

Cognitive-Behavioral Therapy for Sexual Difficulties

Key Information for Healthcare Providers

What is CBT?

Cognitive-behavioural therapy (CBT) is a widely used, popular, and extensively studied psychological therapy based on learning principles. It emphasizes how cognitive processes such as attention and expectations, emotions such as anxiety, and behaviours such as avoidance interact to explain distress.^{1,2,3}

CBT identifies and challenges problematic thoughts, which can lead to improvements in emotions and behaviours. It also targets behavioural patterns like avoidance to improve emotional and cognitive outcomes.^{3,4} While CBT can be delivered to couples, it has been studied more often when delivered to an individual with sexual problems.¹

We know that cognitive, behavioural, and emotional factors interact and contribute to sexual problems. CBT targets rigid sexual beliefs, cognitive interference and distraction during sexual activity, negative self-schemas, negative outcome expectancies, worry, and disengagement and avoidance.^{3,5}

In more recent years, there has been considerable interest in delivering CBT through the internet (iCBT). There is excellent evidence that it works when delivered this way.¹

Who is CBT suitable for?

Clinicians should consider CBT for patients where the following conditions are involved¹:

- **Orgasm difficulties:** Women and gender-diverse individuals with orgasm difficulties
- **Low sexual desire:** Women and gender-diverse individuals with low sexual desire can benefit from CBT delivered in group or individual format
- **Sexual Pain:** Women and gender-diverse individuals dealing with sexual pain can benefit from CBT delivered in group or individual format



How can a practitioner use CBT in their practice?

1. Assess if patient is suitable for a CBT referral

Here are some things to consider in determining if they would be suitable for CBT:

- Does the patient experience anxiety during sexual activity?⁶
- Is the patient avoiding intimacy due to worry or pain?^{3,4}
- Does the patient have persistent negative thoughts about their sexual experiences?^{3,5}

If yes to any of these, consider referring to a CBT therapist.

2. Discuss CBT as a possible treatment option. It is important to know that any provider can recommend CBT and explain its basic tenets, even if they have not received specialized training.

- To introduce CBT as a possible treatment option, you might say:
"CBT is a type of therapy that has been shown to help people with sexual difficulties by changing negative thoughts and behaviours. It's effective for issues like low desire, anxiety, or avoidance. Would you like to explore this option?"
- Brief thought-tracking exercise to help patient track problematic, irrational, or false thoughts and replace them with a more balanced perspective. This is often accomplished with a "thought record".^{3,4} You might say to a patient:
"Sometimes, negative thoughts about sexual experiences can get in the way. For example, thoughts like 'I'll never enjoy sex again' can make it harder to relax. Let's try writing down one of those thoughts and then consider a more balanced way of thinking about it...If you think, 'I'm not good at this,' try replacing it with something like, 'It's okay to take time to feel comfortable, and my worth isn't defined by this.'"

- Share stress-reduction tips: teach quick stress-reducing techniques like deep breathing or progressive muscle relaxation, which can be done before or during intimacy.¹ You might say to a patient:
"If you feel anxious during intimacy, a simple technique is to focus on deep breathing or progressive muscle relaxation—like tensing and then slowly relaxing your hands or feet, or even taking 3 deep breaths with your eyes closed."
- Encourage the patient to practice:^{3,4}
"These exercises might seem small, but practicing them regularly can make a big difference. Even a few minutes a day can help shift your mindset over time."

3. Refer to a specialist:

If more in-depth therapy is needed, provide referrals to therapists trained in CBT for sexual health concerns

4. Provide suggestions on how patients can access CBT

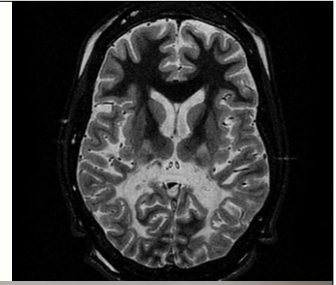
CBT for sexual dysfunctions is usually performed by a licensed CBT therapist trained in sex therapy and is usually widely accessible. It might be available in public settings or private settings, it might be available free of charge, or also privately on a fee-for-service basis, and face-to-face or online. For patients in areas with limited access to therapy, iCBT (internet-based CBT) is an effective alternative.¹ Online platforms can offer structured modules to guide patients through CBT techniques. On the next page is a resource created by the [BC Centre for Vulvar Health](#) that you can share with your patients to guide them through some CBT exercises.



CBT

Cognitive Restructuring

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Read our techniques
for restructuring→

/CBT COGNITIVE RESTRUCTURING



1

Once you have journaled about your thoughts before and during a sexual encounter for a while, you may begin to notice a pattern in terms of how certain thoughts are related to specific feelings/emotions, and body sensations, including discomfort on vaginal insertion (you can rate this discomfort out of 10).

2

Sometimes, when you examine your thoughts after an event has passed, you realize that your thoughts were distorted or unrealistic.

3

When you can identify distorted, exaggerated, or unrealistic thinking, the next step is to rewrite those thoughts or "balance them out" to be more realistic. In CBT, this is called "swapping thoughts".

4

When you practice realistic thinking over time, your emotions/body response can also change. This can result in greater comfort and ease in sexual encounters, resulting in increased sexual pleasure and satisfaction.

5

If you are at the point when you or your partner can insert something close to the size of their erect penis, you can decide if you are comfortable trying to insert their penis. If you feel ready, make sure that you use plenty of lubricant and begin without using any back and forth movement. You can practice using the pushing/grunt maneuver at the time of insertion.

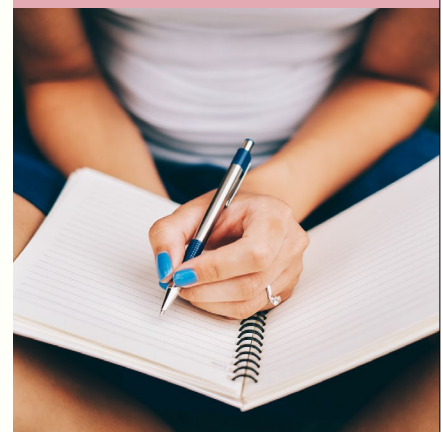
6

Journailling can be a helpful way to track your thoughts as you practice engaging in sexual activities and possibly insertion. The more you practice swapping negative, distorted, or exaggerated thoughts for realistic thoughts, the easier it will become. You may notice that your body sensations and emotions become less negative as well.

Record your thoughts.

Notice what thoughts are coming up. You can practice thought swapping.

Observe and rank how you feel about various factors including the event/size thought, emotions, discomfort, body sensations, and behaviour. Notice how these rankings may change as you swap an old thought for a realistic one.



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- 2 Fischer, V. J., Andersson, G., Billieux, J., & Vögele, C. (2021). A randomized controlled trial of an Internet-based emotion regulation intervention for sexual health: Study protocol. *Trials*, 22(1), 706. <https://doi.org/10.1186/s13063-021-05586-x>
- 3 Nobre, P. J., & Barlow, D. H. (2023). Barlow's cognitive-affective model of sexual dysfunction. *Encyclopedia of Sexuality and Gender* (pp. 1-9). Springer International Publishing. https://doi.org/10.1007/978-3-319-59531-3_115-1
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- 5 Peixoto, M. M., & Nobre, P. J. (2020). Cognitive-emotional predictors of sexual functioning in lesbians, gays, and heterosexuals. *Archives of Sexual Behavior*, 49(5), 1823-1838. <https://doi.org/10.1007/s10508-020-01732-9>
- 6 Pyke, R. E. (2020). Sexual performance anxiety. *Sexual Medicine Reviews*, 8(2), 183-190. <https://doi.org/10.1016/j.sxmr.2019.07.001>



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