

When to Refer Your Patient with Sexual Difficulties to a Sexual Health Specialist

How do you know when it is time to refer your patient to a sexual health expert such as a sex therapist or sexual medicine physician?

One useful framework is the ex-PLISSIT model, which builds on the original PLISSIT model that has been widely used for more than 50 years to guide frontline clinicians in the assessment and treatment of sexual difficulties.^{1,2}



The original **PLISSIT** model outlines four levels of intervention²:

- 1. P - Permission-giving.**
Giving the patient permission to express sexual concerns.
- 2. LI - Limited Information.**
Providing limited information about the nature and possible treatments of the sexual concern.
- 3. SS - Specific Suggestion.**
Providing specific suggestions to improve a sexual difficulty, and which requires that the clinician have knowledge and skills to manage relatively straightforward sexual issues.
- 4. IT - Intensive Therapy.**
Referring the patient to a provider with advanced skills in sex therapy or sexual medicine care to treat the sexual dysfunction.

The ex-PLISSIT model expands on this by making permission-giving an ongoing process at every stage, rather than a single step, and by adding a Review & Reflect component. This addition encourages clinicians to revisit discussions with patients, reflect on their own comfort and biases, and adapt care as the patient's needs evolve.



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How can a practitioner use the ex-PLISSIT model in their practice?

The table below provides examples of each level of ex-PLISSIT for questions a clinician might ask, and how their clinical environment can encourage a patient to discuss and disclose their sexual issues.³

Permission	
Examples of what you might say to a patient	<p>Would you like to talk about this (<i>sexual concern</i>)?</p> <p>People with (<i>mention condition</i>) often have concerns or questions about how this will affect their sex life. Is there anything you'd like to ask me?</p> <p>How has your (<i>mention condition</i>) affected the way you feel about yourself?</p> <p>Has it affected the way you feel about yourself as a man/woman?</p> <p>How is your relationship with your partner?</p> <p>Has your condition affected your relationship in any way?</p> <p>Would you like to talk about this?</p>
Helpful tips to remember	<p>Equip your waiting room with:</p> <ul style="list-style-type: none">• Information leaflets about sexual health/sexual disorders;• A wall poster with sexual medicine services you provide;• Practice newsletters;• Wall poster diagrams describing different kinds of sexual difficulties. <p>In clinic room:</p> <ul style="list-style-type: none">• Ensure confidentiality;• Be non-judgmental (e.g., adopt inclusive language, respect the values, beliefs, and behaviors of the individual);• Ensure a safe environment;• Have at least one book on your shelf about sexual health.



Limited Information

Examples of what you might say to a patient

Use open-ended questions to assess the individual's current level of information:

What do you know about possible causes of *(sexual concern)*?

Sexual health problems are often caused by a combination of biological, psychological, and social factors.

Can you think about what factors in your life may have contributed to the sexual concern?

Helpful tips to remember

Provide information that is related to the patient concern via:

- Informative leaflets;
- Credible, evidence-based websites;
- Inform patients about patient advocacy and support groups relevant to their issue
- Attending counseling and educational seminars (if available).

Specific Suggestions

Helpful tips to remember

When discussing how a partner's *(sexual concern)* may impact their sexual life and contribute sexual dissatisfaction, practitioners can provide and discuss possible solutions to improve sexual satisfaction using problem-solving skills.

Suggest treatment modalities, providing an explanation of benefits and side effects, and where possible, reference the available literature.

Specific suggestions should be tailored to the individual's characteristics (e.g., cultural background, socio economic and educational level, sexual orientation, and practices).

For example:

- Partner with joint pain during sex—suggesting using different sexual position;
- Partner with vaginal dryness—have a discussion on the roles of lubricants and moisturizers, explain the difference between these and offer specific suggestions on when, where, and how to use;
- Providing different treatment options for premature ejaculation with clear explanation of effects and side effects.



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Intensive Therapy

Examples of what you might say to a patient

Thank you for sharing this information about your sexual concern, and your understanding of its possible causes. It sounds like some of the issues at play (e.g., multifactorial causes, significant psychological comorbidities) would benefit most from seeing a specialized provider in this area.

Let me give you some suggestions of who you might see.

Helpful tips to remember

Referral list for reputable expert professionals and services in the area of need, keeping in mind that many providers are now also offering remote care.

Review & Reflect

Examples of what you might say to a patient

Example questions to ask patients when reviewing a consultation:

- Are there any other thoughts you have concerning our discussion?
- When we last spoke, you mentioned... and we discussed... How has this been since then?
- What have we not covered fully?
- What do you feel/think about that?
- What might your partner feel about that?

Helpful tips to remember

During the review process, the clinician allows patients to further discuss their concerns if they choose to, ensuring additional permission-giving opportunities.

Reflection can be done alone or with peers through clinical supervision and might underscore the necessity for further sexuality education and training.

Practitioners should reflect on questions such as:

- How do I feel when discussing sexual topics with my patients? Do I feel awkward or embarrassed? How do my own beliefs about sexuality impact the care I am delivering?
- When did any patient last express concerns of a psychosexual nature?

- 1 Annon, J. S. (1976). The PLISSIT model: A proposed conceptual scheme for the behavioral treatment of sexual problems. *Journal of Sex Education and Therapy*, 2(1), 1-15. <https://doi.org/10.1080/01614576.1976.11074483>
- 2 Taylor, B., & Davis, S. (2006). Using the extended PLISSIT model to address sexual healthcare needs. *Nursing Standard*, 21(11), 35-40. <https://doi.org/10.7748/ns2006.11.21.11.35.c6382>
- 3 Tuncer, M., & Oskay, Ü. Y. (2022). Sexual counseling with the PLISSIT model: A systematic review. *Journal of Sex & Marital Therapy*, 48(3), 309-318. <https://doi.org/10.1080/0092623X.2021.1998270>
- 4 Xu, J., Xue, B., Li, L., Qiao, J., Redding, S. R., & Ouyang, Y. (2023). Psychological interventions for sexual function and satisfaction of women with breast cancer: A systematic review and meta-analysis. *Journal of Clinical Nursing*, 32(9-10), 2282-2297. <https://doi.org/10.1111/jocn.16194>
- 5 Brotto, L. A., Atallah, S., Carvalho, J., Gordon, E., Pascoal, P. M., Reda, M., Stephenson, K. R., & Tavares, I. M. (2024). Psychological and interpersonal dimensions of sexual function and dysfunction: Recommendations from the fifth international consultation on sexual medicine (ICSM 2024). *Sexual Medicine Reviews*, 1-26. <https://doi.org/10.1093/sxmrev/qeae073>