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Approaching the Sexual Health Conversation

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Hello!

- Training and Experience
- Biases and Assumptions
- My style
- Pace
- What I hope you'll get from today:
 - Awareness of your own comfort and potential blocks in working with issues of sexuality
 - Understanding of the PLISSIT model
 - Phrasing for assessing the 5 P's
 - Appreciation for the importance of this topic



What is 'Sexuality'?

- Sexuality is a **central aspect of being human** throughout life and 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, behaviors, 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, ethical, legal, historical, religious and spiritual factors.

Let's Talk About Sex!

- Who could talk about sex in their family of origin?
 - What language got used?
 - Who determined it?
- What kind of sex education was received?
 - Was pleasure included?
 - Did the word “clitoris” ever get said?
- What other messages about sex were received?
 - Faith? Media? Friends? Culture?



What is Sexual Health?



World Health Organization, 2002

- Sexual health is 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.

Let's Talk Clinically About Sex!

- Who had training in sexual health?*
- 3-10 hours over 4 years of study
- What concerns do you have about addressing sexual issues clinically?
 - Concern about perception of intent
 - Lack of skill/knowledge - unsure what to do with info
 - Assume patient will bring it up
 - Personal discomfort/Potential for arousal
 - Lack of time
 - Value differences
- Addressed in training/supervision?

Wide World of Words

- What language do you use with clients/patients?
 - Medical vs Casual
 - Front hole vs Pee hole vs Back hole
 - Boy-clit/Girl-cock
 - Ask!!
- “Addiction” vs Problematic Behaviors
- Distinguish parts from people!
 - May be against messages about inclusive language
 - Ex: Genital privilege
 - Not all “men” have a penis and not all “women” have a vulva and vagina
 - Not all queer folx use their parts in stereotypical ways
 - “What parts go in what places?”



Communication Considerations

- Display your pronouns
 - Sends the message of awareness without having to “out” anyone
- Affirm Sex Positivity
- Avoid yes/no questions
 - These can be covered in paperwork
- Feel free to not even “ask”
 - “Tell me about...”
- Make use of the information already gathered in paperwork
 - 2018 Medicare/Medicaid requiring gender identity and sexual orientation
- Inform about mandated reporting requirements
- The more comfortable you are, the more comfortable they will be
- “THANK YOU for trusting me with this!”



Ways to Bring It Up

“I am going to ask you a few questions about your sexual health and sexual practices. I understand that these questions are very personal, but they are important for your overall health.”

“If I ask a question and you’re not sure why I’m asking, please let me know. If I can’t provide a rationale, then it’s not a question I should be asking.”

“If I use words that aren’t comfortable or familiar, just let me know and I can use other words/words of your choice.”

“Just so you know, I ask these questions to all of my adult patients, regardless of age, gender, or marital status. These questions are as important as the questions about other areas of your physical and mental health. Like the rest of our visits, this information is kept in strict confidence. Do you have any questions before we get started?”

Educess! (Educate while Assessing)

“A lot of people experiment sexually when they go to college, what’s your plan for protection?”

“Some people have reported sexual side effects with this Rx; what sexual changes have you noticed?”

“Many people define sex as a penis and a vagina, but we think more broadly about having consensual contact with someone’s genitals or someone having consensual contact with yours”

“Many STI's don't show symptoms, so I'm going to gather some detailed information to best assess any risk you might have and know what tests might be indicated.”

“Unfortunately, many people experience less than ideal situations around sexuality. Has anything unwanted or less than consensual ever happened?”

5 P's of the CDC

Partners

Practices

Protection from STI

Past hx of STI

Pregnancy Prevention

I think there needs to be a 6th...

Partners

- Determine the number and anatomy of sex partners
 - Gender identity \neq Anatomy
- 1 partner in past year: assess partner's risk factors
 - *Monogamy \neq Safe from STI
- >1 partner in past year: in-depth assessment of protection, risk factors of all partners
- “In recent months, how many sexual partners have you had?”
- “In the past 12 months, how many sexual partners have you had?”
- “Are partners male bodied? Female bodied? Both?”



Practices

- > 1 sex partner in 12 months or sex with partner who has had sex with other partners - explore further sex practices and protection use
- “I am going to be more explicit here about the kind of sexual contacts you’ve had over the last 12 months to better understand if you are at risk for STIs”
- “What kind of sexual contact do you have/have you had?”
 - Genital (penis/vagina; vulva/vulva)? Anal (giving/receiving)? Oral (mouth on penis, vulva, or anus)? Sharing of toys?
- “What parts get put in what places?”

Protection from STI

Relationships of 1+ year may not be needed (per CDC)

- Consensual non-monogamy is increasing in popularity
- “Do either of you entertain other partners?”

Determine risk reduction info individually

- Exploration of abstinence, monogamy, condom use, the patient’s perception of own risk and partner’s risk, and the issue of testing for STIs

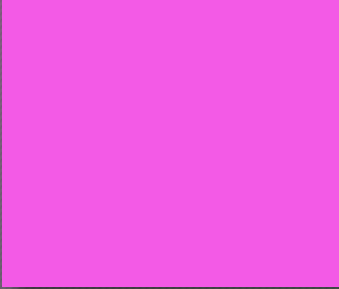
What forms of protection do you and your partner(s) use against STIs?

- Why? If none, why not?
- How often are those forms used? If sometimes, in what situations or with whom?
- Do you have any other questions, or are there other forms of protection from STIs that you would like to discuss today?

Past History of STI

- What STI's have current partner(s) been diagnosed with or treated for? Were you tested for the same one(s)?
 - If yes, when were you tested? What was the diagnosis? How was it treated?
- When were you last tested for HIV, or other STIs? Would you like to be tested?
- What STI diagnoses have you had? When? How were you treated? Have you had any recurring symptoms or diagnoses?

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Pregnancy Prevention

Determine risk based on previous info

“A risk of pregnancy is present when sperm potentially comes in contact with a vagina/vulva. How often is this happening in your practices?”

“How wanted is conception at this time? In the future?”

“What forms of birth control are currently being used? With what consistency? What information is needed about birth control?”

Scaling Questions (i.e. 1-10)

“How satisfied are you sexually from 1-10? (patient answers 4) What would be different if you were a 5? What is one thing you or your partner would notice?”

“How would you rate the firmness of your erection from 1-10 during self-stimulation? During partnered sex? Upon waking in the morning?”

“How motivated are you from 1-10 to regain your desire?”

“How severe is your pelvic pain from 1-10 during the day? During foreplay? During sexual activity? Post sexual activity?”

- If introitus were a clock, what time is the pain worst?

PLISSIT

Permission

- Addresses dissonance and potential shame

Limited Information

- Safer sex, how to access resources, basic prevention

Specific Suggestions

- Squeeze technique
- Focused muscle contractions
- Sensate Focus

Intensive Therapy

- Have some referral options handy!
- AASECT

1976

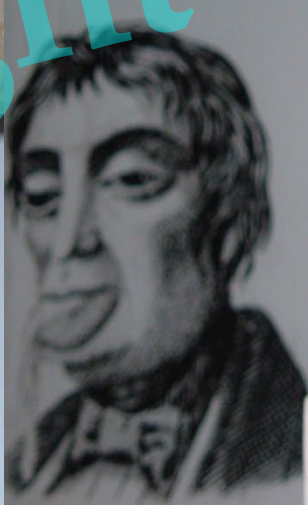
The Vatican reaffirms its condemnation of masturbation as a source of physical ills.



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General appearance of the features through Onanism



Strong appearance of the features through Onanism



ANTI-ONANISM DEVICE

Rainal Freres, Paris
Leather, metal and textile; c. 1890
Museum of Sex Collection

EFFECTS OF MASTURBATION

Stigma



- Origin
- Function
 - Just anticipating...
- Impact
 - Inclusion
 - Physical Health
 - Mental Health
- Safety and belonging mediates anxiety and depression
- Family, Faith, Media
- Antidote is curiosity

Sexual Diversity

- Don't "yuck" someone else's "yum"!
- Sexual orientation vs Romantic orientation
 - Moving away from "hetero" and "homo" language
- Consensual non-monogamy
- Kink
- BDSM
 - Bondage & Discipline; Dominance & submission; Sadism & Masochism
 - "Sensation play"



Why This Matters

Prevalence

Disease
indicator

Primary
prevention

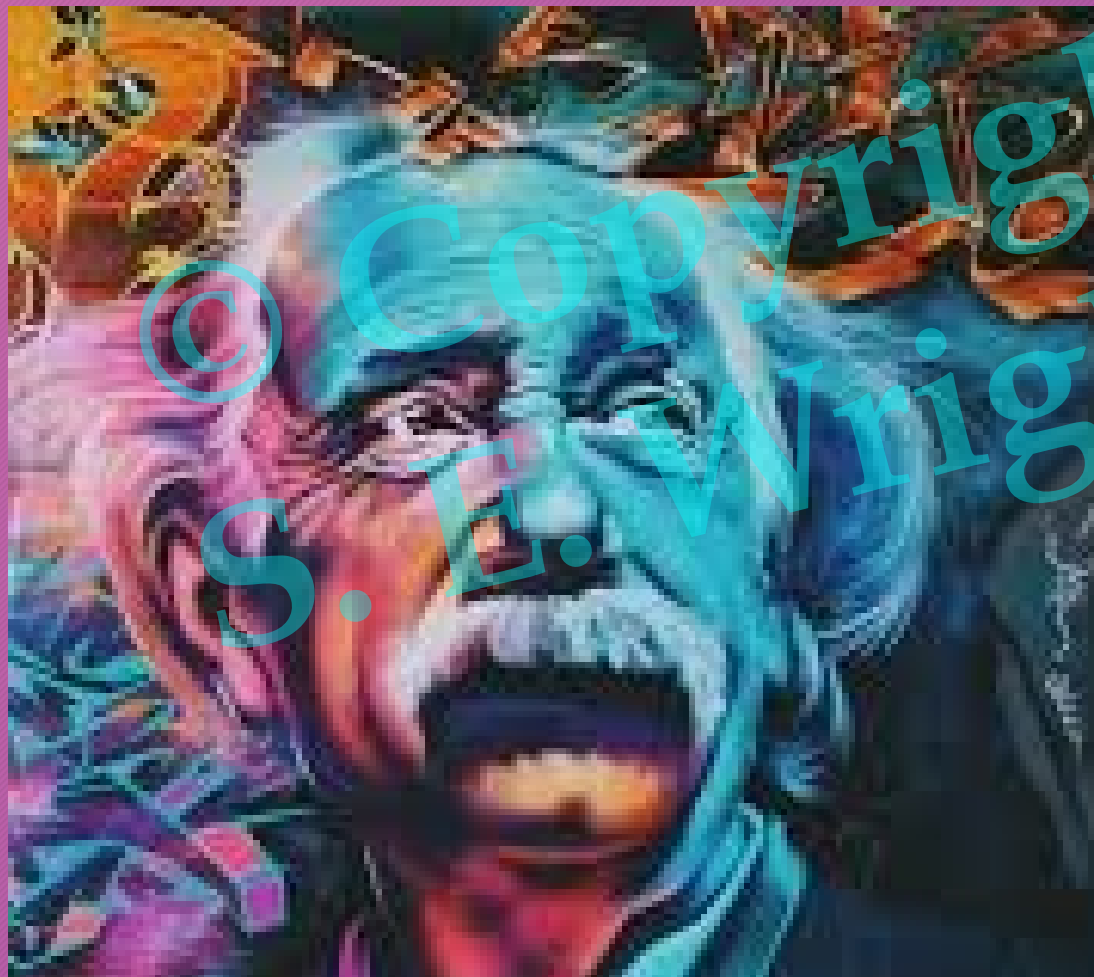
Risk
management

r with
overall
happiness

Rx side
effects

Elderly

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"I have no special talents, I am only passionately curious."

ALBERT EINSTEIN