

The STP Model Helps Optimize The Diagnosis & Treatment Of Sexual Disorders

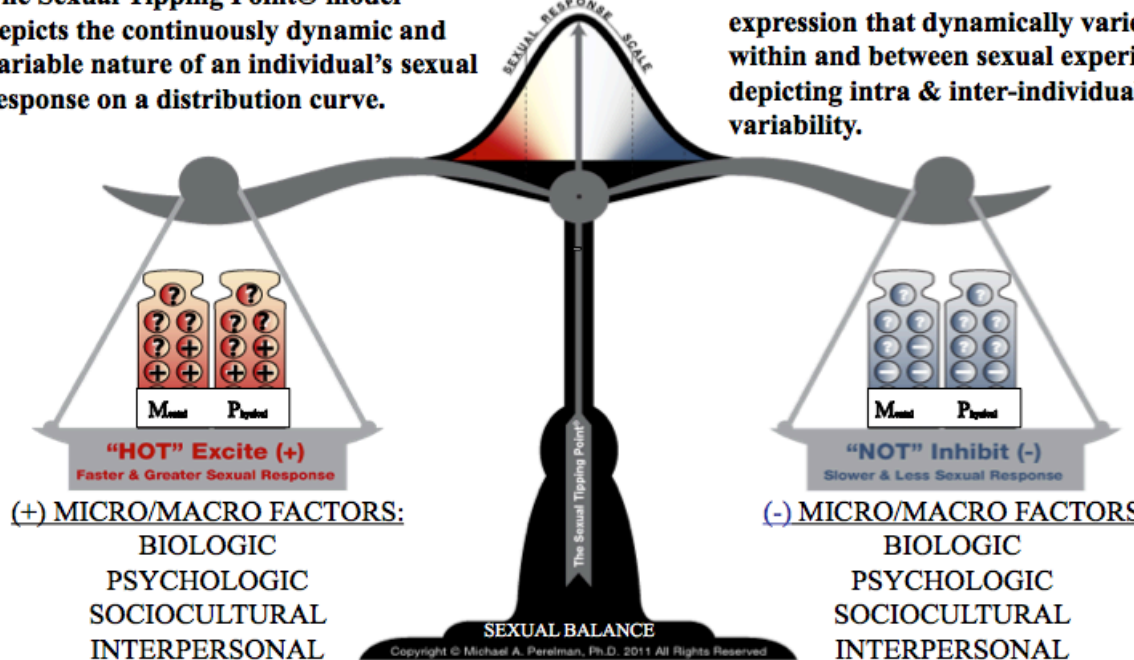
THE MULTIFACTORIAL ETIOLOGY OF SEXUAL FUNCTION AND DYSFUNCTION

SEXUAL BALANCE:

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

THE SEXUAL TIPPING POINT®

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



Narrated by
Dr. Michael Perelman



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Ideally all clinicians will cultivate for themselves, a good sex therapist's ability to maintain rapport with a patient while comfortably and explicitly asking about their sex life in minute detail.

A **sex status exam** requires a sensitive sex detective.



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What is a sex status exam?

A “sex status” is not a questionnaire or a test. It is a focused sexual history, accomplished by directly probing for the key psychosexual and medical details critical to proper diagnosis. Rapport is maintained by empathic and sensitive balancing of the patient’s comfort level with this “need to know” inquiry.

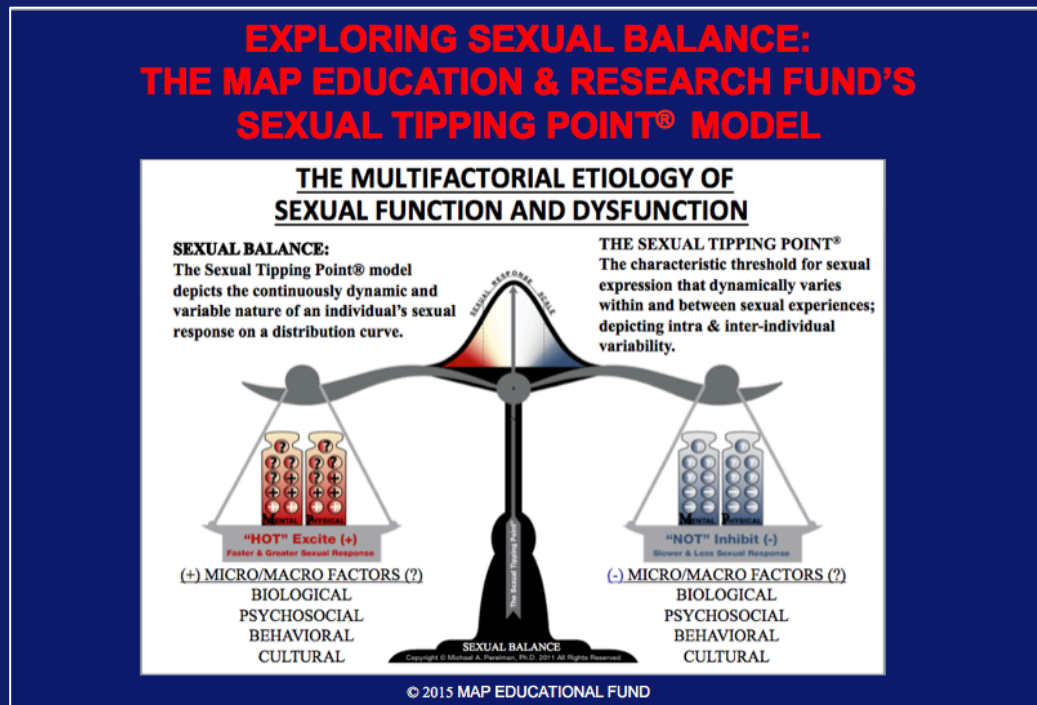
Why should all healthcare professionals be trained to evaluate their patients’ sexual status?

While technique and pacing will vary with established versus new patients, this ask, listen, and clarify approach identifies the key details to optimize treatment planning. A sex status retaken at follow-up provides guidance for alternative intervention if an initial therapy was insufficient.

What theory can guide those questions?

ANSWER:

The Sexual Tipping Point® Model!



The **STP** is an easy way to conceptualize both the mental and physical elements of male & female sexual function and dysfunction, to help optimize an integrated treatment approach.

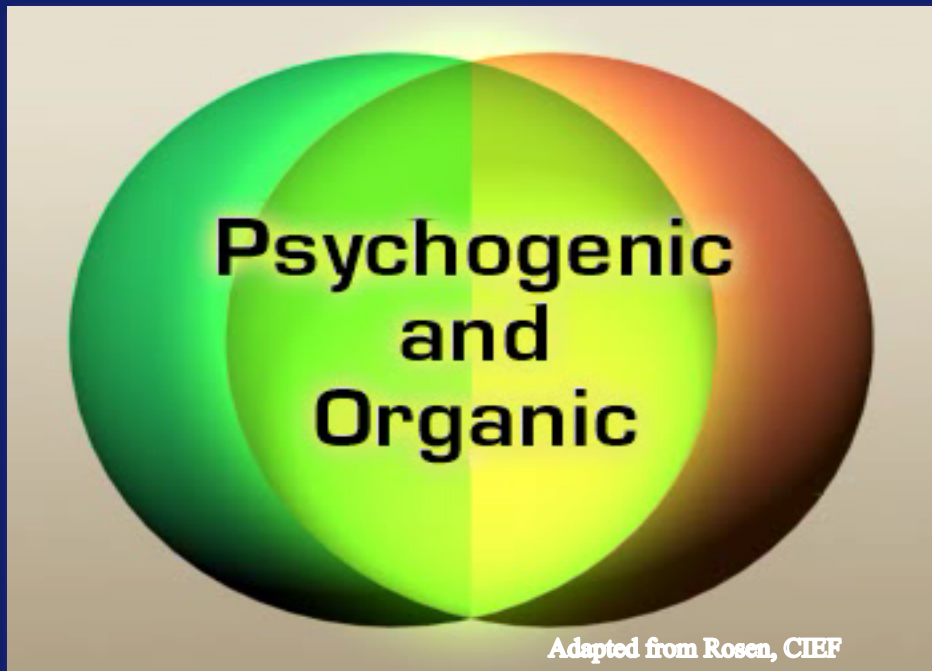
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Why is that important?

Because sexual response is best understood as an endpoint, representing the cumulative interaction of every cognitive, behavioral, social and cultural factor, not merely the biological determinants!



Sex is Always Mental and Physical

The mind can "turn you on" and the mind can "turn you off."
The body can "turn you on" and the body can "turn you off."
Positive mental and physical factors increase sexual response.
Negative mental and physical factors inhibit sexual response.

**It's the dynamic combination of all these factors
That determine a unique Sexual Tipping Point®**



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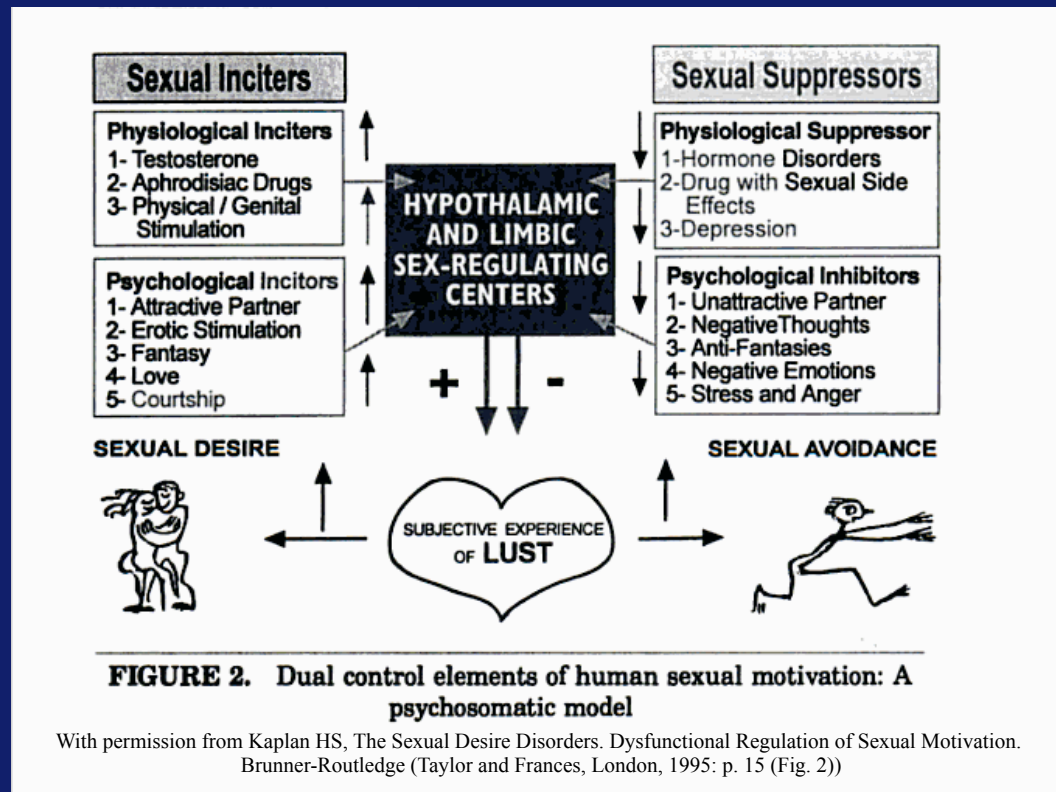


DUAL CONTROL MODELS

EASILY EXPLAIN SUCH INTERACTIONS

John Bancroft and his Kinsey colleagues have skillfully articulated the most well known and researched dual control models, but my mentor Helen S. Kaplan at Cornell was the first to publish a dual control psychosomatic model of sexual motivation in 1995. The history of science is of course, replete with examples of simultaneous discovery, but this is how she illustrated it at that time.

Sexual
Inciters



Sexual
Suppressors

HOW DOES THIS STP MODEL APPLY TO TREATING SEXUAL DYSFUNCTION?

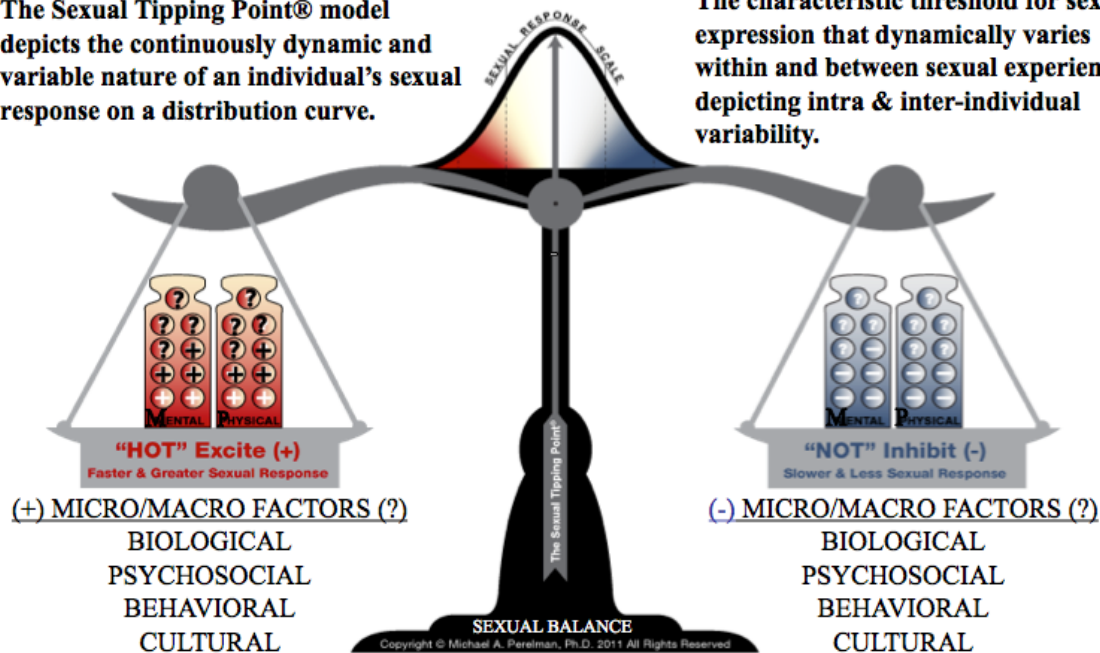
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Helen's passing in 1995 inspired my desire to extend her work, which evolved into the STP model. Today, at Weill Cornell Medicine we teach that sex is a bio-psychosocial behavioral & cultural response, and that sexual disorders have various micro and macro predisposing, precipitating, maintaining, and contextual factors which trigger, reinforce, or worsen the probability of their occurring in any given sexual encounter!



Slide courtesy of Jim Pfaus

Picture Excitation



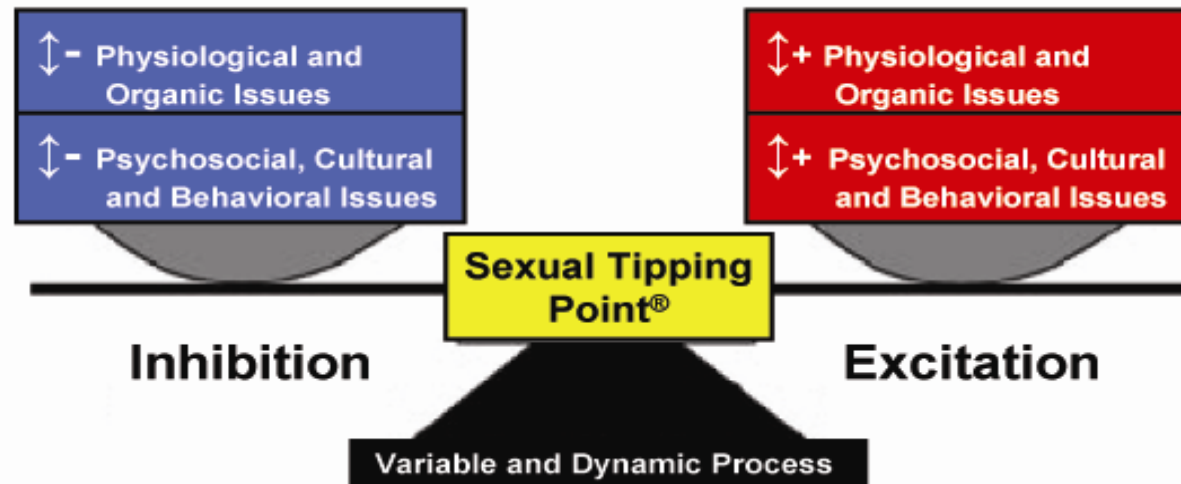
Picture Inhibition



Slide courtesy of Jim Pfaus

Jim Used That Concept In His
Classic 2009 JSM Article, On The Neurobiology Of Sexual Desire.
He Calls It, Perelman's STP Seesaw Model

Dual Control Model



after Perelman (2006) *J Sex Med*, 3, 1004-1012

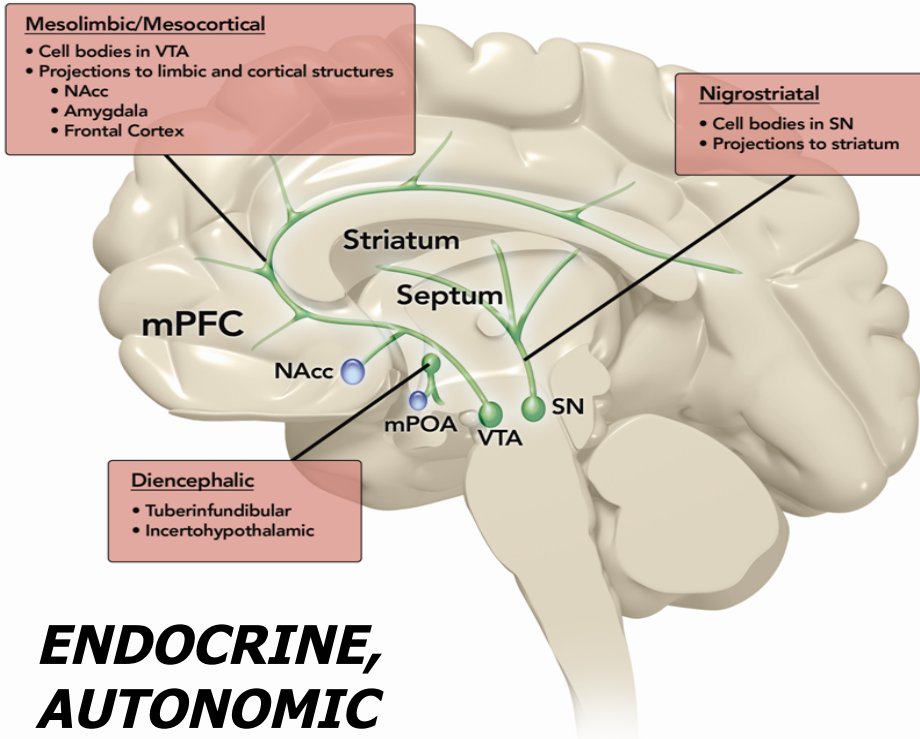
Slide courtesy of Jim Pfaus

Pfaus, JSM, 2009

Jim Spoke of Excitatory Systems of the Brain:

+

Dopamine (DA)

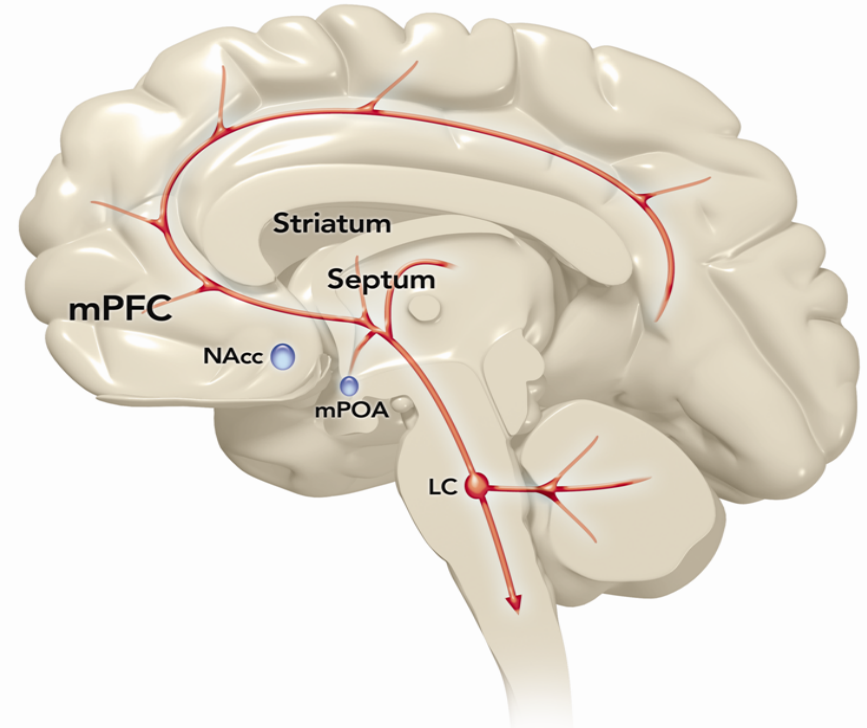


**ENDOCRINE,
AUTONOMIC
REGULATION**

**ATTENTION,
MOVEMENT**

+

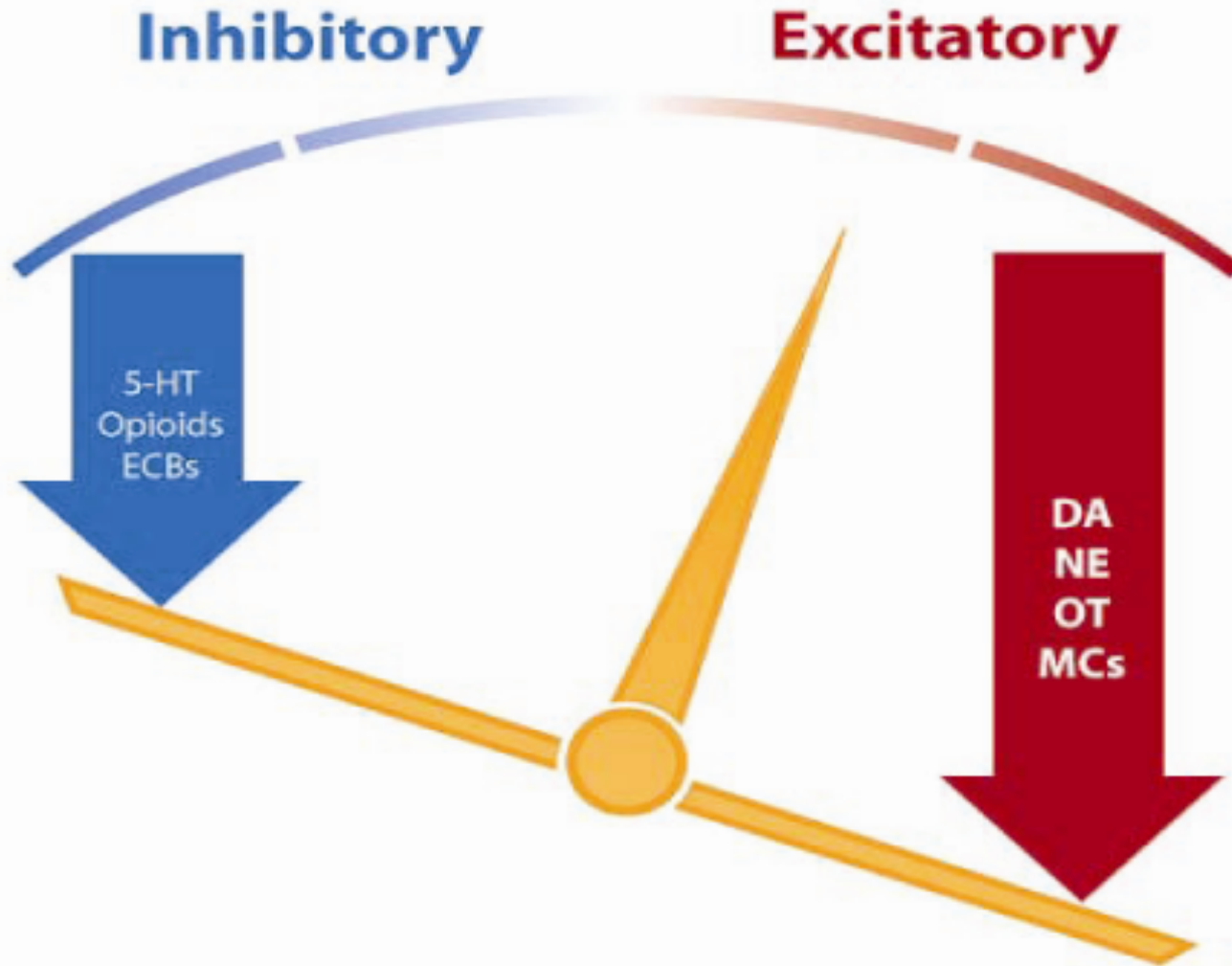
Noradrenaline (NA)



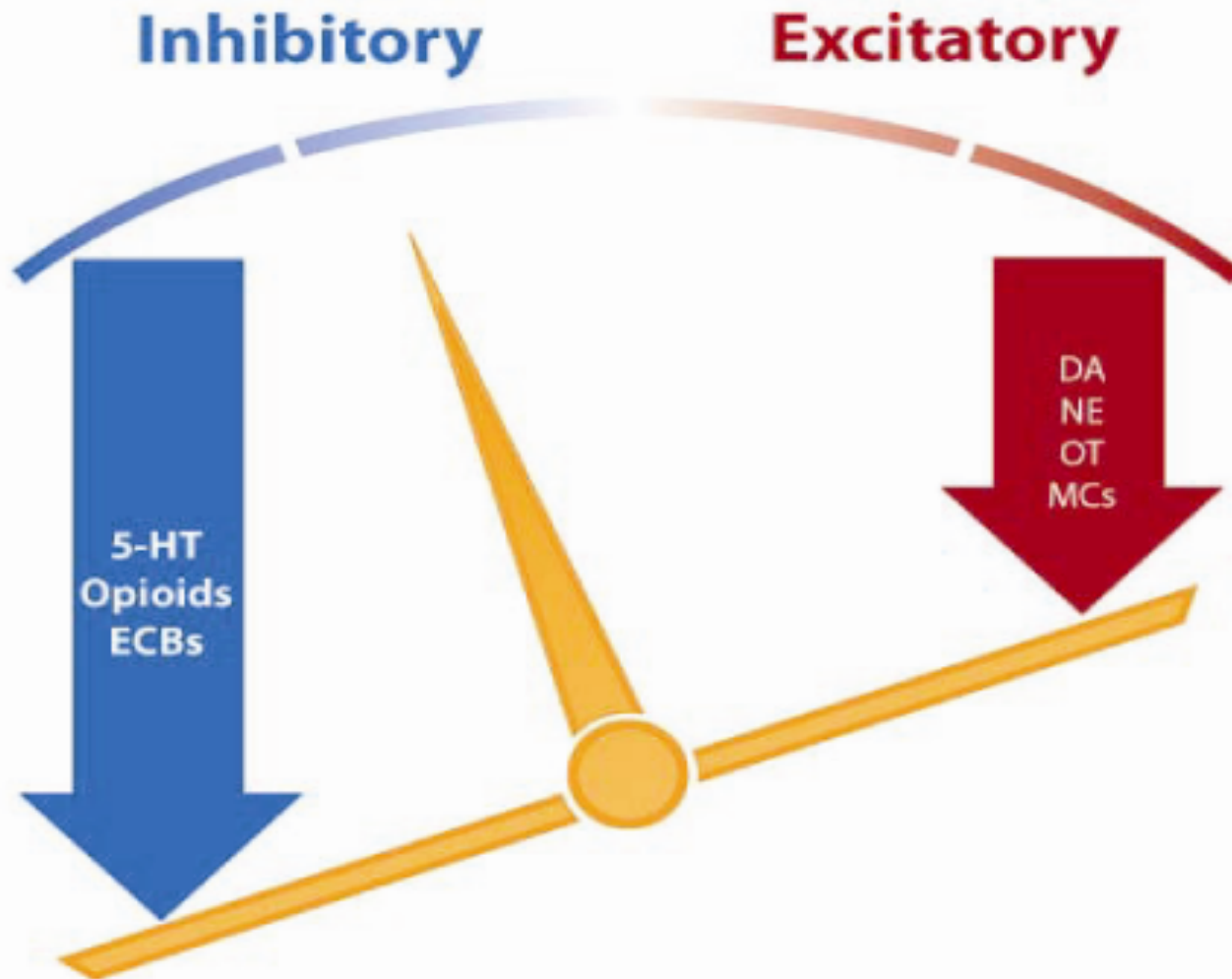
Cell bodies in locus coeruleus
Projections to hypothalamic, limbic, and
cortical regions; descending projections to
cerebellum and spinal cord.

AROUSAL

Excitation



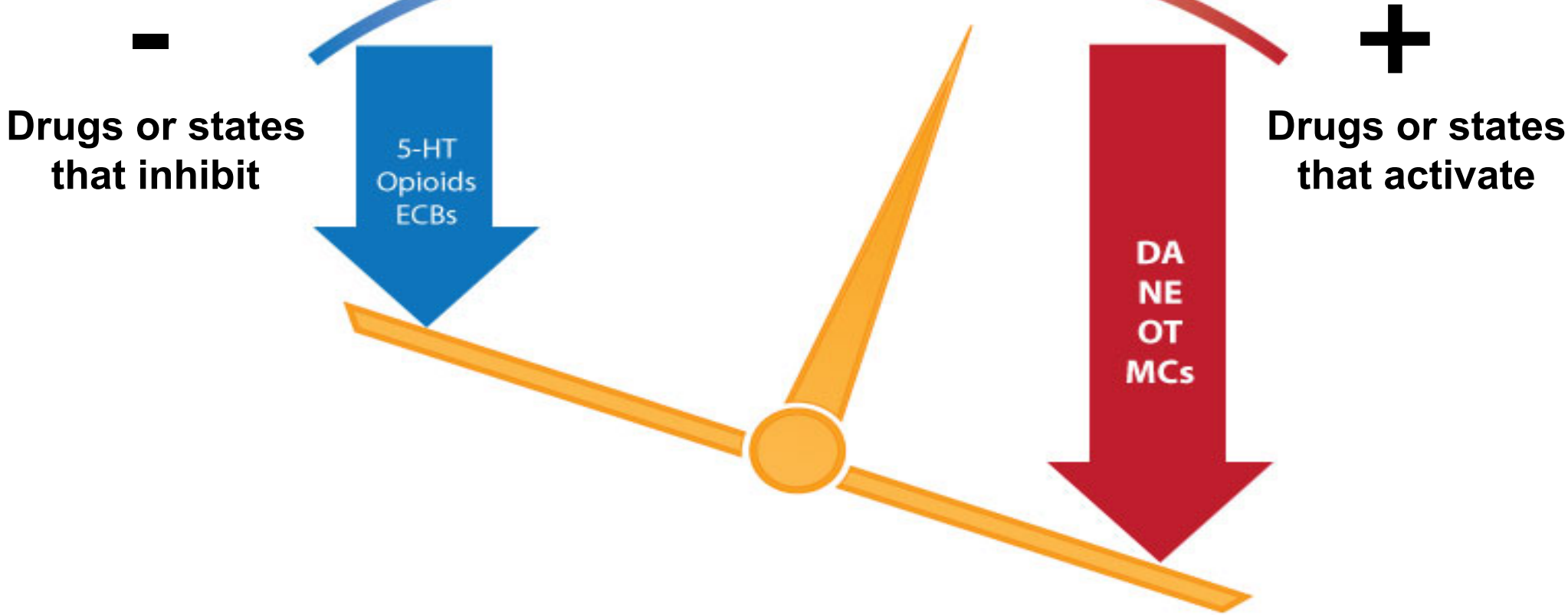
Inhibition



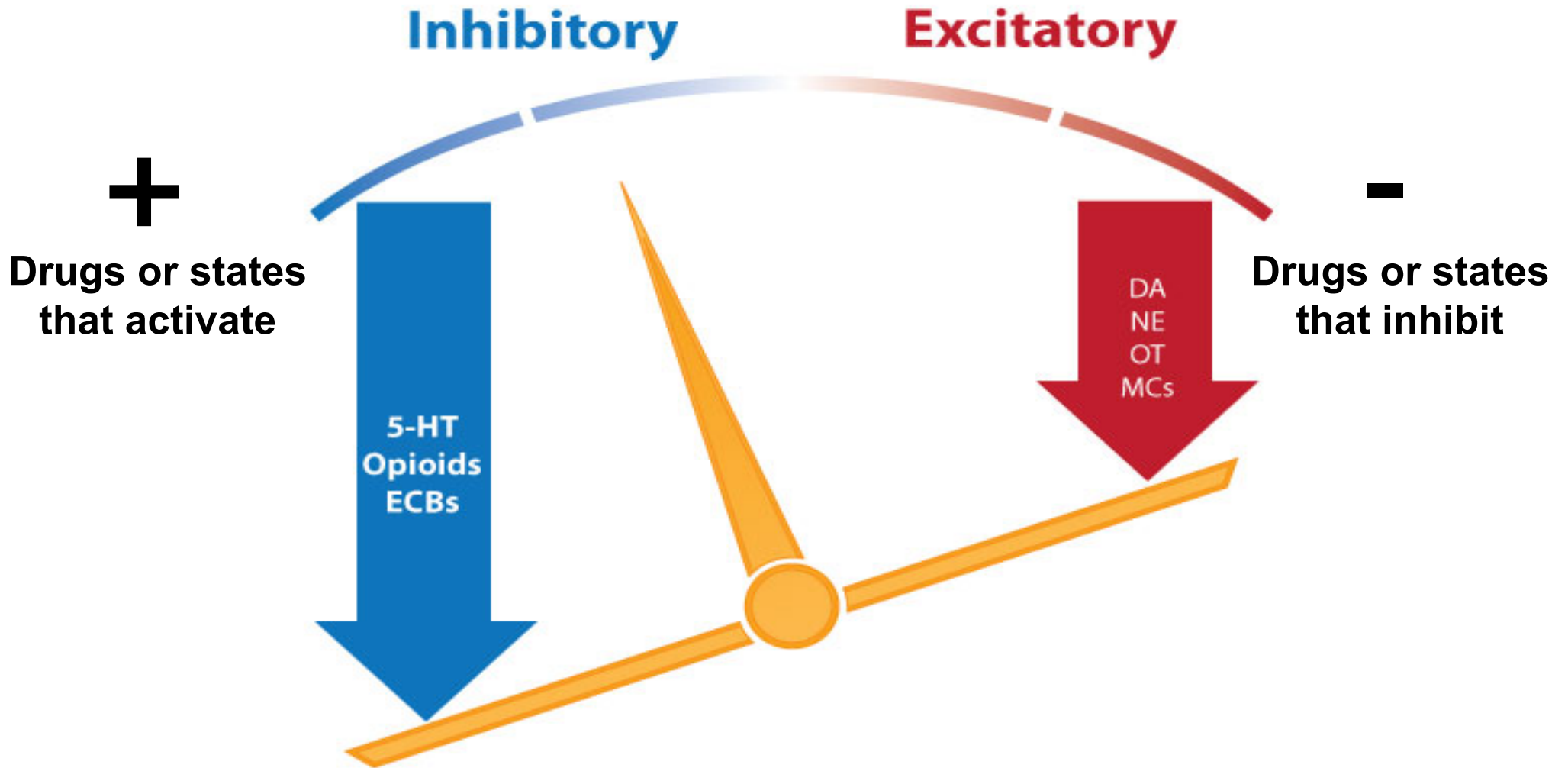
Excitation

Inhibitory

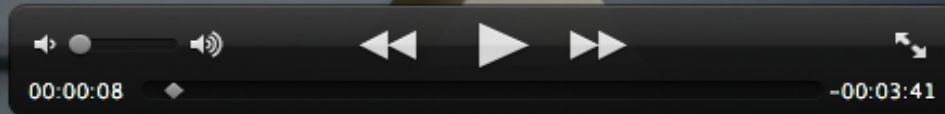
Excitatory



Inhibition



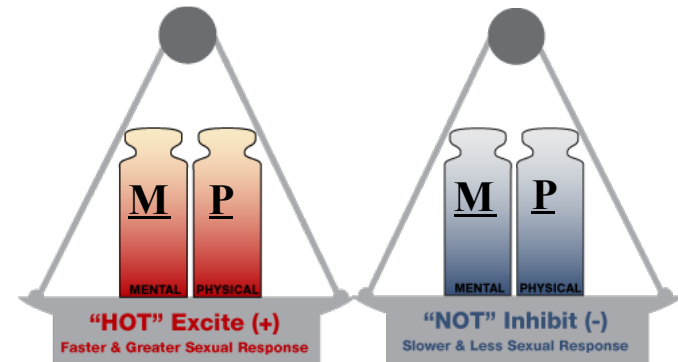
The Sexual Tipping Point® Model



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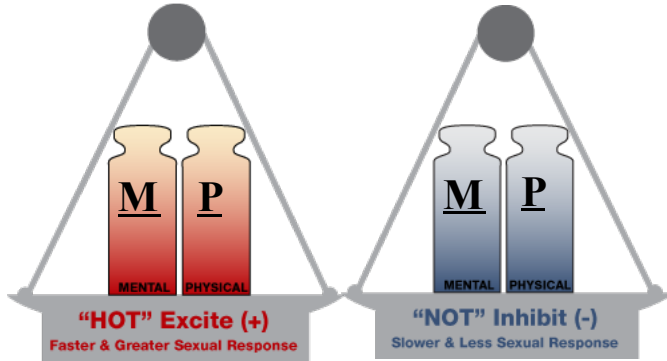
HOW THE STP EXPLAINS SEXUAL FUNCTION & DYSFUNCTION

KEY TO THE SEXUAL TIPPING POINT® MODEL SYMBOLS

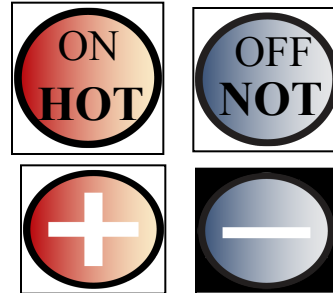
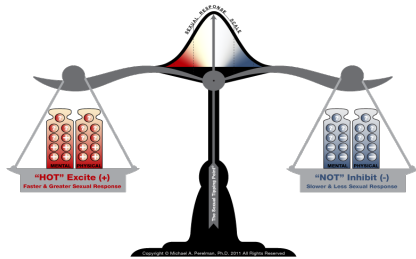


4 Containers on the scale, hold all known and unknown Mental & Physical factors regulating sexual response.

KEY TO THE SEXUAL TIPPING POINT® MODEL SYMBOLS



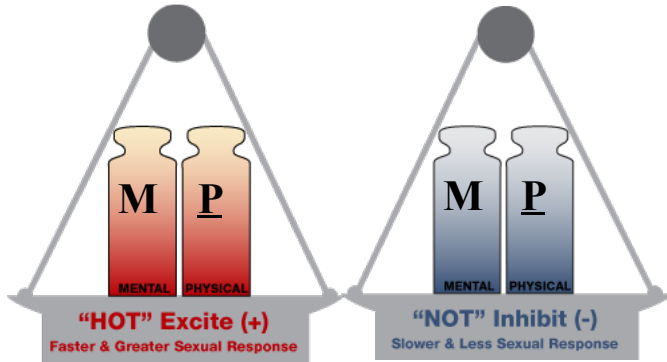
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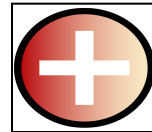
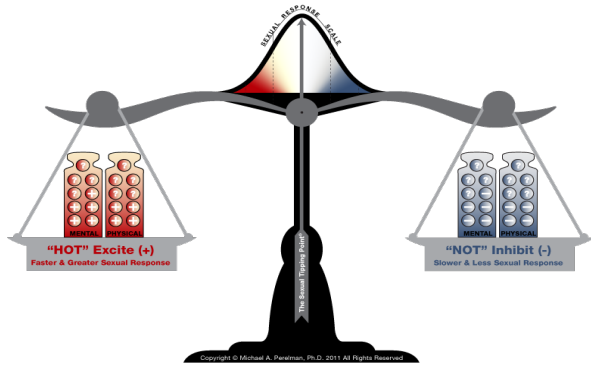
Each factor can be ON/OFF, represented as: HOT or NOT

Sex Positive (+) or Sex Negative (-)

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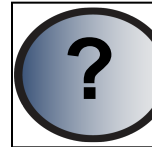
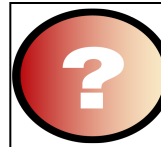


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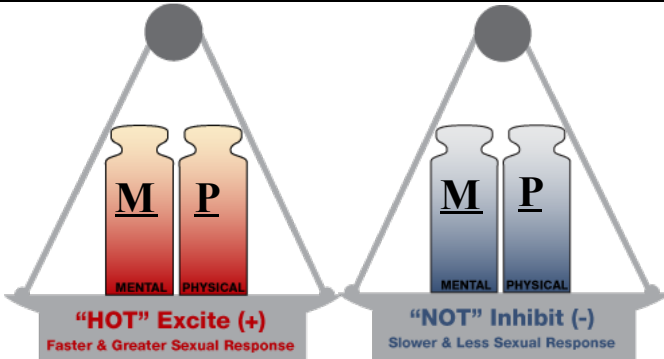
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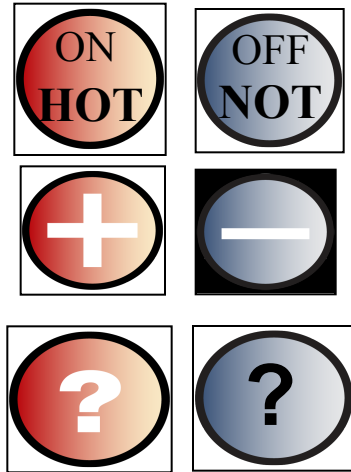
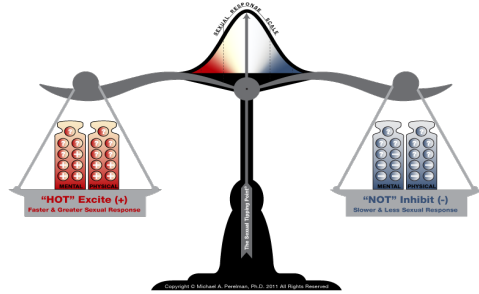


Or currently unknown (?)

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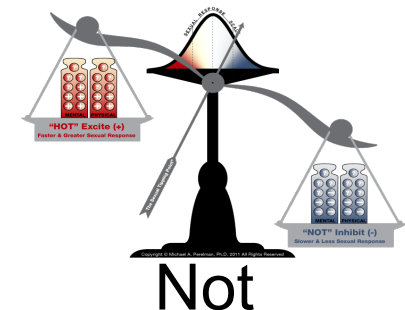
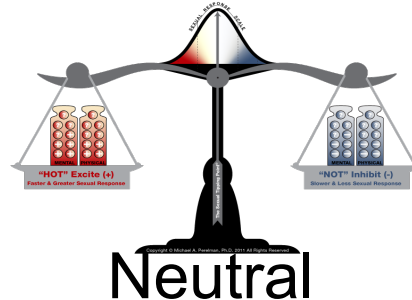
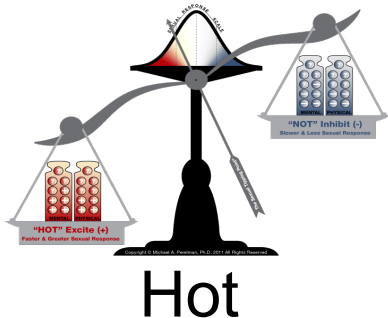


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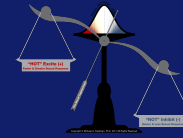
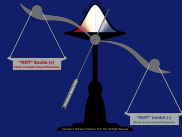
Sex Positive (+) or Sex Negative (-)

Or currently unknown (?)

An individual's **SEXUAL TIPPING POINT** is displayed on a scale labeled with a Gaussian distribution curve; a dynamic representation of their sexual response at any moment in time.



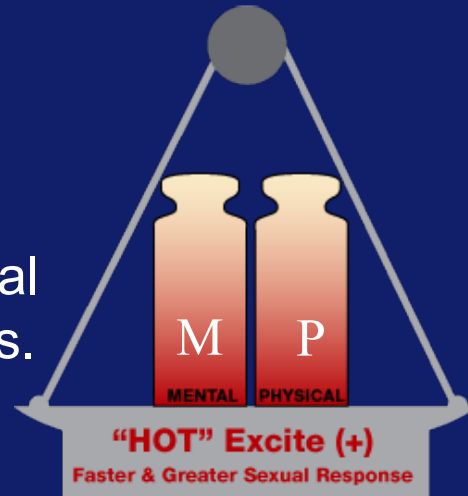
Best Possible Practice



SO NOW WHAT?

First:

Recognize that SD is always Mental & Physical, a function of Bio-Psychosocial Behavioral & Cultural Factors.

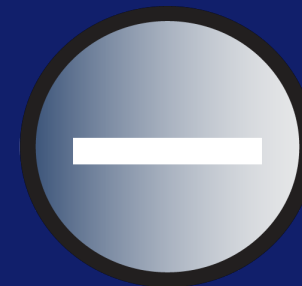
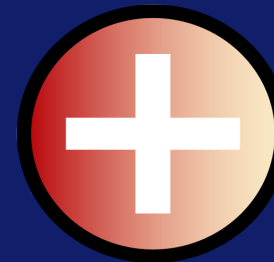
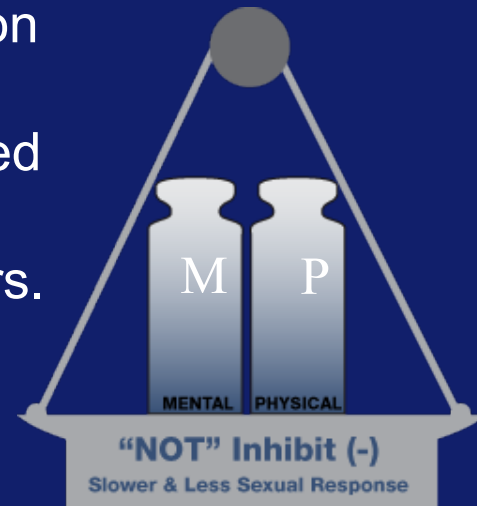


Third:

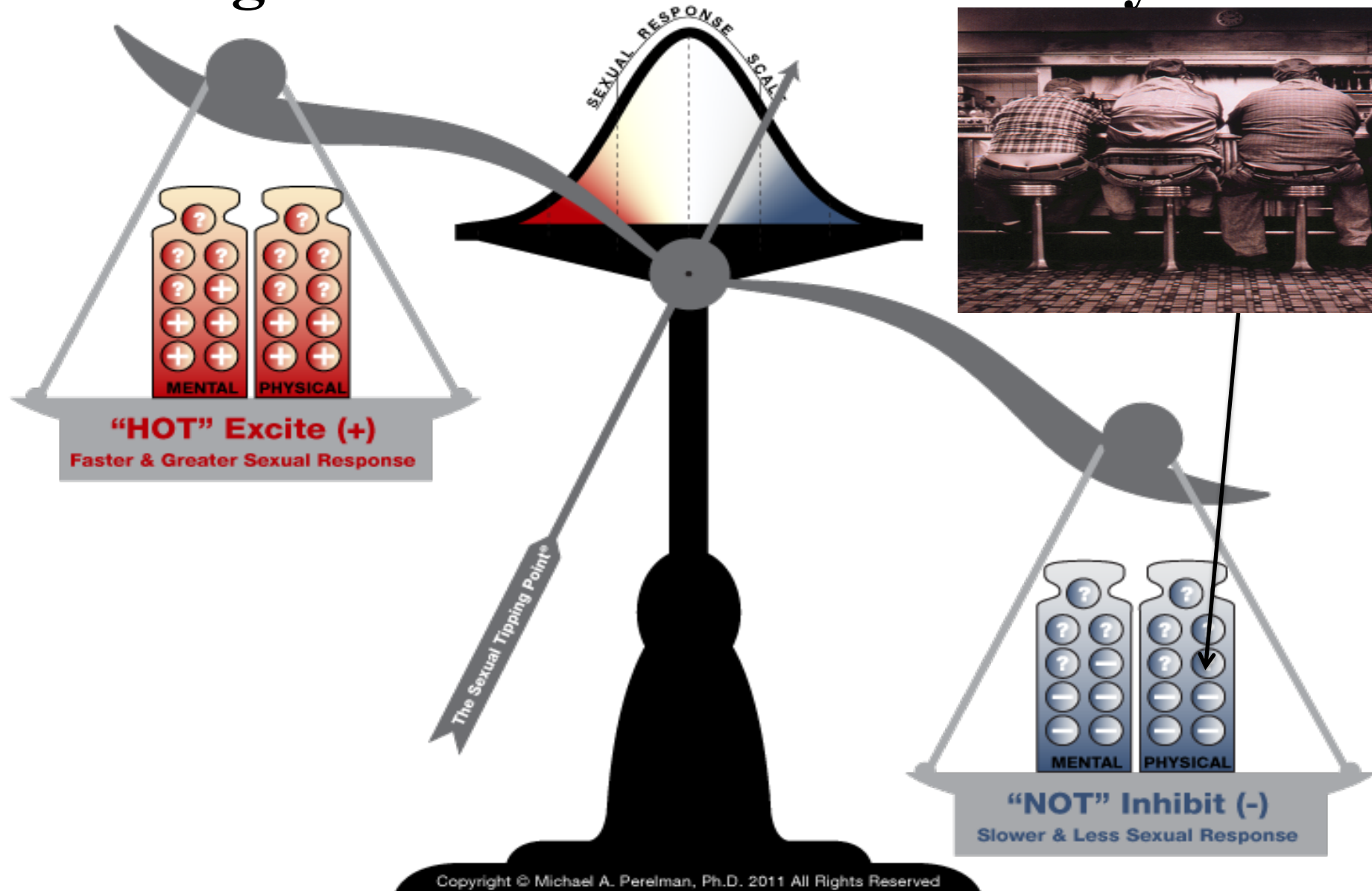
Identify key proportional factors which each have different valences, resulting in some out-weighting others in the Mental and Physical containers, thus resulting in the intra & inter individual variability expressed in sexual function and/or dysfunction.

Second:

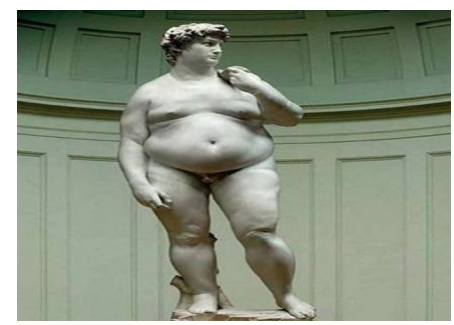
Sexual function or dysfunction for an individual at any given moment in time, is determined by the result of the net summary of the above factors.



STP, Depicting the Possible Etiology of Patients Suffering From ED and “Metabolic Syndrome”



Illustrating A Typical Treatment For A Metabolic Syndrome Patient:

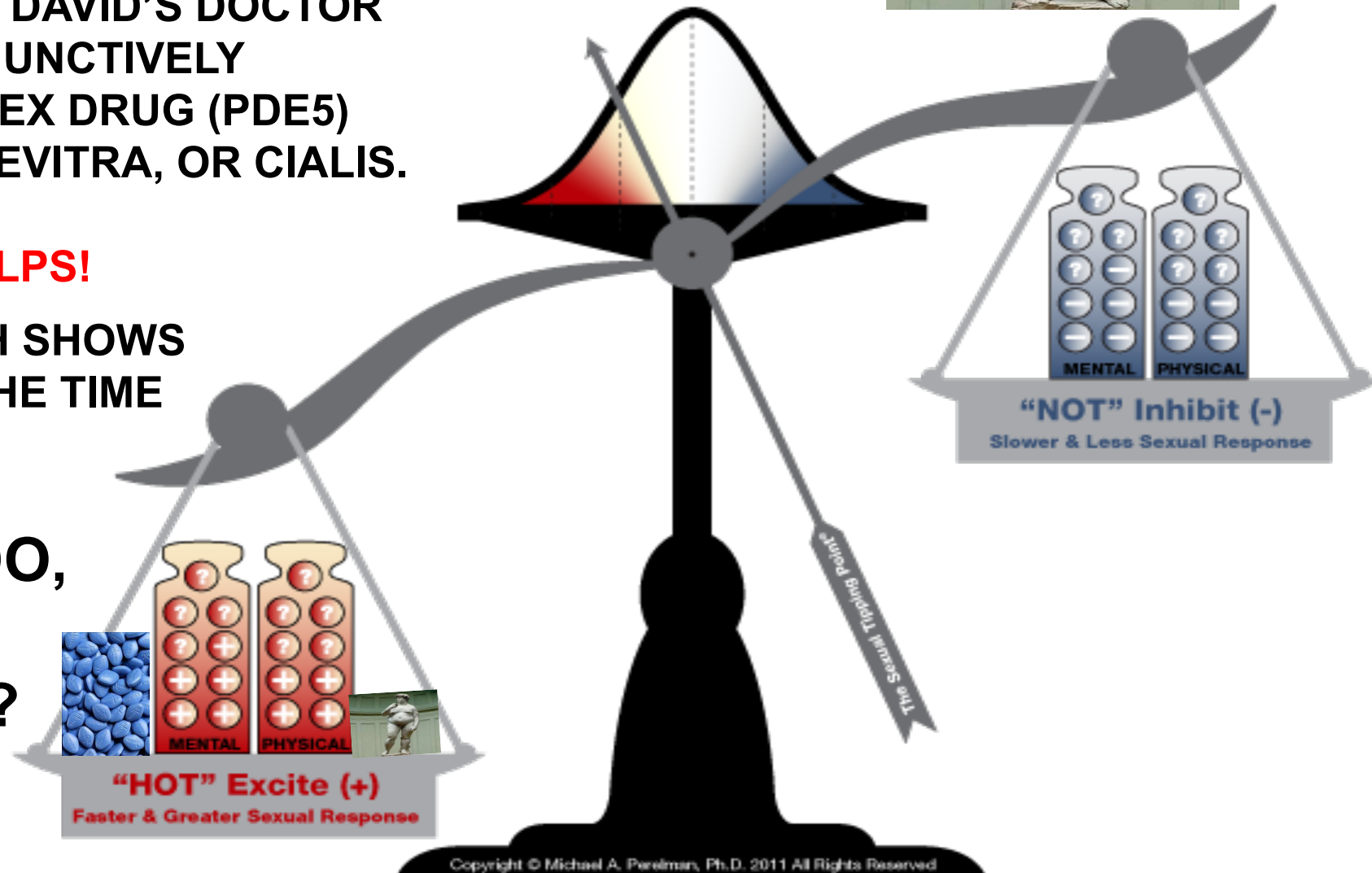


TYPICALLY, FAT DAVID'S DOCTOR WILL FIRST ADJUNCTIVELY PRESCRIBE A SEX DRUG (PDE5) LIKE VIAGRA, LEVITRA, OR CIALIS.

OFTEN THIS HELPS!

BUT RESEARCH SHOWS THAT 50% OF THE TIME IT DOES NOT!

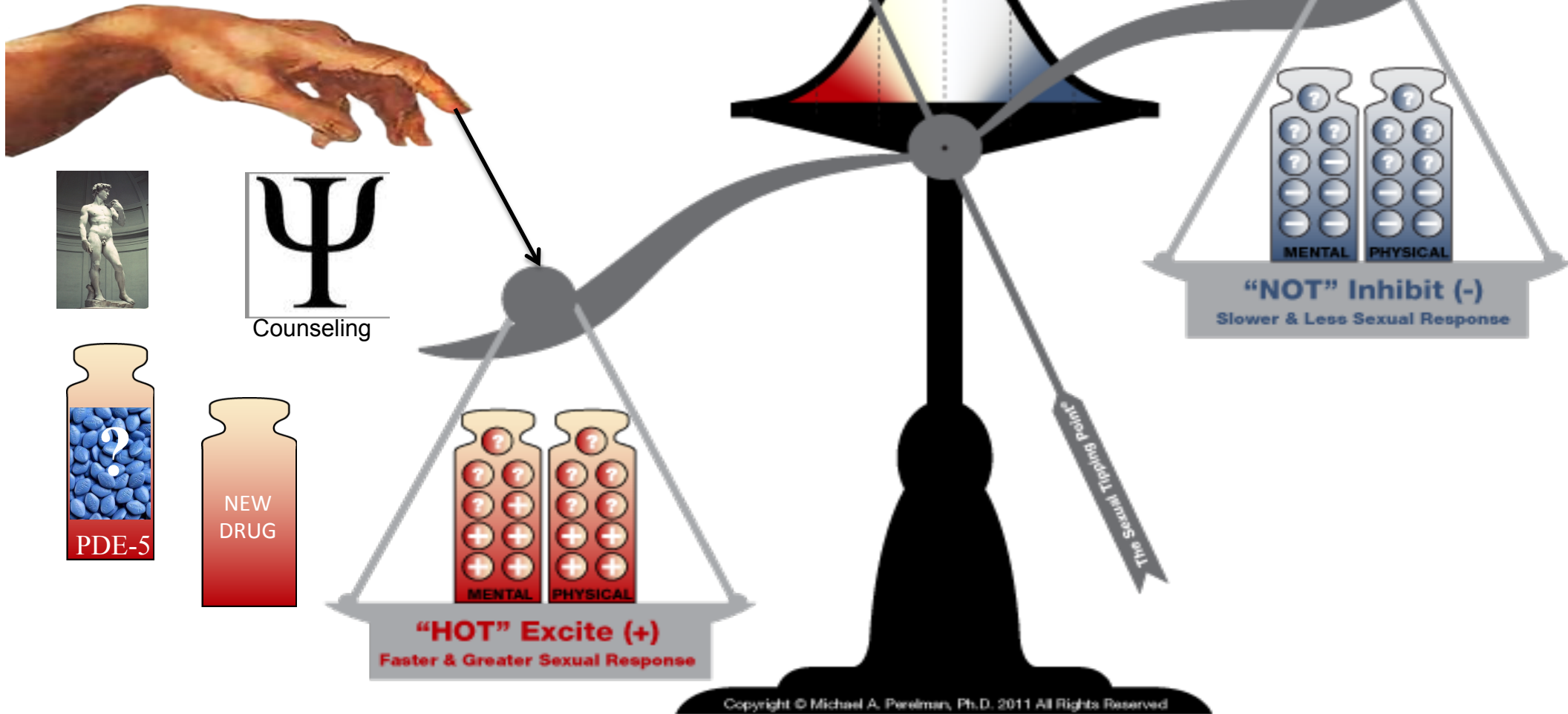
WHAT TO DO, WHEN IT DOES NOT?



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Illustrating The Elegant Solution: An Integrated Treatment For The Metabolic Syndrome Patient

INTEGRATED TREATMENT: THE IDEAL SOLUTION TO BALANCE RISK/BENEFIT



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FUTURE OF MEDICAL TREATMENTS ?



NEW DRUGS IN DEVELOPMENT
STEM CELL RESEARCH
GENETIC MARKERS
NEUROTRANSMITTOURS
HORMONES
?



DISEASE
MEDICATION SIDE-EFFECTS
NEURTRANSMITTOURS
RECEPTOR SENSITIVITY
?

EXPLORING SEXUAL BALANCE: THE MAP EDUCATION & RESEARCH FUND'S SEXUAL TIPPING POINT® MODEL

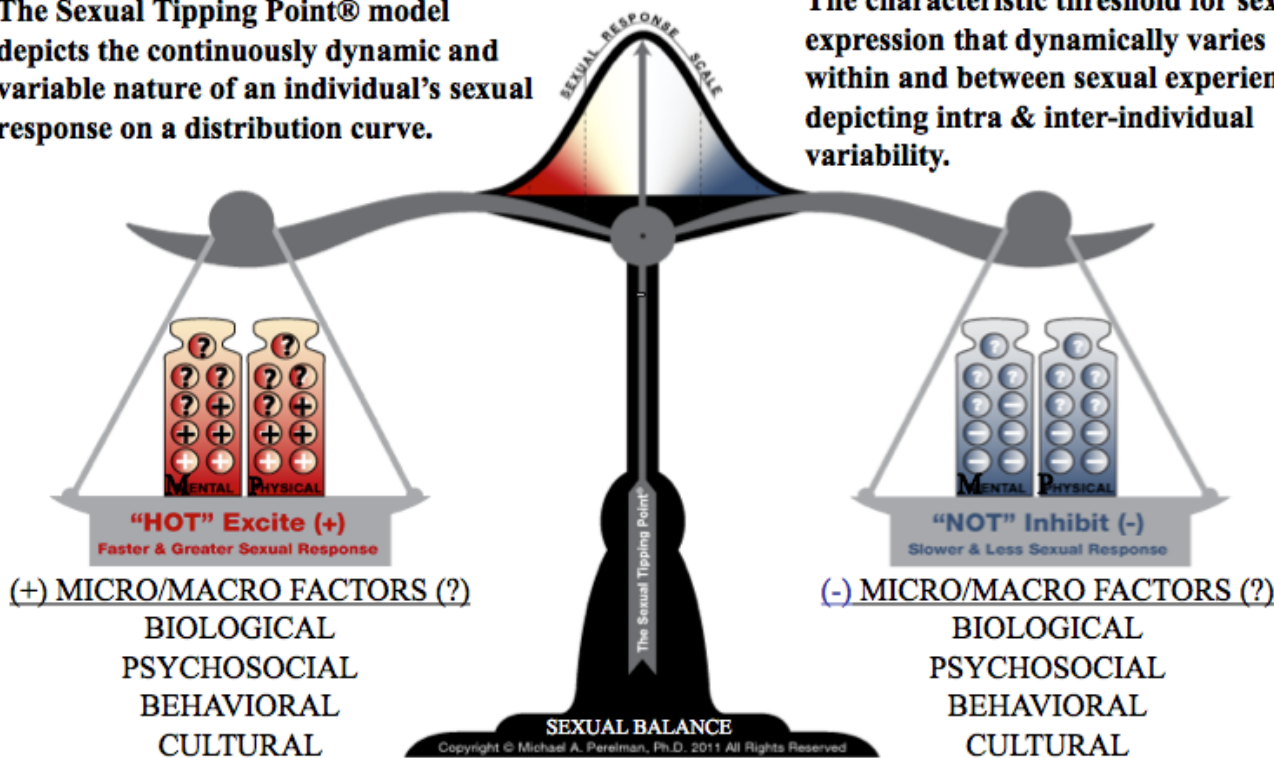
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The STP Model Helps Optimize The Diagnosis & Treatment Of Sexual Disorders

- Obtaining a focused sex history or “**Sex Status**” is key to diagnostic and integrated treatment success.
- **The Sexual Tipping Point**[®] model illustrates and provides a conceptual framework for understanding the complex and dynamic intrapersonal and interpersonal variability of both sexual function and dysfunction.
- The **flexibility** of the **STP model allows for incorporation of future advances** in our understanding of biologic aspects of sexual function/dysfunction etiology and for the illustration of future novel treatments.
- **Teaching STP** to the patient and partner **can reduce their anger and despair, while providing hope** through a simple explanation of how the problem’s causes can be diagnosed, parsed, and “fixed.”

The STP Model Helps Optimize The Diagnosis & Treatment Of Sexual Disorders

Thank You For Watching And Listening!

Copies of this video and related
publications and presentations
are available free at: mapedfund.org

For questions contact: michael@mapedfund.org

The STP Model Helps Optimize The Diagnosis & Treatment Of Sexual Disorders

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