

Incorporating Sexuality & Gender Concepts into Mental Health Practice

Changes & Challenges Sexual Functioning Throughout the Lifespan

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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	Addressing the Needs of LGBTQIA+ Clients	March 15th
Dr. Amanda Duffy Randall & Liam Heerten-Rodriguez	Treatment of Common Sexual Problems	April 18th

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
- This webinar is worth one social work CEU. I will email evaluations 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>

Dr. Amanda Randal Liam Heerten-Rodriguez



Dr. Amanda Randall is the director of the UNO Grace Abbott School of Social Work. She is a member of the Professional Transgender Resource Network and serves on the Advisory Council to BHECN.



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Changes & Challenges

Sexual Functioning Throughout the Lifespan


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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.


Webinar Series

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

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Overview


- Lifespan Perspective of Sexual Functioning
- Common Changes & Concerns
- Common Challenges
 - Medications, illness, disability
 - Pregnancy and infertility
 - Body changes
 - Partner loss
 - Trauma

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Lifespan Perspective

Sexual Development is....

- Lifelong
- Multidimensional
- Multidirectional
- Contextual
- Plastic

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Lifespan Perspective

Sexual Development is.... Lifelong

- Pop Perspective
 - Start date (puberty) – End date (middle/old age)
 - Sexuality is something we do
 - Expectations of asexuality & hypersexuality
 - Sexual stigmatization & oppression
- Lifespan Perspective
 - From birth to death
 - Sexuality is part of who we are

Lifespan Perspective

Sexual Development is.... Multidimensional

- Pop Perspective
 - Sexuality is a primarily biological experience
 - Sexuality happens to us
- Lifespan Perspective
 - Sexuality is biopsychosocial
 - We shape our sexuality and it shapes us

Lifespan Perspective

Sexual Development is.... Multidirectional

- Pop Perspective
 - Sexuality is a bell curve
 - Sexual challenges = sexual demise
- Lifespan Perspective
 - Sexuality has multiple peaks & valleys
 - Challenges are temporary & can be addressed

Lifespan Perspective

Sexual Development is.... Contextual

- Pop Perspective
 - Sexuality is stable & scripted
- Lifespan Perspective
 - Sexuality is complex & variable
 - Biological/Environmental factors
 - Cohort factors
 - Individual life occurrences

Lifespan Perspective

Sexual Development is... Plastic

- Pop Perspective
 - Sexuality is beyond our control
 - Gracefully accept our sexual lot
- Lifespan Perspective
 - Interventions can address sexual concerns
 - Fulfilling and satisfying sexuality

Sexual Development

- Framework for discussing sexual development
 - Norms – what’s common
 - Normal – what’s acceptable
 - Normative – what’s desirable
 - Concerns – what may be problematic

Sexual Development

- Framework for discussing sexual development
 - Most people masturbate
 - Both masturbating and not masturbating are healthy and there are no negative side effects
 - Masturbation should be done in private, either alone or with consenting partners
 - We’re concerned when masturbation is excessive, compulsive, or the only method of coping

Sexual Development

Early Childhood – normal & normative

- Learning the pleasure of touch
- Intimacy & attachment
- Developing & expressing gender & sexual identities
- Curiosity about their bodies and others
- Touching & rubbing is common
- Self, peer, & near-peer exploration is common

Sexual Development

Early Childhood - concerns

- Lack of basic “good enough” nurturing from parents
- Lack of information about one’s sexuality latency
- Fear, shame, or guilt about one’s sexuality, gender, body, & appearance
- “Excessive” preoccupation with sexuality, sexual behaviors, or molesting others

Sexual Development

Adolescents & Young Adults – normal & normative

- Puberty and rapid physical development
- Differentiation from family of origin
- Developing & expressing gender & sexual identities
- Continued sexual exploration with self & peers
- Developing intimate relationships

Sexual Development

Adolescents & Young Adults - concerns

- Fear, shame, confusion about one's sexuality, gender, body, or appearance
 - Isolation, anxiety, depression, eating disorders, etc.
- Lack of accurate, inclusive, & affirming information
- Lack of access to sexual health services
- Exploitative sexual behaviors
- Problematic relationships
- High sexual risk-taking

Sexual Development

Young, Middle, & Older Adults – normal & normative

- Developing & maintaining intimate relationships
- Changing relationships
- Development through family life cycles
- Changes in physical sexual functioning

Sexual Development

Young, Middle, & Older Adults – concerns

- All of the previous concerns
- Concerns developing or committing to intimate relationships
- Concerns maintaining intimate relationships
- Concerns with changing relationships or loss of relationships
- Concerns with addressing and adapting to changes in sexual functioning

Sexual Challenges

- Medications, Illness, Disability
- Pregnancy & Infertility
- Body Changes
- Normal physical aging
- Partner Loss
- Trauma

Sexual Challenges

- Variable impacts on sexual functioning
- Health professionals frequently overlook sexual impact
- Misinformation, often drawing on pop perspectives of sexuality
- You don't need to be an expert to ask & help address

Medication, Illness, & Disability

- Medications
 - Wide range, but esp. psychotropic, hypertensive, & hormone
 - Can impact desire, pleasure, "performance"
 - Knowledge & communication gap between providers & patients

Medication, Illness, & Disability

- Illness & Disability
 - Wide range, but esp. stigmatizing, cognitive, cardiovascular, nervous systems
 - Can impact desire, pleasure, "performance"
 - Can impact perception of desirability
 - May limit or change sexual acts or positions (both chronic & temporary)
 - Knowledge & communication gap between providers & patients

Pregnancy & Infertility

- Pregnancy
 - Variable impact (increase, decrease, or no change in desire or pleasure)
 - Safety misconceptions, cultural messages about motherhood vs. sexual being
 - Cultural messages about pregnancy as punishment
 - Perceptions of desirability

Pregnancy & Infertility

- Infertility
 - Variable impact, decreased sense of sexual confidence & adequacy
 - Increased relationship conflict, decreased satisfaction
 - Increased sexual dysfunction, decreased sexual frequency
 - Profound sense of loss in multiple areas
 - Lack of communication by professional providers

Body Changes

- Weight gain or loss
 - Can be similar to pregnancy or disability experiences, but culturally viewed as under individual control
 - Impact perceptions of desirability, sexual self-worth
 - Partner conflicts, esp. discordant body changes
 - Avoidance of sexual stigmatization or fetishization

Partner Loss

- Divorce
 - Variable sexual impact
 - Grief and loss
 - Betrayal, esp. with infidelity
 - Decreased sexual frequency both before and after divorce
 - Sexual health concerns with STI exposure

Partner Loss

- Death
 - Grief and loss
 - Feelings of betrayal or guilt
 - Cultural messages about appropriateness of desire
 - Isolation
 - Lack of professional communication about sexual loss

Trauma

- Sexual Trauma
 - Variable impact
 - May interrupt development and maintenance of intimacy
 - Guilt and shame, esp. if pleasure experienced
 - Perfect survivor narratives
- Other Trauma
 - Stress frequently has sexual impacts
 - Variable impacts on intimacy (avoidance, enmeshment, no impact)

Asking about Sexual Challenges

- Normalize sexual challenges
 - Often times...
 - Some people...
 - It's common...
- Give & ask permission
 - Intake forms
 - Introduce & follow-up
 - May I... or Can we...
- Realistic optimism

Addressing Sexual Challenges

- Grief & Loss
- Solution-Focused
- Cognitive Behavioral
- Family Structure
- Problem-Interaction Sequence
- Family-Societal Interface
- Individual/Family of Origin Interface

Additional Tools & Resources

- Books
 - Friedman (2011) What You Really, Really Want
 - Price (2011) Naked at Our Age
 - Price (2005) Better Than I Ever Expected
 - Kaufman & Silverberg (2007) The Ultimate Guide to Sex and Disability
 - Marini et al. (2017) Psychosocial Aspects of Disability
- Websites
 - https://www.ted.com/talks/sofia_jawed_wessel_the_lies_we_tell_pregnant_women
 - <https://tfcbt2.musc.edu/>

Quick Case Study

Glenda is a 63 year old high school teacher; her husband of 40 years died suddenly last winter. Glenda recently began dating Jim, aged 55, and is considering having a sexual relationship with him. Her only sexual experience has been with her husband, and she is concerned about the changes in her body from aging, and her use of medications for hypertension in regard to sexual desire and enjoyment. She asks you for an appointment to discuss these issues and for resources she could access.

Questions? Comments?



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