

Sexual dysfunction counselling case study



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Introduction

Sexual dysfunction is a reference to problems or situations that prevents an individual or couple from experiencing any type of pleasure during their sexual activity (Cleveland Clinic, 2019). Sexual dysfunction is an occurring problem in many relationships and marriages, in which over 40 percent of women and over 30 percent men are affected by it (Cleveland Clinic, 2019). Gender Dysphoria is defined as a conflict between an individual's born or physical gender and the gender in which the individual express or identify with (APA, 2013). Gender Dysphoria affects millions of people around the world. In this week's assignment there are two case studies presented that focuses on individuals that are struggling with Sexual dysfunction or Gender Identity.

Summary and Diagnosis

In the first case study the married couple`s therapy session the male explains that he is having a difficult time getting an erection sexually when attempting to be intimate with his wife (Laureate Education, 2012). The client states that he was unaware of why he had been experiencing that struggle and he went on to explain that there were no negative situations or changes that have occurred, the client also mentioned that he was getting good reviews at work. The client says that he has minimal alcohol intake, but when he decided to see a medical clinician about his issue, he was able to get medication for the problem and it didn't help him. In the middle of the session the wife mentions that her husband has not been sleeping well because he stays late nights on the computer to complete his college work.

The husband admits that he stays on the computer to masturbate, the wife becomes upset when she finds out that her husband had been masturbating and using pornography to do so. The client admits that instead of actually getting good reviews he was caught watching pornography on his work computer. The husband in this case study uses pornography to satisfy his sexual needs. According to the information in this case study I believe the appropriate diagnosis for the client would be other specified sexual dysfunction of (pornography addiction).

Rationale Diagnosis

According to DSM-5 criteria it identifies Other Specified Sexual Dysfunction as a category in which there is significant distress but it does not meet the full criteria for any of the disorders identified in the sexual dysfunctions diagnostic umbrella (American Psychiatric Association, 2013). Sexual dysfunction disorders identified can often include: premature ejaculation, delayed ejaculation, erectile disorder, and substance/medication- induced sexual dysfunction (APA, 2013). There was a lot of information given throughout the session but there are many disorder that can be aligned with the clients struggles and that can be appropriate for this client, but I believe that more information because lack of it makes it difficult to give an accurate diagnosis. For example, delayed or premature ejaculation could be some possible disorders, however the information in the cases study states, the reoccurring issue between the husband and wife is that he is not able to obtain an erection, therefore factoring out these specific disorders because there was no previous issues with ejaculation prior to this by the client or his spouse. Also male hypoactive sexual desire disorder, according to the DSM it

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indicates that there is a lack of interest in sexual activity and for various reasons (APA, 2013), the client says that he has a habit of masturbating 2-3 times in a day and he has been caught doing it at work. Due to this information it gives indication that he does still have a sexual desire, but maybe just not a desire to be sexual with his wife, and this completely eliminates this disorder completely. It is a very important factor to note that in this situation the male is able to successfully masturbate and orgasm while watching pornography. This can make erectile dysfunction inappropriate. Pornography can be considered a contributing factor in his sexual routine. This can be considered a focal point and because pornography is not indicated within the DSM sexual diagnoses it is appropriate to diagnose the client this way until there is further information to determine the correct diagnosis.

Additional Information needed

A very important thing to explore in order to better obtain an appropriate diagnosis would be the client's sexual concept. Information that helps to better understand his sexual episodes, for example; Find out what about porn makes him ejaculate, how long does it take him to ejaculate, and how many times does he ejaculate. It would also be important to look at his marital and previous relationship history, see if there has been any recent changes in sexual experiences, find out why he prefers porn, what made him want to start watching porn, and see if there are some possible insecurities within the client that makes him not want to be intimate with his wife.

According to (Paris, 2015) there is a risk of over extreme tendencies when diagnosing specific disorders so knowing as much as possible about the

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clients background factors can be very beneficial to any clinician (Paris, 2015). I believe that having the wife present in that session and in future sessions could really provide a lot of insight on the situation and it can also show that the wife is being supportive in helping her husband work through his struggling times.

Producing a Comfortable Environment

While watching the video of this case study, I noticed that the wife began looking at her husband in an angry/disgust and she even blurted out " oh GOD". This shows that the confession of the husband about watching pornography has caused his wife to be angry with him and cause some tension between the two. A comfortable environment for them would be to maybe have some sessions with the husband alone and sometimes include his wife for a couple's session. When the client is in the single session it allows him to share more and actually come clean about everything he is struggling with, without be judged by his wife.

Summary and Diagnosis

In the second case study it involves a thirteen year old female who has been brought in by her parents because they are concerned that their daughter is not happy with being a girl. In this case study the parents mentioned that she is constantly teased at school because she looks, dresses, and have many characteristics of a boy. The client explains that she has always wanted to be a boy and she wish she could have her breast removed. After reading and reviewing this case study I believe a possible appropriate diagnosis for the client would be Gender Dysphoria in Adolescence.

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Rationale Diagnosis

According to the DSM-5 criteria it describes as a conflict between an individual's born or physical gender and the gender in which the individual express or identify with (APA, 2013). This diagnosis is consistent with if the individual has a desire to change or get rid of their primary sex characteristics because it doesn't agree with their expressed gender, if an individual has a strong desire to be and be treated like the opposite gender, and if there is significant distress in school or in their social environment (APA, 2013). The client in this case study identifies with these criterions, so this diagnosis is correct.

Additional Information needed

In this case study the parents are providing majority of the information for the teenager and in order to get real raw true feelings I believe there should be more insight from the teenage girl herself. By the parents providing the information there is a chance that the information they are given is wrong. Wrong information can be the recipe for a misdiagnosis, and can be the reason for a wrong treatment for a client. It is very important that the clinician gets the information from the teenage girl in order to get an accurate diagnosis. The client in this case study is under the age of 18 so it's a legal obligation for the parents to be present when speaking with her. I believe that the parents would be good to have in the session with the teenage girl to give some insight out how she acts at home, but not to completely speak on her behalf. The parents should be notified about the

treatments, diagnosis, and progress the girl is making throughout the entire time she is meeting with a professional.

Producing a Comfortable Environment

In this case study I believe that a comfortable environment would be for the teen to have some one on one sessions with the clinician. The individual sessions will allow the teen to open up more about her feelings and how she feels about her gender identity. It is the duty of the clinician to seek out all the ways to help and treat the client in the best ways possible.

References

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