CORE COMPETENCIES

for BESTCO Certified Sex Therapists

Abstract

"Core Competencies" are defined as the basic knowledge and the fundamental set of attitudes and skills required to practice as a BESTCO Certified Sex Therapist.

Offered to BESTCO, May 2019 from the Core Competencies Committee: Vicky Winterton (Committee Chair), Darlene Dzendoletas, Stephen Holzapfel, Peggy J. Kleinplatz, Neil Lackey, Susan Neeb, Lisa Pelletier.

BESTCO Core Competencies: Preamble

BESTCO (the Board of Examiners in Sex Therapy and Counselling of Ontario) is an organization established in 1975 and made up of professionals from a variety of clinical backgrounds who practice sex therapy. Since then BESTCO has developed and maintained standards for education and training for sex therapists practicing in Ontario. The standards developed ensure that a BESTCO Certified Sex Therapist has achieved a high level of training and experience.

The process for developing Core Competencies for BESTCO sex therapists began in 2015 at the initiative of the BESTCO Executive and the Supervisors and Documentation Committees. The goal was to develop a set of Core Competencies that would be useful for Supervisors working with Associate Members as they worked towards Certified Membership. We defined "Core Competencies" as the basic knowledge and the fundamental set of attitudes and skills required to practice as a BESTCO Certified Sex Therapist.

There was also a recognition that it was important for BESTCO to have Core Competencies defined for us as a professional organization.

A Committee was struck that included six Certified Members of BESTCO, and a Chair person. We used a modified Delphi approach. The group consisted of BESTCO Certified Members from a variety of clinical backgrounds including psychology, social work, marriage and family therapy, and medicine. All members of the group contributed their ideas based on their clinical experience and expertise.

A key task of the working group was to identify the Clinical Topics, or areas of clinical practice, in which BESTCO Certified Therapists should have Core Competency. We confirmed these essential Clinical Topics with a review and vote by the BESTCO membership in the fall of 2015. Members voted based on their experience and of how commonly the various clinical issues arise in their practices.

In addition, we also identified other areas of clinical importance which did not meet the criteria for inclusion as Clinical Topics but were important enough to be identified as relevant to the practice and competency of BESTCO Certified Sex Therapists. These are areas which require clinical awareness and attention, but not necessarily Core Competency in assessment and treatment.

We identified the overarching importance of having knowledge and awareness of sexual concerns in the context of clients who come from various backgrounds. We use the terms his/her(s)/their/theirs as an attempt to acknowledge this variety throughout this document.

The clinical issue of sexual behaviour that is out of control was considered. Some BESTCO Certified Sex Therapists assess and treat this issue, but the majority did not endorse it as an area of required Core Competency.

BESTCO Core Competencies: Preamble

The Clinical Topics identified are (in alphabetical Order):

1. Arousal Difficulties
2. Delayed Ejaculation
3. Desire Discrepancy
4. Erectile Problems
5. Genito-Pelvic Pain/Penetration Disorder (GPPPD) (previously known as Vaginismus, Dyspareunia and Pelvic Pain)
6. Lack of Knowledge about Sexuality
7. Low Desire
8. Orgasm Difficulties
9. Rapid Ejaculation
10. Sexual Aversion or Avoidance
11. Sexual Sequelae of Sexual Assault, Abuse or Other Trauma

These 11 topics were identified by BESTCO Certified Members in 2015.

In 2018 the Core Competency Committee recognized that the fluidity of sex therapy is not fully reflected in the language of this document. We affirm that this must be a fluid document, updated to reflect developments in language, assessment, conceptualization, and treatment as those factors shift.

The Committee then established “Key Features” for each Clinical Topic. Key Features are those features that represent the critical or essential steps in the resolution of a clinical situation or problem.

The Key Features of the Clinical Topics are organized in the following manner. “General Key Features: Therapy” and “General Key Features: Assessment” describe Key Features that apply to all Clinical Topics. “Specific Key Features” apply only to the clinical topic identified.

Vicky Winterton, Chair

Committee Members:

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BESTCO Core Competencies: Preamble

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General Key Features: Assessment

Introduction

Associate Members (AM) will be able to demonstrate their capacity to do a full assessment for any person seeking help with a sexual concern. The depth and focus of the assessment may vary to a degree based on the presenting difficulty and the AM area of expertise, training, and theoretical orientation, however, the AM will be able to demonstrate understanding of the complexity of sexual difficulties and the interactions between various aspects of the person's history in the genesis of the client's/clients' concern(s).

The AM will be able to demonstrate the capacity for sensitivity, openness and inclusiveness especially toward those who have historically been marginalized in conventional sexual discourses. This includes clients with non-normative sexual preferences, those who do not fit within the gender binary, those who are transgender, and clients who identify as lesbian, gay, bisexual or other sexual orientations.

The following areas of Assessment are considered important. There should be appropriate attention to different areas of the history depending on the clinical presentation while recognizing that different areas will overlap. Specific Key Features related to Assessment, relevant only to a specific clinical situation are listed separately, under the heading of the Specific Clinical Topic.

The AM will be able to integrate the assessment phase of treatment into the therapy as a whole, recognizing that all necessary information might not be forthcoming at an initial consultation, and that more information will emerge over time. AM may change their approaches as more information becomes available and they will be able to explain and demonstrate therapeutic flexibility, and the capacity to establish continuing consent for the therapeutic process.

The AM assessment must abide by BESTCO's Ethical and Professional Guidelines.
General Key Features: Assessment are listed under the following headings; History of Problem, Sexual History, Medical/Psychiatric, Psychological, Cultural, Relational and Quality of Sex. Each Key Feature would apply to the assessment of an individual client or to each partner of the relationship(s).

General Key Features: Assessment

History of Problem

1) The therapist is able to obtain a full history of the evolution of the problem over time including:

a) What is the nature of the problem?

b) When did the onset of the problem occur?

c) Is the problem lifelong or acquired (i.e., primary or secondary)?

d) Is the problem global or specific to certain situations, relationships or partners? e) Has the problem worsened, remained the same or improved over time? f) What does/do the individual or partner(s) think caused the problem? g) What efforts have been made to solve the problem and what effect have those efforts had?

h) Have the client(s) had any previous therapy or other interventions and what were the effects of those interventions?

i) What are the consequences of having this problem?

j) What would happen if this problem were to remain the same?

k) What would happen if this difficulty were to worsen, or improve?

2) The Therapist is able to explore:

a) If the problem is life-long or primary, when did the individual and/or the partner(s) come to define it as a problem, and how has this problem affected his/her/their lives and their relationships?

b) If the problem is acquired/secondary, what other events were occurring in the client's life or relationship at the time of the onset of the problem?

c) If the problem is situational, assess the specific context in which the problem does and does not occur, with attention to organic, emotional and psychological factors. d) If the client is in a relationship – how does/do the client's partner(s) define the problem and how does that person(s) see its "evolution over time"?

e) If the presenting problem is associated with any other sexual concerns? Has the problem had an impact on other areas of sexual function?

3) What is the significance for the client(s) choosing to come for therapy now?

General Key Features: Assessment

Sexual History

1) The Therapist is competent to take a full sexual history including:

a) The client's current relationship status and number of partners, sexual orientation and gender identity.

b) The nature of current sexual life and response, including, but not necessarily limited to, desire levels, physiologic and sensory factors of arousal, orgasm including ejaculation, and feelings, including pleasure and satisfaction. Therapists demonstrate that they draw from a working knowledge of sexual anatomy and physiology, when clinically useful. c) History of previous sexual experiences and sexual relationships.

d) The client(s') knowledge of sexuality in general and sexual anatomy and physiology in particular.

e) Families/family of origin experiences of sexuality including beliefs, values and attitudes about sexuality.

f) Comfort with and role of fantasy in current and past sexual experiences, including self pleasuring.

g) Any history of sexual, physical or emotional trauma, in the distant or recent past? h) Reproductive history including past history of pregnancies planned and unplanned, pregnancy terminations, miscarriage(s), childbirth experiences and perinatal loss. i) Current contraceptive methods and safer sex practices.

j) Concerns about contraception and fertility, past and present.

k) Any concerns/discrepancies in preferences for sexual activities?

l) Any past or current concerns about orientation, gender identity and/or expression?

m) The quality of the sexual relationships, past, present and what the client(s) hopes for and/or fantasizes about regarding his/hers/their sexual life. Is it sex worth having? n) History and current practices self-pleasure/masturbation.

o) Past and current use of sexually explicit materials and their role in the individual(s) experience and relationship(s).

p) How has presenting difficulty affected overall sexual experience.

2) If the client is in a relationship, assess the partner's or partners' sexual history/histories, as above.

General Key Features: Assessment

Medical/Psychiatric

1) The therapist is competent to obtain a medical history including:

a) Any history of vascular, neurological, hormonal, gynecologic, urologic, or gastro intestinal problems and/ or other medical conditions.

b) Current and past use of prescription medications and identification of medications that may affect sexual function.

c) History of cancer, sexually transmitted infections, injury and surgery. d) Use of non-prescription drugs and other substances including alcohol. 2) The therapist recommends that the person has an appropriate medical work-up, when indicated, including blood

work and a gynecologic or urologic examination. 3) The therapist assesses for the presence and history of:

a) Psychiatric conditions and how the sexual concern may be related to these conditions and their treatment, including mood and anxiety disorders, post-traumatic stress disorder and other conditions.

b) Substance use/misuse and addictions.

c) Contraceptive use.

d) Safer sex practices.

e) Changes across the lifespan in health and sexual function.

Psychological

1) The therapist is able to assess:

a) Trauma history – sexual, physical and emotional/psychological, including domestic violence.

b) Emotional response to past reproductive events including conception, infertility, pregnancy, planned or unplanned, pregnancy termination or loss, delivery, contraceptive use and menstruation.

c) Knowledge and comfort with own body and related concerns about body image – past and present.

d) Presence of external non-sexual stressors – past and present.

e) The effects of the current problem on client(s') self-esteem and the possible bilateral nature of these difficulties.

f) Beliefs, attitudes and values derived from the family of origin.

g) Beliefs, attitudes and values derived from sources other than the family of origin.

h) The meaning of the problem to the individual and partner(s).

i) Motivating factors that bring the client(s) into therapy.

General Key Features: Assessment

Cultural

1) The therapist is able to demonstrate cultural sensitivity and literacy within an awareness of the limitations of one's scope of practice with reference to those clients with various sexual preferences and those who have experienced marginalization, including LGBTQ2, Kink, consensual non-monogamy, as well as the intersection of other factors including race, language, ethnicity, religion, disability, socio-economic status, etc.

2) The therapist is able to assess broad and specific cultural experiences that may affect

sexuality or sexual function, including specific cultural beliefs about sex, gender, orientation and gender roles.

3) The therapist is able to gain an understanding of specific religious beliefs that may affect sexuality or sexual function including the role of sex, both partnered and solitary, in a person's religious or spiritual life.

4) The therapist assesses how the experience of the dominant culture interacts with the person's sexuality and self-concept as a sexual person.

Relational

1) While recognizing that many non-sexual relational factors can affect sexual function, the therapist is competent to conduct an in-depth assessment of relationships including:

a) Any history of intimate partner violence. In assessing this concern and in assessing current safety, an individual session might be required. In general, individual sessions in the context of relationship therapy might be a part of the therapy or not, depending on the individual clinician's frame of reference.

b) Communication style.

c) History of other sexual relationships, current or past, disclosed or non-disclosed.

d) Level of emotional intimacy and affection.

e) Skills in sexual and emotional intimacy.

f) Relationship control issues.

g) Conflict resolution.

h) The impact of the presenting issue(s) on other areas of the partners' intimate and emotional connections.

i) The level of commitment partners have to their sexual relationship, as well as to their broader relationship or marriage.

j) The life stage of the partners and current life stressors.

k) How the partners define the problem and what meaning they attribute to it, i.e., how do they/does each define who is responsible for the problem?

General Key Features: Assessment

l) The client(s') level of acceptance of the problem and beliefs about what is necessary to fix the problem.

m) The strength of the relationship(s).

n) The current risk of separation, and how much of that risk is related to the sexual difficulties.

o) The factors that keep them in relationship.

2) The therapist may consider the therapeutic benefit of individual sessions for each member of the relationship.

Quality of Sex

1) The therapist assesses:

a) What the subjective level of satisfaction/neutrality/dissatisfaction is in each of the participants after a given sexual encounter or event.

a) Current level of satisfaction versus recollections of a preferred time in their histories. b) Differences between each individual's actual sex life versus ideal sex life. c) Differences between the individuals' actual sex life versus fantasied sex life. d) Whether the partners involved have communicated to each other their preferences with regard to nature/quality of sex.

e) Whether having sex on any given occasion leads to an increase of anticipation or an increase of dread.

General Key Features: Therapy

Introduction

In developing the Key Features for Core Competency in Sex Therapy for BESTCO members, it is important to be clear that members of BESTCO will come from different professional backgrounds and possess different theoretical perspectives. The General Key Features related to Therapy represent generalized expectations of BESTCO therapists. Some of the Key Features may not apply to the individual therapist – depending on theoretical orientation, or the Key Feature may be altered in some way to be consistent with the therapist's orientation. The over arching Key Feature is that all Associate Members will be able to explain and, if necessary, document their therapeutic approach, and demonstrate how that approach is congruent with the sex therapy they are providing. The therapist's approach must, at all times, fit into the Ethical and Professional Guidelines of BESTCO.

The General Key Features are organized under the following headings – Clinical Orientation, Clinical Formulation, Referral/Collaboration, Psychoeducation, Interventions and Therapy.

Specific Key Features related to Therapy, related to specific clinical topics, are listed under the topics.

Some of these Key Features are deliberately "redundant" in that they may serve as both as Assessment and Therapeutic Key Features.

Clinical Orientation

1) Using a comprehensive working definition of any sexual difficulty, clinical decisions can be substantiated based on the therapist's theoretical orientation.

2) Using their own clinical conceptualizations of the problem, therapists can integrate the complex assessment factors that are contributing to the presenting problem and create a formulation or explanation that is meaningful to the client(s).

3) Therapists are able to:

a) Consider integration of couple/relationship therapy into sex therapy, based on their clinical perspectives.

b) Determine modality of treatment i.e., individual, /relational, or group c)

Display knowledge about a wide variety of possible sex therapy

approaches.

d) Recognize the importance of addressing other contributing factors including life stressors in the generation of symptoms and address these issues either in conjunction with the sexual issue or before or instead of addressing the sexual issue.

General Key Features: Therapy

Clinical Formulation

1) As part of a thorough and ongoing assessment, the therapist is able to consider the possibility that the concern does not warrant a 'diagnosis', and the possibility that there is no problem, and communicate this to the client(s).

2) Therapists are able to use their own clinical models of conceptualizing the presenting concern and integrate the possible factors that are contributing to the concern in order to create a formulation or explanation that is meaningful and useful to the client(s).

3) Recognizing the possible complexity of the concern, the therapist is able to create, along with the individual or couple, a plan to address the various contributing factors

4) While obtaining a full history of the sexual concern, the therapist is able to confirm with the client(s) the reasons for seeking sex therapy services.

5) The therapist is able to:

a) Explore the individual'(s') goals for therapy and if in a relationship, whether or not their partner'(s') shares the same goals, and if they wish to be part of the process. b) Discuss the pros and cons of the concern being 'cured'.

c) Gain a clear understanding of possible consequence the client(s) might experience if the 'problem' was/was not resolved successfully.

d) Display awareness that in addition to treating the presenting problem, therapy may Provide other opportunities for growth.

e) Explore and clarify goals, and obstacles to those goals and does not assume those goals are only based on the presenting complaint.

f) Pay attention to loss, disappointment and how these experiences have affected the client(s).

6) The therapist is able to demonstrate understanding of the importance of ongoing assessment and that it is key to helping clients understand the meaning/purpose of the presenting sexual problems and is able to refrain from planning interventions too early, before identifying the complexities of the problem.

Referral/Collaboration

1) While assessing the complex contributing factors of the case, clinicians recognize their own roles and capacity to treat underlying intimacy issues, trauma or mental health and addiction problems with client(s) and refers to other professionals when indicated.

2) While exploring the meaning of this difficulty with the client(s), the therapist explores whether this is a self-diagnosed difficulty, and if so, would the client(s) benefit from other

General Key Features: Therapy

types of assessment prior to or during sex therapy

Psychoeducation

1) The therapist is able to:

a) Assess client'(s') level of sexual knowledge and the need for psychoeducation and ensure that any information provided is culturally sensitive.

b) Provide psychoeducation regarding sexuality and sexual response, including anatomy and physiology as indicated.

c) Provide psychoeducation regarding the effects of medication, OTC drugs, recreational substances and medical interventions on sexual function.

d) Provide clear information regarding the role of assessment and treatment to the client/s including information about the possible role of other professionals, as indicated. e) Recommend educational materials, ensure that the resources are clear, culturally appropriate, and accessible and explore the client'(s') comfort with explicit content.

Interventions

1) The therapist is able to:

a) Develop with the individual or partners a plan for specific interventions, based on the

formulation of factors and recognizes the potential for both positive and negative outcomes.

b) Utilize therapeutic methods and clinical interventions that are suited to the best interests of the client/partners.

2) With partners, the therapist is able to:

a) Discuss and encourage closeness and alternate methods of emotional and sexual intimacy and expression that may not involve penetration and explore how a good outcome to therapy may not always include penetration.

b) Explore the meanings clients have given to their sexual concerns and how their expectations and their emotional responses to the difficulty may affect their relationship(s).

3) For an individual or partners experiencing life transitions such as aging, the therapist explores their feelings about the associated losses, e.g., grief, retirement

4) The Therapist is able to:

a) Consider when and how to address individual emotional responses such as shame and guilt, and pays close attention to underlying emotional/intimacy/relational issues b) Consider methods to help build internal resources for clients.

General Key Features: Therapy

c) Address potential blocks such as beliefs, fears and lack of resources that might affect therapy.

d) Consider using the presenting problem as an opportunity for growth beyond treatment success/failure.

e) Consider the use of interventions for whole body pleasure rather than solely genitally focused responses.

f) Consider scheduling follow-up after initiating behavioural exercises and explore the outcome of the exercises for each partner.

g) Display flexibility in approach and take into account client comfort when suggesting exercises to do at home.

h) Allow 'homework' to be generated by in-session process, rather than a priori based only on the presenting problem.

5) Recognizing that quality of sex is often more important to partners than frequency of sex, the therapist works with the partners to generate a range of erotic intimacy options that are
enjoyable and satisfying for each.

6) Therapists pay attention to and identify client'(s') reported conditions for good, very good and optimal sexual experiences. They explore what stands in the way of these conditions being met and how the client(s) can create these conditions.

Therapy Process

1) While recognizing that the therapeutic alliance can be an important ingredientfor bringing about change in many therapeutic approaches therapists:

   a) Take the time to establish the therapeutic relationship, build rapport engage the client(s), communicate empathy, and pace therapy appropriately (where applicable). b) Consider the comfort level of the client(s) for communicating about sexual details and how they may need to modify their communication with the client(s).

   c) Demonstrate the ability to monitor the therapeutic alliance including biases, boundaries, transference and counter transference (where applicable).

2) The therapist develops a shared goal and understanding of the tasks of therapybased on the multifactorial assessment process.

Specific Key Features for each Clinical Topic

Introduction:

The following Clinical Topics are considered to be essential to the Core Competencies of BESTCO members (in alphabetical order).

1) Arousal Difficulties
2) Delayed Ejaculation
3) Desire Discrepancy
4) Erectile Problems
5) Genito-Pelvic Pain/Penetration Disorder
6) Lack of Knowledge about Sexuality
7) Low Desire
8) Orgasm Difficulties

9) Rapid Ejaculation

10) Sexual Aversion or Avoidance

11) Sexual Sequelae of Sexual Assault, Abuse or Other Trauma

In addition to the General Key Features listed separately, the following Specific Key Features apply to each Clinical Topic.

Other sexual concerns not listed may present e.g., sexual behavior that is out of control. The BESTCO member should be able to identify, distinguish between and approach these concerns with competence or refer as appropriate.

Other concerns may present including those related to orientation or gender identity. As outlined in the Preamble, the BESTCO member will be able to approach these concerns with sensitivity and inclusiveness.

Specific Key Features for each Clinical Topic

Clinical Topics

1) Arousal Difficulties

a) Assessment Key Features

i) Determine whether arousal is a concern related to a lack of desire.

ii) Assess level of ability to relax; assess frequency of sexual thoughts; assess experience of body shame.

iii) Identify unwritten rules or myths about arousal, e.g., “don’t start anything you can’t finish.”

iv) Assess for expectations within this relationship around acting on arousal.

v) Assess for how the client(s) feel(s) about feeling/being aroused.

vi) Assess if clients are able to identify and communicate what they want.

vii) Assess if clients are able to identify and communicate what they want/like, such as quality of sex, more or different sex play, slowing down.

viii)Distinguish, via individual's self-report, between subjective arousal and indicators of physiological arousal such as vaginal lubrication.

b) Therapy Key Features

i) Encourage experimentation with touch and other pleasurable experiences.

ii) Provide psychoeducational counselling about the appropriate use of lubricants, e.g. for those with medical conditions.

iii) Recognize that recommending lubricants for clients who are not subjectively aroused may not be helpful and may be counterproductive. **2) Delayed Ejaculation**

a) Assessment Key Features

i) Reinforce importance of thorough urologic examination.

ii) Assess level of ability to relax. Assess experience of body shame. iii) Identify unwritten rules or myths about orgasm/ejaculation/semen. iv) Assess for whether and to what extent clients feel aroused.

v) Assess their emotional responses to feeling/being aroused.

vi) Assess whether clients are able to identify and communicate what they want/like, such as kinds or qualities of sex, more or different sex play, slowing down.

vii) Distinguish, via individual's self-report, between subjective arousal and physiological arousal such as erection.

viii)Assess for expectations within this relationship around taking action whenever one has an erection.

3) Desire Discrepancy

a) Assessment Key Features

i) Recognize that accepting the partners' designation that one of them has problematically low desire and the other(s) is/are always ready, willing, and able

may not be completely accurate, because other relationship dynamics may be playinga role.

ii) Assess each individual and/or partners for clinically significant changes in desire levels (i.e., meets the criteria for low desire or suggests problematic high desire) and if indicated assess in detail for individual and relational factors that may be affecting desire levels such as medical conditions, medication use, alcohol or other substance use, psychiatric conditions etc. (See LowDesire).

b) Therapy Key Features

i) Engage the partners in broadening their definition of "what is sex?",what qualities of sex they might be seeking along with discussions identifying who is responsible for each individual's sexual needs.

ii) Recognize and work with the needs of partners for emotional intimacy andits impact on apparent sexual desire differences.

4) Erectile Problems

a) Assessment Key Features

i) Recognizing that many psychiatric conditions and their treatments can influence both the development and ongoing nature of erectile problems, assess foranxiety disorders, mood disorders and PTSD.

b) Therapy Key Features

i) Provide psychoeducation on the use of PDE-5 inhibitor medications to clients and when possible to their partners – how these medications work and their limitations, i.e., they don't automatically bring on an erection, nor do they have a direct impact

on levels of sexual desire.

ii) When working with individuals and their partner(s) to increase their comfort and experience of whole-body sexual intimacy, consider recommending abstaining from penetration for a time, discussing the pros and cons of this with individuals and their partner(s).

5) Genito-Pelvic Pain/Penetration Disorder (GPPPD)

a) Assessment Key Features

i) Ensure that the client has had a comprehensive and focused physical examination to assess for contributing medical condition(s), when appropriate.

ii) Explore individuals' comfort with their bodies to ascertain whether discomfort affects perceptions of pain or vice-versa.

iii) Assess how the pain has affected the person's life as a whole, including work, hobbies, other activities and assess the person's level of self-care including healthy nutrition and exercise.

iv) Obtain a comprehensive history of the nature of the pain:

(1) Is it primary or secondary?

(2) Frequency, degree, location and duration of the pain (rate 1-10).

(3) What activities cause pain (specific sexual activities e.g., vaginal or anal intercourse, specific positions, other non-sexual activities)?

(4) With sexual activity, when (before, in anticipation, attempts, during, after) and where pain starts, changes or ends and any exceptions to the pattern.

(5) Has the pain made sexual or any other activities difficult or impossible?

v) When presented with a diagnosed clinical condition, the clinician utilizes resources to understand the medical condition(s) and addresses the sexual concerns in that light.

b) Therapy Key Features

i) Recognizing the potential importance of a collaborative treatment approach to genital and pelvic pain and penetration difficulties, consult with any professionals involved with treating the patient, after obtaining the patient's consent.

Specific Key Features for each Clinical Topic

ii) For a person with a diagnosed condition, not amenable to medical treatment, address how partners can adapt their sexual activity to avoid triggering or experiencing the pain, including exploring how partners can broaden their repertoire of enjoyable sexual experiences.

iii) Establish clear goal(s) for individual(s)/partners recognizing that penetration may not be a desired outcome.

iv) Discuss the pros and cons of dilation therapy.

v) Explore the partner's' concerns and explain the importance of the partner

who is affected by the physical pain/discomfort having control over the process, specifically related to the re-introduction of vaginal/anal penetration.

6) Lack of Knowledge about Sexuality

a) Assessment Key Features

i) Obtain client permission to provide information and convey therapist openness to client questions about anything sexual, while maintaining sensitivity to client'(s') cultural background and setting.

b) Therapy Key Features

i) Normalize lack of knowledge in spite of a highly sexualized culture.

ii) Address myths and information that can be deeply rooted into one's belief system.

iii) Provide education to person and partner(s) about anatomy, physiology, sexuality, etc. as required.

7) Low Desire

a) Assessment Key Features

i) Assess the individual(s) and the relationship(s) for the quality of their sexual interactions, past, present and desired and donot assume that the Low Desire lies within one individual or the other(s).

ii) Consider how possible psychiatric conditions (diagnosed or as yet undiagnosed)such as mood disorders, anxiety disorders, post-traumatic stress disorder and other disorders might affect desire.

iii) Consider life transitions (e.g., postpartum period; empty-nest period; mid-life; bereavement) that might influencedesire.

b) Therapy Key features

i) Address the multi-factorial dimensions contributing to low desire experiences.

ii) Create a plan with the individual and/or partner(s) toaddress the various contributing factors.

8) Orgasm Difficulties

a) Assessment Key Features

i) Ascertain client'(s') definitions and meanings of "orgasm", and how that is aligned with their sensory experiences.

b) Therapy Key Features

i) Address awareness and comfort with sensory experience for example,through various sensate and experiential exercises.

9) Rapid Ejaculation

a) Assessment Key Features

i) If possible, get each partner's sense of the actual time to ejaculation with different kinds of sexual stimulation, recognizing that there may be a range of times to ejaculation.

ii) Assess for the impact on the individual's and partner's(s') self-concept orself esteem.

b) Therapy Key Features

i) In planning treatment for the individual/relationship consider the role of an SSRI or TCA medication in helping ejaculatory control.

ii) Consider integrating psychoeducation about ejaculation including the use ofspecific exercises, such as Stop/Start, into a treatment plan.

10)Sexual Aversion or Avoidance

a) Assessment Key Features

i) Distinguish among aversion, avoidance and asexuality.

ii) Assess the individual's values and meaning:

(1) About having/not having sex or being/not being sexual.

(2) About celibacy.

(3) About any form of sexual expression/communication.

(4) About individual's history involving sexualshame/guilt.

(5) About individual's being or not being incontrol.

iii) Discover what leads to aversion or avoidance (including remote and current factors e.g., fear, history of pain).

b) Therapy Key Features

i) Maintain awareness of the danger of making the assumption that the conditionwas caused or preceded by some experience of trauma or abuse.

ii) Maintain awareness of the effect that the individual's anxiety or lack of vocabulary may have on the conversation.

11)<u>Sexual Sequelae of Sexual Assault, Abuse or other Trauma</u>

a) Assessment Key Features

i) Assessment and Therapy are not clearly separate and each will be interwoven when a person presents after a traumatic experience.

ii) Consider creating a safety plan in the course of assessment with person(s). Be transparent with plan as therapist.

iii) Build resources to help with staying present and grounded.

iv) Consider obtaining sexual developmental history, related to the trauma

including: (1) Age.

(2) Who knows?

(3) Who did the person turn to, and how othersresponded?

(4) Perpetrator.

(5) Type of trauma (e.g., developmental, incest,etc.).

v) Assess for:

(1) Intrusive thoughts, flashbacks, triggers, states ofdissociation.

(2) Periods of sexual aversion, hypersexuality, blurring ofboundaries.

(3) Denial of events by self and others.

(4) Negative cognitions/affect of self andothers.

(5) Adaptive strategies.

vi) Assess how the following may be affecting the person's sexual response:

(1) Ability to stay present with partner(s).

(2) Experience of pleasure.

(3) Triggers during sexual interaction.
(4) Dissociative states during sexual interaction.

vii) Assess partner'(s') understanding and ability to support.

viii)Gain an understanding of the person'(s') broader recovery process including adaptive strategies.

ix) Do a comprehensive assessment, not assuming that trauma is the onlyfactor influencing sexualdifficulties.

x) Explore possible situations in which the person may be re-traumatized, especiallyin intimate relationship(s).

b) Therapy Key Features

i) Create safety in the therapeutic environment.

ii) Help clients, create safety in their relationship(s).

iii) Help clients negotiate and establish boundaries and rules (e.g., cues when sex is wanted and when it does not feel safe) explore grounding techniques and identify triggers.

iv) Help clients distinguish between coerced sexuality versus the client'(s') hoped-for features of consensual sexuality.