The student-teacher conversations are extracted from the online tutorial chat session of the Postgraduate Diploma in Principles of Sex Counseling and Therapy. The topic is "PROBLEM FORMULATION AND MANAGEMENT". It is on Tuesday, June 14 2005, 17:30-19:30.

[17:49:38 T02NML - NG MAN LUN]
Hi, anybody there?
[17:54:16 S04SA1 - SYED, ALAN]
Good evening ,Professor Ng
[17:55:53 T02NML - NG MAN LUN]
Hi there Alan. How are you. Anything to talk about?
[17:57:30 S04SA1 - SYED, ALAN]
Anything in particular to teach us on problem formulation? I try to use open ended questions to let the patients describe the problems first
[18:01:35 T02NML - NG MAN LUN]
There are many forms of problem formulation, depending on different schools of thought, which school you belong or come to you mind after taking the history. It could be quite complicated, but simple formats are those one learn from the basic undergraduate days, e,g predisposing, precipitation and perpetuating factor, genetic, bio-psychosocial factor etc. One very practical format also is to list out the problems in priority, e.g. 1. Infertility, lack of orgasm, poor relationship with in-laws, stress with family work .... so that you can plan your management according to the priority, nature of the problem and the causes.
[18:05:49 S04SA1 - SYED, ALAN]
yes. Usually how many sessions required to ask a full history> Should we ask them from the most recent then gradually to the past, as they might be intimate problems
[18:09:14 T02NML - NG MAN LUN]
For sexual problems, you remember the five levels of sexual problems I talked about. You could formulate patient's problems according to the five levels too. Must understand that formulation is to help us to have an overall and systematic view of the problems involved, their causes and interactions so that we can plan our management well.

As long as it can serve this purpose, it is a good formulation. There is no end to a FULL history. Every patient has 30 or more years of history before him. What we take could never be full. The crux of the matter is "enough" to help us to answer the important questions (those that patients would be most likely to ask at the end of the interview) and help us to be able to do something for the most important problems immediately afterwards.
[18:13:29 S04SA1 - SYED, ALAN]
yes
[18:15:44 T02NML - NG MAN LUN]
So, in taking a history, we must have priorities in mind too. What are the priority issues we want to clarify so that the most important problems can be managed right a way. We usually have less than one hour for history taking. Overrunning will make everyone tired and delay treatment too. So, skip the less important issue, reserve them for the next interview.
[18:16:13 S04SA1 - SYED, ALAN]
Yes. For question 11.5 Indicate which are the things to do T not to do force in sex history taking -- Provide sex education. The correct answer is True. Does it mean that the result will be better that we should give sex education while we are taking history
[18:20:14 S04SA1 - SYED, ALAN]
the things to do T not to do F
[18:20:46 T02NML - NG MAN LUN]
What are the priorities? Well, usually it is symptom (for symptomatic control), the diagnosis (for making predictions on treatment responses, longer term management and prognosis), any issues having a bearing to the treatment to be offered (e.g. the cooperation of the patient and the partner, their acceptance and possible compliance to the treatment, the type of help they expect etc.) and the causes (for definitive treatment)... in that priority.
[18:23:07 S04SA1 - SYED, ALAN]
yes

[18:23:31 T02NML - NG MAN LUN]
Yes, giving sex education (in fact any other proper rewards) in the process of sex history taking is a good thing. it makes the patient feel that you are already helping him even in the early stage of the interview. They will be more motivated to cooperate with you in later history giving and in treatment.
[18:23:57 S04SA1 - SYED, ALAN]
I see. For question 6. 10. The following are objectives of sex history taking e. to give client the opportunities to ventilate his/her sexual problems. Correct answer False Why? If the patient can have a normal flow of her problem,then we might get a better picture of his /her problem
[18:33:32 T02NML - NG MAN LUN]
Allowing free ventilation of patient's problem is one type of treatment, requiring skills different from that of history taking. The patient could be made to stray away from giving history, get so emotional for example that he will not come back to history giving. And then since you do not have the complete history required for management, you will be at a loss what to do and could commit mistakes (do things or make remarks harmful to the patient unintentionally). So, better not to do that. If the patient cries, you can allow her to cry for a while, but must not be too long and too much to be carried away to an emotional scene. For treatment, it is OK. That means, in history taking, you must maintain some control and direction of what the patient is talking about.
[18:38:19 S04SA1 - SYED, ALAN]
OK. What is the percentage of women on breast feeding with high prolactinaemia with have decreased sexual desire? How long will it last? Will it last for as long as they breast feed her baby?
[18:51:33 T02NML - NG MAN LUN]
Yes the prolectinaemia will last as long as the woman breast feed her baby. So, will the decrease in sexual desire. Prolactin inhibit sexual desire. So, theoretically, all breast feeding women should have lower sexual desire than normal. But of course, there are other factors for sexual desire.

[18:54:43 S04SA1 - SYED, ALAN]
OK
[19:11:02 T02NML - NG MAN LUN]
We have rested for a while. Any more things to talk about?
[19:12:26 S04SA1 - SYED, ALAN]
Last week I had a female patient who has no desire for sex after the birth of her first baby and she had postpartum depression which was treated and she is in remission. After exploring the cause and her symptom, and one of her problem from the history was that she seldom had orgasm from sex, and so I suggested that she should explore her body and can masturbate to see whether she can achieve an orgasm, but she is quite reluctant to do this and is shy to continue to talk about this although she was much relaxed after taking a holiday from taking care of her child. The point is that patients might not follow a doctor's advice although she has motivation and she brought the subject to me. What strategy should I use to make her try something that might help her?
[19:21:20 T02NML - NG MAN LUN]
With this scratchy history, i can only give some rough answers. Patient do not follow the doctor's advice, may be because the treatment modality (masturbation(is not what she is willing to do. May be orgasm is not the first thing she wants too. She might be satisfied with some mild sexual pleasure only. So, no need to insist on masturbation exercise. Review the problems. Check and exclude the following causes: Depression really treated? Side effect of antidepressants (if she is still taking them) can decrease sexual desire. I presume she is not breast-feeding her baby? Stress in taking care of the child -- too tired (as evidenced by improvement after a holiday). changed attitude of the husband to her? Her own self-image (still a sexy woman)?
[19:24:55 S04SA1 - SYED, ALAN]
yes, I have very little experience with the sex counseling but Chinese people usually are not so romantic even to ask them to explore the non sexual parts of the body is odd to them

[19:25:42 T02NML - NG MAN LUN]
If you could exclude or improve all these possible causes, she could be much improved already. No need for any "embarrassing" sexual exercise, genital or non-genital.
[19:27:07 S04SA1 - SYED, ALAN]
OK
[19:27:59 T02NML - NG MAN LUN]
More causes to explore. Was the baby a planned baby? Was the baby of the sex they wish? How many babies now? Does the husband or anybody else help in caring for the baby? My research on Chinese couples has shown that these baby factors are just as important as sexual skills in affecting sexual satisfaction.
[19:29:38 S04SA1 - SYED, ALAN]
I did not ask
[19:30:02 T02NML - NG MAN LUN]
So, ask for these next time you see them.
[19:31:11 S04SA1 - SYED, ALAN]
I see, this is related to adjustment disorder for the expectation on the baby
[19:31:30 T02NML - NG MAN LUN]
Yap!
[19:31:42 S04SA1 - SYED, ALAN]
I see. Thank you Professor Ng. I have no more questions for tonight
[19:32:49 T02NML - NG MAN LUN]
Good. See you next time. Goodbye!

The End