

HOW TO MAKE A REFERRAL

Sex therapy is a specialized form of counseling for adults that focuses on sexual issues for both individuals and couples.

Referral to a sex therapist trained in women's health issues is indicated when a patient presents with:

- Low sex drive (FSDD)
- Aversion to sex
- Inability to become aroused (FSAD)
- Pain or discomfort during sex not linked to medical condition
- Problems with orgasm
- Vaginismus
- Sexual anxiety

Collaboration is IMPORTANT!

Pharmacological interventions for female sexual dysfunction are limited, so many patients are helped through the collaboration of providers and sex therapists trained in working with women presenting with sexual dysfunction. Together, a holistic treatment plan can be created.



About Jennifer Wiessner, LCSW

As a Licensed Clinical Social Worker in private practice in Cumberland, Maine, Jennifer is working on her AASECT certification for sex therapy and has recently completed AMSA's (American Medical Student Association) Sexual Health Scholars Program for medical students. This six-month program, along with her constant quest for learning, has prepared her to encourage healthy sexualities and manage sexual concerns in diverse populations. Jennifer's goal is to assist those with sexual dissatisfaction to experience the joys of healthy intimacy.

RESOURCES

Resources for providers to communicate with, assess and refer patients with FSDD and FSAD.

Talking with Patients about Sex
<http://tinyurl.com/communicate-about-sex>

Sexual Interviewing
<http://www.aafp.org/afp/2002/1101/p1705.html>

Just Ask! Talking to Patients about Sexual Function
<http://tinyurl.com/Just-Ask-Sexual-Function>

AASECT
(American Association of Sex Educators, Counselors & Therapists)
www.aasect.org

Talking to Patients About Sexual Dysfunction:
Overcoming Barriers
<http://tinyurl.com/talk-to-patients>

Yes/No Questions to Help Diagnose Women with Low Libido
<http://www.medicalnewstoday.com/articles/145012.php>

What Is Sex Therapy?
<http://tinyurl.com/about-sex-therapy>

For more information, to make a referral or receive more brochures contact:

Jennifer A. Wiessner, LCSW

h.a.p.e.

Counseling Services
160 Longwoods Road
Cumberland, Maine 04021
Confidential Voicemail at (207) 400-7808
www.hopcounselingservicesmaine.com

healing. opportunity. purpose. empowerment.

© 2010 Jennifer A. Wiessner, LCSW. All rights reserved.
Please contact for additional copies

Discussing

Female Sexual Desire

and

Female Sexual Arousal



Assessment and

Referral

Guide for

Healthcare Professionals

WHAT ARE FSDD AND FSAD?

FEMALE SEXUAL DESIRE DISORDER

(FSDD) is characterized as a lack or absence of sexual fantasies and desire for sexual activity for some period of time. It is an extremely common condition. Studies report that having too little sexual desire is the sexual dysfunction most frequently seen among women.



Sexual Dysfunction is estimated to occur in

30%-50% of women

- Laumann, Paik & Rosen, 1999



FEMALE SEXUAL AROUSAL DISORDER

(FSAD) refers to the persistent or recurrent inability of a woman to achieve or maintain an adequate lubrication-swelling response during sexual activity. This lack of physical response may be either lifelong or acquired, and either generalized or situation-specific. FSAD has both physiological and psychological causes.

Difficulties with peripheral manifestations of FSAD have a lifetime prevalence of 13% to 31%. FSAD often results in sexual avoidance, painful intercourse, and sexual tension in relationships.



Greater relationship satisfaction is associated with experiencing fewer sexual problems and concerns. Women's sexual problems cannot be separated from their feelings about their relationship.

- Sandra Byers, PhD

WHAT CAUSES FSDD AND FSAD?

Organic vs. Psychogenic Causes

It is important during the woman's initial medical evaluation to determine if there is evidence of an organic condition or if patient's complaint appears psychogenic. Organic causes are more often linked to post-menopausal women whereas psychogenic sexual dysfunction is more likely to occur in younger women.

While screening for organic causes, look for neurologic issues, cardiovascular disease, cancer, urogenital disorders, libido affecting medications (i.e. BC pills, benzodiazepines, antidepressants, antihistamines and chemotherapy drugs), fatigue and hormonal loss or abnormalities.



The overall sense of emotional closeness, capacity to trust, and ability to communicate and be validated in this communication is highly related to a woman's openness to become

sexual. – Dan Pollets, PhD



Psychogenic causes include depression/anxiety, prior physical/sexual abuse, stress, drug/alcohol abuse, interpersonal relationship issues, such as partner performance and technique, or lack of partnership quality. Additionally, cultural and religious beliefs and lack of sexuality education can influence desire and arousal.

Psychogenic causes are most prevalent in pre-menopausal women. If you have ruled out organic causes, assess for psychological issues that may be inhibiting arousal and desire. In many cases basic education is what is needed.

AS A PROVIDER WHAT CAN I DO?

Ask the question! Studies reveal physicians do not initiate discussions of sexual health. Two main reasons are embarrassment and lack of knowledge about female sexual function. Assessment of sexual health is as important as all other aspects of patient care, and should hold equal status with physical, spiritual, social and emotional care. Making your female patient feel at ease talking about sexuality with you is the first step. Here are some tips...

POSITIVE SEXUAL HEALTH DIALOGUE

Be aware of biases and your own comfort level

Gain comfort talking about sexual function through studying it and role playing dialogue with peers.
Be competent in LGBT relationship language.
Be aware of your body language.

Assure patient that the interview is confidential

This will lower patient anxiety and encourage open dialogue.

Relax patient by asking the questions.

Physician questioning is shown to increase patient reporting of sexual dysfunction. Let them know you ask all your patients these questions. Be welcoming in your language.

Use sexual and nonsexual terms with which the patient is most comfortable

Technical language can create a barrier. Use terms the patient uses.

Assume that everyone does everything

Allow patients to feel comfortable sharing their experiences without the fear of being judged. Everyone's sexual experiences are unique. "Normal" behavior is subjective and varies. Allow patients to clarify and define answers to questions without influencing the true meaning.

Make a follow up appointment or referral

If more time is needed, schedule a follow-up for more detailed discussion or make a referral to a sex therapist.



Only 14% of Americans aged 40-80 were asked by their physician about sexual difficulties in the past 3 years. – Pfizer GSAB, 2005