

“Re-Connect”

A model for working with persistent pain patients on returning to sexual activity

Why develop a model?

Patients with chronic abdomino-pelvic pain often experience difficulties with sexual activity. However, published guidance for helping these patients return to sexual activity is scarce and pain management clinicians can feel ‘de-skilled’. Embarrassment and anxiety can affect the confidence of both patients and clinicians when attempting to manage these issues. We developed ‘Re-connect’ model which conceptualises the components of physiotherapy and psychology pain management skills, as well as sex therapy techniques, for facilitating sexual intimacy in those with chronic APP. Our team uses this model within group and individual pain management.

What is it?

We established the key components of Re-Connect through adapting existing pain management skills, including Cognitive-Behavioural Therapy (CBT) and mindfulness approaches, as well as incorporating multidisciplinary clinical experience with APP patients. The model contains three key components:

- Cognitive: managing unhelping thoughts such “I have to have penetrative sex for ten minutes or my partner won’t be satisfied” by thought-challenging, increasing cognitive flexibility, including pain education and ‘myth busting’.
- Sensory-affective: sensate focus, mindfulness and attentional awareness.
- Behavioural activation: desensitisation such as building up from one min of touch or masturbation, medication management, communication, flare-up planning after sexual activity with partner and pacing.

All components are considered in the context of cultural and social beliefs.

Does it work?

We identified that the Re-Connect model helps patients and clinicians understand how pain management skills can be adapted for intimacy. This framework also helps reduce embarrassment and increase confidence in working towards intimacy as a pain management goal with success in many of our patients.

Recommendations:

- **Sensitively encourage discussion of sexual issues with patients.**
- **Remind patients intimacy can be re-approached in the same way as other goals for pain management.**
- **Clinicians need to identify their skills mix and encourage multidisciplinary working.**

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