Assessment and Treatment of Sexual Concerns in Psychological Practice

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Agenda

- Introductions
- Why is addressing sex important?
- How sexual issues present in populations throughout the lifespan
- Addressing sexuality in the assessment process
- Brief sex therapy interventions
- Q & A

Introduction to Sexuality Practice

- Prevalence of sexual dysfunction:
  - Laumann et al., 1999
    - Women=43% Men=31%
    - "The NHSLS data indicate that emotional and stress-related problems among women and men generate elevated risk of experiencing sexual difficulties in all phases of the sexual response cycle" p. 543.
  - Laumann et al., 2008
    - Examined the likelihood of experiencing sexual dysfunction in the preceding 12 months.
    - Sexual problems among older adults are commonly responses to stressors across different life domains.
    - They found that the mechanism linking life stress with sexual problems is likely to be poor mental health and relationship dissatisfaction.
    - Poor mental health seems to have a greater detrimental effect on women's sexual problems than the association is for men.

Laumann et al., 1999; Laumann et al., 2008

Presentation of Sexual Issues Across the Lifespan: Children

- Children:
  - Managing parent discomfort of infants/toddlers/children touching their genitals
  - Boundaries/touching/playing “doctor”
  - Interest in adult bodies
  - Parents discussing “the birds and the bees”

Presentation of Sexual Issues Across the Lifespan

- Adolescents:
  - Puberty
  - Dating
  - Pornography experimentation
  - Romantic/sexual interest in peers
  - Discovery of masturbation
  - Sexual activity experimentation
  - Exploration of sexual identity
  - Body image
  - Sex education
  - Sexting

Presentation of Sexual Issues Across the Lifespan

- Adults
  - Increased incidence of sexual difficulties with a co-morbid mental health disorder.
    - Lack of interest in sex or arousal difficulties were present in 50% of women and 40% of men (Kennedy, Dickens, Eisfeld, & Bagby, 1999).
    - Premature ejaculation found to occur in 47% of men with social phobia (Figueira, Possidente, Marques, & Hayes) compared to just 21% of the general population (Laumann et al., 1999)
    - Sexual aversion in panic disorder– 35.7% men 50% women (Figuiera et al., 2001)
  - Healthy sex adds 15-20% to relationship strength and satisfaction (McCarthy, 2016).
  - Non-sexual marriage is a strong negative indicator and plays a 50-75% negative role (McCarthy, 2016).

Presentation of Sexual Issues Across the Lifespan

- Adults

	Interest	Genital Arousal	Orgasm
Serotonin	X	X	X
Acetylcholine	-	☑	☑
Norepinephrine	☑	X	☑
Dopamine	☑	☑	-

X = Inhibiting effect ☑ = Facilitating effect

~ = neutral or unknown

Stevenson & Elliott (2007)

Presentation of Sexual Issues Across the Lifespan: Pregnancy

- Attempting to conceive:
  - Pregnancy:
    - First trimester: increased sexual desire, nausea, mood swings, breast tenderness, fear of miscarriage
    - Second trimester: "honeymood period," increased lubrication and vaginal blood flow leading to increased sexual arousal in some women
    - Third trimester: Body changes, weaker vagina contraction, painful uterine orgasms for some women (Braxton-hicks), some reduced lubrication, adapt positions

Rosenbaum, 2014; Ogden, 2008

Presentation of Sexual Issues Across the Lifespan: Pregnancy

- Hormones:
  - Increased level of estrogen, progesterone, and prolactin
    - Increased incidence of nausea, vomiting, weight gain, breast sensitivity, fatigue
    - These hormones increase throughout pregnancy
    - Hormone relaxin works on vaginal tissue to assist with enlarging the vaginal entry
      - Decrease in vaginal feeling
- Other barriers:
  - Urinary issues, varicose veins, hemorrhoids, heartburn/acid reflux, constipation, vena cava

Rosenbaum, 2014; Ogden, 2008

Presentation of Sexual Issues Across the Lifespan: Pregnancy

- Sexual positions
  - Woman on top (facing partner head or feet)
  - Side by side
  - Kneeling on all fours ("doggy style")
- Fears/addressing concerns
  - Sex will hurt the fetus (baby is safe within surrounding membranes of uterine wall)
  - Vaginal bleeding may occur
  - History of premature labor or miscarriage (penetrative sex/orgasms may want to be avoided, discuss with healthcare provider)
- Partner concerns
  - Lower desire, erectile dysfunction, premature ejaculation
  - Reaction to the birth process during childbirth

Rosenbaum, 2014; Ogden, 2008

Presentation of Sexual Issues Across the Lifespan: Postpartum

- Physical
  - Weakness, exhaustion, birth trauma, stitches/scars, pain
  - Hormones:
    - Oxytocin—bonding with baby (same hormone released after orgasm)
    - Prolactin—also can account for decreased sexual interest
    - Low estrogen and progesterone with high prolactin=vaginal dryness
    - Thyroid—assists with mood regulation, decreases after childbirth (associated with exhaustion, low mood, weight gain, unclear thinking)
  - Pelvic Floor
    - Weakness, stress urinary incontinence, fecal incontinence, flatulence

Rosenbaum, 2014; Ogden, 2008; Millheiser (2012)

Presentation of Sexual Issues Across the Lifespan: Postpartum

- Psychological/Emotional
  - Body Image: Breasts, vagina, traumatic births
  - Intimacy needs satisfied by baby
  - Orgasms can occur more easily after childbirth for some women
- Social
  - Changed family dynamics
  - Limited privacy
  - Shift of perception of self—"I am parent now" versus being a sexual person

Rosenbaum, 2014; Ogden, 2008; Pauleta et al. (2010)

Presentation of Sexual Issues Across the Lifespan: Postpartum

- Sex after childbirth
  - AAP/ACOG—unknown when the safest time is to resume intercourse after childbirth, but waiting at least 2 weeks helps decrease risk of hemorrhage and infection
  - Many physicians recommend women wait 6 weeks once they are cleared at their postpartum check up
  - Use vaginal lubricant
- Deepening physical intimacy (Ogden)
  - Breathe, bathe, cuddle, kegel

Presentation of Sexual Issues Across the Lifespan: Older Adults

- 2010 National Survey of Sexual Health & Behavior (IU)
- Percentage of adults engaging in vaginal intercourse in the past year:
  - Ages 60-69: males over 50%; females over 42%
  - Ages 70 and older: males over 40%; females over 21%
- Percentage of male adults performing oral sex on a female partner in the past year:
  - Ages 60-69: over 30%
  - Ages 70+: over 20%
- Percentage of adults who engaged in masturbation alone in the past year:
  - Ages 60-69: women over 46%; men over 61%
  - Ages 70+: women over 32%; men over 46%

National Social Life, Health, and Aging Project (NSHAP) 2007 US survey

		Age range		
		Percentage agreement within previous year		
		57–64	65–74	75–85
	Behavior			
Men	Any kind of sex	84	67	38
	Vaginal sex[a]	40	31	23
	Oral sex[a]	62	48	23
	Anal sex[b]	–	–	–
	Foreplay[a,c]	94	90	92
	Masturbation	63	53	28
Women	Any kind of sex	61	40	17
	Vaginal sex[a]	34	31	24
	Oral sex[a]	53	46	36
	Anal sex[b]	–	–	–
	Foreplay[a,c]	89	88	89
	Masturbation	32	22	16

Presentation of Sexual Issues Across the Lifespan

- Illness
  - Cancer
- Menopause
  - Hormonal changes leading to painful penetration
- Age related changes

Assessment & Intervention of Sexual Concerns

Assessment of Sexual Issues

- Montejo-Gonzalez et al., 1997 study
  - 14% of medical patients reported problematic sexual functioning to their PCPs
  - 58% of patients revealed sexual difficulties when they were asked directly by their PCPs

DSM-5-TR Sexual Disorders

- Delayed Ejaculation
- Erectile Disorder
- Female Orgasmic Disorder
- Female Sexual Interest/Arousal Disorder
- Genito-Pelvic Pain/Penetration Disorder
- Male Hypoactive Sexual Desire Disorder
- Premature (Early) Ejaculation
- Substance/Medication-Induced Sexual Dysfunction

DSM-5-TR, 2022

DSM-5-TR Sexual Disorders

- Subtypes:
- Lifelong vs. Acquired
- Generalized vs. Situational
- Additional Factors to Consider:

1. Partner factors
2. Relationship factors
3. Individual vulnerability factors
4. Cultural/religious factors
5. Medical factors

DSM-5-TR, 2022

Sexual History Taking Guidelines

1.) Understand One's Own Sexuality

2.) Never Assume and Always Assume
Focus on behaviors vs. value-laden statements
How frequently do you… vs. Do you…

3.) Normalize Verbalizing Sexual Terminology & Language

4.) Promote Clarity While Using the Client's Language

5.) Promote Client's Comfort and Ease in Disclosing

6.) Be Clear and Avoid Shaming
- *Have you been unfaithful* vs. *Let's talk about any sexual relationships you might have had with others in addition to your primary partner."*
- Attitude: matter-of-fact neutrality, professionalism, genuinely warm support

Hertlein, et al. (2019)

Assessment of Sexual Issues

- Psychological Symptoms
  - Depression
    - After inquiring about anhedonia, *Have you noticed any differences in your interest in sex recently? Has it increased or decreased?*
  - Mania
    - *Have you ever experienced any increase in sexual activity beyond what feels normal for you? Sexual situations that others might consider dangerous or risky?*
  - Potential Trauma History
    - *Have you ever had any unpleasant or confusing sexual experiences growing up?*
    - *Has anyone ever crossed a line/boundary with you sexually?*

Assessment of Sexual Issues

- Children/Adolescents
  - *Have you noticed any self-stimulation/genital touching behaviors in your child? Do you have concerns about these?*
  - *Has your child received any form of sex education at home and/or at school? What kind? (Comprehensive sex education, Abstinence only until marriage) Any family values related to sex education?*
  - *Often times, adolescents bring up thoughts/questions related to sex in therapy. What is your comfort level with your teen talking about sex?*

Assessment of Sexual Issues

- Family of Origin
  - *What were the messages about sex like in your family?*
  - *Did you receive any type of sex education growing up (at home/school)?*
  - *Was sexuality discussed in your family? In what way?*
  - *In what way have these messages/communication styles about sex affected you?*
- Medical History
  - *Have you ever been worried about or diagnosed with a sexually transmitted disease/infection? Outcome/treatment/effect relationship or sex life*
  - *Any difficulties with erection, orgasm, lubrication, ejaculation?*
  - Women: *When was your last gynecological exam? Any difficulties/pain during the exam? Do you use tampons? Any symptoms of menopause/perimenopause present?*
  - *Medications?*

Assessment of Sexual Issues

Relationship/Social History

- *When has sex been the best in your relationship and how is that different now?*
- *Many clients I see have concerns about sexual issues. I wonder if this is true for you as well?*
- *Are you sexually active in your current relationship?*
- *How satisfied are you with the sexual relationship you have with your partner?*
- *When was the last time you were sexually active (both with a partner and alone)?*
- *How old were you the first time you had sex/age of first sexual encounter?*
- *Do you find you are more attracted to males, females, both? Has this changed at various points in your life?*
- *Do you experience any pain with sex?*
- *Do you ever experience any emotional discomfort when having sex (i.e. worry, nervousness, feeling detached or numb)*

Assessment of Sexual Issues

- Substance use disorders
  - *1st use*
  - *How much*
  - *How often*
  - *Last use*
  - *Method*
  - *Negative consequences due to using?*
    - *Relational consequences?*
  - *Do you tend to have sex when under the influence of X?*
  - *Do you engage in sex while sober?*

Specific Sexual History Taking-An Overview

- History of presenting problem:
  - How long has it been occurring?
  - Under which circumstances?
  - Types of symptoms experiencing?
- Obtain sexual status:
  - Detailed picture of last sexual experience both with a **partner** and **individually**
  - Thoughts, feelings, physical sensations, behavior
  - Gives a picture of the present-day causes of a sexual problem
  - The description should include the environment, the mood, who did what to whom, and what were each of them thinking and feeling at each point of the experience

Assess all phases of sexual response (desire, arousal, orgasm, pain)

Brief Interventions

PLISSIT

Good Enough Sex Model

Basson Model of Female Sexual Response

Sensate Focus

PLISSIT Model

- A model to approach discussing sexuality with clients
- *P*ermission: The therapist gives permission to the client to discuss sex in therapy by normalizing the issue, legitimizes topic of sex, offering a safe environment in which to share difficult topics. Ex: *You've mentioned the relationship conflict. How has this affected sex with each other?*
- *L*imited *I*nformation: Providing general information/correcting misinformation. *Ex. In talking about the rapid ejaculation that you're experiencing, let's keep in mind that there are many ways to sexually satisfy your partner even after you've ejaculated.*
- Specific Suggestions: The therapist provides particular guidance about interventions/ways to cope with an issue: Ex. Suggesting sensate focus for trouble with intercourse. Squeeze technique for rapid ejaculation.
- *I*ntensive *T*herapy: The therapist moves on to a deeper level of therapy, if necessary, to focus on other issues that may be contributing to the presenting problem.

Annon, J. 1976

Metz and McCarthy's Good Enough Sex Model (2012)

- "Realistically great sex" serving a number of purposes: pleasure, affirmation, tension release, couple cohesion, self-esteem, lust, emotional intimacy, excitement, comfort, reproduction.
- Core Elements:

  1.) *Sex is an invaluable part of an individual's and couple's long-term comfort, confidence, intimacy, pleasure, and eroticism. Eroticism is an intentional feature and responsibility of each partner.*

  2.) Relationship and sexual satisfaction are essentially intertwined. The couple is an 'intimate team' and balance emotional intimacy and eroticism.

  3.) Accurate, realistic, age-appropriate physiological, psychological, relationship, and sexual expectations are essential for sexual satisfaction.

Metz and McCarthy's Good Enough Sex Model

- *4.) Good physical health and healthy behavioral habits are vital for sexual health. Each individual values, respects, affirms a partner's sexual body.*
- *5.) Relaxation is the foundation for pleasure and function.*
- *6.) Pleasure is as important as function.*
- *7.) Abandoning the need for perfect performance inoculates the couple against sexual dysfunction by reducing performance pressure, fears of failure and rejection.* Very good: 20-25%; Good: 40-60%; Fair, but unremarkable: 15-20%; Dissatisfying/dysfunctional: 5-15% of the time.
- *8.) 5 basic purposes for sex: sensual enjoyment & pleasure; tension & anxiety reduction; self-esteem, confidence, & pride in being a sexual person; relationship closeness & satisfaction; reproduction are integrated into the couple's sexual relationship.*

Metz and McCarthy's Good Enough Sex Model

- *9.) Integrate and flexibly use the 3 basic sexual arousal styles*
  - *Self-entrancement:* One's own sensual pleasure. Closing eyes, going within. Specific type of touch helps increase arousal.
  - *Partner interaction:* Focus on involvement with the partner. Active, eyes open, looking at partner, talkative, energetic.
  - *Role enactment:* Focus on role play, fantasy, variety, and experimentation
- *10.) Partner gender differences and preferences are respectfully valued and similarities mutually accepted. Partners cooperate as an intimate team for relationship and sexual pleasure and satisfaction.*
- *11.) Sex is integrated into real life. Partners ensure "regular" frequency of sex. Sexuality is developing, growing, and evolving throughout one's life to create a unique sexual style. Regularity ensures an emotional "intimacy blender."*
- *12.) Sexuality is personalized: Sex can be playful, spiritual, special*

Basson Model of Female Sexual Desire/Arousal

- Estimates that low sexual desire affects up to 30-40% of women.
- Traditional Masters and Johnson's linear model of sexual response cycle (arousal, plateau, climax, resolution).
- Helen Singer Kaplan: "Spontaneous" desire vs. "Responsive" desire
- Basson model: A circular model of sexuality that accounts for the range of motivations, reasons, and incentives for wanting to engage in sexual activity.

Basson Model of Female Sexual Response

- Accounts for the overlapping of desire and arousal phases of sexual response that women tend to report
- Based on 4 fundamental aspects of female sexuality:

1. Women have a lower biological urge to be sexual for release of sexual tension (unlike men whose responses are influenced more by testosterone).
2. Women's willingness to engage in a sexual experience influenced by gains that not strictly sexual.
3. Women's sexual arousal is "a subjective mental excitement". May or may not be accompanied by awareness of physical arousal cues.
4. Orgasmic release of sexual tension may happen, but not required, and can happen in different ways.

Brotto & Graham, 2022; Basson, 2022; Basson, 2007; Basson, 2000

Basson Model of Female Sexual Response: Dimensions of sexual arousal

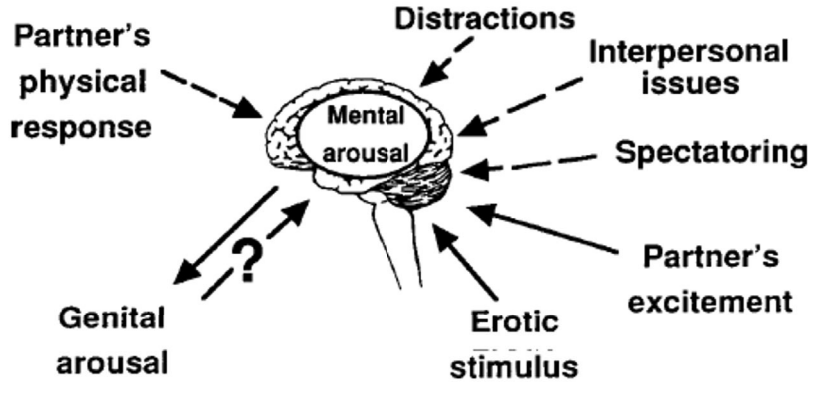

FIGURE 4. A model of women's sexual arousal.

Basson, 2001

Basson Model of Female Sexual Response

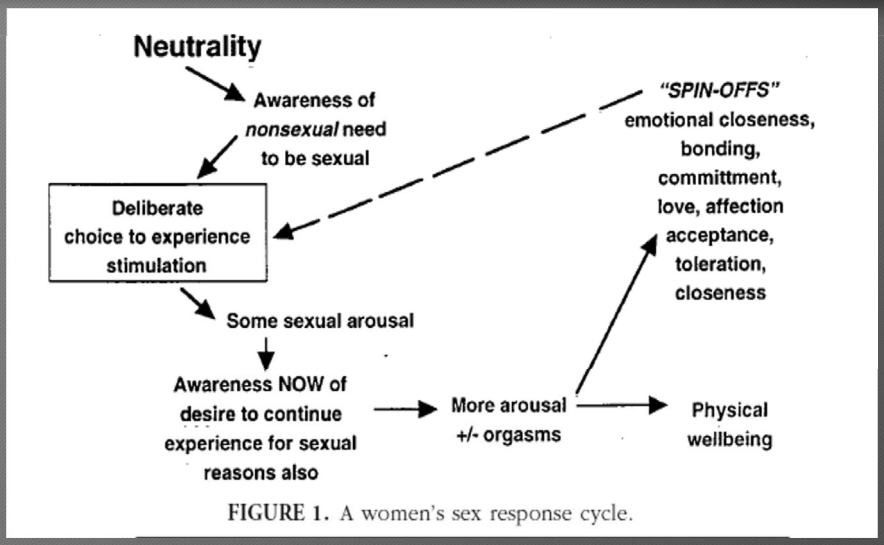

FIGURE 1. A women's sex response cycle.

Basson, 2000

Basson Model cont.

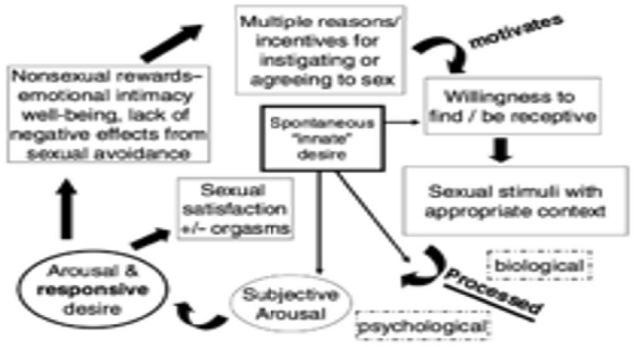

FIGURE 2.1. Sexual response cycle reflecting the many incentives for sex, the psychological and biological influences on arousability, and the fact that arousal may precede and then accompany sexual desire. Adapted from Basson, R. J. (2001). Female sexual response: The role of drugs in the management of sexual dysfunction. *Obstetrics and Gynecology, 98*, 350–353. Copyright 2001 by the American College of Obstetricians and Gynecologists. Adapted by permission of Lippincott Williams & Wilkins.

Basson, 2007

Sensate Focus: Masters & Johnson

- A form of systematic desensitization to manage anxiety and alleviate pressure and expectations associated with sexual dysfunction.
- A hierarchy of progressive, structured sexual exercises that focus on mindfulness of sensations and touching for one's self.
- A means for clients to be attuned to one's own sensations and detract focus away from evaluative expectations of the experience.

Weiner & Clark-Avery, 2014

Sensate Focus: Specific Suggestions

- Effective if sessions occur every 48-72 hours
- One hour set aside with minimal disturbances
- Temperature, pressure, texture

Sensate Focus

- Activity for the week
- Rating of how much enjoyed the experience (1-10)
  - Explain
- Rating of perception of partner's enjoyment (1-10), explain
- Aspects enjoyed about exercise
- Enjoy least/what was difficult?
- What was surprising?
- Attend to: thought, emotions, physical sensations, differences in temperature/pressure/texture

Sensate Focus

- General course:
  - The "toucher": focuses on touching partner head to toe with breasts/genitals off limits
    - Focus on *tactile sensations*: temperature, pressure, and texture
    - Maintain focus on sensations if mind wanders
  - The "touchee"
    - Focuses on temperature, pressure, and texture of where he/she is being touched
    - Move hand away if in area is uncomfortable/ticklish
  - Breasts and genitals on limits
  - Mutual touching lying together
  - Partner astride
  - Insertion
  - As the couple makes progress, other sensations/behaviors can be included
  - Sensate Focus Phase 2: communication is stressed, exchange of non-verbal and verbal information about desires, respond to feedback

Weiner & Clark-Avery, 2014

When to Refer to a Sex Therapist

- Issues related to sexuality are often interspersed with other psychological complaints, so it is important to be able to address them with clients.
- Is the presenting issue specifically a sexual dysfunction? (i.e. erectile dysfunction, premature ejaculation, vaginismus, difficulty with orgasm)
- How much knowledge do you have in these areas?
- How comfortable to you feel addressing these issues with clients?
- Are you willing to seek consultation/supervision regarding these issues?
- Do you notice yourself steering the patient away from sexual topics/concerns he/she is bringing up?

How to Increase Comfort

- Attend workshops/seminars about sexuality-related topics
  - AASECT.org
    - SAR
  - Society for the Scientific Study of Sexuality—sexscience.org
  - Society for Sex Therapy and Research—sstarnet.org
  - International Society for the Study of Women's Sexual Health—isswsh.org
  - International Society for Sexual Medicine
- Join a sexuality organization listserv
- Read articles related to sexuality-specific issues
- Attempt to incorporate specific sexuality questions into your intakes and therapy questions
- Notice what your internal reactions are around this (thoughts, emotions, physiological reactions)
- Consider processing these issues with a colleague/seek consultation

Resources

Increasing Desire

- *Come Together: The Science (And Art!) of Creating Lasting Connections*, Emily Nagoski, PhD
- *The Heart of Desire: Keys to the Pleasures of Love*. By: Stella Resnick, PhD.
- *The Return of Desire: A Guide to Rediscovering Your Sexual Passion*. By Gina Ogden, PhD
- *Wanting Sex Again: How to Rediscover Your Desire and Heal a Sexless Marriage. By:* Laurie J. Watson, LMFT, LPC
- *Mating In Captivity: Unlocking Erotic Intelligence* By: Esther Perel
- *Rekindling Desire: A Step-by-Step Program to Help Low-Sex and No-Sex Marriages* By: Barry and Emily McCarthy
- *Enduring Desire: Your Guide to Lifelong Intimacy*. By: Michael Metz, PhD & Barry McCarthy, PhD

Resources

Improving Sexual Communication

- *Finding & Revealing Your Sexual Self: A Guide to Communicating about Sex*. By: Libby Bennett, PsyD & Ginger Holczer, PsyD.

Erectile Dysfunction

- *Coping with Erectile Dysfunction: How to Regain Confidence and Enjoy Great Sex* By: Barry W. McCarthy, PhD & Michael E. Metz, PhD

Genital Pain

When Sex Hurts: A Woman's Guide to Banishing Sexual Pain. By: Andrew Goldstein

Resources

Mental Health Clinicians

- *What Every Mental Health Professional Needs to Know About Sex*. By: Stephanie Buehler, MPW, PsyD, CST
- *Principles and Practice of Sex Therapy, 6th Edition. Binik, Y. M. & Hall, K. S. K.*

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