

Can Psychoeducation Help with Sexual Difficulties?

Purpose

This guide explains what psychoeducation is, why it works in sexual health care, and how to deliver it in a short primary care visit. It includes background, example scripts, and a simple method that any clinician can use. It applies to adults of any gender or orientation.

What is psychoeducation?

Psychoeducation involves sharing sexual health information and incorporating techniques such as validation, active listening, and challenging myths.¹ Psychoeducation is very accessible. It can be delivered in many ways through printed pamphlets, videos, or brief discussions in clinic visits and is accessible to patients both in person and remotely.

While research on psychoeducation in sexual health is still developing, evidence shows it offers meaningful benefits.¹ Patients often experience relief when their concerns are validated, myths are corrected, and they receive accurate information.^{1,3} Even if symptoms of sexual dysfunction do not improve right away, psychoeducation helps reduce shame, normalize experiences, and empower patients to seek further support. Studies also indicate that clinician-delivered education can improve sexual function, whether used alone or in combination with psychological treatments.^{1,3}

Who can benefit from psychoeducation?

Sexual health and sexual dysfunction are highly stigmatized topics. As a result, many individuals lack access to adequate, evidence-based information about their sexual health. This lack of knowledge often prevents them from recognizing when they are holding on to sexual myths or stereotypes.²

Psychoeducation may be beneficial for:

- People with limited understanding or awareness of sexual health and functioning.
- People with sexual pain or fear about sexual/vaginal insertion.
- Individuals with problems related to sexual desire.
- Individuals with persistent genital arousal disorder.
- Pregnant and postpartum individuals.
- Individuals with symptoms associated with peri- and postmenopause.
- People with limited access to specialized sexual health resources or therapy, where brief educational sessions can serve as an interim support.²



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However some findings need same day action. Examples include postpartum fever or heavy bleeding, severe pelvic or testicular pain, a pelvic or vulvar mass, new neurologic deficit, rectal bleeding or hematuria, suspected STI with systemic symptoms, unconsented sex, risk in a relationship, suicidal thoughts, or severe distress. Act immediately with exam, testing, or urgent referral when any of these are present.

Who can deliver psychoeducation?

Primary care clinicians, sexual health clinicians, nurse practitioners, midwives, pelvic health physiotherapists, and mental health providers such as psychologists can deliver psychoeducation materials to patients in brief visits or groups.^{1,2}

Psychoeducation fits well with the PLISSIT model. Primary care can offer Permission to talk about sex, Limited Information tailored to the concern, Specific Suggestions to try at home, and referral for Intensive Therapy when needed. You do not need to be a specialist to do this. Plain language and one clear next step are the key.

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How a Practitioner Can Use It

1. Start by inviting the patient to share concerns.

For example: *"Many people have concerns about sex. Is there anything you want help with today?"*

If the patient says yes, ask how it is affecting life or relationships and what a small improvement would look like in the next month.

2. Share helpful information.

Suggest readings or information sources that patients can access to deepen their understanding. Offer a brief explanation that links biology, mind, and social context.

For example: For patients with limited understanding or awareness of sexual health and functioning you can recommend they visit the **SHAPE Resources Portal** which has resources specific to their concerns (e.g., managing low desire) to general information on sexual health.

For additional reading, you can recommend:

- **Come as you are: The Surprising New Science that Will Transform Your Sex Life** by Emily Nagoski. This book explores the science of women's sexuality, desire and arousal, debunking myths influenced by societal expectations about gender and sexuality. Visit this link to access it: [Come as you are](#)
- **Vagina Bible: The Vulva and the Vagina—Separating the Myth from the Medicine** by Dr. Jen Gunter. This book is highly regarded for addressing common misconceptions and myths about vulvovaginal health, offering scientifically accurate and empowering information. Visit this link to access it: [Vagina Bible](#)



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3. Validate concerns: normalize patients' experiences by reassuring them that changes in sexual function are common and acknowledging that these concerns are a significant part of overall health. Encourage open dialogue.

For example: *"It's completely normal to have concerns about your sexual function. This is a common issue, and it's not in your head. There are ways we can address it together."*

Offer referrals:

If patients want structured therapy, refer them to trained specialists - sstarnet.org/find-therapist.

- 1 Brotto, L. A., Basson, R., & Luria, M. (2008). A mindfulness-based group psychoeducational intervention targeting sexual arousal disorder in women. *Journal of Sexual Medicine*, 5(7). <https://doi.org/10.1111/j.1743-6109.2008.00850.x>
- 2 Brotto, L. A., Atallah, S., Carvalho, J., Gordon, E., Pascoal, P., Reda, M., Stephenson, K., & 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*. <https://doi.org/10.1093/sxmrev/qea073>
- 3 Brotto, L. A., Zdaniuk, B., Chivers, M. L., Jabs, F., Grabovac, A., Lalumière, M. L., Weinberg, J., Schonert-Reichl, K. A., & Basson, R. (2021). A randomized trial comparing group mindfulness-based cognitive therapy with group supportive sex education and therapy for the treatment of female sexual interest/arousal disorder. *Journal of consulting and clinical psychology*, 89(7), 626-639. <https://doi.org/10.1037/ccp0000661>



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