



# Breaking the Silence about *Sex: How to Talk to Your Clients about Sex, Sexual Health, & Sexual Concerns*

***Dr. Whitney Standal Schollars, PsyD (she/her)***

**Licensed Psychologist & Post Doctoral Resident  
Utah Center for Evidence Based Treatment in SLC, UT**



# Accuracy, Utility, and Risks Statement

This presentation discusses information, interventions, and resources that work to align with:

- **APA**'s Code of Ethical Principles: A) Beneficence & Nonmaleficence, B) Fidelity & Responsibility, C) Integrity D) Justice, and E) Respect for People's Rights & Dignity (APA, 2016).
- **NASW** Ethical Principles: A) Service, B) Social Justice, C) Dignity & Worth of the Person, D) Importance of Human Relationships, E) Integrity, & F) Competence (NASW, 2024).
- **ACA** Ethics Values inspiring their principles : 1)Autonomy, 2)Nonmaleficence, 3) Beneficence, 4) Justice, 5) Fidelity, 6) Veracity (ACA, 2014)
- **AAMFT** Ethical Standards (first 3, specifically): A) Responsibility to Clients, B) Confidentiality, C) Professional Competence & Integrity (AAMFT, 2015)

*Due to the sensitive nature of sex-related topics discussed within the client-therapist relationship, misuse of the information provided in this presentation could cause non-compliance with applicable laws and above noted ethical principles.*



# Program Notices

**Conflicts of Interest:** None.

**Commercial Support:** None.



# Land Acknowledgement:

- Utah is home to the Indigenous peoples of the Ute, Paiute, Goshute, Shoshone & Navajo Nations.

## Before We begin:

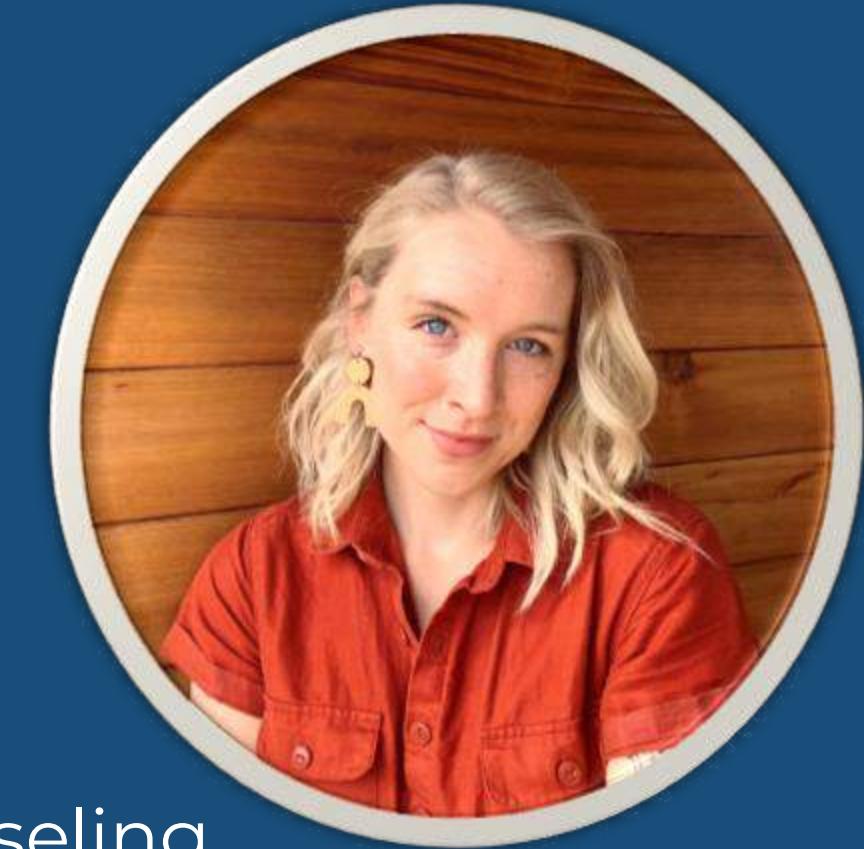
- Acknowledge my fallibility & need to learn
- Questions– ask in the chat, or email me after
- Clients/case examples are deidentified/ aspects changed to maintain confidentiality
- Please reduce distractions
- Please grab writing materials to support with activities



# Dr. Whit (she/her)

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- Licensed psychologist and post-doc resident at UCEBT
- George Fox University, Doctorate in Clinical Psychology (PsyD)
- Training: Family medicine, integrated care, ERs, university counseling centers, group practice.
- Experience supporting with sexual development and health concerns across the lifespan (3-99!) for last 5 years
- Specialty supervision / training under AASECT-certified therapists, AASECT pursuing, sex-therapists, MFTs, and PhD/PsyD around sex, sexual health, and concerns
- Specialty training and experience working with the intersectionality of religion/spirituality and sexuality with diverse populations



Big THANK YOU to my supervisors:

Dr. Stephanie Taylor, Dr. Kersti Spjut, Dr. Mark Beecher, Dr. Michael Adams, Dr. Adam Fisher, Dr. Mike Buxton

& Jenn Van Gorp, Marketing & Outreach Coordinator @ UCEBT



# Learning Statement

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At the conclusion of this presentation, attendees should have:

- **An increased knowledgebase on how to approach conversations about sex in therapy**
- **Models, templates, and practical strategies for doing this**
- **Resources to further their learning and the learning of their clients**



# Agenda

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- **Why is it Important to Talk to Our Clients About Sex?**
  - Why?
  - What gets in the way?
  - Clarifying our Role
- **Templates & Models**
- **Strategies**
- **Population Considerations**
- **Resources**





# Clinician "check in"

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*How often do you currently discuss sex, sexual health, and/or sexual concerns with your clients?*

1. I haven't yet/ don't
2. Less than 50% of the time
3. About 50% of the time
4. More than 50% of the time
5. Nearly all of the time / All of the time





# Further Exploration

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- How willing am I to practice and increase my comfortability talking with clients about sex and sexual health?
- What stereotypes do I hold about sex?
- How do I think my values and beliefs about sex might be different than my clients'?



Comfort and Willingness Scale  
(Hays & Harris, 2008, adapted by Braun-Harvey)



# 1. Why Talk About Sex?

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# Why Talk to Clients about Sex?

Within mental health care...

- Sexuality is an important aspect of physical, mental, and relational health (Zeglin et al, 2016; Fallis et al., 2016)
- Sexual health concerns can cause, or be the result of, other mental health concerns (Buehler, 2021)



# Why Talk to Clients about Sex?

Within the therapeutic relationship...

- Our clients are often hesitant to initiate discussion around sex, sexual functioning, and sexual wellness (Althof et al., 2012)
- Avoidance reinforces shame dynamics around sex (Buehler, 2021).

***If it's not discussed in the therapy room, then where will it be?***



# Why Talk to Clients about Sex?

Aligns with broader goals for inclusive, holistic, and affirming care...

- Attentiveness to intersecting identities (Crooks et al, 2020)
  - Race & Ethnicity
  - LGBTQIA+
  - Religious & spiritual traditions
  - Ability & disability
- World Association for Sexual Health (WAS, 2014)
  - **Sexual rights are human rights**





# What gets in the way?

*What makes it  
difficult to discuss  
sexual topics with  
clients?*





# Reported Barriers to Sexual Health Conversations

(Althof et al., 2012)

## Clients:

- Lack of opportunity
- Shame or embarrassment
- Social taboo against talking about sex
- Doubt that talking about it will improve/change the outcome
- Uncertain if sex is a part of health care discussions
- Questions about which discipline covers sexuality

## Clinicians/Health Care Providers:

- Timing/ restraints
- Unrealistic fear of offending client
- Deficits in communication
- Fear of impacted reimbursement
- Questions about treatment/ knowledge
- Gap b/w research developments and clinician competence
- Discomfort with sex conversations
  - *Clients of differing gender than clinician*
  - *Adolescents*
  - *Elderly*
- Inadequate sexual health education



## Myth

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vs.

***“I must be a specialized sex therapist to talk to my clients about sexual health, functioning, & concerns!”***

## Reality

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- \*Ethics & competence
- Psychoeducation/Accurate information
- Some sex-informed Interventions



## Clarifying Our Role:

- Accurate education around sexual anatomy, functioning, and health
- Education, information, and options
  - Reducing Shame
  - Increasing access to and engagement in pleasure
  - Inquire, explore, and seek to understand our client's values around sex and sexual health
  - Assessing for safety and reducing risk



# The Person of the Clinician

- Navigating arousal & our own boundaries
- Training supports with increased comfort and confidence providing sexual care (Flaget-Greener et al., 2015 as cited in Abbott et al., 2021).
- Comfortable With Sexuality (Harris & Hayes, 2008)
  - *Step 1: Self-Examination*
  - *Step 2: Awareness of the Problem from the Client's Point of View*
  - *Step 3: Increased Freedom & Comfortability with sexual topics*
  - *Step 4: Awareness of New Level of Comfort Supporting Client's Sexual Concerns*
- Consultation with colleagues & seeking supervision
- Practice!



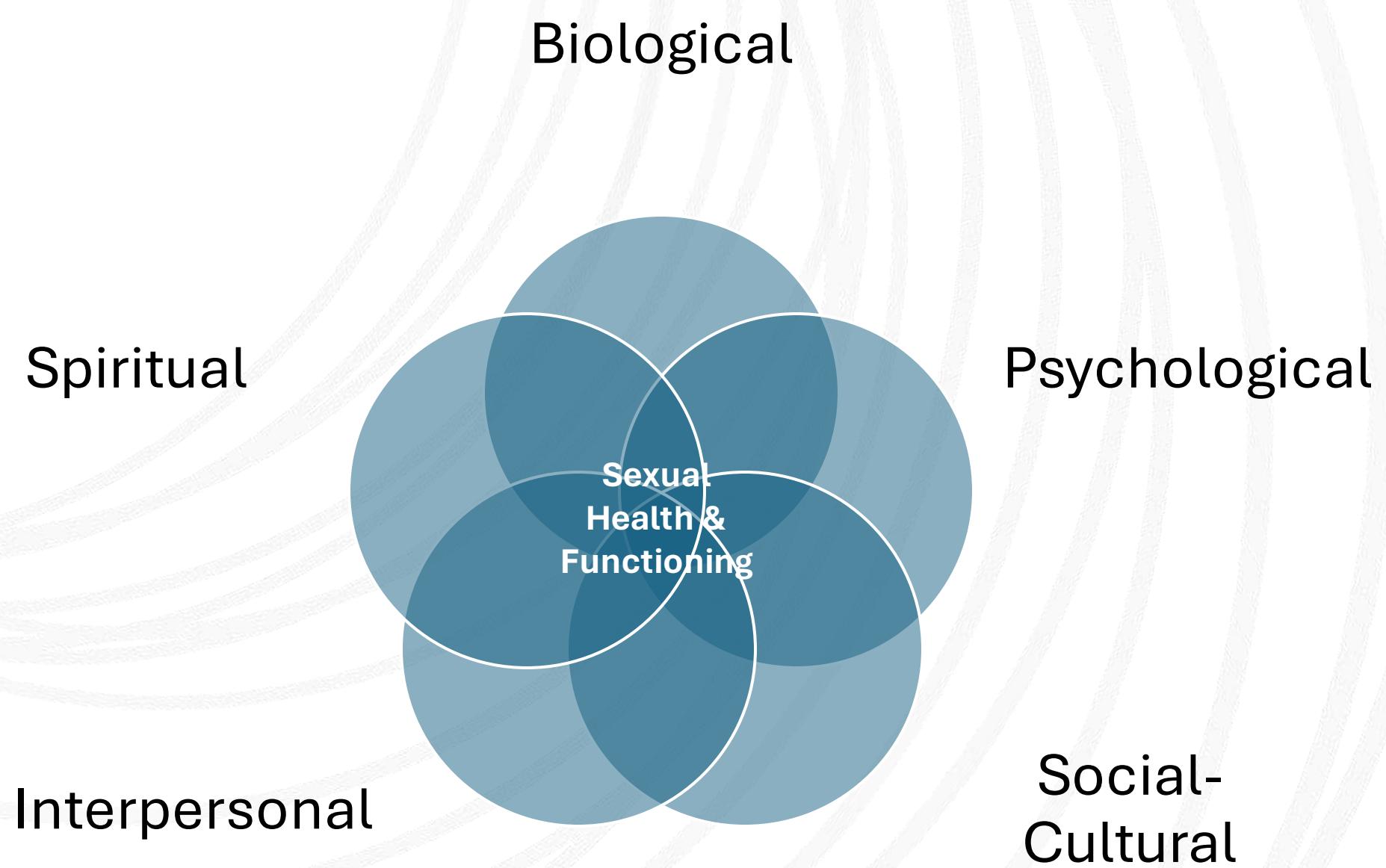
## 2. Conceptualization, Templates, & Models

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# BioPsychoSocial Conceptualization of Sexual Functioning (adapted from Engel, 1978; Coleman et al., 2018)



**Biological:** Physical ability, illness, medication, injury, neurobiology, hormones, & more

**Psychological:** Mental health dxs, trauma, sexual shame, sexual confidence, anxiety about sexual performance, & more

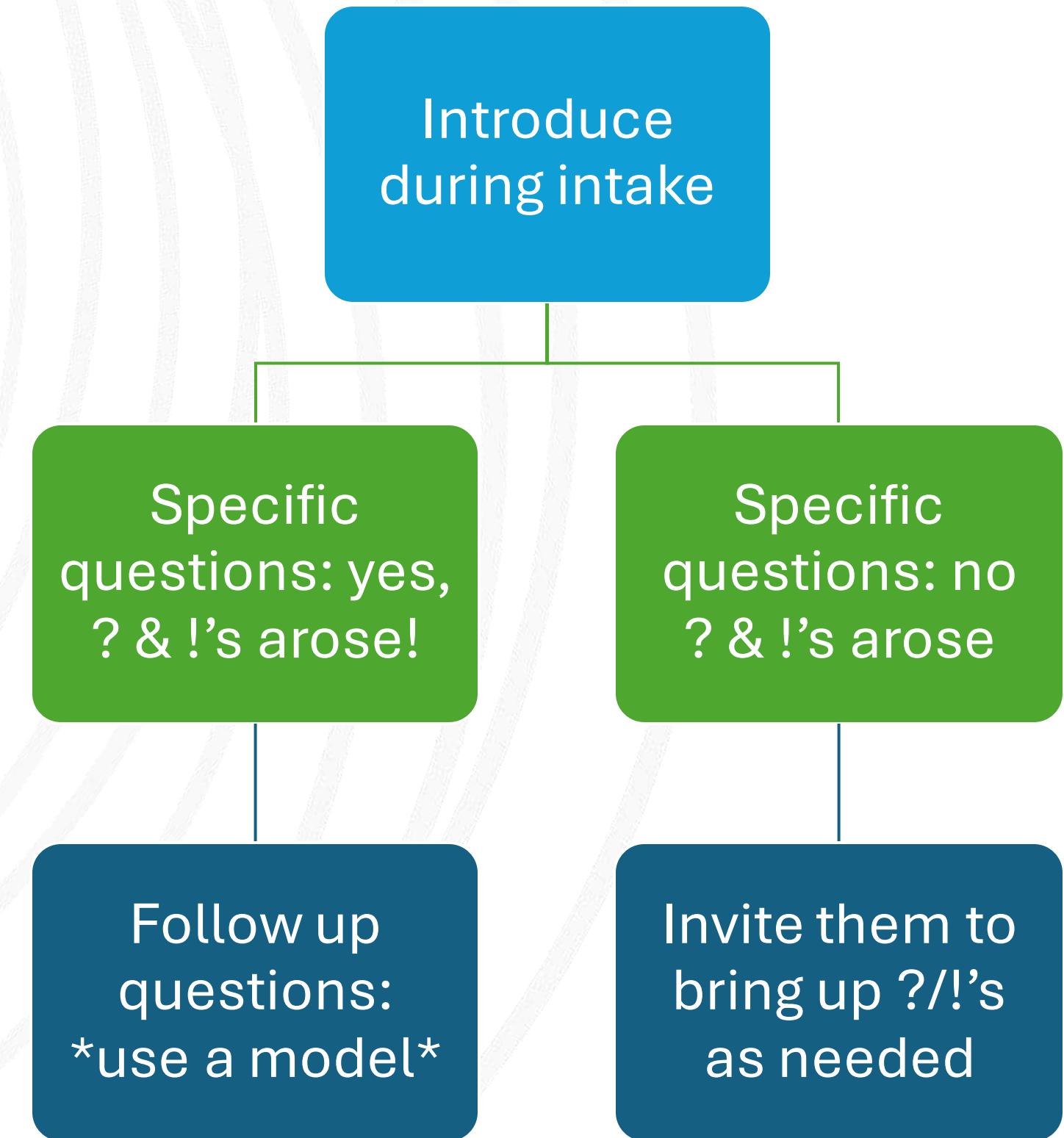
**Social-Cultural:** Cultural values/beliefs about sex, upbringing, racism, systematic oppression, marginalization, safety/access, & more

**Interpersonal:** Past relationships, current relationships, life phases/transitions, & more

**Spiritual:** Religious and spiritual morals around meaning and function of sexuality, & more



# Sexual Health Flow Chart:





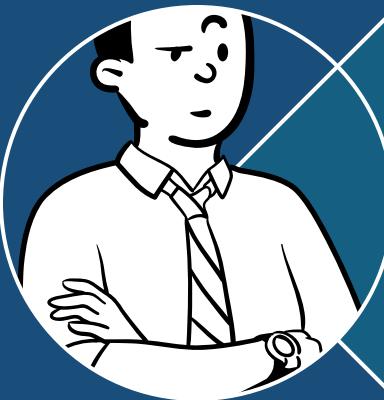
# Introducing Sex into the Conversation:

- “My intent for today is to gather information about your experience. I will ask about topics including risk and safety, social history, sexual health and concerns, previous therapy, substance use, and more.”
- “As part of my standard intake assessment, I inquire about sexual health, wellness, and concerns. Are you currently sexually active?”
- “Do you have any questions or concerns about your current sexual functioning?”
- “When was the last time you were sexually intimate? How was it?”

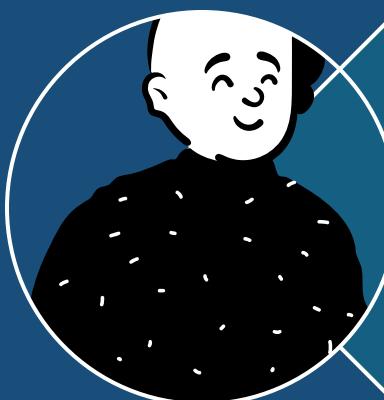
**PRACTICE: Write down 1-2 examples in your own words  
& practice saying them out loud.**



# Things to Hold in Mind & Practice!



Presence:  
Expression & Posture



Language:  
Neutral & Accurate



Attitude:  
Curious & Open



## Practice: Grocery List Strategy

- (Spjut, 2023)
- Make a list of 10-15 grocery store items
- Make another list of 10-15 sex, sexual health, sexual concern related words
- Practice reading each list.
  - What emotions arise?
  - Is your speed of reading different?
  - Changes in voice tone?
- Practice reading each list until you can read the sex-related list at the same pace as the grocery list



# Models for Approaching Sexual Themes in Therapy

## **Approaching Sexual Themes: Annon (1976) “PLISSIT” Model**

1. Permission
2. Limited Information
3. Specific Suggestions
4. Intensive Treatment

## **Defining Sexual Health: Braun Harvey (2013) “Six Principles of Sexual Health”**

1. Consent
2. Non-Exploitative
3. Honest
4. Shared Values
5. Protection (HIV & Unwanted pregnancy)
6. Pleasure



# Brief Sexual Inventory

## Sexual History Intake (Spjut, 2023)

- **Family of Origin**
  - What messages did you get about [sex, bodies, marriage, love] while growing up?
- **Trauma**
  - Have there been any sexual experiences you didn't 100% want?
- **Fund of Knowledge**
  - How did you learn about puberty? Sex? Contraception? Consent? Pleasure?
- **Values/Vision**
  - What is your vision for sexual health?
  - What are your sexual boundaries?
- **Sexual History**
  - Sexual debut: age? Experiences? internalized messages? Pain?
  - Solo sex / masturbation
  - Best sex/ worst sex
- **Fantasy**
  - What sounds good to you (if if you haven't or wouldn't try it in real life)
  - What/whom do you think about when masturbating? (age, gender, power dynamics, etc).



Is there anything about sex or sexuality you think you might want to discuss in therapy?

Would you give me a brief snapshot of what that looks like for you?

Would it be ok with you if I asked a few quite specific questions that will help me understand more about that?

## W illingness

When your partner is interested in a sexual interaction, do you feel willing? → Rule out coercion, violence, pressure, consent violations

## L ibido

Are you interested in sex? Do you think about sex? Experience desire? → ASAP abstain from the painful activity, treat the pain. Refer to MD, and then vulvar pain specialist, pelvic floor PT, urologist, sexual medicine MD

## P ain

Does any kind of sexual touch feel uncomfortable or painful? → Use lubricant, address hormonal issues, and refer erectile dysfunction to MD, cardiologist, etc. Rule out vascular issues

## Arousal

Do you experience body signs of arousal? Flushing, increased heart rate, hardness? wetness? → Use lubricant, address hormonal issues, and refer erectile dysfunction to MD, cardiologist, etc. Rule out vascular issues

## O rgasm

Are you able to reach orgasm when you want to? With or without partner? → Use lubricant, address hormonal issues, and refer erectile dysfunction to MD, cardiologist, etc. Rule out vascular issues

## S atisfaction

At the end of the interaction, do you feel satisfied? Would you do it again?

# Brief Sexual Inventory

## Brief Assessment (Kauppi, 2012)



Martha Kauppi, MFT & AASECT-Certified Therapist  
FREE online workshop with resources



# Brief Sexual Inventory

## **Sexual Inventory** (Novak, 2023)

- **Introduce the topic**
- **Assure & maintain confidentiality**
- **Normalize a wide variety of behaviors**
  - “Some folks have questions about sexual functioning and behavior...”
  - “Some folks experience difficulty with arousal, maintaining arousal, and orgasm...”
  - “Many folks didn’t get the chance growing up to talk about sex and ask questions, do you have any questions or concerns about your current sexual functioning or behavior?”
- **Ask About:**
  - Partners
  - Activities
  - Concerns
- **Awareness of needed trust &/or reluctance to disclose initially**
- **Invitation to discuss further in future**



# Brief Sexual Inventory

**Standards of Practice: Sexual History** (Althof et al., 2012)

- **Domains of Questions:**

- Sexual desire
- Arousal
- Orgasm
- Satisfaction
- Relational quality
- Pain
- Illness/injury & health

- **Follow up Questions:**

- Are you presently sexually active?
- Are you satisfied with the quality of your sexual life? What might make it better? OR—In what ways are you not satisfied with the quality of your sex life?
- Are there any sexual problems or worries that you would like to discuss with me today?
- Sometimes people who suffer from \_\_\_\_\_ (*diabetes, hypertension, depression, or are on beta blockers, SSRIs*) have sexual issues. Are there any concerns you would like to discuss with me?



## 3. Strategies

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# Strategies: Psychoeducation

- Increase our knowledgebase:
  - Accuracy:
    - Language
    - Anatomy
    - Facts
  - Functioning:
    - Spontaneous vs. responsive arousal
    - Timing
    - Sexual interest is a spectrum



Our Bodies Ourselves



Indiana NSSH



HRC Safer Sex



Buehler Institute: free  
classes



# Strategies: Exploration

- Identify and explore internalized sexual myths
  - Function and meaning of sex: What beliefs do you hold about sex? Have these changed over time?
  - Relationship to pleasure: Giving? Receiving?
  - Relationship to your body?
  - Garden Metaphor (Spjut, 2023)
- Dual Control Model (Bancroft et al., 2009)
  - “Turning off the Offs” (Nagoski, 2015)
  - Gas & Brakes (adapted from Nagoski, 2015)



Gas & Brakes



Nagoski Worksheets



# Strategies : (basic) Interventions

- Mindfulness & relaxation-based interventions
  - Must feel safe to be playful
  - Physical sensations & emotional awareness
- Reducing Anxiety
- Connecting with medical care: ED, PCP about meds, PT for pelvic floor
- Exploring pleasure
  - Sexual & non-sexual
- Prescribing intentional self-exploration & (sometimes) masturbation
- Sensate Focus: removing the demand
- Trauma-informed incremental exposure



Sensate Focus



# 4. Specific Population Considerations

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## **Limitations & Need for Further Multicultural-Attuned & Affirming Research**

- Research around sexuality has been predominantly heteronormative and indicative of White-Cis-Het experiences (Crooks et al., 2020)
- There is a history of racism, marginalization, and stigma in sexual health research towards diverse populations:
  - Emphasis on risk & HIV within the queer community
  - Lack of research on sexual pleasure within multicultural communities



# Considerations: *Adolescents & Young Adults*

- Adolescents often get “information” about sex from peers or media & don’t get consistent sex ed before sex (Shapiro & Brown, 2018)
- ~2/3 of folks have sex for the first time between the ages of 15-20 (Martinez & Abma, 2020)

## Ethics & Confidentiality:

- Duty to report sexual abuse of minors
- Working with adolescents—involving parents?

## STI & Risk Prevention:

- Young adults who receive reproductive health information reduces early pregnancy and unprotected sex (WHO, 2023).
- Folks aged 15-24 account for large portion of those with STI's (chlamydia, gonorrhea, & syphilis) (CDC, 2018)
- Sexual, gender, and racial minority youth are at increased rates for having an undiagnosed STI (CDC, 2019a; CDC, 2019b; Kates et al., 2018)

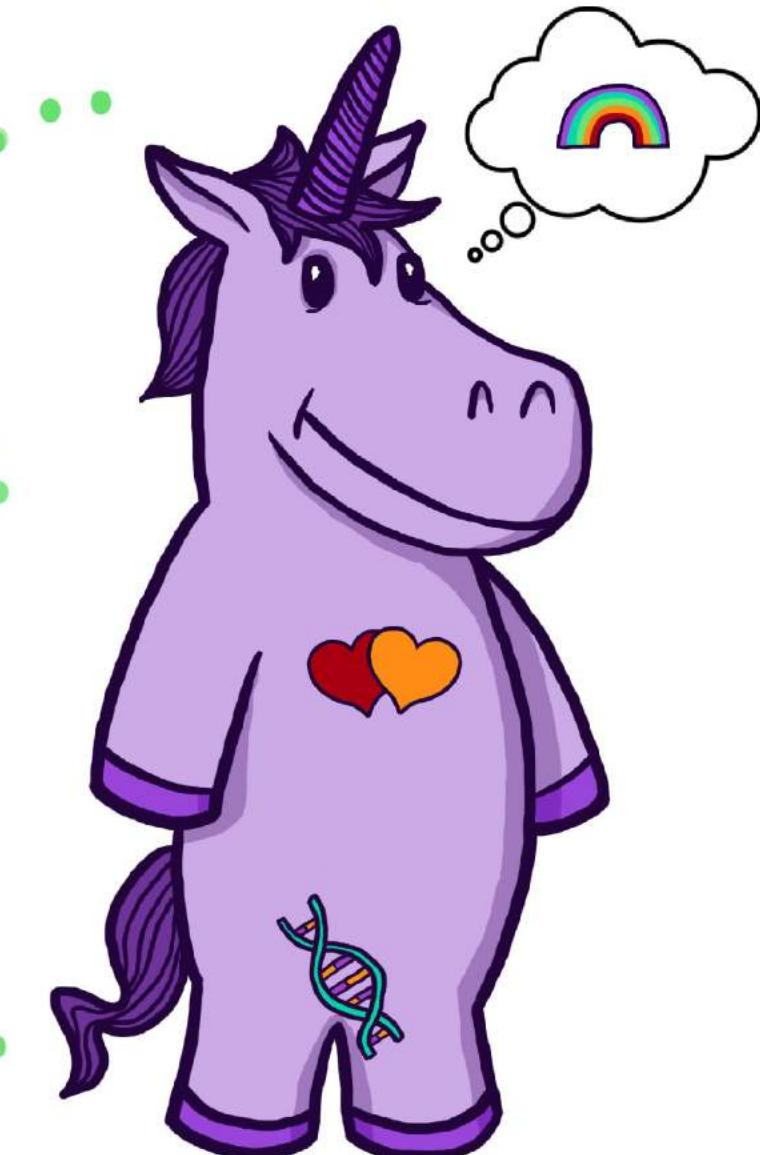


<https://www.who.int/multi-media/details/sex-education>



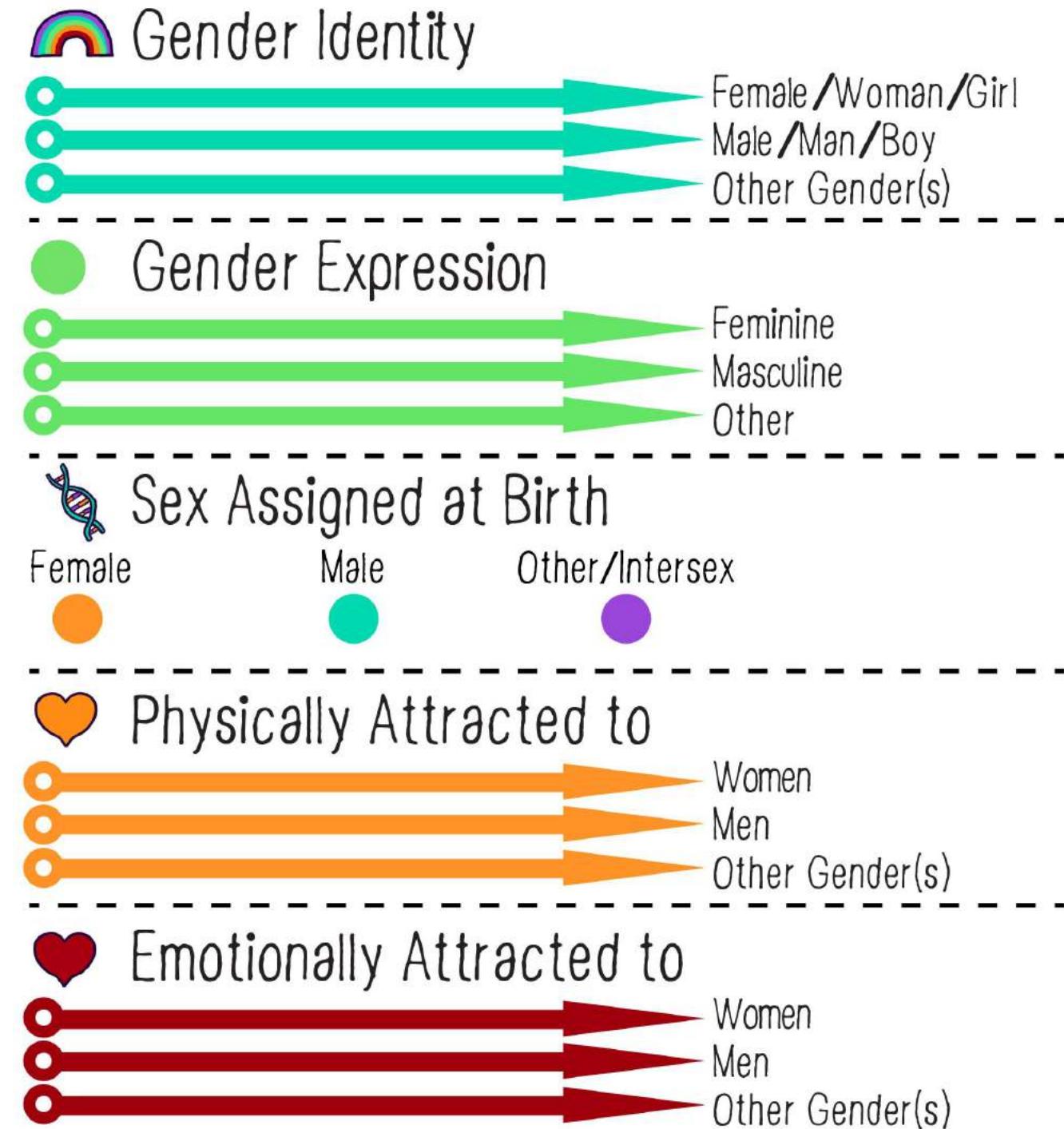
# The Gender Unicorn

Graphic by:  
**TSER**  
Trans Student Educational Resources



To learn more, go to:  
[www.transstudent.org/gender](http://www.transstudent.org/gender)

Design by Landyn Pøn and Anna Moore



Trans Student Educational Resources,  
2015. "The Gender Unicorn."  
<http://www.transstudent.org/gender>



# Considerations: *BIPOC Individuals*

Attunement & commitment to anti-racism

- Awareness of minority stress, intersectionality, and the impacts on wellness (Stirrat et al., 2008)
- Awareness of sexual stereotypes rooted in racism (Crooks et al., 2020)
- History/current discrimination & barriers to safe care

Impacted Safety

- Sexual, gender, and racial minority youth are at increased rates for having an undiagnosed STI (CDC, 2019a; CDC, 2019b; Kates et al., 2018)





# Considerations: *LGBTQIA+ Clients*

- Research: often heterosexually biased, or focused on STI prevention, rather than pleasure.
- Due to marginalization and minority stress these factors impact LGBTQIA+ sexuality & functioning (Grabski et al, 2019; Buehler, 2021)
  - *Higher rates of substance use*
  - *Higher rates of anxiety & depression*
  - *Increased discrimination, stigma, & violence*
- Sexual shame & internalized transphobia, homophobia, etc.
- Increased risk of sexual dysfunction among trans & gender non-conforming populations: 1) difficulty initiating & seeking sexual contact & 2) difficulty achieving orgasm. (Impacting factor: GAS was helpful in reducing dysfunction) (Arakawa et al., 2013)





# Considerations: *Survivors of SA*

- Military sexual abuse : 20,500 estimated cases in 2018 (6.2% of women & 0.7 % of men enlisted)(Breslin et al., 2019).
  - Be attentive to power dynamics & confidentiality
- In America, every 68 seconds an individual is sexually assaulted (Dep. of Justice, 2020)
- Psychoeducation about trauma:
  - Compassion towards body
  - Arousal amidst abuse
- Invite agency, choice, & building of trust





# Considerations: Illness & Physical Disability

- Myth: folks with disabilities or chronic illnesses do not engage in sexual behavior! FALSE!
- Considerations:
  - Attunement to ableism (Crooks et al., 2020)
  - Exploration around changes to their physical & sexual functioning, attunement to grief
  - Reducing pain & increasing pleasure
  - Accessibility & safety
- Interventions:
  - Gas & Brakes (adapted Nagoski, 2015)
  - Expanding the repertoire of sexual behavior





# Considerations: *Religious Populations*

- Clarifying our role
  - Psychoeducation (debunking myths)
  - Reducing shame & increasing congruence
- Exploration of inherited meaning & function of sex as well as THEIR personal meaning & function around sex
- Interventions:
  - Psychoeducation
  - Spiritual texts
  - Garden Metaphor (Spjut, 2023)
  - Values identification
  - Incorporating spirituality into sexual behavior (Esmiol Wilson, 2021)





## 5. Further Reading, Support, & Exploration

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# Resources

## Books:

- “What Every Mental Health Professional Needs to Know About Sex” by Stephanie Buehler, PsyD
- “Come As You Are” Emily Nagoski, PhD

## Websites:

- Guttmacher Institute : <https://www.guttmacher.org/>
  - Resources on reproductive health, STIs and prevention, teens/adolescent sexual health, and more
- Come as You Are Podcast : Youtube :  
[https://www.youtube.com/watch?v=PFMgKjO8ygk&list=PLnNTXBPQiHiRnx2Vsd9n1J7tPvfDO\\_U-H](https://www.youtube.com/watch?v=PFMgKjO8ygk&list=PLnNTXBPQiHiRnx2Vsd9n1J7tPvfDO_U-H)
- Learn Sex Therapy : <https://www.learnsextherapy.com/free-courses>
- Sexual Medicine Society of North America <https://www.smsna.org/patients/blog>
- Sexual Ed online workshops: Rutgers University  
[https://answer.rutgers.edu/page/online\\_workshops/](https://answer.rutgers.edu/page/online_workshops/)
- World Sexual Health : <https://worldsexualhealth.net/>
- Natasha Helper, LSCW : <https://www.natashahelper.com/>
  - Resources, podcasts, etc.
- Sexual Configurations Theory (van Anders, 2015)  
<https://www.queensu.ca/psychology/van-anders-lab/assets/docs/SCTteaching.pdf>
- Bi.org Klein Grid (Klein, 2006)  
<https://bi.org/en/klein-grid/jwrEvSQcoouJH49Q60wlzfCUvlaD7bUoKu5GsQTn>



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Dr. Shelle Welty, PhD & Tammy Clouston, LCSW  
May 17th, 2024 | online | 2.0 CEs

## Social Skills for Neurodivergent Young Adults: Evidence-Based Strategies for Making and Keeping Friends and Handling Peer Rejection

From the UCLA PEERS® Clinic  
June 5<sup>th</sup>-7<sup>th</sup>, 2024 | online & in-person in Sandy, UT  
Certification or CE options

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Dr. Stephanie Taylor, CE event for June 2024—*details coming soon!*  
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