Role of Sexologist & Counselling in women with Sexual Pain

Helena@relate-sexology.com.au
Mobile 0488080160

CURTIN April 2018
School of Physiotherapy & Exercise Science

Helena Green
Clinical Sexologist / Counsellor
inSync for life
Psychology, Counselling & Clinical Sexology Services

Sexology is the interdisciplinary scientific study of human sexuality:

- Human interest/behaviours & functions
- There are presently 3 fields in professional practice in Sexology:
  - ❑ Clinical Practice
  - ❑ Education
  - ❑ Research
- **I work as a Clinical Sexologist & Counsellor, with an interest in Research**

inSync for life
Psychology, Counselling & Clinical Sexology Services

As a **Clinical Sexologist**:

One of my main objectives is to create a comfortable environment that allows individuals & couples to talk about their sexual wellbeing/concerns

Create a therapeutic process for clients to look at new or different possibilities to enhance their sexuality, self-esteem, overall self-confidence & intimacy with self, relationship & others.

Helena Green
Clinical Sexologist / Counsellor
inSync for life
Psychology, Counselling & Clinical Sexology Services

As A Counsellor
Intimacy based counselling

Intimacy: loving closeness… mutual **vulnerability,** openness, and sharing.. Women with GPPPD have the Right to:

- Positive/Respectful approach to sexuality & sexual relationships
- To have pleasurable / safe sexual experiences

inSync for life
Psychology, Counselling & Clinical Sexology Services

Genito-Pelvic Pain/Penatrative Disorders (GPPPD)

(DSM-5)

- Disorder of Pain & of Sex
- The Pain wreaks havoc on the Sex
- Pain may require certain interventions
- Sexual problems may require others

A pain disorder that interferes with sex rather than as a psychosexual disorder that resulted in pain.

Anxiety & Avoidance appeared to be more reliable factor to distinguish btwn dyspareunia & Vaginismus

inSync for life
Psychology, Counselling & Clinical Sexology Services

A typical case presentation.. *Something about Mary*

The primary reason for her referral to me was because of her relationship concerns, specifically related to sexual intimacy.

Mary revealed that she had been ***experiencing pain during penetrative sex.*** As a result, at the time I was meeting with her, she was ***unable to engage in any sexual intercourse.***

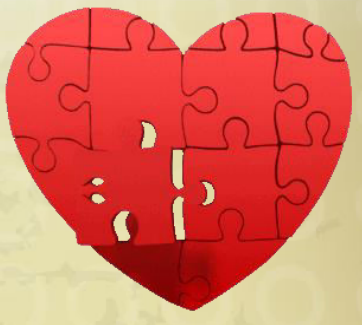
This, understandably, had been ***impacting*** on her as an ***individual, and her relationship***: It was evident that her partner had problems understanding what was happening for her.

According to Mary, her partner has a his own mental health issue and this is causing difficulty for him to comprehend her health issues.

Helena Green
Clinical Sexologist / Counsellor
inSync for life
Psychology, Counselling & Clinical Sexology Services

The Cycle of Persistent Sexual Pain

- Negative sexual attitudes
- Avoidant and damaging behaviours
- Relationship discord
- Declines in self esteem & mood
- These in turn exacerbate the pain experience



inSync for life
Psychology, Counselling & Clinical Sexology Services

Assessment & treatment Overview

- GPPPB is a female sexual problem- it is essentially a couple issue

- Partners can be encouraged to attend therapy
- Involving other relevant medical/health team is ideal treatment practice

- Not unusual for the primary presenting problem to end up being the secondary to more serious one/s

- Sexual functioning of both partners is assessed
- FOO- developmental/Sexual History

Helena Green
Clinical Sexologist / Counsellor
inSync for life
Psychology, Counselling & Clinical Sexology Services

Assessment & Subsequent Sessions

Initial Session (Snap Shot)

development of a Therapeutic Alliance

A preliminary assessment

Normalise what is happening

- *What the issue is/pain type- score out of 10*
- *Coping styles*
- *Has anything helped in the past*
- *Who have they seen about this issue/concern*
- *How have they managed till now*
- *Relationship distress*

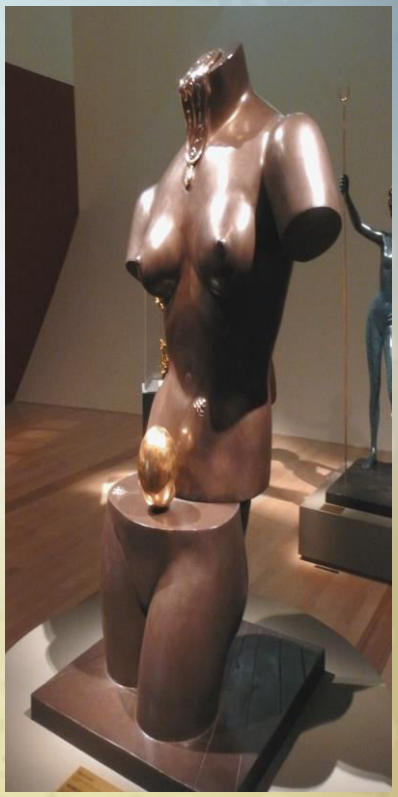
Questionnaire- FSFI

If appropriate take home strategies (agreed upon together)

inSync for life
Psychology, Counselling & Clinical Sexology Services

Where is the pain?

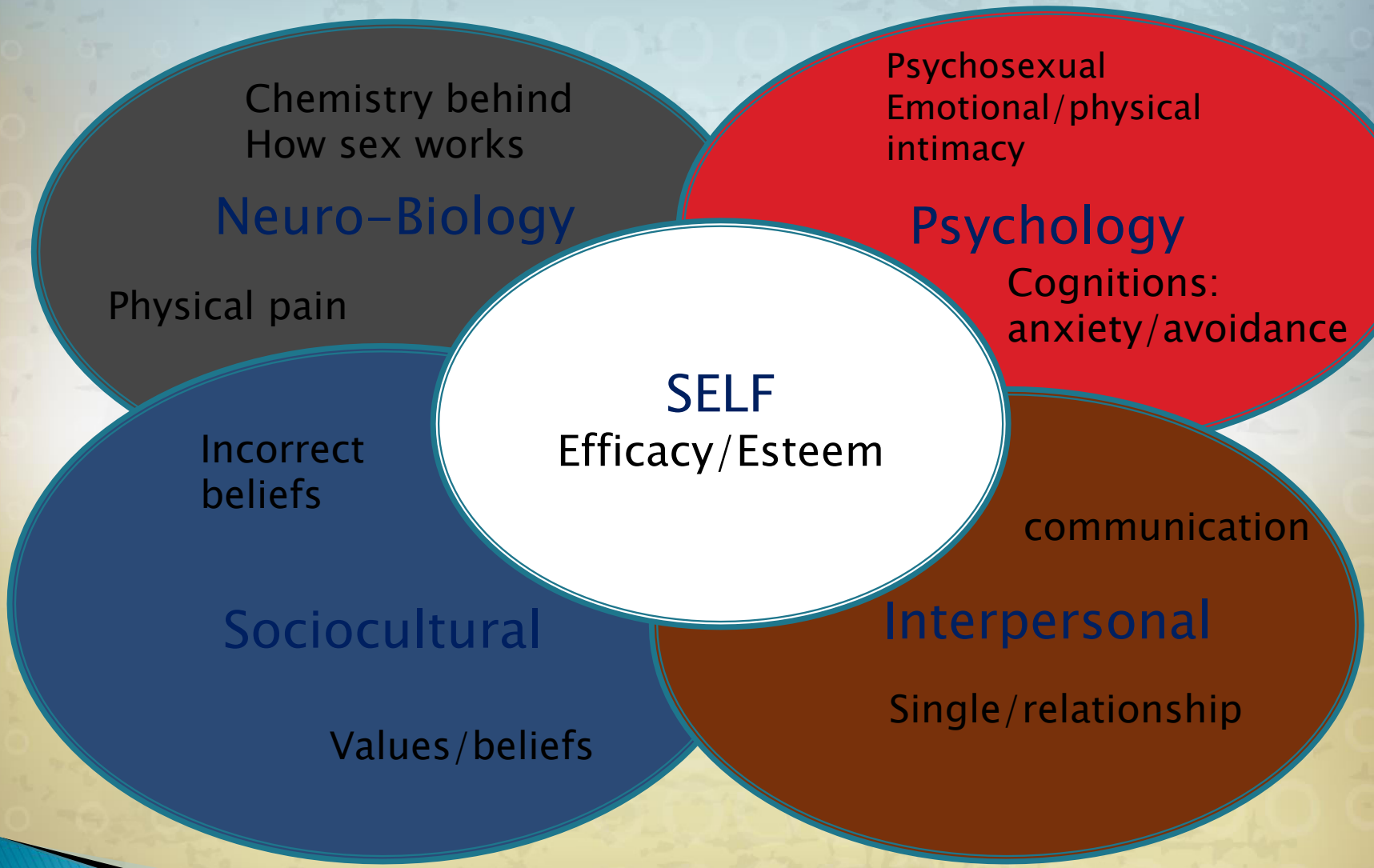
- Pain at the vaginal opening as the penis enters the vagina?
- Burning pain during intercourse
- Pelvic Discomfort during and after
- Pain elsewhere



- Arousal
- Moisture
- Positions for intercourse
- Pelvic Floor Exercises / Dilators

inSync for life
Psychology, Counselling & Clinical Sexology Services

Wanting >>>Willingness>>>Commitment>>>Doing



Influencing factors!

inSync for life
Psychology, Counselling & Clinical Sexology Services

- **Partners** experience a 'ripple' and this in turn, decreases their own libido
- Fear of rejection or of hurting their partner
- The complexity of regaining a sense of 'normality' within their sexual relationship
- Sense of being 'unwanted'/ 'undesirable'

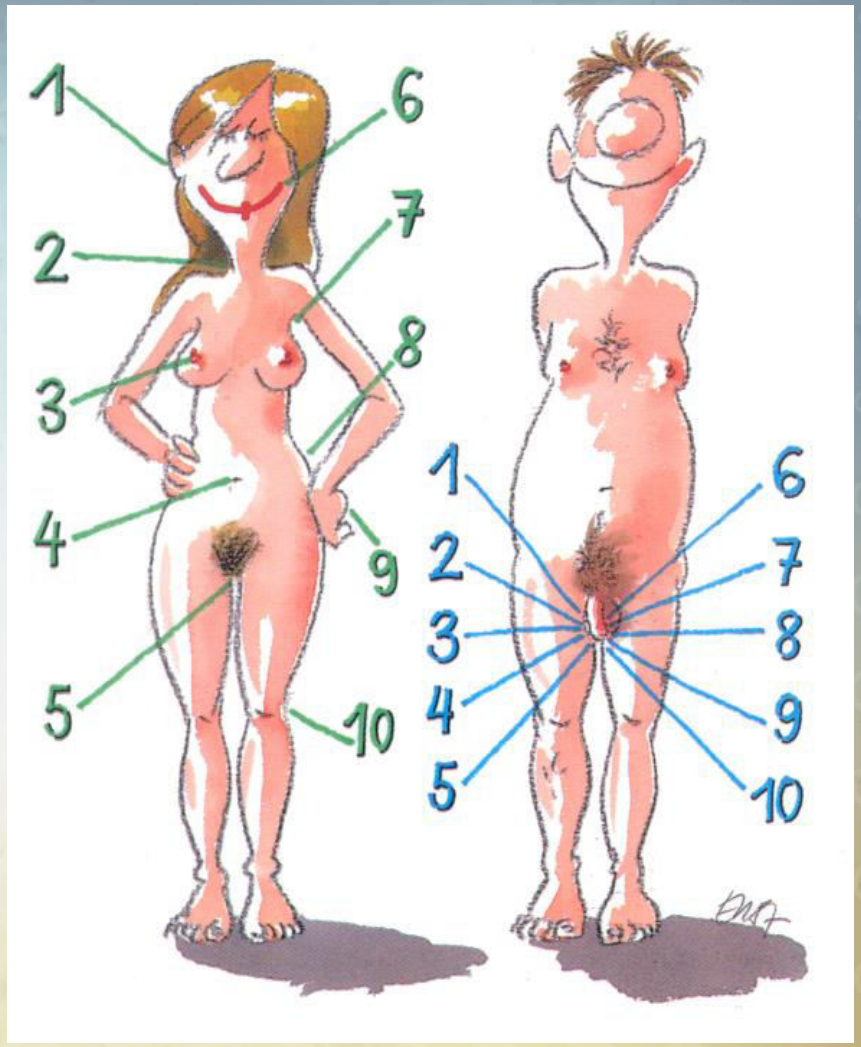
inSync for life
Psychology, Counselling & Clinical Sexology Services

No Blame…

Words & actions
of love & appreciation

Create opportunities for intimacy : Take time out to be together as a couple

Explore new ways of being together and deepening level of intimacy



- **Why Viagra doesn't work in women!**
- **Male & Female Erogenous Zones**

inSync for life
Psychology, Counselling & Clinical Sexology Services

Enhancers to sexual confidence & Desire

- ✓ Use of lighting/candles/scents –setting the mood and feeling comfortable
- ✓ Self-nurturing/pleasuring & Timing of sexual intimacy
- ✓ Sexual/intimate foreplay – agree not to go onto intercourse even if all seems to be going well
- ✓ Remember the lube…!
- ✓ Pain management

inSync for life
Psychology, Counselling & Clinical Sexology Services

Vaginal moisturisers / Lubricants

- Replens - 3 X week for 3 months
- Vaginal tissue regains moisture & elasticity
- Can use Replens before intercourse
- Multi-gyn vaginal moisturiser (as above)
- **Vit E capsules (puncture capsule/use panty liners)**
- Use of Vaginal Oestrogen(as appropriate)
- Personal lubes (sexual intimacy/activities)
    - Pjur (not Ky jelly)
    - Astroglyde

inSync for life
Psychology, Counselling & Clinical Sexology Services

Treatment will include: Education goal setting, anxiety reducing strategies & interventions:

- No penetrative sex until Pelvic health assessment (Physio)
- strategies to maintain connection/communication
- Or therapeutic interventions (individual/couple)
- Validating the experience of pain
- Demystifying the pain / Anxiety
- Refer to appropriate HCP if necessary

inSync for life
Psychology, Counselling & Clinical Sexology Services

Sex at 82!!!

I just took a leaflet out of my mailbox, informing me that I can have sex at 82! I'm sooooo happy, because I live at 73 ... So it's not far to walk home afterwards!

inSync for life ©
Psychology, Counselling & Clinical Sexology Services

- **Essential to know services to refer:**
- Clinical Sexologist & Counsellor (me! ☺)
- Psychology Services / Social Worker
- Menopause & MSAC Clinic (KEMH)
- Women's Health Clinics
- Women's health Physiotherapy
- General Practitioner
- KEOH Institute (Private cost associated)
- Sex Therapy: SASWA
- SECCA: Sexuality & Disability Counselling
- Continence Specialist
- Men's sexual health at Hollywood Hospital

inSync for life
Psychology & Counselling Services
Psychology, Counselling & Clinical Sexology Services