Thanks for joining us on Not Boring CEs, where we don't think you should be bored to death while getting your Continuing Ed. Keep listening here, then hop over to notboringces.com to get all your online CE credits. Alright, y'all, let's get to learning.

Dr. Erika Miley (Dr. E) helps professionals with their discomfort with treating patients' sexual concerns for the last 8 years. She provides intimate training through workshops, keynote presentations, and writing. As a subject matter expert in neurodiversity and sexuality, Dr. E presents sexual information in easy to understand ways so healthcare providers can give access to higher quality care their patients need. Her background in research and as a professor for institutions such as Whitworth University and Modern Sex Therapy Institutes make Erika uniquely qualified to train healthcare providers.

Welcome back to Not Boring CEs.

I'm here with Erika Miley,
sex therapist extraordinaire.

I am excited to talk

to you today about ethics
surrounding sex therapy

and discussing sexuality with clients

and all of the things that
I want therapists to know so

that they can go into these conversations

ethically. So thanks for being here.

I appreciate it very much.
Thank you for having me.

I, this is something that I,

we get referrals a lot
specifically because of this issue.

Like, I have had clients come
to me or therapists come to me

and say, I can't help
this person with this

because it's about sex.

And when I start to
unravel it with the client,

sometimes it's about sex, but

because the therapist heard sex,

they assumed they weren't
qualified to be able to,

to navigate it, when in
reality it was about trauma,

an eating disorder or a
relationship issue that yes,

that therapist absolutely was
equipped to be able to manage,

but because of their own stuff around sex

or their own worries about
their own education around sex,

which is completely valid.

It's so valid. So many
of us, and we've talked

before about how our education,
especially in grad school,

for most of us, didn't cover sex.

And if it did, and maybe
in ethics, it was what,

I don't know, for you, for me,
it was like three sentences.

It was Don't have sex with your

clients. Yeah. That's what it

Was.

Yeah.

Yeah. And
It's like, that's all I got ethics wise,

And nobody around
sex, nobody prepared you

for when you saw the echo
of maybe your own discomfort

around sex, maybe with
your partner or yourself

or your body, or even just
this, the, the feeling

of lack of education.

Nobody prepared us for those, those parts.

And I think our ethics, the
ethics scenario is actually one

of the best places to be able to talk to,

talk about professionally together.

What does it mean when
you're attracted to a client,

or what does it mean when they
have experienced something

awful and traumatizing that you have,

and how do you navigate those
feelings when they come up?

I specifically, I'm, I'm thinking
of cases that kind of roll

through my head where I've
had other, other therapists

as clients who their own sexual trauma had

absolutely impaired them from being able

to really tackle a lot
of even body image stuff.

So from beginning to end, we
worked on education about sex

and body and healthy sexuality.

And what did that mean to be able to start

to come back to their own body so

that they could then serve
their clients better?

Yeah. Yeah. Oh, okay. I'm
so excited to jump into this.

Can we start with talking about

how like sexuality does
not exist in a vacuum,

that there is interplay between
our personal mental health

and our sexual health,

and like, how do we
come at that responsibly

as a therapist who has our own
history with clients who may

or may not have shared history

or have experiences that we may,

that may trigger some stuff within us?

Yeah. It, it, sex is not

one thing first and foremost.

Right? I think one of, one of
the first things to that, all

of us, all of us therapists,
I think like Therapy 1 0 1,

I'm teaching right now.

I'm actually teaching
theories of counseling

to bachelor's level students.

And sex therapy is on
the docket to talk about,

and one of the first things we're going

to talk about is arousal
non concordance, which is

that your body can react

to something while your brain
is doing something else.

So physical arousal can actually
happen in your genitals,

but that doesn't mean

that you are experiencing
desire in your mind.

And I think that's so
important for us as therapists

to understand that your body,

your genitals might actually react

to something your client's saying.

And if you are unaware
that that's a possibility,

you might even, that might pull you out

of the moment completely as a therapist.

It, it might pull you completely
out of being able to sit

with whatever pain your
client is trying to process.

But being able to also
know, oh, hey, body, oh, I,

I see you're doing a thing.

Like I'm not, there's nothing
happening in this moment

that's not necessarily, I'm not
necessarily aroused by this.

I'm not experiencing desire for my client.

My body is reacting to
sexual content of some sort.

And I think that's often
why, I mean, think about

how many times, especially people

who were raised in seventies,

eighties, nineties,

early two thousands, like I can't tell you

how many times my clients

and other therapists have said, yeah,

whenever my family watched
something that had anything to do

with sex, romance, anything,

they turned it off or covered my eyes.

Eyes.
So that discomfort just gets passed down

and passed down and passed down.

I did get to have,

in my master's degree a sexuality course,

but it was entirely abstinence based

and my master's in my master's degree.

Oh, wow. Oh, wow. Okay.

It was not evidence-based
at all. On top of that,

Every person who is
absolutely uncomfortable in

that room led the room.

They giggled at every moment.

They made jokes at every moment.

And me, and I think only
one other therapist,

this isn't a, like a brag.

This is more that like to just
say like, this is so common

that it's that therapists
are uncomfortable.

I was the one who was like,
I, I really wanna work

with people who've committed sex offenses.

Like, can we talk about that?

I wanna, I wanna work with
people who have eating disorders

and their bodies, their
connection with their bodies

and pleasure is really like, it.

It takes a long time to get back

to a pleasure in your
body when you've been

at war with your body.

I wanna talk about that

and about, those are the kinds
of clients I'm interested in.

I'm not interested in people laughing

because they heard the word penis.

Right. Right.

So those are, those are
the kinds of things that

as therapists, we need to
learn to navigate in session so

that we can do good work.

Right. Especially how many of
us do trauma work? All of us.

Yeah. Yeah.
So when somebody comes to us

and says like, Hey, I was sexually harmed,

or I, there was someone in my church

who was inappropriate with me

and crossed my boundaries sexually

or even just like making gestures

that were inappropriate and I
don't know how to manage that,

which is an incredibly
common experience, how

you, as a therapist,
manage that discomfort.

I think one of those first
ways is that you start

to understand your own body,
your own sexual desires,

and you get decent sex education,

and you really start to pay
attention to the things that,

like what your body is
actually doing in session.

Yeah.
And get consultation. Yeah.

Yeah. I feel like we touched on

so many things within this already.

Yeah. So we've got how our bodies respond

to things our clients
might be saying or doing,

or how our clients show up or whatever.

How the things that have happened to us

and our clients, maybe it's, you know,

maybe causing some issues.

We've got just the discomfort
in general around sex.

Like I think about all the
people giggling in your master's

program, and like, if no professor,

no leader in the space was like, I get it.

It's uncomfortable. Let's talk about it.

Like, what's making you giggle?

Like what is it about the word penis

that is like making you
uncomfortable right now?

Tell me some about like

what would help you feel more
comfortable in this group

environment, talking about these things?

Have you talked about
this with your therapist?

You know, like there are
so many different ways that

that could be approached in order to

not then graduate people
for master's programs who

can't, can't handle the word
penis right now, you know,

when their client might
need to use the word penis.

Exactly. So like empathy for
those folks who are giggling

because there's something
to be worked through,

but not a lot of empathy for
the instructor, honestly,

who was maybe uncomfortable themselves

and not addressing what needed

to be addressed so much.

So I can we talk about like,

which of those should we start with?

Because I wanna dive a little deeper.

I'm thinking, we also talked,
I think before we hit record.

Well, and you mentioned it here

after record of like, the only
thing we're taught about sex

around ethics is like, don't
sleep with your clients.

Yes.
Nobody talks about what

to do if you find yourself
desiring your client.

Yes. I think that's a very
taboo thing to talk about.

Can we dive into that?

Absolutely. I think probably one

of the best gifts I ever got as

a clinician were two, two
supervisors in my life.

When I was working in the
prison setting, I worked

with people who committed sex offenses

and my clinical supervisor
at the time, I had,

I was already licensed,
all of those things.

But she was very, very
clear about being able

to talk about not only just arousal,

but some of the things that
dysregulated us in session while

we were working with people
who had committed crimes

that most of us in graduate
school, we'll say, like they,

they ask us the question,
who can't you work with?

And every therapist

that I've ever come across
in the education setting is

people who have harmed people sexually.

Like that's the, the sex offender.

Like, they don't want
to work with people who

experience attraction to children.

And the, but the,

and also that's, we could be
here all day just about that.

That's such a narrow group of people.

The reality was working
in the prison setting,

it wasn't the, the number of
people who were truly attracted

to children was very small.

And the larger population of
people I was working

with had been, had crossed
sexual boundaries with a lot

of different age groups, Had raped people

who were adults, had harmed people

who were teenagers, but pubescent.

So one of the gifts that

that supervisor gave me
was the freedom to be able

to talk about when it came up in,

in my supervisory sessions.

So I had a client who in,

in this client's journal that
I was having him go through,

it was pretty clear that he
was having fantasies about me.

My supervisor helped me navigate that so

that I could then talk
directly to that client about

that arousal he was experiencing.

And because I was reading it, the arousal

that I would experience, not

because I was attracted to my clients, but

because my body was responding

to reading sexual material, period.

Yeah.
And there is a difference.

Like we were talking about
arousal, non concordance, And,

but the discomfort of
having to face someone

and say, Hey, it appears
that you're attracted to me.

We need to talk about that

because this, this relationship
one is not a relationship

that is going to end in romance.

So how do you manage having
a conversation with someone

that one isn't attracted to you back,

but also is trying

to help you navigate
your desires in general?

And my supervisor supported me through it.

So we talked through it, we
did role plays together, we did

a lot of very direct work so

that I could then take
those clinical skills

because they are, that's what they are.

Clinical skills. Yeah.

And, and apply them to
the client directly.

So I, I wanna say to all

the therapists out there,

us sex therapists, the, those of us

who are certified ASX
certified, fine find us.

We're the ones who had to go through a lot

of supervision lot to
get to, to this place.

If you feel like you
are struggling to like,

identify your own concerns,
it's okay to come to one of us

and consult or even go
through like the skills

that I just described.

I am, I know I am, I have so
many colleagues who are so game

to talk about what does
this physically mean?

What does it feel like,

and how do you keep the
client, if that's the case,

if it's a possibility.

I say if, because I don't
think that it is mandatory

that if you are attracted to a client

or a client's attracted to you

and you're scared, you don't have to keep

that client. That's not what I'm saying.

Right. But I think there's also, like,

I think about an example from my practice

where like a, a client
disclosed that he was attracted

to me and I was in private
practice, it didn't, I mean, one

of my best friends is a sex therapist.

I 100% could have called
her and consulted.

But like in that session,
I was basically like, well,

I guess we should refer you
out then essentially, like,

I just came from this
place of discomfort myself,

of not really knowing
how to navigate that.

And I also think that's the,

that's the instruction
in grad school, right?

To many, many students is if
this happens, you refer. Right?

I think that's also the
instruction when in reality,

like there's something incredible

that could be navigated there.

Right now, - If you do not
feel like you have the skills

or at at all, it, it is okay to refer.

I wanna be clear like it
is absolutely okay to refer

and if it's something you
want to learn to navigate,

it actually can deepen your
relationship with a client so

that they can navigate that in the world.

Right. And often their attraction

to you isn't really about you anyway,

So it can David Point was right

On that one thing. Right?

Exactly. Exactly. We're not
gonna give too much credit.

Sorry, psychoanalytic people.

We do love you. We do
love you psychoanalysts.

But I think that there's,
like, I, I think about

what could have been done in
my work with him if I hadn't.

Yeah. Immediately internally rejected,

felt very on the spot.

Like he said it without any expectation.

He was not coming on to me.
He, and he was a safe person.

I didn't fear for my, my
safety or my boundaries,

but I was just like, well, it's
gonna be really hard to be,

you know, the grad school lines of like,

it's gonna be really hard
for you to be vulnerable

with me then, even though

what he just did was
incredibly vulnerable.

He was proving yes

And exactly that it, that it, that it,

that you can go there and
be able to navigate it.

And if you can navigate
it, you are actually,

let me be very clear with all
of you therapists out there,

you are actually interrupting,
interrupting the cycle

of sexual violence when you do.

Hmm. When
You help a client navigate their own

desire, their own inappropriate
boundary crossing around it,

you absolutely could be
interrupting the cycle

of sexual violence

because sexual violence,
sexual boundary crossing,

because those are, we
could be here all day about

how those are kind of different.

Sexual violence could be like sexual,

an actual crime has been committed.

Whereas a, that sexual
boundary cross may be that, oh,

consent wasn't given, or that
it wasn't necessarily violent.

Neither person knew how
to communicate about it.

And one or both people
walked away feeling like, oh,

it didn't go, this sexual experience

or this romantic connection,

or this desire didn't go
the way that we had hoped.

When you help a client through that

in the scariest moment, when
they actually bear it to you

as a therapist, they can then do

that potentially with a partner

or somebody they'd like to date.

Right. Or maybe even themselves

and how they talk to themselves
about their own desires.

Yeah. Okay.

So let's talk some about like

how our personal issues
might impact therapeutic

relationships and like strategize some to

bring some ethical next steps to it.

Absolutely. I think I'll, I'll share a,

a tiny bit personally,

in my own journey of
mental health, I've dealt

with my own like eating disorder treatment

and my own body image issues.

And so when I have looked
for therapists in the past,

God bless therapists that work
with therapists, like just

The best
Y'all thank, thank you for you.

They, I would run into this was,

this was several years ago.

I would run into like, oh,

if this person was in
this similar field as me,

because oftentimes I need
a therapist that can roll

with the stuff I hear
and think about all day.

Some of my colleagues
have been willing in some

of their marketing to show
more skin than I've ever been

comfortable with probably
in my entire life.

There's a long story in religious
trauma history for the all

that, that's another day.

But I noticed inside of
myself, oh, I'm uncomfortable

with how this therapist
is marketing themselves.

What is, what's that inside
of me? What's going on here?

And rather than, I,

I was definitely something that I had

to bring up in session when I was first

seeing this therapist.

I'm like, okay, like
this is not about you.

I, I have enough sense to know that,

but I gotta figure out what that is.

Yeah. - Because it's my
discomfort around bodies,

not what they were doing
was incorrect or unethical.

Right.
And so one of the things that,

that she had me do,

and I, she just, eh,
wonderful, wonderful human

was start practicing the art of allowing.

Hmm. And I was like, girl,
what are you doing to me?

Like, I don't, I don't wanna do that.

And it was this idea that

of allowing physical discomfort without

them taking an action
towards someone else.

Then I had to sit with the discomfort

and then journal about it,

and then talk about it in session.

Like, okay, I am allowing this discomfort

to exist without taking an action.

And I was like, Ugh.

And it was incredibly powerful
me for me to work on that.

And I think that it's a,
when we are trying to deal

with physical discomfort,
I do think sitting

with it is where we have to
begin so that we can understand

where is it coming from
without, like I, both

you and I have been in content creation

and all of those things.

How many times have we heard
someone say that's unethical?

Oh my gosh. And I think we
should like back up to like,

if you actually look at the
ethics of your, like,

whichever license you hold.

Exactly. None of it says
your skirt must be two

inches above your knee. You know?

Exactly. - It's, it's our
perception of what's ethical.

Yes. Which in this circumstance
often gets filtered

through our own lens of comfort
with body, comfort with sex,

comfort with sexuality.

Exactly. Yeah, exactly.

That that discomfort in
the body then comes out

that's unethical when we don't,
not one of us, I have yet

to see one organization
say this is the dress code.

Right?

Yeah.
And most of the organizations,

their lines are

around having relationships with clients,

Right. Not

About how you market
yourself to clients.

Right. And a midriff

or an ass shot in like
cute pants or cute shorts

or very short skirts or whatever.

Yes.
That does not hurt clients

that might trigger clients,

but our triggers are our own
that might trigger you and I

because of our own stuff.

Yes. But that's where, I mean,

'cause therapists do this
with money all the time

with each other, right?

Is they'll be like, oh, full
fee therapists are X, Y, or Z

or therapists who take
insurance or X, Y and Z.

This is unethical one way
or the other, you know? Yes.

But like I would say 90%

of the time when therapists use
the word unethical, it's not

Absolutely.

Because when you're like,
okay, show me, show me where,

which organization

and which ethics code are
you talking about code?

Right. I don't see it.

And so it is that the first
actionable step is learning

to check in with your own
body and your own discomfort.

And in these cases, a lot
of time, at least a lot

of times in my field, in
sex therapy, it's discomfort

around body, it's discomfort
around romance desire, arousal

around actions like a,

like somebody committing sexual crimes

or having experienced
sexual trauma themselves.

Like there's such a variety of things

that discomfort in the body
will absolutely derail not

only just the therapeutic relationship,

but I mean, we see it all the time.

It's relationships between
therapists themselves.

Yeah. Yeah.

And I think so many of us,
despite the fact that most

of us have done a good bit of work,

are much more comfortable in
our head than in our bodies.

Yep. All of our, how many,
all of the somatic, all

of the somatic people are
probably out there cheering,

like Yeah, yeah, yeah.

I mean, it's, it's the
semblance of control, right?

Like yes. It, it feels safer
to stay up in our heads.

There are consequences to that.

We all know this, we all
know like the difficulty

of being exclusively or almost
exclusively in our heads.

Yes. And I mean, how many of us

who aren't even somatic
therapists will be like,

where do you feel that in your body?

You know, like that classic therapy

line that everybody rolls their eyes up.

But like, it's important. It's,
it's a good question. So

It's, and, and I think when, if I, one

of the next things that I think would be,

and you know, I promise this is not

to just give sick
therapists more business.

We, we have full caseloads all
the time. Y'all like, yeah.

Y'all are doing all right.

But like if you get the
opportunity to do consult work

or your own therapy work

with somebody who's trained in sexuality,

it really can benefit you
as a clinician to be able

to navigate sexual questions
that come up in therapy.

Because I do, I want y'all
to keep your clients. Yeah.

If it is possible, I want
you to keep your clients.

It doesn't mean that it's always
possible. Let me be clear.

I just consulted with
a, another therapist,

marriage and family
therapist who had got a case

that it was very, very
clear that it was not a case

that would've been appropriate
for private practice.

And in fact, I was it, they had only met

with this person a few times

and all of the things I was
hearing, I was like, oh no,

this is gonna result in sexual stalking.

It needs to end now,

and you need to make sure
that this person is surrounded

by its team because the likelihood

of sexual offense is high here.

And as it turned out, you
know, it, it, I was correct

that once this therapist ended, that ended

that relationship, this
person tried again and again

and again to, to make contact
and to send sexual information

and to do all of those things.

And so there are times,

there are absolutely times when I'm going

to look at somebody and go, Hey, yeah,

this client isn't appropriate
for private practice,

especially if you're working alone.

This is much more appropriate for a team

and for more than one person
to have eyes on this person.

And the, and you aren't failing

because you need to refer this person out.

Right? And I was very
clear with this therapist.

I was like, I would not take
this person in private practice

because this person needs
to be managed by a team.

Right. Even though they
have not committed a

sex offense yet.

They, they are well on their way

and you need more intervention
and more eyes on this human

Right.

So those things happen. Yeah, they do.

I'm thinking about like
the actionable steps.

So we're like noticing
how we feel in our body,

potentially get consultation.

If you don't get consultation,
like think through is this

maybe ego

or fear of

hurting a client?

If we were to refer out if
it's necessary, like are we,

are we putting our own
fear of hurting somebody

or our own people pleasing
essentially in front of like,

what's actually best for the client?

I think that's the best next

actionable point, which is

to ask yourself the question.

Because I, I don't know. Me, me

and my colleagues that have like

consultation groups together,
we talk about the feeling of,

oh, I can do this.

That feeling of like, oh,
I can handle this case,

or I can handle, I, I
can handle the, this is,

this is a common feeling.

The couple and then maybe
the individual later from,

from the couple, or I
can handle this case.

There's elements of
this case I understand,

but there's a whole
lot of it that I don't.

But that, that question
of I can handle it.

And then because of ego or worry

or financial worry

or whatever the case may be, to question

that specific question
in your mind, do you have

to No.

Hmm. You, you do not have
to the question of, oh,

I can handle it when
the dynamics are going

to be dynamics

that might actually like rub
up against your own trauma

triggers, your own body
image issues, whatever

that case may be.

If you are going to ask
that question of yourself,

the next question is, do you really,

and if you do opt to take
the client, how are you going

to support yourself while you take them?

Right? Yes. Yeah.

Because there's, there's a pause

to ask yourself these questions, right?

And if there, if a pause is necessary

because it's a challenge in
some way, then you need support.

Like that's a great sign

that you need support
if you're iffy at all.

Yes. Absolutely.

We can't, we the like yes, there are,

like the example I gave, there's cases

that absolutely need to be referred out.

And there are cases that
absolutely, there are

so many trauma informed therapists that

handed me a client that I
had wished they had kept

because they had such a good
relationship with that client

or the, and all of the
work they had been doing

before was super, super,
super helpful to that person.

And the consult option
would've been able to,

I mean, honestly, the client

and the therapist probably would've

been able to spend less time.

Right? Right. And so,
like, these are people

that are being handed to
you or referred to you

because of like sexual function issues.

Is that, is that the, the dividing line?

Sometimes. Sometimes it's
that sex has come up at all,

it's such a gamut of like, oh,

that's your sex stuff.

Like that ain't me. Yeah.

I'm like, but it could be,
I promise you can do it.

You've already spent two
years with this person.

They, they've finally gotten to the point

where they're vulnerable
enough that they can talk

to you about their sex life
and you kick them out the door.

Right. You've been talking
about their marriage

for two years.

How I, I

how did we never get to sex?

But no, no shade

because of all of the
reasons we've already

talked about before.

Right? I get it. The pause, the,

the allowing and then the pause.

And then really truly ask
yourself the question, right.

Do I have to either move this client on

or should I take this client?

And either way, the next
question needs to be,

what support am I giving
myself as a clinician?

This is interesting.
'cause I think about it

as the opposite with
eating disorders, right?

Like if somebody is like, I
don't know that I have, like,

I don't know if I know what I'm doing.

Like this is not the area I wanna be in,

but I've been working
with this client on trauma

and all of a sudden I'm like, refer out.

Yes. - Because there's so
much shit you can step in in

the eating disorder world.

Yes. I mean, there's shit to
step in anywhere, but yes.

There's so many things
you don't realize are

potentially doing harm.

So I love hearing this that it's like

that you already have most of
the skills as a therapist Yes.

To talk to your clients about sex.

You just need the support around

maybe some of the squeamishness
you may feel about it

or discomfort you feel. Yes. And

Or misinformation too.

Like that's a good point. That
is a, that is a huge issue.

Like there, there is an
entire market around the idea

of sex addiction and it is not true.

Or part of what those of us

who are actual certified sex
therapists do we treat out

of control sexual behavior,
which is completely it.

That is, that is what it is.

It's not sex addiction's not
a thing. It's not in the DSM.

And it's not at all how
we approach like working

with somebody who might have
out of control sexual behavior.

Right. When in reality, most

of the time when somebody comes

to me and says, I'm

dealing with sex addiction.

And usually it's not that
way, honestly, it is a partner

who comes to me and says, my
partner has sex addiction.

It has nothing to do with the,

even the idea of sex addiction.

It has everything to do with
trust within the relationship

and desire within the relationship

and trust having been broken around sex,

whether it's infidelity

or neither person
being able to talk about

what actually arouses them.

There's a lot of things
that yes, absolutely.

A therapist who has no idea

and has a lot of misinformation
would absolutely step in it.

And those are the definitely
cases where I'm like, yeah,

refer, refer, refer, refer.

Yeah. Don't, don't make

things worse. Don't do harm.

And when somebody's
doing great trauma work

and they finally get to the point

where they talk about their sexual trauma,

can I help a therapist help
their client navigate that?

Absolutely. Yeah. Absolutely.

Yeah. So can we talk about resources?

Like you can't give all
your time for consultation

with all the people listening to this,

how can therapists find great people

to consult with

or people to see themselves
to kind of address their own

well, just to get the support
they need when they're going

through discomfort working with
clients, when they're going

through maybe some of their own sexual

emotional stuff themselves?

Yes, absolutely.

So AASECT has a directory,
all of us who are certified,

not only just certified sex therapists,

certified sex educators,

because sex educators can
do the psychoeducation part,

especially if you wanted to
like say you wanted somebody

to come in and train your group practice,

sex educators can absolutely do that.

And so there is a huge
list of all of us humans

who have been trained, supervised,

and who have ethical
information in addition to

are, have been supervised
for lots of hours to be able

to give this information, give education

and support people through
getting appropriate help

around their sexual health
and especially around bodies.

So I would start there.

Yeah. And AASECT, y'all is AASECT?

Yes. Not one a, two As.

And it can be like,
there's, there are lots

of us all over the United States,

and there are actually,

I think they have a list even
in Canada for those of us

who serve Canada as well.

So I would begin there.

And, and as far as
resources to begin with,

there are some wonderful

books that I, I think I encouraged
even in the last time you

and I talked, "Come As You Are" from Dr.

Emily Nagoski is wonderful,

especially when it talks
about like AFAB people, that

that's Assigned Female at
Birth, people who have vulvas

and how for roughly over 70%

how their desire actually works.

There's another one from
Ian Kerner, it's called.

"She Comes First"

and it talks a lot about how in

like heterosexual relationships, how,

how so many people have
no idea what they're doing

with anatomy, with oral sex,

with desire.

Those are really good places to begin.

The Great Sex Rescue is a
really, really good one as far as

for especially people who've
been through religious trauma.

And those of us who are doing sex therapy,

we're seeing a ton of that right now.

We're seeing a lot of people come

or doing some deconstruction work out

of whatever faith they're coming from

and trying to understand sex.

Now there's lot,

and especially if you can find
a sex therapist in your area,

they're, they're going
to have an understanding

around like some of the cultural things

of your specific state.

The folks that my wonderful
colleagues in Utah have been

helping people navigate,
like coming out of Mormonism

or they're staying in Mormonism, how

to have good sexual
relationships with partners.

So definitely the listserv,
check out some books

and start to notice do
practice that art of allowing

where am I, how do I feel about this?

What, what are my own
boundaries around clients?

And how do I explore
those with a professional

that understands this and will
let me really explore this?

Yeah. And I think about like, I'm

so glad there's a directory.

'cause therapists may know
sex therapists in town Yes.

That they already referred to and respect,

but it might feel too
vulnerable to be like, Hey,

like I'm having a struggle here.

Yes. And how big this client,

and when it's consultation,
it doesn't have

to be in your state even.

No, it doesn't. So,

and that's the wonder most
wonderful thing I do consultation

with people from all over
the country and Canada

and in Europe.

Like, like there's, we can

because of thank goodness

for the internet in this way, right.

Like we can, in consultation
in particular, we can,

we can help a lot of people
from all over the place.

The other thing I think
is one of the examples that

for myself that really kind

of helped me like understand the interplay

between like specifically trauma

and sex was I had a client who

had been looking up a type of pornography

of younger aged people.

And it had turned out that he,

he just couldn't get to the
point where he was like,

I don't understand what this is

and why I want to look at this.

And we started to really
delve into his trauma history.

It turned out he was
experiencing flashbacks

and that he wasn't actually like he, if,

if he actually let himself
unpack his own desires,

his desires were not for teenagers.

He was experiencing flashbacks from the

things he'd experienced.

Right. And was trying to, his body

and mind were trying to
understand actual PTSD

flashbacks that his body was reacting to,

that he was fundamentally distressed by.

Right.
That case taught me

in just like the most, like

it packaged up for me, the
reason why we need to understand

how our bodies work, how desire
works, how arousal works.

Because if you get to do good
therapy, you really start

to unlock like, oh, this,
this might have zero to do

with sex and desire.

This has to do with how
you were traumatized.

Right. Right.

And I mean, I'm thinking
about how that goes

for therapists too

and their reactions to things
clients say in session,

particularly like maybe more
sexually explicit things

that might get divulged or expressed.

Yeah. Because so many of us do
trauma therapy all the time,

but we might not Yes.

Hear the, some

of the more sexual sides

or the more sexual words
that then might trigger us.

Yes. Yeah.

So I think like this idea

of ongoing consultation,
which we always love

for therapists, like all
therapists, all circumstances,

having just like your own
little old Rolodex of,

of like who you can get
support from depending on

what your clients are coming in from,

like the people you really trust

and respect within different niches.

Yes. Super
Powerful and also very responsible.

And I would say

ethically we should probably all have

that in our back pocket.

Yeah. Just to make sure

that when something comes up in session,

we have people we can go to so

that we can provide
incredibly competent care.

Yeah. I think

that it can also look at a
lot, a lot of different ways.

This was one of, this is a way that

I haven't run into it.

Doesn't mean it doesn't exist.

It, it, I just haven't
run into many therapists

talking about it.

So I belong to a book club,

a psych book club where all

of us professionals are from
different parts of the field.

So there's psychiatrists,
there's psychiatric ARNPs,

there's therapists, there's a, a few kind

of interesting combos.

Like there's, we have a,

a physio psychiatrist in the group.

So they work a lot in like
the world of TBIs. Mm.

So it's such a multi
multidisciplinary book club

that we are reading books and
then we're bringing cases.

Hmm.
So we're

naturally supporting one
another from our expertise.

Big surprise. I'm the sex person.

Like, like this sex book comes in,

they're like, Erika, be ready.

We're bringing all the cases,
but I'm not alone in that.

Like the child psychiatrists.

I'm like, okay, I've got
this adult that this is

what they experienced in childhood.

Like I'd love to kind of hear some

of your perspectives on it

because we read this attachment book,

or we read this relationship book,

or we read whatever the case may be.

The focus is around the book,
but then we bring the cases

and it is such a valuable resource to me.

Yeah.
So it's okay I think to, to try

to find the different versions of this

that one-on-one consultation may not,

may on a regular basis be necessary,

but finding groups like this Yeah.

Could be really, really helpful

and feel less isolating so
that you can tackle, oh, there,

there's a sex therapist in that book club.

Maybe, maybe I should ask
them like what they think

of a book or ask for a resource

or there's a, there's a, a,

a childhood psychiatrist
in that, in that group.

So how, how,

how can I like get resources
from both of these people?

Especially if you serve kids,

because those folks out
there that serve kids,

you're definitely going

to run into the kid who's
experienced sexual assault

and you're gonna have to deal
with the fallout not only for

that kiddo, but for you.

'cause of how, how you
will feel afterwards.

Yeah. Yeah. It's interesting.

I'm thinking about, so like I
started my career working at a

sexual assault center and
child advocacy center,

and I did forensic interviews for kids

who had experienced trauma.

No. Yep.

Did they talk, did they,
I'm curious, did they talk you

through, because this was
something that I worked directly

with my clinical supervisor

on in the prison setting.

Did they talk you through how

to keep you safe while you
were reading those cases?

I'm trying to remember.

The training was really
extensive in like how

to not f it up.

Yeah. Because, you know, this is,

you're interviewing a
child, it's recorded.

Yes. It goes to court.

Like you messing it up might
mean somebody goes, you know,

out in the community and nothing happens

and people are then unsafe.

So it was a lot of pressure.
Yeah. I don't think they did.

Like, I still remember
like this one incident

where like personal life,
work life came into play

where a girl described
being like pushed onto a bed

by her assailant.

And then later that night I came home

to my live-in boyfriend

who then like playfully
pushed me on the bed wanting

to instigate something. Yes. And I was

Like, Nope, nope,
Nope, nope, nope, nope.

Exactly. You are, you
are giving like the most,

like this is where it happens for all

of the therapists I've ever worked with,

especially who do trauma work.

Yeah. Like yeah.

You hear sexual material in session

or doing a forensic interview

and you're not necessarily
like in the head space.

You're not paying attention to how

that like maybe creeped in

and an echo happens in your
own life and you're there.

Yeah. You're there. Yeah.

So one of the like
biggest skills I learned,

and maybe this is one of
those things that I can,

I can offer all of you,

and it's something I
teach therapists a lot,

is when they're having
to read sexual material,

when they're having to do a,

like an inter a forensic
interview like that.

Or if they're having to do a, like,

even if they're just taking
their first intake history

and they know, okay,

this person might have some sexual trauma

or even if it comes up in session

and you weren't expecting it.

This ACT tool, the Acceptance

and Commitment Therapy tool,
cognitive diffusion is one

of my favorite tools in therapy generally.

But this can be really helpful
in session for therapists.

So if you hear and hear
something that kind of you,

but you're not all together Sure.

And you're trying to stay
in, in the moment, it's okay

to try to use a cognitive

diffusion techniques in session

while it's happening
to keep your mind safe.

So I had this happen
where I had to read a case

in while I was in the
prison setting where all

of the person, all of the children,

the person harmed were my children's age.

Mm. And like identical,
like very, very close.

And my, my supervisor warned
me ahead of time like, Hey,

like you, you needed practice

and skills while you read through this

because it's going to be a lot

and it's going to be a lot to
go home to look at your kid.

Yeah. And so we, I practiced the river

and it's picturing a river, you know,

really well in your mind and
just seeing the water go by

and taking the image

and putting it on something
and letting it float.

Like just acknowledging the thought

and letting it float on by you.

And if it continues
to get stuck, make

what you're putting it
floating on a little absurd

because absurdity can kind
of help give you some space

between you and the thought.

So like in my mind it's the Trinity River

and in Trinity County in California

because it's where I grew up and I can see

that river very clearly

and I can put those
thoughts on weird floaties

and they go right down the
river sometimes the river needs

to have a waterfall on the other side.

And I run that through
my mind again and again

and again just

to let the thought not
get hooked in my head.

Does it mean that it's
always successful? No.

Right.
But to try to keep your brain safe

in that moment, you can always come back

to something with a client.

It is okay to take a
moment in your own mind

to keep your own brain safe.

Absolutely. And I think about like,

I was at a place in my life
where I was ashamed to go

to my supervisor

and say like, it's kind of
wrecking my sex life doing this.

Yes. 'cause that's like
personal in my mind. Yes. Right.

Like that's, that's not a work thing.

That's a personal problem. Yes.

So I didn't have anyone to
talk about this stuff with.

Yeah. And I actually learned
a technique similar from a

colleague where as I was driving home,

it would float off the top of my car

Yes. And go back.

Yes. But I think for people

who like haven't read these reports

or don't know about forensic
interviews, it is every detail,

like when I was doing a
forensic interview, I was meant

to be able to see it in my mind like a

really terrible movie.

Like every detail, every
movement, all of it.

So it's so explicit.

It's similar to probably
what a lot of people

who do prolonged imaginal exposure

with survivors experience
having to like listen

to every detail Yeah.

As people work through.

And I did, it was a
similar thing where kind

of a positive thing happened.

I used to run, I might
have said this in our last

conversation, but I used

to run an incest survivors
group for adults.

Yes,
Yes.

And I remember it just being
like a really impactful group

and just feeling really

grateful for my own dad

who edits this podcast, Hey dad.

But really grateful for
my dad and calling him

and being like, you know,
sometimes just like,

really bad things happen to people

and I'm just so like, grateful

that you are always appropriate and safe.

And he was like, are you
thanking me for not molesting?

Yes. Yes. I'm,

I just realized like, I mean, it,

it helped sometimes there
is a flip side of Yes.

Hearing really hard things from
clients can have you realize

like, this isn't something
I've experienced personally,

and you can thank the person
in your life who kept you safe.

You know? Yes.

But well, and you then
you're doing something with

that rather than having
it sit in your mind

like poison.

Yes. We are all very aware of the idea

of vicarious trauma.

That is what this is.

Yep,
Yep.

And and we are not talking
about in our ethics courses

about what that means
for your own sex life.

Yes. Yes.

And how our own sex
life is really important

to our own wellbeing,
which impacts everything.

It's all, it's not,
it's kind of like, it's

like it's not mind and body,
it's all the same thing.

Yep. We're a bowl full of
jello, Dr. Dexter Ammon.

One of my favorite professors
early, early in my education,

he used to say that to us all the time.

And it, and it just, so like
the longer I've been doing this

work like that, his, his
words ring in my head.

Humans are a bowl full of jello.

If you touch one side, the
other side will always move.

Huh. I love that.

Always. And I'm like,

I can just picture it
in my head a big like

bowl with red jello in it.

And I just picture like Yeah.

Yeah. Which goes back
to like our original point

of like our, our personal like health

and mental health and our Yes.

Sexual health are linked.
They can't, all of it.

They can't be parsed out.

It's not like a string you can
pull out and put over here.

No, not at all.

They're not, they're not
things we can divide.

They are not things that, and

and we, I don't know how
many clients you've had

that have said this, but I
have definitely had my prayer.

I just put in a little box
in my mind and I put it away.

And I'm like, every time
I've heard anybody say that,

I'm like, where are these
boxes and how did you get them?

Like what magic do you have in your life

that you have little boxes in your mind.

I can tell you right now,
when we look in there

with a machine, there's no boxes.

Right. We call that suppression.

If you have something
that you wanna tell me that

it's hard to open.

Yeah, that's fair. I get, I hear that. But

Yeah.

And I think like some
compartmentalization is sometimes

necessary, but also we can't hold it in

that compartment forever.

Yeah. That has to be a
very temporary thing for it

to not become suppression.

Absolutely. Absolutely.

I hope all of the,

the therapists out there

who are listening are hearing this from the

compassionate tone.

And I mean, it, they,
not any one of us wanted

to not have enough sex education.

Not any one of us wanted to feel these,

feel these things in sessions.

And so I, when I work with therapists,

when I do consultation with therapists, I,

I am always just in this
place of like deep compassion

for our field because
we didn't ask for this.

In fact, we would love, I
mean I, I remember coming out

of grad school and wishing I
had every tool in the toolbox

so I could feel more effective.

Yeah.
Sex is a place where so many

of the clinicians I have worked with

and taught over the years, it
is the place where they feel

so ineffective.

And I just, I, I feel for

them, I feel for them.

Two seconds I'm going to
close, make sure that, oh wait,

corgi k's done barking.

Sorry. So the

deepest compassion that
I have for our feel,

Right, and it, I mean
'cause it's also not just

how we show up in
session, it's how like all

of us are in the soup
together in the whole world

who don't have the sex
education we need those

that do have the sex education they need.

It's not like they're free
from any issues around sex

or sexuality or body
or anything like that.

But when we don't even
have the information

available to us, yes.

It does impact our, our
own wellbeing as well as

how we can show up in
session when our clients are

talking about this.

Yes. Oh, let, I mean this
is a whole nother hour.

I could talk about like the idea

that sex therapists have their
whole sex lives figured out

or that they're all kinky humans

or that they are all like this very like

out there group of people who
are just ready to convince you

that you want to bring
BDSM into your own life.

Like that there is definitely
like this perception around

what sex therapists do
versus what we actually do.

Right. And the like what
you said about like that, those

of us who have sex therapists,
like we have our own sexual

issues, we have our own like things

that we are trying to
navigate just like any other

therapist, regardless of your expertise.

Right. We have our own stuff.

It it, and it just happens
that we have this, a lot

of education.

This, at least for me,
that's where my nerd lives.

That's it's not at all where like

I won't have problems with my own partner.

Right. So, or that like,
I'm gonna convince every,

every therapist that they need
to, you know, buy a sex swing.

Like that ain't, that's
not how it's gonna go.

Not all of us are coordinated
enough for that, Erika.

No, not all of us.

Like some of us deal
with chronic pain, right.

Some of us have vertigo, so

Right.

Like maybe we need, we need help

and we need the, the supports

around like having chronic
illnesses, having dealt

with eating disorders yourself
like, like, or myself.

Like being able to work
on your own body issues.

The thing I can tell you
is someone who's done it

and who continues to help
others do it is the freedom

that it does give you
is the freedom to know

that it's okay when you are
struggling with it. Yes.

Yes. That it's not like you're cured

and now you always feel like super

hot. It's like accept you're gonna,

The sex parties.

Like Right.

Right. - That's not, that's
not how it always goes.

Does it mean that there are
people who wanna do that?

Absolutely. Yeah. But it doesn't mean

that every time you walk
into a sex therapist

that we're gonna completely
upend any of your interests

and we're gonna make you, you know,

build the sex room like on Netflix.

We're like, that's not,
that's not how it's gonna go.

Also fun show if you get an

opportunity to watch, it's really fun.

Yeah. So I, I just, I just
appreciate our field very much

and I appreciate clinicians.

The work we do is very, very difficult.

And I know I'll speak for myself,

but I also know a lot of
my colleagues want to be

of support to the therapists out there.

And I think like where
this all boils down

from an ethics perspective
is like pay attention

to your responses and reactions to things

and reach out for the help
that's available in the places

that we talked about.

Whether it's a book, whether
it's consultation, reach out

for help when it feels like
it would be beneficial.

Not when it's absolutely
necessary. 'cause then it's, yes.

I mean it's not never too late,
too late to learn, but like

Right.

Just like, you know, we
talk about couples therapy,

like if you come in when things
are like really at the end

there's only so much people can do,

then you're maybe looking
at discernment therapy.

But if you're coming in when
things are uncomfortable

but not in crisis, then you
are gonna benefit from it

and so will your clients.

Absolutely. Absolutely.

I mean this isn't, this isn't a rub

to the marriage and family
therapist out there.

The, one of my, my
sex therapy supervisor,

he's a psychologist.

He always would love to see a marriage

and family therapist come
in to get sex education and

or like sex therapy CEUs.

He's like, because then it's like I get

to see a plumber to do toilets.

Like when you are working
within relationships

and the complex dynamics within

those relationships, you,

you need to be able to talk about sex.

Yeah. Or like a plumber do toilets.

Yeah, absolutely.
Erika, thank you so much.

I feel like absolutely you
break all this down in such a

compassionate, thoughtful way.

And well also kind of
like calling things out

where they need to be called out so

that we can actually see
them in ourselves. So

Thank you for that.

I see it myself, I appreciate that

and I see it myself, so I
just, I just wanna be a support

because I, we're, we're
just human out here, y'all.

Yeah, absolutely. Awesome. Well, thank.

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