JOSEPH MARON, LPC
THERAPY FOR COMPLEX HUMANS

FOR UROLOGISTS AND
SEXUAL MEDICINE CLINICIANS

Joseph Maron, MS, LPC
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When the medication helps, but sex still isn't working

I'm Joseph Maron, MS, LPC, a sex therapist seeing adults in New Jersey and Pennsylvania by telehealth. While you provide the medical care, I work alongside you on the anxiety, avoidance, and strain that medication doesn't reach.

Consider a referral when your patient...

Improves on medication but still isn't satisfied.
In trials, adding therapy to medication improved satisfaction.

Describes anxiety or self-monitoring during sex.
Anxiety and erection difficulty can feed each other.

Has started avoiding sex or intimacy.
Avoidance often spreads to affection and closeness.

Is distressed about early ejaculation.
Medication plus behavioral therapy looks most promising.

Is adjusting to sex after prostate cancer treatment.
Sexual rehabilitation after prostate cancer includes counseling; outcome evidence is still thin.

Reports shame, relationship strain, or past trauma.
Some men describe shame around erection difficulty and say they want counseling as well as medication.

COMMON REASONS TO REFER

- Erection concerns, even on medication
- Early ejaculation
- Delayed ejaculation or orgasm difficulty
- Low or changed desire
- Changes after prostate or pelvic cancer care
- Concerns tied to diabetes, heart disease, or chronic illness
- Sexual concerns for trans and nonbinary patients, including after surgery

Working in tandem

STAYS WITH YOU
Medical workup · Medication, injections, devices, surgery · Hormone evaluation

I WORK ON
Performance anxiety · Avoidance · Shame and self-esteem · Partner communication

Shared: with your patient's permission, I coordinate with you so both plans support each other.

WHY IT FITS In a meta-analysis of men with erectile dysfunction, psychological treatment plus a PDE5 inhibitor outperformed either alone.[1] For early ejaculation, adding behavioral therapy to medication is the most promising approach.[2] Psychological treatments, including CBT and mindfulness-based approaches, improve sexual function and reduce sexual distress compared with no treatment in controlled trials.[3] Trials are small, the best evidence for psychological treatment on its own is in women, and after prostate cancer, outcome evidence is weak.

TO REFER · JOE MARON THERAPY

Your patient requests a free 15-minute consult at JosephMaron.com

Or call **908-505-5182**. To talk a referral through first, call or email Joe@JosephMaron.com.

Telehealth only · Adults in New Jersey and Pennsylvania · Private pay, superbills provided

Tell your patient: sex therapy is talk therapy. No touch, no exam.

Doctoral student in human sexuality, Widener University · Certificate in Affirmative Therapy for Transgender Communities · ADHD-CCSP · LGBTQ+ affirming

Scan to get started

1 Schmidt et al., *J Sex Med* 2014; Atallah et al., *Arab J Urol* 2021. **2** Althof, *Transl Androl Urol* 2016; Li et al., *Andrology* 2025. **3** Frühauf et al., *Arch Sex Behav* 2013; Liu et al., *J Sex Med* 2026.