

Sexual Health, Dysfunction, and Therapy

A QUICKIE

1

Contact Info:

Melissa A. Novak, LCSW, CST-S

Pronouns: *She, her, hers*

MN Therapies

3166 N. Lincoln Ave.

Suite 217

Chicago IL 60657

www.mntherapies.com

mnovak@mntherapies.com

- Specialties: CBT and sex therapy for anxiety disorders, personality disorders, and sexual dysfunctions.
- Supervisor, business founder, board member, workshop facilitator.
- Positionality

2

About my training...

- Practicing psychotherapy for 16 years with a concentration in human sexuality and sexual therapy.
- Completed Sex Therapy Certification
 - Specialty education (a minimum of 90 hours) in core subject areas of Human Sexuality
 - Specialty training (a minimum of 60 hours) in Sex Therapy
 - Attendance in a Sexual Attitude Reassessment seminar (minimum 10 hours)
 - Documentation of field experience and approved supervision (over 200 case hours with a minimum of 50 hours supervision) in Sex Therapy
- Abide by AASECT and NASW code of Ethics.
- Continue ongoing individual and group consultation.

3



4

Norms & Orientation to our Virtual Space

Mute Alerts



If you are able to, turning off your email and text message alerts on your computer will help you absorb more of the content.

Take Notes



Physical acts, such as taking notes, playing with a fidget or giving your pets can help stimulate memory.

Get Centered



We are used to using our computers for work, less for learning. We need to remind our brains that we want to learn.

Stay Hydrated



Don't forget to move your body, stretch and take breaks. Feel free to eat and drink, mute on, video on or off.

*wise words from the Transgender Training Institute

5

Disclaimer

Content will be sexual in nature.

My knowledge, this presentation and the field of sexuality are works in progress and constantly changing.

Open to revisions, opinions and stipulations.

Additional training, classes and experience is always needed and encouraged.

- Modern Sex Therapy Institute-Chicago
- AASECT-American Association of Sexuality Educators, Counselors and Therapists
- SSSS-Society for the Scientific Study of Sexuality
- SSTAR-Society for Sex Therapy and Research

You do not have to participate or answer any questions.

You may check out at anytime.

Confidentiality is encouraged but cannot be enforced.

I could talk on all of these topics forever, but I am going to try to relate it all back to the sexual health/sexual functioning

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6

Assessing our clients...

What we talk about:

- Abuse
- Neglect
- Trauma
- Sexual Assault
- Substance Use/Dependency
- Relationships
- Mental Illness
- Maybe HIV/AIDS?

What we don't talk about:

- Sexual Acts
- Sexual Behaviors
- Sexual Desires
- Sexual Dysfunction

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7

Why this matters to you?

- Sexuality is interwoven within an individual's function and dysfunction
- The sexual self impacts a person's self image and confidence.
- Clients want to be understood fully and sexuality is part of who they are and their life experience.
- Many clients are relieved to talk about it.
- Client's physical and mental well being.
- Referrals

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8

“Sexuality is an integral part of human life. It carries the awesome potential to create new life. It can foster intimacy and bonding as well as shared pleasure in our relationships. It fulfills a number of personal and social needs, and we value the sexual part of our being for the pleasures and benefits it affords us...**Sexual health is inextricably bound to both physical and mental health.**” ~David Satcher, M.D., Ph.D. Surgeon General 2001

“**Sexual health is more than the absence of sexual pathology.** The anatomy, gender, and function of the human body is the foundation of identity. The awareness of the sexual self as an integrated aspect of identity begins in infancy with the attitudes about the physical body communicated by the caretakers.” ~Loretta Haroian, Ph.D.

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9

Values, Morals and Beliefs

Transference

- Their stuff
- Wishes and expectations from the past of the client transferred onto us
- We are “experts” on all things
- We can “just tell” what’s going on

Counter Transference

- Our stuff
- Subtle, non-explicit messages that tell patients what part they are playing/should play [3]

Comfort and Willingness

- Most therapists have little training in sexual health and dysfunction
- It is not just your knowledge but your ability to “sit with the anxiety” of the topic that impacts your comfort and willingness
- Improved best through education and supervision

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10

Attitude Assessment

1. What is my sexual identity?
2. What is my cultural identity?
3. What are my values?
4. How do these factors impact my sexuality?
5. How do they impact my sexual behavior and choices?
6. How does my culture, values, and sexual identity impact my professional practice and interactions with others?

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11

It's good for you...(and that means its good for our clients)!

Improves health and happiness (take fewer sick leaves).

Regulates hormones.

Increases oestrogen which promotes cardiovascular health, healthy skin and more bone density.

Burns on average 4.2 calories a minute.

Strengthens pelvic muscles which can improve posture, strengthen back muscles and tone abdominals.

Can relieve menstrual cramping.

Orgasms boost your immune system.

STRESS REDUCTION!

Increases pain tolerance.

Orgasms can cure headaches.

Prostatic Health

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14

Sexual Health

15

Ages 0-5

that love should make people feel good, safe, and wanted

that people's bodies are different sizes, shapes, and colors

how the bodies are different shapes, sizes, and genitals

that people's bodies belong to themselves

the correct names for all body parts, including sex and reproductive organs

how to talk about their sexual parts without feeling naughty

that it's normal to touch one's sex organs for pleasure

to seek privacy when touching one's sex organs for pleasure

how a "baby" "gets in" and "gets out" of a woman's body

that a person does not have to have a baby unless they want to

how to talk with trusted adults about sexual issues, questions, and concerns

how to say, "No," to unwanted touch

*from www.PlannedParenthood.org

16

Ages 5-7

that all living things reproduce

how plants and animals grow and reproduce, what they need, and how we care for them

that all people, including our parents and grandparents, are sexual

that we all live through a life cycle that has a beginning and an end and includes sexuality at all ages

that people experience sexual pleasure in a number of different ways

that everyone has sexual thoughts and fantasies and that having them is normal

that families are structured in different ways

the roles and responsibilities of different members of their families

how to live outside of stereotyped gender roles — for example, that women can be good leaders and men can be good at taking care of children

*from www.PlannedParenthood.org

17

Ages 5-7 (continued)

that sexual identity includes sexual orientation

that we must all take an active role in protecting our health

that health care providers support our health and well-being

the basic facts about HIV/AIDS

that a friend is someone we enjoy being with, someone who shares, listens, encourages, and helps us think through our problems

how to develop, maintain, and end friendships

how to recognize and protect themselves from potential sexual abuse and its dangers — for example, sexual predators may seem kind, giving, and loving. They may be friends or family members.

*from www.PlannedParenthood.org

18

Ages 8-12

ABOUT ADOLESCENT DEVELOPMENT, PRETEENS NEED TO KNOW

- how bodies grow and differ
- that puberty starts at different times for different individuals
- how to be comfortable with their changing bodies, especially in relationship to other children their age
- what menstruation and wet dreams are
- how to take care of their personal hygiene during menstruation
- that emotional changes are common during this time

*from www.PlannedParenthood.org

19

Ages 8-12 (continued)

ABOUT SEXUAL BEHAVIOR, PRETEENS NEED TO KNOW

- how to accept human sexuality and their own sexual feelings as a natural part of life
- **that people have sex for pleasure — that it's not done only to have a baby**
- that masturbation is very common and it is normal to masturbate, but only in private
- they don't have to feel guilt about masturbating
- what sexually transmitted infections and safer sex are
- how to talk about and practice safer sex
- **what rape is**
- What sex work is and why it's dangerous for young folks

*from www.PlannedParenthood.org

20

Ages 8-12 (continued)

ABOUT RELATIONSHIPS, PRETEENS NEED TO KNOW

how their communities, families, and peers feel about dating

that families are structured in many different ways, how the relationships in families differ, and how families fit into their societies

how to end relationships without anger

how to recognize and protect themselves from abusive relationships

*from www.PlannedParenthood.org

21

Ages 8-12 (continued)

ABOUT HUMAN REPRODUCTION AND BIRTH CONTROL, PRETEENS NEED TO KNOW

the biology of the fertility cycle, how pregnancy happens and the basics about how a pregnancy develops

that no one has to become a parent

that birth control methods-including emergency contraception-can prevent pregnancy

that 85 out of 100 people who have vaginal intercourse will become pregnant within a year if they do not use birth control

how to talk about birth control and what some of the methods are

how to get birth control

what an abortion is

that pregnancy can occur without having sex by using alternative insemination or other fertility treatments

*from www.PlannedParenthood.org

22

Ages 13-18

ABOUT SEXUALITY, TEENAGERS NEED TO KNOW

that sexuality is a positive aspect of one's personality

how to take responsibility for sexual choices and behavior

that biological sex, gender identity, and sexual orientation form one's sexual identity

that there are a lot of different, normal ways to have sex play

that people form many kinds of sexual relationships, including opposite-sex and same-sex partnerships

*from www.PlannedParenthood.org

23

Ages 13-18 (continued)

ABOUT PERSONAL VALUES AND SOCIAL PRESSURES, TEENAGERS NEED TO KNOW

how to balance independence with responsibility

how to adapt to emotional changes and social needs

how to recognize how sexuality is portrayed in the media — and how to control how much the media shapes what they think and how they feel about sex and sexuality

that sexual relationships have potential risks

that everyone has the right not to have sex

that teen pregnancy brings many challenges

how to talk about their own experiences, attitudes, and feelings about relationships and having sex play

how to make good decisions and solve problems

how to build self-esteem

*from www.PlannedParenthood.org

24

Ages 13-18 (continued)

ABOUT PERSONAL RELATIONSHIPS AND REPRODUCTIVE RESPONSIBILITY, TEENAGERS NEED TO KNOW

that relationships, including those within our families, often change over time

the details about birth control methods and how to tell myth from fact

how to have realistic expectations about long-term relationships — emotional support, companionship, child rearing, etc.

how to avoid unwanted or inappropriate sexual experiences

how to be assertive when refusing sex play or insisting on using birth control and safer sex

how to communicate clearly about sex play with a partner or potential partner

how to ask about and get birth control and be comfortable while doing it

*from www.PlannedParenthood.org

25

Ages 13-18 (continued)

ABOUT PARENTHOOD, TEENAGERS NEED TO KNOW

that it is possible to plan parenthood

that having a child is a long-term responsibility — that every child deserves mature, responsible, loving parents

what a parent's responsibilities are

the stages of pregnancy and child development

the basics of what a parent needs to do to meet a child's needs

the basics about how to take care of an infant

*from www.PlannedParenthood.org

26

Resources

Parent's Guide to Talking About Sex

- <https://www.plannedparenthood.org/learn/parents>

Healthy vs Concerning vs Problematic Sexual Behavior of Children

- Dr. Toni Cavanagh Johnson's books: <http://www.tcaviohn.com>
- Powerpoint Slides: <https://cdosdocs.state.co.us/somb/conference/2016/handouts/D16NormativeversusProblematicSexualBehavioramongChildren.pdf>
- <https://www.kbhconnect.com/tags/parents>

First sexuality books for kids: It's Perfectly Normal Series For Teens and Parents: Scarleteen.com

Sexuality Education Lesson Plans: <https://kingcounty.gov/depts/health/locations/family-planning/education/FLASH/elementary-school.aspx>

Books

- The Every Body Book: The LGBTQ+ Inclusive Guide for Kids about Sex, Gender, Bodies, and Families by Rachel E. Simon
- Sex Positive Talks to Have With Kids by Melissa Pintor Carnagey, LBSW
- For Goodness Sex: Changing the Way We Talk to Teens about Sexuality, Values and Health by Al Vernacchio



27

Dysfunctions

OR THE WORRIES WE HAVE ABOUT FUNCTION

28

Sexual Dysfunctions

Clinically significant disturbance in a person's ability to respond sexually or to experience sexual pleasure

- Lifelong/Acquired
- Generalized/Situational

Several dysfunctions may exist at the same time, all should be diagnosed

Several factors should be assessed

- Partner Factors
- Relationship Factors
- Individual Vulnerability Factors (psych, stress, hx)
- Cultural or Religious Beliefs
- Medical Factors

29

Delayed Ejaculation (DE)

75-100% of attempts over 6 months

- Marked delay in ejaculation
- Marked infrequency or absence of ejaculation

Clinical significant distress

Not better explained

Specify

- Lifelong/Acquired
- Generalized/Situational
- Mild, Mod, Severe Distress

Least common as dx; more common as sx

- SSRIs and other medications
- Holding back or detaching

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30

Erectile Disorder (ED)

75-100% of attempts over 6 months

- Marked difficulty obtaining erection
- Marked maintaining erection
- Marked decrease in rigidity

Clinical significant distress

Not better explained

Specify

- Lifelong/Acquired
- Generalized/Situational
- Mild, Mod, Severe Distress

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31

Premature (early) Ejaculation (PE)

Persistent or recurrent pattern of ejaculation with partner approx 1 min after vaginal penetration and before individual wishes it

6 month duration during 75-100% occasions

Clinical significant distress

Not better explained

Specify

- Lifelong/Acquired
- Generalized/Situational
- Mild, Mod, Severe Distress

20-30% worry about it but only 1-3% actually meet criteria

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32

Female Orgasmic Disorder

75-100% of attempts over 6 months

- Marked delay or infrequency of orgasm
- Markedly reduced intensity

Clinical significant distress

Not better explained

Specify

- Lifelong/Acquired/Never
- Generalized/Situational
- Mild, Mod, Severe Distress

10% of women never experience orgasm, most through clitoral stimulation

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33

Female Sexual Interest/Arousal Dx

Lack of, or reduced sexual interest/arousal, manifested by 3 of the following over 6 months

- Absent/reduced interest
- Absent/reduced sexual/erotic thoughts or fantasies
- Absent/reduced sexual pleasure or excitement (75-100% of attempts)
- Absent/reduced interest/arousal in response to internal or external sexual cues
- Absent/reduced genital or non-genital sensations (75-100%)

Clinical significant distress

Not better explained

Specify

- Lifelong/Acquired
- Generalized/Situational
- Mild, Mod, Severe Distress

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34

Male Hypoactive Sexual Desire Disorder

Persistent or recurrent deficiency in sexual/erotic thoughts or fantasies and desire for sexual activity

6 month duration

Clinical significant distress

Not better explained

Specify

- Lifelong/Acquired
- Generalized/Situational
- Mild, Mod, Severe Distress

6% of men ages 18-24; 41% of men ages 66-74%

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35

Genito-Pelvic Pain/Penetration Disorder

Persistent or recurrent difficulties with one (or more) of the following

- Vaginal Penetration
- Vulvovaginal or pelvic pain
- Marked fear or anxiety anticipating penetration
- Marked tensing or tightening of pelvic floor

Clinical significant distress

Not better explained

Specify

- Lifelong/Acquired
- Mild, Mod, Severe Distress

15% of women report pain

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36

Other Sexuality Related Disorders

Gender Dysphoria

- Now specifies between adult and child
- Incongruence between gender assigned and experienced or expressed gender
- Less focus on natal sex

Paraphilic Disorders

- Courtship disorders
- Erotic activity disorders
- Erotic target disorders
- Paraphilia does not = disorder

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37

Assessment

QUESTIONS TO ASK AND HOW TO ASK THEM

39

Permission (P):
Limited Information (LI):
Specific suggestions (SS):
Intensive Therapy (IT)

40

Ways to ask clients...

Introduce the subject

- Sexual health and sexuality is an important aspect of all people. I ask all my patients about it. If it is ok with you I would like to ask you a few questions about sexual matters now?

Assure & maintain confidentiality

Normalize a wide variety of behaviors

- My client's participate in a variety of sexual practices and sometimes have questions regarding how certain activities impact their safety, health, and/or general well-being. Do you have any particular questions or concerns?
- Some men have trouble getting or maintaining an erection. Do you ever experience issues with this?
- Some women experience pain during sexual activity. Do you ever experience issues with this?

Ask about partners, activities, and concerns

- You say you enjoy _____, can you give me more details about how you engage in this activity?
- You say you are _____, can you tell me a bit more about what this looks like?

At times they may not disclose everything and this is ok. They may need to build trust. All people are entitled to privacy and safety.

Finish with an invitation to discuss anything further.

- Is there anything we haven't discussed that you have questions about?

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41

The 20 Second Sexual History

General questions:

- Some people have trouble becoming aroused during sex or experience pain during sex.
- Some people have trouble achieving orgasm or feeling like they cannot control when they achieve orgasm.
- Some people don't have much interest or desire in sex.
- Have any of these been an issue for you?

For men:

- Some men complain that they have trouble controlling when they have orgasm 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?

Adapted from Derek C. Polonsky, M.D.'s Sexual History

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42

Additional Questions

How did you learn about sex and sexuality growing up?

Are you currently sexually active? How frequently do you engage in either solo sex or partnered sexual activity?

How often would you like to engage in solo sex/partnered sexual activity?

What safe sex practices do you currently use? Birth Control?

Any feelings of guilt, shame, fear, disgust before, during or after sexual contact?

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43

Resources

- Sex and Love in Intimate Relationships, by Firestone, Firestone, and Catlett
- Mating in Captivity by Perel
- The Erotic Mind by Morin
- Gay Affirmative Therapy for the Straight Clinician by Kort
- The Seven Principles for Making Marriage Work by Gottman
- Principles and Practice of Sex Therapy by Binik and Hall
- The New Male Sexuality by Zilbergeld
- The Guide to Getting It On by Joannides
- www.sexualityresources.com
- www.scarleteen.com

47

Q&A

48