You want me to talk to my patients about what? How to address you patient's issues related to sex and intimacy.

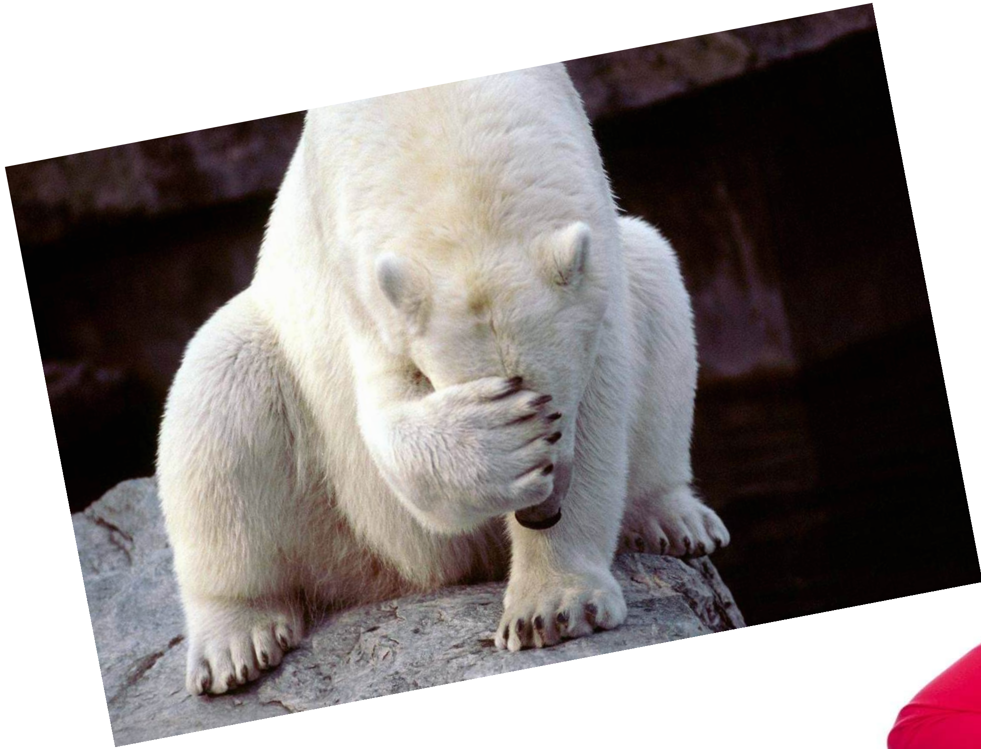
Misty Smith, PhD. S-LPC, *Certified Sex Therapist*

Let's Talk About
SEX

Sexual Myths

1. Sex is a sensitive topic.
2. Sex is only for making babies.
3. There is a cut-off age for sex
4. He knows what he is doing.
5. There is a "best" way to have sex
6. More sex is better.
7. Faster is better.
8. Sex is incomplete without the orgasm.
9. Need desire for sex.
10. Need emotional connection for sex to happen.

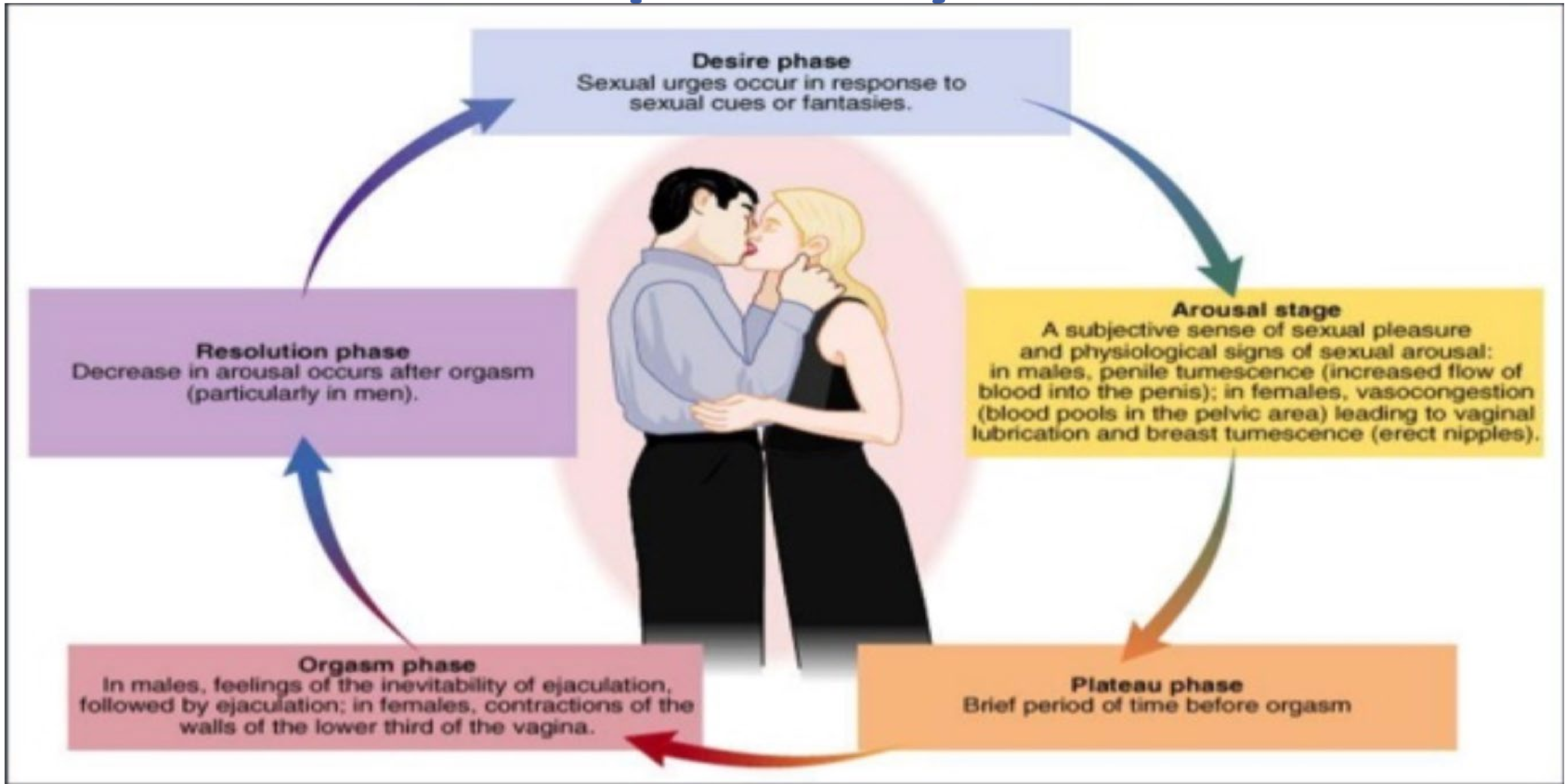
Let’s Talk About Sex!!!



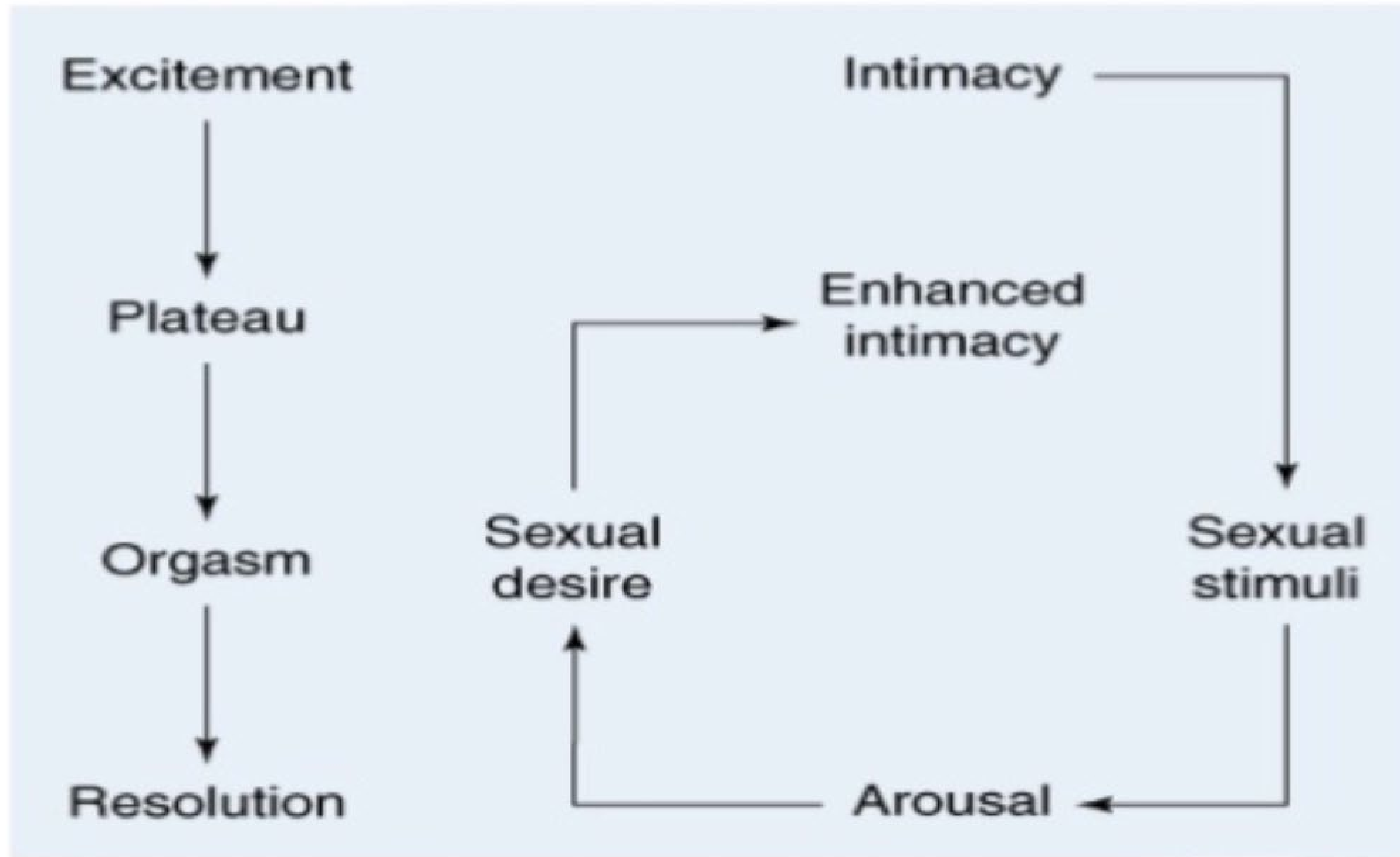
Sexual Dysfunction- Misconceptions

1. Be grateful to be alive.
2. Things will get better.
3. Sex is about penetration.
4. Sex is about the orgasm.
5. Sex is all about him.
6. No need to think about sex if single.
7. Too old anyway.

Sexual Response Cycle



Women's Sexual Response Cycle



Female Sexual Dysfunction

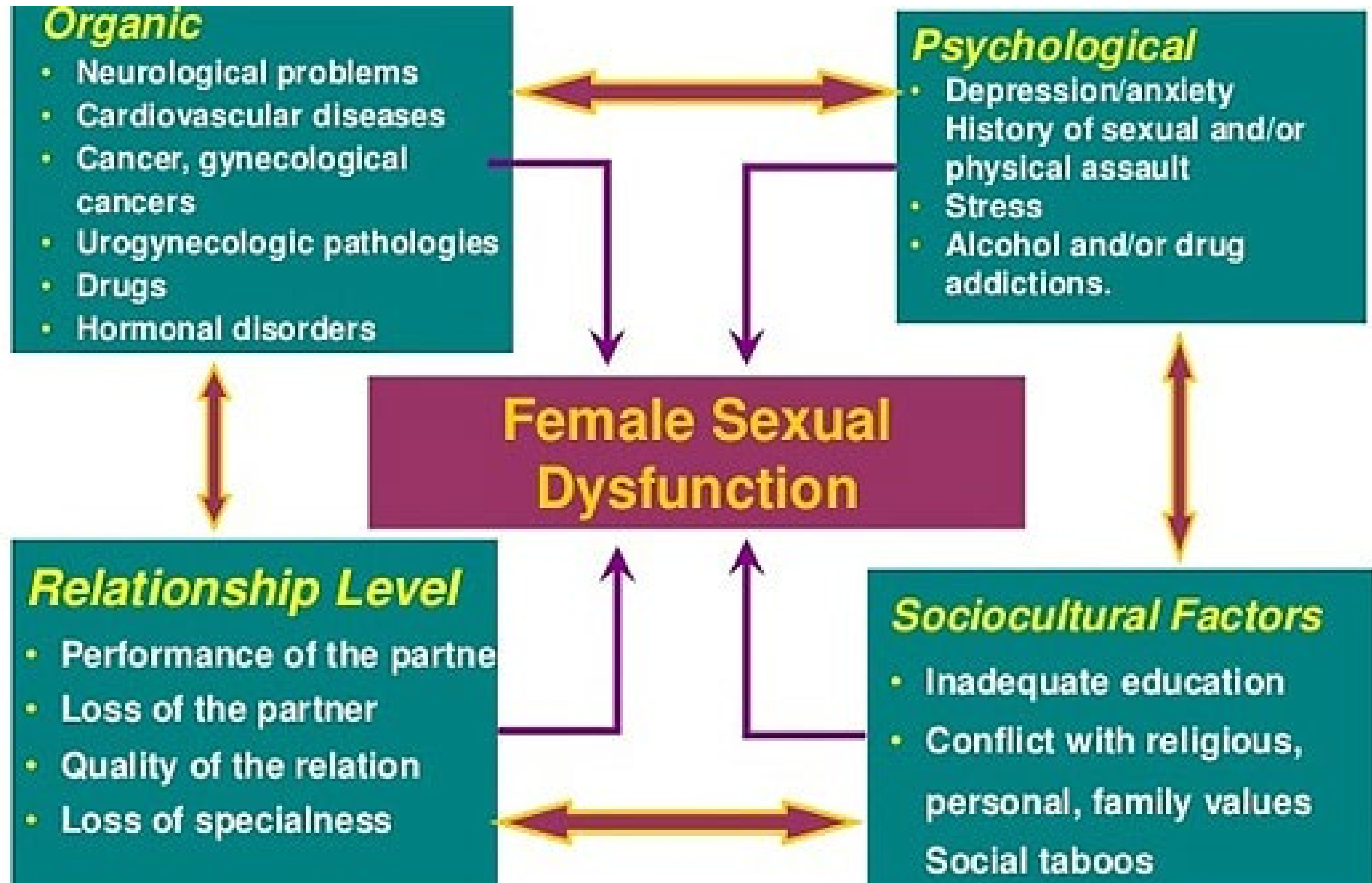
- Hypoactive Sexual Desire Disorder
- Sexual Arousal Disorder
- Sexual Aversion Disorder

→ Female sexual interest/ arousal disorder

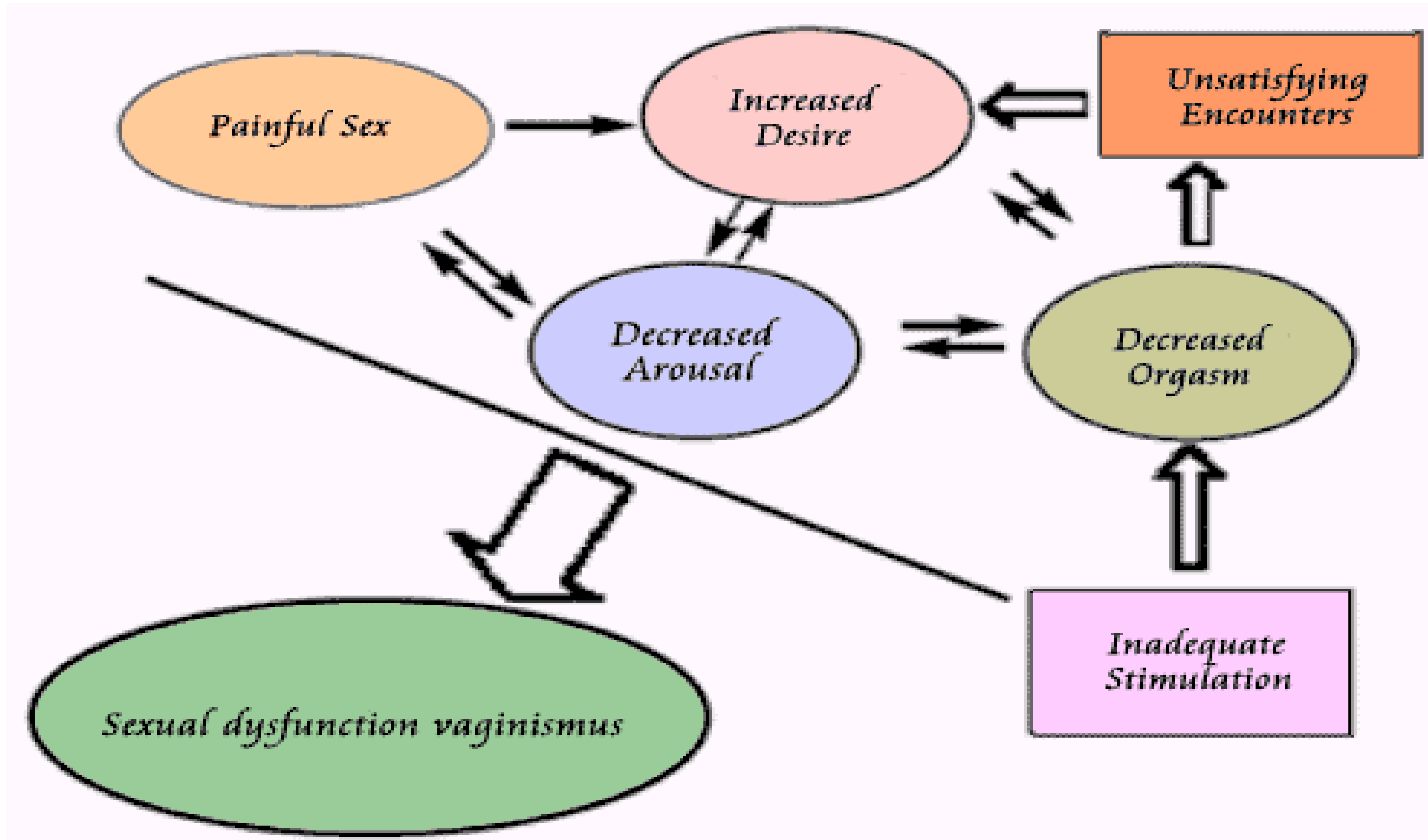
- Female Orgasm Disorder
- Sexual Pain Disorder
  - Dyspareunia
  - Vaginismus

→ Genito-pelvic pain/penetration disorder

Female Sexual Dysfunction



Women’s Response To Painful Sex



Female Sexual Dysfunction

- ***Pain during penetration might be associated the following:***
- Lack of lubrication.
- Certain medications.
- Injury, trauma or irritation.
- Inflammation, infection or skin disorder.
- Congenital abnormality.
- ***Deep pain usually occurs with deep penetration. Causes include:***
  - Certain illnesses and conditions.
  - Surgeries or medical treatments.
  - It might be worse in certain positions.

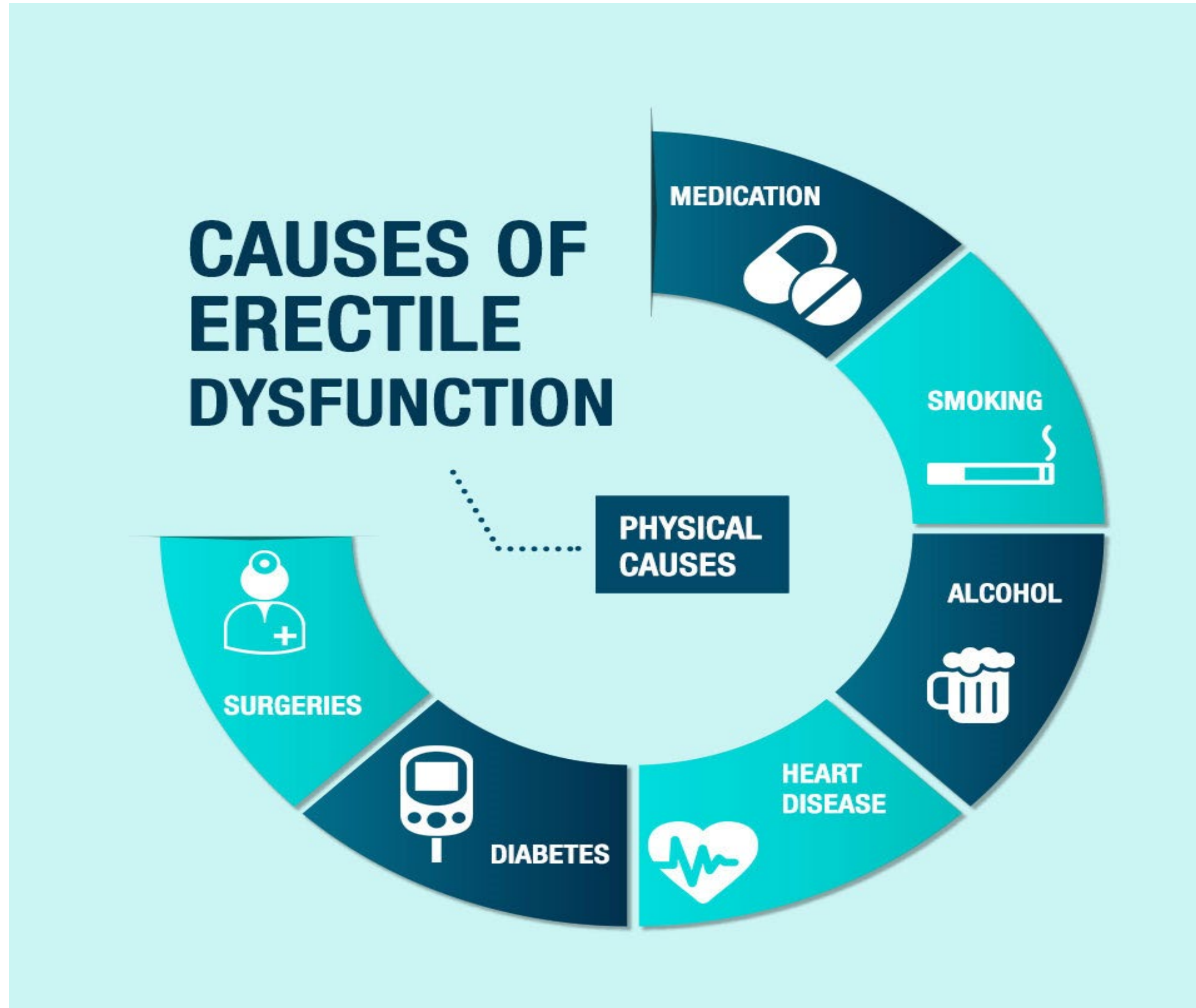
Female Sexual Dysfunction

- **Emotional factors include:**
- Stress.
- Psychological issues.
- History of sexual abuse.
- Avoidance of sexual intercourse due to pain association.
- Initial pain can lead to fear of recurring pain, making it difficult to relax, which can lead to more pain.

Male Sexual Dysfunction

- **Main types of male sexual dysfunction are:**
- Erectile dysfunction (difficulty getting/keeping an erection)
- Low libido (reduced interest in sex)
- Ejaculation disorders

Male Sexual Dysfunction



Male Sexual Dysfunction

Psychological causes

Reliance on ED treatment

Stress

Performance anxiety

Depression

Loss of interest / relationship problems

Questions to ask

- A good sexual history covers many of the same topics for both female and male patients (43% of women and 31% of men report some degree of sexual dysfunction)
- It is important to ask about the following: ***sexual interest, arousal, satisfaction, quality of relationship, mood, pain, and the effects of illnesses, medications and surgeries.***
- Remember...patients want to tell you these things because they want help. YOU have to provide the ***opportunity*** and ***safety*** for them to do so!

Questions to ask: Quick Assessment

- **About-** what happens; feelings & thoughts during
- **Both** partners' sex response
- **Context-** relationship, environment, culture
- **Depression?** Mental health; self-image
- **Experiences** in the past (sexual & non-sexual)
- **Feelings** for partner when sexual or in general

Questions To Ask

The following questions can be directed at the sexual couple.

Sexual problem in patient's own words	Clarify further with direct questions, giving options rather than leading questions, giving support and encouragement, acknowledgement of embarrassment, and reassurance that sexual problems are common.
Duration, consistency, priority	Are problems present in all situations, and which problem is most severe?
Context of sexual problems	Emotional intimacy with partner, activity/behavior just prior to sexual activity, privacy, birth control, risk of STDs, usefulness of sexual stimulation, sexual skills of partner, sexual communication, time of day/fatigue level.
Rest of each partner's sexual response	Check this currently and prior to the onset of the sexual problems.

Questions To Ask

sexual response	
Reaction of each partner	How each has reacted emotionally, sexually, behaviorally.
Previous help	Compliance with recommendations and effectiveness.
Reason for presenting now	What has precipitated this request for help?
The following questions are asked from each partner when seen alone.	
Partner's own assessment of the situation	It sometimes is easier to say symptom severity (e.g., total lack of desire) in the partner's absence.
Sex response with self-stimulation	Also inquire regarding sexual thoughts and fantasies.
Past sexual experiences	Positive, negative aspects.
Developmental history	Relationships to others in the home while growing up. Losses, traumas, to whom (if anyone) were they close. Were they shown physical affection, love, respect?
Inquire regarding sexual, emotional, and physical abuse	Explain that abuse questions are routine and do not necessarily imply causation of the problems.

Questions To Ask

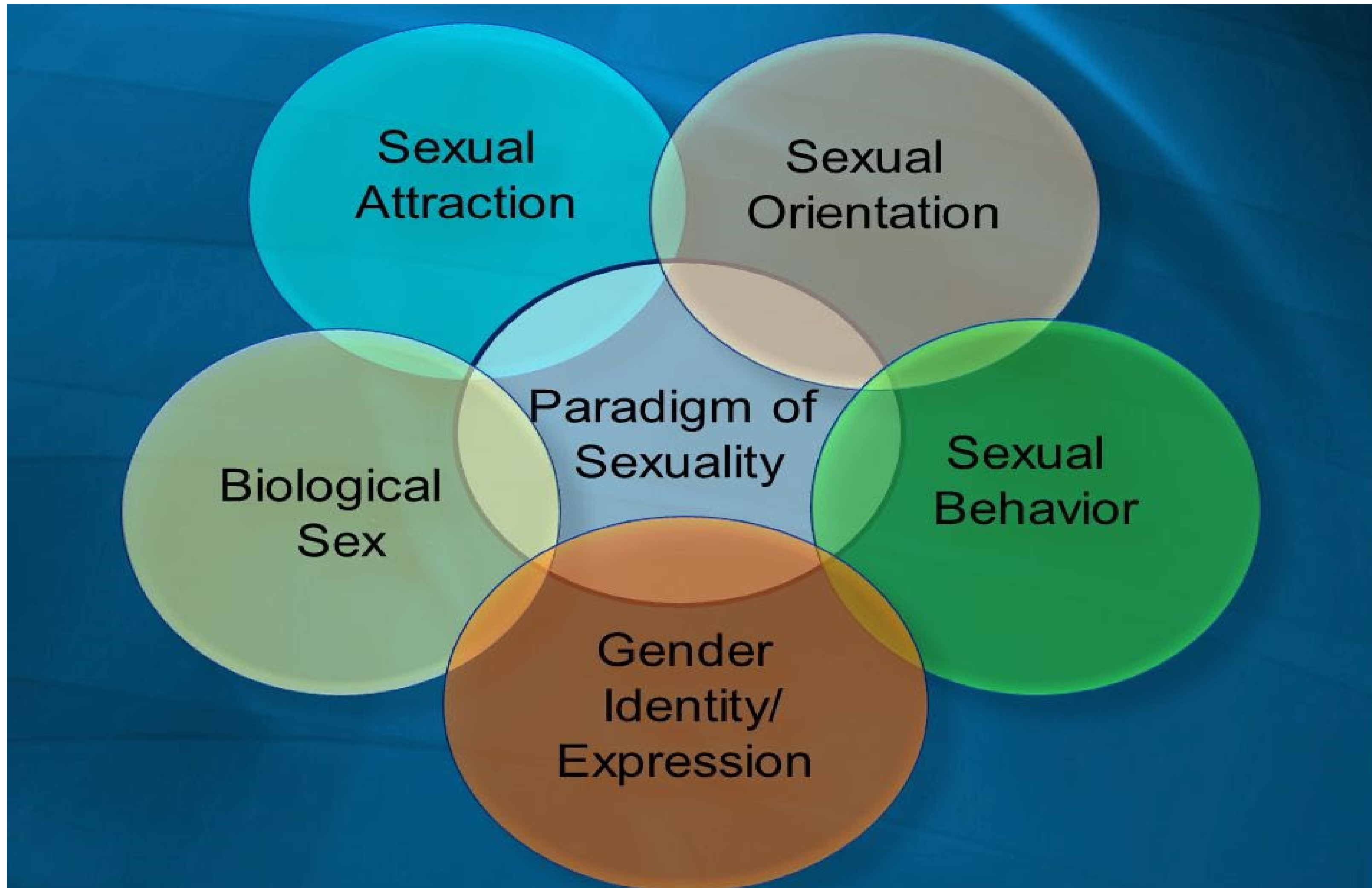
The following areas must also be assessed.

Physical health, including medications	Specifically ask regarding medications with known sexual side effects, including SSRIs, Î² blockers, antiandrogens, GnRH agonists, hormonal contraceptives.
Evaluation of mood	A significant correlation of sexual function and mood warrants routine screening for mood disorder.

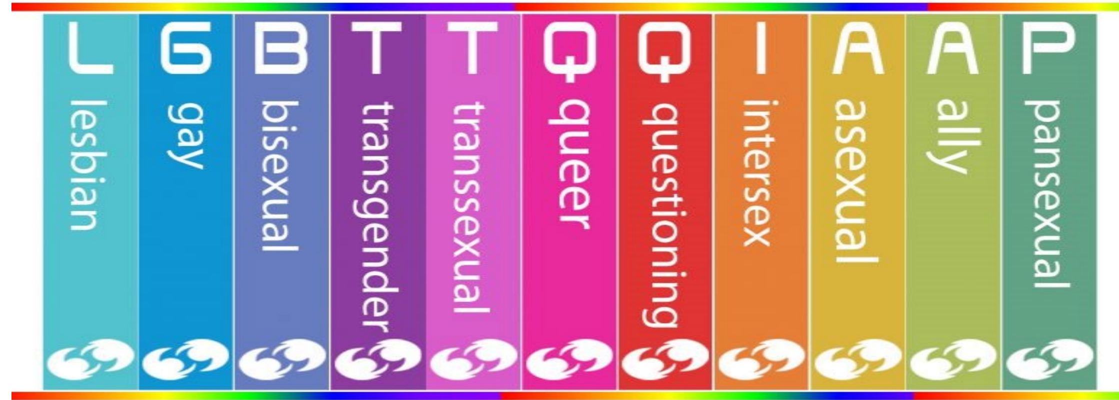
STDs, sexually transmitted diseases; SSRIs, selective serotonin reuptake inhibitors; GnRH, gonadotropin-releasing hormone.

Items 3 to 5 of the single patient interview may sometimes be omitted (e.g., for a recent problem after decades of healthy sexual function).

Awareness



Awareness-



TRANS*

I recently adopted the term "trans*" (with the asterisk) in my writing. I think you should, too. If it's new to you, let me help clarify. Trans* is one word for a variety of identities that are incredibly diverse, but share one simple, common denominator: a trans* person is not your traditional cisgender wo/man. Beyond that, there is a lot of variation.

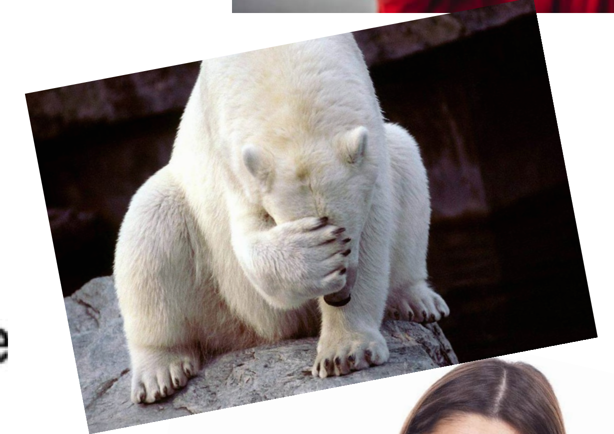
WHAT DOES THE * STAND FOR?

*TRANSGENDER
*TRANSSEXUAL *TRANSVESTITE
*GENDERQUEER
*GENDERFLUID *NON-BINARY *GENDERF*CK
*GENDERLESS
*AGENDER *NON-GENDERED
*THIRD GENDER
*TWO-SPIRIT * BIGENDER
*TRANS MAN
*TRANS WOMAN

read more at ItsPronouncedMetrosexual.com

Reasons Professionals &/or Patients Don't Ask

- Personal embarrassment
- Lack of knowledge re: clinical relevance
- Ignorance re: who, when, how, or what to ask
- Concern re: not knowing how to answer questions
- Concern re: becoming aroused/uncomfortable
- Concern re: appearing seductive/intrusive
- Uncertainty about legal issues
- Time constraints



Referring

What IS Sex Therapy???

Sex Therapist

What my friends think I do..

What my mom thinks I do.

What society thinks I do.

What men thinks I do.

What women think I do

What I think I do

What I really do.

MEMES & FUNNY PICS FRABZ.COM

Referring

- **When to refer to a *Sex Therapist*...**

- **If** you aren't comfortable talking to your patient about sex
- **If** you find yourself at a loss for answers
- **If** the patient gives a little information, but then shuts down
- **If** the patient has sexual dysfunction of any kind
- **If** a patient discloses to you possible history of abuse or possible current abuse
- **ALWAYS**...when there is a sexual issue!

THANK YOU

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