and disorders, including many treatments that are coming "down the pike." Participants will then have the opportunity to discuss the sexual side effects of many of the more commonly used licit and illicit drugs, including those supplements purported to have pro-sexual effects. The final discussion of the session will focus on achieving an understanding of the need for comprehensive, integrated approaches to the treatment of sexual dysfunctions and disorders and the need for sexuality professionals to be better informed about the relationship between commonly-used substances and their impact on sexual functioning.

Behavioral Learning Objectives:
After attending this presentation, participants will:
1. Better understand the neurohormonal and physiological mechanisms that modulate sexual response, as the basis for understanding the various chemotherapeutic interventions in the treatment of sexual dysfunctions and disorders.
2. Enhance awareness of the complex issues surrounding sexual response and how to develop a comprehensive approach to treating sexual disorders.
3. Enhance awareness of the complex issues surrounding sexual response and how to develop a comprehensive approach to treating sexual disorders.

Utilities/Limitations/Risks:
Participants are encouraged to view the information presented in the context of ethical and scope-of-practice guidelines for their particular area of expertise and credentials, and to seek an integrated treatment team, particularly with prescribing clinicians, in the treatment of sexual dysfunction.

References:

**Biography:**
Richard Siegel is an AASECT-Certified Educator, Therapist and Supervisor, and Co-Director of Florida Postgraduate Sex Therapy Training Institute and Sex Therapy Postgraduate Training Institute of New York. He has been in private practice for 12 years, a college professor for 16 years, and a SSTAR member since 2011.

Lawrence Siegel is an AASECT-Certified Sexuality Educator, Clinical Sexologist, and President of Sage Institute for Family Development. He has been a professional trainer and university professor for 22 years.
Thursday, April 4, 2013

Poster Presentations

ABSTRACTS
IMPROVING FEMALE SEXUAL HEALTH: A QUANTITATIVE EVALUATION OF AN EDUCATIONAL INTERVENTION FOR HEALTHCARE PROFESSIONALS

Britney Blair, PsyD*, Bruce Arnow, PhD*, Amie Haas, PhD± and Leah Millheiser, MD*

*Stanford University School of Medicine
±Palo Alto University

Introduction:
Forty-three percent of women in the United States report some type of sexual complaint and these complaints have been shown to negatively impact quality of life and overall well-being. With the proper training and experience, healthcare professionals are in a unique position to help their patients improve their sexual health.

Methods:
Healthcare Professionals (N = 59) representing the specialties of OBGYN, primary care, psychiatry and psychology attended the conference. Participants completed a pre and post-test questionnaire assessing levels of comfort, competence, attitudes toward female sexual health and readiness for change.

Results:
Participants reported a significant increase in awareness about the importance of discussing issues of sexual health with their patients. Participants also reported motivation (or intent) to ask their patients about their sexual health.

Discussion:
Providing information about female sexual dysfunction and its impact on patients’ quality of life, effective treatments, and referral resources as well as giving healthcare professionals an opportunity to practice asking about sexual health with facilitated feedback may significantly improve their motivation to respond to female sexual complaints.

Utility / Limitations:
The current study replicated findings of earlier studies reporting that didactic training with experiential learning is most influential in increasing comfort and knowledge for clinicians attending a continuing education workshop. This study makes a contribution to the considerably limited research literature concerning training for clinicians in the area of female sexual health. This study had a number of limitations including lack of a control group, relatively homogenous sample size and no follow up data to ascertain whether motivation for change and intent to treat translated into behavioral change, in practice.

Behavioral Learning Objectives:
After attending this presentation, the participants will:
1. Recognize the prevalence of female sexual dysfunction.
2. Be able to describe the impact of sexual problems on a woman’s quality of life.
3. Be able to initiate a conversation with a patient about their sexual health.
4. Be able to take a thorough sexual history.
5. Explain basic overview of evidence based treatment options.
6. Be able to identify when, and to whom, to refer patients for treatment (e.g., OBGYN, Endocrinology, Sex Therapy, Pelvic Floor Therapy, etc.)

References:


**Biography:**

Dr. Blair is a postdoctoral fellow at Stanford University School of Medicine. She is specialized in the integration of couple and sex therapy and is a practicing psychotherapist. Dr. Blair received her doctoral degree from the PGSP-Stanford Psy.D. Consortium in 2012. She completed her dissertation in the area of female sexual health and has been studying and doing research in the area of human sexuality since 2007.
WHAT IS ADULT HYPERSEXUALIZATION AND HOW IS IT RELATED TO SEXUAL FUNCTIONING AMONG EMERGING ADULTS?

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Introduction:
Parents, government, and therapists are concerned with the sexualization of children’s behaviors, a phenomenon affecting both girls and boys (APA, 2007). Although the literature has focused mainly on children or teens, emerging adulthood would be a critical developmental period for the study of hypersexualisation, given young adults’ exploration of their identity, intimacy, and sexuality (Arnett, 2004). Existing measures of hypersexualisation are either too narrowly focused, gender-specific, or do not have psychometric properties. Three studies were conducted 1- to propose an integrative definition of adult hypersexualisation, 2- to develop a broad and psychometrically sound measure, and 3- to examine the sexual correlates of hypersexualisation among young adults.

Method:
In study 1, 23 emerging adults and 6 practitioners agreed to participate in a two-hour semi-structured focus group aimed at formulating a conceptual definition of adult hypersexualisation. In Study 2, 581 undergraduate students at a French-Canadian University were surveyed to gather reliability and validity information on the Adult Hypersexualisation Questionnaire (AHQ), a self-report measure based on this new definition. In Study 3, 872 French-Canadian adults aged between 18 and 29 completed an online survey assessing adult hypersexualisation and sexual functioning.

Results:
In study 1, a conceptual definition of adult hypersexualisation was proposed. In study 2, Exploratory Factor Analysis revealed a six-factor structure. The AHQ subscales were found to be reliable and to present good concurrent validity with measures of self-esteem, objectification, and sexual awareness. Results from study 3 showed several associations between the subscales of adult hypersexualisation and sexual satisfaction, sexual dysfunctions, intimacy, as well as sexual self-esteem, preoccupation, fear, depression, anxiety, monitoring, motivation, and external control.

Discussion:
The AHQ allows the assessment of individual differences in the adoption of sociocultural standards and sexual messages. The discussion addresses both the positive and the negative correlates of adult hypersexualisation in terms of young adults’ sexual functioning.

Utility/Limitations/Risks:
These findings will help therapists and researchers working with young adults, but the generalization of the results is limited to French-Canadian emerging adults.

Behavioral Learning Objectives:
After attending this presentation, the participants will be able to:
1. Define and assess adult hypersexualisation
2. Discuss the positive and negative impacts of hypersexualisation in young adults’ sex life

References:

Biography:
Dr. Brassard received her PhD in clinical psychology at the Université du Québec à Trois-Rivières in 2006 and has been on faculty in the Department of Psychology at the University of Sherbrooke, Canada. Her research interests include romantic attachment, conflict, and sexuality.
ATTENTION TO SEXUAL STIMULI DURING HABITUATION OF SEXUAL RESPONSES: CAUSAL OR CORRELATIONAL?

Samantha Dawson, MSc, Martin Lalumière, PhD, Scott Allen, PhD, Paul Vasey, PhD, & Kelly Suschinsky, PhD

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Background:
Studies investigating men and women separately suggest that men habituate to sexual stimuli and that women do not (or not to the same degree). In a recent study, we found no sex difference in habituation of genital responses. We suggested that diminution of attention might have been responsible for the habituation (and cessation) of genital responding. The aims of the current study were to examine whether habituation can be elicited when attention is maintained. The preparation hypothesis predicts that women should not habituate as completely as men when attention is maintained because the costs of not responding to sexual cues are higher for women than for men.

Method:
Thirty-six heterosexual men and women were presented with film clips following a habituation paradigm. Genital responses were measured continuously using PPG and VPP. Participants rated their sexual arousal and attention after each stimulus.

Results:
Genital responses and attention decreased across trials for both sexes. Controlling for changes in attention nullified the significant habituation and novelty effect on genital responses.

Discussion:
This study replicated Dawson et al., finding no sex difference in the habituation of genital responses. Women exhibited residual arousal after habituation had occurred, consistent with the preparation hypothesis. Comparison with the earlier study suggests that changes in attention might be responsible for the changes in genital responses, and not the other way around.

Utility/Limitations:
Understanding the role of attention on sexual responses may aid in the development of efficacious therapies for individuals suffering from sexual difficulties. The current study could be improved by using an objective assessment of attention.

Behavioral Learning Objectives:
After attending this presentation, the participants will be able to:
1. Explain the importance of attention to sexual stimuli on the sexual responses of men and women
2. Discuss the importance of attention in the information-processing model of sexual responses

References:

Biography:
Samantha Dawson received her BA (Hon) and MSc from the University of Lethbridge under the supervision of Dr. Martin Lalumière and is currently a PhD student in the Clinical Psychology program at Queen’s University studying under Dr. Meredith Chivers.
EFFECTS OF VULVO-VAGINAL AESTHETIC (VVA) SURGERY ON SEXUAL HEALTH AND WELL-BEING

Robyn Jackowich, BA, Michael Goodman MD, Yvonne Erskine MEd, Susan Hardwick-Smith MD, David Matlock MD, Otto Placik MD, Alex Simopoulos MD & Lori Brotto PhD

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Introduction:
With the increasing popularity of vulvo-vaginal aesthetic (VVA) surgeries, few prospective studies have yet to evaluate its impact on sexuality, body image, and sexual esteem. This study sought to compare long-term effects on these psychosexual indices among women electing VVA surgery against a non-surgery control group.

Method:
Women receiving VVA surgery (n=121; mean age 32.7 years) and controls (n=50; mean age 33.2 years) completed questionnaires pre-surgery, as well as 6, 12, and 24 months following surgery (24 month data will not be presented). Measures included the Yale-Brown Body Dysmorphic Disorder Scale, the Female Genital Self Image Scale, the Index of Sexual Satisfaction, and the Body Esteem Scale. Most participants received labiaplasty (85% labia minora, 14.9% the labia majora), clitoral hood revision (57.9%), and vaginoplasty (17.4%).

Results:
Significant decreases in body preoccupation, behaviors to cope with the presumed body defect, and marginally significant decreases in body avoidance were reported at 6 and 12 months post-VVA. At the 6 month follow up, genital self-image significantly increased in both groups, but significantly more in the VVA group. Women in the VVA group reported significantly greater improvements in sexual satisfaction. Neither group reported any effect on general body esteem.

Discussion:
These findings suggest that VVA surgery enhances women’s sexual satisfaction and genital self-image without impacting general body esteem. The results also confirm pilot findings that VVA surgery reduces mild body dysmorphic related preoccupation and behaviours.

Utility/Limitations/Risks:
These results may help therapists and researchers better understand the effects of VVA surgery on women’s sexuality and body image.

Behavioral Learning Objectives:
After attending this presentation, the participants will be able to:
1. Explore the effects of VVA surgery on female sexual and genital well-being.
2. Compare the impact of VVA surgery on feelings towards sexuality and body image to a non-VVA control group.

References:

Biography:
Robyn Jackowich received her BA in psychology from the University of British Columbia in 2011, and plans to pursue graduate studies in clinical psychology. She currently works as a Research Assistant with Dr. Lori Brotto at the UBC Sexual Health Lab, and Dr. Richard Wassersug in the Department of Urologic Sciences at UBC.
MEDICAL STUDENTS’ ATTITUDES AND EXPERIENCES RELATED TO DISABILITY AND SEXUALITY

Kathryn R. Macapagal, M.Ed., Abbey Valvano, Ph.D., Lauren M. Penwell, Ph.D., Christina K. Wilson, Ph.D., Lindsey West, Ph.D., & Lara M. Stepleman, Ph.D.

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Introduction:
Sexual concerns are often overlooked in routine medical care but may be especially absent from medical providers’ conversations with persons with disabilities. Identifying factors associated with medical students’ attitudes toward sexuality and disability can help inform changes to medical education, and in turn, improve future physicians’ competence and confidence in attending to the sexual health needs of patients with disabilities.

Method:
As part of a larger study, medical students in Georgia (N = 282) completed scales assessing their comfort and skill in addressing patients’ sexuality in general, attitudes toward sexuality in patients with disabilities, and demographic, education, and personal background items.

Results:
Students with more positive attitudes about disability and sexuality reported more hours working with patients with sexual concerns, felt more comfortable with and skilled in addressing patients’ sexual health issues, and believed that counseling and treating patients with sexual health concerns was more important than did students with more negative attitudes (all t-tests significant at p < .05 or less). Students’ gender, age, religiosity, semesters spent in medical school, or total classroom hours spent learning about sexual health were not associated with differences in attitudes.

Discussion:
Having direct experience with patients with sexual concerns may influence medical students’ attitudes toward sexuality in disabled persons more than the students’ personal background. Alternatively, students with more positive attitudes may be drawn to patients with sexual health concerns and/or are more willing to engage in conversations about these concerns.

Utility/Limitations/Risks:
The findings can help identify areas for improvement in medical students’ education about sexuality in patients with disabilities, such as prioritizing coursework on sexuality and disability, requiring an increased number of clinical hours in this area, and encouraging self-reflection about how one’s own attitudes/beliefs about sexuality among persons with disabilities may influence their patient interactions. However, these results may not generalize to medical students outside of the Southeast, who may espouse different attitudes about sexuality.

Behavioral Learning Objectives.
After attending this presentation, the participants will be able to:
1. Identify factors associated with medical students’ attitudes toward sexuality and disability
2. Discuss possible areas for improvement in medical education on sexuality and sexual health

Reference:

Biography:
Kathryn Macapagal is a psychology resident at Georgia Health Sciences University and a Ph.D. candidate in clinical science at Indiana University.
PREDICTING SEX OFFENDER TREATMENT OUTCOME FOR ADOLESCENTS

Julia E. Mackaronis, M.S. and Donald S. Strassberg, Ph.D.

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Introduction:
Existing data on treating adolescents who have offended sexually suggests that treatment dropout and negative treatment outcomes are of great concern (e.g., Seabloom, Seabloom, Seabloom, Barron, & Hendrickson, 2003; Kelly, Lewis, & Sigal, 2004). We have accumulated data on over 50 adolescent males enrolled in a six- to twelve-month residential treatment program for sexual offending, including six-month post-treatment follow-up data. The program utilized a combination of cognitive behavioral therapy and relapse prevention approaches.

Method:
We will examine a variety of predictors of treatment completion and outcome (e.g., re-arrests), including level of pre-treatment psychopathology and offense data.

Results:
Data collection has been completed; statistical analyses will be completed well before the April, 2013 SSTAR Annual Meeting.

Discussion:
Treatment outcome research in this area has the potential to aid in increasing the efficacy of current treatments, and aid in the empirically-based development of new treatments.

Utility/Limitations/Risks:
The results of this study may help clinicians and researchers interested in this population, although may not generalize beyond this clinical context and therapeutic approach.

Behavioral Learning Objectives:
After attending this presentation, the participants will be able to:

1. Describe characteristic personality profiles of adolescent sex offenders.
2. Identify factors relevant to treatment outcome in this population of adolescents.

References:

Biography:
Ms. Mackaronis is currently enrolled in the doctoral program in clinical psychology at the University of Utah. She received her M.S. in 2010, and anticipates receiving her Ph.D. in 2014. Sexuality is her primary area of interest both with respect to research and to clinical work. She has been a member of SSTAR since 2010, when she was also honored to receive the SSTAR Student Research Award.
THE EFFECTS OF SOCIAL NETWORKING ON RELATIONSHIPS

Rachel Needle, Psy.D., Stanley Althof, Ph.D., and Samantha Daniel, Ph.D.

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Introduction:
Social media sites are allowing us to connect with more people more easily and more rapidly, changing the way we relate to one another and blurring the line between digital intimacy and true intimacy in romantic relationships. In this study, we seek to explore the effects of social networking on relationships and begin to appreciate how social networking affects relationships, both positively and negatively.

Method:
Using a mixed methods design, we created a survey asking general questions about social networking use and the impact it has had on the individual’s romantic relationships.

Results:
Preliminary results indicate that 81% of participants rarely discuss “rules” with their partner concerning behavior on social networking sites, with 67% rarely discussing what types of communication would make them uncomfortable. Additionally, 63% of participants indicated that they look at their partner’s social media pages; 30% of participants indicated that these sites have caused problems with their partners. Qualitative responses are currently being coded.

Discussion:
The importance of communication and setting boundaries are highlighted by the results of our study. Given these preliminary results, future studies should investigate quantitatively the extent to which social media use impacts relationship satisfaction, interpersonal competence, intimacy, and additional variables predictive of long-term relationship success.

Utility/Limitations/Risks:
Results are preliminary and limited due to diversity of sample and the descriptive nature of the study.

Behavioral Learning Objectives:
After attending this presentation, the participants will be able to: 1. Explain how relationships have changed in the age of social networking, 2. Discuss the impact of social networking on relationships, and 3. Explain ways to communicate and create boundaries to minimize the potential negative effects social networking is having on relationships.

References:

Biography:
Rachel Needle received her Psy.D. from Nova Southeastern University. She received her B.A. in Psychology from Barnard College, Columbia University. Dr. Needle completed an internship in clinical psychology at UMDNJ in New Jersey. Dr. Needle is a Licensed Psychologist and Certified Sex Therapist in private practice at the Center for Marital and Sexual Health of South Florida.
THE ANXIETY OF BISEXUALITY: THE UNIQUE PSYCHOLOGICAL PROFILE OF BISEXUAL WOMEN

Tonje J. Persson, MSc, Jim Pfaus, PhD, and Maria Santaguida

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Introduction:
Research on the risk for psychological problems in sexual minorities has suggested prevention strategies need to take into account the unique experiences of each group (Hughes, Szalacha, & McNair, 2010). Little research has focused uniquely on bisexual women despite there being some evidence that they may fare worse than lesbian and heterosexual women (e.g., Hughes et al., 2010). This study investigates these potential mental health disparities by examining symptoms of depression, anxiety, and substance use in heterosexual, lesbian, and bisexual women.

Method:
Participants (N = 224, Mean age = 24, SD = 6.34, Range = 18-66) answered an online survey. The sample included 127 heterosexual women, 37 bisexual women, and 60 lesbian women.

Results:
Bisexual women had higher anxiety scores than lesbian and heterosexual women, as measured by the Beck Anxiety Inventory (BAI). For bisexual women, the average BAI score fell in the moderate to severe range whereas for the other two groups, it was mild to moderate. Bisexual women had higher depression scores than lesbian and heterosexual women, as measured by the Beck Depression Scale-II (BDI-II). For bisexual women, the average BDI-II score fell into the mild range whereas for the other two groups, it was minimal. Bisexual women consistently reported higher substance use, both lifetime and in the last 12-months, compared to the other two groups.

Discussion:
This research indicates bisexual women may be a vulnerable group. The mental health of lesbian and heterosexual women appears similar whereas bisexual women have a distinct presentation; their anxiety scores are particularly elevated. The second phase of this research is examining the theory that bisexual women may have poorer mental health than other women due to a lack of affiliation with any one sexual orientation group and thereby a lack of social support.

Utility/Limitations/Risks:
The results may help researchers and clinicians better address the unique mental health needs of bisexual women. The results are limited due to the small bisexual sample.

Behavioral Learning Objectives:
1. Recognize the unique mental health needs of bisexual women
2. Discuss implications for prevention and intervention strategies

References:

Biography:
Tonje J. Persson is a Ph.D. candidate in Clinical Psychology at Concordia University, where she is conducting research on factors associated with poor mental health in sexual minority women.
SENSATE FOCUS AS TOUCHING VS. PLEASURING: IMPLICATIONS FOR THERAPY

Linda Weiner, MSW, LCSW and Constance Avery Clark, PhD

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Introduction:
The purpose and procedures for sensate focus have evolved since the 1970 publication of Human Sexual Inadequacy. The authors will present Masters' and Johnson's unpublished modifications from their 1980s training as Institute Research and Clinical Associates.

Method:
masters' and johnsons' 1980s sensate focus training materials were compared to reference literature and a survey of aasect list serve members reports regarding sensate focus.

Results:
There are variations in conceptualizations of and clinical procedures for sensate focus, specifically: the continued use of sensate focus for treatment of sexual difficulties; and professionals tending to follow masters' and johnson's original instructions for "non-demand pleasuring" rather than their evolved "non-demand touching."

Discussion:
The critical distinction in the purpose and procedures of sensate focus between "non-demand pleasuring" and "non-demand touching" reflects the evolution of masters & johnson's thinking about the importance of removing all pressure from touching and being touched will be emphasized. Professionals continue to convey a pressuring attitude antithetical to evolved sensate focus. Clarification of this M&J evolution assists effective use of sensate focus exercises.

Utility/Limitations/Risks:
The change in perspective from "non-demand pleasuring" to "non-demand touching" facilitates more effective use of sensate focus.

Behavioral Learning Objectives:
After attending this presentation, the participants will be able to:
1. Explain "non-demand pleasuring" vs. "non-demand touching" in sensate focus; and
2. Discuss how these distinctions impact on sensate focus exercises.

References:

Biography:
Linda Weiner received her MSW from University of Missouri in 1977. She was Research and Clinical Associate at Masters & Johnson Institute from 1982-1988. She is in private practice.

WeinerAveryClark_Abstract_SSTAR2013.DOC
Friday, April 5, 2013

Annual Meeting

ABSTRACTS
A BILLION WICKED THOUGHTS: WHAT THE INTERNET REVEALS ABOUT SEXUAL DESIRE

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Introduction:
Which erotic interests are common and which are rare? Alfred Kinsey's pioneering studies in 1948 and 1952 have remained the only scientific attempt at documenting a comprehensive range of individual variations in sexual interests in a large sample. However, his groundbreaking research as well as more recent investigations have been limited by self-reporting methods and demographically narrow samples (Caucasians in Kinsey, college students & clinical patients in recent work). The Internet offers an unprecedented opportunity to improve our knowledge of the true range and prevalence of sexual interests through an enormous and diverse global sample of men and women.

Method:
We analyzed a wide range of public and proprietary online behavioral data relating to sexual desire, including a billion online searches, the search histories of a half-million individuals, the million most popular websites, a million erotic video clips, a million erotic stories, ten thousand digitized romance novels, and millions of online sex-seeking personal ads; also data from adult websites (including the world's most popular adult video site and the web's oldest porn site for women), the most popular billing company for adult websites, and a major online dating site.

Results:
There is a very narrow range of overlap in male and female online sexual interests, but a very broad range of overlap in gay and straight male interests, and gay and straight female interests. Surprisingly few scientific, clinical, and popular predictions about the relative prevalence of specific sexual interests are supported by the online data, especially regarding male interests.

Discussion:
The distribution of male and female online sexual interests can be explained in part by the existence of innate sexual cues shaped by natural selection but emerging and operating according to neural principles. When juxtaposed cues are processed simultaneously by the brain they may generate novel sexual interests that violate evolutionary predictions and cultural expectations. Our results suggest that many sexual interests commonly considered atypical or abnormal are actually widespread and reflect natural and healthy brain processes.

Utility/Limitations/Risks:
A clearer understanding of the range and prevalence of sexual interests can help men and women reduce their guilt, shame, and fear concerning desires unjustifiably considered deviant and help couples appreciate one another's desires. Many common sexual interests (especially tactile and olfactory interests) may be underrepresented or absent online.

Behavioral Learning Objectives:
After attending this presentation, the participants will be able to:
1. Describe the most common sexual interests of men and women (including gay men).
2. Explain the source of many "atypical" sexual interests.
3. Describe how the Internet may be used as a source of new data about human sexuality.

References:

Biography:
Dr. Ogas received his Ph.D. in computational neuroscience from Boston University in 2009. He is the co-author of A Billion Angry Brains (Dutton, 2013) with Sai Gaddam and is collaborating with APA president Jeffrey Lieberman on The Stepchild of Medicine: The Ascent of Psychiatry.
A COMpendium of love’s pathologies

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Introduction:
The mental health professions, including those who specialize in sexual concerns, rarely directly discuss love problems, although we deal with them daily. We use surrogate paradigms to discuss the etiology of the diagnoses. Ironically, patients often discuss relationship disappointments and their personal barriers to more fully loving their partners.

Method:
Thought experiment whose purpose is to create a new view of familiar subjects

Topics:
1. Eleven converging factors that keep collegial discussions of love to a minimum.
2. The utility of conceptualizing impediments to loving.
3. Presentation of a three-division compendium of love’s pathologies:
   A. Impediments to Establishing a Loving Relationship;
   B. Impediments That Diminish the Index Person’s Lovability;
   C. Impediments That Limit the Index Person’s Ability to Express Love. Each division examines sexual identity issues, paraphilia, sexual dysfunction, sexual excess, major physical and mental illnesses, character traits that alienate, aggressiveness and miscellaneous factors.
4. Iconic psychopathology, a form of acquired HSDD in which a person discovers that he or she cannot affectionately and sexually love the same person.

Results:
Clear distinction of the meaning and relevance of etiology vs. pathogenesis for clinicians. Etiology is discussed in lectures, textbooks and research processes and focuses on the diathesis shared by most individuals with the same disorder. Pathogenesis, in mental health circles, is discussed in therapy rooms and involves a careful understanding, retrospectively derived, of the pathway to symptom formation of one specific patient or couple.

Conclusion:
Impediments to love include diverse patterns that are already recognized but not necessarily perceived to involve functional pathologies of courtship or maintaining love Limitations: This is clinical synthesis not science.

Behavioral Learning Objectives:
After attending this presentation, the participants will be able to:
1. To comprehend the reasons mental health professionals do not discuss love
2. To recognize that failures in obtaining and maintaining love cause or exacerbate psychopathology
3. To stimulate more discussion of love among colleagues and between therapists and patients

References:
1. Levine SB. Demystifying Love: Plain talk for the mental health professional

Biography:
Dr. Levine is Clinical Professor of Psychiatry at Case Western Reserve University School of Medicine. He is the solo author of four books: Sex Is Not Simple; Sexual Life: A clinician’s guide; Sexuality in Midlife; Demystifying Love: Plain talk for the mental health professional. He is the Senior Editor of the Handbook of Clinical Sexuality for Mental Health Professionals. He and two colleagues received a lifetime achievement Masters and Johnson’s Award from SSTAR in 2005.
LACK OF DESIRE OR LACK OF ATTRACTION?
ASEXUALITY, SEXUAL DESIRE DISORDER, AND THE SPACES BETWEEN

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Introduction:
There has been significant interest in understanding the characteristics of asexual persons since Bogaert's (2004) publication, which found that approximately 1% of the population report a lifelong lack of sexual attraction. Although the online asexual community (www.asexuality.org) believes that asexuality represents a sexual orientation, much like heterosexuality and homosexuality, and not a sexual dysfunction, critics argue that asexuality is better classified as a sexual dysfunction, with asexual persons representing the polar end of the sexual desire continuum. Moreover, as experts deliberate the criteria for Sexual Interest/Arousal Disorder in the 5th edition of the Diagnostic and Statistical Manual of Mental Disorders, a task force of asexual activists has voiced concern that the criteria may pathologize asexuals by including them within the definition of sexual dysfunction. To date, no research has systematically explored the potential overlap between persons identifying as asexual versus those who identify as sexual but have lifelong low sexual desire.

Method:
The current study recruited 668 men and women (n = 407 asexual, n = 77 meeting diagnostic criteria for hypoactive sexual desire disorder (HSDD), 53 with subclinical HSDD, and 131 sexually-healthy controls) between the ages of 18-79 (mean age 28 years). Participants completed online measures of sexual response, sexual distress, sexual behaviors, personality, alexithymia, desirable responding, and asexuality (using the AIS; Yule, Brotto, and Gorzaika, 2012).

Results:
Among the subsample with HSDD, there were 21 with lifelong and 56 with acquired low sexual desire. A 2 (sex: male, female) by 4 (group: control, asexual, HSDD, subclinical HSDD) ANOVA revealed a significant main effect of sex on: age, alexithymia scores, and masturbation, kissing/petting, and fantasy frequency, with males being significantly older, having higher alexithymia scores, and having higher sexual behavior scores than females. There was also a main effect of group which revealed that the asexual group were the youngest, had the shortest relationship length, had fewest lifetime sexual partners, had the lowest level of sexual activity, had the highest impression management scores, and had the highest AIS scores. Compared to those with lifelong HSDD (n = 21), the asexuals were younger, had a shorter relationship length, fewer lifetime sexual or romantic partners, less sex-related distress, and higher AIS scores. Masturbation rates did not differ between the asexual and lifelong HSDD samples, but asexuals had significantly lower frequency of sexual intercourse, kissing/petting, and sexual fantasies than the lifelong HSDD participants. A binary logistic regression predicting to lifelong HSDD versus asexuality groups found that age, sex-related distress, and AIS scores were excellent predictors to the asexuality group.

Discussion:
Overall the data suggest significant differences in sexual functioning, behaviors, and attraction between asexuals and those with HSDD that are not explained by age or relationship status differences. These data challenge the speculation that asexuality is a variant of lifelong HSDD.

Behavioral Learning Objectives:
1. To define human asexuality and understand the controversy about the correct categorization of asexuality
2. To understand potential differences between asexuals and those meeting diagnostic criteria for hypoactive sexual desire disorder.
3. To understand the clinical and theoretical implications of these findings with regards to how researchers and clinicians understand the construct of sexual attraction.

References:

Biography:
Lori Brotto has a PhD in clinical psychology from the University of British Columbia (UBC) and completed a Fellowship in Reproductive and Sexual Medicine from the University of Washington. She is currently an Associate Professor in the UBC Department of Obstetrics and Gynaecology, Division of Gynaecologic Oncology, as well as a registered psychologist in Vancouver, Canada. She is the director of the UBC Sexual Health Laboratory where her research is focused on a broad array of studies on sexual desire and genital pain. Dr Brotto is the recipient of a Scholar Career Award from the Michael Smith Foundation for Health Research as well as a New Investigator Award from the Canadian Institutes of Health Research. She is also one of four members of the Sexual Dysfunctions subworkgroup for the 5th edition of the Diagnostic and Statistical Manual of Mental Disorders.
DEVELOPMENT OF THE ASEXUALITY IDENTIFICATION SCALE (AIS)

Morag A. Yule, MA, Lori A. Brotto, PhD, and Boris B. Gorzalka, PhD

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Introduction:
Asexuality is loosely defined as lifelong lack of sexual attraction, and 1% of the population is thought to be asexual (Bogaert, 2004). Asexuality research has thus far identified asexual individuals using criteria such as self-identification, or agreement with a statement such as “I have never felt sexually attracted to anyone at all”. Due to limitations in recruiting sufficiently powered local samples, the majority of studies have relied on recruiting via online web-communities of asexuals. These methods are problematic as they limit the sample to those recruited through asexuality networks/communities, or that the definition provided (e.g., “lack of sexual attraction”) may be ambiguous. Asexual individuals belonging to web-communities may be a distinct group of asexuals, as they have acknowledged their asexuality as an identity. It is possible that motivations for joining an online community (such as distress) may have inflated previous findings, such as increased psychopathology scores among asexuals. This highlights the importance of finding a way to access a more representative group of asexuals. Research conducted on asexuals using the current method can only claim to represent online communities of asexual individuals, and not asexuals in general. It follows that conclusions based on these studies may not take us any closer to fully understanding asexuality. Without some sort of objective measure of asexuality that can identify a lifelong lack of sexual attraction in those individuals who have not heard the term asexuality, it has thus far not been possible to study a representative sample of asexuals.

Method:
Questionnaire development occurred in several stages, including: development and administration of 8 open-ended items (n’s=139 asexual and 66 sexual); development, administration (n’s=172 asexual, 755 sexual), and analysis of resulting 111 multiple choice items; administration (n’s=317 asexual, 927 sexual) and analysis of 33 retained items; reliability and validity analysis of final 10 items (n’s=393 asexual, 111 sexual).

Results & Discussion:
The resulting 10-item Asexuality Identification Scale (AIS) is a brief, valid, and reliable self-report instrument for assessing asexuality. It is psychometrically sound, easy to administer, and discriminates between sexual and asexual individuals.

Utility/Limitations/Risks:
The AIS was developed to access a wider range of recruiting avenues than previously possible. This may lead to more representative samples of asexuals, allowing us to further increase our understanding of asexuality.

Behavioural Learning Objectives:
After attending this presentation, the participants will be able to:
1. Discuss the need for an objective measure of asexuality for research purposes.
2. Describe the development process of the Asexuality Identification Scale.

References:

Biography:
Morag Yule received her MA in 2011. She has been conducting sexuality research since 2007, and is presently a PhD student in the Clinical Psychology program at the University of British Columbia.
HORMONE THERAPY FOR WOMEN AND SEXUAL EFFECTS

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Introduction:
Female patients commonly consult clinicians regarding hormonal therapies for sexual function and also have concerns about the effects of hormonal treatments prescribed for other purposes on sexual response.

Method:
This presentation will discuss the available research data describing the impact of oral contraceptives, estrogen regimens, and testosterone therapy on female sexual desire, arousal/lubrication, and pain.

Results:
The effect of oral contraceptives (OCs) on sexual functioning is controversial. Some studies show an association between the use of OCs and sexual problems including decreased interest in sexual activity and sexual arousal. This may be due to the effect of decreased testosterone production and increased sex hormone binding globulin, which further decreases free testosterone. The use of OCs has also been associated with vestibulodynia or vulvo-vestibulitis, an inflammation of the vulvar vestibule in the region of the labial hymen junction, and an increase in sexual pain. Overall, studies of the relationship of OCs on sexual functioning are mixed with studies showing increased, decreased and no change in sexual desire. The use of OCs may improve sexual health indirectly by decreasing the fear of unwanted pregnancy, improving personal appearance (e.g., acne) and decreasing menstrual irregularity and pain.

Estrogen deficiency has been clearly linked to vulvovaginal mucosal changes and dyspareunia, which may contribute to decreased desire in affected women. First line therapies for include vaginal moisturizers and lubricants with sexual activity. Systemic estrogen (oral and transdermal) and local vaginal therapy (estrogen cream and vaginal estradiol cream, intravaginal ring and ultra low-dose tablet) are effective in alleviating symptoms of dyspareunia associated with vulvovaginal atrophy. Safety data of one year or longer demonstrate minimal systemic absorption and no clinically relevant effects on the breast or endometrium. When estrogen therapy is used only for vaginal symptoms, local low dose vaginal therapy is recommended.

There are no approved pharmacological treatments for Hypoactive Sexual Desire Disorder (HSDD) for women in the United States. Testosterone levels have shown variable association with desire disorders, and the role of testosterone therapy remains controversial. Randomized trials over the last decade have demonstrated the efficacy of testosterone therapy in women with low sexual desire. Studies of testosterone therapy in women with low desire after surgical menopause (oophorectomy) have demonstrated increases in libido and sexual satisfaction in women on estrogen. In naturally menopausal women with low desire on estrogen, testosterone has been shown to increase desire, the frequency of satisfying sexual events and to decrease personal distress. Both naturally and surgically menopausal women not on estrogen replacement have shown similar benefits from testosterone therapy in these three measures of sexual function. In studies of up to one year, testosterone was well tolerated. Observed androgenic effects were mild; the only statistically significant androgenic adverse effect was increased hair growth. Studies of parenteral testosterone treatment achieving physiological levels have not shown an increased risk of breast cancer, adverse effects on the endometrium, increased lipids or other cardiovascular risk factors, cardiovascular or thromboembolic events.

Discussion:
Clinicians should be educated regarding the benefits and risks of OCs on sexual function. For patients in whom OC use may be a contributing factor to sexual dysfunction, alternative forms of contraception and their risks and benefits should be discussed. Clinicians should be knowledgeable about the efficacy and safety of available estrogen regimens prescribed for dyspareunia related to vulvovaginal atrophy and similarly familiar with the available information regarding the role of androgens in sexual response and the emerging data regarding the efficacy and safety of this potential treatment.
Utility/Limitations/Risks:
While there are no FDA approved products for HSDD in women, clinicians can offer substantial interventions for sexual desire difficulties that may be associated with oral contraceptive use and dyspareunia due to vulvovaginal changes after menopause. While testosterone trials have demonstrated efficacy, currently androgen therapy in the United States is limited to off-label use of compounded or male-branded products.

Behavioral Learning Objectives:
After attending this presentation, the participants will be able to:
1. Describe the complexity of factors related to sexual health that need to be assessed and considered in helping a patient decide about the use of oral contraceptives.
2. Discuss the safety and efficacy of estrogen regimens for dyspareunia related to vulvovaginal atrophy.
3. Understand the randomized trials to date reporting the effectiveness and safety of parenteral testosterone therapy for low desire in naturally and surgically menopausal women.

References:

Biography:
Dr. Sharon Parish is an Associate Professor of Clinical Medicine at the Albert Einstein College of Medicine and the Director of Psychosocial and Behavioral Medicine Training in the Department of Internal Medicine at Montefiore Medical Center in Bronx, New York. Dr Parish received her medical degree from Albany Medical College in New York, and completed her residency in Internal Medicine and Primary Care at the George Washington University Medical Center, Washington, DC, and a fellowship in Psychosocial and Behavioral Medicine at the New York University School of Medicine.

She has designed many educational programs on sexual health for undergraduate and graduate medical education and practicing clinicians. She has authored numerous book chapters, review articles, and web-based educational programs on female sexual dysfunction and sexual health curricula. She is first president-elect of the International Society for the Study of Women’s Sexual Health (ISSWSH), Chairman of the ISSWSH Education Committee and is on the ISSWSH Board of Directors. She is a member of the International Society of Sexual Medicine (ISSM) Standards and Publications Committees. Dr. Parish is the associate CME editor of the Journal of Sexual Medicine (JSM) and serves on the JSM Editorial Board.
SEXUAL PHARMACOLOGY IN MEN

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Introduction:
Sexual function in men (as in women) incorporates complex physiologic processes including regulatory mechanisms of the central and peripheral nervous systems, the vascular system, and the endocrine system. Recent advances in the science of sexual medicine, particularly at the molecular biologic level, have provided the groundwork for developing and applying diverse pharmacotherapies.

Method:
A review of sexual medicine practices in recent decades has demonstrated a trend toward evidence-based methodology with advancements based on progress made in the physiology and molecular science of the sexual response. This trend has marked the era of clinical pharmacotherapeutics for sexual dysfunctions.

Results:
Pharmacologic intervention in the field has been rationally based on the identification of therapeutic targets that are implicated in mechanisms governing functions of the sexual response cycle. In recognition that multiple mechanisms may either facilitate or inhibit the response of interest from central to peripheral levels, pharmacotherapeutic strategies have been designed either to promote prosexual mechanisms or suppress antisexual mechanisms, or to do both. Practical considerations have also influenced pharmacotherapeutic management, and options may be guided by available routes of administration ranging from oral to other parenteral (e.g., intravenous, subcutaneous) to local (e.g., intracavernosal, intraurethral, topical) therapies. Therapeutic decision-making is further influenced by many different variables relating to efficacy, level of invasiveness, convenience, side-effect profile risk, and cost.

Discussion:
Exciting possibilities exist for interventional approaches to manage sexual disorders in men, and ongoing scientific discovery in the field suggests that novel treatments will be further developed in the future. Progress will be based on the identification and targeting of major cellular and molecular sites of biological systems responsible for diverse sexual physiologic functions.

Utility/Limitations/Risks:
Pharmacologic therapies for male sexual dysfunctions offer great therapeutic potential for the imminent future, despite their short-term effects and their primary role in treatment (but not long-term correction or reversal) of sexual dysfunctions. Novel therapeutic prospects such as growth factor therapy, gene therapy, stem and cell-based therapies, and regenerative medicine all offer potential interventions for the future while meeting corrective therapeutic objectives.

Behavioral Learning Objectives:
After attending this presentation, the participants will be able to:
1. Describe the rationale and basic strategies for pharmacotherapeutics of male sexual dysfunctions.
2. Discuss current pharmacotherapeutic options for managing male sexual dysfunctions.

References:

Biography:
Dr. Arthur (Bud) Burnett received his A.B. degree in Biology from Princeton University and M.D. and M.B.A. degrees from Johns Hopkins University. His post-graduate training in general surgery, urology, and reconstructive urology and urodynamic was performed at the Johns Hopkins Hospital. He received an American Foundation for Urologic Disease scholarship and joined the faculty at the Johns Hopkins University School of Medicine. He is currently the Patrick C. Walsh Professor of Urology and is the Director of the Basic Science Laboratory in Neuro-urology of the James Buchanan Brady Urological Institute and Director of the Sexual Medicine Division. He is an alumni member of the Alpha Omega Alpha Honor Medical Society and Fellow of the American College of Surgeons.
THE INFLUENCE OF PARTNER RESPONSES ON SEXUAL FUNCTION IN WOMEN WITH PROVOKED VESTIBULODYNIA AND THEIR PARTNERS: A DAILY EXPERIENCE STUDY

Natalie O. Rosen, PhD, Sophie Bergeron, PhD, Gentiana Sadikaj, BSc, Maria Glowacka, BSc, Mary Lou Baxter, MD, & Isabelle Delisle, MD

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Introduction:
Provoked vestibulodynia (PVD) – a prevalent, chronic, vulvo-vaginal pain condition negatively affects all aspects of women’s sexual functioning, as well as her emotional well-being and intimate relationships. Prior studies have shown partner responses to painful intercourse are associated with pain and sexual satisfaction in women with PVD. No studies have examined the impact of partner responses on sexual function, which is the primary measure of impairment in this population, nor have partner responses been assessed prospectively, in the context of daily life.

Method:
Sixty-six women (M age = 29.32, SD = 7.03) with PVD and their partners (M age = 30.94, SD = 8.53) completed daily diaries for eight weeks. On days when sexual intercourse occurred (M = 6.55, SD = 5.60), participants reported on their sexual function and solicitous, negative, and facilitative partner responses to women’s pain during intercourse.

Results:
A woman’s sexual functioning increased when she reported greater facilitative and lower negative and solicitous partner responses. Her sexual functioning also increased when her partner reported lower solicitous responses. A partner’s sexual functioning increased when he reported lower solicitous and negative responses.

Discussion:
Findings suggest that facilitative partner responses may improve women’s sexual functioning whereas solicitous and negative responses may be detrimental to the sexual function of women and partners. In addition, a woman’s sexual functioning may improve when her partner reports lower solicitousness.

Utility/Limitations/Risks:
Targeting partner responses may enhance the quality and efficacy of psychological couple interventions aimed at improving the sexual functioning of couples with PVD.

Behavioral Learning Objectives:
1. Understand the importance of studying interpersonal variables in this population
2. Describe three types of partner responses to painful intercourse and explain their impact on the sexual functioning of both members of affected couples
3. Explain the contribution of daily experience studies to female sexual function research

References:

Biography:
Dr. Rosen received her PhD from McGill University in 2009, completed her postdoctoral studies at the Université de Montréal in 2012, and joined the the Department of Psychology and Neuroscience at Dalhousie University in 2012. She has been conducting research in the area of women’s sexual health since 2003 and joined SSTAR in 2009.
BRIEF MINDFULNESS-BASED GROUP COGNITIVE THERAPY FOR PROVOKED VESTIBULODYNIA

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Introduction:
Provoked Vestibulodynia (PVD) involves severe pain from touch/pressure in the vulvar vestibule and existing treatments are of limited benefit. There is compelling evidence for the beneficial effects of mindfulness-based cognitive therapy (MBCT) in the treatment of chronic pain and related co-morbidities (e.g., mood disorders; stress), and anecdotal evidence suggests that such an approach may be particularly useful for PVD (Basson, 2012; Brotto, 2011). This study examined the effects of a brief, four-session group MBCT for PVD on women's pain and sexuality.

Method:
96 women with PVD (M age = 39.2; SD = 14.3), half of whom reported lifelong vs. acquired pain, participated in four, bi-weekly, 2-hour group MBCT sessions led by sexual medicine clinicians with considerable experience and personal practice in mindfulness meditation. Women completed the cotton-swab test to assess vestibular pain sensitivity and a series of questionnaires, including the Pain Catastrophizing Scale, Female Sexual Distress Scale, and the Five Facet Mindfulness Questionnaire, at pre-treatment and at approximately 1 and 6 months post-treatment.

Results:
Women reported significantly less vulvar pain on the cotton-swab test from pre to post treatment. Significant decreases in pain catastrophizing (i.e., negative pain cognitions) and sex-related distress were found (ps < .01). In addition, women reported increased ability to be mindful following MBCT; specifically they reported being less judgmental of and reactive to their thoughts and feelings (ps ≤ .05). Interestingly, regardless of time, some differences in mindfulness were noted between women with lifelong vs. acquired PVD. Specifically, women with acquired PVD reported being significantly more observant and descriptive of their experiences and less reactive (ps ≤ .05).

Discussion:
These results indicate that group MBCT is effective for reducing women’s vulvar pain sensitivity and negative pain-related cognitions, as well as decreasing sexual distress among women with PVD.

Utility/Limitations/Risks:
This study provides evidence that psychological approaches can significantly improve pain and related distress for women with PVD and have implications for both future research and clinical management of PVD.

Behavioral Learning Objectives:
After attending this presentation, participants will be able to:
1. Discuss the pain and sexual changes reported by women with PVD after a brief group MBCT.
2. Explain how mindfulness-based interventions may improve PVD-related pain and sexual distress.

References:

Biography:
Dr. Smith received her PhD in Clinical Psychology from Queen’s University. She is currently a Post Doctoral Fellow at the University of British Columbia where she is supervised by Dr. Lori Brotto and supported by the Michael Smith Foundation for Health Research and Canadian Pain Society.
Introduction:
Although the usefulness of non-medical treatment options for vulvar pain is recognized by many, there is limited research investigating the effectiveness of these treatments using a biopsychosocial approach to outcome measurement. Furthermore, we have little empirical evidence to support the mechanisms by which these treatments lead to pain reduction in women with vulvar pain. This study aimed to address these gaps in our understanding of the treatment of provoked vestibulodynia (PVD), specifically, by investigating two non-medical treatment options: individual cognitive-behavioral therapy (ICBT) and pelvic floor rehabilitation (PFR).

Methods:
Twenty women with PVD were randomly assigned to eight sessions of either ICBT or PFR. Participants were assessed at pre-treatment, post-treatment, and 6-month follow-up via a gynecological examination, structured interviews and standardized questionnaires measuring pain, psychological, and sexual variables, and a pelvic floor muscle evaluation.

Results:
There were few differences in the effectiveness of the treatment groups with respect to pain outcomes, with both groups demonstrating significant reductions in vulvar pain. Whereas participants in the ICBT group fared better with respect to sexual function, participants in the PFR group demonstrated more improvements in pelvic floor muscle (PFM) function. There was little difference in the effectiveness of the groups on pain cognitions. Although changes in pain cognitions, sexual function, and PFM tone over the course of treatment were predictive of changes in intercourse pain intensity for those in the ICBT group, this was not so for those in the PFR group.

Discussion:
Both treatment options led to improvements beyond pain reduction, supporting a biopsychosocial understanding of the etiology and treatment of vulvar pain. Predictive change models are consistent with notions about how CBT operates, but we did not gain information related to mechanisms of change in PFR.

Utility/Limitations/Risks: The results of this study will help clinicians guide treatment planning for women experiencing vulvar pain; however, the results are limited by the small sample size.

Behavioral Learning Objectives:
After attending this presentation, the participants will be able to:
1. Compare the effectiveness of two non-medical treatment options on biopsychosocial pain outcomes among women with vulvar pain
2. Discuss possible mechanisms of change for non-medical treatment options for vulvar pain

References:

Biography:
Ms. Goldfinger is completing her PhD in Clinical Psychology at Queen’s University under the supervision of Dr. Pukall. Her research focuses on non-medical treatments for vulvar pain.
SEX AFTER SOCIAL SECURITY

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Introduction:
Many couples give up sex when they encounter obstacles that interfere with their sexual functioning.
Causes for changes in sexuality with aging are complex ranging from the physical to the emotional as well as the social. As the culture become more conscious regarding health and fitness and as the baby-boomers, who were the products of the sexual revolution reach their senior years, we are seeing an audience larger than ever before, of people interested in keeping their sexuality vital and alive as long as they can.

Method:
In 1990 I wrote and hosted a video tape on Sex after 50. For this project, we interviewed more than 75 individuals and couples over the age of 50, largely in Miami, Florida, and asked them about their sex life and how aging had affected it. In addition, in my private practice, in the San Francisco, Bay Area, I commonly work with seniors dealing with physical, emotional or relationship problems that impact their sexual experience. Information from a couple of large scale national surveys, one by AARP and one funded by NIH provide national statistics.

Results:
Aging can affect sexuality in a myriad of ways. Normal male and female physical changes commonly influence sexual relations. Health factors such as illness, stamina and flexibility impact sex lives as does being a single senior or a senior in a long term-relationship that suffers from a variety of interpersonal struggles.

Discussion:
There are ways couples can adapt their sexual relationships so they can compensate for the common effects of aging and there are specific approaches therapists can take to help their senior clients maintain a satisfying sex life should the clients wish to do so.

Utility/Limitations/Risks: The effects of specific medical conditions on sexual functioning is only superficially addressed and homosexual couples are underrepresented in this data.

Behavioral Learning Objectives:
After attending this presentation, the participants will be able to:
1. Identify 3 frequent changes in male sexual functioning that occur with aging.
2. Identify 3 frequent changes in female sexual functioning that occur after menopause.

References:

Biography:
Lonnie Barbach, Ph.D. has been working in their field of human sexuality for 40 years. Formerly on the Clinical faculty of the University of California Medical Center in San Francisco, she is currently in private practice and is the author of a dozen books including The Pause: Positive Approaches to Perimenopause and Menopause.
Saturday, April 6, 2013

Annual Meeting

ABSTRACTS
ASPERGER'S SYNDROME AND SEXUALITY: UNDERSTANDING AND HELPING COUPLES AFFECTED BY AS

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Introduction:
Couples in which one partner has Asperger’s Syndrome present in sex therapy with common complaints, including a lack of passion, sensuality, and attunement on the behalf of the partner with Asperger’s Syndrome (AS). Because people with AS lag behind in social development, they often also have not experimented sexually according to expected norms and may act robotically during partner sex. Such individuals may also have difficulty with sensory processing. Finally, like most couples, communication about sex can be challenging, but may be even more so when one partner has AS due to a tendency to be concrete.

Methods:
Participants will be introduced to how to recognize AS and its symptoms, especially in the context of intimate relationships; the impact of these symptoms on sexual experiences; and the necessity of a collaborative approach between psychology, psychiatry, and urology or gynecology. Case presentations will provide a model of assessment and intervention with similar couples in clinical practice.

Discussion:
By the end of the workshop, participants will have a detailed overview of how AS impacts intimate relationships, and understand clinical approaches to treatment.

Utility, Limitations, Risks:
There are no risks to participants in this course.

Behavioral Learning Objectives
In this workshop, participants will be able to:
1. Describe Asperger’s Syndrome (AS) and its impact on intimate relationships
2. Create a preliminary assessment for couples in which one partner has AS
3. Employ a collaborative, biopsychosocial approach to treatment planning

References:

Biography:
Dr. Buehler received her Psy.D. from California School of Professional Psychology (Alliant University). She is the author of an upcoming book entitled What Every Mental Health Professional Needs to Know about Sex.
RELATIONSHIP BETWEEN IMPRESSION MANAGEMENT AND THREE MEASURES OF WOMEN’S SELF-REPORTED SEXUAL AROUSAL

Jackie S. Huberman, BSc, Kelly S. Suschinsky, PhD, Martin L. Lalumière, PhD & Meredith L. Chivers, PhD

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Introduction:
We evaluated the relationship between women’s self-reported sexual arousal and impression management (IM). This relationship may be relevant when studying female sexuality because traditional social messages encourage women to inhibit sexual responses (Leitenberg & Henning, 1995) and because objective measures of women’s genital arousal are not always consistent with self-reported sexual arousal (Chivers, Seto, Lalumière, Laan, & Grimbos, 2010).

Method:
In Study 1, 39 women reported their sexual arousal levels continuously throughout neutral and erotic audio-narratives and following each stimulus using discrete scales. In Study 2, 40 women reported their sexual arousal prior to, continuously throughout, and following neutral and erotic films.

Results:
Results were consistent across studies: Discrete measures of arousal, reported before and after erotic stimuli, were significantly negatively correlated with total IM scores (assessed using the IM subscale of the BIDR-6) whereas continuously-rated sexual arousal was not significantly associated with IM. IM significantly negatively correlated with some pre/post-stimulus difference scores, representing the magnitude of change in self-reported arousal, though not consistently. Biased responding was most evident for erotic stimuli.

Discussion:
Results suggest that discrete ratings of sexual arousal are prone to IM bias: Continuous arousal may be more robust to IM bias because women are absorbed in the stimulus and are not able to reflect on responses, which may trigger biases pre/post-stimulus. The pre/post-stimulus difference scores may be more robust to IM bias than discrete measures but remain more vulnerable than continuous reports.

Utility:
To effectively measure women’s subjective sexual arousal while minimizing IM bias, we recommend that researchers use continuous rather than discrete measures.

Behavioral Learning Objectives:
After attending this presentation, the participants will be able to:
1. Recognize and compare different methods of measuring self-reported sexual arousal.
2. Discuss how social desirability bias (namely IM) can affect women’s reported levels of sexual arousal.
3. Identify the relationship between IM and continuous vs. discrete measures of women’s self-reported arousal.

References

Biography:
Jackie is a first-year Clinical Psychology Master’s student at Queen’s University, working under the supervision of Dr. Chivers. She completed her BSc in Psychology at Queen’s (2011) where she volunteered at the Sexual Health Resource Center. In 2011-2012, Jackie worked as a research coordinator in Dr. Binik’s Lab for the Biopsychosocial Study of Sexuality at McGill and as an RA in Dr. Chivers’ Sexuality and Gender Lab. Jackie’s research interests are in the psychophysiological study of sexuality including sexual arousal, sexual dysfunction,
THE LEGACY OF MIKE METZ - GOOD ENOUGH SEX AND ENDURING DESIRE

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The core professional legacy of Mike Metz is his approach to real-life men, women, and couples emphasizing the value of variable, flexible Good Enough Sex rather than feel intimidated by the need for perfect sex performance. In serious and married relationships, couple sexuality is complex with multiple roles, meanings, and outcomes. The prime role of healthy couple sexuality is to energize the bond and reinforce feelings of desire and desirability.

This presentation will describe the Good Enough Sex model with strategies and psychosexual skill exercises to reinforce strong, resilient sexual desire for married and serious, straight and gay couples. Sexual change involves cognitive, behavioral, and emotional components. The format for psychosexual skill exercises in couple sex therapy is for each partner to read the material individually, discuss it, and most importantly implement and individualize the exercises to build sexual comfort, skill, and confidence. The crucial exercises involve sexual desire which is the core component of healthy couple sexuality.

Behavioral Learning Objectives:
After attending this presentation, the participants will be able to:
1. Adopt the Good Enough Sex model for therapy with men, women, and couples.
2. Implement strategies and psychosexual skill exercises to help married and serious couples maintain strong, resilient sexual desire.

References:

Biography:
Barry McCarthy, Ph.D. is a professor of psychology at American University. He has authored 95 professional articles, 25 book chapters, and 12 lay public books (many with Mike Metz).
Sexual infidelity is generally regarded as a grave symptom of a troubled relationship. Consequently, the revelation of an affair often triggers a crisis that threatens the entire foundation of trust and connection in a couple. This presentation will briefly cover the complexities of marriage, sex, intimacy, and monogamy in couples from a multicultural, nonjudgmental perspective. The motivations underlying affairs and their possible meanings in different relationships, both heterosexual and gay will be explored, as will the benefits and costs of truth-telling and transparency, how couples can rebuild trust and intimacy, and why affairs can actually stabilize a marriage.

With an eye on existential, clinical and ethical concerns I, the focus will be on how our own assumptions, values, and personal experiences can influence our therapeutic work and elude the needs of the couple.

Esther Perel, MA, LMFT is the author of the international best seller: “Mating in Captivity: Unlocking Erotic Intelligence,” translated into 25 languages. Her book won the 2009 book award from the Society for Sex Therapy and Research and her latest essay is: “After The Storm: The Affair in retrospect.” Fluent in nine languages, Ms Perel is a licensed Marriage and Family Therapist practicing in New York with a multi cultural clientele. She is an acknowledged authority on cross-cultural relations, culture and sexuality. She serves on the faculty of The Family Studies Unit, Department of Psychiatry, New York University Medical Center, The International Trauma Studies Program, and the Scandinavian Institute for Expressive Arts Therapy. http://www.estherperel.com

Learning Objectives
1. To show how the therapist can create a safe and flexible environment to help couples deal with the crisis of infidelity, and turn it into an opportunity
2. To explore the complexities of secrets, and to examine when the revelation of an affair can be helpful and when not.
3. To help therapists tease out their values and assumptions from that of their patients.

Bibliography:
11. Transforming Affairs. Kathleen Metcalfe. (This paper was prepared for the symposium, “An Investigation of Modern Love”, hosted by the Durrell School of Corfu.
Introduction:
Most studies examining the efficacy of drug treatments for sexual dysfunction in women show a substantial placebo response. In this presentation I will attempt to define the magnitude of the placebo effect in female sexual dysfunction (FSD) studies, describe factors that impact the placebo effect, and speculate on putative mechanisms for how placebo impacts women’s sexual function.

Method:
In one study, placebo response effect sizes were calculated on previously published placebo-controlled studies for FSD. In two additional studies, a number of patient demographic and study variables were examined as potential predictors of the placebo response.

Results:
Placebo effect sizes for FSD treatment outcome studies range from ~ .26 - ~ .73 depending on the population studied and the methodology used. Factors influencing the placebo effect in FSD studies include: age, marital status, relationship length, type of sexual dysfunction, level of sexual satisfaction at the beginning of treatment, and changes in distress and number of sexually satisfying events during the course of treatment.

Discussion:
The substantial placebo response noted in FSD research may be best explained by changes in expectancies that occur with treatment interventions. Increasing expectations for treatment success could impact a woman’s actual sexual experience by decreasing anxiety during sex, improving partner-patient communication, and positively influencing partner’s behavior toward the woman. Endogenous opioid release and increased dopaminergic activation could also result from increasing expectations and, subsequently influence sexual responding.

Utility/Limitations/Risks:
Understanding the role of placebo in FSD research can help researchers reduce “bias” in clinical treatment outcome studies, and help inform clinical practice in terms of enhancing therapeutic gains.

Behavioral Learning Objectives:
After attending this presentation, the participants will:
1. Understand the role of placebo in FSD research.
2. Understand the potential mechanisms by which placebo can enhance sexual functioning in women.

References:

Biography:
Dr. Meston received her Ph.D. in clinical psychology from the University of British Columbia in 1995 and completed a postdoctoral fellowship in Sexual and Reproductive Medicine at the University of Washington, School of Medicine in 1996, and a postdoctoral fellowship from the Social Science Research Council, Ford Foundation, NY from 1996-1998. Her book, Why Women Have Sex, which was published in 2009 with co-author David Buss, has been translated into eleven foreign languages. She has published over 100 peer-reviewed scientific articles and given over 200 presentations both nationally and internationally on a wide range of sexuality topics.
Introduction:
In 2007, the American Psychiatric Association assembled a Task Force to revise the 1994 fourth edition of the Diagnostic and Statistical Manual of Mental Disorders--the DSM. In May 2013, the DSM-5 will be distributed at the meeting of the American Psychiatric Association in San Francisco. The Sexual and Gender Identity Disorders Workgroup was one of 13 diagnostic workgroups responsible for proposing changes to the DSM-IV. It was responsible for three diagnostic classes: the Sexual Dysfunctions, the Paraphilias, and Gender Identity Disorders. It was chaired by Kenneth J. Zucker, had 12 other members (including Drs. Binik and Krueger).

Method and Results:
This Symposium will review the revision process for the DSM-5 in general and the Sexual and Gender Identity Disorders Workgroup in particular. It will include a summary of the major proposed changes to the three classes of diagnoses described above, their rationales, how the proposals were received by the Task Force, and then an overview of the overall verdict.

Discussion:
Each presenter will provide a perspective on the DSM-5 process, including both the science and the "politics." Because the DSM-5 has been conceptualized as a "living document," with the potential for more rapid revisions than in prior editions, each presenter will discuss "go forward" issues that will need to be addressed in DSM-5.1, DSM-5.2, etc., which will likely come about much sooner than the 19-year interval between DSM-IV and DSM-5.

Utility/Limitations/Risks:
More than anything else, the DSM-5 is for the practicing clinician.
This Symposium will consider the status of the Sexual and Gender Identity Disorders diagnoses that will be unveiled in a month's time and the lessons learned in this 5+-year journey.

Behavioral Learning Objectives:
After attending this presentation, the participants will be able to:
1. Identify the changes to the Sexual and Gender Identity Disorders diagnoses as they will appear in the DSM-5.
2. Understand the scientific underpinning of the changes in these diagnoses.
3. Understand the complexities in the diagnostic revision process.

References:


**Biography:**
Dr. Zucker received his Ph.D. in developmental psychology from the University of Toronto in 1982 and is a registered psychologist in the province of Ontario. Since 2002, he has been Editor of Archives of Sexual Behavior and is a Past-President of the International Academy of Sex Research. Since 2001, he has been the Psychologist-in-Chief at the Centre for Addiction and Mental Health (CAMH) in Toronto, and is the head of the Gender Identity Service for children and adolescents at CAMH.
THE NEUROBIOLOGY OF PEDOPHILIA AND ITS IMPLICATIONS FOR ASSESSMENT, TREATMENT, AND PUBLIC POLICY

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http://individual.utoronto.ca/james_cantor

Summary:
Brain scanning technologies stand poised to revolutionize our understanding of pedophilia and hebephilia. Although a biological basis of pedophilia was first theorized more than a century ago, the technology did not exist to study the brain structure of pedophiles until recently. Although many authors believed pedophilia resulted from having experienced sexual abuse during childhood, recent findings suggest that there is a neurobiological component to the disorder: Pedophilic men show lower IQs, poorer scores on visuospatial and on verbal memory tests, three-fold higher rates of non-right-handedness, an elevated rate of having suffered childhood head injuries resulting in loss of consciousness, an elevated rate of having failed school grades or requiring placement in special education programs, and less physical height. That series of studies led to the first applications of MRI in pedophilic or hebephilic men.

This session will review the portions of the brain that process sexual stimuli, the research techniques that are used to study relevant brain functions and brain structure, the neuropsychological and other known correlates of sexual offending behavior, and the current body of MRI findings using structural (T1-weighted) MRI or Diffusion Tensor Imaging (DTI). The ability of MRI to serve as a diagnostic test of pedophilia will be discussed, as will the implications of this line of research for potential clinical use, for professional ethics, and for public policy and public safety.

Bibliography:

Biography:
Dr. James Cantor is an Associate Professor of Psychiatry at the University of Toronto and a Senior Scientist in the Sexual Behaviours Clinic of the Centre for Addiction and Mental Health in Toronto. He has been studying the role of the brain in sexual interests and sexual offending for fifteen years and is the Editor-in-Chief of Sexual Abuse: A Journal of Research and Treatment, the official journal of the Association for the Treatment of Sexual Abusers (ATSA). Dr. Cantor recently received a $1 million research operating grant by the Canadian Institutes of Health Research (CIHR) to expand his work to include newly developed MRI techniques, including Diffusion Tensor Imaging and Magnetization Transfer Imaging. Dr. Cantor trains doctoral and pre-doctoral students in psychology and coordinates the clinical assessments of the Kurt Freund Laboratory and the Sexual Behaviours Clinic of CAMH, which conduct over 250 such assessments annually.
THE RELATIONSHIP BETWEEN DEATH-ANXIETY AND SEXUAL BEHAVIOR: AN ALTERNATIVE VIEW OF SEXUAL ADDICTION

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Introduction:
Increasingly, clinicians are being presented with cases identified as "sexual addictions." While there has been considerable controversy regarding the utility of this diagnosis, as well as the most efficacious methods of treatment for this phenomenon, there has been little attention given to a deeper understanding of these behaviors in terms of the driving, or triggering, factors. Much of the sex therapy literature has thus focused on the control of such sexual behavior, as opposed to the development of deeper insights into the meaning(s) of uncontrolled sexual behavior. As a result, our interventions have met with mixed success.

This presentation will focus on a series of cases in which the presenting problem of "sexual addiction" appears to be related to a confrontation with a significant "death-anxiety" trigger. It is postulated that this unexpected encounter with mortality/death often precipitates an explosion of uncharacteristic sexual activity in many of these patients. Discussion will focus on the clinical aspects of the cases presented in terms of assessment, diagnosis, and treatment, as well as a discussion of the psychology of death-anxiety and it's effects on sexual behavior.

Behavioral Learning Objectives:
After attending this presentation, the participants will be able to:
1. Identify several clinical presentations of death-anxiety.
2. Identify the manner in which death-anxiety manifests itself in sexual behavior.
3. Identify treatment options for death-anxiety induced sexual difficulties.

References:

Biography:
Dr. Watter is a clinical and forensic psychologist in private practice. He received his doctoral degree from New York University in 1985. In addition to his private practice, he is an adjunct professor of psychology at Seton Hall University in South Orange. A frequent presenter at SSTAR, his most recent publication is the chapter, "Ethics and Sex Therapy: A Neglected Dimension, in Peggy Kleinplatz' New Directions in Sex Therapy: Innovations and Alternatives, 2nd edition. Dr. Watter is also the current Secretary/Treasurer of SSTAR.
Sunday, April 7, 2013

Ethics Workshop

ABSTRACT
All relationships, including marriages, require certain boundaries, and this is especially true in professional-client relationships, such as those involving therapist and patient or teacher and student. Where lines are drawn will depend on the nature of the relationship and, at times, on professional standards intended to reduce risk of harm to the client. Most health professions and many teaching institutions, for example, prohibit sexual intimacy between professional and client, and even here, the definition of "sexual intimacy" is sometimes misunderstood.

More subtle boundary crossings, such as being on a first name basis, personal disclosure, hugging, socializing, befriending a client on a social networking site, lending money, or hiring clients for household tasks, are more often dependent on good judgment than on firm standards. Sometimes it is the patient or student who initiates a boundary crossing. How should we respond?

Unfortunately, teaching in this area is often superficial if it exists at all. Not only do we often not take the opportunity to discuss these issues with teachers and colleagues, but we may not be made aware of the possible consequences of boundary violations for both professional and client. It is also helpful to understand that there are certain risk factors that may make us more vulnerable to falling off the "slippery slope" and then crossing a more serious – perhaps sexual – boundary. Proper self-care measures can often substantially reduce many of those risks.

We may be certain that our boundaries are always sound. Yet, some of us may be called upon to serve as consultant, subsequent therapist, confidant, or adjudicator when serious boundaries are allegedly crossed by a colleague.

This range of issues will be discussed in this workshop. Short, open-ended vignettes will be used to guide discussion of theoretical, but likely, scenarios. Participants are welcome to present their own boundary dilemmas as well, either at the workshop or in advance.

Behavioral Learning Objectives:
After attending this presentation, the participants will be able to:

1. Manage the continuum of professional-client boundaries in clinical, teaching and supervisory settings.
2. Describe the consequences of boundary violations for both victims and offenders.
3. Identify possible risk factors and prevention strategies for sexual boundary violations.

References:

Biography: Dr. Plaut, a past-President of SSTAR, has studied professional-client boundaries for three decades. Formerly with the University of Maryland School of Medicine, he now practices and teaches in eastern North Carolina.
Help for Adolescent Males with Sexual Behavior Problems
A Cognitive-Behavioral Treatment Program, Therapist Guide
John A. Hunter
2011 336 pp. 9780195329490 Paperback $45.00 / $36.00

Help for Adolescent Males with Sexual Behavior Problems
A Cognitive-Behavioral Treatment Program, Workbook
2011 244 pp. 9780195329506 Paperback $26.95 / $21.50

Cognitive-Behavioral Stress Management for Prostate Cancer Recovery
Facilitator Guide
Frank J. Penedo, Michael H. Antoni and Neil Schneiderman
2008 224 pp. 9780195336979 Paperback $27.95 / $20.30

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2008 160 pp. 9780195336986 Paperback $27.95 / $22.30

Enhancing Sexuality
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John P. Wincze
2009 144 pp. 9780195315073 Paperback $35.00 / $28.00

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Eric Anderson
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The Oxford Handbook of Sexual Conflict in Humans
Edited by Todd K. Shackelford and Aaron T. Goetz
Dec 2011 384 pp. 9780195396706 Hardcover $126.00 / $108.00

Handbook of Psychology and Sexual Orientation
Edited by Charlotte J. Patterson and Anthony R. D’Augelli
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