Sexual Dysfunction: Assessment and Brief Treatment Strategies

Sallie Foley, LMSW, AASECT certified sex therapist
Director, Sexual Health Certificate Program
University of Michigan
smfoley@umich.edu
• American Association of Sexuality Educators, Counselors, and Therapists
  aasect.org
  - Provides certification/CEs/oversight/good website

• salliefoley.com
  - ‘Primary Health Care for Women’
  - Handouts for patients, ppts

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Overview

- Resources
- New model for women’s sexual health and sexual response
- Provider comfort
- Assessment—brief office visit
- Treatment—brief strategies that work

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CONTACTING THE CENTER FOR AN APPOINTMENT

- By self-referral.
  Call 734-763-4863

- By provider referral.
  Call 734-763-4863
  Fax 734-647-6499

- All contacts are confidential

Sexual problems, like medical problems, require an evaluation. When you contact the center for sexual health, brief initial information will be taken over the telephone and an appointment for an evaluation will be scheduled. At the appointment, you and your counselor will discuss your concerns. In some cases, additional information may also be requested from your physician.

Sexual health is part of your general health and well being.

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WHO WE ARE

The center for sexual health is dedicated to advancing sexual health through treatment, community education, training and research. The center, part of the University of Michigan Department of Social Work, is staffed by Certified Sex Therapists who are mental health professionals specializing in the treatment of sexual difficulties. Therapists work in close consultation with U-M nurses and physicians to offer integrated clinical care. The center and its therapists are committed to providing sensitive and competent care that is respectful of people’s cultural and religious values as well as their racial, ethnic, sexual orientation and gender identities.

WHAT WE OFFER

- Evaluation and treatment recommendations for sexual difficulties
- Sexual health counseling for individuals and couples
- Short term or ongoing sex therapy
- Referral for medical evaluation if needed
- Specialized evaluation and treatment for adults over 60
- Specialized program for patients and partners with prostate cancer
- Individual or Couples counseling about fertility concerns
- Collaboration with physicians and nurses
- Linking patients with medical and psychosocial resources
- Community education
- Training for medical and mental health professionals

COMMON SEXUAL CONCERNS

- Absent or low sexual desire
- Painful sex
- Difficulties with erection or ejaculation
- Inability to have orgasm
- Sexual problems associated with an illness, accident or medical treatment

POSSIBLE CAUSES OF SEXUAL DIFFICULTIES AND CHANGES

- Relationship difficulties
- Medical illness or treatments
- Major life stressors
- Hormonal changes
- Health problems
- Anxiety or depression

HOW SEX THERAPY CAN HELP

Sexual difficulties may be lifelong or begin in response to a life event like an illness, medical treatment, or change in relationship. Sometimes things like job stress, moving, or retiring can cause changes in sexual functioning.

Sex therapy is a form of outpatient counseling. The sex therapist is trained to evaluate and treat many kinds of sexual problems and relationship problems that often develop at the same time as a sexual problem.

Visits are confidential and will address your concerns by:

- Evaluating the problem and making recommendations for how to solve it
- Educating and counseling about sexual functioning
- Providing short term counseling or ongoing psychotherapy for individuals and couples

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Sex therapists are mental health professionals

- Trained in counseling techniques
- Usually in outpatient settings or part of ‘hospital team’
- Must pursue extensive training to become ‘certified sex therapist’ and be licensed in their professional field
- Must maintain their certification through ongoing training

aasect.org

Sallie Foley, LMSW
University of Michigan
Sexual Health Certificate Program

“Sexual health is part of a person’s general health. People have a universal right to information about their sexual health and sexual functioning. Many are denied this information because their health care providers don’t have the information or don’t know how to talk about sex. It is an issue of social justice to provide accurate, comprehensive information about sexual health. Educators, mental health practitioners, and health care providers are aware that they are carried along on a current of little or no sexuality education and training. This certificate program gives them a chance to turn that tide.”

Sallie Foley, LMSW
Director, CENTER FOR SEXUAL HEALTH
University of Michigan Health System
Department of Social Work
Adjunct Faculty, University of Michigan
School of Social Work

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Beverley Whipple, PhD, RN, FAAN
Professor Emeritus, Rutgers University; Past President of AASECT and NSSS; former Vice President and Secretary General, World Association for Sexual Health (WAS)

“This program fills a void in providing specific education for qualified people who want to be certified by AASECT as sexuality educators, sexuality counselors, or sex therapists. Those who attend this program will be better able to meet the sexual health needs of individuals nationally and internationally.”

“Sexual health is part of a person’s general health. People have a universal right to information about their sexual health and sexual functioning. Many are denied this information because their health care providers don’t have the information or don’t know how to talk about sex. It is an issue of social justice to provide accurate, comprehensive information about sexual health. Educators, mental health practitioners, and health care providers are aware that they are carried along on a current of little or no sexuality education and training. This certificate program gives them a chance to turn that tide.”

Beverley Whipple, PhD, RN, FAAN
Professor Emeritus, Rutgers University; Past President of AASECT and NSSS; former Vice President and Secretary General, World Association for Sexual Health (WAS)

“The Michigan Sexual Health Certificate is the right program at the right time. While there is a growing appreciation for the importance of sexual health, few clinicians or educators have the training or experience to provide service in this area. Program Director Sallie Foley, a highly respected author, educator, and sex therapist, has pulled together a top-notch, post-graduate training program for educators and clinicians interested in human sexual behavior. The University of Michigan has an international reputation for excellence, and this program is no exception.”

Dennis P. Secrest, PhD
Past President of the American Association of Sexuality Educators, Counselors, and Therapists (AASECT)
Clinical care for sexual health

‘Mission Statement’

- Sexual health is an important part of every individual's general health
- We approach sexual problems and concerns from a perspective that includes the psychological, hormonal, medical and relational facets of sexual health
- We care for individuals and couples in both heterosexual or same-sex relationships.
- We provide education about sexual health and strategies to maintain healthy sexual functioning at any age

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Books

- Gottman, J. Seven principles for making marriage work, or: Relationship cure
- Hall, K. Reclaiming your sexuality
- Perel, E. Mating in Captivity
- Fisher, H. Why We Love

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Book suggestions

- Boston Women’s..., Our Bodies, Ourselves
- Heiman, Becoming Orgasmic
- Makadon et al, Fenway Guide to Lesbian, Gay, Bisexual and Transgendered Health
- Newman, The Whole Lesbian Sex Book
- Joannides, Guide to Getting it On
- Zolbrod, Sex Smart
- Trauma: Foley and Hall books, Wendy Maltz books

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Websites

- Goodvibes.com
- Babeland.com
- Pureromance.com
- Drugstore.com
- Vaginismus.com
- Goaskalice@columbia.edu
- Advocatesforyouth.org
  - Don’t ‘cookie’ the computer, no popups

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Websites

- http://careforthetroops.org/
- traumacenter.org
- STIs: ashastd.org
Lists and instructions

salliefoley.com

- Lubrication list
- How to buy a vibrator
- Moisturize, lubricate, and stretch
- Suggested books for adults—by category
- Suggested books for children and teens
Who Cares About Women’s Sexual Health?

- Health care institutions
  - Institute of Medicine
  - National Cancer Institute
  - World Health Organization
- People—individuals and couples/all ages

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Patients, physicians, and asking about sex

- 25% of primary care physicians take a sex history (Jonassen, et al 2002)
- 75% patients believe that their physicians would dismiss their sexual health concerns or embarrass the physician (Marwick 1999)
- Over 90% of patients believe it is physician’s role to address sexual health concerns and are grateful when this happens (Ende, et al 1984)

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Reluctance to seek help

- Studies show that over 50% of individuals with sexual problems do not ask for help from health care provider.
- Studies indicate that of those seeking help (from any health care provider), less than 50% found the assistance helpful.

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Patient Perceptions

- Although 85% of adults want to discuss sexual functioning with their physicians...
  - 71% believe their physicians doesn’t have the time
  - 68% don’t want to embarrass their physician
  - 76% thought no treatment was available for their problems

- They also report...
  - Non-empathic and/or judgmental responses
  - Physician discomfort
  - Concern about privacy and/or confidentiality
  - Lack of cultural sensitivity

Marwick C. JAMA 1993; 281:2 173-4
Maurice WI, Bowman MA; Sexual Medicine in Primary Care 1999:1-41
Socio-cultural issues

- No one knows how to talk about sex
- No time during clinic visit and no designated person
- Symbolic importance of sexual body parts
- "Don’t ask me to go find another office"
- Body Image, Cognitive Distraction and Erotic Focus change
Partners Care


- “...a partner’s emotional involvement was a strong predictor for a woman’s sexual, marital and emotional adjustment after breast cancer” (Wimberly et al, 2005 quoted in Huber, C. et al, Oncology Nursing Forum 2006)
Women’s Sexual Response

Sexual Desire

- Sexual desire defined in DSM IV TR as a biological drive expressed regularly. Absence is *hypoactive sexual desire*
- Contradicts women’s actual experience of engaging in sexual activity for a variety of reasons
- Expanding the definition of sexual desire, a circular model with no hierarchy has evolved. (Basson, R. 2005, CMAJ 172(10)1327-1333)

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Non-Linear Model of Response

- Emotional Intimacy
- Sexual Arousal experienced as arousal
- Satisfaction with or without orgasm

(Basson R. 2005, CMAJ 172(10) 1327-1333
Sallie Foley, LMSW)
Basson’s Non-Linear Model

Basson’s non-linear model acknowledges how emotional intimacy, sexual stimuli, and relationship satisfaction affect female sexual response.

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Sexual Arousal

- Sexual stimulation predictably produces vasocongestion and lubrication. Absence is sexual arousal disorder DSM IV TR

- Arousal involves two distinct features:
  - Physiological changes
  - How the woman responds to those changes

- Arousal is more influenced by thoughts and emotions than by genital vasocongestion.

(Basson, R. 2004, Menopause: JNAMS 11(6)714-725
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Orgasm

- Orgasm is the rhythmic pulsing as it releases sexual tension
  - Pelvic floor muscles are integral
  - Areas of the brain are significant
  - Learning, experience, expectations and relationship factors

- Orgasm lasts a few seconds, but many feel failure if orgasm doesn’t happen
Resolution

**Physiology**
- Emergence of oxytocin (f) and vasopressin (m) – the ‘satisfaction hormones’ (Fisher, 2005)
- Relaxation of muscles

**Emotions**
- Reflection – how a person feels after the experience
- If the reflection is positive, it potentiates desire

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Women’s sexual health

- Profoundly influenced by culture
- Undergoes changes at different life stages
  - E.g. pregnancy, childrearing, menopause
- Sexual response is lifelong
Women’s sexual response shaped by culture

- Developmental:
  - What do I want vs. being wanted
  - Double messages about exploring body
  - Masturbate later if at all

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Straight and Lesbian Women

- Straight women have more difficulty taking responsibility for own orgasm in partnership

- Communication about sexual activity better in woman-to-woman sex than heterosexual sex

- Straight women more influenced by cognitive distractions/body image on sexual responsivity
  (Seal BN. Meston CM. The impact of body awareness on sexual arousal in women with sexual dysfunction. *J Sex Med* 2007; 4: 990-1000.)

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"Well, you have three hundred miles and two more waterfalls to get in the mood!"

THURSDAY
APRIL 15

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Sexual Problems

- Low/absent desire—no interest in getting turned on
- Low/no arousal—difficulty with vasocongestion/lubrication
- Anorgasmia—situational or general
- Pain
- Sexual avoidance and aversion

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Sexual problems--Causes

- Can begin as psychological
- Can begin as biological
- Can begin as interpersonal (social)

- And secondarily affect other systems above

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Depression

Depression is every bit as dampening to sexual activity and pleasure as pain. Refer for evaluation.

Prescription medications for depression can affect all aspects of sexual response.

Women experience twice the depression and greater sexual dysfunction than men related to medication. (Numberg, G. 2008. JAMA 300:4)
Rates of Sexual Disorders in U.S. Population

- U.S. population
- Aged 18-59
- N = 3,432 Adults
- Laumann and Gagnon, National Health and Life Survey (NHLS survey)
<table>
<thead>
<tr>
<th>Condition</th>
<th>Female (%)</th>
<th>Male (%)</th>
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<tbody>
<tr>
<td>Dyspareunia</td>
<td>14.4</td>
<td>3.0</td>
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<tr>
<td>Delayed ejac</td>
<td>N/A</td>
<td>8.3</td>
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<tr>
<td>Rapid ejac</td>
<td>N/A</td>
<td>28.5</td>
</tr>
<tr>
<td>Anorgasmia</td>
<td>24.1</td>
<td>N/A</td>
</tr>
<tr>
<td>E.D</td>
<td>N/A</td>
<td>10.4</td>
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<tr>
<td>Pain</td>
<td>21.2</td>
<td>8.1</td>
</tr>
<tr>
<td>Inabil to lubricate</td>
<td>18.8</td>
<td>N/A</td>
</tr>
<tr>
<td>Low desire</td>
<td>33.3</td>
<td>15.9</td>
</tr>
</tbody>
</table>
Changes in last 25 years

- Increased emphasis on medical interventions for men
- Trauma understanding-impact on function
- Sexual response more varied
- Sex is not simple

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- Greater awareness of sexual diversity and sexual minorities
- Sexual compulsivity
- Where is ‘my’ pill? Where is my testosterone?
- Not interested in present partner—I’m done with sex

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Women’s Sexual Problems “New View” Causes

- Relational context important to women
- Sexual problems due to sociocultural, political, or economic factors
- Cultural norms conflicts
- Anxiety about body-image
- Lack of interest or fatigue due to family/work obligations

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New View, cont.

- Sexual problems related to partner and relationship
- Sexual problems due to medical problems
- Sexual problems due to psychological factors
How to begin the sexual dialogue

- Frame sexual inquiry as part of a wholistic evaluation of the person
- Use the “Ubiquity” rather than the “Direct” inquiry technique (Sadovsky, et.al., J Sex Med Sept 2006)
  - “Often women in their 30’s....”
  - “Many women with.... [cancer, menopause, diabetes] experience........

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Assessment

- Include in ROS
- Ask early and often
- For many medications, telling about sexual impact--part of informed consent
- Your sexual health is part of your general health, how is your sexual health

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Sexual problem history

Basic questions about

- frequency
- satisfaction
- changes
- previous functioning
- partner concerns
- ask ‘typical situation’
Assessment

- Normalizing: “That is an important concern for many...”
- Authenticity: “Good question. I’m not sure of the answer so I am going to check on that with a sex therapist and I will call you/email you/have RN call you about that
- r/o alcohol, sleeplessness, pot

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Assessment

- Use of standard medical history technique--DOUPE
  - Describe
  - Onset
  - Understanding
  - Past experience trying to fix
  - Expectation

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Good Basic Questions to Raise and Answer

- What changes, if any, in your sexual experience have you noticed?
- Do you experience any pain with touch or penetration?
- Are you experiencing any difficulty with lubricating?
- Do you find that you can get aroused as you might have before?
- How satisfied are you with your sex life?

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Who is included in the discussion

- Speak with patient alone first
- A regular partner always included if possible
- Extended family members asked to leave

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Health care team

- Most of the time, you won’t have the specific answers but you must normalize the questions
- Maintain eye contact
- Specific language (not “sex” to mean “intercourse,” for example)
- Always suggest educational sites, ‘sexual health and…’, center for sexual health/UM

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Sexual Health Research—NEED INTERVENTIONS

- Symptoms
- Body Image
- Couples
- Mental Health
- Sexual pleasure/Satisfaction
- Trauma
- Fertility

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Brief Interventions-Sex Education

- Start ‘at home’ –office perceptions:
  - Address negative attitudes re: women’s sexual health
  - At any age
  - Identify office professional who is positive about women’s sexual health and send person to trainings like UM Certificate Program
- Patient resource lists at office or send to salliefoley.com
- Book lists at office/vulva handouts at office

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Brief Interventions

- State: There are resources for every age and every concern
- State: We can help you find resources
- State: For most things there is no magic. How much time would you be willing to spend on addressing this?
  - (Assessing motivation versus complaint)
  - Get amount of time per week

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Brief Interventions: Sexual Health Education

- Set up appt to meet with patient re: sexual health
- Go over slides from this lecture with patient
- Begin with suggested reading and teach mindfulness breathing
- Patient needs to know body parts and identify them—guided instruction in office is helpful to MANY---This says: I understand and support your commitment to sexual health

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Brief Interventions--treatment

- Behavioral—focus on the problem behavior and how it can be modified or changed
  - Example: Sensate Focus exercise
    - One partner caresses the other, while being directed where/when/how much/how little to touch
    - No performance demands
    - Emphasis on pleasure

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Brief interventions--treatment

- Cognitive-behavioral therapy: form of therapy that combines behavior therapy and restructuring negative thought patterns.
  - Cognitive restructuring: Acceptance and commitment therapy (ACT), mindfulness
Brief interventions--Couple

- Appt: Both partners attend
  - Sexual and performance anxiety reduction
  - Education and cognitive intervention
  - Script assessment and modification
  - Conflict resolution and relationship enhancement
  - Relapse prevention training

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Medical Interventions

- Correcting underlying medical problem
- Corrective surgery
- Physical therapy—apta.org
- Hormones
Behind the sexual problem

- Shame: a state of unbearable self-consciousness/a social emotion/ a universal reaction to humiliation and feelings of rejection/a profound disconnection from others

- Shame is not relieved by physical means but by restored relational connection

- Shame dissipates with mutual regard

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Necessary for sex therapy treatment

- A treatment of connection and talking
- Putting things into words, unburdening
- Treatment is always subjected to tests of ‘usefulness’. It is not a lockstep protocol
- Empowerment of the patient and relational connection are the active principles

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Treatment

- Multidimensional
  - Psychoeducation/normalizing
  - Communication enhancement in couple
  - Sexuality education/support/websites/sexualhealth.com
  - Referral to PT/dilator therapy
  - Mindfulness training/imagery for flooding
Testosterone: Primary Sex Hormone

- No FDA approved testosterone treatment available for women for sexual difficulties
- “recent random trials suggest that taking estrogen directly increases recurrence rates in breast cancer. Because androgens are converted in vivo to estrogen, these data should increase women’s caution about any type of hormone replacement.”

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Testosterone and women

- Testosterone does not seem to be significant in menopause transition. A woman’s *prior sexual functioning* and relationship are more important than hormonal levels. (Dennerstein, L. 2005, Fertility and Sterility Vol. 84(1).

- Androgen therapy should be carefully considered just as estrogen replacement therapy is.

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Physical therapy—apta.org

- Pelvic floor muscle relaxation
- Biofeedback
- Ultrasound
- Dilator therapy
Plastic Dilators—Syracuse Medical Dilators $55 intro kit
- Pureromance.com $75
- Vaginismus.com $53
- Anal plugs cost less

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Who is having sex?

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National Council on Aging Study

- N = 1300 adults

- Nearly half of all Americans 60 or over engage in sexual activity at least once a month

- Of those who are sexually active, 79% of men and 66% of women say that maintaining an active sex life is an important aspect of relationship with their partner.

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<table>
<thead>
<tr>
<th>Within the last school year</th>
<th>UM NCHA 2006</th>
<th>National NCHA 2005</th>
<th>Perception: How many partners did the “typical” UM student have? UM NCHA</th>
</tr>
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<tbody>
<tr>
<td>No partners</td>
<td>36%</td>
<td>26%</td>
<td>1%</td>
</tr>
<tr>
<td>1 partner</td>
<td>41%</td>
<td>46%</td>
<td>13%</td>
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<tr>
<td>2 partners</td>
<td>8%</td>
<td>12%</td>
<td>33%</td>
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<tr>
<td>3 partners</td>
<td>7%</td>
<td>7%</td>
<td>28%</td>
</tr>
<tr>
<td>4 or more</td>
<td>9%</td>
<td>9%</td>
<td>24%</td>
</tr>
</tbody>
</table>

**Who does what?**

About 70% of respondents believed that the “typical” student had more of each type of sexual activity than the respondent did.

81% of respondents believed that the “typical” student had more sexual partners than the respondent did.

| Mean # of partners | 1.3 | 2.06 | 3 |

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Indiana University: National Survey of Sexual Health and Behavior

- Reece, Herbenick, Fortenberry, co-authors from Indiana Univ. Center for Sexual Health Promotion
- Stephanie Sanders, co-author, of The Kinsey Institute for Research in Sex, Gender, and Reproduction and the Department of Gender Studies at IU
- Vanessa Schick, Brian Dodge, and Susan Middlestadt of the Center for Sexual Health Promotion at IU
- N=5,865 ages 14-94
- The study was funded by Church & Dwight Co. Inc., maker of Trojan® brand sexual health products.

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Men are more likely to orgasm when sex includes vaginal intercourse; women are more likely to orgasm when they engage in a variety of sex acts and when oral sex or vaginal intercourse is included.

While about 7% of adult women and 8% of men identify as gay, lesbian or bisexual, the proportion of individuals in the U.S. who have had same-gender sexual interactions at some point in their lives is higher.

At any given point in time, most U.S. adolescents are not engaging in partnered sexual behavior. While 40% of 17 year-old males reported vaginal intercourse in the past year, only 27% reported the same in the past 90 days.

Adults using a condom for intercourse were just as likely to rate the sexual event positively in terms of arousal, pleasure and orgasm than when having intercourse without one.
- There is enormous variability in the sexual repertoires of U.S. adults, with more than 40 combinations of sexual activity described at adults’ most recent sexual event.

- Many older adults continue to have active pleasurable sex lives, reporting a range of different behaviors and partner types, however adults over the age of 40 have the lowest rates of condom use. Although these individuals may not be as concerned about pregnancy, this suggests the need to enhance education efforts for older individuals regarding STI risks and prevention.

- About 85% of men report that their partner had an orgasm at the most recent sexual event; this compares to the 64% of women who report having had an orgasm at their most recent sexual event. (A difference that is too large to be accounted for by some of the men having had male partners at their most recent event.)
Condom Use Rates by Age & Gender
(% of past ten vaginal intercourse acts that included condom use)
(N = 3457)
What should women be doing to care for their sexual health

- Healthy diet, exercise, sleep
- Positive experiences of connection/attachment—have a wallet full of photos
- Acknowledge limits in time and be realistic
- Model self care
- Positive approach to health care including gynecologic care—know and look at their bodies

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Self care and sexual health care

- Address problems rather than ignore them
- Practice knowing your story, your body, understanding your body
- Within one’s religion/culture, consider healthy benefits of self-exploration/masturbation
- As one ages, practice good vulvovaginal health care including...
Maintenance of Vaginal Health

- Maintain vaginal health through:
  - Regular penetration and stretching
  - Topical lubricants—glycerin-free, waterbased
  - Local estrogen (ask your physician) or
  - Regular moisturizing (Replens, KY Liquibeads)
  - Kegels
Use it or lose it is actually more true for women

Regular sexual stimulation
- Consider vibrators
- Clitoral stimulators
Suppositories—Vagifem—estrogen for postmenopausal women

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Use it or Lose it: Not an urban legend.

Yes, this is an insertable music driven vibrator that on your iPod vibrates to the music.

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Arousal Interventions

Sexual Positions

Exercise/Movement

Sexual script changes

Skin is the largest sex organ
Orgasm Interventions

- Masturbation is evidence-based best practice model
- Vibrators may help enhance sensation, and can be incorporated into partner sex
- Positions/Rest/Exercise/Yoga/Mindfulness techniques for sex/Sexual fantasy exercises
- Lady-Care clitoral vibration and vacuum device. $50 (http://www.danmarproducts.com/)

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Body Image Interventions

- Mindfulness, erotic focus, ACT
- Griefwork re: acknowledge changes. Acknowledge societal messages
- Cognitive distraction: CBT
- ‘Change is work’—What do you work for in your life?—kids, friends, exercise?

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Sexual Pain

- Refer to an appropriate clinician who has the technology and skill to assess the pain *(often difficult to diagnose)*
- Refer to a specialized physical therapist
- Refer to a sex therapist familiar with treatment for painful sex
- UMHS Center for Vulvar Diseases is an ideal local resource. *Inappropriate treatment can worsen the problem.*

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Depression Intervention

Mindfulness, CBT, Erotic Focus therapies

Meds?
- Off label: Sildenafil as a treatment for SSRI induced sexual dysfunction in women.
- Study cited here demonstrated significant improvement in orgasm and arousal. It did not appear to affect desire.

Numberg, G. 2008. JAMA 300(4)

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Talking about sex can change the world—If you can talk about sex, you can talk about anything

- Women need to be in charge of their own sexual health at every life stage
- Women need to be comfortable using real words for their bodies and sexual function
- Women have a right to their sexual health and sexual responsivity their entire lives

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Finding a sex therapist

American Association of Sexuality Educators, Counselors and Therapists:

www.aasect.org

center for sexual health/ UMHS
734.763.4963

www.med.umich.edu/sexualhealth

Google ‘sexual health and…….’

Sallie Foley, LMSW
Final Note

- Sexuality is a part of every person... from before they were born until they die.
- Sexuality is a quality of life issue
- Each person has a right to their sexuality.

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