

SEXUAL HEALTH: DIAGNOSES AND TREATMENT APPROACHES

Claire Postl, MA, LPCC

Sexual Health Therapist

The Ohio State Wexner Center- Urology and Center for Women's Health

The James Cancer Hospital- Cancer Supportive Care

Objectives

- By the end of this presentation participants will be able to identify three of the most common sexual dysfunction diagnoses.
- By the end of this presentation participants will be able to identify 2 psychological issues that cause sexual function concerns.
- By the end of this presentation participants will have knowledge healthy/realistic sexual expectations.

Agenda

- Book list
- Define sex therapy
- Review of sexual dysfunction diagnoses
- How unhealthy sexual expectations that cause distress
 - Case Review
- Provider take away

Book List

Sexual Health

Davis, L. (1990). The courage to heal workbook: For women and men survivors of child sexual abuse. Santa Cruz, CA: HarperCollins Publishers, Inc.

Foley, S., Kope, S., & Sugrue, D. (2012). Sex matters for women: A complete guide to taking care of your sexual self. New York, NY: The Guilford Press.

Keesling, B. (2006). Sexual Healing: The complete guide to overcoming common sexual problems. Ann Arbor, MI: Hunter House.

Klein, M. (2012). Sexual Intelligence: What we really want from sex and how to get it. New York, NY: Harper One.

Relationships

Cohen, R. (2011) Coming Home to Passion. Restoring loving sexuality in couples with histories of childhood trauma and neglect. Santa Barbara, CA: Praeger.

Gottman, J & Silver, N. (2015). The seven principles for making marriage work: A practical guide from the country's foremost relationship expert. New York, NY: Harmony Books.

Silver, N. & Gottman, J. (2013). What makes love last? How to build trust and avoid betrayal. New York, NY: Simon & Schuster.

Desire

Bader, M. J. (2002). Arousal: The secret logic of sexual fantasies. New York, NY: Thomas Dunne Books.

Goldstein, A. & Brandon, M. (2004). Reclaiming desire: 4 keys to finding your lost libido. New York, NY: Rodale.

Perel, E. (2007). Mating in captivity: Unlocking erotic intelligence. New York, NY: Harper Collins.

Orgasms

Barbach, L. (2000). For yourself: The fulfillment of female sexuality. London, England: Signet Printing.

Foley, S., Kope, S., & Sugrue, D. (2012). Sex matters for women: A complete guide to taking care of your sexual self. New York, NY: The Guilford Press.

Self-esteem

Brown, B. (2010). Gifts of Imperfection: Let go of who you think you are supposed to be and embrace who you are. Center City, MO: Hazelden Publishing.

Hayes, S. & Smith, S. (2005). Get out of your mind and into your life. Oakland, CA: Rain coast Books.

What is Sex Therapy?

- EXCLUSIVELY talk therapy
- Focus on sexually related concerns that have a root in psychological health or sexual functioning changes that impact psychological health
- Common Psychological Concerns
 - Depression
 - Anxiety
 - Low self-esteem (“sexual esteem”)
 - Body image concerns
- Assessing self-esteem and “sexual esteem”
 - “On a scale of 1-10, ten being I love myself and one I have no redeeming qualities”

SEXUAL DYSFUNCTION DIAGNOSES

Delayed Ejaculation

“ Marked delay in ejaculation OR absence of ejaculation; 75-100% of the time; duration of at least 6 months”

- Relationship stress
 - New partners
- Anxiety and/or Depression
 - Masturbation habits
 - Medications

Erectile Disorder

“Difficulty in obtaining or maintaining an erection during sexual activity OR decrease in erectile rigidity; 75-100% of the time; duration of at least 6 months”

- Anxiety and/or Depression
 - Performance Anxiety
 - Relationship stress
 - Medications?

When assessing if mental and not physical assess masturbation**

Premature (Early) Ejaculation

“Persistent or recurrent pattern of ejaculation occurring during partnered sexual activity within ~ 1 minute following penetration; 75-100% of the time; duration of at least 6 months.”

- Anxiety
 - Performance anxiety
 - High sensitivity or overstimulation
- Long duration between sexual activities

Hypoactive Sexual Desire Disorder & Sexual Interest /Arousal Disorder

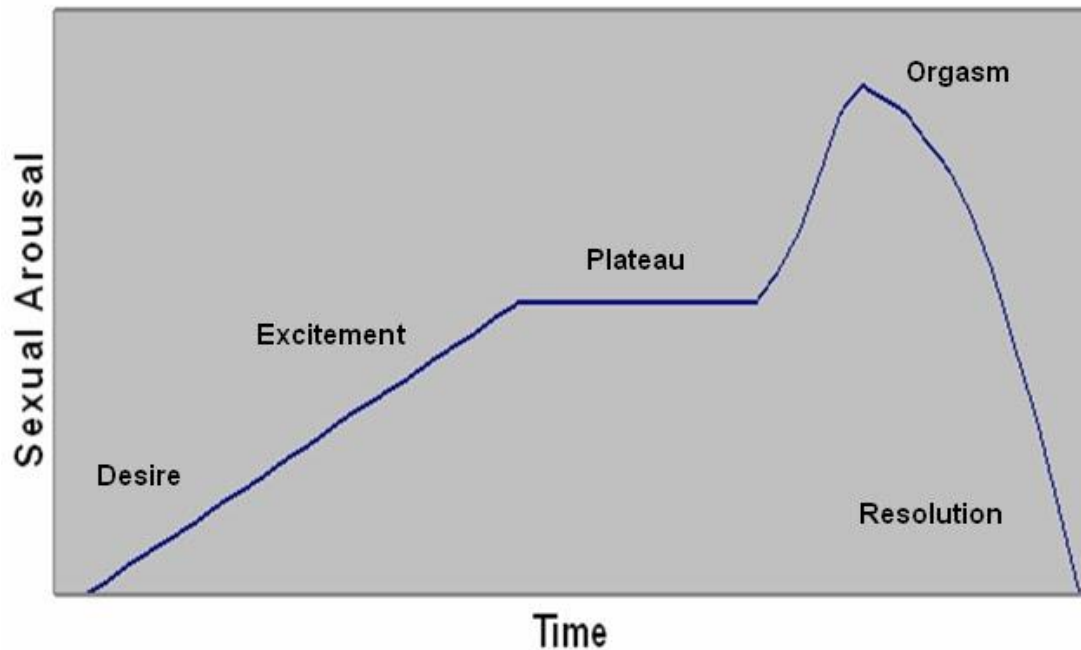
“Deficit or absent sexual/erotic thought, desire/interest in sexual activity, sexual excitement/pleasure in sexual activity, internal and external sexual erotic cues, and/or lack of genital and non-genital sensations; duration of at least 6 months.

- Relationship concerns
 - Depression
 - High stress
 - Aging
- Lack of sexual gratification during sexual encounters or negative sexual experience

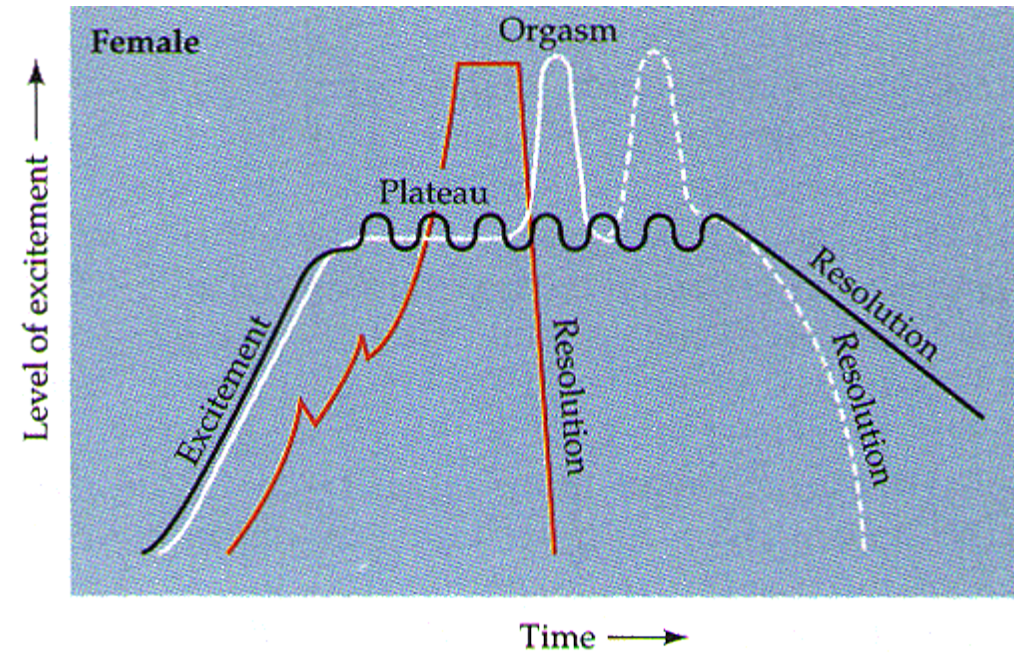
Sexual Response Cycle Comparison

Male

Sexual Response Cycle



Female



Female Orgasmic Disorder

“Delay in, infrequency, or absence of orgasm OR reduced intensity of orgasmic sensations; 75-100% of the time; duration of at least 6 months”

- Depression
 - Anxiety
- Body image concerns
- Relationship concerns

Orgasms are very mental for women. Being “in the mood” or having a “head in the game” is important.

Genito-Pelvic Pain/Penetration Disorder

“Difficult with vaginal penetration, vulvovaginal/pelvic pain, anxiety regarding vulvovaginal/pelvic pain, and/or tightening of pelvic floor muscles during attempted penetration; duration of at least 6 months.”

- Trauma
- Child birth
- General Aging
- Anxiety (fear of pain or discomfort)
- Medication

Pelvic floor physical therapy is needed in conjunction with sex therapy services**

PRESSURES ON SEXUAL PERFORMANCE

Expectations of Sex

- Sex = Intercourse
 - Thoughts that sex has to look a certain way
- Frequency
 - “How many times should a couple have sex in a week? What is a healthy amount?”
 - Case example
- Linear path of sexual interactions
 - Kissing> Touching> Oral Sex> Intercourse
 - Looking at sexual interactions as a plane

Expectations of Sex

- Men

- Get an erection without stimulation, maintain an erection, orgasm within an unspoken, but mutually agreed upon, time frame
- Responsible for partners orgasm
- Penis size

- Women

- Reach orgasm during intercourse
- Responsible for partner's erections and orgasm
- Have desire for sex

Added Pressures

- Pain Disorders
 - Added steps
 - Possible modifications needed
- Body Changes due to Medical Issue
 - Body image insecurities
 - Possible modifications needed
- Fertility or Birth Control
 - Identity in being a man or woman
 - Fears of becoming pregnant
 - Sex becomes mechanical and lacks excitement
- Cancer
 - Role change partner/partner > caregiver/patient
 - Added steps to sexual activity

CASE REVIEW

PROVIDER TAKE AWAY

Intervention cont.

- Identify underlying issue. Sex is more often the symptom, not the problem
- Encourage communication with support person (e.g., partner, counselors, friends)
- Normalize pressures
- Provide resources
 - Education
 - Book list!
 - Refer to Behavioral Health
 - Refer to Sex Therapy- AASECT.org

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References

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- Dove, N. & Wiederman, M. (2000). Cognitive distraction and women's sexual functioning. *Journal of Sex & Marital Therapy*, 26, pp67-78.
- Frohlich, P. & Meston, C. (2002). Sexual functioning and self-reported depression symptoms among college women. *The Journal of Sex Research*, 39:4, pp321-325.
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