

NOVEMBER 8-9, 2025

VIRTUAL

 **MEN'S PELVIC HEALTH SUMMIT**

CLINICAL SUMMARY



**RESTORING INTIMACY: EFFECTIVE CLINICAL
INTERVENTIONS FOR MEN'S SEXUAL RECOVERY
AFTER PROSTATE CANCER**

PRESENTED BY DR. NAZANIN MOALI, PHD, CST

DAY 2 • SESSION 6

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Overview

Men recovering from prostate cancer treatment often face physical, emotional, and relational changes. Beyond urinary and erectile function, shifts in identity, intimacy, and self-image are common. Pelvic health professionals play a crucial role in bridging the physical and psychological aspects of recovery by initiating conversations, offering education, supporting partner involvement, and making timely referrals to mental health or sex therapy providers.

Key Clinical Themes

- **Loss of masculine identity** linked to changes in sexual function.
- **Emotional health concerns:** depression, anxiety, fear of death especially within the first year post-diagnosis.
- **Relational impacts:** breakdown in sexual and physical intimacy, avoidance of touch, and caregiver-partner dynamic shifts.
- **Communication barriers:** most patients will not initiate discussions about sexual concerns unless providers do.
- **Grief and identity shifts** are a normal part of survivorship; watch for signs of complicated grief or persistent hopelessness.

Practical Clinical Strategies

1. Normalize and Initiate the Conversation

- Bring up intimacy and sexual health early and often.
- Use open-ended questions: “How has your connection or intimacy been since treatment?”
- Frame as a common part of survivorship to reduce stigma.

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2. Invite Partner Participation

- With consent, include partners in sessions to foster couple-based recovery.
- Highlight sexual recovery as a shared journey, not solely the survivor's responsibility.

3. Use the PLISSIT Model

P – Permission: Explicitly invite discussion about intimacy.

LI – Limited Information: Provide brief, relevant education (e.g., ED after treatment is common and manageable).

SS – Specific Suggestions: Offer actionable strategies (e.g., sensate focus touch, non-erection-based intimacy, sexual aids).

IT – Intensive Therapy: Refer to sex therapy for persistent or complex concerns.

4. Recognize and Respond to Red Flags

- Persistent hopelessness, suicidal ideation, lack of progress toward goals, or functional decline → refer to mental health.
- Consider somatic signs of grief (fatigue, sleep disturbance, chronic tension).

5. Clinical Interventions to Support Sexual Recovery

- **Sensate Focus Touch Therapy:** Structured, non-demand, non-genital touch in progressive phases to restore pleasure and connection.
- **Core Erotic Emotion Mapping:** Help clients identify the emotional drivers of arousal (e.g., connection, adventure) and create experiences beyond erection-focused sex.
- **Mindfulness & Cognitive Defusion (ACT):** Teach clients to unhook from distressing thoughts (“My sex life is over”) and allow them to pass without rumination.

6. Partner-Specific Support

- Validate partners' own grief and fears.
- Provide joint or individual referrals.
- Suggest structured, non-intercourse “sexy date nights” or intimacy-building games.

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Final Notes

Pelvic health professionals are in a unique position to integrate sexual health into rehabilitation conversations. By normalizing discussions, offering simple frameworks, including partners, and making strategic referrals, you can significantly improve recovery outcomes.

Recommended Resources

Books:

[Sex Talks](#) – Vanessa Marin

[The New Male Sexuality](#) – Bernie Zilbergeld

[Sizzling Sex for Life](#) – Michael Castleman

Sexual Aids:

[FirmTech PR Max cock ring](#)

Other:

[Katie Fleming Sensate Focus](#)

[Honest X card game](#)

[Touch Therapy](#)