

**SEX THERAPY:  
SERVICES TO  
SUPPORT SEXUAL  
FUNCTIONING &  
HEALTH**

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**THOSE AT TOO GREAT A  
DISTANCE MAY MISTAKE  
IGNORANCE FOR PERSPECTIVE.**

Carl Sagan

# TRUE OR FALSE?

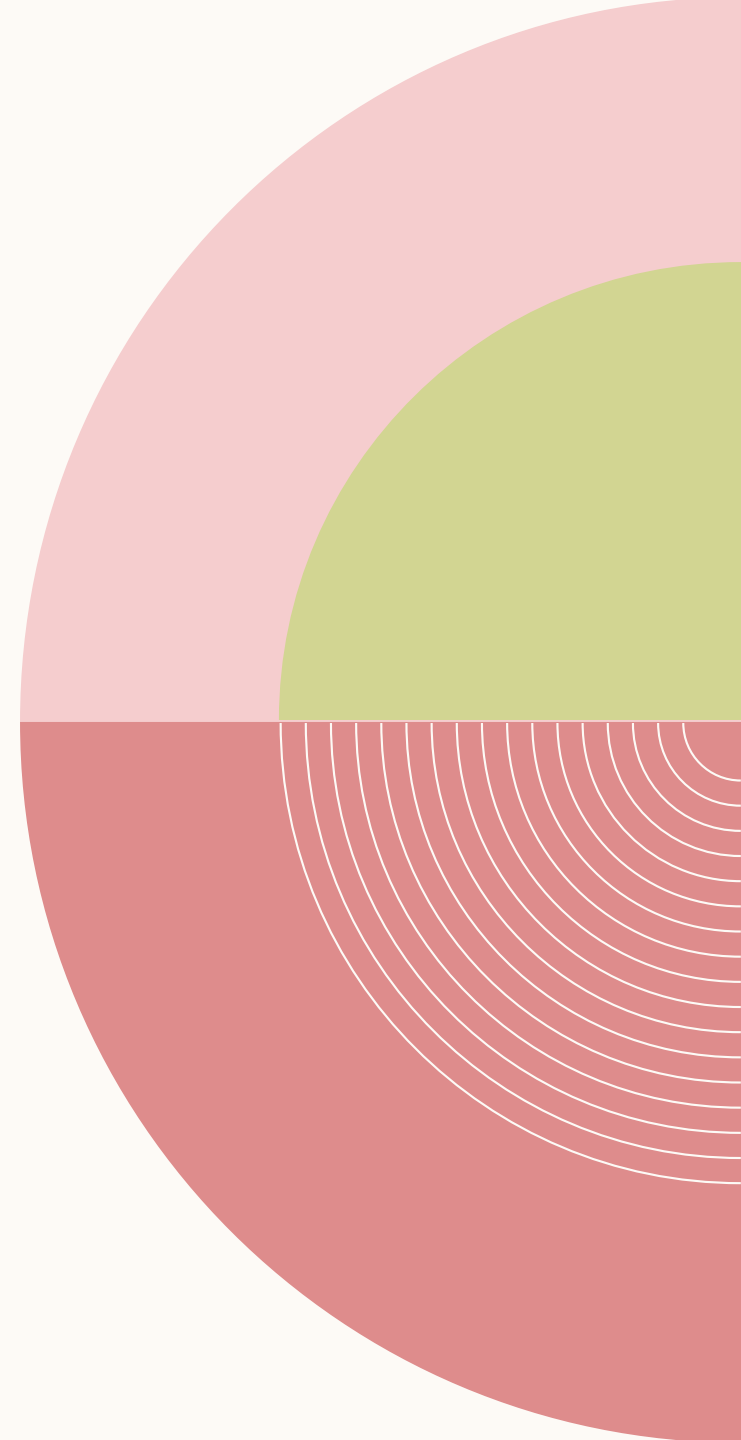
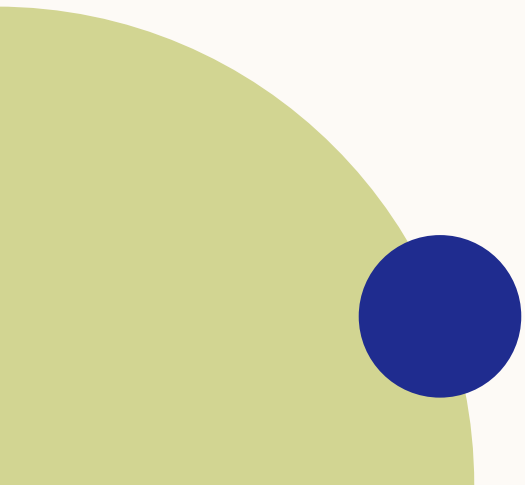
1. Sexually, the happiest time is in the first 6 months of marriage.
2. There is strong empirical support for John Gray's concept that men are from Mars and women are from Venus.
3. Most lesbian couples enjoy mutual oral sex as their primary form of sex.
4. Seeking couple or sex therapy is an indication of major marital problems.
5. Over 90% of women have orgasms during vaginal intercourse.
6. Transgender people are part of the gay and lesbian community.
7. Pain during intercourse is quite rare.
8. 1 out of every 8 girls are sexually abused and 1 out of every 10 boys are sexually abused.
9. Women with low sexual desire are advised to have their hormones checked.
10. All transgender people have a goal of having a sex change.
11. Being kinky is a result of trauma or abuse.
12. Sex addicts love sex.
13. Men need and want more sex than they have.

# COMFORT & WILLINGNESS

*Rate on a scale of 1-5:*

- I respond openly and confidently when my sexual values are challenged.
- I communicate effectively about sexuality.
- I use sexual vocabulary that is appropriate to the situation.
- I am sensitive and respectful of others' feelings and anxieties towards sexual matters.
- As appropriate to my job, I encourage patients to explore their own sexual issues.
- I am not concerned about how I influence patient sexuality.
- I appear poised in conversations with patients addressing sexual matters.
- I find myself lacking respect for and feeling intolerant of others sexual values and practices.

# **HOW DID YOU LEARN ABOUT SEX?**



# HISTORY OF SEX EDUCATION IN THE US

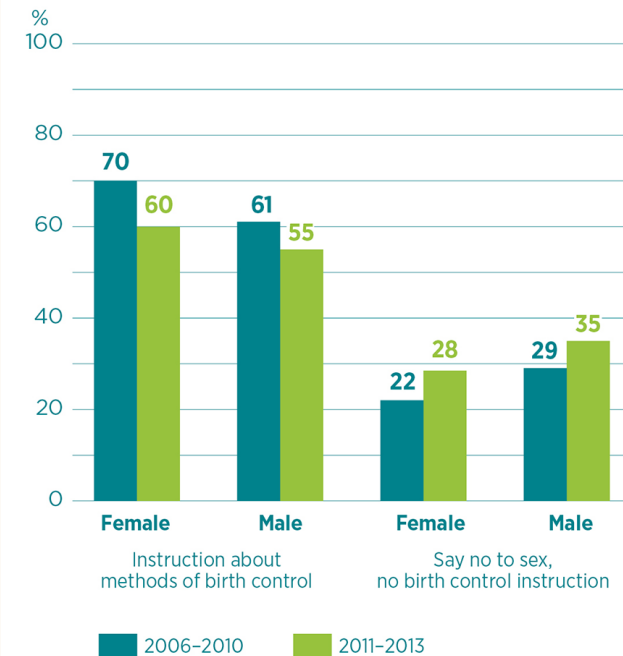
- Concerns about nonmarital adolescent pregnancy in the 1960s and the HIV/AIDS pandemic in the 1980s prompted need for adolescent sex education.
- School and community-based sex ed programs in late 1980s improved until late 1990s.
- Late 1990s abstinence only until marriage sex (AOUM) ed adopted by U.S. government informed adolescent sex education.
- The first dedicated federal funding stream for evaluation of adolescent sexual health programs was established in 2010.
- Today evidence-based comprehensive sexuality education (CSE) is the most effective form of sex education.
- Sociocultural, political, and systems barriers often prevent CSE.

# CURRENT U.S. ADOLESCENT SEX EDUCATION

- In 2011–2013, more than 80% of adolescents aged 15–19 had received formal instruction about STDs, HIV and AIDS or how to say no to sex. In contrast, only 55% of young men and 60% of young women had received formal instruction about methods of birth control.
- The share of adolescents aged 15–19 who had received formal instruction about how to say no to sex but had received no instruction about birth control methods increased between 2006–2010 and 2011–2013, from 22% to 28% among females and from 29% to 35% among males.
- Formal instruction may not be skills-based; in 2011–2013, only 50% of females and 58% of males aged 15–19 reported having received formal instruction about how to use a condom.
- As of 2015, fewer than six percent of lesbian, gay, bisexual and transgender (LGBT) students aged 13–21 reported that their health classes had included positive representations of LGBT-related topics.

## DECLINES IN BIRTH CONTROL EDUCATION

**Fewer adolescents are learning about methods of birth control from formal sex education sources, while more are being taught how to say no to sex without receiving any birth control information**



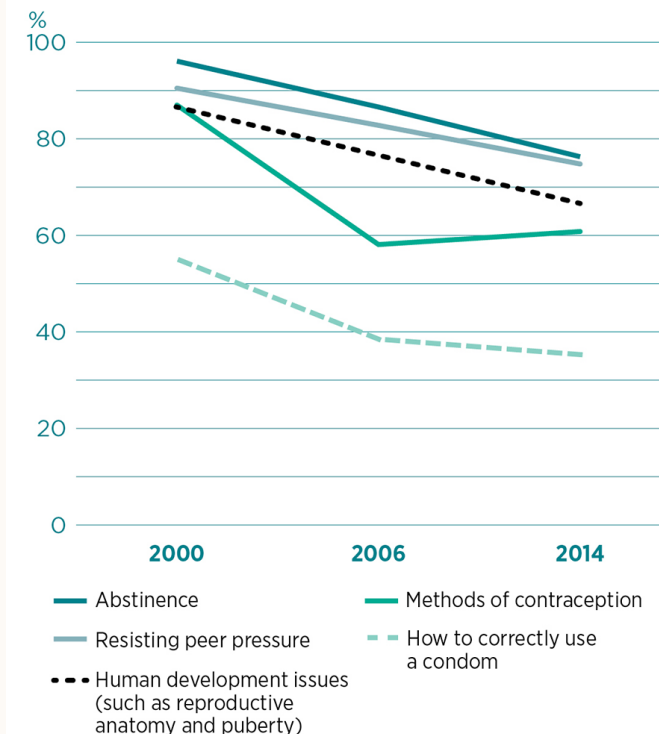
# EFFECTIVENESS OF SEX EDUCATION PROGRAMS

- Leading public health and medical professional organizations support comprehensive sex education.
- Evidence shows that sex education that includes information about contraception and abstinence help young people to delay sex and have healthy relationships, and to avoid STDs and unintended pregnancies when they do become sexually active.
- These programs have resulted in delayed sexual debut, reduced frequency of sex and number of sexual partners, increased condom or contraceptive use, or reduced sexual risk-taking.
- "Abstinence education" programs that promote abstinence-only-until-marriage have been described as "scientifically and ethically problematic."
- Abstinence-only-until-marriage programs threaten fundamental human rights by withholding information about human sexuality and potentially providing medically inaccurate and stigmatizing information.

- A large body of research has found no evidence that providing young people with sexual and reproductive health information and education results in increased sexual risk-taking.

## SEX EDUCATION IN SCHOOLS

The percentage of high schools teaching sex education has declined across a range of topics







**LET'S TALK ABOUT SEX!**

# HUMAN SEXUAL RIGHTS

1. The right to **equality and non-discrimination** - there is no distinction of sexual rights based on race, sex, age, etc.
2. The right to life, liberty, and security of the person - that the **right to life and security cannot be taken away or threatened for any sexual reasons**, including sexual orientation, gender identity, etc.
3. The **right to autonomy and bodily integrity** - everyone has the right to make their own choices about how they engage in sex, with whom, and how they use their bodies given informed consent.
4. The **right to be free from torture and cruel, inhuman, or degrading treatment or punishment** - including harmful traditional practices, forced sterilization, or other forms of torture for any reason related to sex.
5. The **right to be free from violence and coercion** - including rape, sexual abuse, bullying, etc.
6. The **right to privacy** - including consensual sexual relations and practices.
7. The **right to the highest attainable standard of health**, including sexual health, with the possibility of pleasurable, satisfying, and safe sexual experiences - this includes having access to quality sexual health services.
8. The **right to enjoy the benefits of scientific progress** and its application
9. The **right to information** - this includes not censoring or misrepresentation of accurate sexual health information.
10. The right to education and the **right to comprehensive sexuality education** - education must be age appropriate, scientifically accurate, culturally competent, and grounded in human rights.
11. The **right to enter, form, and dissolve marriage** and other similar types of relationships on equality and full and free consent - this includes the right to choose whether to marry and to end a relationship
12. The **right to decide whether to have children**, the number and spacing of children, and to have the information and means to do so.
13. The **right to the freedom of thought, opinion and expression** - the right to express your sexuality through appearance, communication and behavior with due respect to others.
14. The **right to freedom of association and peaceful assembly** - this includes the right to demonstrate and advocate about sexual health and rights.
15. The **right to participation in public and political life** - this includes participation in political discourse that includes sexual welfare and health.
16. The **right to access to justice, remedies, and redress** - this includes seeking justice for violations of sexual rights.

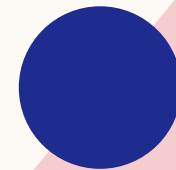
# SEEK A QUALIFIED SEX THERAPIST

## *What is a sex therapist?*

- Certified Sex Therapists are licensed mental health professionals, trained to provide in-depth psychotherapy, who have specialized in treating clients with sexual issues and concerns.
- Sex therapists work with simple sexual concerns and provide comprehensive and intensive psychotherapy.

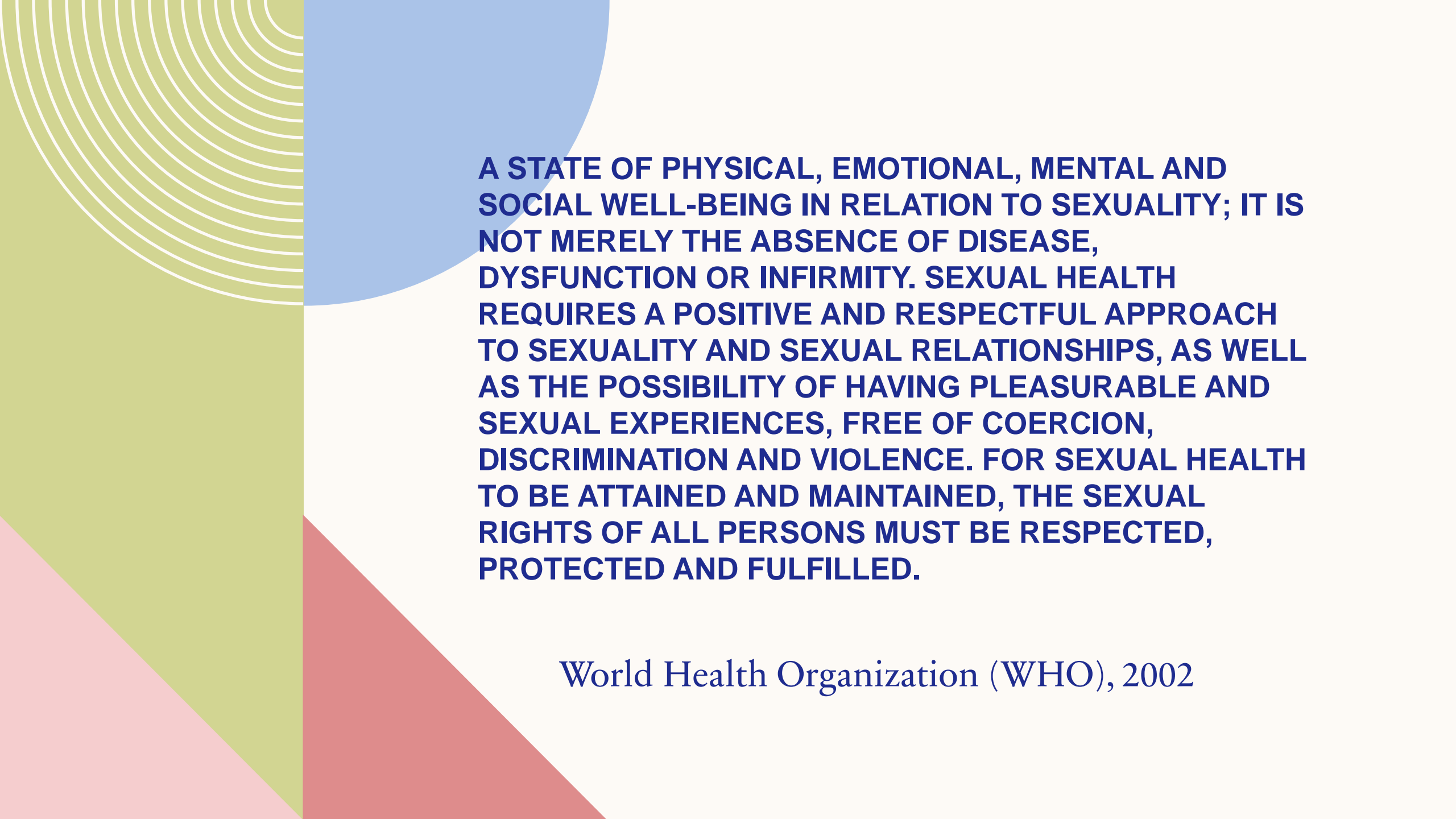
## *What core knowledge areas do sex therapists have?*

- Ethics and ethical behavior
- Developmental sexuality from a bio-psycho-social perspective
- Socio-cultural, familial factors in relation to sexual values and behaviors
- Issues related to sexual orientation and/or gender identity
- Intimacy skills (e.g., social, emotional, sexual), intimate relationships, interpersonal relationships and family dynamics
- Diversities in sexual expression and lifestyles, including, but not limited to polyamory, swinging, BDSM and tantra
- Sexual and reproductive anatomy/physiology
- Health/medical factors that may influence sexuality
- Range of sexual functioning and dysfunction: desire discrepancy, lack of desire, difficulty achieving or maintaining arousal, sexual pain, penetration problems and difficulty with orgasm
- Sexual exploitation, including sexual abuse, sexual harassment and sexual assault
- Cyber sexuality and social media
- Substance use/abuse and sexuality
- Pleasure enhancement skills
- History of the discipline of sex research, theory, education, counseling and therapy
- Principles of sexuality research and research methods.





**WHAT IS HEALTHY  
SEXUALITY?**

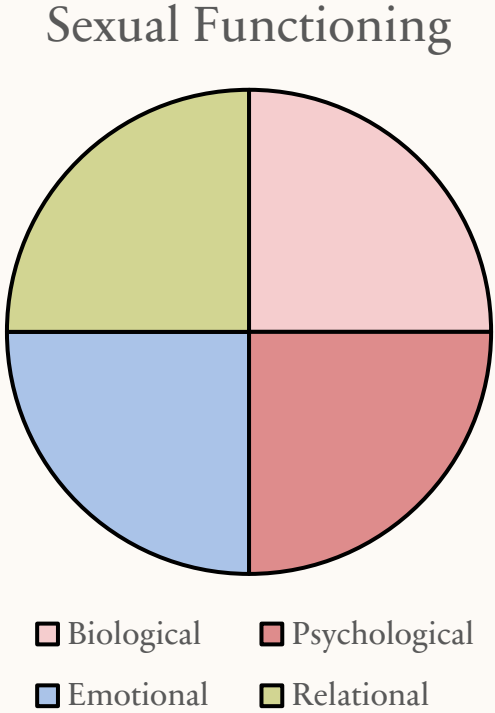


**A STATE OF PHYSICAL, EMOTIONAL, MENTAL AND SOCIAL WELL-BEING IN RELATION TO SEXUALITY; IT IS NOT MERELY THE ABSENCE OF DISEASE, DYSFUNCTION OR INFIRMITY. SEXUAL HEALTH REQUIRES A POSITIVE AND RESPECTFUL APPROACH TO SEXUALITY AND SEXUAL RELATIONSHIPS, AS WELL AS THE POSSIBILITY OF HAVING PLEASURABLE AND SEXUAL EXPERIENCES, FREE OF COERCION, DISCRIMINATION AND VIOLENCE. FOR SEXUAL HEALTH TO BE ATTAINED AND MAINTAINED, THE SEXUAL RIGHTS OF ALL PERSONS MUST BE RESPECTED, PROTECTED AND FULFILLED.**

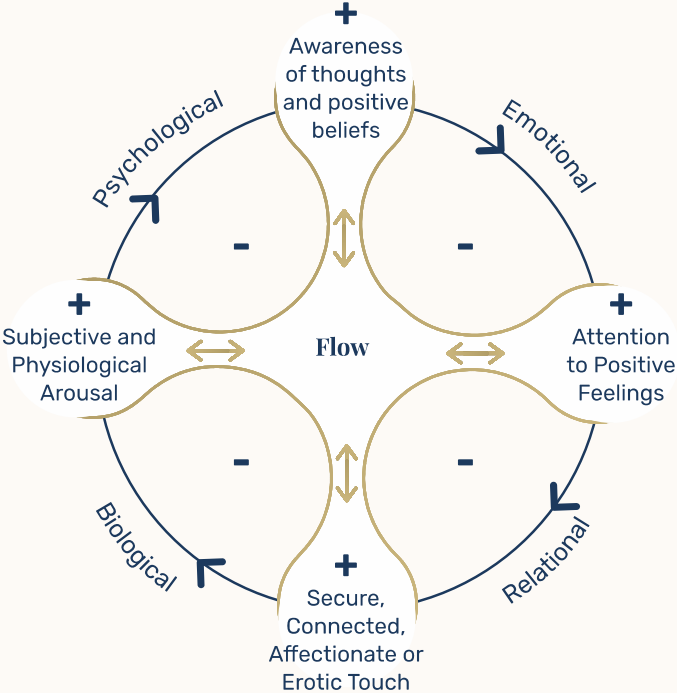
World Health Organization (WHO), 2002

# SEXUAL FUNCTION

## 4 QUADRANTS OF SEXUAL FUNCTIONING



## POSITIVE FEEDBACK LOOP





# **THE CASE OF AIDEN**

Clinical Case Presentation

# AIDEN'S NEGATIVE FEEDBACK LOOP

## Psychological

- I'm not good enough (negative cognition)
- Negative thoughts about masturbation
- Negative thoughts about weight
- Negative thoughts about body image "I'm too fat"
- Unaware of what was causing the problems
- Focusing on the negative aspects of the experience
- Disconnection from the physical body
- Lack of awareness of specific thoughts but aware of having negative thoughts
- Unrealistic expectations about performance
- Lack of subjective arousal

## Emotional

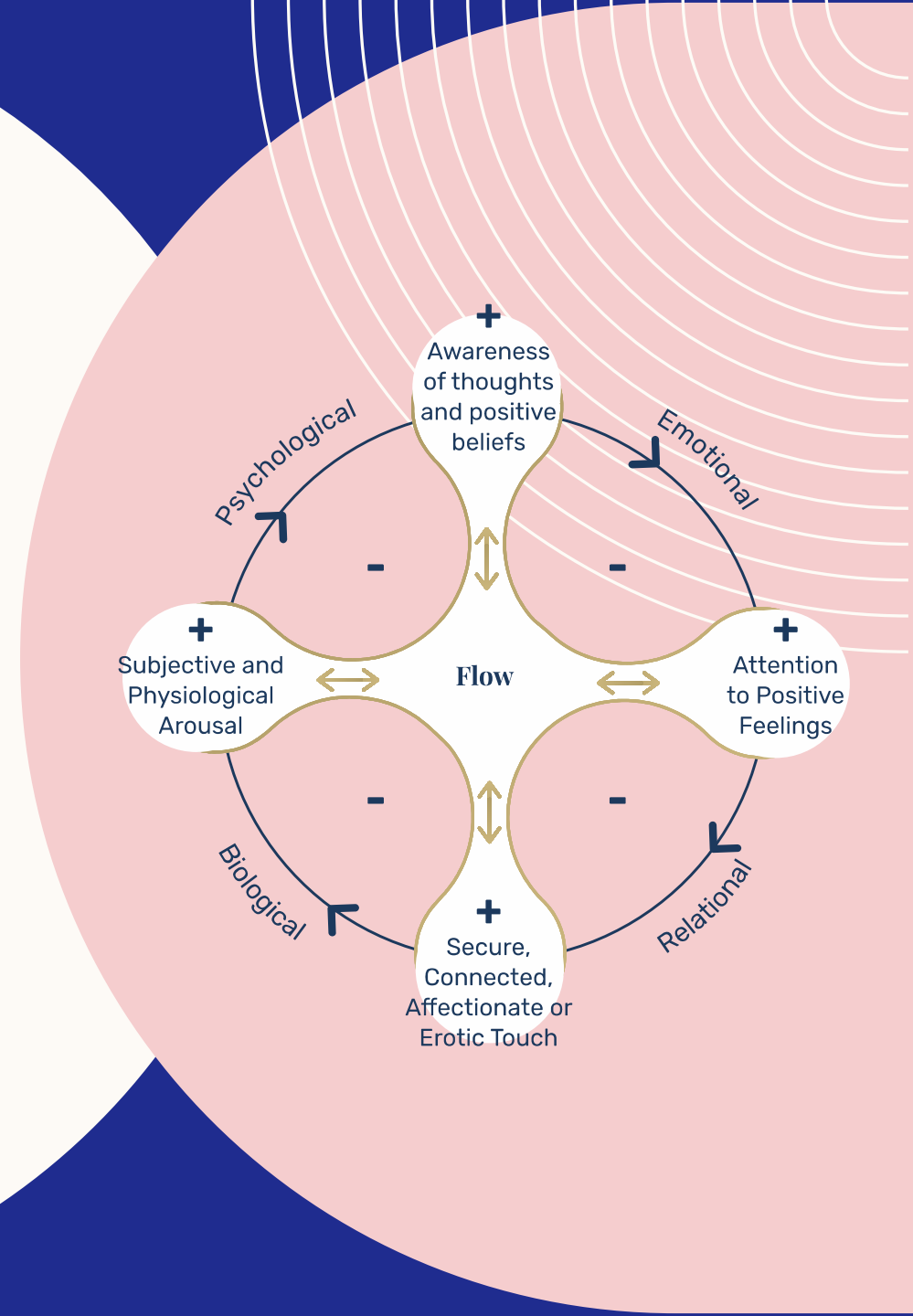
- "Uncomfortable" with masturbation
- Negative emotions about weight and body image
- Feelings of not being in control
- Lack of awareness of specific emotions but aware of anxiety
- Fear of not being able to get an erection

## Biological

- Erectile difficulties/dysfunction
- Lack of genital arousal

## Relational

- Acting on impulse
- Avoidance of sex due to fear of losing erections





# THANK YOU

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