## Let's Talk About Sex... In Therapy Addressing Sexual Issues in Clinical Practice





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Specializing in Relationships & Sexual Wellness AASECT Certified Sex Therapist Pronouns: she/her 30 N. Raymond, Suite 702, Pasadena, CA 91103 Therapy@TorreyPayne.com | 818-259-8372 www.MeganTorreyPayne.com

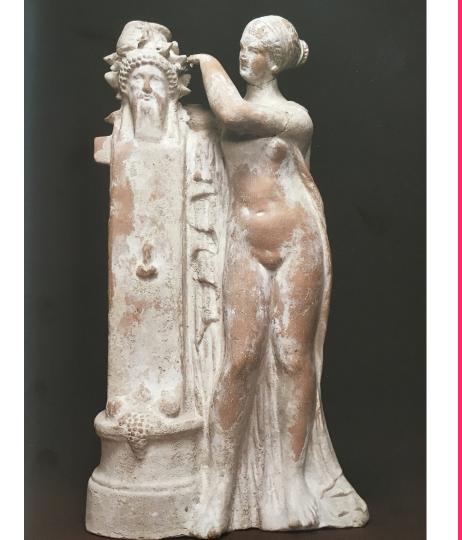
Presentation slides and handouts can be found at www.MeganTorreyPayne.com/SGVPA/

### About me and my experience

- Practicing Psychotherapy for 17 years as a Clinical Social Worker
- Completed 1 year postgraduate Couples & Sex Therapy Training Program, UCLA, 2008
- AASECT Certified Sex Therapist since 2012
- > 90 hours specialty training in core subject areas related to Human Sexuality
- 60 hours specialty training in Sex Therapy
- A minimum of 200 hours of documented field experience and 50 hours of supervision in Sex Therapy
- Abide by AASECT and NASW Code of Ethics
- Ongoing continuing education and individual/group consultation

## DISCLAIMERS

- The content of this presentation will be sexual in nature.
- You are not required to participate.
- My knowledge, this presentation, and the field of sexuality are constantly evolving.
- This presentation will be focusing on typical challenges in sexual functioning and ways to help clients maintain pleasurable connections. We will not be addressing pornography or out of control sexual behavior (i.e. "sex addiction").



### What We Will Cover

Sex & Mental Health Sexuality 101 Where Do We Start Assessment Treatment of Common Sexual Concerns Desire Arousal Orgasm

> Pain Disgust Relational Issues

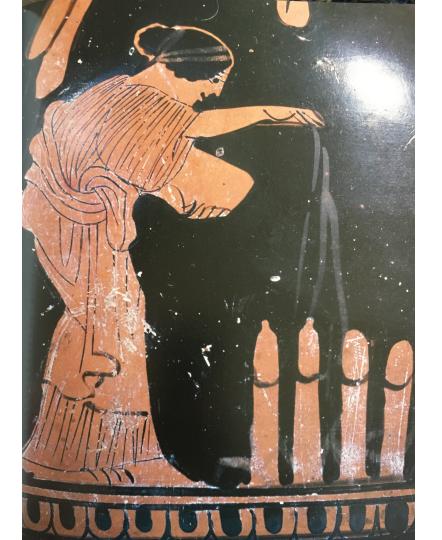


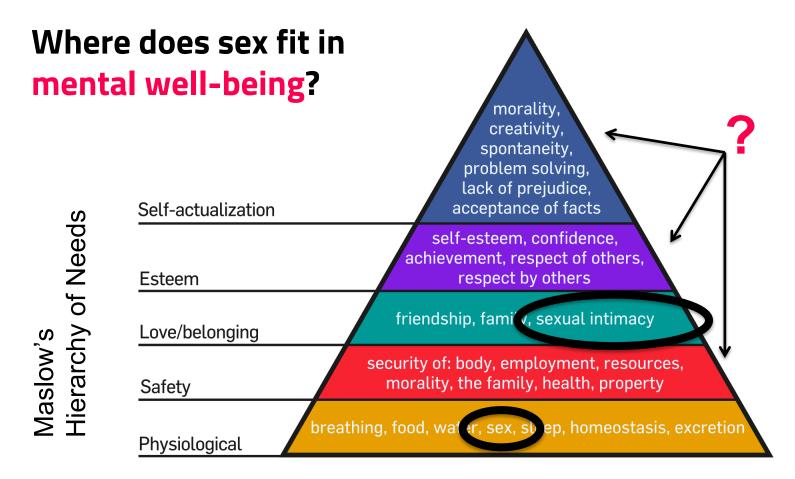
## **Sex & Mental Health**

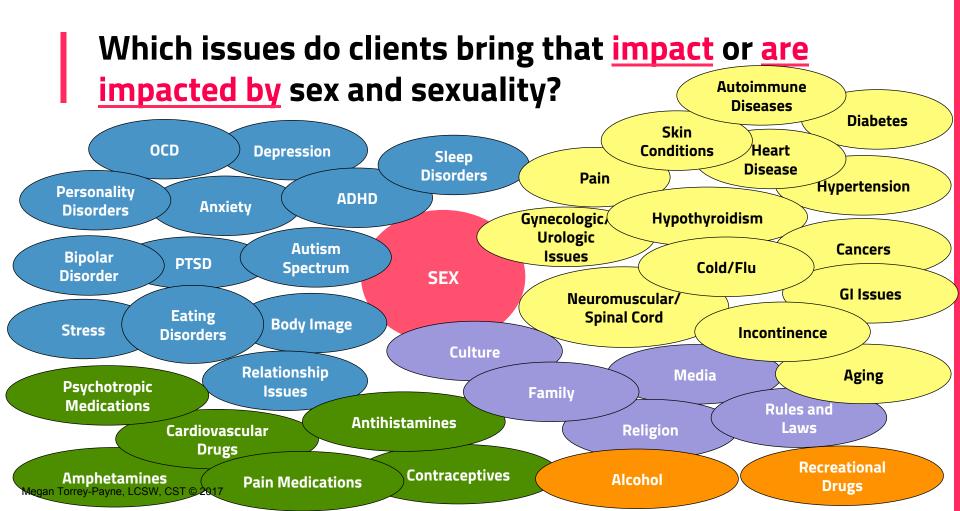


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"We are not interested in the sexual lives of men unless they identify as addicts, abusers, or victims." (Braun-Harvey, 2017)

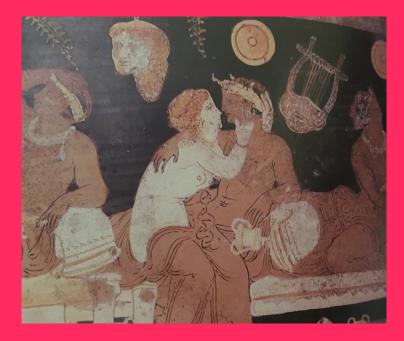


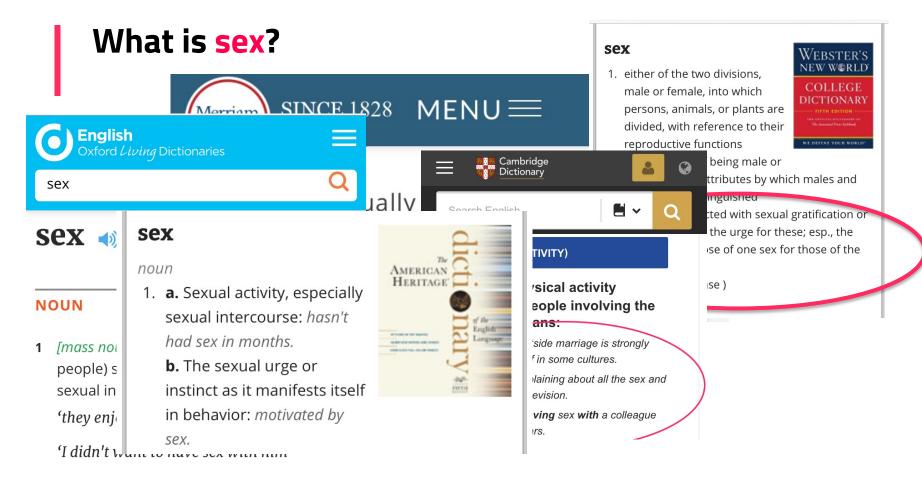




## **Sexuality 101**

#### Definitions, Development, & Models





Wł	nat is <mark>sex</mark> ?	sex	WEBSTER'S NEW W©RLD		
English Oxford Lit	Morriam SINCE 1828 MENU	<ol> <li>either of the two divisions, male or female, into which persons, animals, or plants are divided, with reference to their reproductive functions</li> </ol>	COLLEGE DICTIONARY FIFTH EDITION *** and the and the and the The description Splithing		
sex SEX NOUN 1 [ma peo sexi	Cur working definition: Sex is any behavior with a sensual and erotic purpose. It includes any erotic touch, alone or with partners, clothed or unclothed, with orgasm or without, and may or may not include the genitals.				
'they enj 'I didn't ۱۰۰۰	in behavior: <i>motivated by</i> sex. אור נס הערכ פכא אירור הווון	<b>h</b> a colleague			

# What is sexual health?

#### World Health Organization, 2002

Sexual health is a state of physical, emotional, mental and social well-being related to sexuality; it is not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence. For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled.

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## What Does It Mean to be Sex Positive?

"Sex positive" does not mean "pressuring you to have sex,"

"Sex positive" means "supporting whatever choices you make about sex."

(You Need Help: You Can Want Sex Exactly as Much as You Want (or Don't). (2017, August 16)

### **Expectations** Around Sex

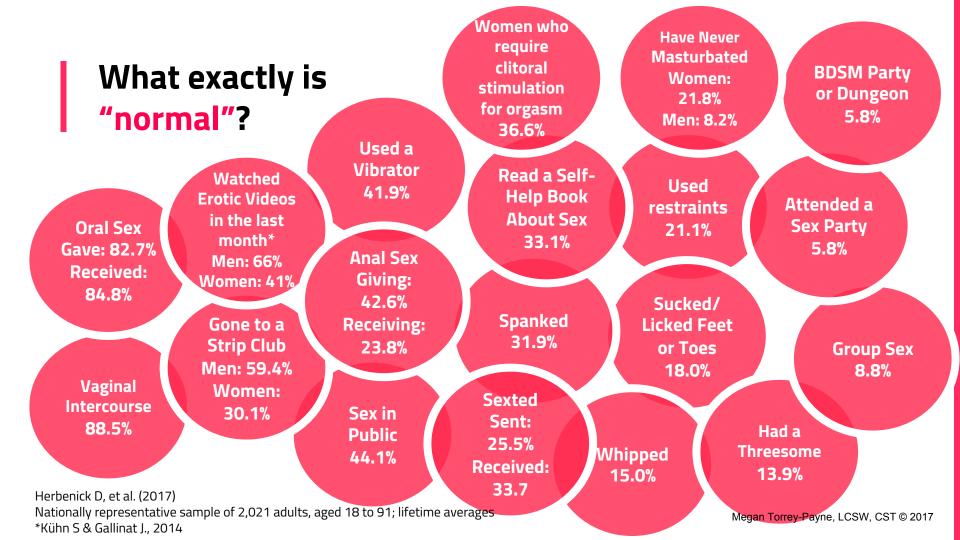
- Two words: Earth. Shattering.
- The "Perfect Penis" Hard as steel, always ready, able to last forever. (Zilbergeld, 1992)
- Arousal = Wet / Erection
- Women should be able to orgasm quickly and easily, and over and over again.
- Sex should always end in orgasm.\*



## **Expectations** Around Sex

- At least 1x/week
- but don't go overboard there is such a thing as too much sex and that is unhealthy.
- We should always know how to please our partner.
- We shouldn't have to talk about it.
- What works one time will work every time, with every partner.
- "How sad is it that I am having problems with this at my age?"
- I just want to be normal.





### What exactly is "normal"?

- There are places in Ireland where people do not undress for sex to avoid being shameful;\*
- All intercourse is strictly forbidden for Orthodox Jews while a woman is menstruating and the seven days afterward;\*
- In Russia, rapid ejaculation is considered an expression of passion, not pathology;\*
- Masturbation is forbidden in conservative Christian, LDS, Catholic, Orthodox Jewish, and Muslim faiths;
- In The Netherlands, families routinely talk about sex at the dinner table and teen couples are regularly allowed to have sex in their bedrooms while their parents are home.

### **Realities** of sex

- Even sexually satisfied couples have occasionally dissatisfying sex.
- There is no right/wrong frequency.
- We can't read minds.
   Communication is key
- Sometimes our bodies don't or <u>can't</u> work the way we want them to. This doesn't mean that we can't still have pleasure and sex.
- "Normal" is a continuum.
- Two words: Individual. Differences.

Good Sex Can Be:

pleasing eager impulsive affectionate tender passionate mechanical intimate warm planned reassuring distracted joyful

enchanting amusing gleeful lackluster fulfilling sad comforting delightful thrilling affirming contented angry harmonious playful

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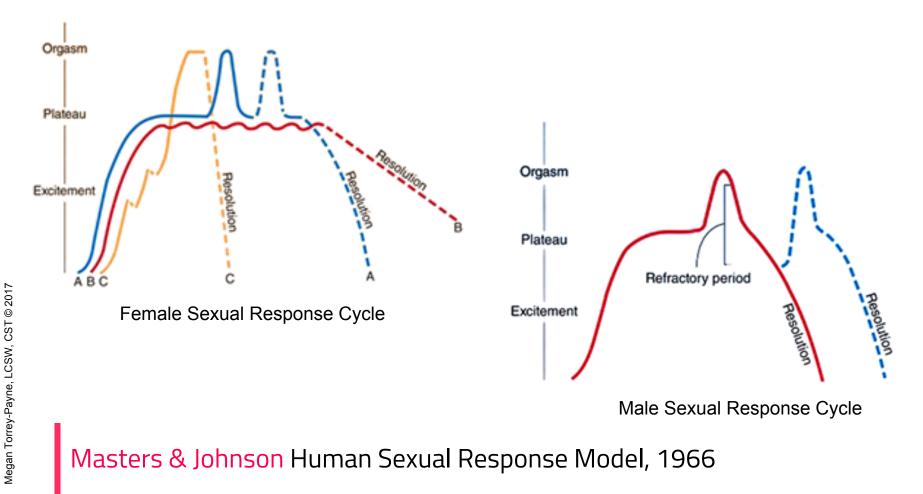
"Is tonight the night we, statistically, are to have sex?" enchanting amusing gleeful lackluster fulfilling sad comforting delightful thrilling affirming contented angry harmonious playful

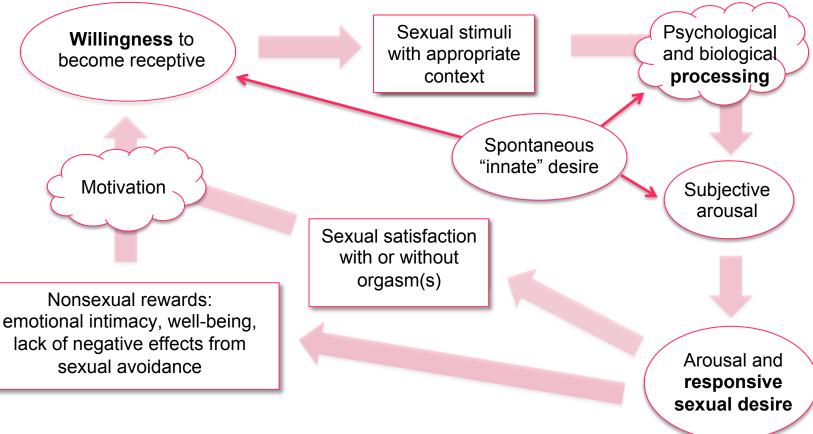
Each individual will experience their body and sexuality differently... throw out everything you "know," encourage them to step away from the idea of "normal," and instead explore the lived experience of the individual.

## Models of Sexuality



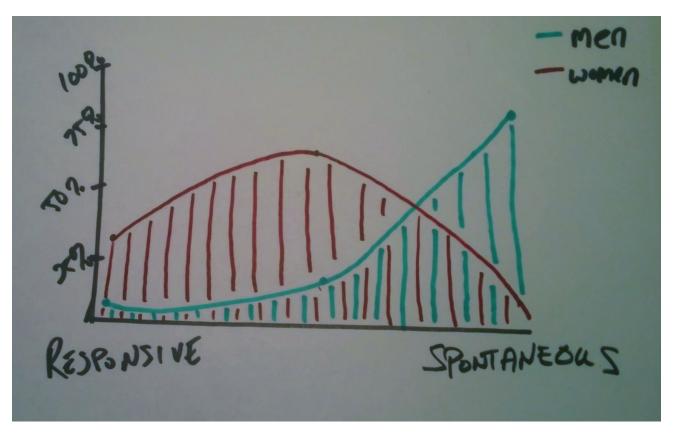
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Basson's Non-Linear Model of Responsive Desire, 2000

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http://www.thedirtynormal.com/blog/2014/06/16/i-drew-this-graph-about-sexual-desire-and-i-think-it-might-change-your-life/

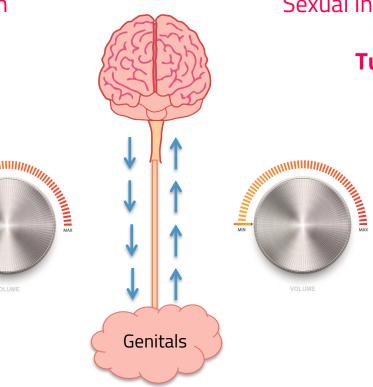
#### Spontaneous vs. Responsive Desire

#### Sexual Excitation System (SES) **Turn-Ons**

MIN

#### All Sexually Relevant Information in the Environment

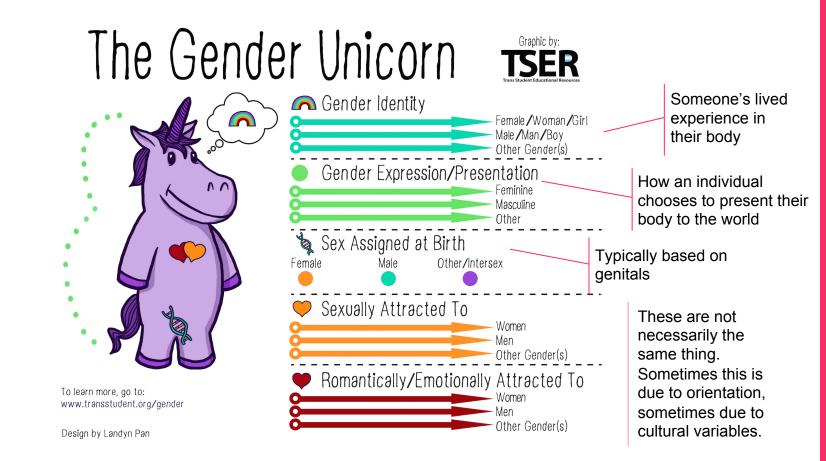
Partner smell Partner appearance Pleasurable genital sensations Closeness with partner Novelty New love Etc., etc., etc.



#### Sexual Inhibition System (SIS) **Turn-Offs**

All Reasons Not to be Turned On Right Now Body image Trauma history Sleep deprivation Relationship conflict Depression, anxiety Stress Performance anxiety Family in close proximity Etc., etc., etc.

#### Dual Control Model (Bancroft & Janssen, 2000)



#### The Klein Sexuality Grid

	Variable	Past	Present	Ideal
Α	Sexual Attraction			
В	Sexual Behavior			
С	Sexual Fantasies			
D	Emotional Preference			
E	Social Preference			
F	Heterosexual/Homosexual Lifestyle			
G	Self Identification			

For Variables A to E:

- 1 = Other sex only
- 2 = Other sex mostly
- 3 = Other sex somewhat more
- 4 = Both sexes
- 5 = Same sex somewhat more
- 6 = Same sex mostly
- 7 = Same sex only

For Variables F and G:

- 1 = Heterosexual only
- 2 = Heterosexual mostly
- 3 = Heterosexual somewhat more
- 4 = Hetero/Gay-Lesbian equally
- 5 = Gay/Lesbian somewhat more
- 6 = Gay/Lesbian mostly
- 7 = Gay/Lesbian only



## Where Do We Start?

Or, How to create a safe space for clients to talk about sex.

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"

I was branded as a tramp, tart, slut, whore, bimbo, and, of course, That Woman ... And I get it: It was easy to forget that That Woman was dimensional, had a soul, and was once unbroken.

- Monica Lewinsky

- First remember:
- Do No Harm
- Clients' right to self-determination
- Words matter
- Suspend Judgment
- Be aware of:
- Shaming statements or reactions

Sexual shame is a visceral feeling of humiliation and disgust toward one's own body and identity as a sexual being and a belief of being abnormal, inferior and unworthy. - Noel Clark, Ph.D.

[4]

- First remember:
- Do No Harm
- Clients' right to self-determination
- Words matter
- Suspend judgment
- Be aware of:
- Shaming statements or reactions
- Internal biases and countertransference
- Our tendency to use our own experiences as measures of "normal"
- Other ways we connect to clients who are different from ourselves

- Give permission
- Ask
- Include questions on intake
- > Ask about cultural, racial, religious, and intergenerational messages
- Don't take sides
- Normalize
- "That is very/pretty common;" "I hear that from (lots of) other individuals/couples."
- ▷ "We"
- > Celebrate all sexual contact, not just intercourse.
- Be knowledgeable, or at least willing to seek knowledge.

- Some notes about language –
- Avoid all / always / never / bad / too much / too little
- Aim for neutral/positive language

insatiable → higher sex drive

never wants it ightarrow lower sex drive

dysfunction  $\rightarrow$  difficulty/challenge with

- Reframe clients' language
- Be specific and accurate, avoid euphemisms
- Slang can be ok, don't get too formal/medical
- Practice using words in private to desensitize
- Be inclusive

Almost everyone is raised in an atmosphere of secrecy when it comes to emotional and psychological aspects of sex. (Buehler, p. 3)

## Assessment



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## The 20 Second Sexual History

(Novak, 2017)

 I like to make sure I assess all aspects of my clients, would you mind if I ask some questions regarding your sexual health?

For men:

- Some men complain that they have trouble controlling when orgasm occurs and that they come too quickly or they have difficulty getting or maintaining an erection...
- Some men have trouble having an orgasm with or without a partner, or may not have much interest in sex...
- Have any of these been an issue for you?

## The 20 Second Sexual History

(Novak, 2017)

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For women:

- Some women complain that they have difficulty becoming aroused, do not have much vaginal lubrication or have pain associated with sex...
- Some women have difficulty achieving orgasm either alone or with a partner or may not have much desire for sex...
- Have any of these been an issue for you?

## The 20 Second Sexual History

(Novak, 2017)

- If 'yes,' you can probe further:
- What has been working or not working?
- How long has this been a problem?
- Have you tried doing anything about it?
- Does anything make it better or worse?
- Is it the same with all partners?
- Do you have any thoughts about what may be causing this?

## What to Look For

- Duration of problem
- Lifelong vs Acquired / Situational vs Generalized
- Who defines it as a problem?
- Alone and/or with partner?
- Medications Used may be causing, or treating
- Solo Sex / Masturbation
- How often?
- With what?
- How long?
- How much foreplay? What kind?
- Expectations for self and partner?

## **Pleasure** Assessment

(Rademacher & Hoskins, 2017)

- Are you enjoying your current sexual activities with yourself and/or others?
- How do you feel about the way your body works when you are being sexual?
- Do you know what pleasure feels like in your body?
- Where in your body do you feel sexual pleasure?
- Do you feel like you have orgasms? If so, what do they feel like? Have you had an experience you would describe as an intense feeling of pleasure in your body? If not, have you had a subtle experience of pleasure?

## The Problem with Diagnosis

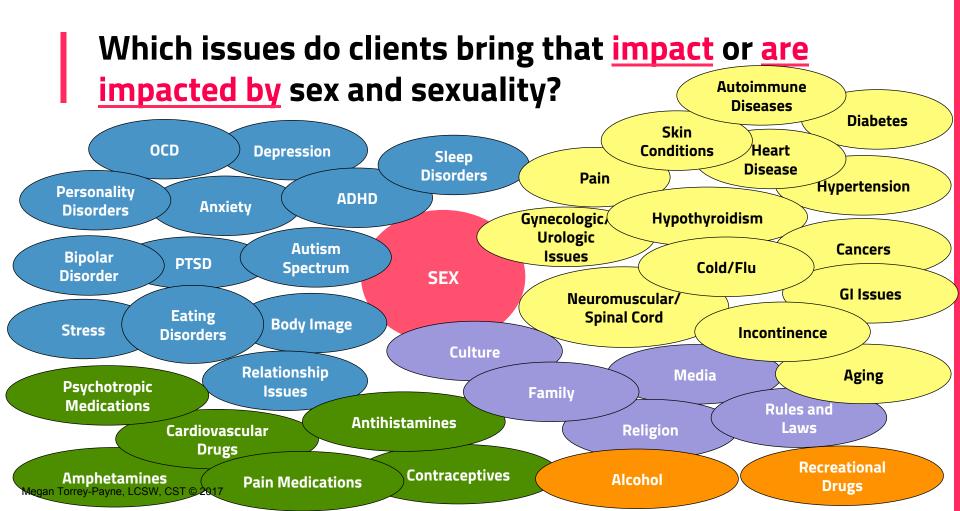
Not typically covered by insurance. 

- 75% 100% of partnered sexual activity
- minimum of 6 months duration
- significant distress to individual
- DSM V\* "...not better explained by a nonsexual mental disorder or as a consequence of severe relationship distress or other significant stressors and is not attributable to the effects of a substance/ medication or another medical condition."

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- Sexual behavior lives on a continuum.

The Problem with Diagnosis		who gets to decide?	
marked dífficulty			marked delay, dífficulty, infrequency, intens
Premature Ejaculation Erectile Dysfunction			Delayed Ejaculation Female Orgasmic Disorder
	Nor	rmal	
absent, reduced, deficient		-	excessíve
Female Sexual Interest/Arousal Diso Male Hypoactive Sexual Desire Disor			Hyperactive Desire Disorder*
		rmal	*This is not a diagnosis in the DSM V, but some strongly advocated for its inclusion.

# The Problem with **Diagnosis**

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   "...not better explained by a nonsexual mental disorder or as a consequence of severe relationship distress or other significant stressors and is not attributable to the effects of a substance/ medication or another medical condition."
- Sexual behavior lives on a continuum.
- → Much more useful to focus on Client's lived experience.

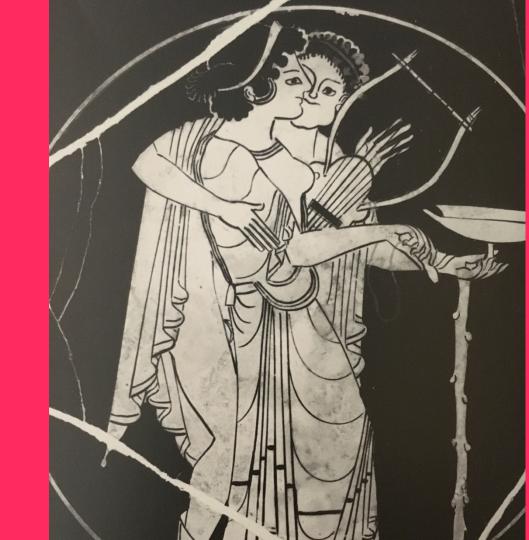
#### **Rule Outs**

- Relationship distress → Couple therapy, treat concurrently
- Other mental health diagnoses → Treat concurrently; help with coping, workarounds
- Health conditions → Refer to medical doctor; help with coping, workarounds
- Medications → Refer to prescribing doctor; help with coping, workarounds
- Out of control drug or alcohol abuse → Education, treat substance abuse first

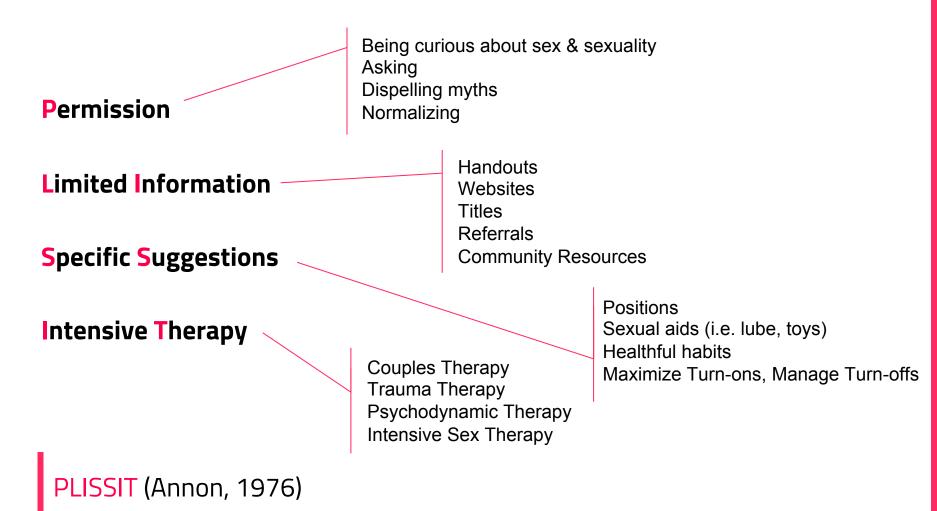
## Treatment of Common Sexual Concerns



## **Setting the Stage**



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## **Fundamental Messages**

- You are ok.
- "Normal" lives on a spectrum.
- Get to know your body and what gives it pleasure.
- Know your turn-ons and turn-offs.
- <u>Aim for pleasure</u>.
- Are your expectations and reality at odds?
- Is masturbatory style effecting partner sex?
- Effects of performance anxiety on desire, arousal, orgasm.
- Communication around sex and pleasure.

## Thoughts

- mindfulness
- see sex everywhere
- cognitive foreplay
- fantasy

## Touch

- affectionate touch
- non-demand sensual touch, or "don't underestimate a good make-out session"
- masturbation

## The 5 T's

(Mintz, 2009)

## Talk

- don't expect your partner to read your mind
- check assumptions
- be clear
- compliment
- pick the right time and place
- initiation & rejection

## Time

- self-care
- non-sexual time together

## Trysts

spontaneous or planned sexual encounters

#### Treatment

Desire Arousal Orgasm Pain Disgust Relational Issues



## **Issues with Desire**

If arousal and orgasm are related to the genitals and other erotic zones, **desire is more about the brain.** 

- Stress, sleep patterns, and relationship functioning all have a direct impact on desire.
- Healthful habits, especially related to stress management, sleep, exercise, alcohol/drug use.

## Thoughts

- mindfulness
- see sex everywhere
- cognitive foreplay
- fantasy

## Touch

- affectionate touch
- non-demand sensual touch, or "don't underestimate a good make-out session"
- masturbation

## The 5 T's

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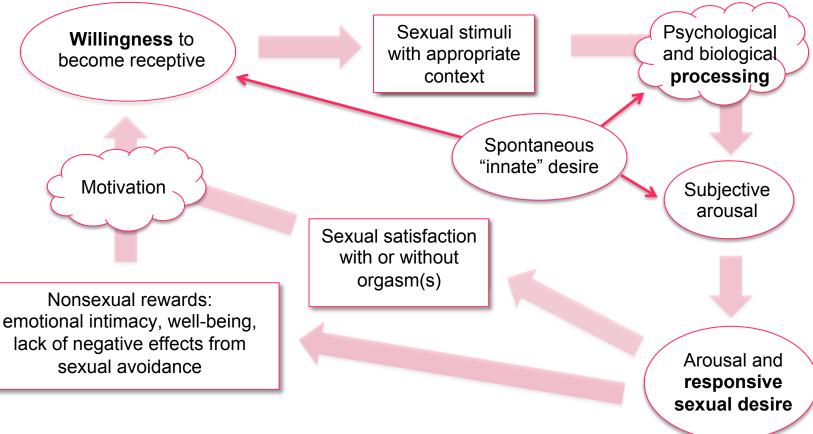
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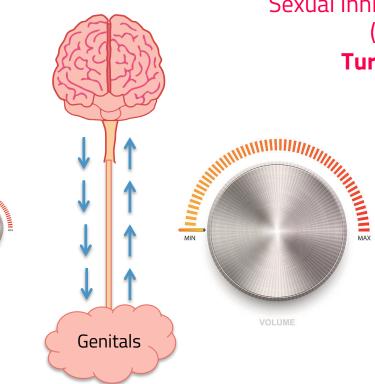
Basson's Non-Linear Model of Responsive Desire, 2000

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#### Sexual Excitation System (SES) **Turn-Ons**

#### All Sexually Relevant Information in the Environment

Partner smell Partner appearance Pleasurable genital sensations Closeness with partner Novelty New love Etc., etc., etc.



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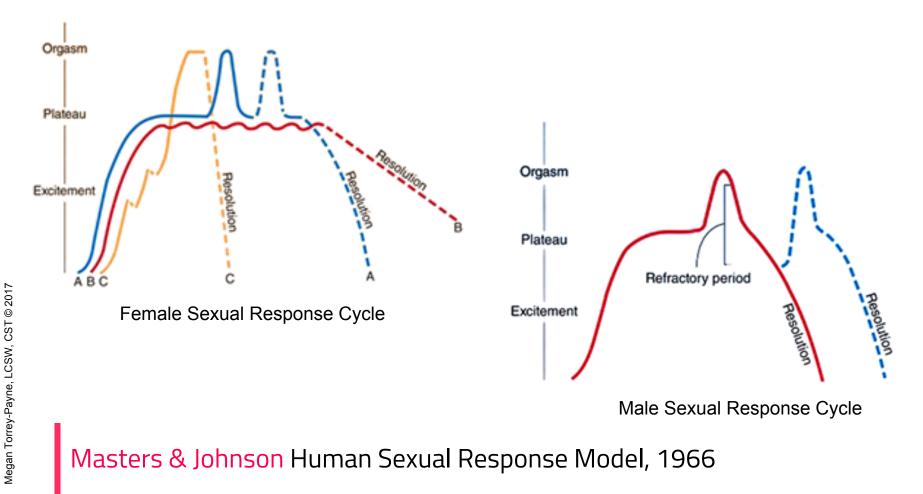
### Dual Control Model (Bancroft & Janssen, 2000)

## **Issues with Desire**

If arousal and orgasm are related to the genitals and other erotic zones, **desire is more about the brain.** 

- Stress, sleep patterns, and relationship functioning all have a direct impact on desire.
- Healthful habits, especially related to stress management, sleep, exercise, alcohol/drug use.
- <u>Aim for pleasure.</u>
- Effects of performance anxiety on desire.
- Rule out/treat other issues around arousal, and orgasm.
- Work through relational issues.

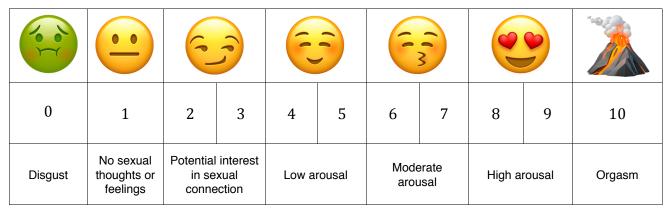
#### **Issues with Arousal** Including Erectile Dysfunction



#### Issues with Arousal Including Erectile Dysfunction

- Education around sexual response.
- Emphasize the importance of foreplay/outercourse.
- Know your turn-ons and turn-offs.
- Discussions around pleasure and anxiety.
- "What do you find pleasurable?"

#### Arousal Scale



Megan Torrey-Payne, LCSW

We all have things that we find mildly to intensely pleasurable, what are those things that are a 5-6 on your scale? What are those things that are an 8-9? How can you mindfully initiate those activities to amplify pleasure?"

#### Issues with Arousal Including Erectile Dysfunction

- Explore ebbs and flows of arousal, alone and with a partner.
- Mindfulness stay in the body rather than getting in the head.
- Examine expectations.
- Are they realistic and flexible?
- Are fantasy and reality at odds?
- Is masturbatory style effecting partner sex?
- Non-demand sensual touch with partner.

## **Issues with Orgasm**

#### Anorgasmia, Early Ejaculation, and Delayed Ejaculation

- Education around orgasm → timing, importance of erotic zones.
- Discussions around pleasure and anxiety.
- Mindfulness, especially body scan meditations.
- "What do you find pleasurable?"
- "We all have things that we find mildly to intensely pleasurable, what are those things that are a 5-6 on your scale? What are those things that are an 8-9? How can you mindfully initiate those activities to amplify or downgrade pleasure?"

#### **Issues with Orgasm** Anorgasmia, Early Ejaculation, and Delayed Ejaculation

"Like, it's not easy to give me an orgasm. It's not fun.

It's... I have to have the focus of an Olympic hopeful on a balance beam.

And I get distracted.

If the temperature changes, I'm like, 'I lost it, I lost it'."

-Amy Schumer, Clown Panties

## **Issues with Orgasm**

#### Anorgasmia, Early Ejaculation, and Delayed Ejaculation

- Education around orgasm → timing, importance of erotic zones.
- Discussions around pleasure and anxiety.
- Mindfulness, especially body scan meditations.
- "What do you find pleasurable?"
- "We all have things that we find mildly to intensely pleasurable, what are those things that are a 5-6 on your scale? What are those things that are on a 10? How can you mindfully initiate those activities to amplify or downgrade pleasure?"
- Non-demand sensual touch with partner.
- Focus on what works!

## **Sexual Pain**

Pain can be one of the easiest, or alternatively, one of the hardest sexual issues to treat.

- More lubrication?
- Different positioning?
- If pain is making desired penetration difficult to impossible (i.e. vaginismus, vulvodynia, Peyronie's), referral to a good Gyn/Urologist/ Physical Therapist knowledgeable in sexual health for treatment.
- Couple sessions to encourage communication and compassion.
- Continued reinforcement of pleasurable, non-penetrative sex and erotic touch during treatment to maintain sexual connection within the relationship.

## **Non-Sexual Pain**

- Couple sessions to encourage communication and compassion.
- Expanded definition of sex.
- Experimentation with different types of touch and positioning.
- Focus on what works.
- Continued reinforcement of pleasurable, non-penetrative sex and erotic touch during treatment to maintain sexual connection within the relationship.

## Disgust

Sexual disgust can be attributed to many different reasons, each requiring a different treatment modality.

- Sexual pain
- Unresolved trauma
- Unresolved shame, especially of religious or cultural origin
- Unaddressed issues in the relationship
- Lack of attraction to partner (assess for general versus specific)
- Inner erotic conflicts intense body image concerns; questioning of sexuality; asexuality
- → Frequently requires Intensive Therapy with someone very knowledgeable and skilled in sexual issues.

### **Relational Issues**



"It won't work if I tell you what I want, because if I tell you what I want I won't want it anymore."

## **Relational Issues**

This requires some serious balancing of needs. Often one partner needs to see connection in the relationship in order to feel comfortable with sex and the other needs sex in order to see connection.

- One step with the right foot, one step with the left foot.
- Address unresolved hurts, anger, and resentment.
- Revisit initial attraction.
- Renegotiate the sexual relationship.
- Rewrite the sexual script.
- Examine and work on communication around initiation and rejection.
- Address any longstanding issues with functioning.

## When to Refer to a Specialist

Ask yourself: Am I able to treat this individual/couple with the resources available to me?

- When there are medical issues coming into play
  - → Gyn/Urologist/Physical Therapist/Psychiatrist
- When therapist feels flooded.
- When there is entrenched dysfunction that does not respond to basic interventions.
- When there is disgust or erotic conflicts.
  - → Sex Therapist (see www.aasect.org)

Everyday we sit with uncomfortable emotions – sadness, anxiety, grief, rage. We need to challenge ourselves to be just as willing to sit with uncomfortable feelings (ours and our clients') around sex and sexuality.

#### Resources

Buehler, S. (2016). *What every mental health professional needs to know about sex* (2nd ed.). New York: Springer Publishing Company.

Klein, M. & Robbins, R. (1999). *Let me count the ways: Discovering great sex without intercourse.* New York: Jeremy P. Tarcher/Putnam.

Kort, J. (2008). *Gay Affirmative Therapy for the Straight Clinician.* New York: Norton. McCarthy, B.W. (2015). *Sex Made Simple.* Eau Clair, WI: PESI Publishing & Media. Metz, M.E. & McCarthy, B.W. (2003). *Coping with Premature Ejaculation.* Oakland, CA:

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#### Resources

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## **Further Sex Therapy** Continuing Education

https://www.aasect.org/continuing-education

Dr. Sari Cooper https://centerforloveandsex.com/webinars/ ISEE (Institute for Sexuality Education and Enlightenment) http://isee.peachnewmedia.com/ Dr. Tammy Nelson https://drtammynelson.com/work-with-me/training/ Southwest Sexual Health Alliance https://sexualhealthalliance.com/shawebinars/

## Citations

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