

Incorporating Sexuality & Gender Concepts into Mental Health Practice

Basics of Sexuality and Sexual Health

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BHECN | BEHAVIORAL HEALTH EDUCATION CENTER OF NEBRASKA

About This Series: Core Topics for Behavioral Health Providers

- BHECN's webinar series designed to educate behavioral health trainees about practical topics in behavioral health
- Expert presenters provide a mixture of principles and case based application
- All webinars are free of charge
- Topics include:

Presenter	Topic	Date
Dr. Amanda Duffy Randall & Liam Heerten-Rodriguez	Changes and Challenges in Sexual Functioning	February 15th
Dr. Amanda Duffy Randall & Liam Heerten-Rodriguez	Addressing the Needs of LGBTQIA+ Clients	March 15th
Dr. Amanda Duffy Randall & Liam Heerten-Rodriguez	Treatment of Common Sexual Problems	April 19th

About BHECN

The Behavioral Health Education Center of Nebraska (BHECN), pronounced "beacon", was established in 2009 by a legislative bill to address the shortage of behavioral health professionals in rural and underserved areas of the state.

unmc.edu/bhecn

MISSION: BHECN is dedicated to improving access to behavioral health care across the state of Nebraska by developing a skilled and passionate workforce.

Announcements

- Attendees are muted
- To ask a question, please type it in to the "Questions" box in your GoToWebinar control panel
- Slides are available to download in "Handouts" section of control panel
- Please complete survey after the webinar

Recording available

Click the link to view a recording of today's webinar and information on future webinars

<https://www.unmc.edu/bhecn/education/online-training/core-topics-webinars.html>

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Sexuality Basics

Incorporating Sexuality and Gender Concepts into Clinical Practice

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Objective

- Provide basic knowledge, strategies, tools, and resources in order to increase comfort addressing issues of sexuality and sexual health in clinical practice.

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Webinar Series

- Basics of Sexual Health
- Changes and Challenges in Sexual Functioning
- Addressing the Needs of LGBTQ+ Clients
- Treatment of Common Sexual Problems

Overview

- What are sexuality & sexual health?
- Why should I incorporate them into my practice?
- Building comfort discussing:
 - Sexual Anatomy
 - Sexual Development
 - Sexual Practices, Problems, & Concerns
- Basic clinical models and tools
- Additional resources

What is Sexuality?

“...a **central aspect of being human throughout life** encompasses sex, gender identities and roles, sexual orientation, eroticism, pleasure, intimacy and reproduction. Sexuality is experienced and expressed in thoughts, fantasies, desires, beliefs, attitudes, values, behaviours, practices, roles and relationships. While sexuality can include all of these dimensions, not all of them are always experienced or expressed. **Sexuality is influenced by the interaction of biological, psychological, social, economic, political, cultural, legal, historical, religious and spiritual factors.**” (WHO, 2006a)

What is Sexual Health?

“...a **state of physical, emotional, mental and social well-being in relation 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.**” (WHO, 2006a)

Why should I address these?

- Sexual problems and concerns are common (e.g. Laumann, Paik, & Rosen, 1999)
- Most therapists are unprepared to address them (e.g. Miller & Byers, 2009, 2010).
- Therapists tend to pathologize forms of sexual expression (e.g. Barker & Langridge, 2010)
- Sexuality can be a source of strength for many clients.
 - Comfort, coping, connection and intimacy, exercise, etc.
- Sexual health and mental health are interconnected.
- Limited intervention can reap large rewards.

What Next?

- Comfort in discussing sexuality is key.
 - More likely to initiate conversations
 - Less likely to miss important cues from clients
 - Greater confidence in our clinical work
- We gain comfort through:
 - Knowledge
 - Practice
 - Leveraging existing clinical skills, competencies, and values

Sexual Anatomy

- Key Principles
 - Everyone's anatomy is different
 - Any body part can be sexual
 - Anatomy does not dictate gender or sexual identity
 - Feelings of shame, confusion, and inadequacy are common
 - These feelings can be unlearned

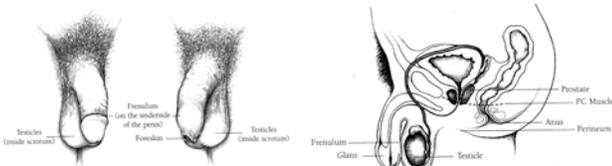
Sexual Anatomy

- Leverage existing clinical skills, competencies, & values
 - Meeting clients where they are
 - Paraphrasing, checking for understanding
 - Building communication skills and tools

Sexual Anatomy

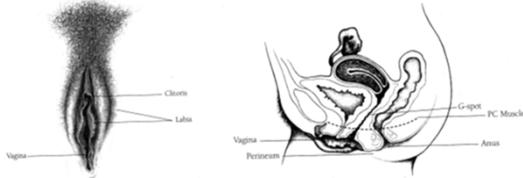
- Framework for discussing anatomy
 - Name
 - Common Slang
 - Role in day-to-day functioning
 - Role in reproduction
 - Role in pleasure
 - Myths and misconceptions
- Use inclusive diagrams to illustrate

Sexual Anatomy



Tino, Millsbaugh, & Stuart (2008) *Our Whole Lives: Sexuality Education for Young Adults, Ages 18-35*. Boston, MA: Unitarian Universalist Association of Congregations.

Sexual Anatomy



Tino, Millsbaugh, & Stuart (2008) *Our Whole Lives: Sexuality Education for Young Adults, Ages 18-35*. Boston, MA: Unitarian Universalist Association of Congregations.

Sexual Development

- Key Principles
 - Sexual development is physical, psychological, and social
 - Sexual development starts at birth and extends through the lifespan
 - Normal sexual development is frequently moralized & pathologized, sometimes criminalized, especially for vulnerable & marginalized youth
 - Queer and trans youth
 - Youth of color
 - System involved youth

Sexual Development

- Leverage existing clinical skills, competencies, & values
 - Normalizing & educating
 - Paraphrasing, checking for understanding
 - Lifespan, developmental perspective

Sexual Development

- Framework for discussing sexual development
 - Norms – what’s common
 - Normal – what’s acceptable
 - Normative – what’s desirable
- Most people masturbate
- Masturbation is healthy and there are no negative side effects
- Masturbation should be done in private, either alone or with consenting partners

Sexual Development

- Infants
 - Learning the pleasure of touch
 - Intimacy and attachment
- Toddlers & Children
 - Curiosity about their bodies and others
 - Touching and rubbing is common
 - Self and peer or near-peer exploration is common
- Adolescents
 - Puberty begins between 8 and 15, generally earlier for girls and younger than in the past
 - 17 is the average age of first vaginal intercourse with different-sex partner; no comparable data on same-sex partners
 - Half of teenagers have had oral sex with a different-sex partner; no comparable data on same-sex partners
 - Three quarters of teenagers report using a condom at first intercourse, higher than previous generations (NFLS)

Sexual Development

- Young Adults
 - Marrying at a lower rate and older age; divorce is common
 - Average of 6-8 different-sex partners for men, 3-4 for women; no comparable data on same-sex partners
- Adults
 - Peri-menopause and menopause
 - Andopause – decrease in testosterone
- Older Adults
 - Older adults continue to be sexual; some reports of increasing rates of STIs
 - Sexual expression can be restricted by lack of appropriate partners, family disapproval, or facility policies and procedures

Common Sexual Practices, Problems, & Concerns

- Key Principles
 - Most behaviors & practices are normal
 - Behavior does not dictate gender or sexual identity
 - Most frequently treating distress or discordancy
 - Work in consultation with a medical provider to rule out or treat biological problems

Common Sexual Practices, Problems, & Concerns

- Leverage existing clinical skills, competencies, & values
 - Normalizing & educating
 - Problem-solving, solution-focused approaches
 - Sexual ecomaps and genograms as assessment and treatment tools
 - Building communication skills and tools

Common Sexual Practices, Problems, & Concerns

- Frameworks for discussing sexual practices
 - Norms, normal, & normative
 - Safe, sane, & consensual
- Models for addressing sexual problems & concerns
 - PLISSIT (Annon, 1976)
 - Desire, pleasure, eroticism, satisfaction (McCarthy, 2015)
 - 5 Ps: Practices, Partners, Protection from STIs, Past history of STIs, Prevention of pregnancy (CDC, 2010) -6th P: Pleasure

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PLISSIT

- **Permission**
 - Give permission to discuss sexuality
 - Ask permission to discuss sexuality
- **Limited Information**
 - Assess educational gaps or misconceptions
 - Provide psychoeducation
- **Specific Suggestions**
 - Referral for possible medical problems
 - Problem-solving, communication activities, sensate focus
- **Intensive Treatment**
 - Referral for sex, couples, or family therapy

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Desire, Pleasure, Eroticism, & Satisfaction

- Desire – openness to giving and receiving touch, anticipation
- Pleasure – sensual and playful touching, not performance oriented
- Eroticism – sexual risks, vulnerability, and creativity
- Satisfaction – sexual or emotional fulfillment or closeness

- “Perfect sex” is the problem, not the solution
- Power struggles and discordancy interrupt and inhibit all of these
- They can be fostered through insight-, communication-, & physical-focused exercises

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Additional Tools & Resources

- **Books**
 - Our Sexuality (Crooks & Baur, 2017)
 - Our Bodies, Ourselves (Boston Women's Health Collective, 2011)
 - Trans Bodies, Trans Selves (Erickson-Schroth, 2014)
 - The Guide to Getting it On (Joannides, 2009)
 - The Good Vibrations Guide to Sex (Winks & Semans, 2002)
- **Assessments**
 - Sexual Genogram (Belous, Timm, Chee, & Whitehead, 2012)
 - Arizona Sexual Experience Scale (McGahuey et al., 2000)
 - Golombok-Rust Inventory of Sexual Satisfaction (Rust & Golombok, 1983)
 - Handbook of Sexuality-Related Measures (Fisher, Davis, Yarber, & Davis, 2011)
- **Websites**
 - <https://www.aasect.org/>
 - <https://www.plannedparenthood.org/>
 - <https://sexetc.org/>
 - <http://www.scarleteen.com/>

Quick Case Study

You've been treating a young woman with social anxiety disorder for several weeks. In session she states that she is very anxious about her upcoming gynecological exam, especially because she has been experiencing pain "down there". She states that she doesn't know "the right words" and is contemplating skipping the appointment so that she doesn't have to be embarrassed.

- Is it appropriate to have a conversation about genital anatomy with the client?
- What strategies might you use in this conversation?

Questions? Comments?



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