



# Treatment Plan

## Diagnosis

### **Instruments/Screens to Facilitate Diagnosis:**

For Claire, the diagnosis primarily revolves around postpartum sexual dysfunction, characterized by a significant decline in sexual desire and discomfort during intercourse. Instruments and screens to facilitate this diagnosis include the Female Sexual Function Index (FSFI), which evaluates sexual desire, arousal, lubrication, orgasm, satisfaction, and pain (Rosen, 2000). Additionally, the Postpartum Depression Screening Scale (PDSS) is essential, as postpartum depression can significantly impact sexual function (Beck & Gable, 2002). The Dyadic Adjustment Scale (DAS) can assess the quality of Claire's relationship, as relationship satisfaction is closely linked to sexual health (Carey et al., 1993). Incorporating these tools allows for a comprehensive understanding of Claire's sexual dysfunction, considering both psychological and relational factors. Accurate diagnosis through these validated instruments will guide targeted interventions, ensuring a holistic approach to Claire's sexual health and overall well-being. This thorough assessment is crucial for developing an effective treatment plan that addresses all dimensions of Claire's sexual and emotional challenges postpartum.

### **DSM-5 Diagnosis:**

Based on Claire's symptoms and history, the DSM-5 diagnosis for her condition is Female Sexual Interest/Arousal Disorder (302.72). This diagnosis is characterized by a lack of, or significantly reduced, sexual interest/arousal, manifesting in reduced sexual thoughts, initiation, excitement, and pleasure during sexual activity, persisting for a minimum of six months (American Psychiatric Association, 2022). Additionally, given Claire's postpartum status, she may also be experiencing Postpartum Depression (296.20), which can exacerbate her sexual dysfunction. These diagnoses reflect Claire's ongoing challenges with sexual desire and arousal following childbirth, necessitating a comprehensive treatment approach that addresses both her psychological and sexual health.

### **Differential Diagnosis:**

In evaluating Claire's case, it is essential to consider differential diagnoses to ensure a comprehensive understanding of her symptoms and their origins. Besides Female Sexual Interest/Arousal Disorder, Claire's symptoms could be indicative of Hypoactive Sexual Desire Disorder, where there is a persistent lack of sexual thoughts and desire for sexual activity. Postpartum Depression must also be considered, as it can significantly impact sexual interest and overall mood (American Psychiatric Association, 2022). Additionally, Generalized Anxiety Disorder (GAD) should be evaluated, given that anxiety can interfere with sexual desire and arousal. Relationship distress, stemming from

interpersonal conflicts or a lack of emotional intimacy, could also contribute to Claire's sexual difficulties. Medical conditions such as hormonal imbalances or thyroid dysfunction could exacerbate these symptoms and should be ruled out. A thorough assessment involving psychological, relational, and medical evaluations is critical to distinguish these potential conditions and tailor an effective treatment plan for Claire.

**Potential Legal Considerations Associated with the Client, Situation, or Diagnosis:**

In Claire's case, several potential legal considerations must be acknowledged to ensure ethical and legally compliant practice. First, confidentiality and privacy are paramount, particularly concerning sensitive topics like sexual functioning and personal history. Compliance with the Health Insurance Portability and Accountability Act (HIPAA) is essential to protect Claire's information. Informed consent is another critical area, ensuring Claire fully understands the nature of her treatment, including any potential risks and benefits. Mandatory reporting laws must be considered, particularly if there are any indications of abuse, neglect, or self-harm. Additionally, if Claire's treatment plan involves medications, proper documentation and adherence to prescribing regulations are necessary. The therapist must also be aware of cultural and ethical considerations, avoiding discrimination based on Claire's sexual orientation, cultural background, or marital status. By addressing these legal aspects, the therapist can provide Claire with safe, respectful, and legally sound care.

## Goals

**Short-Term Goals to Address the Diagnosis:**

For Claire, the primary short-term goals are to alleviate her symptoms of sexual dysfunction and to improve her overall emotional well-being. The initial goal is to create a comfortable and open therapeutic environment where Claire feels safe discussing her concerns and experiences. Addressing anxiety related to sexual activities is crucial, and cognitive-behavioral techniques will be employed to help Claire manage and reduce these anxieties. Another short-term goal is to enhance communication between Claire and her partner about their sexual needs and boundaries, fostering mutual understanding and support. Introducing relaxation techniques, such as mindfulness and deep breathing exercises, will help Claire manage stress and anxiety, contributing to improved sexual functioning. Lastly, exploring and addressing any underlying issues, such as past trauma or negative beliefs about sexuality, will be prioritized to create a solid foundation for Claire's long-term improvement and sexual well-being. These short-term goals will set the stage for more comprehensive treatment strategies.

### **Long-Term Goals to Address the Diagnosis:**

1. Affirm her sexuality and build confidence to come out to her friends, family, and Claire's long-term goals focus on achieving sustainable sexual functioning and emotional well-being. A primary objective is to establish a healthy and fulfilling sexual relationship with her partner, marked by open communication and mutual satisfaction. Another key goal is to resolve underlying psychological issues, such as past trauma or deep-seated negative beliefs about sexuality, through ongoing therapy. Additionally, enhancing Claire's self-esteem and body image will contribute to her overall sexual confidence. Finally, fostering resilience and effective coping strategies for managing stress and anxiety will ensure that Claire maintains her progress and continues to thrive in her personal and sexual life.

## **Treatment Plan**

### **Strategies to Promote Optimal Sexual Functioning:**

Strategies to promote optimal sexual functioning for Claire should be multifaceted, addressing both psychological and physical aspects of her well-being. Firstly, implementing cognitive-behavioral therapy (CBT) can help Claire identify and challenge negative thoughts and beliefs about sex, which might stem from past experiences or societal pressures. This therapeutic approach can enhance her self-esteem and reduce anxiety related to sexual performance. Secondly, mindfulness-based interventions, such as sensate focus exercises, can help Claire and her partner build intimacy and sexual comfort gradually. These exercises focus on non-genital touch initially, fostering a deeper emotional connection without the pressure of performance.

In addition, psychoeducation about sexual health and functioning can empower Claire with knowledge about her body and normal sexual responses, which can alleviate fears and misconceptions. Communication skills training can also be beneficial, enabling Claire to express her sexual needs and preferences effectively with her partner, thus fostering mutual understanding and satisfaction. Finally, if appropriate, involving Claire's partner in therapy sessions can create a supportive environment for addressing relational dynamics and enhancing their sexual compatibility. These strategies, combined with a supportive therapeutic relationship, can significantly improve Claire's sexual functioning and overall quality of life.

### **Evidence-Based Treatment Interventions to Support Strategies:**

Evidence-based treatment interventions for promoting optimal sexual functioning in Claire involve integrating several approaches validated by existing literature. Cognitive-behavioral therapy (CBT) has been shown to be effective in addressing sexual dysfunctions by modifying maladaptive thoughts and behaviors related to sex (Barlow & Craske, 2006). Techniques such as cognitive restructuring and exposure therapy can help Claire overcome anxiety and negative thought patterns associated with sexual activities.

Mindfulness-based interventions, including mindfulness-based cognitive therapy (MBCT), have demonstrated efficacy in improving sexual satisfaction and reducing sexual distress (Brotto et al., 2008). Mindfulness exercises can help Claire focus on the present moment, enhancing her awareness and acceptance of her sexual

experiences without judgment.

Psychoeducation about sexual health, utilizing resources such as the "Handbook of Sexuality-Related Measures" (Fisher et al., 2013), can provide Claire with accurate information about sexual functioning and normalize her experiences. This can alleviate misconceptions and fears, contributing to a healthier sexual self-concept.

Communication skills training is another evidence-based intervention that can improve sexual relationships. Research indicates that effective communication between partners is crucial for sexual satisfaction and resolving sexual issues (Rehman, 2011). Techniques such as role-playing, and assertiveness training can be used to enhance Claire's ability to discuss sexual preferences and boundaries with her partner.

Involving Claire's partner in therapy, as suggested by integrative behavioral couple therapy (IBCT), can address relational factors contributing to sexual dysfunction (Christensen & Atkins, 2010). Joint sessions can foster empathy, improve relational dynamics, and promote mutual support in exploring new sexual activities.

# References

List references according to current APA style here and also incorporate references via in-text citations into the fields where they are used.

- American Psychiatric Association. (2022). *Diagnostic and statistical manual of mental disorders: DSM-5-TR* (Fifth edition, text revision, 1–1 online resource). American Psychiatric Association Publishing; WorldCat. <https://doi.org/10.1176/appi.books.9780890425787>
- Barlow, D. H., & Craske, M. G. (2006). *Mastery of your anxiety and panic*. Oxford University Press.
- Beck, C. T., & Gable, R. K. (2002). Postpartum depression screening scale (PDSS). *Los Angeles: Western Psychological Services*.
- Brotto, L. A., Basson, R., & Luria, M. (2008). A mindfulness-based group psychoeducational intervention targeting sexual arousal disorder in women. *The Journal of Sexual Medicine*, 5(7), 1646–1659. <https://doi.org/10.1111/j.1743-6109.2008.00850.x>
- Carey, M. P., Spector, I. P., Lantinga, L. J., & Krauss, D. J. (1993). Reliability of the dyadic adjustment scale. *Psychological Assessment*, 5(2), 238.
- Christensen, A., & Atkins, D. C. (2010, April 1). [PDF] *Marital status and satisfaction five years following a randomized clinical trial comparing traditional versus integrative behavioral couple therapy*. | *Semantic Scholar*.  
<https://www.semanticscholar.org/paper/Marital-status-and-satisfaction-five-years-a-trial-Christensen-Atkins/428200dbb07f6fc894846fa31a5a8b4d8ab64671>
- Fisher, T. D., Davis, C. M., & Yarber, W. L. (2013). *Handbook of sexuality-related measures*. Routledge.
- Rehman, U. S. (2011, August 24). *The Importance of Sexual Self-Disclosure to Sexual Satisfaction and Functioning in Committed Relationships—Rehman—2011—The Journal of Sexual Medicine—Wiley Online Library*.  
<https://onlinelibrary.wiley.com/doi/abs/10.1111/j.1743-6109.2011.02439.x>
- Rosen, C. B., J. Heiman, S. Leiblum, C. Meston, R. Shabsigh, D. Ferguson, R. D'Agostino, R. (2000). The Female Sexual Function Index (FSFI): A multidimensional self-report instrument for the assessment of female sexual function. *Journal of Sex & Marital Therapy*, 26(2), 191–208.