

Sexual Health Education and Counseling

ISSWSH 2014 Fall Course

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Disclosures

- **Advisory Board:** Sprout, Pfizer, SST, Emotional Brain, Apricus

Objectives

- Learning objective: Implement the patient-centered, collaborative motivational interviewing technique Ask-Tell-Ask in sexual problem counseling for female sexual dysfunctions.

Patient Centered Sexual Health Encounter

- **Step 1: Obtain the Narrative**
- **Step 2: Normalize and Universalize the Inquiry and the Concern**
- **Step 3: Empathically witness/delineate the patient's situation and "pain" in the room**
- **Step 4: Restate/reframe sexual legitimate concerns as problems which can be addressed**
 - Manage/reschedule
 - Refer



Sexual Medicine Communication Tasks

- **Screen and identify sexual concerns**
- **Diagnose sexual problems, assess causes & factors**
- **Delineate impact and distress, empathically witness, offer support & partnership**
- **Reframe attention to sexual problem**
- **Explain impact of medical problem and/or treatment on sexual health**
- **Obtain informed consent for procedure or therapy**
- **Explain treatment and/or behavioral advice**
- **Recommend referral**

EX: PLISSIT COMMUNICATION TOOL FOR SEXUAL HISTORY

**Limited
Information**

PERMISSION

**Specific
Suggestions**

Intensive Treatment
(referral)

Therapy: Empathic Delineation

- **Normalize and universalize the problem/emotional response, side effect**
- **Reframe attention to sexual problem as legitimate priority**
- **Part of the therapy is *discussing* the problem: empathically delineating the problem begins the process of helping the woman solve it.**

Emotionally Supportive Communication: “NURSE”

- **Name**
 - **Understand**
 - **Respecting**
 - **Support**
 - **Explore**
- **Confirm understanding & alignment of patient’s feelings**
 - **Validate: normalize & universalize**
 - **Empathically witness patient’s efforts**
 - **Offer partnership and actions (treatment)**

Smith RC. Patient-centered interviewing: an evidence-based method. Philadelphia: 2002
Smith et al. Patient Educ Couns. 2000;39:27-36.

Using the NURSE process

- **Name:** I can see you are very upset about your last sexual experience with George.
- **Understand:** I can understand why it would be physically painful and emotionally upsetting to try to initiate sex without any preparation for dealing with your symptoms.
- **Respect:** It is great that you took the step to come in and speak to me about it.
- **Support:** I am here to help.
- **Explore:** We can explore possible solutions, such as discussing how you feel about agreeing to sexual activity or how you might be more physically comfortable.

Core MI Communication Skills

- **Three Core Communication Skills**
 - **Asking**
 - Open ended questions
 - **Listening**
 - Silence, reflection, summarizing
 - **Informing**
- **Strategies for Informing**
 - *Ask permission; Offer options*
 - **Chunk-Check-Chunk**
 - **Elicit-Provide-Elicit**
 - **Ask-Tell-Ask**

Ask-Tell-Ask: First Ask

- **Ask an open-ended question – “Tell me what you know about lubricants ...”**
- **Learn what the patient thinks that is**
 - **Correct**
 - **Mistaken**
 - **Next piece of information to explain**
- **Assess resistance to change**

Ask-Tell-Ask: Tell

- ***Tell* focused information in response to answer to first ask**
- **Reinforce correct information**
- **Correct mistaken beliefs**
- **Add the next piece of information**
- **Recommend treatment/change**

Ask-Tell-Ask: Second Ask

- **Assess** patient comprehension:
 - “Tell me in your own words what you understand about...”
- **Assess** reaction:
 - “How do you feel...What do you think about what I have told you about your sexual concern?”
- **Assess** intention/change:
 - “Now that we have had a chance to discuss this, what are your thoughts about...using lubrication, introducing a vibrator into foreplay?”

Decision for Treatment is a Balance Between Perceived Need & Concerns

**Perceived need
for treatment**

**Concerns about
treatment**



Female Sexual Dysfunction Treatment Platform

- Educate couple on female and male sexual response and dysfunction, specifically addressing lack of comparison**
- Educate couple on communication skills and identification of sexual expectations**
- Educate couple on how diet, exercise, and stress reduction affect sexual health**
- Educate couple on use of fantasy to prime sexual pump**
- Educate couple on benefits of self stimulation**
- Educate couple on types and techniques for orgasm**
- Educate couple on female anatomy**

NAMS: Sexual Counseling

- Educate couples about normal, age-related sexual response changes in women (e.g. diminished lubrication, increased time for stimulation)
- Educate couples about normal, age-related sexual response changes in men (e.g. decreased rigidity, increased time for stimulation)
- Warm baths before genital activity
- Extended foreplay, lubricants



NAMS: Sexual Counseling, contd.

- **Sexual fantasies, erotica**
- **Experiment with non-coital activities: massage, oral stimulation**
- **Use masturbation as alternative to intercourse**
- **Change routine: location, time of day**
- **Change positions, other than “missionary”**



Menopause Practice: A Clinician's Guide, NAMS